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NONDESCRIPT WOMEN:
A STUDY OF THE JUDICIAL
CONSTRUCTION OF FEMALE
LAWBREAKERS AS ABNORMAL
CRIMINALS AND ABNORMAL WOMEN

VOLUME 2

TRANSCRIPTS

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* This volume comprises all those interviews which were tape recorded and were of sufficient quality to transcribe. Other interviews were either of poor technical quality or were not recorded for a variety of reasons (see Research Appendix I in Volume I). Notes from some case files are also included in this volume.

Interview with DT(F), Solicitor 6

AW I'm interested in women offenders generally and particularly those who might at some stage be diagnosed as mentally disordered - do you want me to be more specific?

DT Basically, I think it is quite often the case that they have psychiatric difficulties anyway, particularly - not even with important offences - even shoplifters are going through difficulties in their lives and quite regularly they're on tablets anyway. People come and say, "I've been on Valium for months or Mogadon, or I take sleeping tablets - I've always done that". So quite often they are already getting GP help and you take the advice of the GP as to whether he feels it needs anything more than that. Of course, they sometimes say, "I think I'm doing all right" but sometimes, if it's linked to Valium or that kind of thing you want to know whether they are fit to be responsible for their actions - not just mitigation, but whether or not they knew what they were doing. You see, you quite regularly come across them in shoplifting cases because women don't commit that many other kinds of crime - you don't get many women burglars or many who are involved in violence - it's mainly theft, quite a lot of Social Security frauds. They sign their name and quite often all they are - it sounds bad to say "all they are" - they haven't exactly got a psychiatric problem, it's just a social problem - they haven't got the money or they are under stress to cope with the children and find the next meal and quite often if you can find a good Social Worker or Probation Officer - it isn't really a doctor they need, it's a cheque book. You don't find there are so many drink-aligned offences either because a) they can't get out or b) they haven't got the money - so you don't find you use St. G's so very much, whereas I do quite regularly with male clients.

Personality disorders you find and that's relevant, especially with children, if you're doing custody orders, when you want to know what the doctor thinks about how they would cope with a child who has been in Care for a long time....

AW So would you say that it is more with the spontaneous kinds of offences, like shoplifting, that you get psychiatric problems?

DT No, I wouldn't go as far as that - it's just that women are involved in those offences more anyway. Obviously if they committed the same kinds of offences as men - like violence - you would have the same level of decision-making. But they tend not to commit the same sort of offences as men. If you have a wife who beats her husband, that's a very extraordinary state of affairs, and is looked on as the exception rather than the rule. I prosecuted one not very long ago where the woman had stabbed her husband and obviously the first thing you look at - but you see you don't get sexual offences very much with women - and that's a big area where you would consider - with a man and, say, a rape you would rush to a psychiatrist, but a woman doesn't come into that category anyway.

AW So are you saying that it is actually the offence that makes the difference in the consideration?

DT I think there are some offences where you would automatically think about the psychiatric side - the sexual offences and habitual violence, whether it's linked to a drink or drugs or not - even if the person, on the face of it wouldn't warrant psychiatric consideration prior to that. With some thefts, in conversation it comes over to you that there is more to it and therefore you need the help of a psychiatrist, but I think that's the situation that you get the women involved in more. I would say that they are more often under

their GP at a minor level - on tablets, not electric treatment or inpatient treatment, or even outpatient as such, but just pill-pushing.

AW Would you always contact the GP if that were the case?

DT Yes, I think so, if they say they have been on tablets for any length of time. Even if you're satisfied that they are fit to plead, you want to know why they are on tablets and has that played any part in the offence. If you know they are under a doctor on a regular basis, I think you are duty-bound to look into that. I think also - I know it's a bit of a band-wagon - but this new menstrual cycle thing plays its own part as well. I've been pushing it for years - it's just now that it's coming into its own that it is a relevant consideration. I know colleagues of mine who used not to like mentioning it in court, but I think it's very relevant - both on the menstruation side and the menopausal.

AW So is that something you would consciously enquire about when taking instructions?

DT I don't bring it up as one of the first things I'm discussing. Sometimes it comes into conversation when you say, "How were you feeling at the time, what was happening, was there anything special happening?" and quite a lot of them will say, "Oh, I was just starting my period or I was just waiting for my period". I find it more relevant when middle-aged ladies come in - if they are obviously of menopausal age, I would be more likely to bring that up, because I think they, being older, are a bit more embarrassed about it. Not very often does it come from them. It's tied in with other things - the children are leaving home, quite often they are not working mothers. So it isn't necessarily a cause but it is part of that

particular age and what is going on. Perhaps there are physiological tensions, but it is also what it represents in their whole life - they don't have a function any more, and they are less attractive. I think it's very relevant but we haven't really got anyone round here that deals in that sort of thing - no-one outside London - and I haven't yet had one where it's been so crucial in anything other than mitigation - I've never had one where it wipes out intent.

AW If it were a more offence, do you think it would be considered even more relevant? Could you be seen as laying it on a bit thick for a minor offence?

DT Yes, I think that's absolutely right and you've always got to remember just how far your lady is prepared to go. She may feel that it is far more degrading to go into a witness box and tell them all those type of details than to just get it over. Quite regularly all they want to do is get it over anyway - they don't think about the weight of the conviction - and I think you've got to respect their wishes and if they are not prepared to bare their private lives for what they class as a very minor matter, and one which they feel they can somehow square with the family, then they could always go away and say, "I didn't really want to talk about all those details either" which gives them a safety net as well. You see quite often it's not "Well I admitted that I was responsible for this" but "I admitted it but it was just to save myself telling them all those other bits". So in those circumstances, they wouldn't find it such a pressing need to weigh up the differences - if it's a more serious matter, like murder, you have to put a bit more pressure on them and say, "When you look at what you're facing, your embarrassment about your menstrual cycle pales into insignificance - you've got to pull yourself together and fight for this". But you can't use the same argument

over a Yorkie bar. On paper, as an academic exercise, I think it is just as right and important that the right decision is made, but at the practical level - and that's what your client is interested in - he's not interested in mens rea or actus rea - he wants you to get the best result from them - and sometimes it's not going to be all that easy to get the lady doctor from London to come down and give all her menstrual research for a Yorkie bar. In a way it's not right, because if she's not guilty, she's not guilty, she's not guilty, but the number of adjournments, the times she'd have to see the doctor and probably have to share with her confidences that she might not be pleased to share....I think, at the end of the day, we've got to weigh it all up and ask, "Well are we just causing more trouble?" Put it to her, by all means but if she says no, then I think you've got to accept that. In a way, maybe she knows what's best for herself. But from the point of view of recurrence, you've also got to put her in a position to stop it happening again - you owe it to her.

AW And would the same apply in general psychiatric matters - that you would think twice about getting a report if it was only a minor matter?

DT Yes, that's got to be true. First of all the same considerations apply - the client may not want to do it anyway. Your magistrates may be less anxious to have psychiatric reports if it is a 2½ pence job - it all means adjournments, which means that your client is not necessarily going to be happy - and at the end of the day, there is nothing to stop them seeking assistance - if you feel you can put the picture to the court without. But if the offence is more serious your duty is that much greater to get it on paper in order to protect your client and everybody at large because if you sweep

things under the carpet and it all blows up into something more serious later on, then there's that as well.

AW Do you find that magistrates are generally more or less sympathetic towards women?

DT You've got women magistrates as well, who perhaps understand women....how do I explain it?....If there is merit in the case, be it a woman or a man, you might get the same kind of sympathy because you have women magistrates who can be just as tough as the men and men magistrates who can be just as soft as the women. You can get women who cry and cry and that can embarrass men magistrates and upset them and put them off their flow or whatever. I think the trappings of being a female offender can sometimes get sympathy such as having a couple of children who will go into Care if anything happens to you and in those circumstances I think you are less likely to be dealt with very severely for the same sort of offences because magistrates will be loath to send away women unless they are absolutely convinced that they have no other alternative. But by the same token, you have less opportunity for Community Service for women - in this area certainly - the schemes that are run are geared much more for men. You're more likely to get Probation and perhaps a Suspended Sentence where, if you'd been a man, you might just have gone. But I think that's more because of the responsibilities that you have and the repercussions are perhaps going to be greater. I'm not sure about that but perhaps it's because the offences are lesser scale offences - it might really happen in any event. Once you can get on to the more serious offences, then if you're going to go, you'll go, whether you're a man or a woman. It's not so much sympathy with woman, but that the offences wouldn't warrant prison anyway.

AW Do you find yourself in any difficulties when recommending fines for women?

DT I think so, because, first of all, if they've got a job then there isn't a problem, but it's very, very unusual for them to have a job. Quite often they wouldn't be where they are if they had the money, because a lot of it is dishonesty based, which quite often stems from pretending you haven't had your Social Security cheque that month or shoplifting. So if they're on Social Security and you're recommending fines, they're not going to have any capital - it means that it's the family that is going to go short because they're probably not your single, young person who's taking the money for their own pleasure anyway, so it isn't hitting them in the pocket, it's hitting the family unit in the pocket and so you are really piling on the pressure they already experience and maybe led them to where they are. I think the problem is as well that if you know they don't have means, you've always got to bear in mind the fine defaulters' court and you're really worse off - and therefore, I don't very often recommend fines unless you've got a capital amount. I mean, if they're a breathalyser, they can sell the car - but they've often got the tallyman coming and so on - all their money is spoken for. And very, very commonly as well, it's the husband or cohabitee who gets the cheque from Social Security anyway, and although they may have the Family Allowance, it's somewhat contrary to use that for your fines - and you find that the money isn't available.

AW Do you ever feel that women are actually taking the blame for offences that have been committed by men?

DT I have known situations where the husband is on a suspended sentence and it's the meter - that's the classic - it does happen, yes. But,

by and large, it's only cases in the domestic environment that you can do that - not in a burglary if he's caught redhanded. If you're both in the supermarket, you can take the whole blame and say he didn't know when he probably did - or the DHSS cheque that's forged....

AW On the other hand, do you find that women are anxious not to let their family know and are terrified about it going in the paper?

DT Absolutely, yes - I think that's pretty well a common thing for first offenders - men or women - they've either got a very supportive family, where the husband comes to every appointment or it's absolutely secret - and that's the problem, because you would very much like to talk to the husband and say, "Is she doing silly things like putting the washing up liquid in the dustbin or coal in the fridge?".

AW And does that put pressure on you in terms of what you recommend? I mean, Probation would be condemning them to a long-term secrecy.

DT That's right. A lot of them will say, "I'll cooperate with Probation, but no way can they come to the house". Even at the report stage, they say, "I'm not having her talk to my husband".

AW Going back to psychiatric reports, would you normally get them yourself or would you wait for the court to give instructions?

DT If I can put the wheels in motion, I'll start it because, if you give the choice to the court sometimes they say, "Oh we can manage without" whereas, if you've already put the wheels in motion, then you can tell them that you're getting one and they're likely to let you go ahead. There's a risk you run, of course, if you're Legally Aided - because they won't quarrel if you can say at the end that the court ordered it. But I've got one at the moment which I did

off my own bat, and he's actually in St. George's now - they took up the recommendation - but still the Law Society are saying, "We don't really think it was necessary". Now how you get over that, I don't know.

AW Do you have your own pet psychiatrist?

DT Yes, I do. It depends - it's horses for courses. In this area you've got different people anyway - there's the St. G's set up, and the Cheddleton set up, and those are fine. But for my big stuff I would move out of the area anyway. I've got two very good ones - one in P Hospital and one in Manchester.

AW By "big stuff", do you mean big offences or bizarre psychiatrically?

DT Both - quite often the two go hand-in-hand. Again you've got to think about whether the Law Society will pay for it - and you've also got to remember that if he's going to take your people on, they've got to travel. It may be better if they're involved with local psychiatrists. I was trained in Manchester so you have your own people you want to use.

AW Is that because you feel they are going to provide a better service or because "familiarity breeds contempt"? A name from outside may be more prestigious in court?

DT There is certainly truth in that. I think when you've got a major offence, you need something a bit novel and expensive - if you can offer a fresh view to the magistrates, they are going to listen that bit more. Again it cuts both ways - if they are trusting of the ones they know, they may be distrustful of the new one you're bringing in. If they feel, "We've been looking at this man's reports for twenty years and he's not let us down yet" then fine,

but if you get another doctor who in every report he writes say,
 "....would do well with Probation...."

AW Mentioning no names!

DT Yes, you do lose credibility at the end of the day! But St. G's you see don't always take people, and you can use that, because you can say, "Your Worships will have read loads of reports where they have said, 'Very nice man, but no thank you' - clearly he feels he can work with this man". But if you bring someone in from outside, like from P , which is reknowned, they're more likely to stick their necks out, and that's what you want. If, for example, you're wanting to challenge a report to keep someone in Stallington, it's more difficult for a local doctor to do that. And it takes time to acclimatise people to new methods - I've got some drug people on Lifeline - Newcastle magistrates had never heard of it - it took ages to get them to adjourn so that my people could go there. But if they get a few more and they work, it will become an established thing. I mean, they're taking risks and, by and large, magistrates tend to need justification for taking risks. So a new psychiatrist can be attractive, but to conservatives they think, firstly, why haven't we gone locally and, secondly, we haven't got anything to go on to know whether he's reliable or not.

AW Are you recommending Probation Orders with conditions of psychiatric treatment for women very often?

DT You find that you will not be doing any for a long time and then all of a sudden you'll have bang, bang, bang....It is not all that common - I think quite a lot of them rely on their own GPs. A lot of them haven't got the time to start doing outpatient treatment - certainly not inpatient treatment. They have so many responsibilities

outside. Again because of the offences they commit, you would not, on a regular basis be involved in that. You haven't really got drinking and drugs that much, so in a lot of cases you've got a situation where they are depressed and that could be cured if their circumstances improve anyway, rather than actually being mentally disordered - that's the next step. In a lot of cases it is just hysteria, frustration, call it what you will, it's a manifestation of how they feel, not anything wrong. If the'd been born into a comfortable lifestyle they wouldn't necessarily offend, but it's the outside things that bring it all about. But I think they are less reliant on the trappings of psychiatry, like drink and drugs. They are perhaps stronger - and need to be stronger, because they haven't got the money or the opportunities to get the crutches.

AW So the surprise may be not that she has offended but that she hasn't offended before?

DT Absolutely. I mean the meter will be there week after week after week, the children will be difficult and all sorts of things will be happening and yet she won't do it; likewise with Social Security - she'll spend weeks at Social Security trying to get benefits, but only as a last resort will she steal or forge the cheque. With shoplifting it's a bit different. It's not often they say, "I've been tempted lots of times to do it, but haven't". They say, "It was a spur of the moment thing - it's never happened before". And often there is no reason for it. But when they've got no money - well they often say to you, "Well I'll have to do it again" - and where do you go from there? You can't really say that in court. But there's no psychiatry there - it's calculated - "I chose to do it, to pay the milkman" - or whatever.

AW Do you specialise at all with women? Do you see more than your male colleagues?

DT No, there aren't enough in this area to make a living out of! With the men, referrals are a matter of word of mouth, so you do get to know particular groups but with women - they don't have the same gathering situation, they don't meet each other so much. It's more likely with matrimonial work. It's more common for women to discuss going through a divorce, but not committing offences.

AW Do you think your male colleagues refer women to psychiatrists more readily than you do?

DT Your men may expect your women to offend less than your men. If a woman has actually offended they may think, "Gosh there must be something wrong with her". I wouldn't put responsibility for the offending on her mental makeup at all, I think to shove it on to psychiatry is taking the back door. I would much sooner shove it on to Probation, because I think the anxiety can be alleviated just as well by sitting and talking, as by taking half a dozen pills every day. I'm always very anxious to get Probation reports on women - perhaps that's my way of showing I don't expect women to offend as often as men.

Interview with Dr. A(M), Psychiatrist

AW What do you see as being the purpose of Psychiatric Reports?

Dr A To establish whether a person suffers from any mental disorder.

AW In terms of their disposal or in terms of their responsibility for their actions, or a combination of both?

Dr A First, in terms of whether they are fit to plead; second, the extent to which they are responsible for their actions, which sometimes they are not, due to mental disorder; thirdly, to see if the doctor who sees them feels they are in need of any form of treatment and to discover whether he has any practical recommendations.

AW Do you find that the women you see are, on the whole, suffering from an illness that requires treatment?

Dr A Speaking off the cuff, I would have said about fifty-fifty. About fifty per cent of the women either don't suffer from a treatable mental disorder or the disorder is in the form of psychopathic traits, or personality disorder, and in that event it's a moot point whether there is treatment as such - there are special units, the nearest one being in S , and if I feel that the personality disorder is such that it is at least worth getting the people there to look at them - if they can convince me that they would cooperate - then I would refer them, but I myself never undertake treatment of people with personality disorder, largely because it has to be undertaken by enthusiasts, who are interested in this, and what's more, who have a specialised unit, with staff nurses and social workers who have a similar orientation.

AW Do you find that the courts always follow your recommendations?

Dr A Always - no; almost always - yes.

AW And is that whether or not you are recommending treatment?

Dr A This is largely a matter of whether they have got to know you. They have known me for a very large number of years and, rightly or wrongly, I have a reputation for integrity and for knowing what I'm doing - and if I think a person is a villain and there's nothing wrong with him, I say so quite unequivocally. There are occasions, obviously, when it is for the courts to make up their minds, and certainly there have been occasions when they have decided that what I was suggesting was not really applicable or practical.

AW Do most of your referrals come from the courts or do they come from solicitors prior to court hearings?

Dr A About 80-85% come from solicitors for the defence, the remainder come from the Clerk to the Court, from the Police, from the prosecution and a handful from doctors who work at the Remand Centre who spot that someone who is remanded there is mentally sick and they want a second opinion. The reason for the disproportionate number of referrals from the defence is because they are able to make a referral long before the body appears in court. Obviously the court cannot ask for a report before the person actually appears and very often this is pre-empted, quite rightly where there is reason to believe there is something psychiatrically wrong, because it saves an awful lot of time. If someone is arrested today and their solicitor contacts me tomorrow and I see the patient - the accused person - in about two weeks when they appear in court, more often than not the case is dealt with, if it is a minor offence. Or, as is sometimes the case, where I say I can't make up my mind, and I say I want to observe this person in hospital, then that can be decided then instead

of the court referring the person and then having to wait for another appearance in court.

AW Do you find that proportionately more women are referred to you for reports than men?

Dr A Do you mean in terms of a greater percentage of people arrested?

AW I'm thinking in terms of solicitors being more inclined to refer women to you than men?

Dr A Yes, but are you asking if I see more women than men, or, out of 100 men arrested and 100 women, if I see a greater proportion of one or the other?

AW I think I'm asking you the latter.

Dr A I wouldn't have thought so.

AW And do you think that women are made the subject of psychiatric treatment by the courts any more frequently?

Dr A No. (Pause) Mind you, these questions about numbers, I'm answering on the basis of an impression....

AW Yes, that's deliberately why I'm asking....Can I move on to Probation Orders which contain conditions of treatment - how do these work out when there is the element of compulsion from the courts?

Dr A Do you mean just a Supervision Order, or one with a condition of treatment?

AW With a condition....

Dr A It can produce problems but then unless I feel there's a future in it I don't make any such recommendation and normally, except where time

is at a premium, and I haven't had time to discuss this with the person who's undertaking the Social Enquiry - normally I would discuss this with the Probation Officer - and it's only if we both agree that it's worthwhile doing this and, in general, people are fairly cooperative in this regard and there is no problem.

AW Can you generalise at all about how long you would expect to see a person as an outpatient under that court order?

Dr A It depends. I've had one or two who have committed offences ranging from indecent exposure to serious assaults and arson who suffer from schizophrenia and you have to go on seeing them for years when the Supervision Order has lapsed. If I'm seeing a lady who has been shoplifting and is menopausal and depressed, then as soon as they are rendered undepressed, as hopefully they are, then I stop seeing them even while the Supervision Order is in force.

AW Taking the example you have just quoted, in what way would you normally expect to treat such a woman - would it normally be with medication?

Dr A The same way as you would treat anyone who is menopausal and depressed, whether or not they have committed an offence - other than writing a report for the person who has requested it - then they become patients....

AW So the offence itself tends to retreat into the background once they become patients?

Dr A Oh yes, except that one must always bear in mind that where the offence has been committed in the context of a mental illness that if the symptom recurs they might do it again, but then you have to ask yourself, do what again? In one case they might shoplift, in another they might hit the children and in another they might hang themselves,

so it is different, yet not different from anything unacceptable that they might do as the result of a psychiatric illness.

AW Do you feel that pre-menstrual tension plays a part in women offending?

Dr A No, I think that this is a fashionable bandwagon to jump onto and that PMT - where it exists - is simply another form of stress. You can be depressed with PMT and shoplift or break your child's arm or you can get depressed and break your child's arm because you have arthritis or because your husband's out drinking. I don't think, by and large, it differs from any other form of serious stress and, of course, when you write a report and there are extenuating circumstances - things you think should be considered in sentencing, not when considering guilt - then it is fair to say, "This woman is depressed because of PMT, or she has arthritis or her husband is always beating her or whatever...." It's just a form of stress.

AW Finally, when you have someone on a Probation Order with a condition of treatment do you find that you get the cooperation and information you need from Probation Officers and what do you expect of them in the relationship?

Dr A Basically, I would have said that going into the Probation Service is not something that is very prestigious, on the one hand, or likely to make your fortune, on the other, and therefore I would have thought that 9 out of 10 Probation Officers are into this because they want to help and are enthusiastic in the main, are very cooperative - I find them very helpful people to deal with. Just occasionally, I feel that the information they come up with is a little thin but then some of them have enormous caseloads and not much time to do it.... By and large, I am struck by the frequency with which they come to the

same conclusion as mine, quite independently.

AW And if you were considering discharging a patient, would you automatically contact the Probation Officer, or would you expect them to contact you for that kind of information - or for progress reports?

Dr A It would depend. Sometimes they write with a progress report and "what do you think?" but the commoner sequence of events is that if I'm treating somebody, whether or not they are subject to Supervision, then the GP gets a discharge letter and one practices to send a copy to the Social Worker for the area or the Probation Officer and they are informed.

Interview with Dr. B(M), Psychiatrist

AW Do you deal with many people who have committed criminal offences?

Dr B I think that first of all, any consultant in the NHS in psychiatry is bound to be involved routinely with some people who have committed crimes. At the moment I'm writing a paper about my own involvement over the past ten years although my own involvement is slightly more than the ordinary consultant. I think it's quite important for people in training to realize that when they become consultants, they have got some legal responsibilities towards the courts - which they are really not very well trained for at the moment. The way that we get involved routinely is that either some of our patients offend or that some people offend who are quite clearly crackers and needs to be seen by somebody who knows the difference between schizophrenia and Tuesday afternoon! Which I do sometimes, but not always! So that's one side of it. The other side of it is that I have a particular interest in Probation anyway. There's a historical accident. When I was working in N, I got involved with the Probation Service in psychotherapy seminars and when I came to B, I started up psychotherapy seminars for Probation Officers at S O, and that went on for about 4 or 5 years and because of that the Probation Service got to know. They were about to open this hostel for disturbed - for girls on Probation or about to come to court with a likelihood of getting Probation - in our patch in S O. So they asked us if we would take a look at it and look after it, consult with them there and so on. So that's how I got involved - I started in about 75 or 76. I got to know the staff there quite well and the work I did with them then was not with the clients they had resident but with the staff and the way the staff related with

the clients, and I really ran psychotherapy enabling the Probation Officers there to work with the clients rather than seeing the clients myself as a specialist. But that changed about two years ago when the girl in charge left and Mrs. G took over. Her perception of a consultant is not so much someone that you consult with about your work but who is a specialist who treats people who, for one reason or another, are showing difficulties. So I tend now to see clients at irregular time intervals just when they happen to be unwell or need a court report or there is some particular change in their life situation imminent.

Now the two things are directly different. As an NHS consultant, routinely receiving work from the courts, the women I see are almost always severely mentally ill - they've either got a puerperal depression, which is quite frequent actually or they're suffering from schizophrenia. Their behaviour is so odd that somebody - usually the prison doctor - needs a specialist opinion about whether they are fit to plead, or if they are, the best course of action for the court to take. And they are really quite severely ill. But the people that I see at C House are a different cup of tea altogether. They have down there girls - they have about 12 to 20 - all of whom have got to have dependent children, or are about to have children - and I would say that, almost without exception, they are, loosely, personality disorders or rather late developing adolescents, rather than being psychotic or severely mentally ill. But occasionally, the staff there find their behaviour there so bizarre or worrying that they wonder whether they are psychotic. But I don't think I've found a psychotic person there for two years now.

AW The people that you see routinely - do they come from prison doctors, or are they referred by solicitors?

Dr B Both.

AW And you would consider them all appropriate referrals, in the sense that there is real evidence of mental illness, rather than a desire to make a certain kind of defence?

Dr B I see what you're getting at. As far as women are concerned, I would say that, invariably, the referral to me, routinely, is justified. But that may be for a couple of reasons. Firstly, as you well know, women are treated very differently in our prison system to men. When a woman offends, the usual reaction is, "I wonder what's wrong with her" - when a man offends, it's a different reaction. So in that respect the referrals are appropriate insofar as everybody is worrying about what has gone wrong with this poor woman. Whereas with men, some of them are crackers, but I would say 20-30% of referrals from solicitors are for a defence that is not frantically honourable. For example, I saw a dentist who had been stopped with 295 mgs of alcohol - and the defence was that he was an alcoholic with lots of problems. He was just a drunken dentist, and that was about the end of the matter! But with women, I don't find that. There's another difference between men and women in routine practice - women, I would guess, come from a slightly lower social scale. It's a little bit like Child Psychiatry and Juvenile Courts - if you come from Social Class 1 and 2, you go to a Child Psychiatrist; if you come from Social Class 3, 4 or 5, you go to the Juvenile Court.

AW So you don't see many respectable menopausal shoplifters who are referred because they are of a higher social class?

Dr B No, but then that's for a different reason. I'm a hack psychiatrist and I run, as best I can, a catchment area of about 80,000 and I've

got a lot of inpatient beds and I'm a busy bloke. Now I do have some bent towards court work, I like court work and I quite like giving evidence, but I'm not particularly known for it. We have a professional department in B. , you see, where they head their letters, "Forensic Psychiatry" and all that sort of thing. Your polite E lady who is filling her knickers with the goodies from Woollies is likely to be sent to very proper psychiatrists elsewhere, whereas hack psychiatrists like myself wouldn't see her. I see girls mostly from Social Class 3, 4 and 5. Men possibly 2, 3 and 4.

AW What do you feel you have to offer girls with personality disorders such as those at C House?

Dr B I quite agree with you! That's why, for many years, I didn't work with the clients but with the staff, because I saw my job as supporting the staff in doing a very difficult job with very difficult people. And they needed, I thought, to be able to express their worries about their job to someone who was going to be either sympathetic or critical of the way in which the staff behaved. So that's how I saw my role as a consultant - as a consultant. A role as a specialist is a very very different thing and that I'm not so happy with because, when all is said and done, how on earth can I possibly go and alter somebody's behaviour if they've got a personality disorder? By interviewing the client for half an hour, or four hours or a couple of weeks, is not going to do anything. But if they go crackers and become psychotic, then quite clearly there is something for me to do. The way I'd like to see C House is that they do a job which nobody else particularly wants to do, it's an extremely difficult job with difficult clients, who have a great number of relationship problems towards other people

and particularly towards their own children, and so part of C House's work is not just containment, but it's also something to do with teaching the girls how to relate to their children, as their parents did not relate to them. But as well as that, they've also got to try and prepare their clients for living on their own and that means selecting which of those clients are able to leave C House with their children and which are not, so Care orders then become important and then they need medical opinion, because courts take more notice of doctors than they do of Probation Officers, as you well know - and quite rightly so too! So, for example, I went to a case conference recently about a girl who may or may not be psychotic - she's got two children at C House and is due to leave in September. They wanted my opinion about what I thought the risk would be to those children when they left C House, which I thought would be very severe indeed, even though I don't think she's psychotic, so I would be prepared to go to court and say that the emotional and physical welfare of the children would not be maintained if she was to live on her own with them.

AW Would you be able to directly offer her anything, or would you simply be passing an opinion? Would you be offering to give her treatment?

Dr B In this particular case I wouldn't because it is a very long case and quite an unusual one insomuch as I was asked to see this particular girl originally in the cells underneath the court before she went up into court to face a charge of actual bodily harm. She had been remanded to Risley and had come down from Risley in what everyone thought was an unusual mental state, which when I saw her, she quite clearly was - she was suffering from a severe puerperal psychosis at the time and was not fit to plead. So we all

went upstairs and I said she wasn't fit to plead and got her remanded to here so that I could observe her for a few weeks before she went to court. So she was originally my patient. Then she came here for assessment. We assessed her and went back to court and she got a Probation Order and she came back here on Probation. The children at that time were in the care of her mother - she had two children, one about two and the other had just been born. Then it was my role to treat her, if she'd got an illness, which she had at that time, and then we discovered the underlying personality difficulties, and then we had to try to get her back with the children and her common-law husband, which we did. She left here and went to live with her mum, the two children and common-law husband drifting in and out of the situation. The situation then deteriorated and she was becoming ill again because her mother is a schizophrenic personality and there was a lot of discussion in the Probation Service - she was still on Probation, with a condition of treatment - about where she ought to go and in the end somebody came up with the bright idea of going to C House. Then my role changed - she was then on Probation rather than being a patient, though she was both all the time. So now she's at C House, she still has a treatment order - section 3 or 4 - but she's been living at C House for about 6 to 8 months with the two children and they're becoming increasingly worried about her care of the children, or rather her lack of care of the children and she's leaving in September. They're saying to themselves, "We can't keep her here any longer. If she leaves here, she's most likely to live on her own because there isn't an alternative, so what are we actually going to do in September?" And it looks as if the children will go into Care. Now, to get on to your original question, would I be able to offer anything else, the answer to that would be No, because I

have known her now for something like two years - ill and not ill - in home situation, hospital situation and C House - nothing has altered and I don't see that anything would alter that, that I could do. A genius might be able to do it, or a Nobel Prize winner, but I couldn't. I think it would just be my job to say that - in my opinion - she's not fit to look after the children on her own and that I can't offer anything more.

AW Would you say that a place like C House is in any way an advantage to a hospital? Does it take any pressure off you? Is it a resource?

Dr B No, except in a very few cases. Rather than a resources, it is an added worry, because the sort of people who end up in C House are not going to be referred to me in the first instance. So it's extra work for me. But occasionally, we would move somebody down to C House, if they agreed to take them and they were on Probation and had children. And similarly, I would take people from C House here if they'd had enough of them for a while. But, on the whole, it's an added responsibility rather than a resource.

AW Do the Social Services play any significant role with the women you see - apart from Care Orders?

Dr B I would say that Social Workers are more involved than Probation Officers in the routine referrals I get. There are two kinds of situations, as I said before. There are my patients who go crackers and offend - and Social Workers would be involved with them; the people who offend and are then noticed to be crackers, I would say about 50% had had some previous involvement with Social Services, because they come from Social Class 4 and 5. Probation Officers are really not involved prior to their court appearance. I think that if somebody comes here through the courts I would probably prefer

Probation Officers to continue to care for them than Social Workers.

AW Could you say why?

Dr B I don't see a great deal of difference between the expertise a Social Worker has and a Probation Officer - they are equally well qualified, or badly qualified, to deal with personal relationships. I mean, other things to one side, like finance and housing - the real work of the psychiatric services is to see how people behave with other people. And I think Probation Officers have an added advantage in that they have expertise in the court which Social Workers often don't want or don't like. And secondly, a lot of the people I see routinely offend many times and so they are likely to be involved with the Probation Service on many occasions. So why add another professional in amongst all the continuum of all their offences?

AW Is there any difference between the offending and non-offending women that you see in their response to treatment?

Dr B What a question! No, I think, is the answer. I think that patients who are psychotic - whether they come through the courts or not - there is an extremely good chance of them responding well to treatment. Of all the patients who have come through this admission ward in the past ten years - and we have about 180-200 admissions a year - I would say that less than 20 have actually stayed in hospital. Now, as I've said, most of those who come through the courts are psychotic, so they have a very good chance of responding. However, amongst my routine NHS referrals, the majority are not psychotic and the treatment there is not quite as effective, though I don't say that to too many people!

AW Can you outline what treatment is?

Dr B Do you mean for psychosis or neurosis?

AW Both.

Dr B Both? Well, you understand, I presume, that there are two basic schools of psychiatry - those who believe that a psychotic illness is medical and those who believe that it is an extension of something else. I happen to be towards the behaviour model rather than the medical model, and I talk about schizophreno-genic situations rather than somebody who has got something wrong with their mid brain. So you have to start by knowing what sort of a person I am professionally. So if someone comes here who is psychotic, then I would be concerned that the symptom that are causing them distress and were unacceptable to those around them, like other patients on the ward, staff or family, were brought under control as rapidly as possible. You can do that quite effectively using usually major tranquillisers in very small doses - you very rarely need a big dose. Now once the symptoms are under control, then the biggest part of the therapy is to integrate that person back into the social situation from which they came and there are two things about that. First of all, they have to realise themselves that their behaviour has been unusual and unacceptable and also there is quite a lot of training to be done on those who are supporting them and living with them to accept their behaviour as a two-way process. Ideally one would set about that by trying to get patients while they were in hospital to understand how their behaviour is affecting other patients and staff while they are in hospital and learn from that experience and use it outside. And at the same time bring in relatives to explain to them how accepting the staff can be and how accepting they could be if they changed their attitudes a bit.

With patients who are not suffering from a psychotic illness, but who are suffering from a neurosis or a personality disorder, all I do there is to try and encourage individual therapists, whether they are nurses, domestics, secretaries, doctors, whoever, to use whatever personal skills they have in their personality to try and teach patients that they can get on with other people and so I really don't get myself involved with the vast majority of neurotic illnesses that come. I do set apart a little bit of my time each week to deal with my own patients that I keep for myself and I would deal with them in a fairly superficial psycho-analytical way.

Interview with Dr. D (M), Psychiatrist

AW Can you tell me something about your work here?

Dr D This is the biggest Health Service Region - 5.2 million - so that produces quite a lot of referrals. We don't see every referral because there are other forensic psychiatrists now. We've developed the service now so that we have two secure units, each with a forensic psychiatrist....

AW You have secure units here?

Dr D Yes and we're building a new, purpose-built, 100 bedded secure unit, which we'll start building this year - ready for 85 or 86. Initially we're planning to have about 15 beds for women and that will be a new possibility. Otherwise we see about 400 people a year and the proportion of women - I can give you the figures for 1976 - at that time about 25% of our referrals were women.

AW Which is very high in proportion to their offending rate?

Dr D Yes, but as you are aware, they have a higher psychiatric morbidity - or are thought to have. Carol Smart makes observations about that....(laughs)

AW Do you feel that all the referrals of women you get are appropriate?

Dr D Yes, almost all of them. I mean, what she says is nonsense. What she says is that men can't understand women getting into trouble unless they can interpret it in psychiatric terms. That's rubbish. In fact, relatively few get into trouble. The numbers in prison are about 1800. When they do, it's because they are a very disturbed group. The women tend to be often shoplifting offenders and some odds and ends of other things such as violence - murder,

infanticide. Some of those come from outside the region. I saw one last week from Newport in Wales and that's just because of our reputation. They have a wide variety of disorders.

AW Do the diagnoses differ markedly from the men you see?

Dr D I haven't done an exact comparison, but they tend to have a different background of problems and stresses and crises and all that sort of thing. In both groups there is a high proportion of depression, a small proportion of serious psychosis like schizophrenia. It's mainly depression, situational domestic problems leading to psychiatric illness - neurotic or psychotic - personality disorders of a wide variety relating to their early life and background. We take a fair proportion of them on for treatment.

AW Under what kind of orders? Are they Hospital Orders or Probation Orders with conditions?

Dr D Mostly they'd be Probation Orders - a few on Hospital Orders.

(Refers to paper) "372 cases - 40% were put on Probation, $\frac{1}{2}$ of them with a condition of treatment, the other $\frac{1}{2}$ just Probation....8% prison....5% fine....then 46% were dealt with in a hotch-potch of other ways - that's nearly half of them - conditional discharge, bind over". We find that courts take our advice, which may be a psychiatric disposal or may not be. 48% of the women, when I did this study, were dealt with a condition of treatment.

AW Would that be inpatient or outpatient?

Dr D Mostly outpatient. I notice that 38% of the women had a previous history of convictions. And a third - as with the men - had a pattern of similar, rather than mixed offences.

AW How frequently would you expect to see someone on a Probation Order?

Dr D The usual routine for men or women is that they get referred here, we collect all the data that we can beforehand - hospital records, previous Social Enquiry Reports, previous convictions, statements and so on. With the Magistrates' cases there is a paucity of information because they don't have statements - you can't even get the statement they've made to the police without a lot of effort. With the Crown Court cases, we have a large amount of information, which takes a lot of working through. I always request that a relative or close friend who knows the person accompanies the patient to the interview and often the Probation Officer who's dealing with the case comes as well. We give an hour to an hour and a half for the interview in an ordinary, straightforward case, like shoplifting. If it is a murder charge, we take much longer and see the patient again, may be several times. And then we see the relative, which allows an objective opinion of what their behaviour is like and you can check the personal to some extent. And then if the Probation Officer has come, we can have a discussion, or I always try to talk to the PO on the phone. I never make a recommendation for Probation without talking to the PO - I would never make a recommendation against the PO's view - it's quite inappropriate. So we always try to present a combined front and if not, then explain it. Then if the court agrees - it's governed by pressure of time - but I would expect to see the patient about once every 3 weeks for 2 or 3 times, then once a month and then go on seeing them at intervals indefinitely - not infrequently after the Probation Order ceases. I've got some patients I've seen for ten years - by agreement with me. I don't regard the Probation Order as of any significance from the point of view of my ability to see

them. They nearly always agree to see me afterwards if necessary. We tend to see them for long periods, rather than shorter ones and always try to agree with the PO the role that each of us will take and we keep in touch regularly.

AW So the PO would know what was going on - if you wanted to discharge for instance?

Dr D Oh yes, it's a team matter. We always exchange reports at the beginning - it's part of the routine....We have an arrangement with the B Courts - all their cases come here - the Liaison Officer sends them alternatively to me and my consultant colleague here - there's two of us and we also have people working with us and we allocate the cases to them as well as to ourselves. They have a routine form so that they can tell us what happens in every case - so we know what happens in every case - what the decision of the court was. And then we keep in touch with the PO along the lines that I've described and have a close working relationship - we have a liaison PO as part of the team, appointed by the Service, who is a general liaison person between us and the Probation Service and attends all our clinical meetings - but of course the cases have their own POs as well.

AW May I take a different line now? I understand that you've done some work on Pre-Menstrual Tension?

Dr D No, nothing in particular.

AW I'm sorry - someone told me you had. They must have just heard you talking about it at some time.

Dr D Yes, may be.

AW Is it a diagnosis that you consider important?

Dr D Well, it's not a psychiatric diagnosis.

AW No. Is it a factor then that you consider important?

Dr D Yes, it's sometimes important in the psychopathology of a particular case. I have a few cases where shoplifting has been associated with pre-menstrual tension - not very many. I think it is occasionally and rather rarely associated with uncharacteristic behaviour. It's not common. It's been vastly overrated in the last year or two in its importance. I've had a few rare cases - a murder case - I seem to remember that the woman was controlled on hormonal drugs and she wasn't taking them. It was known that in the pre-menstrual phase she used to behave very strangely and aggressively and that was a case of significance. But I wouldn't put the explanation in terms of the PMT, but rather in terms of the mental and emotional disturbance that happens at that time, one of the causes of which might be pre-menstrual tension. But I think it's asking for trouble to try explain it away simply on PMT. It's just rare cases where it has very bizarre effects - but in relation to the number of people who suffer from PMT it's insignificant.

AW Do you find that the criminal act itself becomes unimportant once you've started treatment?

Dr D Sometimes you find the criminal act is just the presenting problem and that what lies behind it is far more important - this was just the way they were getting help. But in some other cases it's all important. I had a woman who was a professional shoplifter and it was a sort of compulsive feature - she'd been doing it for years - thousands and thousands of pounds. She wanted to get married - a

second marriage - and this chap wouldn't marry her until she stopped. She was desperate to stop and she couldn't. Now the whole thing centred around that behaviour - it was a compelling thing that she couldn't control. But for many others the offence reveals psychiatric - and quite often physical - problems.

AW Do you offer any treatment service to hostels?

Dr D Yes, we don't go there but they send people to us - it's all part of the comprehensive service. We have links with many institutions, including prisons.

AW You treat in prisons?

Dr D Yes, I've always had sessions in prison. We have a right of entry into prison, but the possibilities of treatment in prison are, of course, very limited.

AW Can I ask how you would go about treating a Personality Disorder patient?

Dr D Well, some of them are not treatable. You have to decide in terms of age and behaviour and other factors whether there are symptoms that you can modify. With some people who have longstanding personality disorders that have become entrenched and intractable you have to face the fact that there is nothing you can do. This is the general approach to everyone - men and women - you have to be very selective. That's the approach of the new Mental Health legislation - that they've got to be treatable.

AW How is the new legislation going to affect the treatment you can offer to offenders?

Dr D It's going to widen the scope. There are a whole range of new and ever more flexible alternatives that will be available for mentally abnormal offenders. There's to be a new "Remand to hospital for reports" order where bail is inappropriate and where the person would otherwise be remanded in custody. That's very important because we'll be able to assess people in appropriate surroundings with every technique available. That will be largely used by secure units with special facilities - ordinary hospitals probably won't use it. Then there is to be a new "Remand to hospital for treatment" order for somebody remanded awaiting trial who is very disturbed, so that they can be treated in hospital instead of prison, where two doctors recommend it. Then there's to be a new "Interim Hospital Order" which will allow a trial of a Hospital Order to see if it's appropriate, renewable at intervals up to six months and then you'll be able to go back to court and say, "Yes, make a Hospital Order" - or even at the end of six months they might be recovered and the judge might just discharge them. So all that's advantageous and will improve the scope for the treatment of patients. People with psychopathic disorders and mental impairment will now be admissible on ordinary orders at any age, whereas it was limited to 21 before. So that means we can take people in at any age without waiting for them to commit an offence. Previously, over the age of 21, you could only admit them if they were offenders, but with the proviso that, although they may otherwise fulfil the grounds for admission, they are treatable. So that means selection and it also means the doctor with a clear conscience can say about some people with psychopathic disorders that they are not treatable. And that means that they will have to be accommodated in prison or elsewhere if they are offenders. So all this will effect the balance of care between prison, the hospital and the community.

There are changes too about the ability of the judge to make a Restriction Order, which is limited only to protect the public from serious harm, whereas before he could do it as he thought fit and it was thought to be used too widely. But patients on Restriction Orders will now be able to appeal to a tribunal to get out with less restriction than they could before when it was only with the approval of the Home Secretary that they could make an application. There's also a widening of the scope for Guardianship Orders, although the duties of guardians are more restricted, and that's why it will widen the scope because local Social Services will feel more inclined to use them.

AW They're used very rarely for offenders at the moment aren't they?

Dr D Yes, for anybody - *there are about 130 Guardianship Orders a year* on all categories and most of those are mentally handicapped and in one particular year only 33 were for mental illness and psychopathic disorder. Now with the more practical approach in the revised legislation, it will give more encouragement for people to use them - it's thought.

AW Do you ever consider that it is a more appropriate disposal....?

Dr D I hardly ever consider it because local authorities usually won't take them on. But I think there is going to be a revival of interest with the better approach and also with better qualified Social Workers - under the Act they are to be approved as having special training and that should raise the level of consideration in Social Services because we'll have people how know what they're talking about.

AW I've been concerned that sometimes when Social Services have been dealing with someone for years - often a woman - that the moment

they offend they want to pass them over to Probation.

Dr D That will still happen because of the Probation Service's responsibility for Social Enquiry Reports but then, if two doctors and the judge agree, Social Services will have to accept the Guardianship Order. So that deals with that. We haven't talked about shoplifting - I've done a study of that - or violence.

AW Well, I'd be interested to hear your views on those.

Dr D Well, what do you want to know?

AW What factors cause violence in women, for instance?

Dr D Have you read the literature on battered babies?

AW Yes.

Dr D Well, it's the same thing - domestic pressure, sometimes alcohol, limited intelligence, often young, sometimes big families, bad housing, poor social circumstances....and those are the things that have been identified in research done here.

AW The infanticide cases - are they actually charged with that offence, because I understood the figures to be very low?

Dr D About 6 a year - and that's come down from about 14. Some are dealt with as manslaughter on the grounds of diminished responsibility but most are murder, reduced by the DPP to infanticide - they are always charged. The wording of the Infanticide Act requires it to be shown that the woman suffered from a disturbance of the mind due to the fact that she had not fully recovered from the effects of childbirth or lactation and I think there is perhaps a slight hardening of view that it was not because they had not recovered from childbirth or lactation but that

they suffered from depression anyway - then it would be dealt with as manslaughter, although the outcome will be the same. It's rare for them to be sent to prison - they're nearly always put on Probation.

AW And would they always have conditions of treatment as well?

Dr D Oh yes. We've got one or two here at the moment. They're usually dealt with fairly sympathetically. There are exceptions, depending on the particular Police involved. Police are usually very sympathetic and understanding - they allow them bail usually. We often take them in on bail and deal with them right through. We have one at the moment who has had a baby while waiting for trial for killing another child.

AW Will she be keeping that one?

Dr D Oh no, of course not. So we get into work with Care Orders then. And sometimes custody disputes.

AW Do you have facilities for women to have babies with them here?

Dr D Yes, they're not awfully good but we do have them. Sometimes it's appropriate for the child to be here - it depends on the risk to the child.

AW When a woman comes into hospital on a Court Order, do her children usually go into Care, or can she make her own arrangements usually?

Dr D Well, Social Services scrutinize the situation very carefully and usually want to make Care Orders.

Interview with GR(M), Community Psychiatric Nurse A

AW Do you see many women who have been in trouble with the law?

GR I don't think I see enough people who have been in trouble to talk about that, but I think that diagnosis and what is provided for people like that will apply across the board, regardless of whether or not they've been in trouble.

AW Could you tell me what it is that you do? Are you responsible solely for people who have been in hospital and have been discharged or do you do it the other way round as well? Where do you get your referrals from?

GR Both really. I was just going through my figures and over the last six months I suppose it has split 50/50 - referrals from the hospital and from people in the community. Some of those that I have referred from the community will have had psychiatric treatment previously but I don't know the percentage. Also some will have had no contact at all with psychiatric services.

AW So do your referrals come through GPs or Social Services or who?

GR Anyone - for want of a better word - statutory - GPs, Health Visitors, Social Workers, District Nurses - services that are provided by the local authority.

AW But you're actually employed by the hospital?

GR Yes and I'm based at the hospital.

AW Do you get more referrals for women than men?

GR Probably more women.

AW Is there any difference in the kind of problems? Or is it impossible to generalise?

GR It's not exactly impossible to generalise - what tends to happen is that we get people referred for what I would say are the wrong reasons and the wrong type of people i.e. the type of problems that I would say I could deal with best tend not to get referred. This is often a fault of people not being assessed properly in the first place. Things like neurosis - a lot of people wouldn't identify it as neurosis. A patient might go along to a GP complaining of aches and pains, or irritable - complaining of the signs and symptoms of anxiety or stress - and there's a tendency that it's treated with tablets, rather than sitting down and looking at why is the person like this - it's not an illness - why is the person behaving like this. People tend not to get referred for this kind of reason - they are referred because they are ill, whatever that means....

AW You mean they're really freaking out?

GR They are considered to be ill - they don't have to be freaking out. If someone suffers from anxiety and it's affecting their life - agoraphobia, for example, they can't go out - it's not an illness as people understand this to be. It's often treated as an illness, or treated in illness ways with tablets. This kind of thing often isn't referred to someone like me, although we may come across it in later stages when whatever the GP has tried to do hasn't worked, things have got out of hand, then it may be referred to the psychiatrist.

AW So are you getting referrals then of people who are actually causing trouble to other people - they're becoming a problem to other people rather than just themselves?

GR Both really. But the reasons why someone is referred to a psychiatric hospital often have nothing to do with clinical severity. Off the top of my head I'm not sure of all the reasons - things like if the person is causing a hassle to relatives and the relatives get on to the GP, or the person themselves is continually going back to the GP and they don't get better - there's a very good book with it in actually - "Mental Illness in the Community: The Pathway to Psychiatric Care" by Goldberg and Huxley.

AW And you would say that that fits, that that makes sense from your experience?

GR Most certainly. When people come into contact with the hospital there's then a tendency to put on a label because the person has been referred there. The thinking is that they wouldn't have been referred if there hadn't been something wrong and a lot of the time people are diagnosed simply because someone has said there's something wrong and research that has been done on things like this has found that GPs have people on their list far worse clinically than the ones they refer to the hospital - they haven't referred them because they are not actually causing them a problem.

AW So you're getting the referrals where other people can't cope - do you find it frustrating that you can't be more selective?

GR Very much. I can select, providing the consultant agrees with me, which at the moment he does. But you don't get the ones you can do most with - or you get them for other reasons. For example, Ivy was referred to me not to do anything with but to keep an eye on because "she'd been ill". I mean, I wouldn't see it in terms like that at all - she was reacting to various circumstances, not an illness.

AW So would you see that as an inappropriate referral?

GR No - I'm saying it was referred for the wrong purpose - no-one else has identified this. If your husband leaves you or you can't get it away often enough and you want to, that affects you and you become depressed - or you exhibit the signs of being depressed - what other people would class as depression, an illness. They are then treated for this illness - are you with me? I would see that as an appropriate referral but for differing reasons - I would identify the problem, not as depression but what was actually causing her to behave in that particular way.

AW But why is it more appropriate for you to deal with that than, say, a local authority Social Worker?

GR I don't know that it is if it's dealt with in the right way. I would deal with it because it tends to come from psychiatric care or from the GP. Social Workers probably deal with things like this that go to them - maybe in a slightly differing way, not looking at it from the medical point of view - at least I would hope not. Lots of things that we do are very very similar. Health Visitors - I'm sure that a lot of what they do is very similar.

AW Do you find yourself in any way at odds with Social Workers in situations? Are you going in to see the same people? Do you have any difficulties over role definition?

GR I think there are difficulties over role definition but if you discuss what you do with individual social workers you can get over a lot of it. If you don't discuss it with them, you sit in your office and tend to generalise and think all social workers are useless, and they're thinking all community nurses are useless! I do see some

people that social workers are seeing but not with that kind of problem - more elderly - and I have no real problems at present, but that's because with someone elderly, boundaries are not clear cut.

AW Do you have any difficulties deciding when a person should go into hospital?

GR It's not me that decides that. I could perhaps recommend it.

AW I'm thinking of Ivy - she told me that last year she went into hospital for approximately three months but she's seen you from time to time - I was wondering how the decision was reached that at that particular stage she should go in - I mean, she's had a very long history. Is it just a matter of clinical severity, that's she's feeling that much worse?

GR No, I think not - it depends whether the GPs treatment has worked, or how many times she goes annoying the GP or she might ask to see a psychiatrist and go into hospital for a rest. It's all very much an art, rather than a science.

AW I take it you don't actually have powers of sectioning?

GR No, that has to be a social worker.

AW So ultimately you're simply recommending and advising?

GR No, I can treat people from a nursing standpoint - things like management of anxiety, stress - attempting to change people's cognitions. Lots of problems that people have are simply because they're looking at things wrongly - they are reacting to something where may be there is no need to react - and I would attempt to do that with people, certainly neurotics. I personally haven't done any particular skill training, like family therapy or proper psychotherapy.

However, some PCNs have to and are able to offer that kind of therapy.

AW Do you find that women are more willing to accept the "illness" identity? Does it come as a surprise to them to hear you say, "You're not ill - you're looking at things in an unhelpful way"? Do they take comfort, find security in a label?

GR I wouldn't like to say, comparing them with men. All I can say is that a lot of the people who do come to us have adopted this role - well it's been thrust on them and they're accepted it often for a long long time. So when someone like myself attempts to re-educate them for want of a better word - you often have great difficulty because they've accepted this and gone along with it for so long. To try and get them out of that is much harder than if you saw them immediately they started presenting in this way.

AW I was just thinking that one woman said to me that she thought that when a woman succumbed to mental illness that it tended to cause a great deal more chaos within a family than when the man did - that a man tended to be treated as just one more child to be looked after within the family, whereas when the woman broke down it tended to cause a disintegration of the whole family set up. Do you think that rings true at all?

GR I would think so, when you look at the different roles - what the woman actually does and if she is identified as being ill and not able to carry out her role, there's far more disruption within the family than if the man's ill.

AW What about kids going into Care?

GR I haven't dealt with an enormous amount of families with young kids in them where things like that have had to happen. Social Workers

tend to be involved when young kids are in the families.

AW How did you come to be involved with BC and Probation? Was it specific referrals?

GR Yes, when I was asked to see Ivy, BC was in fact seeing her at the same time.

AW So there's no formal link between yourself and Probation?

GR No.

AW Are there many of you around? I've been talking to people in North Staffs. and I haven't come across your breed and I did speak to one consultant who said, "We've been told we can't afford them". Very much tongue-in-cheek but they clearly haven't got any.

AW I think most districts have a service now - we've been around for about 30 years, but it's only in the last ten years that it's really taken off. Where I work there are six of us plus another three who deal solely with the elderly.

AW Do you have a social worker at the hospital?

GR Yes, a Social Work Department.

AW I'm sorry to keep harping on about this, but I'm still finding it difficult to see where the roles differ - I mean I can see in practice where they might, but not in theory....

GR I don't think you could get anyone who could sit down and tell you. It's often a purely individual thing. I think I would see the way that I intervene with someone as being the right one - like everyone does, otherwise they wouldn't do it. Someone that I felt I could help I would see. If I felt I had nothing to offer, I'd quite happily

refer to Social Services. Boundaries I don't know - it's more than just who can do what - there's politics and personalities....I don't know what Probation is like, but the Health Service itself - there's a lot of this goes on and when you start dealing with other groups as well - some psychiatrists use the Social Work Department at the hospital, others don't. The area I cover isn't W (where the hospital is) - it's S and the relationship of the Social Workers there with the hospital is non-existent - well, it's there but very very negative. Whose fault it is, who knows? Both sides. But there's just no communication and because of that perhaps many problems that should be referred to Social Services from the hospital don't occur. In theory, one should be able to say, "This should go here, or there" but in practice that tends not to happen, unfortunately. You won't get people to agree on how problems should be treated - there are so many vastly different ways of viewing problems and causes of problems and then treating it, that you won't get people....

AW Do you have many people who are diagnosed as Personality Disorders?

GR No!

AW Er....Can you tell me why?

GR On the one hand they tend not to be referred because they're personality disorders, i.e. no-one can do anything for them; on the other hand, I don't think I can do anything for them!

AW What would you say a personality disorder was?

GR A nice word for what we used to call "psychopath"?

AW O.K.! One of our problems is that a lot of people who come our way are "diagnosed" as personality disorders, and that is often done by

a consultant psychiatrist, who will then go on to say that he can't do anything - but despite that they then have a label which has the authority of a psychiatrist.

GR Labels like that don't mean anything - they don't mean anything to me. I've been listening to them for 13 years. The criteria for diagnosing something like that is so vague and subjective that one person will be diagnosed as personality disorder by one psychiatrist, someone else won't diagnose it as that. If I was referred someone like that, I might use the terms but when you are actually dealing with someone then it goes out the window - although you're still obviously influenced by it - and I would look more at what they are doing, rather than looking at this label and saying, "For this label you do such-and-such". Labels are put on people because the medical world likes to have things cut and dried, and there are certain treatments for certain labels.

AW Is most of your work of a brief nature?

GR It depends on the problem. Dealing with neurosis should ideally be over a very short period, so that you can get the person to cope with the problems themselves. We do see people who the normal person would think of as "mad" who need to be seen over longer periods.

AW Yes, I would think that Probation get a lot of people who would be neurotics and yet we are supporting them for years and years.

GR It depends on your viewpoint - I mean, who am I to say that that is wrong? It's just that I would see that kind of thing as benefitting from a behavioural approach - other people use counselling - and everyone claims to have some success.

AW Do you come across behaviour which could be defined as "criminal" - I

mean damage or being drunk and disorderly or that kind of thing, which because it's defined in terms of mental illness is not being brought before the courts?

GR The behaviour I generally come across like that, the people are psychotic rather than neurotic, and you would classify them as being "ill". The treatment one can offer is drugs - there's nothing else I know of you can do. But there's a tendency in hospitals to admit and treat people, and when you find it doesn't work, then say you can't help them, when sometimes you could say beforehand, if you did a proper assessment and found out what the problem was. Sometimes they're treated and when they don't get better people start getting angry and blaming the person themselves for not getting better and then they don't want any more to do with them. It happens with neurosis because people's stock response with someone who's neurotic is, "You have to help yourself". They have to help themselves but it's not as simple as saying that - these people know they have to help themselves, but they've got to be shown how. But people think they are not taking their advice and they get angry and won't have anything to do with them and perhaps what could be treated by the hospital ends up with the Police.

Interview with Eileen B, Client

AW I gather you're on Probation?

EB I'm on Probation until 1984.

AW Do you mind telling me what you did to get on Probation?

EB Defrauded my husband of his Supplementary Benefit - I cashed his Giro.
I got two years Probation on the grounds that I got help from Dr. M
at Stafford Hospital.

AW So you saw him there?

EB I'd been under him for three years. I went in as a patient 1979 -
O.D. - that's an overdose.

AW Was it any help when you were in there?

EB Yes, I felt a lot better.

AW Since you've been on Probation, how many times have you seen him?

EB I was put on Probation last September and I've seen him about three
times. He came to the house just before Christmas - to see the
children. He'd seen me in hospital as a patient, but he'd never seen
me as a mother.

AW Do you think he was able to get a good impression of you at home?

EB Well, he's told me to keep my children - he's done a report.

AW So he's been helpful?

EB Yes.

AW Was he helpful before?

EB No, 'cos I didn't want any help. It's only been since September that I've wanted anybody to help me.

AW Did you think then that your children were going to go away?

EB Yes, in October I did - and since then I'll sit and listen.

AW Do you mind telling me why you thought the children would go away?

EB My husband's in prison - their step-father. I've had two broken marriages previous. I've been involved with Miss D since 1968....

AW Yes, she said she'd known you a long time....

EB Yes, I was on Matrimonial Supervision when I was 14. She's been a great help - she's been involved 15 years - we've got an understanding. But it's only been since September that I've been willing to listen to their point of view. I got involved with a man in September - and they said I was sleeping around. I've got two kids at residential schools and it's always been at the back of my mind that I'd lose the others. I fetched 'em into the world and I didn't fetch 'em in for the Welfare to grab hold of 'em. I've got a Social Worker - she's leaving to have a baby....

(Daughter interrupts and is told to go into the kitchen) Believe it or not, she's only little but she's ready to go to the Secondary school in September (shows me papers) - that's telling me about the school. I'm glad they haven't taken her off me, 'cos I've got problems with her. She's a slow learner and I thought she might have to go to Special school. I hope not - if she settles down here.

AW When you went to court this time, did you expect to get Probation?

EB Yes, I asked for Probation - I asked the psychiatrist to recommend it. Because I went to the Police Station myself to own up - they didn't

find out. I went myself, after my husband kept chucking it up at me. So when I went to court, I agreed to Probation, but I didn't think it would be two years - I thought it would be just twelve months.

AW Had you been in trouble before?

EB Yes - 1969.

AW How do you feel about the Social Workers who have been involved with you?

EB At the moment I'm all for them because they've just got a holiday granted for my children - they've never had a holiday. They don't really want to go, but I've had to explain as it's to get them ready for when Daddy comes home - 'cos he comes out the day they come home. But I always thought Social Workers were nasty people who all they wanted to do was take people's children into Care. But at the moment I've got a nice worker - but I haven't always thought that. It's only since September I've started taking any notice.

AW So it's something you feel you've just got to come to terms with?

EB I've got to. I've got the Welfare involved with my children until they're 16 years old - they're on Matrimonial Supervision. So I've got a Social Worker involved for the rest of their school life at any rate. But I'm having a few problems at the moment. My Social Worker's leaving to have a baby and she says I'm having a certain Social Worker and no way do I want that Social Worker.

AW It's someone you already now, is it?

EB Yes, and I don't want her. They're going to try to get a temporary one in.

AW Why don't you want the one they've suggested?

EB She's very fond of taking people kid's away.

AW You don't think she'd be very sympathetic to your circumstances?

EB I've just got a grudge against the woman. I took an overdose, and she was the one who came with my Social Worker's Senior. If she comes to my door, I'll hit her. I don't know - it's just me I think - I think she holds a grudge because I took an overdose in the school holidays when my children were at home - so as far as she's concerned, I don't care about my children. But I've always made arrangements for my children if I'm going to take an overdose.

AW Do you think you're getting the help you need with your problems?

EB I don't like asking for help, but Miss D has been marvellous to me especially while he's been in prison. She took us Christmas week to see him, but we argued, 'cos the marriage is through. We've got to wait till July to be married three years to get the divorce. I think myself I'll get over it, but he's going to fight for the children and that's what I'm scared of.

AW So there will be those problems when he comes out?

EB Well that's why I'm very grateful to the Welfare for getting the children this holiday because it will give me a week on my own and I won't have the problem of Mr. B being able to go down the school and upset the children because they won't be there - they'll be on holiday. But I'm worried about him knocking on the door to see the children - which he says he is going to do.

AW Does he know where he's going to live?

EB He doesn't - 'cos this is a joint house.

AW That will cause problems?

EB Problems will start especially if he tries to stop - we've chopped and changed our minds that much over the past 8 months. We've been apart 12 months - he's been in prison 8 months. At the back of my mind is I know that if he comes home he'll hit me.

AW Do you think anyone will be able to help you with that when he comes out?

EB No, I'm going to take it - if he comes out and he feels better after hitting me, let him hit me, that's my attitude. As long as he does it when I'm on my own and not with the children here. So if he does come down first, he'll have a few hours to sort things out - the blows will all be over and done with before the children come back.

Interview with Pauline L, Client

AW A C tells me that this is your third Probation Order - how did you feel when you were in court? Do you think you were dealt with fairly?

PL Oh yes. That was one of the things that amazed me - I thought they were terribly sympathetic to it all. Mind you, I think that the solicitor does a lot - it's the way he puts your case over.

AW You had John W didn't you? You've had him in the past as well?

PL Yes, I really think that makes a difference to how your case is put to the court, because you can tell a story or explain things different ways and it comes out differently. I expected a lot worse and, quite honestly, I felt I deserved a lot worse - I still do. I've said this to Dr. C many times - I still feel that I haven't been punished. At the back of my mind I feel, "I've got off very lightly" - yet nobody else seems to - but that's my own version. And the fact that I can't tell anyone what I've done - nobody knows, none of my family or my friends - nobody knows. And this was one of the things - I couldn't talk about it at all - I was so ashamed of it. The group encouraged me to say what I'd done and Dr. C thinks that if I could go to the group, it would help me to cope with it and say what I've done and perhaps eventually I can tell my parents, and he feels that that would go a long way to helping. I think he feels that once you've got something bottled up inside then it's more likely to occur, whereas if it's out in the open....I mean, at one time when nobody knew, it was the most important thing that had happened to me. It's not now, it's taking a back seat, sort of thing, because it's been brought out. At first, I couldn't see how going to a group was going to help me.

AW Who's idea was it?

PL Mrs. C's. She asked, she said did I think I might be able to go, and I said yes. I'd do anything for her. (Laughs)

AW You feel she's been good to you over the years? Has she always been your Probation Officer?

PL Yes. When I was first on Probation - it must have been seven years ago - I had somebody else - I forget his name, it was a young man - and he moved, and Mrs. C took over, and that must have been about the last three months of a twelve month Order. And I found her a great support - that was the time that my marriage broke up. But it was only a very short period. Then I had another Probation Order about three years ago and she was my Probation Officer then, and I found her a great help at that time - more so. But this time, even more of a help again. And she says she feels she can see how things have developed over the years. She's obviously got a file or notes about how things have gone, so she can look back. She says she can see how things have developed between us. So I was very glad to have her. In fact, when this thing happened, when I was arrested, that very night, obviously I felt the whole world was at an end, and I didn't know which way to turn, and I thought, "I've got to tell Mrs. C". I knew that she was going to have to know, but I couldn't have rung her up and told her (i.e. at night) so I rang the Samaritans and asked them if they would get a message to her. And she said that as soon as she got the message that there'd been a phone call from "Pauline" she guessed straightaway what it was. I thought at the time that it was something I wouldn't do again, that it was behind me and was never going to occur again. But from her experience, she obviously realised that it could have happened. And that's when I started to panic, thinking, "What if it happens again after this"? I really felt out of control. I realised that there is not likely to be another Probation Order for me. I would

imagine that if I do it again, it will be a prison sentence. They're bound to start thinking it's not helping me. I feel it is - and I've got the group as well. I'm beginning to feel more optimistic. All I could see was the distant future and think it was going to happen again - I thought I'd get over this and get sorted out and then I'll do it again. But now I can begin to see - I'm still not sure - it may not happen again.

AW You said you felt out of control of your actions in shops. Can you tell me what you actually feel like when you're in a shop and this happens?

PL Well, I know what I'm doing. I know people come out and say, "I didn't realise I'd done it" but I did. The only thing that strikes me about the whole thing is that I know that when I'm in the shop I don't want anybody to catch me, I don't want anyone to know what I'm doing because I know that if I get caught, I'll go to court and it will be in the papers and if Mum finds out it will break her heart - all that sort of thing. But when I get outside the shop the first thing I think is, "Why didn't anybody stop me"? So there's always this conflict going on. I'm waiting for somebody to stop me, I know that somebody ought to stop me and say, "What have you got in your bag"? but at the same time I don't want it to happen. On the one hand I did want to be stopped, but on the other - I was dreading it. But I still haven't sorted out what triggers it off because generally I go shopping and it wouldn't even occur to me. But then occasionally I'm in a shop and I think - I remember this last time, it was Joanne's birthday, and I'd gone to town to buy some candles for her cake, and it started that I picked up something in Woolworth's and I was thinking, "I'd like to buy this" but we were going on holiday and she was saving her money, and I remember thinking, "I'd like to give her something - I know she's

having the holiday, but I'd like to give her a little something" and simply looking round the toys and I picked up some little toy and thinking, "I can take it and nobody will know, and I can give it to her, although I can't afford it" - so I did. And then it just snowballed. I went in different shops and I did shopping but at the same time I took something and, of course, eventually I was stopped. I was absolutely shocked that I'd been stopped! (Laughs) You know, I was thinking about it all the time - "Why doesn't anybody stop me, they must have seen me" and then when somebody did, I was absolutely amazed. I went on a sort of spree - I went in three or four shops - and half way through I did stop and I went into Littlewoods to have a cup of coffee and try to calm down a bit - I was certainly very keyed up at the time. I sat down and had a cup of coffee and said, "I've got to stop now - this is ridiculous - I'm going to go out and finish the shopping and go home" but I didn't. I came out and I saw some cassettes and I took those. So although I realised what I was doing and I knew I'd got to stop but I didn't - I just carried on. So that's how I felt out of control, although I knew what I was doing and I knew the risks, I couldn't stop myself from doing it.

AW Can I ask you a rather personal question? Some people say that shoplifting and other things are connected with your monthly period - just before your period you can be feeling a bit peculiar. Do you think that applies to you at all?

PL I don't think it has much to do with it. I haven't paid much attention to it but one or two people have suggested it to me, so I started to keep a check and I've been to my doctor about it. He asked me how I feel - I get spots and that just before - and he gave me some water tablets. But you see I haven't done shoplifting on any regular basis - years go by - so that if that was the cause of it, I think it would

have happened more often. I do tend to think that it's at times of stress that it happens and I think that personal stresses do lead up to it.

AW You had some contact with the P Trust, didn't you? Did you find that helpful?

PL Yes, simply because before I went to court, although I was in contact with Mrs. C, she couldn't do anything for me as a Probation Officer because there was no Probation Order. She was only there to advise, I couldn't go to her and lean on her, whereas with the P Trust I could. They were there - the girl I saw - Carol - she came to court with me. I found a lot of comfort from knowing that there was someone going through it with me. I don't know how it would work for everyone, but it worked for me, simply because I hadn't got anyone else to share it with. I was my fault, of course, because I couldn't tell anybody. Probably if you've got your family and you can go to them and they'll rally round and say, "We'll get through this together" then perhaps you wouldn't need P Trust, although they can also offer advice as well as support. I think there are probably things that people don't know. But as regards this support perhaps not everybody needs it, but I did. Also, you can keep in touch with them after the court. Carol said that some people become part of the group - they come in and help. I've called in a couple of times since, but I haven't taken an active part, simply because I've got a part-time job and I haven't got the time. I feel I was very cut-off at the time. I don't seem to get the stresses when I'm working, because it's an outlet. There's people there and you talk - you don't necessarily talk about your problems, but you can mention them, and you see them in a different light from when you're sitting at home. I've found that since I've got the job the stresses don't build up so much. But if I hadn't got the job, I think I would

have enjoyed going down there.

AW I suppose the group you go to also provides an outlet? Are the other people who go there also people who have been in trouble?

PL It's completely mixed. The majority of the people there are suffering from depression - there's one girl who's got a phobia, or is it an obsession? She washes all the time - she goes to the group and she finds it very helpful. But all the others suffer from depression and they get panics when they're out and things like that. So out of a group of about six of us, three would be depressive with something in common and there's the girl with the phobia, and then there's another girl who gets temper tantrums with her depression and then there's me. The others all seem to worry when they're going to the group, but Dr. M says it's important for you to go - the time you don't feel like going is the time you need to go - they all have to make an effort. Me - I just trot along because I like going! (Laughs) I try to understand how they feel but I can't really know what it's like.

AW Would you describe yourself as having depression or obsessions?

PL No, I don't think I have depressions. I have times when I'm upset and worried but I don't think I suffer from depression in the way that they do. I mean, it really takes over their lives and they're out of control as well. They wake up in the morning and they're panicking, they go downstairs and they're worrying - I've never had depression like that. I feel rotten about everything but that's not the same thing.

AW How long do you expect to be going to this group?

PL The time limit is two years. Some people go for a few weeks and don't like it because you know yourself when you go anywhere for the first time, you're completely alienated and it doesn't matter how good a

place it is, the first thing you think is, "What am I doing here? How is this going to help me? I don't fit in". I felt like that when I first went. But everybody says the important thing is to give it a chance. So some people will come for two or three weeks and drop out because they don't think it's got anything for them and others will come for may be six months and feel that they're O.K. I mean, I'm feeling better and I've been going for 2½ or 3 months. Then others will stop for the two years. Dr. C feels that the ones who get the most benefit are the ones who stay for the two years. But he would never force - he would never say that anybody had got to come. He just says, "I think you ought to come" but if they say no, he lets them decide in the end. I think I'd like to go for the two years, although I feel great now. I think if I go for the two years, I'm going to feel even better still. I can see now that it will help me.

AW You're going voluntarily, aren't you? Do you think it would have made any difference to your attitude if it had been made a condition of your Probation Order?

PL No. As I said, I really value what Mrs. C says to me. I trust her implicitly. Whatever she says, "I think you ought to do....", I believe that and I will do it. Had she said, "You've got to go to this group because it's part of the Order", I'd think, "She thinks this is a good thing, so I'll go". I keep saying that I trust her and will go by anything she says, but there again, that may be because I've known her for a few years. In that way I feel I'm luckier than other people - they perhaps are only just getting to know their Probation Officer properly when the Probation Order is up. I've found that now it's like an old friend and I know what she's like, so that now I trust her.

AW So that even though this is your third Order, this is perhaps the right time for you to be going to the group - if you'd been offered it earlier, you might not have been so keen?

PL That's right - I can see that that might have been the case. At the moment I'm feeling I'm getting so much out of the group and the Probation Order as well. This is why I say I don't feel that I've been punished. Perhaps that's right - perhaps you should feel that way, but my own personal feeling is that I should be punished and I still haven't been punished for what I've done. I've got to pay a fine, but that doesn't feel like a punishment, because I was in such a bad financial state - I claim Supplementary Benefit you know - the money was so tight that Mr. W managed to get the court to allow me to pay the fine at 50p a week, which doesn't seem like great hardship to me - I can afford to do that. Perhaps if they'd said I'd got to pay £2 a week and it's going to skin me every week, it would be a constant reminder about what I'd done, simply because 50p a week I can trot that along and not really miss it at all. I still feel at the back of my mind that I've got off very lightly - I'm gaining by this whole Probation Order thing rather than having to pay for what I've done. It's a very strange feeling.

AW Putting yourself in the Magistrates' position then, why do you think you were dealt with so sympathetically?

PL I think may be - I don't know if they take this into account - but may be it's the fact that I've got to support two children. Had I been a single girl, perhaps it might have been different. I don't know, but I think that would sway me, if I was in their position.

N.B. Since this interview, Pauline has appeared in court again on a charge of shoplifting, but was found Not Guilty on a technicality. The Prosecution was persuaded to offer no evidence because a) Pauline was

undergoing psychiatric treatment and b) the Policewoman dealing with the case had lost the till receipt from the shop where Pauline had been shopping and from which she was alleged to have stolen items. Interestingly, on this occasion, Pauline herself has maintained that she did not intend to steal the items involved.

Interview with Janet T, Client and ML(M), Probation Officer 21

AW Would you mind telling me how old you are and whether or not you are married?

JT I'm married and I'm 36.

AW How many hours CS are you doing?

JT 50.

AW Would you mind telling me what your offence was?

JT I'd rather Mr. L explained. It was to do with hampers.

ML Mrs. T was involved before Christmas in collecting money from neighbours and she would provide them with a Park Hamper of food - they would save up for it with her - and the problem was that for one reason or another the accounts got a bit "out".

AW So you were charged with theft?

JT That as well....

ML That was something different. In fact, Mrs. T was placed on Probation for the hampers; she got CS for the theft of a chicken immediately after the making of the Probation Order - on the same day.

AW Is that the first time you've been in court?

JT No.

AW Can you tell me about any other occasions?

JT It's been theft over the past ten years and a TV licence once.

AW Has it always been from shops?

JT Yes.

AW Have you been on Probation before?

JT No, I've spoken to a Probation Officer before.

AW So how have you been dealt with before?

JT By fines.

AW Did you have a solicitor this time?

JT I did with the hampers.

AW Was he helpful?

JT Yes (looks at ML) - and M was.

AW So did you see M before court?

JT I saw him every day! (Laughs)

AW Was this because he was doing a report?

JT No, I was just "down".

AW (to ML) But officially your contact was to do a report?

ML It was a referral from Social Services because there was a court appearance. Referral was back in November and then you (to Mrs. T) came to the office and we talked about a Social Enquiry Report and the court appearance was on 14th January - that was for the Probation - but that was the day on which the chicken offence was committed, so there was a further court appearance in February.

AW So you had had a Social Worker before?

JT I'd been there a few times.

AW But not regularly?

JT No.

AW So they referred you to M because....?

JT She had such a lot to do.

N.B. Throughout the interview Mrs. T spoke so softly that she is at times almost inaudible on the tape even though the recorder was right by her feet.

AW So from that time onwards you saw M a lot?

JT Yes.

AW And that was mainly because you were feeling so "down"?

JT Yes.

AW Was that the first time you'd felt depressed?

JT No - since about last August.

AW Did that start for any particular reason?

JT Well just different things.

AW Had you been to the doctor?

JT Yes and I've been to the hospital, the North Staffs.

AW (to ML) Did you make a referral for a psychiatric report?

ML Not at the Social Enquiry stage. It's happened that subsequently it's turned out that it would seem appropriate to have some sort of psychiatric assessment.

AW So there was no medical report before the court?

ML That's correct.

AW Who do you see at the hospital?

JT Dr. X.

AW When you went to court was any mention made of the fact that you had been depressed?

JT Yes, it was mentioned.

AW Do you think that influenced the magistrates in sentencing you? Was that one of the things the solicitor emphasised?

JT I don't understand what you mean.

AW Sorry. When you were in court - if you can remember - did the solicitor stress the fact that you had been depressed?

JT No.

ML I think I just mentioned it in my report.

AW When you went to court the second time, can you remember who suggested that you should have CS?

JT (to ML) Was it the judge?

ML Yes, it was the magistrates. It was rather an unusual situation - I think Mrs. T should explain.

JT No, you do it.

AW Are you sure? If you don't want to discuss it, just say.

JT No it's all right.

ML It was unusual because M K was at court on another matter and the magistrates said, "Look, we think this is serious enough - the CS officer is in court - would you please ask him"?

AW So it wasn't something you had thought of initially as being appropriate?

ML That's correct.

AW So what had you recommended?

ML I can't remember off-hand, but I have a feeling I said something like, "This occurred on the same day, so just leave the Probation as it is." I interpreted it as some stress arising out of what had happened that day. But they felt strongly enough to say no.

AW (to Mrs. T) Were you surprised when somebody mentioned CS? Did you know what it meant?

JT No.

AW Did they explain it to you then and there?

JT Yes, M K did.

AW Can you remember what he told you about it?

JT No, not now.

AW Were you happy to say yes to it or did you feel a bit nervous?

JT Well, I was a bit nervous.

AW If you had said no, what did you think would happen to you?

JT I didn't think I would have come out of there.

AW (to ML) Do you think that was a fair anxiety on Mrs. T's part?

ML Yes.

AW So it definitely was an alternative to prison?

ML Yes, I didn't think it was, but when I spoke to the Clerk afterwards, he said, "We were in deadly earnest, you know, that's why we referred it".

AW Can you tell me what you do on CS?

JT It's The M S. I work on the coffee bar and serve coffee and snacks, and clean.

AW I don't know the area, can you tell me a bit about The Mustard Seed?

JT It was a Bingo place, now the over 60s go there and it keeps people off the streets - they have a coffee and a chat.

AW Is it open all day?

JT Yes, 10 to 3.

AW Do you know who runs it?

JT Well Brenda does a lot of the work, but I'm not sure who runs it.

ML It's run by the T Church - it's one of their projects - it's a "drop-in" centre for the over 60s. It's also used as a centre for the CAB.

AW When do you do your hours?

JT Monday and Thursday mornings - about two hours each day.

AW Is that convenient for you?

JT Yes.

AW I think you have a part-time job in the evenings, don't you?

JT Yes, at G - cleaning.

AW Did you have any problems about the hours with your family? Have you got any children?

JT Yes, I've got three children but I've got one that's sixteen, so it's no problem.

AW Are you on your own when you're doing CS?

JT Yes.

AW Do you prefer it like that or would you prefer to be with other people who are doing CS?

JT I don't know - I've never met anyone else who's doing CS.

AW Do you have a supervisor with you all the time?

JT She pops in from time to time - she's all right.

AW Are you managing to do your hours regularly or are you having to have time off?

JT I'm doing them regularly.

AW I should think you'll be finished soon at that rate?

JT Well, I'm stopping on.

AW That will just be on a voluntary basis will it?

JT Yes.

AW You're really enjoying it then?

JT Yes.

AW Can I go back to your Probation Order now? How often do you go to the hospital?

JT I don't know - I've only been once.

AW Were you with the doctor for very long?

JT I don't know.

ML It was a fair time, it was quite good - about 20 or 25 minutes.

AW Has he prescribed any tablets?

JT No - I get those from my own doctor.

AW When are you going back to the hospital?

JT In about six weeks.

ML You've got to have some tests, haven't you?

AW Are you in good physical health?

JT Sometimes. (Long pause)

AW Do you think that CS is helping you not to get in trouble again?

JT I don't know. I've had the craving, but when I do, I come down and see M.

AW So in terms of keeping out of trouble it's more helpful to come and talk to M?

JT Oh yes. (Laughs self-consciously)

ML Then you just get into trouble here!

JT I get shouted at! (Laughs)

AW (to ML) Why does she need shouting at?

ML Well, one of the things I think we ought to be looking at fairly

closely is Mrs. T's marriage. Sometimes I tell her off because I don't think we're looking at the questions behind her depression - Well, "telling off" is a bit strong!

JT (to ML) You can explain to her how I feel when I'm in the shops if you like.

ML I think you ought to say something about that because that's quite important.

JT I sort of get this feeling that I've got to get something off the shelves - and when I've done it and got out of the shop, I think it's great.

AW Have you any idea, in your own mind, why that is?

JT No.

AW Do you know when it's going to happen or does it just happen when you're in the shop.

JT It only happens occasionally.

AW But you know what you're doing - you don't just feel confused?

JT Oh yes, I know what I'm doing.

AW So, to recap, you are quite happy about doing CS and it doesn't cause any problems? But do I take it that you would not have wanted to do CS instead of Probation - that you still wanted Probation?

JT Oh yes. Malcolm's helped me a lot.

AW (to ML) Would you also have felt unhappy about CS replacing Probation that second time round?

ML Yes. I think that Mrs. T gets some "goodies" from all sorts of areas

at the moment - like going out to work in the evenings which provides quite a lot of friendships and social contacts - and that was something you were doing before you ever got Probation, although it stopped for a while - and then there's Probation and that's nice because it's a nice friendly place here - we have a lot of chats, and the secretary's very friendly in an office like this. So there's that support and also the support from Brenda at the CS - she's the supervisor and she's the only one who knows there that Mrs. T doesn't just go voluntarily - all the others just think she's a helper there.

AW (to Mrs. T) Did you have any choice about what project you were on?

JT Mike just said he'd fit me in where he could near home.

AW Did your husband object at all to your doing CS?

JT He doesn't know.

AW Does he know that you're on Probation?

JT Yes.

AW Is there any reason why you don't want him to know about CS?

JT Well we don't speak about a lot of things.

AW Does he go out to work during the day?

JT Yes.

AW Has he ever helped with your fines?

JT No, when I had the TV licence fine, I had to keep going back to court. In the end I owed £13 and they knocked £10 off.

AW Were you trying to make extra money out of the hamper business?

JT Yes, but I wasn't being paid properly, so I tried to fiddle the accounts.

AW Was there anything in the local paper about it?

JT Yes. I've had lots of comments from the neighbours - half of them don't speak to me. I lost my job over it and I've had another job which I lost because of that, but I hope I'll keep the job I've got now - she knows about it anyway.

Interview with Carol McC, Client

AW Could you tell me a little about yourself - how old you are and whether you have any children?

CMcC I'm 37, I've got four kids and I get my money from Social Security.

AW Are you married?

CMcC Separated - and I'm a shoplifter.

AW Do you know how many times you've been in court?

CMcC A lot, a lot - every year I'm inside.

AW What sentences have you had?

CMcC Two 12 months' and a 9 months.

AW You've been to prison three times? What else have you had? Have you had Probation?

CMcC No. I was on Probation once and that was in Scotland. I've not had any here and I've been here ten years. I had Community Service not last year but the year before - that was just for 99 pence. They couldn't send me to prison for 99 pence, could they? When I walk in a shop, I've just got to take something, even if it's just a wee thing. I wouldn't say I was a kleptomaniac. I've just got to do it because I've got four kids and I can't do anything with £34 a week. I think they're a bit hard on us. I've seen them getting all the stuff back but they're still sending us to prison. They're always moaning that they haven't got any money - you hear Thatcher saying they canna do this and they canna do that, but they're sending us to prison. They're keeping us - it's costing £100 a day for us and £100 a day for the kids - £100 a week for each kid.

AW So what happens to your kids when you go to prison?

CMcC They go in Care. And Social Security have got to give me money when I get out because the house is broken into and everything's stolen. So the state of the country's no better off for putting us in. They pay us money when we're in there - they give us pocket money - £1.50, £2.50 a week.

AW Which prisons have you been to?

CMcC Moor Court and Drake Hall.

AW You're on Community Service at the moment, aren't you?

CMcC Yes. But I never did it. I'm up in court on Wednesday.

AW Tomorrow?

CMcC Yes. But I never did the thing they said. I've been told I'll get sent down for that. They talk about justice - you're not guilty until you're proven. I'm not guilty, I didn't do it, yet I'll probably get found guilty because of my record. They look at your record and they'll say, "I don't believe she didn't do something like that".

AW What do they say you've done?

CMcC Stole three pairs of shoes. But I was with the lassie that did do it, so I'm just as bad, aren't I?

AW Are you going to plead not guilty?

CMcC Yes, but I'll probably get found guilty because of my record.

AW Has the other girl got a record?

CMcC She's just come out of prison.

AW Have you got a solicitor?

CMcC Aye - Richard B.

AW What does he think?

CMcC He thinks I might get off with it, but there again, with my record....

AW But they're not supposed to know your record until you're found guilty.

CMcC Aye, well that is true, but the judge knows me at F.

AW Are you going for trial at F or the Crown Court?

CMcC No, I'm not going to the Crown Court, 'cos you can get two years there - at F you can only get 9 months, or two 9 months.

AW You don't think you'd get a fairer trial at the Crown Court? Have you ever been to the Crown Court?

CMcC Aye, but I found out you get longer there. You can get longer at F - they can only give you 9 months, but they can give you two 9 months consecutively.

AW When you take things, do you know in your own mind why you do it?

CMcC 'Cos I've no money. I mean, look at that (points to settee with tears in). You don't like people seeing your house like that. I could be a hustler, but I'm not giving my body away, so I steal. At least I've got some pride.

AW Do you have any problems with Social Security? Do they give you the money you're entitled to?

CMcC I think they give me what I'm entitled to - they give me £34, but they take my gas and electricity and rent out. I've got to have money. I don't go out much - only on a Saturday or Friday - but I like to keep my kids nice and I like to have a nice house. That's just me - get, get, get, get - but I'm trying to stop it!

AW When you've been in court, has anyone ever suggested you should see a psychiatrist?

CMcC No. I don't think a psychiatrist would do anything. I'd tell him what I'm telling you - that I go into a shop....I never used to steal until I came down here. I used to defraud Social Security - I should have stuck to that! It's just that I go into a shop and if I find it's easy, if the woman goes away and leaves me, I've just got to take something, even if it's only sweeties. I just can't be trusted - I can be trusted in houses, but not in shops.

AW I just wondered, because sometimes when women get into trouble, people say they must be sick....

CMcC They've never said that to me. My Social Worker says I just live too high above my means.

AW You've got a Social Worker who comes?

CMcC Well, I have to go and see her - when you can get hold of her - she's never there! I've always got a lot of problems. I don't keep any secrets, you know. If I kept things to myself, I think I'd go mental.

AW Do you see her very often?

CMcC No (whispers and points upstairs) just when he knocks me around. I go when I need a shoulder to cry on - I'm not too old for that.

AW Is she good?

CMcC Aye, she's helpful.

AW When you've been in prison and the children are in Care, has there ever been any question about them coming back to you?

CMcC No! They couldn't do that. I put them in myself and they couldn't take them off me. I don't ill-treat them and they get everything they want.

AW Do they get to see you when your inside?

CMcC Aye, they get to see me every week.

AW Does the Social Worker bring them?

CMcC Aye.

AW What sort of jobs did you do on Community Service?

CMcC I was at Stanmore House.

AW What's that?

CMcC An Old People's Home. It was pretty good, except they had me washing the walls and I didn't like that, so I asked Mr. K if they could change it. So they put me up to the L Trust. That's good because they appreciate what you do. I like people like that. I don't mind cleaning - I'll clean the whole house for you as long as you appreciate it.

AW Do you think that Community Service is a good thing for women, rather than prison?

CMcC Aye. I think it would help the state more, 'cos they wouldn't have to pay anything. They'd be getting cheap labour. It's better than

paying out to the prisons. I mean, it's like a holiday camp.

AW So when you're inside, it's no real hardship to you?

CMcC No, it's a holiday for me, because it's a break away from the kids - I don't usually get a break away from the kids. I've got them 24 hours, bawling and screaming and shouting - I don't go out the door except at weekends. So it's a holiday when I'm away.

AW How old are the children?

CMcC 14, 12, 10 and 8.

AW They're growing up then?

CMcC Yes. It's embarrassing. You don't like them to know. I mean, they know what I'm doing, but I wouldn't take them out and let them see that I'm doing it.

AW Have any of them ever been in trouble?

CMcC Joseph was in trouble once - he stole some sweets.

AW What happened to him.

CMcC Nothing - he was too young. But I've told them, if they ever do anything I'll get the police - there's one thief in the house and that's enough. They don't need to do anything, but I'm doing it for them.

AW Do you find that you can talk to your solicitors all right?

CMcC Talk to them? Aye, I don't care, I just talk to them (laughs).

AW But do they say what you want them to say in court?

CMcC No! I tell them the truth and own up if I've done it. Then they

advise me to plead guilty or not guilty. But he always says with my record I'll get sent down. I don't think they should do that, I think they should fight for you. If you've got a bad record, that's all in the past.

AW Have you always had the same solicitor?

CMcC Well. I used to have GS, but he got kind of boring. Richard's a laugh! I can sit and tell him anything, like, "I've been shoplifting today". I'm quite straightforward - he knows that. And I've told him I'm trying to stop. I mean, I've got some money today and my back's killing me, so I probably won't go out. But if I don't get sent down this week, I'll probably do it again.

AW Do you think you will get sent down?

CMcC I don't know. I'm scared. I really don't want to because I'll be doing time for somebody else. I canna do time for somebody - I've never done time for somebody else. I mean, I have, but only when I've been going down anyway, so I haven't minded taking the blame for somebody else then. But this time, I never did it.

AW If you do go down, would the chap you're living with look after the kids?

CMcC Him? He canna look after himself. That's all the problems I've got. He lives here and does nothing and expects all his food.

AW Do you get your money stopped?

CMcC No, they don't know he's here. People say, "Get him out" but you can't just do that. I've been with him seven years - and he's violent. Did you read in the paper about a man raping a woman at knife-point? That was him - and he got off. That's what they call

justice - he gets off and I get sent down for shoplifting £39.

AW If you had more money do you think you'd stop shoplifting, or has it become a habit?

CMcC No, I could stop. Sometimes I just go out for food, because I don't believe in buying it - it's too expensive! I don't believe in spending money on groceries. I don't like spending money at all - I like to hoard it!

AW How do the police treat you?

CMcC They laugh and joke. Some people say I shouldn't talk to them because they send you down. But they kid and joke - and you don't ignore people like that if they're friendly. I mean, if it wasn't for them, everyone would be shoplifting. I look at it that way too. That's why I joke with them, to show there's no hard feelings.

AW Do you think it makes any sense to fine people like you? Have you ever had a fine?

CMcC Aye, and I don't pay it? The only thing I think they should give is Community Service, because then you don't have to fork any money out and they don't have to fork money out. And I like working - but I don't want to work every day. So I think they should do that - that's a good punishment.

AW The work you're doing is all cleaning and cooking - would you have preferred to do something else - like painting and decorating?

CMcC I did that the first time, 'cos I do all my own. But they were trying to learn us the right way to do it and I didn't like that. I like cleaning anyway - that's the job I do if I had a chance.

AW Is there anything else you would like to say about the way you've been treated?

CMcC I just think they put too much money into prisons - I mean, we don't get £100 a week out here, so why should they pay that to keep us in prison?

AW If you had that money, do you think you'd stop shoplifting?

CMcC Aye.

AW When you take something, do you feel pleased with yourself?

CMcC I feel pleased that I'm making up to £200 a day - on a good day. But I try to keep it down to £50 a day, so that I don't get greedy. I mean, my wardrobe's packed and the children have got too many clothes now, so I just steal for other people. I just like to know that I've got stuff.

AW So why do you get caught? You obviously don't get caught very often.

CMcC When I get caught, it's always over stupid things. Like that 99 pence in Boots. I get away with an awful lot, but when I get caught, I canna take it, because it's always stupid things. I don't get caught for the big things.

AW So it's quite easy?

CMcC It is. If I had a shop, I'd have monitors and people to look in your bags - I'd make a good store detective!

AW Would you mind if I came to court tomorrow to see how you get on?

CMcC No, not at all. I'll have to think of a name to give my solicitor for the other girl.

AW Haven't they got her then?

CMcC No, and I wouldn't tell them. But I'll give them the name of a girl who's in Spain at the moment - she's wanted for a lot of things, so it won't hurt her.

The following day I went to court to hear Carol's case. She pleaded Not Guilty, but the outcome of the trial was a foregone conclusion. The only witnesses called were the store detective, the arresting officer and Carol. In his opening remarks, the prosecuting solicitor stated that "The store detective recognised Miss McC" and the arresting officer, when reporting his interviews, used her first name, indicating familiarity. Carol herself, in her statement, had said, "The store detective thinks I did it because I'm a shoplifter". The defending solicitor made a brave attempt to direct the bench to the evidence of the case, claiming that "past dealings" with his client had prejudiced the store detective against her, so that she was "expecting an incident" and was interpreting all Miss McC's actions in that light. He later admitted informally "I must say I've never argued before that the prosecution's case is so strong that it must be wrong"! Carol was found guilty and the case was adjourned for Social Enquiry Reports.

Interview with Gwen G, Client

AW I would like to ask you about how you came to be on Probation because I gather you are on Probation for two years. Could you tell me about it?

GG Well, I broke the windows - the front and back windows. But I realise now that I was ill - I didn't think I was at the time.

AW Had you been in hospital?

GG Yes.

AW Can you remember why you put the bricks through the windows?

GG It was everything all muddled up. It was my neighbours and because I hadn't got my daughter....

AW And what happened to you?

GG The Police arrested me.

AW Did they take you to the Police Station?

GG Yes, they ran after me.

AW Was that a bit of a shock, being taken to the Police Station?

GG Well, when I was in the van, he told them over the microphone that I was a prisoner. I said to him, "I'm not a prisoner" - well, I wasn't at the time - or was I? He said, "We've now got the prisoner" and that upset me.

AW Can you remember what happened at the Police Station?

GG They were very good to me really - and if it wasn't for BC, I would have gone to Risley.

AW Do you remember going to the court the next morning?

GG Well, I was nervous and that - but I still couldn't believe it.

AW Did you have a solicitor?

GG No.

AW Did you think about having one?

GG No. I think if you've never been in trouble before, you don't know, do you?

AW I gather you went to hospital straight from court?

GG Yes - for 3½ months - and then I walked out, or I'd still be there now probably! (Laughs)

AW Did they want you to stay?

GG Yes - but I find that in a hospital it always makes me worse - it doesn't suit me at all to be in hospital, especially the injections.

AW Did they tell you what was the matter with you?

GG No.

AW In the middle of those three months, you came back to court didn't you? Was that when they put you on Probation?

GG Yes.

AW Were you surprised about that?

GG I was surprised for two years and I was a bit frightened of Probation. It's a bit like being owned by the Police - do you know what I mean? What frightened me most was the injections I was on - I'd been on them before and they made me bad - and I knew I was going to be bad

on them. So I went to a solicitor to see if he could get me off the Probation so that I could get out of the hospital but he said there wasn't much they could do because they couldn't do anything but put me in hospital.

AW He thought you should stay where you were?

GG Well Dr. C was annoyed that I'd gone to see him.

AW So when you walked out of hospital what happened?

GG I just came home. When I'm in hospital I don't have many visits and I think that's important because you're keeping in contact with the outside world. When you don't have visitors it makes you worse because you're getting more into the routine of the hospital. And Dr. C used to keep seeing people and discharging them, and never me! That really used to upset me.

AW Did he say anything to you about what you ought to be doing to make yourself better so that he could discharge you?

GG No. I used to do a lot of sewing and things but I stopped doing it. He said, "If you start doing your sewing and doing things you're more likely to be discharged". But I got so that I couldn't do it - and I think that was the injections. I think they should ban the injections.

AW Are you still having injections?

GG No. I've still got a bit of a movement due to the injections - they make you have very bad side effects.

AW When you came out of hospital, did you have any other appointments to go back?

GG No. Well I have seen Dr. Y since and he told me I should have made my own appointment, but I didn't know you could.

AW What were the injections you were having?

GG Chlorpical (?) and Modicate.

AW How often were you having those?

GG When I first went in I was having 1200mg a week and then they put it down to 400mg. But I found that it was when they put it down that it made me bad - he dropped it a lot. But the injections don't suit me at all. I couldn't do any housework or nothing - I wasn't interested. The one weekend I came home I felt really ill, and my brother came on the Saturday and I said to him, "I feel really bad" and I had a bath. It seems as though it's pulling you right down. I had a bath and I kept dusting round and doing everything, and moving - but it didn't make any difference.

AW So you've been without your injections since you came out of hospital?

GG Yes and I feel much better. I'm taking Triptosol and another tablet, which Dr. Y says is a very mild form of the injection. I can see where the injections help you because they make you look straight forward instead of going sideways and going off the rails, but the side effects are so bad - that's when they go to a part of your brain they're not supposed to, or so I was told.

AW Have you had any dealings with Social Services before?

GG Yes.

AW How did you get on with your Social Worker?

GG She didn't bother - she didn't come to see me or anything. She came

to see me once in the hospital, but she didn't come to court. But in the majority, Social Workers don't seem to be much help - that's why I lost my little girl. I was on the injections and the Social Worker wasn't giving me enough help. It was through those injections again - I just couldn't look after her. When children know you're down they take advantage. One day, I went upstairs to bed and I just fell asleep - I felt that ill - and she took all of her clothes and all her toys out of the room I was asleep in and got them all on the front lawn and was giving all her clothes away to all the neighbours! And the Social Worker walked up the path! And I thought, "Oh I can't cope any more" - it was through the injections. And I went to the girl next door, cos she didn't understand - she said, "You look all right to me" - she didn't understand how I felt.

AW Do you have a Social Worker now?

GG Yes.

AW Is that the same one that you had before?

GG It's a different one - she seems a lot better. I tell her everything I've done and who I've met and she explains things to me - she tells me when I'm doing right and when I'm doing wrong.

AW How often do you see her?

GG I've been going to classes every Tuesday but the lady on the class has been on holiday so I haven't seen the Social Worker this week - she did say she'd pop in.

AW What kind of classes are these?

GG Needlework.

AW Whereabouts is that?

GG In C.

AW Is that something that the Social Workers run?

GG Yes, but there's a lady who shows us what to do. It gets me out.

AW That's all day is it?

GG No just from ten to twelve.

AW Can we talk about Probation now? How have you got on with that?

GG Well I think Mrs. C is very nice. I was very frightened of Probation - I felt as though I was being owned by the Police. But people said, "It's not that bad."

AW What did you expect to happen?

GG I felt as though my life wasn't my own.

AW And how has it worked out?

GG It's been all right. It's true what people say - they help you more than pull you down.

AW Does Mrs. C come here or do you go to her office?

GG She comes here but she hasn't been for the last few weeks because I've been seeing my Social Worker and I've been in hospital.

AW And how do you think Probation's helped?

GG I think Mrs. C is more helpful than the Social Workers - they give you the feeling that they're doing you a favour when they're helping you. Mrs. C says they don't think that, but that's what I feel. They seem to show more authority to you - when you tell them your problem, they're in and out, and you're still there with your problem.

AW Do they help you to see your little girl at all?

GG If I didn't make the effort, they wouldn't bother. I had to ask her this time whether I could see her in half-term and she didn't even know when half-term was. Perhaps it's because they've got so many other things to do, but she had to phone up and see when half-term was. Once before they said they'd pay my petral if my brother took me to see her - that was the understanding if she went to Sheffield. I was told I could see her once a month, but I only see her when she's on school holidays. When I came on Probation I hadn't seen her for six months. See, I hadn't bothered. I was thinking, "They took her off me, so they can look after her and they can get in touch with me to see her" but as I didn't bother, they didn't bother. But I suppose, from some of the things I've read in the papers, I'm lucky to see her at all. They can stop you seeing them, which I think is wrong. I mean, I was thinking of going to court, but I suppose Dr. C only has to say he doesn't think I'm fit to have her back, and that would be it. But I think they should give you more help when you've got the child. My problem is loneliness - I haven't got any family around me. And other people don't want to know - they shy away from you.

AW This looks quite a new house - how long have you been here?

GG Four years.

AW Do you get on with the neighbours?

GG No. But I found that when I was living right in town, I felt even more lonely, because you see them having visitors and nobody comes to see you. I felt more closed in - I think it was probably because I was in a flat. Here I can walk down my own path....Yes, they treated me very well in court, but I think that was because of Mrs. C.

AW Were you surprised when they said you might have gone to prison?

GG Yes, I didn't really think I'd done anything wrong.

AW Have you ever felt that low since then?

GG Yes, when I came out of hospital, I felt like throwing a brick at Dr. C!

(On the journey back, BC explained that Gwen had been in hospital recently for an abortion, which Dr. C had had to give permission for and he had also insisted on her being sterilised. She also mentioned that, in addition to the Probation Order, Gwen had been ordered to pay £50 compensation to the Council - the magistrates justified this by saying they felt it would give her something to do each week! Gwen is on Supplementary Benefit - she seems to manage reasonably well - her house is very nice and she does a lot of embroidery and sewing. She certainly doesn't look 37 - she looks much younger - and she seems to have improved tremendously since coming out of hospital and that was one of the reasons why Mrs. C did not insist on the condition of treatment being adhered to.)

Interview with Veronica B, Client

AW I know that you're on Probation at the moment - or is it a Suspended Sentence?

VB I'm not sure - but I think it's nearly up.

AW It's nearly finished is it?

VB I think so.

AW Mrs. H said that was for shoplifting - is that right?

VB Yes.

AW You've been in trouble before, haven't you?

VB Yes - I had three breachings. I was tried for them all together.

AW Was it the Crown Court?

VB No. I was tried first - yes, that was right - at B High Court. Then I got picked up again and I was tried at - was it S? Somewhere that way. I think I've got three convictions.

AW What did you expect to happen to you when you went to court?

VB The last time? I thought I'd go down.

AW Did you have a solicitor?

VB A barrister as well.

AW What did he think?

VB Well, I didn't really have much to say to him. He just said, "Don't worry". He didn't say one thing or the other. I mean really it's not up to them - they try their best.

AW Did you think he was good - what he said in court?

VB Yes - He was very good. I thought I'd go down for the simple reason that when I went to B Crown Court and was tried, the two prison warders that are with you - they sit at the side - and that's what made me think I was going down because it's never happened before.

AW Why do you think they didn't send you down in the end?

VB Well I think because it was food for me children - it wasn't stupid things like cigarettes or drink or toys - you know, rubbish. And for the amount I had - I think it was only one pound something. So if it was that or what, I don't know.

AW You've just got one little boy, have you?

VB I've got a daughter - 17 - as well. She's at college.

AW Do you think the fact that you have a little boy made a difference in court?

VB Well they did ask who would look after him if I went down. And I said I didn't know - they'd have to have him put away in Care. That wasn't really true - my family wouldn't have let it go that far. But I played on that - as they wouldn't have him. You've got to play on something, haven't you? If I'd gone down, they would have come forward and had him.

AW Did they ask you to see a psychiatrist when you went to court?

VB No, I'd seen him before I went to the courts. I said I didn't remember doing it or anything, but he said he thought I was perfectly all right.

AW Dr. G, was that?

VB No, I didn't like him. He was very - I used to be under him when I was in St. G's.

AW Yes, I know you were in St. G's some while back, weren't you?

VB Yes, through a drink problem - through the life I was having really at home. And I didn't really like him - and they transferred me to B -St. M's, is it? They put me under a different doctor there....So that's when I thought I'd go down because I didn't have very good reports.

AW You hoped that he would say you needed treatment?

VB Yes, that's it - but he didn't (laughs). He was very nice, but - you know - he wasn't on my side. I accepted it though.

AW Does that mean you're not having any treatment now - no tablets or anything?

VB No, I used to have Valium but I've left them off quite a while because they're no good. You were losing your days all the while - you didn't know what you was doing with them - you was asleep all the while. That's no good to you. So I just put them down the toilet one day, and I've never had them since.

AW Do you feel better for it?

VB Yes - I don't like taking tablets anyway.

AW What about the drink problem you said you had - do you still get that?

VB Well occasionally - but not like I used to - I used to be drinking all the while. Mind you, that was while my husband was out, with us not being very happy. Then I just plucked up courage one day and says, "No more drink" - and I went for about 18 months - got all my divorce

and everything. But that was the other Probation - I wasn't keen on her - Mrs. F or was it S? She was all for me husband - but she'd seen the light, I think, towards the end. Just before me divorce, Mrs. H come on the scene. Of all the Probation Officers I've had, it was just Mrs. F who didn't seem to have much time for me - she was all my husband. But then she saw that all he wanted was the house and that he wasn't bothered about me or the children.

AW You got your children and the house did you?

VB Yes, it took 12 months. I've been divorced three years now - and it took 12 months to get the children. When he went the house was absolutely filthy - the Probation Officer came and saw it. And in no time at all, it was all clean and decorated - and I got the kids. He didn't come back and we've been all right since. He never sends them anything.

AW Do the children see him at all?

VB No, not now I've got custody. Before I got custody, he bought them Easter eggs in the April, but I haven't seen him since.

AW Do you feel happier now you are on your own with the children?

VB Yes, I tell the Probation Officer that if he comes on the spot to see the children, he's not seeing them. It's got to be arranged, if he wants to see them. I wouldn't let him see them - I'm that bitter against him. He could have sent me kids something for Christmas.

AW Have Probation Officers been of any help to you?

VB Yes, they're a good help. I only have to ring and they'll come down - I don't have to go up. It's very rare I've been up - and they've always left me - even though I'm on Probation, they've not been "at"

me.

AW In what ways have they been able to help? Has it been someone to talk to, or with money?

VB Well, with bills - they've sent them off to Social Security - they've done all the writing and sorted it out.

AW When you had your drink problem, did they suggest you joined any groups for people with drink problems?

VB No, not really - they let me make my own decision.

AW You didn't feel you needed to go?

VB Well I used to go to them when my husband was here. But to me, I found as I felt like drinking more! When I'd sat and heard them like....

AW It made you feel worse?

VB Yes, they're a bit depressing at times. There's some a lot worse than yourself there. They're good in a way, I suppose - if you can take to that sort of thing. But I'm not a very socialable sort of person.

AW Do you get on with the neighbours?

VB I don't see a lot of them. I go to the two girls over the road, if I'm depressed or feel like drinking. If I go and have half an hour with them that helps.

AW When you're drinking, do you drink mostly in the pub or do you buy it in the supermarket?

VB I drink in the house - I've never been in a pub on my own.

AW But now your other problems are sorted out, you don't drink so much?

VB I had a drink at Christmas but I didn't get in a state. It hits me worse at Christmas, but I didn't have much in the house.

AW What do you drink?

VB Whisky and Vodka. My brother came down at Christmas though, and he got me to drink beer - I'm all right on that. You see, he knew he couldn't stop me in my own house and he knows I get nasty if people try to stop me. But I was all right on the beer.

Interview with Maureen K, Client

MK There's only one thing can help you with a nervous position and that's helping yourself. I'll tell you how mine started off. I married my husband in 1955. In his way, he thought he was a good person - perhaps in their country they do, because he's foreign you see, their ways are different from ours. Their men go out to work and bring the wages in and look after all the money and that's it. It wasn't only that. Every time he had a row at work - or a kind of jealousy - for no reason at all, if I said no to him, I used to get battered up the wall. I took it for years and years - I really loved him, you know, and I didn't want to be parted from him, but I just couldn't stand any more - I was at my wits' end. I was only 18 and he was 31, and people at that age, I don't think they know their own minds. If I could go back now, I think I would have sorted myself out a bit before jumping into getting married. I had my last daughter 14 years ago and I went for my post-natal, and they told me they'd give me two years to live as I'd got fibroids. He said, "You might as well come in and have the operation, because if you don't, you're going to be rushed in" - 'cos I'd put down to be sterilised, and when I came out of the hospital, my doctor said, "Haven't they done anything?" and I thought, "I won't ask him now" because it was just Dr. X who wanted me to be sterilised. You see, when I had my fourth, I had a really bad time and it really frightened me. I'd lost me Mum too. Perhaps I didn't feel as though I was going through a kind of a turmoil, but me mind wasn't working as it should have been and I wasn't on nerve tablets or anything at the time. Anyway, I went and had this hysterectomy and when they brought me round I thought, "Are they worth it? Are men worth it?" I felt just like a sugar bag sewn up. Anyway I came home and me husband though I was being funny because I couldn't go with him in bed for a while,

and for no little reason at all - he'd only mentioned it - I picked the whole bainette (?) off the cooker - you know, that big plate - and I just smashed it in half, and I tipped the table up. On one occasion - and this started me getting in trouble - I went into the living room and the table was full - and what did me was I don't like a milk bottle on the table, and I'd just put the baby down and I wanted a rest and everybody was just gorping at the television. So I just walked in and tipped the table up and said, "You can all sodding well clean this lot up between you - I'm not the slave here". I went into the kitchen and saw these red capsules as me husband had off the doctor - I didn't bother to look at the name - and I took them, the whole bottle. I remember going to the living room door and saying, "Look after the baby". That was on the Sunday. The next thing was the Thursday - I'd got railings round me bed, like a cot. I thought I'd broke me arm, it felt so heavy, but I was having blood transfusions. They told me I was in a coma five days - I could have died. When I came home, I just wanted to keep me husband at a distance from me, and I got nagging at him and nagging at him, and it got such a strain. He went down to Bognor Regis to look for a job. He'd been down there a fortnight and I took another overdose. They took me to St. G's Hospital. When I got there, I thought, "I'm here for life, I'll never get out again". They sent for him and he came up. They said I wasn't well enough to go home, but that I could if he looked after me. They put me on these tablets then. Anyway, I started working on a motorway cafe, and someone left a blue handbag on a seat and I took it home and started cashing the Family Allowance book, for about six weeks and then I was caught. I was on Probation before that - I used to go into the Co-op and buy so many items and put so many in my bag, as though I'd got away with it once and thought, "This is so easy". Anyway, two doctors came up

one day from St. G's hospital and they asked to look at me. I let them in and they talked to me. My husband was out at the time, the usual game - gambling. They came in and I was poking the fire and one said, "Don't hit me with the poker" and I said, "I'm not going to hit you, just because I picked it up to poke the fire". I think he was nervous because of what me husband had been telling people. He had a look round the room and it was all tiled and the ceiling decorated, and he said, "Who did this?" and I said, "Me". He asked me one or two questions, why I throw things. So I said, "Well, it's like this. If I take my young daughter and wash her hair and she starts screaming for no reason, he'll come in and bat me for it. If I try to tell the children they've done wrong and smack them - not hit them, just smack - he'd turn round and hit me and tell the kids I was mental". And when me husband came in they had a right go at him and they said, "We want you both to come down the hospital tomorrow". So he says, "I'm not going". So I went on me own and saw Dr. M and he said, "You're going to land yourself in prison". I didn't think nothing of it at the time. But he says, "There's nothing wrong with your nerves - it's him. We're having to give you treatment for the way he's treating you. I'm advising you to get a separation". Well this I didn't want - I'd have done anything to save my marriage.

Well, I went to prison for this Family Allowance book. I cried and cried and cried. It wasn't because I was there - I was being well looked after, they were really nice to me, I could have had anything I wanted....

AW Where was that?

MK Moor Court. They were really nice, even when the children came they took them up on the farm, which none of the other prisoners had. I

could have had anything I wanted. They put me on Tryptisol, valium and prochlorol, three times a day, and if it was time to take them, I was always at the surgery. But when I was released, I sometimes got left without and I'd cry and my eyes were red and I'd go down to the doctor and I was ashamed to be in that state. Then he'd give them me and I'd be all right. But it used to give me banging heads.

Then - er - oh, we had a separation, that was it. And I went under Mr. G, the cancer specialist at S. I worked for a long time -

I used to be a chef at an hotel at S. I was earning £75 a week. Smashing job it was. Then I had this aching pain - swelling down one side. Anyway, my doctor said, "It could be cancer, Hilda" so he gave me a letter for the hospital. So they took me in and said they were going to operate the next day and remove the growth.

Anyway, I got meself up the next morning and got ready and just as we were going into the theatre and Mr. G came and said, "Take her back to bed"! I felt as though I'd said something I shouldn't have, that I'd put it on. It got me really upset. When he came round to see me, I said, "You made me feel a right fool". He said, "No, I know you weren't putting it on - I saw the lump, but they can move. If you have any more trouble, come back". Anyway, I kept having the swelling.

Then we moved up to Stoke-on-Trent. I'd had a separation. I went to court - I was getting so that I didn't want to see him, I didn't want him near me - I don't know what was making me like that. I did finally take him to court and I got a good solicitor and he says, "Have you been cruel to your wife?" and he says, "Yes". He hadn't got a solicitor, but mine told him that the bench would help him. I even got on to the Salvation Army to find him a place. But he didn't turn up, so they passed it. A week went by and then the Police came and said, "Your husbands in City General Hospital, he's taken an

overdose". So I got ready and went, I didn't pity him at the time - I hated him, but I must have done him good. I just said, "You didn't take enough - you should have taken more". Anyway, they must have been grateful for what I did because it brought him to his senses. I stopped seeing psychiatrist and we were back in a bedsitter. I gave me home up - I gave all me furniture away. I bought one little girl with me, 'cos my boy was at boarding school and the other girl had to go in Care because she wouldn't go to school. The doctor was coming into me every day - I felt as if I just wanted to sleep all the time - I wasn't doing anything in the house - a real cabbage. One day my little girl said, "I don't need any pocket money today" and I said, "Why not" and she showed me under her mattress - £86. She said it belonged to a boy - it was his holiday money, but he wanted her to look after it, so that his sisters didn't get it. He'd said I could borrow £30. So I thought, "Me daughter's coming on Sunday with a cheque for £70" so I borrowed it. I wasn't thinking straight with the drugs. Anyway, the Police came and I explained, but they said I should have reported it. When I went to court I got another 12 months. I wasn't well enough to defend myself in court. I hadn't got the sense to do it. I just stood there like some idiot and prepared to go.

AW You didn't have a solicitor?

MK Oh I had a solicitor, but I couldn't talk to him like I'm talking to you now. I couldn't fight for myself, I couldn't defend myself. I couldn't give him enough evidence to go on to defend me. I remember one psychiatrist saying, "Well, if you don't help yourself, we can't help you".

Then I was at Drake Hall. I didn't want me husband. Sharon - I put her in Care voluntary to save her getting mixed up in any more trouble

and then I would lose her. It says "voluntary" on the papers but she came to see me and says if your child's in Care, they watch them and if they think they need Care and Protection, you don't get them back. And I kept thinking, "I won't get her back". I was more worried over losing me child than anything. In there I was on Valium, Tryptisol, Prochlorol and tablets for me kidneys and me bowels, three times a day - all that lot - can you imagine? In fact, they called me the Drug Squad at the blooming clinic. Although I didn't want it the doctor was giving me this and I felt horrible with girls standing behind me having two things and I was having five things at a time. When I was released, they didn't give me a prescription and I was really ill. I had two blackouts and I was rolling up with pain, so I went to the doctor and he sent me to the hospital and they said they wouldn't be surprised if it wasn't a heart attack I'd had - they thought it was angina. I had no use in my arms and my legs were the same.

Anyway, my son works at a slaughterhouse and he used to bring us a bit of meat home. I got into conning people, deception and that. Sometimes I'd go and get a bit of meat and use their money until I got my own through. This is why I'm on Probation. And one day I ran out of tablets and I didn't bother to get any more, and I slept without better - more of a natural sleep.

And I went to the doctor and said, "I don't want any more nerve tablets" and she said, "You what?" You've had no side effects?" and I said, "No". I haven't taken them from that day to this. I mean, I'm very highly strung. The house - it gets me down, because I've had three children back in a two-bedroomed flat. One lad's 28 and he's under a nerve doctor - he even put tablets in his father's cup of tea and tried to murder him. He saw how his Dad was treating me and he couldn't take it. I've got an awful lot of pressure on at

the moment, but I'll never go back to a nerve doctor. My daughter's doing psychiatric work - she's just passed her exams and I've read her book. It says you can be on one tablet for a long time and it doesn't do you any good - it rots your kidneys and your liver. That's why I won't touch them now. I used to go bezerk but now I don't let it get me that bad - I go at it another way round. I had an electric bill the other day for £115 - I could feel like committing suicide or going out and stealing money to pay it. But I went up to Supplementary Benefit and they take a percentage off me to cover what was owing. There's different ways I've found out. You know, my father wouldn't speak to me, knowing I'd been away and, at one time I'd never speak to anyone who'd been on Probation, but I've found out there's ways they can advise you to save you getting into trouble. I've seen these groups on the television and I've wanted to run in and say, "It's so easy - there are ways round". Because if you go to a psychiatrist you can be going for years and sitting like some idiot in front of him and him just talking to you. You've got to take in mind what you're going to do for your part. They used to tell me I wasn't mentally ill, but I used to go in on the Admissions and I'd be helping the others - making tea and that. If I hadn't been in prison, I'd love that job, I really would. There's lots of things I could do, helping out, but you say you've been in prison and they don't want to know. But I'd love to do something helping someone who was once like me. All I can say is thank you to Dr. M and Dr. G for what they did for me, and if it wasn't for the nurses at the prisons, I don't know what I'd have done to pull myself out of it.

AW You felt they helped you to start thinking about coming off the tablets?

MK Yes and when I was at Drake Hall, I worked in the factory - I wish I could get a job like that - and I was never ever brought before the Governor. Being there has helped me a lot to sort my life out. There's times now I wish I was with them than at home - but I wouldn't go and get in trouble to do it. But I was happier with them people there than at home. My husband's nearly 60 and people don't realise that men go through a change of life. But I read lots of articles by doctors in magazines and if I didn't think on those lines, I'd have thought my marriage was breaking up and I'd be divorcing him. He doesn't take a bit of notice of me - I could be a cabbage in that house - and then just coming to me when he wants. I have arguments with my daughter. She was paying £16 for a bed-sitter, no food, so I had her back for £8 a week - food, heating, hot water - the lot. It comes out she thinks I only want her for her money! I have three pound a week taken off my book for having her, so I'm keeping her for £5 a week. So I put her board up to £10 - I can't do it under. I should be getting £52 a week - I end up with £34 for having them at home, after stoppages for my bills. But my eldest son will pay his £10 board and he'll go out and buy me an extra bag of coal - he looks after me, he appreciates what I'm doing for him. But the other one - I just want her for her money! I've had lots of things said to me, but I can take it. Sometimes I feel like punching her in the face, 'cos I'm very highly strung. But I didn't - what stopped me I don't know. I don't know what's happened to me. If I'd been on them nerve tablets, I would have hit her, because you can't control your nerve system the same. I like to come up and talk to Mrs. Ch - it's somebody to talk to and it's better than going blabbering and shouting your head off in the house. I finish in about 12 months but it has been a help, coming up and seeing her. You can go out and think, "I don't know how to go on

with this, I'm going out and get myself in trouble" - it's all so easy. But being in prison, the only thing to me is being away from your children. It's not doing the sentence, it's being away from them. When I came out, I thought, "I don't give a dam what anybody says to me" but it's the rebellion on the children. The thing is when somebody comes out of prison, you've got to make them feel wanted, so they can face reality. I used to talk about people who'd been in prison, but it fell on me. And people who talk about people on Probation should just keep their mouths shut because one day they're going to land in trouble themselves. You've got to get out and face reality - they try to put that to you while you're in Moor Court or Drake Hall - you can face reality if you want to. It's how you feel inside - don't let them pull you back. And this is what I've done and you know it's been marvellous, it really has been marvellous.

Notes from Maureen's File

From SER 1982:

"....Mrs. K's court appearances and those of several of the children have reinforced Mr. K's conviction that his views are correct and has exasperated the situation....Mrs. K's health has always been poor, she suffers from constant depression....psychiatrists' have talked of an inadequate personality and attention-seeking behaviour....has been to prison having completed a six month sentence, from which she actually benefitted. Although she exhibited a high state of anxiety, physically she benefitted from a regular routine and balanced diet....Deteriorated both mentally and physically since she came out of prison....No trust between the couple as far as money is concerned. He accuses her wasting money, selling household goods and of giving presents to others while they themselves are in need. She states that if he has any money it disappears and he says he's lost it....but he has actually agreed for Social Security to be paid direct to Mrs. K....

"....The K family have been well-known to the Probation Service and Social Services for a number of years. Voluntary contact with Mr. and Mrs. K has maintained for a few months following her release from prison. However, her Probation Officer left the Service in 1981 and as a Social Worker was also closely involved, contact by the Probation Service ceased at that time. The experience of both Services indicates that Social Work contact makes little or no impression on the family situation. Mrs. K. accepts contact and can be very demanding in an irrational way. Mr. K asks for help to change his wife and family but does not accept that he also has to change his attitudes if there is to be any lasting improvement. Whilst Mrs. K was in prison, Mr. K was given a great deal of support by the Probation Service and I feel his attitudes towards the Service have changed but Mrs. K is obviously jealous of this improvement in the relationship and any attempts to work with them will still meet with difficulties and I

feel there is little hope of effecting any real change....

"....I found it difficult to obtain any really coherent explanation of the offences from Mrs. K. What I did gain was an impression of somebody caught up by events and unable to withstand pressures. She also exhibited a great deal of guilt and remorse and was extremely upset when talking about the offences. I felt that at the time of the offences she had not really appreciated the implications of her actions. I feel the same could be said of her past record. She is very ashamed of it but is somewhat bewildered by it....

"....Mrs. K appears to be perpetually in a state of depression, confusion and ill-health. She has difficulty in coping with life and her problems are exacerbated by a poor marital situation. Social work help has in the past proved ineffective and I have no evidence that there would be any change at the present time. However, if Dr. A should feel he could offer some form of treatment to Mrs. K, this, combined with a Probation Order might have some positive aspects."

Psychiatric Report prepared by Dr. A in January 1982:

"....She's an extremely unreliable historian....her childhood was largely uneventful....She says she's had some really good jobs, but mainly unskilled....She says she's attempted suicide....inpatient at St. G's.... Probation Officer says that Mr. and Mrs. K are both grossly inadequate, irresponsible and generally feckless....Doesn't recommend a Supervision Order....

"....Looks old for her age....difficult to get reliable information.... Much of what she says is clearly intended to impress rather than inform.... Claims one of her daughters is training to be a psychiatrist....Rambles on, introducing complete irrelevancies....When asked about the road traffic accident, she described the make of the car and a list of the streets.... Tearful, genuinely distressed, but can't be described as abnormally

depressed, nor was there any other evidence of mental illness....

Deliberately exaggerates such symptoms as she does have, including poor sleep, indifferent appetite and a variety of aches and pains....Her uterus was removed 13 years ago and she has not menstruated since....She's fit to plead....

"Opinion:

1. She strikes me as an extremely inadequate person, who quite possibly finds her many practical problems genuinely overwhelming;

2. Her history suggests that she is far from strong physically and that, from time to time, she does become depressed enough to be regarded as ill, but I have discovered nothing that could affect her criminal responsibility;

3. I will submit a brief subsidiary report if I obtain further relevant information (that's a medical history that he hasn't got). However, I strongly suspect that her personality defects are basically her sole serious psychiatric abnormality and I will not be in a position to offer her any effective treatment."

From supplementary report:

"Her GP's notes make repeated reference to depressed and hysterical behaviour. The GP has prescribed tranquillisers and anti-depressants on and off for many years. She's been an inpatient at St. G's following overdoses twice, the second in 1970....mild reactive depression followed by unintentional mild overdose. Two years later, Dr. G wrote:

'I am more convinced every day that her problem is basically a marital one. I think that, as a psychiatrist, I have very little to offer this lady. Most of her problems are social ones'."

Interview with Ivy I, Client

AW Barbara was telling me that you were placed on Probation for three years - was that three years ago? Is your order nearly finished?

II I'm coming towards the end of it now - I think it's about August or July.

AW Was that the first time you'd ever been in trouble?

II Yes.

AW May I ask how old you are?

II 59 - Well 58 - No, I'd never been in trouble before - it never crossed my mind.

AW I gather that when you went to court you were very unhappy about being charged and that you actually said you were not guilty....

II I did in that respect because on the form it says, "with intent to deprive....so-and-so of the aforesaid jar of coffee...." and it didn't see - well, say I'd been in hospital - I'd been in New Cross prior to that - about a month. I'd just come out and I'd been on electric shock treatment and people tend to think that when you come out of hospital that you're quite better when in fact that's not always the case - it takes time to adjust yourself. Looking back on it now - well it's horrific. You still get this confused state - I was mithering for my glasses, mithering for my purse - I hadn't taken a basket....

AW Had you ever been to a court before?

II Yes I had. A very, very long time ago - my husband and I - about twenty years ago - we'd been to an arboretum and we thought we'd like

to pick some daffodils, so we hopped over a wall, and all of a sudden everyone seemed to be fleeing away and there was a policeman saying, "What do you think you're doing?" We were charged with stealing and we were fined....We had no idea we were doing wrong....

AW But this time was a fairly new experience for you?

II Yes, with fingerprints taken....

AW Did you have a solicitor?

II No, I didn't....I ought to have done, I expect....

AW How did you find it then, conducting your own defence? Was it difficult or were people helpful?

II Well Mrs. C came to see me before - and she was a tower of strength. So I could look at Mrs. C and think there was a familiar face....

AW Why did you not want a solicitor?

II (Pause) Well, I thought that under the circumstances I wouldn't perhaps....I don't know really.

AW Was it a question of thinking you would have to pay?

II Well yes, I suppose it was....My doctor did write a letter, which I can't understand was not read out prior to my being sentenced. I feel that that should perhaps have been taken into account....

AW Did you feel that the Magistrates were at all sympathetic to what you were saying or were they quite prepared to take the word of the shop detective - I presume there was a shop detective there?

II They didn't seem to be too much against - because the prosecuting counsel said there's other people take things, which is true of

course - well I've got this from the paper (shows me item) and this about sums it up, that the courts could be a wee bit more lenient in some cases....

AW This is from your local paper is it?

II Yes. The prosecuting counsel took a very hard line - like, there's lots of people on Valium but they don't all steal - which is quite true, but I think in some cases, like little old ladies or people like myself who get into a state of depression or confusion sometimes, they could perhaps be apprehended with a warning - you know: "You must pick up a basket, put your bag down...." - perhaps not take it quite so far....I'm not excusing it or anything....

AW Were you surprised when you were put on Probation for three years?

II Well I did think perhaps a - what is it? - unconditional discharge? Three years seemed rather a long time....In the paper I've seen people taking things and getting off with one year's Probation and £30 costs....But some of the sentences do seem to be irrelevant to the crime....

AW I see from your Social Enquiry Report that you have been in hospital several times - was this for depression? Did you find your stays in hospital helpful?

II Oh yes, I thought everyone was very helpful - they were very kind to me. But I would never have electric shock treatment again - it does do something to the brain. It's helpful perhaps at the time, but it blocks out great masses of things that have happened - but it doesn't block out the nasty parts, if you can understand....

AW Have you ever had a social worker - I mean from Social Services or from the hospital?

II From the hospital, Mr. R has called on me several times....

AW Do you yourself know what it is that gets you into your states of depression?

II This last session - do you know about my husband? Well you see, we're separated and he's gone to live with my best friend - mainly perhaps it was because of my fault that he left - I think it's six of one and half a dozen of the other - I wouldn't say I was entirely to blame - I can see now that perhaps I wasn't very tolerant of him or June - that was my son's girlfriend - I'm inclined to blame myself now and that has a lot to do with my state now - I'm blaming myself for being a failure. So he's gone to live at Penn - that's been just over two years - and my daughter's got a flat, my other daughter's got a house, and recently my son moved out because he got a house - I find that I'm obsessed with losing my son - his girlfriend and I didn't get on very well - then perhaps I was very intolerant towards her - if I come out of this OK I shall be much more tolerant of people - I felt I'd driven him away - but he was 28 and obviously they do like to have a place of their own - but I find I miss him terribly. At night - you've been used to having five people there, then it's four, then it's three, and now it's me - I find it very hard to live along - not so much in the day, but at night - I miss the key coming and the voices - I've woken up petrified at about 4.30 in the morning, taken Valium - why I'm petrified I don't know. I know there's people far worse off than me, but it still doesn't help me - I still get very lonely inside, a feeling of unreality - I'm in a different world from other people and I'm very frightened about it - a feeling of not quite being normal. When I look at it in another respect, I think, "You silly fool, you - you're the same as anyone else"....Mrs. C advised me to join the WRVS, which I have done -

I've been out with Meals-on-Wheels and I've been in the office this week - that all helps - and my family do come round to see me - my husband comes round. At first I went to where he lives and created a terrible scene - but if that's the way he wants it - I think he's jumped out of the frying pan into the fire. But now, I wish he was back and I've learned my lesson now, that one has to be tolerant, not criticise so much - I must admit I was pretty rotten to him, but he was rotten to me sometimes....he started going to the Kingfisher Club which I enjoyed, but then he stopped and we never went out - he went out with this person three times a week. I had got a friend, but that was a thing apart - my home and family were first - I had got a friend, he's still a friend. I used to have lots of confidence, which I don't have now - I rely on my family - I watch the clock until they come - this isn't me - I never knew the meaning of the word loneliness....

AW Did you find it hard at first to come to terms with the fact that you were on Probation?

II There was a Mr. B at first, who was very helpful, then Mrs. C - everyone has been very kind to me.

AW Was anything in the papers?

II Well I looked and I thought, "Good grief, I hope nothing's" - I didn't see anything....

AW Have you had any comments from neighbours?

II I never told anyone.

AW Did your husband know?

II Yes, he couldn't see how it fitted in at all - it was traumatic for

busy - it's no trouble - it only takes 5 minutes on the bike.

AW So you've actually found it quite helpful in the end even though it seemed a heavy sentence?

II Oh indeed, because I can tell her anything and not being involved - you can't tell your children - you've got to tell someone who's not involved. You don't want to foist your troubles on your family because they won't come and see me - they'll say, "Oh crikey - neurotic" - which perhaps I am.

AW What do you think is going to happen after July?

II I try not to think about that - I shall have to cope because I shan't have Barbara. But it would be nice if I could talk to someone who's not involved - it's off your mind, you can share your troubles with someone - if you store them all up inside you think you'll burst - and you don't want to worry neighbours - they've got their problems. It's nice to just be able to have a chat with someone and have a moan - you feel better for it.

AW You still see your doctor do you?

II I do have Valium off him - he gives me 50 - I hate taking pills. When I'm in a real state I take $\frac{1}{2}$ a one - I know it's no cure but it rides me through.

AW So you don't take them regularly?

II No - I take $\frac{1}{2}$ when my heart's beating fast, churned up inside - nad it just calms me down - I find I can think in a more rational way. And I have got a good neighbour - she says come round any time - but I don't want to intrude, but I do go round now and again. Everyone's been very kind - Mrs. C's been fantastic - and everyone at the

him as well.

AW Did he go to court with you?

II No, it was rather awkward really because his mum was with us and I came down at 10 o'clock and of course you have to wait, wait, wait, and I was hoping he would come down because we'd told a little fib to his mum and said that I'd got to go to the clinic or somewhere - and it was postponed until 2 o'clock - I was empty - and scared. I phoned him and then he came down and was there in the afternoon. I said, "You never bothered this morning to come down" - I thought that was a bit mean of him, actually. He said, "Well what about Mum?" I said, "Well you could have said 'Ivy's been a long time - I think I'll just pop down'", which he didn't do - I had to phone because I was getting in a state. Although I appeared quite confident at the time, I was scared.

AW Yes, BC said you did appear quite confident at the court....

II Yes, I appeared to be....

AW So you can put on a confident front when you need to?

II Yes, maybe I should have had a solicitor - we had one for that other do and it never got us anywhere - we were still charged with stealing.

AW How often do you see BC?

II I should say once a month - and if I've got any troubles I do phone her - she's been very, very good to me - and Mr. B.

AW Does she see you at home or do you come here?

II She has been once, but I come down because I come on my bike - she's

hospital and the Police Station - they're only doing their job -
the prosecuting counsel - he's got to make it hard, hasn't he? And
I did do wrong.

Notes taken from Kathy K's file

Kathy was charged initially with the murder of her sister, later reduced to manslaughter, but she was initially remanded in custody to Risley. In fact, she spent two months in custody before being granted bail. She was 18 years of age at the time of the offence and she worked in a pottery. She had one previous conviction in 1979 for obtaining pecuniary advantage and was fined £30. A Social Enquiry Report was prepared and also a medical report by Dr. P.W.E. H at Risley. The medical report starts with a brief summary of the interviews undertaken, followed by a paragraph on physical examination, from which:

"....There is a history from the age of 12 months to 8 years of blackouts."

An EEG was done while she was in Risley. The report is:

"....The record was grossly abnormal and paroxysmal changes would support the past history of epilepsy."

The record was repeated after three cans of Newcastle Brown Ale:

"....Similar changes as in the resting record, if anything rather more marked. The paroxysmal changes were grossly abnormal."

As a result of this she was put on an anticonvulsant. There are then three brief paragraphs headed:

Personal History

Past Criminal History

Present Offence

This is followed by a paragraph of Mental Examination:

"She was certainly very depressed when I first saw her but I thought that this was the reaction of the situation she was in, rather than an illness. I am sure it is not without significance that, although she is the second eldest daughter of a marriage which certainly appears to be very stable, she has a mentally defective younger brother, that her sister was considerably brighter and was used to sheltering her and that she and the sister were friends. There is

little doubt that she was upset both by the alcohol and what appeared to be her boyfriend going off and the interference of her sister, and the feelings that she had for her boyfriend were transferred invertedly to her sister. She is now on a maintenance dose of phenobarbitone and appears to me to be more stable on this. Formal intelligence testing shows that she has a full scale score of 83 - this puts her in the "dull normal" range, which lies between 80 and 90. She is literate and numerate for all normal day-to-day purposes. Both under observation and under examination she shows no sign of any serious mental illness such as would need to be detained under compulsory power and the accounts which she gives of herself are satisfactory. She has no defect of memory or recall....Opinion:

1. She is fit to plead and to stand trial for the charges against her.

2. If she is convicted of the alleged offence then at the material time she was not labouring under such a defect of reason from a disease of the mind that she did not know the nature and quality of the act she was doing, or did not know that it was wrong. She does not therefore come within the ambit of the M'Naghton rules.

3. The circumstances of the offence are unusual. KK attacked her sister, whom usually she is very fond of. There does not seem to be any obvious motive for the fierceness of the assault. Her behaviour before the act and shortly after it seems to have been relatively unremarkable. K's family describe her as a pleasant young woman and certainly our observations of her while she was here was of a well-behaved, pleasant woman. I understand that, while on bail, she has resumed her job in a pottery. Her EEG is abnormal. It is indicative of instability rather than frank epilepsy. Instability of an EEG can occur in the absence of epilepsy and can occur in about 50% of normal persons, but unstable records tend to be found in young women of K's temperament and level of immaturity. However, the instability in this case is so marked and is considerably accentuated by the consumption of alcohol. Instability of an EEG often correlates with an aggressive and violent behaviour. On balance, therefore, taking into account K's previous personality, the absence of any comparable assaults, the suddenness and severity of the assault, the lack of any obvious motive, her markedly abnormal EEG, which is accentuated by alcohol, I feel at the material time, she was suffering from such abnormality of mind as would substantially diminish her responsibility for her act and bring her therefore, within the Section 2 of the Homicide Act 1957.

4. I do not feel, however, that this abnormality of mind is of such a nature as to bring her within any of the forms of mental disorder within the meaning of the Mental Health Act 1959, or would warrant disposal under Hospital Order of the same Act.

5. She requires a prolonged period of further observation to completely evaluate the significance of the EEG abnormality.

6. May I suggest that Dr. A undertakes this observation."

K was tried by His Honour Judge C T sitting as a Deputy High Court Judge at S Crown Court. The Probation Officer has made extensive notes about what actually happened at the trial.

"The Defence commented: 'This is as tragic a case as would be before the Court.' He said that after her offence, during her time on remand, K had been in a state of acute depression. However her condition today showed no gross mental problem. The Defence said, 'Could this happen again?' He then called two consultant psychiatrists to the witness box. Dr. H, from Risley said, 'It is my opinion that she does not constitute a risk to the community but I advise a period of treatment'. He said how supportive the parents had been. The Judge asked him if alcohol made her condition worse. The doctor said he would not advise alcohol, but having phenobarbitone regularly would stabilise her condition and alcohol would probably have the same effect on her as on anybody else. Dr. A, from St. Edward's, said he agreed with Dr. H, and said he was willing to accept K as an outpatient, but said he did not consider this an appropriate case for a Hospital Order. The Judge said to K, 'I'm not going to dwell on the facts. This has been a great burden to you. This is not a case for punishment. Everything possible must be done to assist you in the future. During bail you have been working and have had continuing support from your family and those at work and from your sister's former boyfriend. It is very important that you should see Dr. A in the future. I am going to take an exceptional course. There is no doubt in my mind that it is right to do so in this case.' The Judge carefully explained the meaning of the Probation Order to K. She agreed to be placed on Probation. The Judge emphasised the need to pay heed to what was said to her by the Probation Officer. He told her that she must make sure she takes her pills and told her to keep away from alcohol. She was placed on Probation for three years with a condition of psychiatric treatment for three years as directed by Dr. A."

The date of the Order was 13th November 1980. K had no contact whatsoever from Dr. A and the only indication in the records of further comment about psychiatric treatment is on 25th May 1982 when the officer (not the original one) writes:

"K asked me about the question of Dr. A and his lack of contact and I suggested that, as there had been no contact with Dr. A for so long now, it was pointless to try and resume contact with him, that is unless K particularly wanted to see him for any reason. Clearly K was not keen to follow anything up in the psychiatric treatment area and I was quite happy to go along with this. I tried to relieve K's anxieties on this question by suggesting that any initiative with regards to treatment would have been made by Dr. A in the past and presumably he sees no reason to continue contact with K. K was quite happy with this explanation and feels that she has no need whatsoever to see Dr. A at the time."

Throughout the period of supervision it seems that supervision has taken place on the usual footing of office and home visits. At the beginning, the PO said,

"I made a definite decision that my contact would be twofold - regular fortnightly visits to the home involving K and her parents in discussion and K visiting the office each other fortnight, thus giving K the opportunity to discuss what she feels she cannot discuss at home."

This seems to have continued throughout the supervision period and to have had success some of the time but very little success other times. Comments such as,

"Overall they present as a very sad family with no brightness in their lives at all. I believe that this is not only as a result of K's offence, but for some reason, as yet unbeknown to me. I believe it has been so for a long time."
Mr. K's motives are right but he still sees K as a young girl when without doubt she is not. K is attempting to move into womanhood but she is not too bright at times and messes it up. Getting all this family to understand and accept each other's views is going to be a difficult and long task. They all seem to need to take their time and consider things before making a decision and I have to remember this and not be too pushing."

Notes Taken From Linda L's File

Placed on probation in April 1983 for failing to send her child to school - 12 months order. She has previous convictions for: burglary, assault and theft going back to 1980 but nothing prior to that. No SER from probation but there was one from Social Services.

She is 24 years old with 2 children - one of school age, one a toddler. Moved into her own accommodation in 1980, previously lived with parents. Solved a problem of overcrowded conditions. Presented problems during adolescence - wouldn't go to school herself. Believed she was school phobic. Severe temper outbursts. In 1974 she was admitted to the psychiatric ward of the general hospital because of a suicide gesture of self-poisoning in August 1974, a place of safety order was taken as she was beyond the control of her parents - again placed in the general hospital, at her own request. Her father had a heart attack and died while she was there and she was allowed home and was simply an outpatient. Lots of temper tantrums then at home - police called on a number of occasions. Charges pressed for damage in 1975 and she was given a conditional discharge. She has 2 illegitimate children. The older has never attended school - he's 6 years old. Since she was charged with the offence she did begin to send him to school and he appears to enjoy it. He's not considered to be beyond her control: "The problem does appear to lie with Linda's lack of organisation of herself and her family, to make sure that David does attend school on a regular basis". Social worker threatened to put the child in Care. Recommends CD because supervision is already being carried out by social services and education welfare.

The ancillary took on the case to draw up a contract....

Case conference called in July because of general concern about the children.

No real effort that the child is going to school. The children seen to be at risk for 5 reasons:

1. Mrs. G's depression.
2. Her own parental violence as a child.
3. Her children are around her all the time and will not go to bed until she goes with them.
4. She has been hitting the children, claiming she can't remember because she has blackouts.
5. She has attempted suicide by slashing her wrists and says she needs a rest. Decided that the children should not be taken into Care but that the toddler should be encouraged to go to the day nursery and that a contract should be drawn up to get the older child to school. If this didn't improve things then the education authority would take the child to court.

She was also referred to her GP again to receive psychiatric treatment.

Contract drawn up in July:

1. D and C to be placed with their grandparents during the August school holidays and only returned to Linda after she has discussed the situation with the welfare agencies.
2. Both children to be supervised by social services and Linda to maintain contact with them.
3. Linda to seek psychiatric and medical help with her personality disorder in an attempt to organise her own life and thus provide a secure and stable home for D and C.
4. The probation service will help and advise Linda on receiving medical help and will support her in organising her life style.
5. D's school attendance will be closely monitored.

What has happened since then?

Not a lot! She's been to her doctor who said he would arrange an appointment at the PDU but there's nothing further on that.

Notes Taken From Jean M's File

Social history by PO in Daventry in October 1975 - in connection with children; Social Services involved since 1972.

Mrs. M born in Stoke, the elder of two daughters....describes her early life as happy and her father as a hard-working man....mother worked full time from when she was 8 years old - 7 a.m. to 5 p.m. This seems to have been a particularly traumatic time for her - both children were often sent to a child-minder who was not particularly close and who she described as having 'cold-shouldered' her. The return at night was to a cold, empty and not too clean home. She felt her mother's attitude changed and she had even less time for them....She realised at the age of 11 that her family was materially deprived and that there was parental and marital discord....The normal rapport between mother and daughter did not develop. At the onset of menstruation, this lack of rapport heightened, support and knowledge of sexual matters were gained from the older sister of a friend....A good deal of truancy from school....Went into full time employment on leaving school....Went out every night and became 'lad mad' - says she was described as the 'sex bomb of the estate'....highly promiscuous at the time and this was encouraged by her fellow workers....Confided in older women. The way in which she kept the older women interested was to tell her exploits and this increased her need to engage in such exploits....Met her husband at the age of 17 on holiday....Courtied for about a year....Miscarriage....During that time she admits to a period of rebelliousness and appeared before the court in October 1967 for threatening behaviour and assault on a P.C. Married in 1968 and obtained a room in Sheffield, which she didn't like. Went home to her mother and collapsed. Was in hospital for a week for treatment for nerves. In lodgings, then rehoused. Debts began to accrue....Husband drank and began to abuse her....Marriage became turbulent and Mrs. W says she became depressed having to stay in a house which was dark and with a

poor outlet. In 1971 she began working part time in a discotheque and started taking money from the till. Also charged with shoplifting and was placed on Probation. In 1972 the family moved on impulse to Daventry. In July 1972 the couple were referred to the Social Services Department because of violent outbursts by Mrs. M at home. She had smashed furniture in the home and had shown other outbursts in the past. Pregnant again and in September 1972 had an abortion on the grounds that she couldn't cope. Although Mr. M was fully involved in the decision, he has since then used it in arguments and this produces a good deal of anxiety due to her feelings of guilt. She was seen by a psychiatrist who described her as 'a Hysteric with a personality defect'. Mrs. M commenced attendance at U.K. but discontinued after two days. Serious marital discord, financial pressure and in September 1973 Mr. M received a suspended sentence for theft....Third child conceived, Mr. M says it is not his. Mr. M left again and eventually received a prison sentence. Mrs. M says that as the birth of Andrew approached she became angry and panic-stricken. She took an overdose soon after the birth. Massive help was being given by the Social Services. Mr. M went to an open prison which angered his wife. This angered her so much that she attempted to abandon her children at the prison. Took another overdose and the children were again taken into Care for a few days (they had been taken in for a few days after the birth of Andrew)....Mrs. M became pregnant again after Mr. M's release from prison in 1974....She abandoned Andrew in the High Street, Daventry....was held in custody overnight and was admitted to psychiatric hospital, discharged herself after two days and was cautioned....Violent outbursts in the marriage continued and continuing debt. Mr. M left home and in June 1975 the fourth child was born and taken into Care so that Mrs. M and the other children could have a holiday....During Mr. M's imprisonment, Mrs. M prostituted herself and although there was some financial gain, the reason seems to have been

anger with Mr. M, projected on to the men concerned, for whom she had no feelings....Mrs. M now charged with breaking into a meter and with injuring a neighbour's child. The latter was in fact displaced aggression to the neighbour, who she saw as using her so that she - the neighbour - could earn money and enjoy herself. After initial arrest, she was held in Holloway for three days and the four children taken into Care. The two older children have been returned but the younger two are still in Care. It is not anticipated that the children will be returned to Mrs. M. She has however, thrown hysterics and persisted in argument for the return of the children....There is a strong feeling against her in the neighbourhood. Conclusions:

1. Mrs. M has a very low tolerance of anxiety.
2. She experienced quite severe emotional deprivation as a child.
3. She is seriously subject to learning patterns of behaviour to cope with anxiety which are deviant and become self-perpetuating.
4. Mrs. M finds difficulty accepting the limited which are set by society for acceptable emotional behaviour and seems to have developed a capacity for feelings that the boundaries are not real, and that the natural consequences of her actions will not follow.
5. Mrs. M shows signs that she cannot tolerate anxiety or frustration, she displaces her feelings on to third parties or objects.
6. There is some real basis for Mrs. M being depressed - her situation is one of helplessness and hopelessness.

Action taken so far:

1. Following reports from neighbours, a case conference felt that she should be brought before the court as a preliminary, limit-setting exercise.
2. She was held in Holloway for three days, basically for fear that she would make a suicide attempt, but this served as a limit to her

unacceptable behaviour.

3. Children taken into Care and to be released as above.
4. A case conference as monitoring the social work intervention which will be carried out by the Probation Service.
5. The Probation Service, subject to medical advice, will attempt behaviour modification with Mrs. M, but would welcome advice on how to cope with the anxiety which would be necessary as a motivator.

At the moment, little would be served by custody, and a fine would only serve to increase the financial worries of this woman. The Probation Order made in October 1975 should be allowed to continue and a Conditional Discharge recommended.

The children were in fact returned to Mrs. M when she was rehoused but were later taken back into Care. She was given a further Probation Order for three years. There was a treatment plan shared between Social Services and Probation. The focus was to attempt to modify Mrs. M's behaviour so that her delinquency would be diminished and that her attitudes and actions would produce stability for the children. The local authority would provide an aid on Monday and Wednesday mornings and Mr. M would call Tuesday and Thursday evenings. The Health Visitor would call at frequent intervals and this would give complete weekly coverage. In addition, Mrs. M would attend a group for mothers and toddlers on Fridays. She cooperated reasonably well until the children were actually returned to her. Depression recurred....lack of consideration for the children, including abandonment....Children became increasingly disturbed....Failed to cooperate with the plan....The youngest child had some accidents from her high chair and Mrs. M's behaviour with the child showed her to be at risk from carelessness. She was made the subject of a Place of Safety Order and eventually all four children were made the subject of Care Orders. Depressions became more regular. There were

instances of destructive behaviour from Mrs. M and behaviour of a sexual nature which made it difficult for Mr. M to continue home visiting. Close contact was continued by all workers. She refused to let the social work aid in one day and was picked up by the Police trying to hitch-hike on the motorway with Andrew, having just left the two elder children at school. As a result all the children were placed in residential care. Following their removal, Mrs. M's behaviour became even more bizarre, so much that it was feared she could harm other children, making threats to harm or snatch a baby. She compensated for the loss of her children by promiscuity....She was not allowed to see the children so that they could settle in a new development. When she was allowed access she failed to cooperate, keeping the children out later than they should be, saying that they wanted to be with her....producing hysterical behaviour when she was challenged. Throughout this period Mrs. M has shown herself to be an impulsive manipulator, not really capable of learning from experience....She has an in-built resistance to limitations set on her and an inability to control her own behaviour, except when the rewards are significant and close to hand....The rewards offered by social work intervention are not sufficient to affect behaviour in any permanent way. We still doubt that there is any medical reason for her behaviour but feel that it is as the result of the development of an inappropriate reward system developed over a number of years. It is as though, having functioned in a mad way, and found that it has worked, she is now unable to change. Perhaps in these circumstances, the possibility of an accidental suicide is real, especially after a serious confrontation when she cannot get her own way.

Psychiatrist's report, November 1975, ST C's Hospital, Northampton:

In summary this young woman is a feckless, irresponsible person, who is subject to fairly considerable emotional stress by means of her marital

situation as well as financial difficulties. However, she does not have the stability to behave reasonably and, subject to such stresses, her mood is likely to fluctuate in the fashion of April showers. In my opinion, and with respect to the court, should she be found guilty of the offence with which she is charged, her best interests might be served by close and strict probationary supervision by way of a male probation officer. She should be encouraged to give more rather than take in order that she might begin to benefit from a fairly structured supervision. At the moment, her two older children are at home. It would seem reasonable that the two younger children should remain in Care for one would not wish to provide her, via the children, with a means of manipulating those who are seeking to help her.

Maureen then reappears in the Crown Court in July 1977 for damage to the probation office at Daventry and is sentenced to a total of 12 months imprisonment. The PO says:

Although I may have felt that the controls of imprisonment may have helped Jean to accept the value of external controls, the opposite has happened. She smashed Holloway to such an extent that eventually she has been sent to Styal. Suicide attempts have followed regularly, interspersed with episodes of smashing. She was taken to Styal manacled. She has been under heavy sedation and appears to have regressed significantly. The children are all now out at foster parents. Darren is settling very well, but Debbie is already exhibiting "Jean-like" behaviour. On my last visit to prison, Jean has indicated that in no way does she wish to keep contact with the probation service on release. My involvement with this woman, which started with such high hopes, has been gradually reduced to watching a human being disintegrate almost completely. I do not know how Jean can be helped to re-establish herself within society.

After that, we get the baby-snatching incident, within days of her being discharged from Styal prison. Two psychiatric reports provided then:

1. This young woman suffers from a personality disorder which is not amenable to psychiatric treatment. There is no evidence of any psychiatric illness.
2. In my opinion, she is of average intelligence and is not mentally ill. She has a personality disorder which shows itself in her impulsiveness, instability and tendency towards aggressive and anti-social behaviour. I regret I have no medical recommendation to make to the court.

Also a note from KN of P Trust:

I wonder if you have anyone lined up as a barrister. All too often, child-snatchers are represented by QC's who have no previous contact with such cases or any specialised knowledge of the law involved, nor do they appreciate the medical problems that give rise to child-snatching. Would you allow us to suggest a QC who has been successful in appeals involving technicalities of law in such cases? Could I give evidence to the magistrates or the Crown Court either of my belief that personal tragedy is involved (of course, I don't know the details of this particular case or that we could offer help and accommodation?

Professor X at X University was also approached to see what he could make of Joan's background. However, a quite depressing report came back, in which he said he felt there was little psychiatry could offer her and she really looked towards the long-term settlement of the children as the focus to which social workers should be aiming. While she was on remand at Risley, she wrote to her PO and this is a quote from her letter:

"I feel I would be better off living right away from people who know about my past. I know it seems like the easy way out but I don't think

anything will or should be easy from now on. Even though the doctors say, 'Oh she's just upset by what's happened' I still think there must be something deep down that's really wrong with me. But I wonder, is it just that everything seems to have gone wrong for me and my family? I know my mum and dad never had it easy and I expect I was always the troubled one of the family and I know I've upset my parents very much, especially my dad since my mum died."

She received two years imprisonment. Her solicitors then sought advice regarding an appeal and the following came back:

"It cannot be disputed that the recorder approached this case with a very sympathetic attitude and he searched very hard for an alternative to a custodial sentence. He plainly did not want to send Mrs. M to prison. The only alternative that we could put forward was that she should go to the P Trust Hostel in Manchester but when this was gone into it was really quite obvious that this hostel could not offer the facilities and supervision that was necessary. Mrs. M was sent to prison for two years. There has been some public outcry about the sentence. The protests against the sentence have received some degree of publicity. The sentence may have been too long, but frankly, I think it is impossible to say that a prison sentence was wrong in itself. I think that some of the public outcry has been somewhat misinformed. However, I do think that the fact that there has been an outcry is something that should be drawn to the attention of the single judge. I do not think that the publicity that the case has received can be relevant to whether the appeal is allowed or not, but I do think that it is relevant to whether leave should be given to appeal. I think that it is in the public interest that such a case which has been the subject of protest and publicity should be considered by higher courts. Unless some realistic alternative presents itself between now and the hearing of an appeal, I could not

realistically argue against the imposition of a prison sentence. However, it does seem to me that there was no need to make the sentence such a long one. I advise an appeal in this case."

Suggested grounds of appeal:

"The sentence of two years was excessive in all the circumstances, particularly because: i) the appellant repented soon after taking the baby and was returning the baby when she was stopped by the police, ii) no harm was in fact caused by the incident - it was an exaggeration to describe the risk which the appellant constituted to the public as a 'major risk'."

She served her prison sentence at Styal. The appeal appears to have been refused in November 1978. In Styal, she was extremely violent, spent time in the strip cell, and in the secure unit. Eventually released in November 1979, having been turned down for parole. PO tried to find her accommodation with the local authority in a psychiatric rehabilitation hostel and was turned down. "In view of Mrs. M'S history of erratic, uncontrollable and anti-social behaviour which has been diagnosed as not amenable to psychiatric treatment, I must say that it is almost certain that she will not be considered suitable for this kind of provision." That's the Director of Social Services.

Following her release from prison, she retained contact on a voluntary basis and in fact did very well until the following year. "She made steady progress and got a number of part-time jobs. Unfortunately, she also obtained work as a nanny and there were difficulties over that and eventually she lost that job. From the beginning of 1981, however, her behaviour deteriorated. In March her GP called in a psychiatrist on a domiciliary visit. "She became totally unable to cope, smashed up several items and overdosed." She was admitted to hospital - Ward 90.

Then referred to Dr. M (she was living with her father at that time). Opened up the possibilities with Daventry of supervised access. In June 1981, she became an inpatient at the PDU. "Appeared initially to gain insight into her personal inadequacies." She said she was pregnant. Accused one of the other residents but that wasn't true. She was thought to be suffering from a severe personality disorder with strong feelings of inadequacy. "Has all her life attempted unsuccessfully to form a lasting relationship with a male." Discharged at the beginning of September to an Elizabeth Trust Hostel but was back a week later, having caused a serious crisis by arguing with other mothers and threatening to attack one of the resident's young child. But at that time she wasn't willing to cooperate with the treatment programme so she was transferred to an acute admission unit where she remained until January 1982.

Diagnosis: "Can still find no evidence of mental illness, anxiety neurosis or endogenous depression." Dr. M now describes her as a psychopathic personality. He recommends a probation order with a condition of outpatient treatment - that was part of a report presented in 1982 when Jean reoffended - offences of theft. And that recommendation was followed. The rest of the story is taken up in MW's interview....

Interview with GW(M), Probation Officer 1

AW I'll try to remember everything.

GW Now that's fine, O.K. Any particular preference, which one of those?

AW The thing that I'm primarily interested in or eventually going to be interested in is the orders that have got some kind of condition of medical treatment. Now you, when I mentioned this to you over the phone you said 'Oh well it's not psychiatric, or it's -

GW It was strictly speaking a condition of medical treatment as discussed by a doctor at S, for alcoholism.

AW I see, it was alcoholism. I picked up that it might actually be for something completely different, like a broken arm, or something.

GW Oh no, no it was specified particularly for alcoholism and I sort of look on that as technically being a condition of medical treatment as opposed to say seeing Dr. So and So, psychiatrist at St. E, you know. Perhaps it's a fine distinction but it was specifically a condition to go to receive treatment from - I've forgotten his name - in the staff in the Alcoholism Unit.

AW M, is it, or is it M?

GW M, that's right.

AW Personality.

GW But it was a Dr. M and the court made us specific orders as part of the probation order.

AW Yes, well I'd be very interested for you to tell me a bit about that one and the background.

GW Do you want names mentioning for the tape?

AW Well, it would help, if you don't mind. It's the C case, isn't it?

GW Yes. She became C when she got married. She reckons that the marriage was a bigamous one; she was originally known as Kath P and so, you know, you can take your pick out of what you call her. I shall call her Kath C. Yes, the last time that she was in court, this was the, was in May this year and was an offence for simple drunk. Her date of birth is 22/11/46 which makes her 35, she'll be 36 this year, and where you actually start with this girl's history I don't quite know. Going right back to grass-roots level, her parents never married, has another sister, I think, who's older than her; her natural father I think has disappeared from the scene years ago, her own mother's about, but I don't think she has much contact with her. The first significant date was when she was not quite 17 and was cohabiting and expecting a baby, and quite literally on the wedding day the boyfriend who she was about to marry collapsed and died. And I rather sort of fatuously put in the report that the result of that was that she had a breakdown and went to St. E hospital but apparently that's gen, and on the wedding day that was it. The baby she was expecting was born, went into the care of a local authority, that's it, the first one, the first one was then adopted.

AW Why was that?

GW What sex?

AW No, why? Why did it go into care?

GW I think because she was in St. E at the time, and so was in no fit state to do anything. Then formed another relationship with another local fellow and eventually got to marry this one but it was somewhat

unstable marriage, to put it mildly. He had a criminal record and was a heavy drinker. Her drinking habits got worse while she was married and there's a suggestion right back in the records that this husband, you know, sort of introduced her to what was pretty serious crime. What was happening was that whatever difficulties the two were having in the marriage they seemed to be trying to sort it out by getting stoned, you know, try and drink them away. There was a child of that marriage and after a separation and divorce in this marriage this child also went into the care of a local authority, I think because neither he nor her would have been classed at that time as being anything like fit parents to look after the child. Strangely enough, that kid now is 12 and has been fostered all that time and Kath still has designs on having this child back. If you speak to the local authority there she rarely goes up; when she does she's usually drunk. After that divorce (it was ironic that this bloke came out on parole I think. No, he was a she began to go a bit weird and another bloke (how long was she married to this bloke now? - 6 or 7 years, a man called D, Ken D. I would imagine that if you worked in the Potteries in a particular court, you'd hear the name crop up. He's a divorced bloke with 4 kids, and think on average has lived in a whole string of low class addresses, or perhaps more precisely in a whole string of addresses which gradually got lower and lower and lower. When I first ran across them officially they were living in L Street which I think was one of Stoke-on-Trent's more notorious lodging houses, sort of a normal terraced house which is used to accommodate 14 or 15 guys, but Ken and Kath were regulars there. He abused her, I'm convinced, after he encouraged her to drink; assaulted her, generally treated her like a dogsbody and she won't leave him.

It gets complicated towards the end of 1980, beginning of 1981. He

ends up in court on a Section 18 charge for assaulting a man D had accused of having it away with Kath P as she was then, Kath C (his name was John C). To cut a long story short she thought she was expecting a baby, he went down and assaulted John C, they went through a form of marriage and eventually discovered that she wasn't pregnant but what came out of it all was that she and "her husband" got out of the council house at, very complicated. He, D, comes out of prison, makes his way back to Kath's new council house he moves into the front doow and John C goes out of the back door, and that's the way things are now. When she was in court in May I did not make a specific recommendation for the court ordering Kath to go anywhere to receive treatment because I felt and I still feel that in a case of a severe drink problem it's got to be the person concerned, saying 'Look I want it, how do I go about it?'. Yes. All I end up in the report saying was that having now had Mrs. C on probation for over a year in the knowledge of her background, that the case would be best summed up by saying that I am of the opinion that there is a need for continued probation contact that is to be effective and needs to be genuine motivation and co-operation on her part which is a rather long-winded way of saying that if she wants to do something. Now they, and I don't criticise the magistrates for it, because they were quite concerned about her; they said O.K., a new probation order, and you will receive treatment from Dr. M and staff as a condition of this probation order. They ordered it, they sort of broke all the procedural rules of referring anybody to.

AW Without a psychiatric report?

GW They just said, that's it. We make a condition in the authorisation order. You will receive treatment and Mr. W will make the arrangements.

AW Who suggested it to them, or who did they get the idea from? Was she represented and was it her solicitor, or was it just from their own.

GW To the best of my recollection it was them.

AW It was just off their own?

GW Yes. I think I was asked about the unit at Stafford and I said something like 'there are certain set procedures that the A.T.U. staff will insist on being followed, if anybody wants to go, and Your Worship, she can do it either through the G.P. or blah, blah, blah, blah, blah, blah' and they went out and considered it and they just came out and said 'O.K., new order and the condition is you will receive this treatment from Dr. M at Staffordshire'. Didn't specify....no, that was it, as an outpatient. That's it, that's the peculiar thing about it. 'You will receive treatment from Dr. M at S on an outpatient basis' and that in fact was against what I was sort of saying, that 'you can't do that, not from a legal point of view but from a procedural point of view, you just can't do it. He'll hit the roof if he finds out. Anyway, I took my courage in my own hands and phoned him up and said 'Look I'm sorry it's happened, what will we do about it?' and he partially hit the roof and the net result was, he said, bring her down and I'll look at her and see how she is. In fact, he ended up taking her in.

AW As an in-patient?

GW As an in-patient, yes. Initially, to dry her out and then to say, right when she's drying out and she's sort of compus mentis and coherent then I'll do a full proper assessment on her and we'll see where we go. No promises, if it looks promising we'll take her in, but if not then she's out. She was there for about 6 days, I think.

On the 7th day she discharged herself before they actually got down to assessing her but she just sat down and said 'I'm coming out' which is what she did. I think on the last contact there seemed to be 2 or 3 weeks perhaps longer where she seemed to be making an effort to stay dry, but the last time I spoke to her, it was terrible, on the phone just listening to her, you know, and now she's back on the old booze again. She's up in court on the end of this month on some charge of stealing a frying pan, God help me, and you know, there's going to be a report done for that.

AW What do you think you'll plead?

GW Strange, I was talking to somebody about an officer whose known this girl a damned sight longer than I have, and he was saying to me, you know you want to cut your losses and get out, you know, what is the point? And I was saying, yeah, but there's a little thing tells me that this girl is the kind of case where you know, whether we like it or not, you can't just throw her on the mercy of the court, saying deal with her, we don't want to know. You know, what else can you do? Prison is going to be the alternative in the very near future. The nothing. It's that kind of case that if you look at it the whole environment that she lives in and moves in not only supports her in the drinking habit, it actually encourages her and I put it to her as gently as possible at one time but I didn't want to run the risk of saying you must break this because if he found out he would probably give her a pounding. But putting it to her as delicately as I could, you know, as long as you're with him you know what the. It will not help you stay dry, it will not help you to settle down. It will actively encourage you to drink.

AW What do social services think about her? Do they have anything to do with her other than simply as the mother of this child that's.

GW No, they've never been involved on an active basis. They're obviously responsible, as you say, for the fostering so they know of her through contact with the foster and things like this. Somehow, the police on a couple of occasions when there's been a crisis at home, particularly when she's been arrested and phoned the social services first and said 'we've got this distressed woman'. They've found out about us and the social services have phoned us up. She once ended up crying her eyes out in unity house, over the house, that was it, and I think rightly they sort of phoned us up and said 'well she's here and what can you do about it.

GW I'm not sure what extra that the social services could have done in terms, you know of sorting anything out.

AW They have no real sort of motivation to get her back with the child and that they've kind of written her off as a mother.

GW I don't think there was ever the slightest question that Kath was saying, you know, I wan't the kid back. I would think Ken would hit the roof. I would then consider adoption then, and I think with all due respect to Kath if I found out about that and was asked. There's no way that she can manage, certainly not while she's associated with the crew that she's associated with through Ken D. I mean there's no local authority in England. Even though she has now got a council house and paid her rent back to me, there's no way that Kath.

AW What is her criminal involvement? Is it primarily being drunk or has she got a hefty record of other.

GW It started off with drink-related offences and then there was a period where there were thefts and on one occasion she got sent down.

AW She's been to prison, has she?

GW Oh yes, she got 2 years for her part in what was on the charge sheet as a robbery.

AW Really?

GW I'm not sure whether it was with her husband at the time or with another girl, and I think her part was (what was her part in it?) - I think her part was fairly peripheral, but anyway she got sent down, she actually got parole, she's been on parole. Then, in the mid-70s and up until now they've either been strictly drink offences, drunk, drunk and disorderly, or very drink-related like throwing a drink through a window when she was stoned out of her brain, thrown a fish tank through a shop window next door to where again she'd been drinking, and yes, they are all either exclusively drink or drink-related since about the mid-70s. There was a whole spate of them, one after the other, after the other, after the other, just drunk, drunk, drunk, drunk.

AW There was no move at that time to get any treatment or.

GW I think there has been a long-standing contact with Dr. M in the sense that he has seen her from time to time purely and simply as an outpatient, no more, no less. I don't think they have an arrangement because she never always kept the appointments. I recall taking her up there once to see Dr. M and for some reason she couldn't get up there. I think she might have slashed her wrists or something and was not in a fit condition to get the bus. But that sort of arrangement's been there, he's seen her when she's decided to go up and see him.

AW No regular. Never got her into hospital, or.

GW They've never said that she's strictly a mental case in the sense

that you can actually diagnose her as being a particular mental health label. I don't want to accuse them of copping out but I think they'd use severe personality problems who'd benefit from the attention of an experienced probation officer; that's what I suspect. I think the service is trying to carry her as much as they can and I think the service is trying to, you know, keep the worst of the court's power away from her and there's a clear-cut case, either she breaks with the environment which has been destroying her, or the environment which is destroying her is modified and there's no way you can modify the environment she lives in. It involves most of the city.

AW What would she need, do you think, to make it a real proposition for her to break the environment. I mean, what could you do?

GW Short of saying to her quite bluntly, you know, your link into the environment which encourages you to drink is Ken D. Unless you break from him, only as a starter, I don't see you getting anywhere.

AW She has the house in her own name, and so technically she could kick him out?

GW Mm, but she won't because "I love him". End of argument. Even though, as I say, 'you realise, Kath, for the 5 or 6 years how he's abused you', and things like that? Yeah, I love him. So the next question.

AW So she, actually, doesn't really want to change her life style? She just wants particular things to be.

GW She wants particular things out of life which there is absolutely no chance on the face of the earth that she's going to get, with this bloke. All she wants is a husband, a home and kids, and somebody who'll love her and partly understand her. He gets indignant if

you sort of put to him, 'Look, you know, this girl's got problems, how about trying to help her out, you know', and he denies, he reckon he's tried to help her time and time again and he's sitting there in the office stoned out of his brain, trying to have a conversation with you. What she wants she'll never get. There's no parole report here. Has severe personality problems which are the result of an impaired emotional development and poor socialisation. This is caused her to seek consolation from relationships with people of similar dispositions and background. Relationships are transient, unstable, leaving behind a trail of havoc. Seems to seek out people who are very much the same as her amongst males and females. So, in a perverse sort of way, you know, I'm sure she's got something from the relationship with Ken D, but you know it's difficult to pin down what it is because it's all so negative. Rightly or wrongly I've always taken the tack with her, you know, and even sort of tried to cajole her and bribe her and things like that - 'at the end of the day, Kathy, you've got to get up and do something yourself. If you get up and do something yourself, people will say "Ah, Kath has twigged, she's realised what the difficulties are"'. If the court hadn't made that order - you will go and see Dr. M, I don't think she would have come. If they hadn't have ordered it, you know; and it's this constant battle of saying to her, you know, please wake up and do something. But I've always said that in a case like this, you know, you can line up as much help as you want in terms of hostels or treatment; if it means nothing to the person concerned then. Could she, or should she, have been dealt with in any other way? I don't know. I think the only other way to have dealt with her would have been putting report on some previous occasion the service had gone as far it can and you can deal her how the heck you think you can and wait until she gets the message.

AW Does that leave the making of a condition out of treatment just - Well, has it had any good results, or was it just a waste of time. I mean, has it made anything click or twig with her at all.

GW I don't know. I mean for 8 days, 6, 7 days she was there she was dry, but the dryness was enforced on her in that they shot her full of all sorts of dope, you know, and she got no motivation to do anything. That's standard practice on a drying-out procedure; they have to keep them calm. I have to admit that on odd occasions she's gone 2, 3 and 4 days, and the most galling thing about it is that if you do see her dry, when there is no alcohol in her at all, and it's out of her system, she's not the same girl. Now you try using that as a tack, by saying you realise, you know, that when I've seen you and you've been stone cold sober and you've been dry, do you realise that you're not the same kind of girl. And she'll have flashes of insight in her more sober moments but it just can't be sustained for anything. It's a shame but I don't know of any other way of tackling this, you know, unless she will sort of....but there's no way we could modify her environment. A list of names that she's connected with in one shape or form is absolutely endless and they're all boozers, rootless, take her for a ride whenever they get the chance and then get beat up by Ken D. She has had him in court and he's been on the verge of going down for assaulting her and she's withdrawn the complaint. What will happen on the 30th I don't know, I think I'll end up saying 'Whatever you do, Your Worships, will you let the order continue?' because I can't think of anything else to say, it's as simple as that.

AW Would you mind letting me know what does happen to her. I would be very interested to know, particularly to hear what, if anything, they say about the order they made last time, whether they in any way, sort

of, feel that she's had a chance she hasn't taken, whether they're more punitive towards her because of that.

GW You can tell what kind of struggle we had. In July of this year she was up for fine before because, you know, in similar offences going way back they fined her and imposed costs on her; then in July it came to approximately £150. The vast majority of that were costs and compensation; I mean, a shop window, you know, is a bit of money to replace, and in the fine before court the magistrate wanted to deal with her there and then and we said, you know, hang on a minute there's a bit of background here and the magistrate heard a few words from her; said yeah can we have a means enquiry and she objected to that. I've never had it before why has it been adjourned. 'Don't you realise Kath that he could lock you up for £150, a load of rubbish, etc. etc. Failed to keep an appointment for the S.E.R. to be done. Go back to court, adjourned it yet again and we put in a means enquiry plus an S.E.R. for background and out of the £155 by the time the magistrate had remitted costs and compensation you ended up with something like 20 odd quid to pay at a pound a week, and she still argued with us for going through the rigmarole with her of coming back to court with.

AW I presume she's never worked, I mean, she's been on supplementary benefit and things, all the time?

GW I don't think she ever has, ever, even when she first left school. I don't think so, I think it's a cert, no, I don't think she ever has. You know, I agree life's not been very kind to her but there's no, I rarely detect any spark that she really wants to change.

AW It's just one slog, the whole time, working for her, but as you say, one that you feel you could just abandon.

GW I don't think you could. In fact I don't think there are many magistrates courts who would even wish or allow us to abandon her.

AW Let you, sort of, abandon her. No, not quite. So the magistrates are pretty much on your side, sort of, as far as she's concerned, are they?

GW They twice have been, I mean of the fine before court, you know I mean he was not smarmy with her, he gave her a dressing down but in the same breath said 'O.K. we're prepared to accept that you've got difficulties, let's know about it so we can do something about the fine, and I've never known compensation costs be squashed like that. Absolutely amazing, and she came out as I say with £20 odd at a pound a week and she objected.

AW That's very interesting. Thank you, but if you would let me know what happens to her, I would be very interested. Who's your other one?

GW The next one is Nellie I.

AW You have a psychiatric report on her as well?

GW Yes, this is rather a sort of - but the probation order came to us purely on the strength of the psychiatric report and the court didn't want an adjournment again, so we could have a look at it, so in fact apart from the contact I've had with her, this is the only background that I've got on her. All it was, in June of this year she took herself and a number of friends to the Trust House Forte place for a celebration dinner. When the time came to pay, she said to the people 'I haven't got my cheque book. Will you send the bill to my house, and there's no money to pay for it'. As simple as that.

AW The first attempt?

GW Yes..

AW How odd.

GW She's 64. December 1918 is her date of birth. The bill came to something like 60 odd pounds. No, sorry, something like £160 odd, I think was the bill for the dinner, and literally there's no way she'd pay it, any intentions of paying it and she went out and did it.

AW All quite deliberate?

GW All quite deliberate. Who is she? The younger of two sisters, there's no family history at all of any psychiatric involvement or any mental disorder in the family background. Uneventful childhood and remarkable school career, has worked as a hairdresser. For a long time she "worked", looking after her mother who died after a long illness and later she nursed her husband who died. She's had a number of jobs looking after elderly women and at one time ran a boarding house, which is quite incredible because she's run through a list of clients that I've got on my books at one time or another she's put up and the thing is she meets them in the bloody waiting room downstairs. That's what her story is. Married when she was 28, so that would be in 1946, no children, and, you know, that's about it. Since her mother died, which is about 15 years ago and since her husband died about 12 years ago, and just after that one of her sisters died, it seems as though she's been pretty lonely and unhappy. The last 12 years or so she's lived at about 12 different addresses. Moved into a bedsitter with a man called Stewart N who somebody in the city knows either our office, or the H office just going into prison and they sort of cohabit. She draws an old age pension in her own right. He draws unemployment money in his own right - if there's any questions asked, he's a lodger, or if they have any social security

visitors he gets out of the way, but I don't want to know about that. What G has said - average intelligence, left with a depression, has an extraordinary capacity her deceiving herself, theft was unrealistic in general. He seems to understand as she's lost sums of money left by her husband, to a variety of unsound business ventures like buying and selling property. She talked to G and has also talked to me like bad nerves, feeling confused, things like this, depressed, indifferent sleep pattern, unbelievably anxious. I don't want to put psychiatric labels on anybody, particularly - I'm talking about. Neurotic is the first one that comes to mind. Memory becoming a little bit unreliable but he didn't particularly test that out, but there's no doubt at all she picked a etc. etc. No sign of any serious mental disorder. The cohabitee Stuart N is 16 years younger than her. G describes him as being ineffectual and inadequate but feels he's well intentioned towards Mrs. I - I'm not so sure of that, though. Inadequate, socially inept person is Nellie. That's it; although she's obviously depressed at times, the likelihood is that she is worried, lonely and unhappy rather than depressed in the sense of being mentally ill. Possible that she becomes forgetful due to premature, degenerative brain changes. Though psychiatric treatment is indicated, two additional observations. The sane support of a family doctor I think would have sorted her out now. If the doctor feels she's abnormally depressed then he's likely to refer her back to G. Because of her gross lack of social skills she might be in need of the kind of help and advice an experienced social worker can offer her; I'm sure you've heard that one before, and could best be arranged with the provision of a supervision order. She's a nice, friendly, worrying to the nth degree old lady, who lives with a man who won't speak to her and she can rattle on round the clock and he can go for a day and a half without speaking to her. There you are.

AW Do you think she ought to be on probation?

GW No, quite honestly. The only thing I can think that I'm doing at the moment is, is if she can't offload on Stewart because he won't listen to her, then she can offload in the office when he's there and I then have an opportunity of saying to him 'Look, this is the way she is; you know, why don't you sort of compromise with her and co-operate', etc. etc. Apart from that, no, I'm not sure. The chances of a repeat of this offence are just nil; in fact the chances of a repeat offence of any description I think have got to be nil.

AW How did she get to G? I mean, was it the court's referral, or again was it a solicitor?

GW What do you call the barrister? That's it, yes, he came to court actually in May 1982; it was adjourned for a month for a psychiatric report because the solicitor was not sure, that's it, whether she was fit to plead. G, she saw Barry G so the court are all here. No, Sue K is duty officer, so they needn't have been at the second hearing and said, you know, if probation is being suggested, how about having an S.E.R. so that the probation officer can see her, etc. etc. etc. etc. Plans to move to Leicester, that was another. In view of Mrs. I's confusion - this is at the time of the second hearing - Sue thought it would be better for an S.E.R. to be prepared and the magistrate asked for the case to be in view of the length of time already taken. I think it must have been the defence solicitor saying in court that Nellie had delusions of grandeur, wanting to impress people, and I can suspect, you know, this is perhaps how the meal came about - 'I'll take them all out to the Trust House Forte'. Suggested to solicitor - this was Sue - that if a probation order is going to be made then keep it as short possible, and pointed out to the court that although G in the report said a supervision order an

experienced social worker it's patently obvious that G means a probation order, and I think what happened, Sue's under a bit of impression, a sort of go along with this, saying well, supervision's being suggested, you can't argue against it, and that's how they came our way. What I did toy with was, I had a word with A R at our office about the possibility of Nellie joining the women's group that A and M G are running. Yes and no. The age gap might be the most difficult thing to get over - the women's group are thirties, or under, around there. I mean this woman's thirty four years older and I think Nellie I is, I think she needs human company, I honestly do. Alright, she'll be a pain in the whatshisname, in many instances, but I think she needs female company. I think she's living with a bloke who keeps himself to himself. I think she's living with a bloke, you know, who keeps all his problems to himself, be ause he's always saying, you know, what's the f-ing point of talking about them. She likes to use words, even if at the end of the day, you know, you don't get much out of her, but she likes to talk and he won't, and so she tends to have contact with other people in the block of bedsits where they're living, so, you know, she takes food down to another man downstairs and things like this. She and Stewart go out for walks and things like this, but I think that's basically what it is, you know, she sort of mentioned last time that she was thinking of joining an old age pensioners group.

AW I was going to say, what about

GW Well I thought to myself, you know, why not?

AW Yes, it seems the obvious thing really, for someone of that age, who's lonely and wants to talk to people.

GW I've never quite found out what G meant by gross lack of social skills.

I mean, I agree, most of the things that she's dabbled in, you know have not have not particularly taken off. I mean somebody who could work as a hairdresser for 40 years, until she was 40.

AW Yes, I mean, gross lack of social skills I would think of as somebody who was mentally handicapped, almost.

GW Yes, I mean I'm not exactly sure what he meant. I suspect he was presented with a woman and he couldn't quite label her; not quite, because I can't. She's just a lonely confused old woman who's living with a bloke, who can't respond to her, which is a great pity. I think perhaps Stewart can't cope with it either.

AW So how long have you got her for?

GW Just a year.

AW Oh, it was just a year was it?

GW Having spoken with the girls at our office, maybe the wives group, who can be - I was going to say dynamic - who can be a pretty hard spoken bunch of women, you know, particularly where men are concerned, they can get quite vocal. They might end up taking the michael out of her, something like this. Maybe what I shall do is next time I see her, is sort of refloat the idea of does she want to join an old age pensioners' group and perhaps encourage her to do it. The thing is that I'd be encouraging her to do that on her own and not with Stewart, you know, and I'm not sure what these cases of that are. But, there was no condition at all.

AW No, no, obviously not, no, but it was very interesting that there was a report done, really, that summed the situation.

GW But she's not been on probation before, not known to us. As far as I know she's not known to social services, in fact I'm sure she never has been. Why psychiatric treatment was not ordered in this case I think was quite simply because G did not feel it was appropriate. Could or should have been dealt with in any other way? Probably not. I would suspect that any magistrate facing this would probably have said 'Look, you know, I think you ought to go on probation because....blah, blah, blah, blah, blah'. Were it not for the fact that the second time a psychiatric report was ordered by the court without an S.E.R. then I perhaps wouldn't have said anything. But its the second time that a psychiatric report was ordered by the court and for some reason we weren't asked to do that. Now in the first we stuck our oar in because Pauline H was at that time sent to saying 'psychiatric has been ordered - S.E.R. has not, you may wish to look at it' and in fact we did, with this other one, and I think that if

AW What happened then? Sorry, carry on.

GW I think if they had done with this one I think they might have done the same thing as well. The other one is going off the subject, a because it's a man affair.

AW Well, no.

GW Well, what happened was, we did intervene, we nipped down and saw this man. Strange. It was a not guilty plea, unfortunately, which let me off the hook. I'm afraid I ended up saying, you know, there is confusion from previous from previous psychiatric contacts precisely what the nature of this man's problem is. If it is a psychiatric problem, then it is not a problem that this service can cope with and therefore if it ever arises it ought to be considered a medical/

psychiatric problem. Eventually it got to the Crown Court on an unfortunately ridiculous not guilty plea and listening to what the solicitor said was sort of a strange kind of bargaining along the lines of if you agree to psychiatric treatment we'll put you on probation. Anyway, that's what happened at Crown Court, making the order a condition of outpatient treatment. The first one is due to take place at the end of this week. I think M has also said in that report that he ought to be placed under the care of an experienced probation officer. Did they define exactly what was wrong?

AW No.

GW That was right up to the stage when he went to court about 5 or 6 weeks ago, this man gets put on probation and starts sending peculiar material through letter boxes to the police.

At the end of GW's interview which is taped over on the other side, he made two comments generally about women offenders which he feels that his colleagues agree with at S. He says that first of all they're extremely worried about the way in which female shoplifters return to court 2 or 3 times before they're actually referred to the Probation Service and he feels that any woman who shoplifts should be picked up and looked at by the Probation Service immediately. He says that ordinary women do not shoplift and therefore there must be something in some way wrong with a woman who shoplifts. He excludes from that the professional, if you like, shoplifters, those who actually make a living out of it. The other thing which concerns him is the number of female victims of domestic assaults who are offered no help at all in court. The incident is more or less disregarded by the court as being a domestic and therefore not worthy of proper investigation. Invariably the man

pleads not guilty and he's bound over but the woman herself receives no help at that time. G feels that as far as the Probation Service is concerned both those areas need a great deal more investigation, although he recognises that at the moment there simply aren't the resources to do that.

Interview with BC(F), Probation Officer 2

AW So your initial interest was in juvenile girls?

BC Yes, it was the manner in which women were treated differently.

Then I began to think it through and I realised that, whereas I could intellectualise about what I thought should or shouldn't be done, in actual fact I was colluding with the system.

AW It's extremely difficult not to, isn't it? I mean, it does advantage a lot of women.

BC Yes, I attended a course at Keele and we were talking about alternatives to custody and the line was very much that people should not be placed on Probation for a first offence because you start them two thirds of the way up the tariff. Then it dawned on me that the majority of women who offend we do actually start them off on Probation, two thirds up the tariff. And nine times out of ten I think I have definitely colluded with the idea that this lady needed psychiatric treatment, when in fact I didn't think she did. Because you finish up with what else can you do? The majority of women are extremely limited as to paying a fine because husband or someone invariably holds the purse strings, so she doesn't really have the freedom to pay the money where it's got to go. And some husbands are very resentful - they make sure that if their wife is paying £2 out of the housekeeping on a fine, that she is fully aware of it, and they rub her nose in it - you know, "I am allowing you to pay this money". And the conditional discharge - I've found that with a lot of women the offences tend to be "frustration" offences. What worries me if I go for a conditional discharge is that she will reoffend....

AW You mean you're not really acknowledging the problem?

BC Yes.

AW I'm interested in the idea that women who offend are somehow "ill" - not necessarily with a clinically definable mental illness, but that "there must be something wrong with them". I'm interested to see at what stage that definition takes place and how appropriate it is. I'm also interested in who takes responsibility for a woman who is so defined - for example, do Social Services wash their hands of a woman once she offends?

That is something that concerns me greatly - it's the problem I have with Gwen. The other thing is that yes, I think Probation Officers, solicitors and the court itself all play a part in defining a woman as "ill", but I also think it is part of women's conditioning generally, that they themselves will find this excuse. For example, I had a hysterectomy two years ago and I was off work for 14 weeks, and the very first interview I had when I came back was a lady of 55, who had been working part-time in a Post Office and she had defrauded her employers of about £800. Now when it came to me for the SER, there had already been a medical report from Professor B at

A S Hospital. He had suggested Probation with a condition of psychiatric treatment. The stipendiary magistrate - bless his cotton socks! - had said, "That's all very well, Professor B, but shall we let Probation have a look at it?". So they called for an SER, because she appeared in a W court, and we'd had no Police notification, so there was no pre-trial report (we do do pre-trials in this area). I go along to see this lady and for the first half an hour she told me that her problem was that she'd had a hysterectomy - eight years ago! And she'd convinced herself - how

much support she'd had in this from the Professor, and how much was due to the sort of attitudes one has towards hysterectomies, I don't know. But she was saying that the reason she had committed this offence was because she'd had a hysterectomy. Now I have to admit that at that stage I went along with it and I wrote an SER saying that we'd have her on Probation. But I knew in my own mind, I was thinking, "You haven't committed this offence because of mental illness" because, as she was talking to me, she began to say things like, how little money she earned and how well her employer did out of it, how her employer was able to go abroad every year. It was pretty obvious that she felt very put out at not being paid a reasonable salary - and she wasn't paid a very good salary. And she had fiddled money because she had felt the injustice of not being paid what she thought she was worth. And she'd worked in an accountant's office when she was younger - she was quite a bright lady and she knew exactly how to do it. She didn't need psychiatric treatment in my opinion. I went along with it because I hadn't been in the Service very long and I didn't have the confidence to challenge the psychiatrist - I'm not sure how I'd go about that even now. What I would really have liked to have done was to write back to the stipendiary magistrate and say, "I don't agree - I don't think this woman needs Probation - she was well aware of what she was doing, she did it for gain, it was a criminal offence and she should be fined or given a conditional discharge" - but I didn't! Even the stipendiary magistrate, when he summed up, made some remark that he didn't go along with the mental problem, but that out of sheer humanitarianism he would go along with the Probation Order. But there was nothing to do in that order. I kept in very close contact with the psychiatrist - partly because I always try to do that, and partly because I was interested in this particular case.

It was a Dr. G who eventually took the case on and I've got copies of letters in the file, and it was pretty obvious that there was no reason for her to see him and no reason for her to see me. We kept the order going for twelve months - to cover the psychiatric order - and then I discharged it. (It was a two year Probation Order.) I knew I couldn't do something I really didn't believe in and I don't think I was doing the woman a favour by doing it either. And I certainly don't do other women a favour by allowing that system to perpetuate.

AW Is G someone you have a lot of contact with?

BC No not really. We tend to have contact with New Cross Hospital in Wolverhampton, where they have psychiatric wing. I don't know why she was referred - I can only assume it was her solicitor. I've got a fairly close tie with N C psychiatrists now, because I've made it my business to. If you don't, you don't get it. I just present myself and smile nicely and say, "I'm here". They do try to lay the law down to me, but I find I'm resisting it now, because I feel sufficient confidence in myself to challenge on some of these levels - how far I could take it I'm not sure! But at least I am now prepared to stand up to a psychiatrist and say, "Well actually I don't think that" or "I'm not going to do that". And quite frankly, I suppose one does it by smiling sweetly and being terribly polite and laying the whole thing on - you don't actually meet as equals - you just keep stroking their ego and hope that by doing that, you'll get out of it what you want. It becomes a very manipulative business!

AW I was interested in G because we have a psychiatrist in the north called G, who has a reputation for saying "I think this woman would benefit from the friendship of an experienced Probation Officer and

I will see her from time to time" on almost anybody who is sent to him - and I was wondering whether that was unique or whether it was a general trend amongst psychiatrist that if they don't know what to put, they will suggest a Probation Order....

BC I think that's quite true. They see the contact aspect - and of course we do as officers, that's why we collude with it. We see a lonely depressed woman, who has no outside contacts - we do see a usefulness in the role we can play. But in reality, we don't actually have the time to do it. A monthly meeting is not enough and we do finish up with caseloads that we can do no more than that with. Well, I do try to do more than that and then I get myself in a hell of a mess because I don't do my paperwork - something has to go! Fortunately, I've got a Senior who will let me make that decision - he actually does believe that the people come before the paperwork. But I find that the biggest problem is trying to get cooperation from other professionals, particularly Social Services.

AW Tell me about Gwen then.

BC The first I knew of Gwen was a notification from the Magistrates' Clerks' Office one Friday morning that we'd got a special court at ten o'clock for a lady who'd been held in the cells all night for criminal damage. So I get myself across to the court and they give me her name and address and that's all I've got. I go in to see this lady and as soon as I walked into her, you immediately realise there's something wrong. She was dressed in a very gaudy fashion, very highly made up - lots of little things that give you all these little clues - and you think, "Ah-ha - there's something going on here!". And I had a talk with her, and the way she talked and the things she said, and I picked up that there was some kind of either

mental disturbance or tremendous depression. I don't know what I was picking up at this point except that I was not happy about things. I said, "Have you been to hospital?" and she said "Yes". "Have you been to N C?". "Yes", she said. She obviously knew New Cross Hospital and she knew Dr. C, so she'd obviously had psychiatric treatment. She'd got a poem that she'd written to the local Police Constable who'd been sent round on various things. It appeared that she upsets the neighbours and she rants on a bit and she was pretty paranoid and she'd finishing up throwing a couple of bricks through her own Council house windows. But evidently it had been a series of problems with the Police and they had been almost forced to bring her in. I went back into the court and said to the clerk, "Look I'm not happy about this lady, I think there's all kinds of things we don't know" and he said, "Oh, I've been on to Social Services - we knew she was known to Social Services, but they won't send anybody out - the Social Worker's on holiday - and just let them know what we do this morning". Well I didn't check up - with hindsight I wish I had. So we get the lady in court and the magistrates were very concerned what to do. This was a Friday. I said, "Well perhaps we can get her in somewhere" because what they were thinking of doing was remanding her at Risley for medical reports. I was thinking, "I don't want this lady in a prison - she isn't prison fodder. I can't stand round here and let her go to prison". So I came out to see if I could contact N C - couldn't get through at that point - went back to the court. In the meantime, they'd dealt with it. They'd decided to bail her with a condition of residence at N C Hospital - and it was up to me, as the Duty Officer - "Mrs. C, we are relying on you to see if you can get her into hospital. If you can't get her into hospital, we want a special court on Saturday". and he said that if there wasn't a

Social Worker in court on the Saturday, he would want to know why! So I am lumbered now with this lady. They took her back up to the Station to collect her things and I get on to N C. Dr. C is on the wards at Stafford - now the only reason I can do this is because I've been working with Dr. C with other patients and he knows me, and I get on quite well with him - I pick up that he quite likes me - so I think, "I've got to use this!". So I get him off the ward! I mean, the man is treated like God! I get him off the ward and I say, "Dr. C, please can you help me. I've got this problem and you're the only person I feel can give me advice" - really dripping sugar. "What's the problem Mrs. C?". So I say, "Gwen G - is she known to you?". "Ah yes", he said, "What's the trouble?" I said, "She's committed this offence - it's only a minor offence, but the magistrates want medical reports and it means that unless you can take her, she will go to prison". So there's silence at the end of the phone. "And why do you think she shouldn't go to prison, Mrs. C? Don't you think it might do her good?". I was so horrified at this that I said, "No I don't think it will do her good!". I forgot for a minute that I was speaking to this God-like man. "I see one of my tasks as keeping the inappropriate out of prison and I actually think this lady is inappropriate". And he started to laugh and he said, "I just wanted to see whether you had a good reason. Yes, she does have tremendous problems - she is psychotically ill - I will take her on to my ward. She's not actually in my area - she's in Dr. K's area, but you can contact the hospital and you can say that I have said to take her in and, if necessary, she can have one of my beds". So I said, "Thank you, Dr. C".

So I get on to N C, and I had tremendous problems with the Secretary! She says it's got nothing to do with Dr. C - that it's one of Dr. K's patients. And I'm saying, "Yes, I know all this, I'm

fully aware of this, but Dr. C says....". Anyway, I says, "Look, I'm bringing this lady to the hospital, and I want a bed!". So I slammed the phone down on her. This is about 11 o'clock at this stage. So I go up to the Station and I collect Gwen. And one of the DCs there said he would take us to the hospital because she's saying she doesn't want to go, and I'm saying, "Oh, come on, Gwen, it'll be better for you - you don't want to go home on your own, we'll get you sorted out....". and I'm doing all this bit and we get her into the Police van and I sit her in the back. We got half way there, and we're chatting away, and she's holding my hand and she says, "I like you, you've got a nice smile". So I said, "Oh good, I'll come with you". We get her to the hospital and we get through the door and she says, "I'm not going in!". So I coax her into the place, I get her up the stairs, to the door of the ward, through the door - there's this long corridor and she says, "No, no, I'm not going - they'll keep me, they'll kill me in here - they've had me in here before and they tried to kill me". So I say to the DC - Clem - "You stay here with her" - but I'm already aware that she's already fallen madly in love with one of the constables - so I've got to be a bit careful of leaving her with him. There's not a soul about, so I hoof off to the other end and I say to the nurses, "Can you help me, I'm bringing this lady in?". And they say, "Oh, it's Gwen! Yes, we'll have Gwen. Of course, she won't stay!". I said, "What do you mean?". They said, "As soon as you walk out of that door she'll go". So I thought, if that happens, she'll breach her condition of bail - all the hospital will do is notify the police - she'll be rearrested and we'll be back at square one - she'll be back in the cells. I didn't quite know what to do. I thought I'd forgotten all my Mental Health sections - but under pressure it all comes back to you! "Right", I said, "Who's the

duty consultant?". They said, "Dr. C". Well, I'd met Dr. C - so I got him to come up and I explained the situation and he said, "Yes, we'll put her on a section - she is sectionable - there's no doubt about it. Section 29!. And I thought, "That's no good - that's only three days - I want more than that. Otherwise we're not going to be able to get the medical reports". So he said, "Right, Section 25, which is the 28 day admission". For which we need a Social Worker's signature, a Psychiatrist's signature and a GP's signature! He said, "I'll get the GP for you" - and he started to laugh - "Now let's see what you can do with Social Services!". So I got on to the local Social Services - she's known to Codsall Social Services. They put me straight through to the Area Officer, who without listening to what I was ringing for, started to go into a long spiel about why they hadn't sent a Social Worker that day. I said, "Look, that isn't what I need - what I need now is a Social Worker to come and sign a Section ". And he said, "We can't do that. You're out of our area - you've crossed the Wolverhampton boundary. You've got her at N C. We could have done it if you'd have kept her in W." I said, "I didn't know she was sectionable then - there was no-one there from your office!". "Well, we can't do it now - you'll have to get one of the Wolverhampton Social Workers."

So I get through to the Social Worker at the Hospital to tell me which area. I know the Hospital Social Workers can't do it because she hadn't been admitted - they can only do it after admission. So I get through and say, "I need a Social Worker to sign this Section...." and she says, "We can't do it...." I said, "I know you can't do it - I need to know which area". She says, "You need C Social Services!". "No I don't!" I said, "They cannot cross the boundary! Please put me on to someone who can tell me which

area I need." So another Social Worker comes on and I have to tell him the whole story - he won't just tell me which area - he keeps asking me questions. So finally he says I want such-and such an area. So I make another call to the Wednesfield office and the duty officer said he'd be with me in a short while - and fortunately he was. In the mean time, the GP had turned up, and she's holding forth at great length about the fact that why should she have to sit around waiting for a Social Worker and why are they never there and why can't GP's sign without having to wait for these Social Workers? So eventually the Social Worker arrives and I tell him the situation and he goes and has two minutes - literally - with this woman and he comes back and they all sign. I was having terrible difficulty explaining conditions of bail - no-one seemed to understand. I had to keep explaining at great length that if she breached her bail, she would be rearrested - if she didn't stay at New Cross, she had breached her bail - I had to explain this so many times. Anyway, this was two o'clock in the afternoon and we'd been there since eleven.

When we left the Hospital I got on to Social Services and spoke to her Social Worker on the Monday - I actually went to visit her in hospital on the Saturday because I felt so sorry for her and took her some sweets. I arranged with the Social Worker that she would visit and I would visit and we'd keep in touch. But the day she came to court, I asked the Social Worker if she would bring her to court and I was under the impression that the Social Worker had said yes. So we went the three weeks and the Hospital asked for an adjournment - they said she wasn't well enough to attend court. We then put it off for another week and I went to see her and I thought she was well enough to attend court. Dr. C asked what I thought and I said the quicker it was out of the way the better - it had got

to be dealt with. That was another problem I had - the Social Worker was firmly convinced that when the magistrates heard the case they would dismiss it! I had tremendous difficulty explaining to the Social Worker that they couldn't dismiss it because she'd already pleaded guilty! So finally we get the court date settled and I'm on court duty all day, so I contact the Social Worker and say, "Gwen's up next Thursday - will you bring her to court?". "Ah, I don't think I can do that" she says, "I'll have to speak to my Area Officer and I'll ring you back." So she rings me back and says, no, she couldn't bring Gwen to court, because (pause) they had a very good relationship with Gwen and she had been told by her Area Officer that she was not to jeopardise that good relationship by being seen as part of the opposition! Then she put the Area Officer on the phone and he said that it was his decision and he saw it as my responsibility to get my client to court. I explained to him that she was not my client at this point - in actual fact there is no responsibility on me to get a client to court at all, to which he said, "I would query that" - so I suggested he query it with my ACPO, if he wasn't satisfied with what a main grade officer was saying - but that as it happened I probably would take her to court - not because it was my statutory duty but because I thought this lady was not going to be able to manage it on her own, and then go through all the court hearing - that I felt she needed this assistance and that if the Social Worker would not do it then I would make the necessary arrangements...

At this point the battery went on the interview! So I'll have to continue from what I can remember. A Probation Order with a condition of Psychiatric treatment was made, specifically naming Dr. C. Gwen stayed in hospital for a little while on a voluntary basis and then

discharged herself. Apparently she's not been attending appointments since then but the officer feels she's actually rather better. She's getting medication from her own GP but although the consultant wants to see her again, she hasn't been, and the officer is not pressing the point because she feels she is a lot better now than she was previously, although she came out of hospital very heavily drugged. As far as Social Services is concerned, apparently there is a child who is in Care, as a result of Gwen's mental illness in the past and has been fostered. Social Services have been quite obstructive in respect of Gwen's access to the child and now the family where the child is being fostered has moved to Sheffield, so it's even more difficult. The Probation Officer made a lot of effort to get access organised and did arrange for the child to be brought down from Sheffield during the summer holidays and that apparently worked very well, although the Social Worker wasn't very happy about it. Another attempt was made during half term, but Social Services refused to allow the child to be brought down. They very grudgingly agreed to take Gwen to the Station to catch a train to Sheffield. However, the Social Worker was late and Gwen missed her train and didn't get to Sheffield until about 4.30 in the afternoon, and the child was taken away again at 5.15 - so that was something of a disaster. It was quite clear that Social Services are making every effort to keep the woman away from her child. They are saying that whether or not the child is given back to her is for the consultant to decide. They have in fact done nothing as far as Gwen is concerned, despite saying they had a good relationship with her, and when the Probation Officer has attempted to involve Gwen in social activities, like going to a Day Centre, she has met with resistance from Social Services. Apparently there are very few facilities in W, but W has said she can't cross the boundary and go to anything that they provide. So the woman is receiving no help at

all although she is quite clearly recognised as being mentally ill and the Probation Officer feels that she is the only person who is doing anything to help her at the moment.

She then went on to tell me about another woman called Ivy who is on Probation - not with a condition of treatment, but has had a lot of treatment in the past. She pleaded not guilty to a charge of shoplifting and defended herself. She maintained that she had had no intention of stealing because she had very recently undergone ECT and drug therapy at hospital. Unfortunately, however, she presented herself in court as being extremely clear and lucid, so that her claim to be confused did not in fact ring true. It was a situation in which she couldn't possibly have won. She was found guilty and because she had pleaded not guilty originally she was given a Probation Order for three years, even though the theft was simply a jar of coffee again, there seemed to be no reason for Probation other than that she was a very lonely woman, needing help, and although she pleaded not guilty, she seems to have accepted the Probation Officer very much on a personal basis - she felt she was a nice person, she liked her and therefore she's found her helpful and she's been prepared to comply with a Probation Order.

Second Interview with BC(F), Probation Officer 2

....The thing that concerns me with the people that we get, particularly women, is that maybe psychiatrists take on what psychologists should be dealing with. This lady appears to have a long pattern of behaviour - she's come up from Plymouth and remarried, her marriage has broken down - she has tantrums. When I was interviewing her, she'll have a screaming tantrum where she'll rush around, tipping drinks over men and throwing things at them - she sees herself very much as a victim of men, but I think men are very much victims of this woman, who behaves in an outrageous manner - a little lady who can be very plausible, butter wouldn't melt in her mouth. She has now committed offences by smashing windows at her mother-in-laws and actually assaulting her mother-in-law. Now when this tantrum behaviour gets her into a situation that she didn't want, she then wants to attach this "illness" label and she rushes off to the doctor who immediately sends her to a psychiatrist. Now her last doctor was saying, "This lady is not psychotic - she's got a learned pattern of behaviour" - men will do what she wants purely because they can't cope with the way - I mean, no bloke wants to go to court and say this little lady has knifed me - so she gets away with it. She's attacked two or three men. But then because her last doctor was saying she wasn't psychotic and I was saying to her, "Look, you cannot go around behaving like this" she refused Probation when she found she couldn't manipulate me, and then she found out she could have a male officer. Now she sees men as being - well, she can manipulate men a lot more. We were refusing to put a male officer in, so she's fallen out with me and won't have anything to do with me because I won't do what she wants me to do, nor will I respond or react to the tantrum. When she's screamed at me or put her fingernails within half an inch of my face, or gone upstairs and said she's going to kill herself, I haven't rushed around in the way in which the men she has done it to have. She

wants women to give her sympathy and support as the victim of these men, but when she comes across a woman who won't do this, she falls out with that woman. She fell out with her solicitor, who was female, who was also trying to be realistic with her. When her doctor wouldn't admit her to N C , she changed her doctor, and she came back to court the second time with a new solicitor and a different doctor, because now she's in trouble, she wants people to say she's ill. I don't think she is ill - we've got a learned pattern of behaviour, by a woman who has had tantrums whenever she wants to get her own way, and this last few times, these tantrums have crossed the line where the law has stepped in. And now she wants people to say she's ill - and the reason is that it's a loophole, particularly for women, to jump on the bandwagon of "Oh, I'm ill". The information I have on this lady from Plymouth is that she was allowed into hospital for a rest - and to take the heat out of the situation. And this is what's happened this time - we've got her in N C Hospital. I am now saying I don't think this woman is psychiatrically ill - I think we should actually be thinking about saying, "It will be prison if you continue with this kind of behaviour" - because that's what we'd say to a man. On the other hand, I can see, where women are concerned that it is sometimes used when it shouldn't be. I mean, in the case of Gwen - she does have a long history of psychotic illness and treatment. Now I don't think she should actually have been taken to court for the offence. I think there's this terrible confusion where women are concerned committing offences as to whether they are psychotically ill or not. Now whether this is confusion in the legal aspects of offending or within psychiatry itself as to what is a psychotic illness and what isn't....It can also depend on the Police response. I know one lady that Gordon and I were dealing with who drank a lot - the doctor said she was just a drunkard - she several times smashed windows at home and created scenes, but because the local

Police would contact me and I would go in, she never actually appeared in court. And yet Gwen, who is a really pathetic lady, put a brick through her own window in a moment of paranoia, depression - she's got a long history of psychiatric treatment - she was immediately arrested and put in the cells. Now I think the Police sometimes get themselves into a position where there's nothing else they can do, because Social Services - or whoever it should be - there's no sort of intermediate way of dealing with people like this. I have found that Social Services, if the Police are involved, will opt out. They actually refused to bring Brenda to court. They said, "We don't want to be seen as the opposition... We don't want to be involved in anything related to the courts because that is seen as being destructive to the relationship we have with the client". Now maybe if the Police could rely on bringing someone in like that....they don't very often want to put women in the cells, because it presents them with all kinds of practical difficulties, apart from anything else....

Interview with CM(F), Probation Officer 3

CM I think that when women go to court, they are more likely to get a probation order, whether or not you recommend it, simply because the magistrates don't know what to do. Jean P was one - we'd had her on probation before and we weren't doing anything. There's reports on file saying we definitely didn't want her - and she gets a probation order. Social Services were involved as well.

AW I'd be interested in who took what responsibility.

CM I'm afraid they didn't take any.

AW Why were they involved?

CM She was a very poor manager, financially and so on, caring for the home and children. She loved the kids but she'd go off and leave her husband and the children and she'd turn up in some women's refuge in Staffordshire or Blackpool. Not alleging that he'd beat her up or anything - she'd just toddle off. Social Services were involved because I think the kids have been in Care in the past, when he hasn't been able to cope. While I was involved, they didn't want to know at all. I had great difficulty getting them to take over when the probation order finished. About 3 months before the end I contacted SS and they didn't want to know. In the end they didn't really take it on - they just said they would give her advice via the duty officer.

AW So they were not that concerned about the children?

CM No, but I think they ought to have been. Last Christmas - she wasn't on probation but she came in Christmas Eve. She'd had quite a lot of money - they'd paid her about a month's money in all. You can imagine - it had all gone. She came in and she hadn't got a turkey

or stuff like that - and she'd spent all that money. That's how bad she is - she must have had £200 if not more. That's what she's like - very low intelligence. I think she has been to prison. The other case I've got where SS are involved is Sandra R. All her children are in Care and I've never got involved in that. I don't know why she was put on probation - I think it was because E recommended it. When I picked it up, all that was being done was that E or the ancillary PO were going up to this woman's address about once a fortnight to pick up her fine and take it to court. She's a young woman - about 35 - no disability, no children to look after, a very intelligent, manipulative lady, quite able to pay her own fine to court. There was no work being done with her. We got a probation order for DHSS fraud and we also got a fine supervision order. Listen to this report:

'Miss R seems to live from one crisis to another, be it financial or emotional. However, her circumstances appear more stable now. Both her children are in Care now, so she is relieved of her responsibilities for them. Should the court feel able, it could dispose of her case today by making her the subject of a fine supervision order, while allowing the current probation order to continue.'

A later assessment says: "She has now less pressure to bear, yet she still cannot manage her financial situation." In my opinion that lady didn't need any help at all. She was very manipulative - I think E was beginning to find that out. The transfer assessment: "Little change. She has occasional lapses in paying her fine, but always manages to justify her action. Her boyfriend lives with her off and on but manages not to get too involved with her finances. Sandra is a manipulative lady who plays off one agency against another. Caution and discretion are needed when dealing with her."

But she wasn't reporting to the office - we were just running up to her every fortnight.

AW So what did you do?

CM I thought right, there's nothing to be done here. Her children are in Care and have been for many years - she's not going to have them back. She needs to have contact with a social worker from time to time but there's nothing for me to do. I decided I wasn't running after her, so I told her she was to report to the office once a month. She didn't like it, but it's worked.

AW So she's calling here, is she?

CM We're having a bit of a struggle at the moment. Now we've got another woman on probation - Mrs. W. She's a dear little thing. Now I visit her at home. She doesn't come in but she phones. She gets very confused and I don't think she would cope - so I visit her about once a month. But again, there's nothing we can do - she's an OAP, a shoplifter. Most of the women I've got are very low key - there's not much there to do.

AW Do you think they could have been dealt with in some other way?

CM Yes. They wouldn't have gone to prison. Most of them are first offenders - and very minor offences. I think the reason I have got so many women is because E (my predecessor) tended to gravitate towards them. She felt sorry for everyone and wanted to help everyone.

This is the letter from SS about Jean P:

"At a recent case allocation meeting, Mrs. D's referral was viewed as difficult. It was felt that recent social work involvement seems to have had very limited impact. Perhaps in this instance we have to acknowledge that both probation and SS further involvement might prove to be very time-consuming and produce very little results.

Obviously we have no intention of denying Mrs. P advice but that will be given in future by the duty social worker."

AW Is she a person that you have ever considered for Community Service?

CM No because I don't think she'd do it. She's not organised enough.

AW So she's always had either probation or been sent to prison?

CM Yes, but the court has bent over backwards with her. When she went to prison, it was only for three months - it was like a holiday. She goes off for holidays to women's refuges - and takes a pile of clothes home.

AW Is she isolated at home?

CM She hasn't got a very good relationship with her husband. He's not a good husband but the house and the kids are better looked after when she's not there. She just doesn't function very well at all - very low intelligence. I think there was a psychiatric report somewhere. I wasn't involved then so I don't know what the diagnosis was. I wouldn't say she was mentally ill - just low intelligence.

AW Do you think anything could be done for her?

CM I think SS have got the resources or ought to have them. She needs a home management course - showing her how to cooke. I've been to Jean's house and seen her with tins of potatoes, and what she'd paid for those would but 10lbs potatoes and a cauliflower or something. But everything was tinned. It's the kind of home where she'd get up and spend £1 on cakes for the kids for breakfast, when she could have bought bread, eggs and so on for the same money. You'd need a lot of time to get that across and show her. Obviously we told her, but with someone like Jean you need to be there, going shopping with

her and showing her how to clean.

AW Or somewhere like S House?

CM No, because you have to be willing to go there. Jean wouldn't agree to that and anyway it would be uprooting her from her own home.

AW So you think there's a need for more....

CM Community based social work help.

Interview with MP(M), Probation Officer 4

AW Are there many women here who are serving sentences of under six months?

MP Yes, I should think half, if not more.

AW What are the numbers here?

MP About 200 plus. We've got a CNA (Certified Normal Accommodation) of 250 and occasionally we go up to 300. So we're building up to that. With the Criminal Justice Act and more emphasis on the young offender - we are a Young Offender Unit as well.

AW What are the numbers there?

MP Well they're very small at the moment - in fact, we think of the people in there as YPs (Young Prisoners).

AW And is that the result of Moor Court closing?

MP No, we've always had that - Moor Court dealt with the longer term sentences - we're moving on to those now and we've got our own Local Review Committee now.

AW What are the short termers in for? Is it the whole range of things?

MP Well, some of them are in for ludicrous things like, we get a lot of non-payment of fines. One of the most stupid things is the non-payment of TV licence fines. The annoying thing about that is that they come here for a fiddling amount of money and it creates a mass of social problems - imagine a woman with three children - the burden on the community, one, for keeping her here and two, for the care of her children far outweighs the fine she's been sent here for.

AW Are these predominantly single-parent families?

MP Well one would have to do a study....but, yes it's a fair proportion....

AW I just wonder why it is so often the woman that bears the burden of the TV licence fine?

MP She's the one who has been foolish enough to pay for the TV set - Foolish in inverted commas! The same is true of fines on juveniles - so you have a juvenile committing an offence and the woman ends up in prison for not paying his fine, which again is devastating. The other things are shoplifting, Social Security fraud, prostitution - all those kind of things, which seem to be essentially crimes of provision - prostitution's not - but the others are.

AW Are your numbers of prostitutes dwindling in anticipation of the Criminal Justice Act?

MP No - they'll come back for non-payment of fines anyway - and let's face it, for some of them it's a bit of a rest anyway!

AW Yes, well, I was going to ask you about the benefits of prison - if any!

MP Well I start from the premise that, *unless you have very violent or dangerous people*, the majority of them should not be in prison and that there should be more community provision. And therefore, if you put someone inside who has a lot of social problems, you can create a dependent situation, with everything being done for them. If they weren't coping on the outside, they won't cope having had everything done for them in here. But, having said that, and given that prison does exist, a place like this, an open prison, is a place where people actually have to think - just to make themselves stay here - to contain themselves here - which is a useful exercise

for the psycho-social muscles, if you like - and I think that's good. The other thing is - if you think that people offend because of distorted or problematical relationships the prison can be used as a community, within which there are constructive relationships - at least, on the whole that is true. Then they can become a participant in a community where constructive relationships are being modelled. So we like to think we encourage girls to develop relationships with discipline staff - we have a House system, which gives them something to identify with - and we also have an assessment of longer term prisoners - those over two months - and do a new Social Enquiry Report and we try to offer a Life Relationship course, education, work, of course - we have a definite sentence pattern, designed with and for each inmate. So, bearing in mind that it isn't a good place to be, we feel it is important to make it as constructive as we can, whilst they are here. So we do - and fortunately, all the staff are geared to that situation. There are other kinds of destructiveness around, of course, because there are lesbian relationships which may or may not be tolerated and may or may not be good....

AW I presume that one of the overriding concerns of the women is what is happening to their children? But is there ever the element of "Well, thank goodness at least I'm away from them for a while?".

MP Well there is, perhaps on a subconscious level, but very rarely ever expressed. More often, women who have not been in touch with their families - a minority - it suddenly concentrates their minds on a network of relationships on the outside with which they can identify - they have an urge to have that relationship again while they are here. So that puts pressure on us. Every woman that comes in we see - we put them in touch with their families and we check on the whereabouts of children as soon as possible - who's got them,

who's responsible and whether there's anything to do about them - and we contact a relative or neighbour or Social Worker - whoever can most quickly reassure the girl and us about the children. There's also a containment thing - the quicker she's settled, the less stress the prison has to face.

AW Do you have many women whose children go into Care for the first time when they are here?

MP Yes - and that's a stress. And, of course, some families start to look after children and then it doesn't work out....

AW Do you think courts are more likely to send a woman to prison if her children are already in Care?

MP I haven't noticed it - I tend to think courts are pretty irrational places anyway - I don't think they work out the criteria....

AW I'm sure they don't, but I wondered what the effects are - on the receiving end.

MP On the receiving end, I'm not in a position to judge what goes on at sentencing, but what I can say is that some people come here that shouldn't.

AW What are relationships like with Social Services?

MP Well you get one or two areas who won't visit, but on the whole, Social Workers respond very well, as do outside Probation Officers - A lot of that is to do with the fact that mother-children relationships are so sensitive inside we tend to get a good response to whatever demands we make and we get a whole lot of visits from Social Workers and Probation Officers with children - and we have those at any time during the week. We encourage that - we try to see that the

pain of relationships is maintained. I think that's very important - otherwise feelings just become deadened - and it's perhaps less easy to resurrect them on release.

AW What about the men in these women's lives - are they more expandable in terms of continuing relationships?

MP Well, having worked here when it was a men's prison, I'd say that men are continually worrying whether their wife is going to bed with anyone else and women - this is a generalisation - feel that if their man is keeping the family together while they are in here that's all they can expect. But a lot of the women here have broken relationships and - not in a valued sense - their relationships are disordered.

AW Do you have many women here that you consider to have psychiatric or medical problems?

MP Yes.

AW What sort of provision do you have here.

MP We now have a local doctor and we have 24 hour cover. The local doctor has also done some psychiatry. We also have a visiting clinical psychologist. I should say that when we do our reception assessment, it then goes on to the doctor, education and the House Officer - so we all have a part and a lot of screening is done at that stage. We do have psychiatric problems, of course, but if they get too extreme, we have to send them away because we have certain security problems in open conditions - but generally we try to consume our own smoke.

AW Do you have any women that you feel should be in hospital rather than here in the first place?

MP Not here, because they would probably be weeded out on the way here - they wouldn't be allocated to Open Prison. So clearly the more extreme people would not arrive here. But I know someone here at the moment that I should have thought the Home Secretary should have sent to Broadmoor - not because of the way she behaves in here but because of the way she behaves outside - and we're going to have to release her. If she gets involved outside in the kind of relationships she's got involved in here - she was up for manslaughter - I can see the same thing happening again. But in terms of the situation - the institution can cope with that. But it's when she gets outside and the structures disappear....

AW You said at the beginning that you felt there was a lack of community provision - do you have anything specific in mind? Are there ways in which women, particularly on short sentences can be kept out of prison?

MP Yes, but it demands a major political decision to find resources - there's a whole range of resources, but they need major social and Parliamentary decisions - I'm speaking as a politician now! But Government cuts don't augur too well. I think one of the major problems is a need to rationalise our whole financial approach to the family. When you consider the cost of keeping people in prison, I think that a simple financial subsidy to the family would reduce many crimes of provision - they tend to be very few middle class offenders in prison - crime seems to be predominantly a working class activity.

AW You'd say that was true of women as well?

MP Yes - I take the view that the middle classes seem to be able to contain their problems because they have the financial means to do

so, whereas families who don't have those means find that their behaviour tends to spill over into the community.

AW One PO I spoke to in the south of the county said that she had a theory about women - that some women go on accumulating a record of petty crime, and that, until they get a prison sentence they don't face up to the reality of what they are doing, but that once they go to prison, they never offend again. Do you think that's true?

MP Certainly - for some women, but not the generality.

AW Do you think that women evade reality more than men and that prison helps them to face up to the consequences of their behaviour?

MP For some women, reality is provision for their families - I have found that women in prison are on the whole more realistic than men - much more basic, in the best sense of the word, and perhaps they suffer more from the fact that they are rooted in relationships.

Interview with AC(F), Probation Officer 5

AW I know you have a lot of women on your caseload. What I'm really interested in is any women who have at any stage been diagnosed as in any way mentally abnormal or who has any kind of psychiatric history, however vague. Also, a general chat about what it is like dealing with women on Probation.

AC I haven't got anybody with any psychiatric history. The only person who might be of interest is Pauline L. She's now on her third Probation Order and I did the SER for shoplifting, and we referred her to a psychiatrist through her GP. None of the others have psychiatric histories - one or two are menopausal, I suspect, one says she is and is having tablets from the doctor. The other I suspect is, but she hasn't come out with it and I don't feel I can just say, "Are you on the change?" unless they volunteer the information.

AW Well, tell me a bit about Pauline. I remember her from the Women's Group years back, but I hadn't realised she'd been in trouble since.

AC This is her third Order. The first Order was for shoplifting, the second was for a DHSS fraud and it's shoplifting now. The DHSS fraud - I think some of it was by mistake and some was by design. She got a part-time job in a fish and chip shop and didn't declare her earnings and somebody shopped her to DHSS, and, of course, they prosecuted. And when we talked about it, she said, "I knew they would stop my money and I was desperate. They always take ages to sort my money out and if I gave them my book back, it would be a couple of weeks before I got it back again and, quite honestly, I didn't bother". But initially she said she didn't think she was over the limit - I guess she knew she was and decided to take a risk and it didn't pay off. After that Order she was on her own for about a year

I think, and then I got this phone call. I had offered her contact and she'd said she would take it up - because she's a good person to work with, very intelligent and you can reason things through with her - it's one of those cases where you can put your theory into practice - it's quite good for me - I get lots of feed-back from her. And she did keep in contact, but only very very occasionally and it was to do with her some stealing money, and when she couldn't cope she would ring me. But there wasn't a lot I could do on that, but she did get her son referred to the Child Guidance Clinic and they decided he was missing his father. She was separated during her first Probation Order and the divorce was finalised after it had finished. A very sad history in the sense of a very inadequate man and a very adequate lady who then decided to become inadequate so that she didn't overshadow her husband. And you could see this happening. She leaned on him and he couldn't cope and they got into all sorts of financial problems. They wanted to buy their own house but couldn't keep up the payments, they got their gas and electricity cut off, homeless and in rented accommodation. They they got into Council accommodation. The he went off on a course training to be a welder. They were very very comfortable except for this one problem - I always suspected in her this feeling of she couldn't be herself. She felt she'd got to put herself down because if she become her true organising and capable self then in lots of areas, especially finance, she'd overshadow him. So they got into debt after debt after debt, and that was the major focus of work at the beginning. Then he got this job and went to work in Scotland and met this other woman, and that was so traumatic. It was very difficult because she didn't want him to work away. He was very undecided when he went but, of course, he got his freedom.... Then he brought this woman home to meet his wife, and she was ringing when he came home on weekends - all this

me a very different story from Pauline, but Pauline told me she told Carol that she would go back to J W, who'd represented her on the previous two occasions and Carol's reaction had been, "Oh are you wise to do that? He prosecutes". And Pauline had then got on edge - she was very on edge at that time, you couldn't reason with her. All she could think about was if it got into the papers and if her mother got to know - her mother still doesn't know. And that overshadowed everything. So I do think that she perhaps misunderstood some of the things. I took issue with Carol over that because I thought she obviously doesn't know what she's on about if she's saying that sort of thing. I did it very diplomatically - fortunately - because she said, "Oh no, I didn't say that at all. I just said, 'If you don't want to go to J W, we've got a solicitor who does act for us and who has managed so far to deal successfully with cases'", who was a solicitor in T - but not anyone with any special qualities. Pauline was seeking very strongly reassurance that it wouldn't go into the paper and reckoned she'd got it from Carol, and I was saying, "No - she can't give you that reassurance, nobody can". So I took that up with Carol, along the lines of, "If you've got some sway with the local paper, let's be knowing about it 'cos I'd like in on it too'. Why are you giving this reassurance?" And she said, "Oh no, I haven't done that. What I have done is quoted quite a few examples where we've accompanied people to court and it hasn't appeared in the paper". Which I felt was possibly what Pauline wanted to hear, but she then took it a bit further. Pauline got into the dilemma of, "Well, if Carol can do that for me, perhaps I ought to have the solicitor she says. If I have J W she might wash her hands of me and not want to know" - and that wasn't what Carol was saying at all. It was a good lesson for me, in fact, in how people can misconstrue what you say. I think

sort of thing she had to cope with. He really did show how inadequate he was, because he couldn't make the break but he couldn't decide to stay with his wife. In the end he said he would pay half the bills - and he left, but he didn't pay half the bills. So there was that, and the children, of course, were all embroiled in this. She used to make phone calls and cry, begging him to come back and he would say he would but not intend to - he led her up the garden path. They did separate, but I think there's something about the children....Paul, he's the eldest, he's 11 and he did miss his father. I know it sounds like a psychiatrist's answer to everything - "If access isn't regular...." but Pauline does think there's something in it - he is attention-seeking. It did seem to come through that if he stole money then he did get attention - she rang the Police once and they came round, and then she rang the NSPCC and they came. She said he almost enjoyed going to see Dr. H because all the focus was on him. But he hasn't stolen that she's aware of for quite some time.

And then she gets herself in a mess. And how I came to learn about it was the Samaritans rang me. She'd shoplifted, been arrested and taken to the Police Station, went home in an absolutely distraught state, rang the Samaritans, told them all about me but couldn't ring me. So they rang me and asked me if I would contact her. So she got that help. Then she was put in touch with the P Trust from the Samaritans.

AW What was her experience of P Trust?

AC Quite positive. I wasn't so sure. I think, looking back, Pauline was very upset and wasn't listening properly, and there were things that were being said to her - very minor things - but I decided to take issues with them. For example, and I'm very aware that Carol (C) told

between the two, being fair, there was a lot of misunderstanding on Pauline's side and Carol wasn't quite aware....and Pauline was desperately wanting someone to say, "Your mother will never find out and it won't be in the paper". Anyway, it wasn't in the paper! And Carol did go to court with her and Pauline got dealt with very leniently because she got a two year Order and John W hardly had to mitigate at all, because he'd put in my SER, which pretty well covered everything. He said to the Magistrates, "If you are prepared to do what the SER suggests I don't propose to address you further. If you don't agree with it, then I'll talk to you further about alternatives". They read the SER and said, "Probation Order - how long do you want?" So I asked for two years, not because I think she needed two years, but because I thought it might be more acceptable to the Magistrates because she'd had two twelve month Orders. But in the course of the enquiries, in the very first home contact I had with her - before we'd even received the official notification - she was very concerned - she was frightened that she had these double standards which she really didn't understand, and how could she be sure that she wasn't going to shoplift again? And she felt it was all down to understanding herself, because she was saying things like, "If you left your purse with me in a room, I would never touch it. I could handle money - I've worked in a chip shop and I would not put my hands in the till. So why do I go into shops and steal"? And I said, "The only thing I can think of is that you are referred to a psychiatrist - would you agree to that"? And she said, "Oh yes". So I said, "How about talking to your GP and see what he thinks, and if we can get you to a psychiatrist before the court hearing that'll be fine, but if we can't, no matter. If we get a Probation Order, I can support you through that and offer that as part of the treatment to the court". And she didn't get the appointment before the court hearing but I

wasn't too bothered, because it gave me ammunition to say, "This is where she's got to". But she did go to her GP and she did get referred to Dr. C, she did attend his appointment after the court hearing, which I was really pleased about, because often they go through all this and once the trauma's over, it falls by the wayside. Anyway, she went to Dr. C - I talked to her a lot about what she might get from it, because I thought, "The only thing this woman can possibly benefit from is group therapy" - 'cos tablets are not going to help. So I prepared her for that and then sat back. And she went to Dr. C and this is exactly what he offered her. So then the motivation had got to come from her because she's got problems with school children and then getting herself to attend this group. So we had a long talk about that and she really was keen. It was a joy to work with her at that time, because she was saying, "This is what you offered, this is what we talked through, now I feel I've got to do my part". So we got her a volunteer to collect her from the hospital - I thought half and half - so she goes to hospital on her own - Central Outpatients - she gets herself there every Thursday and we collect her to get her home in time for the children to get their tea. And she's been to most sessions. I've got a super volunteer, who's a lovely person and very down-to-earth and does a bit of work with Pauline, chatting about the groups. And it took her quite a few sessions for her to share with the group why she was going, but she did. She feels it's a big benefit to her. What I've done is taken the line that, "If you go to the groups, I'm not going to pester you to see me so regularly - really monthly contact will do", or I'm quite prepared to talk to her on the phone sometimes. What I'm frightened of is that if I expect her to see me regularly - perhaps fortnightly - and a weekly commitment to the group, one of us is going to be given a miss, and I guess it would be the group. So I thought

that my part in this is to encourage her and make it possible for her to go to the group and I'm there if she wants me. She's on the phone at home, so she can ring me and she does. I went to collect her a couple of weeks ago - the volunteer couldn't go - and I was quite pleased because we had a really good chat and I found that my knowledge of groups in training came in, and I could sort out for her about groups - how you feel threatened in a group and understanding some of the reactions of other people in the group. And she didn't want to get out of the car because she found it quite stimulating. I felt good after that interview because I was again putting theory into practice. Out of it came that after the group finishes most of them go into the Concourse part and have a coffee and sort of have their own group away from Dr. C and she was not being able to participate because I was picking her up at 3.30. So I've now arranged for the volunteer to pick her up at 3.45, so she can go into that. That was useful because I don't think she could have felt that she could have asked to be picked up later - she's so grateful that we pick her up at all. So I'm quite pleased with the way that's going. She still hasn't got the answers as to why she shoplifts but she feels she's getting a bigger understanding of herself. One of the things I've said to her in the past is that she tends to panic and want instant reactions. Paul steals on a Saturday - she can't ring me and she's got to have somebody now, so she rings the NSPCC. He goes haring out there, finds out I'm involved and rings me on the Monday, but what she wants is an instant response. We've also had conversations where she rings me and if I'm not available she's very hurt and upset - very angry because I should be there. And I've been able to talk this through with her. I've told her she's like a baby - wants a feed, cries and demands it now - and that's not reality. And she's said that she's thought about that and that is part of her

personality - and there's been a couple of things where she hasn't responded like that because she's thought about what I'd said - and she was pleased to be able to say that....

AW Do you know anything about the other people in this group? Are they the more middle-class articulate type?

AC I don't know. It isn't all shoplifters and I don't think it's any particular class - I get the impression, purely an impression, that it is more working class. Pauline often says that certain people seem a bit "posh", but she hasn't said that about the group, though I suspect there's something in the group that says, "You mustn't talk about the group outside" - I haven't asked her direct, but one or two questions she's side-stepped, which makes me think....it often is like that in groups.

AW Could you give me a quick run-down on the other women you have listed there?

AC Margaret's a joint theft and breach of conditional discharge - with a fellow she was co-habiting with at the time. He elected trial, which took it to Crown Court. It was an iron that they stole, but she'd got lots of problems with her relationship with this fellow. She's since left him - she's got his baby. He's quite well known and has recently come out of prison. He's quite a disturbed character. Since I've known her, there's been a bit of a scare because he was going to try and get access to their baby and we really felt it was just because his current girlfriend had given him up and he was at a loose end. She's trundling through a three year Order, which at some point I shall discharge. She's living with her mother, with this baby - not an ideal background, quite a disturbed background - her parents are

divorced and there's a very disabled child living with them in the flat - it's quite overcrowded. But Margaret herself is a nice lass, who doesn't herself see the point of Probation at this time. It was probably valid at the time she was put on Probation, but all her problems seem sorted out and I think she will be all right. So I see her about every three weeks....

Beryl B - you might know her?

AW Was she the lady who used to procure abortions and I did a report once and got a Suspended Sentence after much struggling?

AC Yes. It's theft and deception this time. She found a bank book and used it to cash cheques. I inherited her from a student who did the report and most of the work. She's a lovely lady, with an awful background....She's got six children, by two different African gentlemen, who she's never married. Quite a lot of problems, but none which she ever brings. The presenting problem at the time of the offence was financial and it has remained so ever since. The student did such a lot of work with her and she responded so well - again a nice person to work with because you could identify with her problems - she was just over-committed, her budgeting had gone haywire and she committed the offence to get out of a mess but it put her in a bigger one, although she got no order for costs because the magistrates realised what a mess she was in. The student budgeted with Beryl very closely for six months before I got her and really they'd got it under control by then. But really there's a lot of unhappiness in Beryl and I don't think that even by the time the order ends she'll tell me about it. She loves me to visit - no problem in building up a relationship. Unfortunately, she has her daughters visiting her on a Tuesday, which is the day I visit. She did say she would change their visiting day, but never has and I don't know how much it is a

protection. But such a close family - there's just one son who keeps offending and that's a source of worry to her. But she does use the opportunity to chat and talk, and she's made ever such a lot of progress with her money and budgeting - and opened herself a bank account. And she kept showing me the entries. Then she had a holiday and had to draw some out and she was so ashamed to show me - and I had to work on that and say, "That's life - that happens to everybody when they go on holiday". I do feel sorry for her because this Fitzroy doesn't live with her but I suspect he spends more time with her than she tells me, and he knocks her about and they've ended up Christmas time on the streets. She refers to it as if I know about it, and I say, "I don't know about this you know" and she says, "I'll tell you about it some time" but always another time, not today. But basically the Order was made for financial problems and those have been resolved, and I can't see her reoffending. I think the trauma of the court was enough for Beryl. She does see herself as the black sheep of the family - her sisters are all competent and she feels she's the only one who's made a mess of her life - she does feel inferior. But I think her daughters take advantage of her. They seem to visit a lot and expect all their meals - and she can't really afford it - and the grandchildren run riot. She's always apologising to me for the state of the house - I mean, I think it's lovely that the children feel so at home, but it worries her that the place is not neat and tidy when I call.

Barbara - 19 - separated, but can't start divorce proceedings because she hasn't been married long enough. She's got a son. Her offence was shoplifting after she'd been to a football match and got stoned out of her mind. And that about sums her up. Rather an unknown quantity. Lives in a flat on her own and is the subject of much neighbourhood gossip and accusations about having men up there. I

suspect there's some truth in it, but of course she denies it. So I can never work with her on that one. All I can do with Barbara is talk to her about not committing any more offences. She has boyfriend after boyfriend and they move in and they move out - perhaps I'm exaggerating, but that's how it feels. She's pretty good about keeping her appointments but keeps it at a superficial level, yet if I've got some prior knowledge and I direct questions and probe, she doesn't evade. But she's always getting funny phone calls in the early hours of the morning from men, asking if they can come up, and she really doesn't know why she gets these calls! She did go ex-directory once, at my suggestion, but still got these calls! At the time of her offence her family was convinced she was dying of cancer. Her mother told me confidentially, and I thought, "This can't be right". She was getting a lot of stomach pain. It turned out to be an ovarian cyst which had burst. I mean, she was ill, but her mother had built the whole thing up to take the focus off what she had done. But I'm not going to change any of Barbara's habits, despite little pep talks now and then'

Ethel - 55 - she's on Probation for theft of a chicken value £2.01.

Ethel is a woman with three sons whose husband left her for a younger woman, and that's Ethel's problem. She's a sad little

lady who just had all the spirit knocked out of her. I suspect that she's menopausal but I've never got to that. What I've done with

Ethel is to use Jean (the ancillary worker) because I felt she needed a lot of support, far more than ever I could give her. She has weekly visits - I spelled out to her when I did the SER, and I introduced her to Jean, and Jean feeds back to me. So Ethel knows the set-up. Everything is a big problem with Ethel but with lots of support she's slowly learning to cope with things without her husband.

I was very anxious that we didn't make her dependent. But Jean visits

weekly and makes it clear that Ethel does things and Jean helps - and slowly she is becoming more self-sufficient. But she's a very upright woman - she thinks it's terrible that her husband should be allowed... And that's why did the chicken, because she'd watched this programme on the television and got herself into a state about "Why should men be able to do this?" And she had to sit there and not be able to defend herself about what he'd done to her and she put her coat on and went out and thought, "Why should I pay for this chicken?" and went through the barrier with it and got nicked!

June - she's a tragic little lady - I've seen her through her divorce as well. She's got a damaged background, although she's 49 - a really hard life as a girl. She was put in an orphanage because her father died or departed. She's got three children, they're doing very well - one boy's done his Ph.D. - she's very proud of that. But the youngest boy is truanting now and she's worried about that. Education and manners and a good background are very important to June, and you can see why, listening to her own background. Her husband didn't share those values, so there was a lot of friction. She got a Probation Order in November 1980 and at that time she was saying, "I'm going to have to leave" or "I can't carry on - all I am is a dish-rack and a door-mat". And she has left - well, he's left her with the house, because she's got custody of the boy. So she's needed quite a bit of support through that. Her offence was putting her fingers in the till at the X Hotel. She doesn't really know why she did it except that it did help the house keeping along. She's always worked - barmaid type work, always evening work. I think what happened was that everybody was doing it and she followed suit but she got caught. But she's had a lot to cope with because her reputation's gone around. She's discovered that landlords know each other and customers know each other and she's had so many jobs where she's been called into

the office and they've told her, "Don't come back" but never any reason. But she knows the reason because she's always, the day before, seen an old customer from the X. But she's now working for the Museum part-time. But she lives on a knife-edge because she's always waiting for the summons to be told "Don't come back". She's now got a grown-up family - a boy who's married, a daughter who's twenty and this 15 year old - and she's going through the unhappiness of the children not supporting her. They don't do the jobs in the house, they don't help as much as she feels they should and she feels she's providing a home, and why should she? This is a middle-class family - own house, bought by mortgage. Husband's maintenance is quite good in that it allows her not to draw Supplementary Benefit and she can make her earnings up, but it's harder work - she needs as many nights as she can get. But the problems are so longstanding that my sitting and talking to her isn't going to make much difference. I say things like, "Why don't you get them all together and have a chat"? but she's never done it before and they're not going to respond. So the purpose of the Order is really keeping her together, in the sense that she's so disenchanted with life in general - she's no time to go out. She likes to go out dancing and will go on her own - I was quite surprised - if she's got the time or money, but she hasn't got either - or the energy. I don't know what to do with her really except sit and listen to her moan - at least it gives her another adult to share her problems with.

Susan - this is another one I inherited and, quite honestly it's a waste of time. A very damaged background, she's into her second marriage but third period of cohabiting. She married someone by the name of D, left him and cohabited with someone called H and is now married to M. She's got two children by D, one H and one by M.

AW I know her - she was Susan D then. At least, she was 16, unmarried and pregnant by D. It was a question of whether she went into Care or came on Probation and she came on Probation and had the baby while she was on Probation. (Her offence then was theft.)

AC She's on a Probation Order now because the last time she came to court, she hadn't kept any appointments but it was very difficult because her Officer had left and we hadn't got a replacement, so we had cases we kept "on ice". I tell you, I'll never do it again! Because what happened was that the replacement didn't come and it went on and on and I'd got these cases that I had to start picking up again - and I didn't do it very well. But Susan reoffended and a Probation Order was made on the grounds that she had seemed to respond to the very first one so we were given another chance to see what we could do - and the answer was "not a lot". This is another case where I've involved Jean and the focus is really on the fines. I saw Susan and made a contract with her that we would call weekly for her money and the contact would be channelled to me if necessary. Jean religiously calls every week - they know what time she's coming - and they go out! The children - one's in Care, one's with father from the first marriage. The one from H she's got and the one by M, but they are on the "At Risk" register so there's lots of involvement by Social Services. So to be honest, this is one where I ride on their back because there's no point - I can't work with her - she says one thing and means another. Jean calls every week and we've focussed on the money - very unsuccessfully - because she's been back to court so many times. Jean went down and said, "This Fine Supervision Order is not working - all we can do is to call - we can't make her give us the money, and we see no point in it continuing". At the moment there's a warrant without bail and the magistrates who issued the warrant intend to put her on a Suspended Committal - and I think that's the only thing to do

if they want to get the money, because they won't get it otherwise. She hops from problem to problem financially and in her relationship with M. She left him a while ago and he came in and reported she was missing and nobody knew where she was. She doesn't respond. At one stage they agreed to come in for some joint counselling, and Jean was quite excited, but they never came. She's also been playing games with the Social Worker, who also offered to call to give them counselling - so they didn't tell the Social Worker that I'd offered them the same thing - and they were out when she called as well. So it's hopeless. But it's a Probation Order because - what else do you ask for apart from a hole in the head?....She's very much overshadowed by M. Jean's found that if she can get Susan on her own she'll get a lot more information than she will if he's there but having got that information, it can't be used, because the next time if it's fed back, there'll be a blank - it's shut off.

Karen - joint burglary and joint actual bodily harm. Karen is a lesbian who cohabits - or did until last week - with a girl of 21 - quite a big difference in their age. The work there has been coping with the trauma of breakdown of relationships, because they are like a married couple but more so - more sensitive. Everything goes to a greater scale. They're the only lesbians I've worked with but they're so jealous, so possessive, so suspicious and so insecure with each other. Everything has a sex base, I find. The joint burglary was that Karen and D (the girlfriend) were lodging with an old bloke who Karen calls Dad - he's a friend from years ago and they were short of money. What they did was force the lock on a neighbouring flat and go in and get the food and the joint bodily harm was because she bopped the man she was living with whilst under the influence of alcohol. The adjourning magistrate made a condition of bail while the SER was being prepared that they didn't have anything to do with

each other - it was quite obvious how she felt! She was going to separate these two at any price! That came across loud and clear. I don't know whether they saw each other but they certainly phoned and when the court hearing was through they were back together again. But they're always falling out and making up. The problem we're in the middle of now is that D is under a lot of pressure from her mother - she comes from a broken home - to go "normal" in inverted commas. In fact, in the last few weeks she's left Karen to go "normal" and is back with her mother. Karen is just like a love-lorn fellow. She can't pull herself together and when she does she's doing things like phoning D in the early hours of the morning, and D is phoning her, and it's just a big mess. D is on Probation to Alison W. I was asked about the possibility of taking them both but I said no, because I felt the relationship wasn't going to last and that they would both need somebody when it fell apart. I don't think I put the death wish on it! I just had this feeling that it wouldn't work and it seemed important, from their point of view that they had someone different. Karen is the more open of the two, but D is probably more intelligent - she will not disclose things so easily and will not seek out help in times of trouble. Karen does, but I think she plays lip-service to it. She likes to have someone to turn to and talk to, but she pleases herself - I don't think I'm a tremendous influence. But they've got themselves in all sorts of hassle now, because they both put themselves on the Council list. I said they should apply separately, but the Social Worker said they would get a tenancy quicker if they applied jointly. So they did that, which if they'd asked me I'd have said no, stick it out and you'll both get your own places. Anyway, D got the tenancy, and they both moved in and applied to have it in joint names, and I gather that's been done. So now they've got the flat in joint names, D living with her mother, Karen there, but D drawing the

tenant's allowance. So there's possible problems there. If D doesn't get sorted out, she's going to be had for false claims, because she'll be getting overpaid and Karen will be underpaid. Alison seems to think that D has made her mind up and won't go back - that she's sorted out her sexuality and has decided she's not lesbian. But Karen accepts that she is.

Interview with ID(F), Probation Officer 6

ID I didn't ask for her to be put on probation because she's already involved in Social Services.

AW That's something I'm intrigued in.

ID Her husband is actually in prison at the moment and he is being dealt with by a colleague of mine because there is a possibility of them being separated. It's one of those situations which is on and off, but this is the third marriage, so you can understand - if you'd like to read that, that is her report, that was written in July so it's only recent.

AW She's a thirty year old woman. You've known her since she was 16. During her second probation order she had a condition of psychiatric treatment.

ID She'd made 2 suicide attempts before.

AW I see. Can you remember what kind of treatment she had at that time and whether it was of any help?

ID Mainly anxiety treatment. That's all she's ever had while she's been in hospital I think.

AW She's got 5 children.

ID Four with her and 1 is with his grandmother.

AW Yes. The supervision order went to Social Services Department.

ID The 4 children. I've the supervision on the eldest boy and I've known him since he was a baby. He is perfectly alright, they just keep him on supervision because his mother is so up and down all the time. They're afraid that the mother will do something to take him away.

AW So she met her first husband in the Special Treatment Unit?

ID Yes.

AW She's never been so bad that the children have had to go into care or be removed?

ID Not really, no. But we've always had our doubts about it and we had a conference recently about it. Only as her husband was in prison and we were imagining all sorts of things and of course we had to look into it. Some of them could probably be substantiated but they're n t sufficiently bad to warrant serious action but at the same time they had to be looked into. I think more than anything those kids will suffer more mentally than physically.

AW Yes. I see, Dr. G recommended a condition of treatment but you weren't too happy about that.

ID She'd been having treatment, I wasn't too happy about telling her mainly because, well so many people were involved and she's the type of woman that manipulates. One minute she's all lovey dovey and the next minute she's up in arms slating everybody, she doesn't like the social worker she doesn't like you, and this is how it goes. At the moment she's very cooperative. With the possibility of losing the children she's beginning to realise she's got to do something about it but you see, when she's got any great pressures she will start doing this.

AW Yes and her offences are deception, cashing a giro?

ID Actually it was a giro coming through for her husband and she was just cashing them, which she normally used to do anyway, but at the time he'd left and she continued to cash them. Her excuse is - and her husband's excuse - is whatever they've done is for the children.

She can always rationalise what she's doing. So what concerned us as far as the children were concerned is the fact she's so unstable because she can pack up and leave and bring another man into the house. There's different men all the time which have been involved and none of them are able to give her support anyway. Martin had got his own problems in the hospital.

AW And he's now imprisoned anyway.

ID At the moment he's saying that he doesn't want to return because he just couldn't make a go of it so she's saying that she doesn't want him back anyway. She's made a break and that's it, we'll finish. She doesn't want the children to see him and in the next breath she's saying the children can go if they want to go. As a matter of fact, he was a better parent than she was. One minute she's all round them and then the next she'll shout and rave at them.

AW What sort of future - is there any hope for her?

ID I can't see much unless she starts to grow up, which is basically what should happen to her. I mean she's got to grow up sometime but when? G doesn't know.

AW And has she been diagnosed as a personality disorder? How does she get on in the personality disorder unit?

ID She doesn't go there now. She just goes and sees the doctor and quite honestly I don't think they do much at the hospital anyway. She just goes along when it suits her. Dr. G at the moment is going to come and see her on the 17th and is going to see the children. We requested this when we had the case conference and he didn't turn up and wouldn't send a report saying he's got to see her and the children before he'll do any report. So it's actually getting a foot

through the door to see her and the children. So he's going to see her on the 17th and he'll probably see the children at the same time and give his decision about her. The social worker and I went with Eileen last time to see him. We had a talk with him to begin with, explaining why we were calling a case conference because of all the various complaints. But, he doesn't want to give us any information. We gave him information but he didn't give us any, so we've got to wait and see him in court.

AW Yes, and what was the general feeling of the case conference?

ID The general feeling was that really they felt we hadn't got strong enough grounds to take any positive action. The children, when you see them, they're perfectly alright. Two of them are away in boarding school, anyway, at special schools and there are 2 at home and there's a possibility that the youngest one might go to a special school then the eldest will go to her. He's doing quite well at school at least she's got something to build on. Eileen herself is almost illiterate. She can read a little and she can write a little but she still has problems with this and she has been to college to learn.

AW She is very low in intelligence is she?

ID Oh yes, she had a sad history as a child. She had a very bad scald. She's got scars on her legs that had something to do with it, but her family background was not good. Well her parents weren't married and they didn't get married until all this business about Robert came up. They were going to adopt Robert, they talked about adopting Robert but when it came to court I didn't know then that they were not married. They were going to get married. Whether they got married I don't know, they seemed to have dropped all this adoption

anyway. Eileen's a funny girl because, although she's been married 3 times, she never seems to lose contact with her husbands. Her first husband she is always bringing into court for maintenance so she sees him then and last time he came with his wife so I think he came prepared. Her next husband Eric, he's sort of around but doesn't want to know as far as the kids are concerned but he's around. There are also all these other boyfriends in between. She always seems to maintain contact with them. So she's got a reputation. There are certain rumours going around all the time, she denies it all but she is involved with them. It comes out later on that it is true that somebody or other will say, 'Oh yes I stayed the night or I was there or something.' She's that sort of a girl.

AW The sort that you're going to have with you always?

ID I think so. I can't see that there's going to be much progress with her - we keep battling away with her. At the moment, like I say, she's quite cooperative and when she comes in I have a go at her. 'I am at least listening', she says. That's progress - with her listening. But as I say she's under stress over the children. She loves her children, she doesn't want them to go away, I think basically she does, but she's got needs of her own which are far away from the needs of the children really.

AW She's not been to prison?

ID She's not really a criminal when it comes to the point - not to that extent.

AW These probation orders really represent the extent of her criminal activities.

ID Yes. Breaking into a meter with the first husband because they were

starving, or something. The first husband was absolutely useless, anyway, and this last one, as I say, she kept on drawing the money, you know, that sort of thing; another thing is that she stopped Martin. This is a thing she does if she gets angry. She'll take revenge somehow. She shopped her last husband and her present husband and said he's stolen various things, well you know, Martin's been nicking right, left and centre for quite some time and has been warned about it but of course he's been caught and then this last time she told on him, just to get back at him and now of course he's holding it against her because he's saying that if it wasn't for her then he wouldn't be there. She would have accepted that he was stealing things for the house and the children if he hadn't upset her or something. She would condone that but it suited her to take revenge on him. This is the sort of girl she is. One minute she's alright with you and then the next minute if there's something she doesn't like, she'll turn on you, which is what she does with us.

AW How did you come to decide that Social Services would have the younger children and you the older one?

ID Well I wasn't involved then, and it happened I think when she was over at Redtown. She was there for a while, a couple of years or more when she became involved with another man over there. She went through a second divorce and presumably Social Services did a report. I'm not quite sure but obviously the children were much smaller then so the Social Services became involved.

AW They're never queried their own involvement, they haven't tried to say to you that you should be doing the whole lot.

ID No because the children are on the 'At Risk' register anyway.

AW I see, so the balance of involvement has been quite good?

ID Yes.

AW What's their attitude been to her, to Eileen?

ID I think they're frustrated like we are. I mean let's face it, you don't know with Eileen from one day to the next what's going to happen. I mean this business with Martin. He was all for getting a divorce and he's now going to apply for custody of the children although he's not their father, their real father. He's going to apply for custody of the children because he says Eileen is a bad mother. She can't cope with all this sort of thing and he's taking divorce action on those grounds. Well of course that got her hair up and she blew her top about that and then the children wanted to see him. This is Eileen's excuse that the children wanted to see him, s then she started visiting him and taking the children with her, s then she thought there might be a reconciliation so she talked him into a reconciliation and he comes down in February. This is fair enough and she's been visiting him again but things have gone the other way and at the moment he's saying he doesn't want to know, he doesn't want to come back because he doesn't think it's going to work. At the moment he's complaining in his last letter she's putting him away, she didn't care about him, she didn't worry about him and she didn't send him any money, she didn't come to see him when she got a visiting order. We've had to put our foot down and say that we'll only allow a visiting order organised by us once a month, so then if she goes another time she's got to go herself and she can apply for one from Social Security anyway. I must admit they have been a bit slack in this and we've had problems over this but Martin thinks she can get the money and go and see him, get the money and send him,

and this sort of thing. He's another one you see that's very immature - although when he's home he does have more idea about things but he still says that Eileen's always onto him so that he gets himself into debt. He got himself into almost £1000 worth of debt. God knows what's happened to him. Eileen reckons its all been sorted out. So he's very immature himself, he can't cope. I don't think anyone could cope with a person like Eileen. I mean she's lived a 'full life'.

AW It sounds like it. Five children by the time your 30.

ID It's fortunate she's not going to have any more which is a good thing - she's been sterilised.

Interview with MW(F), Probation Officer 7

AW Ultimately what I'm really interested in is any female offenders you have who have some kind of psychiatric history. I know you've got one but apart from that I'm also just generally interested in women offenders, the sort of problems you have with them, if any, that might be different from men offenders. Any facilities which you feel are lacking or any ways in which you feel that the women you have got on probation could have been dealt with or should have been dealt with in some other way, which really is a carte blanche for you to say anything that you feel about women offenders. I'm particularly interested in probation orders with conditions of psychiatric treatment and I think you have got one haven't you?

MW Yes

AW What I'm interested in....

MW We've got two actually.

AW Y u've got two! Excellent. I'm interested in how they get to have those orders, whose recommendation, what sort of arguments did they use to get those sort of orders and then what actually happens to them, how often do they see psychiatrists, what effect that has - whether it's worthwhile or a waste of time and if they ever get in trouble again, what sort of happens to them then? So if you've actually got two then if you don't mind talking about those, they would very usefully fill up the time.

MW Yes, but do you want current cases, you don't want past cases?

AW I'm quite happy with past cases if you've got the information.

MW Well the only thing is perhaps to relate past cases where I felt psychiatric treatment had been beneficial. That would be three cases.

AW That would be splendid.

MW One is Jean W.

AW That was the one I thought.

MW This is a very difficult case, very difficult indeed. The other is Gillian C who is actually in the S.T.U. at the moment and is undergoing treatment from Dr. G. The other one is one that I've finished now. The probation order is completed but she underwent some psychiatric treatment after about two months of the probation order commencing she started actually having psychiatric treatment.

AW Wasn't a condition

MW So that came about even though it wasn't a condition on my advice, that she actually sought some medical advice. She was in fact still undergoing treatment when the order finished.

AW I see, so that was a positive one where you....

MW That was really positive when I thought the psychiatric treatment would really help this girl and seems to have done so now. She still attends and visits the centre now. But they are quite different in how they can about.

AW Well, carry on telling me about that one first, the one which was really positive.

MW She seemed like a girl who had done a lot of failure in her life, failed marriage, had been a shabby start. The probation order was made, which was a straightforward 12 month probation order for shoplifting. She was someone who had no confidence in herself at all. The parents still see her as this shining star but she didn't feel she was and of course when all these things happened to her like

the car accident, like the failed marriage - this confirmed everything she thought about herself, not about what her parents thought. So as she became a compulsive eater so from being a very attractive slim, trim, blonde who managed to hide the scars quite nicely, she became obese and she was eating so much she was crawling into bed in agony at night with another plate full of sandwiches. That's how bad it was. She went into St. X and she had treatment from Dr. G and Dr. C Rehabilitation Unit and she now attends the Richmond Lodge group therapy sessions. So that all went quite well. She seemed to gain a lot from the treatment she got.

AW So how did you go about that? You saw her GP did you?

MW I persuaded her to see her GP. She said she couldn't tell him the things she needed to tell him, with the reassurance that I would talk to him first so that he would ask the questions she needed answering. And that's what happened. She saw her GP on Saturday but was in fact taken ill over the weekend and was admitted on an emergency through her GP being called in again and called in a psychiatrist.

AW She was epileptic you said following the car accident.

MW Yes, she had the car accident and within a short period this epilepsy manifested itself.

AW And the compulsive eating.

MW The compulsive eating actually started after the probation order. It has happened before but in fact it seems like she just let herself go and I suppose when she started looking at herself carefully, she found that she needed a lot of comfort and that's when the compulsive eating came in. A very unhappy background but

she looks marvelous now.

AW So she went into St. X, she was there for about how long?

MW On and off for about several months from about January til August.

AW So she did have a long stay then really?

MW It wasn't quite that long because from St. X she started going to the daily to Richmond Lodge and then the probation order finished in July.

AW What is Richmond Lodge? Is that the Day Centre?

MW That's the Day Centre that has Dr. H, there's group therapy there all the time and creative writing. They talk about mothers and fathers and relationships.

AW That's just a day thing.

MW It's daily attendance, five days a week.

AW And is that for people who have been in the hospital?

MW No, not necessarily. A psychiatrist can refer a stranger, in fact Gillian C, it was suggested that she go there straight away but she didn't want to, she wasn't prepared to stay in a hostel.

AW And it has actually been good and she's....

MW I don't know, she's reasonably new probation order - we're on to Gillian C.

AW Yes that's fine. So your last one was really very good, very helpful.

MW Very positive, and assuming that she would contact at the end of the week if she needed anyone to talk to. I felt that she'd got

enough help available. In fact I met someone in Hanley last week who said she's still attending.

AW And was she a single girl living at home with her parents?

MW She was separated - not divorced - but separated, but couldn't really, I think, come to terms with the fact that the marriage was over. The husband supported her quite a lot actually. It's surprising how much confidence she has in him and his family. In fact I think she finds his family warmer than her own. She's adopted. So there was a lot there.

AW Just out of a simple shoplifting case.

MW No, that's right - that was just a symptom of a lot of other things that were wrong. I would say really it would have been better to have been given a 2 year probation order although I like 12 months probation orders, because generally that enough. But in this case, there was an impetus in the last six months.

AW And that wasn't the case where Social Services had been involved.

MW No, no.

AW No, that was a straight probation case.

MW Yes. The other case (Gillian C) was Social Services in a sense became a Probation dumping ground, for someone who's got psychological problems anyway. She's borderline intelligence I would think and been in care for several years. Her father got her out of care, very suspect relationship with her father, a promiscuous girl. Has been married, I think she's divorced - not sure, she's certainly not with her husband. Baby died about 18 months ago. She doesn't show much feeling about that, very manipulative girl

but I don't really know at what level she feels things but, I didn't prepare the Social Enquiry Report - it was Mr. D and we quite frankly thought that the Court would want to make a probation order. We didn't know what else to suggest, even though we didn't think probation had much to offer. Really she should be Social Services.

AW She's been out of care for some while now.

MW That's right. She'd had a lot of contact with Social Services because of the problems of promiscuity. Marriage failure, baby dying so there had been a lot of contact with the Social Services although they said they really couldn't do very much for them. She'd been sterilised but she cries regularly every now and again so it has to be female officer supervising.

AW What was her offence?

MW She stole a ring from an antiques shop and then went along to the police station to give herself up.

AW That was her first offence was it?

MW Almost, I couldn't tell you if it was her first offence but it was mainly shoplifting. But she said her sister persuaded her to do it. Gillian is very attention-seeking. She just sent me a letter recently to say that to say something which has not really been said before - she had slept in the same room as her father. She is now saying that her father made her do rather nasty things and also watched whilst she had intercourse with her boyfriend. I haven't got to grips with him at all - you can never tell whether she's telling the truth or not.

AW Who actually referred her for a psychiatric report? Was it Nigel's idea?

MW No, I think it was the solicitor.

AW And what did Dr. H say about it?

MW He recommended psychiatric treatment. In-patient for possibly a couple of months. She couldn't wait to go. To get it over with! She sees probation in terms of practical help. She can't manage her money her father manages her money, but she goes through it like water.

AW And has she been in as an in-patient?

MW She is now - has been for three weeks. And as a result from me not visiting her - I said I couldn't go this week - so I got this letter about Dad. It's manipulation again. I really don't know where I am with this girl. I need to see Dr. H. If it is a problem with Dad, she'll need to be on her own, but she'll need a lot of managing. I think she'll be in terrible debt in 5 minutes. She's had numerous boyfriends, I mean boyfriends who are in bed the same night and perhaps last for 10 days. I don't really know what else to say about it. I haven't got to grips with the psychiatric

AW S that's one you're going to be developing really?

MW Yes, but she's very manipulative.

AW And what are Social Services - are they going to run it down now?

MW They've finished their contact with the probation order being made I think that's reasonable - there's no point in two agencies being involved. I suggested that that was appropriate - it seems silly to duplicate everything that's been done. I don't think they can do anything for her. That's my feeling at the moment until the psychiatrist - who knows - I mean if they open up all these things

who knows what they can do with them?

AW Did he make any specific diagnosis?

MW No, he just said that he would like to have a look at her. I thought it was going to be behaviour modification because she is very attention-seeking but it's not, it's psychotherapy so he is exploring the problems.

AW So that's another one where something is actually happening. Jean M.

MW I could go on talking about Jean forever.

AW I went through all the stats and picked out those that had got the orders but even before then when I was talking to Jenny R generally about the cases, she actually cited Jean M as being one I'd be interested in - 'very difficult case'.

MW She's so interesting, a fascinating woman, distressing thought it is at times for her particularly, I can't help liking her! Where shall I start? I'll start with my contact.

She had been in Styal Prison for abducting a child - 2 years. She had come out of Prison, she'd been in prison for 1 year for theft she had come out and within 3 days she'd abducted this child.

AW It wasn't her child, it was actually somebody else's child.

MW She had the child about 20 minutes and was on the way back with it in its pram and she got 2 years for that. A quite hard sentence, I only just recently made the transcript from the trial, it was quite horrifying. The judge was trying every other way to think of ways to help her and had I known what was said at the trial, I might have understood other things better. He actually sent her to Styal because there would be more opportunity for her to look after other

people's children. Isn't that appalling?

AW It is and she got 2 years. What a peculiar line of argument.

MW Sandra was involved and the first half of the sentence was really dreadful for her. She acted out so much she lost time, she was sedated a lot, very violent - violent person actually. So she came out on VAC and Sandra spent a lot of time with her - did a lot of work with her and I took over from Sandra when I came into this office. She was with me from July to November but the contact continued, just continued, she's got to have somebody. She was on voluntary after-care. But after that she was totally voluntary. After 12 months of her coming out of prison, it had been stated by Social Services that if she behaved herself for 12 months they might consider then she could contact all the children if they wanted her. I was approached by Daventry Social Services with this because she constantly wrote to Daventry Social Services to see the children and there were lots of problems within that 12 months but she's perhaps better than she has been ever before but very difficult. She brought a child in here saying she was going to hitch with him down South - it was quite horrifying. But we started that and a couple of meetings were arranged and almost immediately after that she went into depression and lost her job. Well she lost her job and she went into depression and lost her job, she said she went into depression because she lost her job but that wasn't the case and tried to overdose a couple of times and I went with her to the doctors several times and the doctor came to see us several times - Dr. P made a domiciliary visit and offered to take her in. She refused - but agreed to see him at the out-patient clinic so I went up with her to that and again he offered her Dr. M at St. G which she sort of said she would in fact see him. Shortly after that again

she tried to overdose and she barricaded herself in her room. Her Dad got very worried about her and she was admitted to Ward 90 under Dr. P, so she was there for a few weeks and then she came out and was referred to Dr. M. When she got to St. G she immediately said she was pregnant. In fact in between the time she had been referred and the time she actually went she fixed herself up beautifully. She'd had 3 boyfriends. It had been felt at this time that she shouldn't see her children because she was too unstable. Generally the time at St. G wasn't happy for her and she was there for a long time, it must have been from about May to December. It was felt that she was better there during pregnancy and the decision was made while she was there that possibly the baby would be taken away from her, and she was so disruptive and unpredictable and generally unable to cope.

AW It was removed immediately.

MW In the meantime she'd come out and been given a house, a 3 bed-roomed house, by the Housing Department, that had been arranged by the Social Services, and she shoplifted. She shoplifted a baby bath would you believe and maternity clothes and a number of other things. The policewoman was very, very sympathetic until she got back to the house and realised how much other stuff she'd got, which was probably also shoplifted, and I can tell you I wasn't very nice to her. I had always said to her, "Look Jean if you shoplifted there's no way I'll recommend probation because she's terrified of prisons and as long as contact was voluntary - on her terms - statutory contact has never been much good. So she went to court with a psychiatric report which said he felt she could be helped by the Probation Service or a suspended sentence, but he would see her as an out-patient.

AW Is this still Dr. G?

MW Knowing what we had but at this time the baby hadn't been born. She shoplifted before it was born even though she knew what the situation was. I was actually recommending a suspended sentence. Jean's black and white - she can't deal with in-betweens. I felt that a suspended sentence with voluntary contact was the most appropriate thing. It sounds harsh but that's how you've got to deal with it. Anyway, they put her on probation with condition that she had psychiatric treatment and she promptly dismissed me outside the court room! I knew it would happen and so the contact was abysmal for 2 or 3 weeks until I actually wrote to her and said that she had to contact me, she'd agreed to and she had to come in. And when she came in we had quite a battle. She's been O.K. since.

AW But she's had the baby since.

MW She's had the baby since and had it taken away from her at birth - she never saw it.

AW How did she react?

MW Dreadfully. She was placed on the psychiatric ward but with a lot of insight even though she was heavily sedated. You know, she'd been told about the 'place of safety' but she said, 'I didn't know what it meant' but when it came down to it what she said was she didn't ask because she knew what it was, so she didn't explore it because she knew what it meant. She couldn't face up to it. I know it had been discussed with her, I've discussed it with her here. She knew what was on the cards but....I think I would have been the same. But it was extraordinarily calm after that. She's psychopath and I hate using terms like psychopath but she's textbook, it's incredible. She's got control where other people haven't

and loses it where they would retain it and it's all to gratify her own needs. All to do with self. She was so controlled it was unbelievable.

AW And you felt, despite all the emotional distress and what have you, that it was actually appropriate for the baby to be taken.

MW I think so, because she was so unstable and she played up quite a bit after the baby was taken off her, who wouldn't? When it came to the court hearing I had to say that - that in some ways she seemed quite controlled and being very good and at other times there had been hysterical phone calls but quite understandable in the circumstances. But when I was asked, did I think she could cope with a baby, I had to say I didn't think so or only with very great difficulty and I also felt that we couldn't inject enough supervision in this situation.

AW Yes, I was going to ask you about that.

MW I was actually asked in court that.

AW Yes, what were Social Services's attitude? Were they, they just wanted the baby did they?

MW Yes they looked the baby's needs but the social worker concerned whose a smashing person herself felt she should have supervised access - that Jean's needs were important. Social Services didn't want that, didn't like it, so it went to a higher court, then it was thrown out back to magistrates court to deal with it. There was a 2 day hearing at magistrates court and I was the last one to give evidence. I don't know what ever evidence was given except by talking to her afterwards - and she conducted her case very well. And there was an emotional decision. She was given the child and supervision.

AW You mean supervised access?

MW No, the child was given back to her.

AW So the child is actually back.

MW No, it's a good job you've got that tape recorder isn't it?

AW Yes, I suppose it is!

MW Do you want me to cover any ground before we go any further? Have you got any questions up til now that have come out of that?

AW Well no, carry one and I'll come back.

MW She had been seeing Dr. G regularly up til July and I attended all those sessions with her. It had been quite good and we counselled on contraception and whatever - much to her anger. Very angry about us intervening with her rights and she had formed another relationship with a young man who'd been in the Unit who had a drink problem, so we worked with her on that. I went on leave in July and she and this other young chap were supposed to go and see Dr. G, and although he was there he didn't see them, which made me very angry because I'd written to them saying look I've persuaded this young chap to come and see you and I was very angry about that. Anyway we got to this hearing in September and of course Dr. G was ringing up and asking what did I think? So we had this hearing and they didn't present this psychiatric report that had been prepared in May because when we were now in September which had said supervised access he'd agreed to that, felt that she wasn't fit to have the child but supervised access and we all gave our evidence. But she was again pregnant and I really think that that swung the decision in our minds as to how could she cope with two. Bearing in mind that if she didn't take this one they would possibly

Take the next one as well.

AW Well right.

MW Anyway we had this 2 day hearing and Jean conducted her own case because of the pregnancy the solicitor or the counsel by now, who were dealing with her child's interest, which is the way the law works in a child care case, there was counsel for the Social Services, counsel for the child's interest and Jean had to conduct her own case because she couldn't have any representation, not at Magistrates.

AW Really?

MW So she conducted her own case and because the case was still weighted against her, with all the evidence coming up from Daventry, St. G, me, the department, because it was so weighted against her, I think, counsel went very easy on her and a lot of the evidence didn't come out in court. The appropriate questions weren't asked and she had written out all the things she wanted to say and ask anything that came out of questioning she wrote down. She went home overnight and looked at it all, then did her own case the following morning. That's right, she got a lot of support didn't she. I was sitting there beside her all the time. The following day when she was doing her case, I was sitting beside her although I didn't interfere and Magistrates made a decision that the child should be returned under supervision.

Interview with AC(F), Probation Officer 9

AW Do you have any women in the category I've described?

AC Well, Maureen K, who I picked up at the beginning of the year. There's a file on her about this thick, because she must have been on Probation several times - I think there are about four previous Probation Orders. She's been in prison twice before. The last time she went to Prison, she was sentenced in 1980 and did 12 months.

Always with Maureen, it's been a case of deception - fiddling DHSS or shoplifting or something like this - and usually the offences are triggered off by family pressures at home. They get in a mess with their money and budgeting and housekeeping - and there's an absolutely chaotic family history as well. Consequently Maureen, although she's cast as the non-coper is the copper, and she copes by committing offences, to try, in her way to get them out of trouble but all she manages to do is get herself into trouble. The family do survive while she's away, and they have very little regard for her really. Maureen's been diagnosed over the years as schizophrenic, personality disordered - it's usually been those sorts of labels that have been bandied about - or "subject to anxiety attacks". I mean, I don't really know what you do with a label when you've got it. She certainly does get very anxious about things, and fairly normal, everyday things are blown way, way out of proportion, and when you apply some sense of proportion to them for her, as an outsider, she can see that she is over-reacting, but still isn't able to stop over-reacting. And because she does over-react and over-respond, the family have gotten almost to, "Oh, she's off again" and collude with each other in isolating Maureen as the problem. In effect, the problems are family-based, rather than all centred in Maureen, but everyone has seen Maureen as being

the problem, whilst I've said that, while she is a problem, it's really more family-based. Because it's gone on and on for donkey's years it's very difficult to make any real impact on the situation. She's getting on now - she's 46. I mean, we're not going to make a great deal of impact with Maureen. At first, she was very demanding of time and effort and you felt that every little thing that went off, she was coming to you with. Gradually, we've been able to wean it off and she can wait until she sees you. But she sees our contact as I'm the only person who will sit and listen seriously to what she's got to say. Although I might, at the end of the day, agree with what the family have said, at least I've given her some time and listened, where nobody else in the family does. The children - because they've seen Dad do this - they laugh at her, when she attempts to try to discipline them or when she does "blow her top" - they think it's funny. And that goads her into doing even more ridiculous things. I feel very much that she's been scapegoated by the family. All the kids have been in Care at some time and certainly Gerald, the second eldest, has also been in and out of prison for quite some time - and he's only in his early 20s now. The one remaining child in Care, Alexa, is going to create inordinate problems because she's very disturbed, but he'll shortly be released from Care to home as well. Mr. K is a very odd little man. He's a Polish refugee, a POW, and after the Second World War, he chose to stay in England - still speaks with a very heavy accent - and has got very strange ideas about women and their role. Women should be in the home and they should do and say only what their husband tells them to do and say. So he's no help at all to Maureen. He's equally pathetic in a lot of ways as she is, but not in such a voluble way, not such an open way - it's more covert with him. Whereas with Maureen it's all out front. Consequently, I think he's put her up to committing offences before.

But he's never been in trouble - it's always been Maureen.

AW Has she had psychiatric treatment?

AC Years ago she used to see Dr. A at Outpatients, and he was basically just giving her the usual sedatives. She got to a stage, when she went to prison that she'd been taking this medication for so long, she went through a very dramatic period of withdrawal in prison. They felt she'd got other, physical problems - she had a hyper-active thyroid and something else. The doctor at prison felt she ought to come off all this medication until he'd sorted the physical problems out. She's very very thin because she's hyper-active almost and when she was in there she improved physically no end - she put on weight, you could hold a conversation with her - before she'd hop here, there and everywhere - she would never follow one subject through, so you'd never really understand what was going on. Since she's been back home, she's managed to keep off medication, and she doesn't see Dr. A any more - she didn't ever feel that it did her any good, because basically he was of the same opinion as the rest of the family. He would see Mr. K and Dr. A would really go along with him, instead of really talking to Maureen and exploring further what was going on in the family. He accepted that she was "Identified Patient". I mean, that's how I see it - I don't see her in that way at all. But you find that because Maureen is chaotic, it does tend to generate chaos around her - because it's the woman in that situation, it has far more impact on the family at large, than if it was the man. I have had other clients where the man is of a similar disposition, but it doesn't seem to generate such chaos. Perhaps it's because the woman is the one who is always cast as the one who should do the coping and the managing and the looking after of the children. When men become ill, they become almost like another child for the woman to cope with,

but the man doesn't seem to cope very well when it's the woman who's ill. It's like a cultural - with that particular generation as well - Women's Lib's had no impact at all. There is always the expectation that the woman is the one that the family revolves around and consequently, if she becomes dysfunctional, the whole family becomes dysfunctional. I'm just doing an SER at the moment, where the man is very like Maureen, but he has chronic depressive phases - he's been ill for donkey's years and has received psychiatric help. And he will go up spontaneously, like Maureen, and create problems for the family, but the woman is very solid and she talks about him as having a third child. She goes to work, she comes home and does all the housework and pays all the bills. So that, from the outside, that family appears to be fairly normal despite having this very disturbed person within it, because she also seems to shelter the children from it. Whereas in Maureen's situation, the man is almost disorientated because he's having to do things beyond his role expectation. And you end up with four badly disturbed children, in that they've become criminal, or the girls have got emotional problems - they can't find steady relationships for themselves and they've gone out and married totally inappropriate partners and have had very unhappy marriages.

AW Is Maureen generally better now than when she was receiving treatment?

AC A lot better.

AW Is she on Voluntary After-Care now or Probation?

AC Probation. She'd only been out of prison a short while when she shoplifted again and I suspect it was almost because she wanted somebody involved with her. VAC wasn't structured enough for her. My only worry with her is what she will do when the Probation Order is expired. What I've done is to get her involved with the Day Centre

which there is at the reporting centre (at T) and she's mothering quite a few of the old ladies. She now goes and does bits of shopping for them.

AW Which Day Centre is that?

AC At the report centre at T Social Services run a Day Centre on two days. They bring old and handicapped people in and we've got one or two of our clients to go in as well. That's been useful for Maureen, because she feels that she's useful and that's helping her confidence. It also absorbs some of this energy which is splattering around - it gives it more structure. But I am concerned about where she'll go once this Order is finished - it's still got a year to run and gradually I'm trying to wean her off - I'm spacing the contact a bit more and trying to give her lots of encouragement and pats on the back, saying things like "You do look well, you're much better from such-and-such a time. We can actually talk now about everyday things and you don't have to explode into my room...." It seems to have helped a little bit - she's so damaged....

AW What has Social Services attitude been to her?

AC Well they see Maureen as a nuisance. She's the "bad Mum" because she's created lots of problems for them - and she has - you can't get away from that. It's really that people looked at the chaos and the problems and not at the person and what her needs are. Social Services label her as a "bad mother"; the psychiatrist just sees her as "the patient"; husband just sees her as "a failed wife and mother" - and nobody has actually spoken to Maureen as a woman, as a person in her own right.

AW But she's the one that's been exposed - he's been hidden....

AC That's it - no blame is attached to him....Maureen does still go to her own doctor a lot, and fortunately she's got a female doctor, who realises that Maureen basically needs someone to pay attention to her. And when she goes to see her, she does seem to make a fuss of her - she can appear to be a hypochondriac. She needs to be ill - she's got so used to it. She does trot down to the doctor a lot, but the doctor is also encouraging her to keep off the medication - and she has. That's about eight months that she's gone without - and she's improved dramatically. She looked like a haggard old woman - she used to just cram her hat on her head and stick anything on, whereas now she's taking more pride in her appearance. She just generally is functioning better.

I've got one other - Gwyneth. She was referred to Dr. A, who thinks that she's "not very bright". She was referred to the Adolescent Unit when she was about 14 or 15 for assessment and the description that came back then was that she was border-line subnormal - she was very dim - and wasn't really within the psychiatric gamut. She's been referred again by her own GP for assessment; Dr. A has seen her but doesn't know what to make of her, other than that she is attention-seeking. She's very inarticulate, very immature, but is bouncing around, not really knowing what she wants to do, where she's going - very difficult to sustain relationships. She left home under a cloud when she was about 15 and has been a prostitute for quite some time - locally a lot of the time, but on occasions going to Manchester and Birmingham. She's been badly misused by some of the blokes she's been involved with and has had two miscarriages. She's been in court a couple of times for fairly petting things, but then she failed to answer her bail on one occasion and a suspended prison sentence was imposed. Then at the beginning of the year, I had to do this SER -

she and another girl had picked a man up in C and offered him sexual services, took him back to this chap's place that she was at that time living with, and they plied him with drink, got him drunk, robbed him and turfed him out of the house. It was a pretty nasty robbery, so she was really going to go to prison. Fortunately, the magistrates agreed that prison with somebody like Gwyn was totally inappropriate. I guess that if she went once she'd be constantly in and out. So they placed her on Probation because this chap that she was living with miraculously agreed to have her back and I was thinking that there was still a chance for them both, but still being rather suspicious about this chap's motives in taking somebody like Gwyn on - because he appeared very respectable, a very hard-working chap in his mid-30s, divorced from his second wife and a brand new house up in BF. Amazingly, they've stayed together. They do play games with me, in that they only ever tell me what they think I ought to know and Gwyn does occasionally disappear to some of her old haunts. But for Gwyn, that's an awful long time to have stayed in one place.

Interview with PD(M), Probation Officer 10

PD I've got a Julie D who has been on probation since September for theft from the electric meter. This is a case of the family getting into financial difficulties and taking the obvious way out. A little bit interesting in that husband is about 15 years older and he's been previously married and she's previously had a child who has now been adopted. She's a little bit inadequate and very much benefits from having a certain amount of guidance. She will take advice, lean on you, allow you to do things for her that she isn't capable of doing for herself and also, once that confidence has got through, will also come in and say, "I've received this letter - or bill - and I don't understand it - can you help me?" At the same time, you can either do the job for her or tell her exactly what to do, with the confidence that she will go and do it. She may not totally understand what you've told her to do, but she'll do it! She's very good that way.

AW Do you have the husband as well? How do you work with the two?

PD Yes. I do home visits and reporting, depending on how it's going. My normal schedule is to see them separately at the office once a fortnight, with occasional home visits. Actually, they've been quite frequent, because I've been going with messages. At the moment there's a thing going through the county court, because she had some gas put in, thinking that DHSS were paying for it. She kept receiving threatening letters, taking them to DHSS, who told her not to worry, then finally she gets a court decision against her. So I'm sorting that out - writing letters and disputing the judgement. I'll have to get her a solicitor now, because I don't think I can legally go any further myself. Another interesting

aspect is that the husband is totally satisfied with the marriage but she is not. She's happy with everything that happens but she's not really sure about him and she's not sure that he understands her, which is what we're working on at the moment. I've been using a sort of task-centred approach. Basically, he goes out and doesn't tell her where he's going. He's not going with anyone, but he just doesn't tell her. So I've got her practising by telling him specifically where she is going and talking to him about it when she comes back. And the aim is that communication will start between them, because that to me is what is missing. They're just not talking and she is sensitive to that.

AW Is it fair to say that she is making more use of the Order than he is?

PD Yes. He is not in a sense making use of the probation order. He is more reporting as a probationer. He comes in and we play a game of pool together, or something like that. I follow up what I'm doing with her in that I talk to him about her - not what she's said, or even her feelings - but I say things like, "Where's your wife today? Does she enjoy doing that?". You know, I try to stimulate him to talk about her and he does that quite happily. He's unemployed and she's unemployed, but he makes a bit of money on the side by doing up cars - he's fairly resourceful. It's one of those that I've seen signs of movement, but it will take a bit longer. I reckon another three months and I'll come to the end of this particular phase. She's a little bit down - not many social contacts. I've tried to get her into our Wives' Group. She's missed twice but I think she's shy of meeting people, so I'm getting someone to go and pick her up. I think once she's got into the Wives Group she'll get on O.K. So - I'm working at the moment on

her relationship with her husband, or her feelings about it and at the same time, trying to extend her social contacts - it's mostly working with her - I'm trying to bring him into it, because although he's not mean with the money they've got, he likes to give her the money and let her do the worrying.

AW Yes, it sounds as though she's the one who is bearing the brunt of the financial worries?

PD Yes, if he's got money in his pocket and she's run out, he will give it to her, but what he wants is, "Love, have you got a fiver"? He doesn't want to hear about what bills there are or talk about them. He's quite happy to give her the fiver without question, but that's not really what she wants. She wants to talk about it.

Another one that I have is Pat B who has been on probation for the past two years - it's a three year order. Now she really is a lot of work. In fact, I'm going to court on Thursday in Leeds - I've been subpoenaed by her solicitor to give evidence, even though a Welfare Report is being prepared by a Social Worker. I'll fill you in a little on the background, so that it makes sense. She was originally married to a guy who is now living in Leeds; they got a divorce - about six children - some of them down here and some up in Leeds. An on-running dispute about custody and staying access. Pat got a boyfriend called Ray, who has several children - one living with them, the rest with his ex-wife. They got married this year - in fact, I gave her away! Then they had the children baptised and I was involved in that as well. She is very ill and it's very difficult to know how ill she is. She's had kidney trouble and she's got cancer - I think of the womb and the breast. But she tells you it is far worse than it is - although it is bad. In 12 months she's lost weight dramatically. But when you speak to the

doctor, he gives you a slightly different story from her. She's always got three weeks to live! She's had three weeks to live for the last nine months! And hence - I get on very well with her, but I find it difficult to always believe what she tells me. It's like the story of crying wolf. She'll tell me that her ex-husband won't let her see the children, or the children have said this or that - and you always wonder how much truth there is in what she says. You find out later that one story is totally true and another is totally false. You never actually have a plan to follow. Social Services are writing the report - Mrs. T - and Health Visitors have been in. They're involved with the care of the children. What I've tended to do is to run down the very narrow lines of the probation order. She also has problems with the neighbours - I basically keep her out of trouble, and act as a person she can come and complain to about all the other services. I will either wind her down, because she shouts and gets very ratty. I let her shout at me and after 15 minutes she's got it out of her system, she's calmed down and feels much better for it and then she can do something. But I don't particularly get involved in the custody and access, except for allowing her to ventilate her feelings, and sometimes giving her practical advice. Like one day she turned up with some kids she had snatched from Leeds. She came in saying she wouldn't send them back so I sat with her and phoned the solicitor in Leeds and so on. She wanted to be able to blame me for sending the children - she needed me to tell her they had to go back. Because then she could turn to them and say, "Look, it's not me - I want you, but Mr. D says it's illegal". She often uses me in that way, which I think is quite positive - I don't object to that at all. She did initially try to manipulate quite a bit, but I let her know I wasn't having that.

AW What is she on probation for?

PD (Pause) Shoplifting and assault on the police.

AW Does she have a record?

PD No. Although a difficult family background. She claims her mother kicked her in the kidneys when she was a child and that's why she has kidney trouble. A few months ago she just went to see her mother out of the blue to tell her what she thought of her - she hadn't seen her for years. It's a very bad situation. She has a grandfather fixation as well. She's extremely mixed up and it's difficult to find a plan of action with her. You're always working from crisis to crisis. The crisis over the last few months has been the custody and access.

AW Is that what you're going to Leeds for?

PD Yes. I don't really know what they want.

AW Is she applying for custody?

PD She's applying for access. Well, she's applying for custody but she knows she won't get that. But again, she wants to apply for it, and the court not allow it. This case will go on forever. It's not like Mrs. D, where I can see a plan and hope to resolve problems. With Pat, if I solved all her problems this afternoon, she find another set by tomorrow.

AW Is she going to die?

PD Yes, I think so - within the next five years. It's very sad. She can be a very pleasant woman, but she's a worrier. She fights her battles before she reaches them. Whenever there is a court appearance she will come in here months beforehand and tell me "What

she's going to tell them". For months she'll be rehearsing this argument - you know, "If he says this, I'll say that and if he then says this, I'll say that" - and by that time it's gone about three moves on from what actually will happen. She gets boiled up and a lot of my time is spent trying to boil it back down again.

I've got a Karen G whose been in open prison for the past few weeks. I've known her for over a year, because her husband was on probation to me. She's married to a Jamaican who has had trouble with his family. He was always in trouble for nicking cars - mostly from the family. They've got two children. On occasions they just trip off to London to look for work, then come back. They had a council house but lost it through this tripping about. Karen was living with her father, then one day he just kicked her out and she arrived here at 4 o'clock with two kiddies. Fortunately I got her into some lodgings. Her husband then beetled off altogether and she settled down nicely. Then she got mixed up with her sister and her sister's girlfriend. They did 13 burglaries, taking and driving away. I was rather upset at the outcome because I strongly recommended a probation order.

AW Had Karen been in trouble previously?

PD No - well, she had a few fines I think. But as far as I was concerned, it was a silly stupid episode - she was very honest about it. She said, "I knew what I was doing at the time". She wasn't trying to avoid it. She said, "I know I'll get sent down". I really did want her on a probation order because I didn't want to be left with two kids. But the court wouldn't have it and she got 6 months. The children are still at home - husband comes home on occasional weekends. They are being looked after by Karen's sister, who is the one who is having a lesbian relationship.

AW She wasn't send down?

PD No, she got a 6 month probation order. Don't ask me why - she's got a much longer record. So at the moment Karen is in prison - she was put in the same cell as her sister's girlfriend. There was some friction! It took me quite a while to persuade the prison authorities to move them, but they finally did it lask week. I've had to sort out the rent payment with the Housing Department and DHSS and everything is ready now for when she comes out - she can pick up the two children and her sister will then leave the house. Karen is a very pleasant lass really - can have a mean streak, particularly taking things out on other people. Her problems are really her husband's. He's been in prison quite a lot and really the marriage has never got off the ground. Now, in fact, she's g ing for a divorce - it's the only sensible things she can do.

AW You didn't consider that she was suitable for Community Service?

PD Yes, there was a referral and I offered it to the court, but they sent her down. The sister's girlfriend - for the same offences - I recommended CS for her, because a probation order wouldn't necessarily have worked with her - I do have her husband on probation as well! - she's in prison too. There are a lot of problems between her and Lorraine (Karen's sister) because while in prison she (Christine) fell out with Karen and wrote to Lorraine saying, "If you don't leave those kids, I'll leave you" - a "Dear John" letter in reverse! Christine at the present time, is disputing custody and access of her children with her ex-husband and his 17 year old girlfriend. They were living in a house locally. (Christine also had a child by a previous relationship.) They both complained that their sex lives had been totally unsatisfactory throughout their marriage. Eventually, Mr suggested that it might be good if she had a

relationship with Lorraine, who was a well-known lesbian. He thought it might turn her on. Then he tried to stop it but couldn't. He then turned on Christine, assaulted her and chased Lorraine down the street with a carving knife. Then he got probation. They stayed together a little while, then she left him and went to live with Lorraine. He lived quite near here and all Christine's friends used to go and stand outside his house with placards and throw things - so we had to get him and the kids rehoused. Staying access was taking place every other weekend. Christine used to take the kids to her mother's. The one time she took them Sunday morning and just didn't bring them back. It took us three weeks to get the kids back. So of course he put his foot down - no access. The final thing is that on Thursday, she's being brought from the prison here and access will take place here for an hour. And that's an on going saga. When she's released from prison I can see no real end to it. I have her husband on probation, Christine on after-care and Mr. W (another PO) has the children on matrimonial supervision and he's written the report. We run the case in tandem. You'll appreciate that they will blame anybody, so if Mr. W does one thing that one of them doesn't like, they'll hate him and I go in - then they'll hate me and he'll go back. We play this "goodie-baddie" game and it works quite well. But again you can't really say there's any solution and the thing at the bottom of it is Christine's relationship with Lorraine, because this really annoys Christine's husband greatly. On the one hand, revulsion at the sexual nature of the relationship and also the fact that he knows he approved of it in the past, so there's guilt feelings in him. Also problems with the families, Lorraine herself is quite pleasant - she's quite a sweet girl, I get on with her quite well.

AW She got probation, despite having the longer record?

PD I think it was to do with the extent of involvement in the actual offences. This is something that often comes from the courts. You see, what we're putting to the court is an analysis of people's needs and why they did something - and the court has the extra information of who did what. We've only heard the story from them and we're not really interested in the mechanics of the crime, but why a person did a crime and what is the best way to stop them committing crime in the future. Of course, the court has to take into account that it is punishing somebody. These burglaries were private dwelling houses after all and from the court's point of view a prison sentence, in all honesty, was a reasonable sort of thing. Knowing the people and the circumstances, I couldn't have recommended it, because I thought they needed more help to stop them offending. To me, 4 months in prison is 4 months where things are getting worse, because when they both come out, I have to pick up the threads from where I was before but with new problems. Whereas courts just think that crimes need punishment. Had they not sent them down, we might just have a few less problems. Now Karen's husband is different. He's up in court again soon and he won't do CS, he doesn't like probation and he accepts that I'll have to say prison, because he won't accept anything else. But I didn't want to see that happen with these - not because they're women, but because the circumstances - forget the sex - the circumstances of the crimes and their problems - I don't think they wanted prison. I have a lass by the name of Carol M who is on after-care - she went to prison for non-payment of fines. My main involvement with that family is because the children are on the "at risk" register, although I have called a case conference to get them taken off it. Carol and her husband - I always get them in pairs - have both been to prison this year. I started off with a Money Payment Supervision

Order, found they were living in poor circumstances - delapidated house, filthy - really awful. All money that they had spare went on bingo and booze. She even once bought herself a stereo out of the club and a CB radio. They were spending money on themselves on silly things rather than on the children - the children were getting neglected a lot. The situation was pretty bad. And then, miraculously almost, last year things clicked into place. They just weren't paying the fines which they both had. She said to me, "I'd be all right if I wasn't paying these fines - I might as well go to prison". So I said, "Let's talk about that". So we did and she decided not to pay the fines. She said, "I could do with a rest from this lot". So she made the arrangements. She was already on a suspended committal order. *It was inconvenient to go to prison* this Friday, so she asked the police to pick her up *the following* Tuesday, which they agreed to do! She went to open prison, greatly enjoyed it - felt much better for the holiday. Told her husband it was a great idea, so they duly had a fortnight together, and he went to prison! And they were about £6 a week better off. And there is no MPSO hanging over their heads. Because the pressure was off, they kept up their payments to the housing department, who were persuaded that, although there were some arrers, the house was small and they needed moving. I'd also enlisted the help of the NSPCC man, Mr. S, who originally I just wanted a couple of beds from, but he visited and got friendly with them. I got them a new house, which was decently decorated and which they have kept up to standard. The kids have moved school and there is less stigma on them. The whole things was improved as a positive result of someone saying, "Yes, prison is going to solve one of my problems". I would never have thought of using that method before if she hadn't brought it up and, almost as a joke, I said, "Well, let's discuss it". She

made the decision and recommended it to her husband. And that has made a hell of a difference in the family. And the way she looks after the kids now is so much better. I think perhaps in the past she'd seen them as a drain on her resources, stopping her having a little bit of pleasure. Now she can afford the kids and the pleasure.

I have one more - Elaine G - who appeared in the Crown Court for an assault on a neighbour. It was actually reduced from attempted murder - she went for the neighbour with a carving knife. She's about 33 and lives with her 70 year old parents, a spinster. Where I come from they'd say he was 19/11 to the £ - just a little bit dim. Very much out of her age group - a 33 year old with the brain of a 70 year old. There was a dispute with neighbours over the boundary fence. Very little more to be said - they made it up into a lot more than it was, particularly father. He would relate injustices to you that you realised took place in 1930. He had a phenomenal memory. He left a job once because a foreman wasn't honest and he was southern Irish. The new neighbours were southern Irish! Mother and father were then winding up daughter - putting all their problems on to her. She thought, "They are upsetting my parents who are old and ill, therefore I'll strike out at them". She refused point blank to go into a Probation Hostel - to be moved away for a little while. She refused to cooperate in any way with a probation order - she ended up on a suspended sentence supervision order. Prior to the court appearance, she had attended St. G's hospital as an inpatient and had been diagnosed as not mentally ill. Now I know I am not a doctor but that doctor who wrote that report is a raving idiot. She had got so many obsessions. I don't care what medical pigeon-hole you put it into, anybody with half an eye could see that that person was heavily disturbed and really was in

need of treatment. What they were saying was, "There is nothing we can do for her; therefore, there is nothing wrong". I'm afraid I've got a bad impression of St. G's - if they don't think they can do anything, they say there is nothing wrong. They recommended a probation order - which she was refusing anyway. I tried various methods, with Mrs. M - doing the old two-way bit - because she already had me cast in the authority mould. But she would have any help from Mrs. M either. So I was in the silly position that she wasn't cooperating with the order - if I went back to court what would probably happen would be that she would go down. But I sat her down and tried to explain my problem to her - that I'd got this order and I couldn't do this or that with her. And she kept arguing and saying, "I don't like you". She was very blunt! So I offered her the minimum deal possible. I said she just had to come in once a month and report - on the pool system, with no questions asked. And she does. What I'm hoping for is that one day she'll come in and say, "I'm here - by the way...." But I still feel that what we're really dealing with is a medical problem - she definitely needs help. The doctor says: "During my examination, Miss G was rational and cooperative. There was a total absence of any schizophrenic symptoms or signs of other mental illness. She was aware of what she had done and the seriousness of her action". Now the, my opinion of her was that she could very much see what she had done as though someone else was doing it. She might be aware of the action and the seriousness of what she had done but it wasn't, in her mind, her that did it. Also, it was totally justified. Now any person who sets out to kill somebody and feels it is totally justified and it is not me doing it - I am watching me doing it. If they haven't got a definition of mental illness that covers that, it's about time they found one!

AW (Reading report) Yes, I see they say she a feeling of detachment, as if in a dream but that it does not amount to mental illness. As you say, what does then?

PD My own feeling at that stage was that she was unfit to plead. Her solicitor thought so to - but again, he was overruled by the doctor. He couldn't produce any evidence to say she was unfit to plead. She threatened to kill her solicitor actually!

AW What was his view? I presume he wanted the report?

PD Yes, he's extremely concerned. Nearly every time I see him, he asks how she is. He was very concerned about her - from her point of view, not from the point of winning a case. Her counsel persuaded her before court to accept a probation order, but I went into the box and said I was not prepared to accept that.

Interview with PL(M), Probation Officer 11

AW When you started the Day Centre, did you have any ideas about whether or how women might use it?

PL No, following the experiences of other day centres, in particular St. Mary's House, Nottingham, which I suppose we used as a blue-print, and their experience was that they got very few female offenders within the St. Mary's House itself. That was slightly balanced with the Lizzy Fry work they do on the premises. I would suggest, if you have time, that you go over to Nottingham to have a look. What they do, and it's well funded and well run, they run a specific course for what tends in the main to be single parent units and the children are either subject to a Care Order or Supervision Order, and or their Mum has been to court on child abuse charges, so they are very much female offenders, and the group work they do there is not just education, it's to do with support, it's very much group therapy, it's quite dynamic, I was quite impressed with it. But in the main that work, although sponsored by the Lizzy Fry, is run by the Probation Service, and is separate from the St. Mary's Day Centre. Having said that, they do find that a number of the women do drift in. Some have even become unofficial volunteers in the coffee bar, but, in answer to your original question, our expectation was, from St. Mary's experience, that predominantly the people who were going to be attracted to our centre were going to be men. In the main they were going to be homeless or rootless, or the type of people who live in the poorer kind of accommodation in L Street. Initially, I think that's what happened - in the first few weeks or months, we attracted the sort of lonely, isolated rootless, drifting, alchy brigade who frequented the Shelton office and they thought they were going to

take over and we had tremendous problems in the early days, although we had decided on a "no drink" rule, we discovered that they were trying to transfer their use of the Shelton office to here.

Obviously, we weren't having it. So in the early days we attracted very very few women, and I think, didn't expect to - I mean, it wasn't in our way of thinking.

Having said that, very quickly, once we had got the actual drinking problem under control, we discovered that all kinds of women started coming in, ranging from the rootless and homeless - I can mention Jean H - who is frequently found in Probation offices but has never, as far as we're aware, committed offences. She's the typical "Edna the enebriate woman". Ranging from Jean, who presents very basic problems - she falls through all the nets - in terms of mental illness - very, very inadequate, certainly educationally subnormal - we suspect a woman who has a trust somewhere and is able to draw interest on it - she's always got money and no way does she get that from DHSS - she drifts aimlessly around the country, mainly in the north, Birmingham, here and Manchester - we've not seen her for a few weeks. But when she's here, she's easily taken advantage of. So Jean was one of our first women. Maria we started attracting, as a direct referral from the Probation Service, and we find that Maria went through a pattern whereby she would go through the manipulation thing. You see Maria developed a pattern whereby she would use us when she was very depressed, use us as a rebounding rubber ball from a brick wall in many respects, in comparison with her own Probation Officer - and this has gone on for quite some time. She used us when she was depressed. She would come in here and tend to create emotional problems - or present emotional problems - these would be coped with in the sense that either she would come in here and have a good cry and then go into the main hall and either

simply mope around or get involved in some of the activities that were going on, in which case, she would very often get out of her depression, especially with the soft toys, where she felt she had something to contribute to. And then there would be a period where you felt she was "on top of the world", where she got more and more elated, then she stopped coming, probably thinking she could manage all right, didn't need the day centre, then she'd fall right down to the bottom again.

Then we started to attract mainly simple, isolated women who tend to have drink psychiatric problems, people like Rose....

AWOf course, Rose is an offender, isn't she, whereas Maria.....

PLMaria is Divorce Court Welfare....That phone call I've just taken is one of our younger girls, Muriel - one of our regulars - she's in every solitary day and is very much into offending, very much into drink and generally....very nasty when she gets drunk actually. So she has been picked up and is now in custody and is homeless. I would imagine, I could give you the figures later, but I would imagine that we've got twenty plus women who use us on a relatively regular basis.

The other group of females that we've started to attract - and this is a spin-off from the youth activities night on a Wednesday - we're now attracting a lot of young, unemployed anyway, most of whom - this is male predominantly - are offenders and on Probation Orders and are coming to the Wednesday night activity group on a reporting basis, as an alternative to seeing their Probation Officer in an office, got into that - found it was not simply something they had to do but was enjoyable - so started to come whether or not their PO was insisting and then also started coming during the day-time, because a lot of the recreational facilities are still

available during the daytime, a lot of the social skills stuff and the pleasure, leisure activities are available - and we've found that it's going down well with this sort of age group and they've also started bringing their girlfriends, some of whom are known to the Service, some not. But in addition to that, we are also attracting wives of husbands, or girlfriends of husbands who are clients. Some females are not clients and probably are as near to volunteers as possible. I'll mention Robert H who is doing a Community Service Order - his wife is a great lass - and we've used her, unofficially, for example when Rosa has her fits. She's actually gone with Rosa to the hospital and she actually dealt with Rosa during her fits and has been able to help her over that sort of experience. She does that quite informally and unofficially and quite ably. So that women in the centre - the difference, if one can look at a difference - is that, on the whole, we tend to think of males in groups - the drinkers' group, the unemployed youngsters' group, the adult literacy group and a lot of the men really do facilitate in terms of working within groups. But with the women we have, mainly perhaps because we don't tend to get as many, our approach to them is much more on a "one-to-one". It's Maria, it's Helen, it's Rose, as opposed to "the drinkers" and "the adolescents", which means that our response to women is very much more traditional in terms of counselling whereas with a lot of the men, we would use interaction, use groups, formal and informal, when certain problems are presented, so we wouldn't necessarily engage in "one-to-one" in the same way.

AW Do you find that the women relate to each other at all, or again, are the numbers too small? I mean, who do they relate to, what do they actually do when they are here?

PI That's interesting. The main group that do relate to each other are the younger lasses who come with the boyfriends and tend to be very much a group. When it comes to the others, certainly Rosa and Muriel, relate to men. They may have a boyfriend who is in the centre at the moment - that boyfriend may change from week to week - but they will tend to relate to a particular man. One or two of the women will tend to relate to a number of men. We've had suspicions, for example about the activities of one of our females - well this is a while back - about using us as a sort of picking up spot, although that doesn't seem to be a problem now. They will tend to relate to particular clients, particular men. What they do here is quite interesting. I think it has something to do with the anxiety level, that with someone like Rose, that she'll get engaged for quite long periods of time in the activities - rugmaking, for example, is something she went through the other week - which she started to settle to - for days and days, with no pressure from us, and got satisfaction from, spending her time and interest - then suddenly it was dropped. I think it is interesting that, during that time she was probably as stable as she has ever been, you know, she really seemed to be getting it together a bit. Maria too was the same. When she was doing something, getting involved in some kind of activity, whether it happened to be playing cards or darts, or soft toys or arts and crafts - it seemed to bring a little structure, which resulted in stability, certainly during her time here and resulted in her not presenting too many problems. But it's when, we find, that they are not actually involved in doing things, certainly with Rose, that she could become very manipulative and you find that a lot of niggles are going on, and Rose's involved somewhere - she's either said something to someone, who's said some-

thing to someone else, you know, she's usually a pawn in the game - and can be quite destructive in that way. And Miriam could too, she would probably start maliciously slandering someone, or say something to someone, knowing full well that that person would say something to someone else and it would set up a fight again. The type of approach we use generally within the centre is to try to balance activities, sort of recreational and occupational therapy nature, with the sort of activities that are non-structured and less formal, and I think quite rightly so, what we're looking at now is the need to structuralise, formalise a lot of our activities, rather than just let them happen which has been the process in the past, where a group or individual has come in and expressed an interest in doing something, whether it be adult literacy or some occupational therapy, or model making or whatever it happened to be, you know, it has had to come from them. Which is all right if you are that kind of person, who will make it known you want to do something other than sitting around chatting or drinking coffee, and I think since Roger's come, this is one of the good things that has happened and that we've now seen the importance of putting a bit of structure to that without forcing people to do things, and I think we're now getting round to organising activities far more, not just for women, but for all the users, so that they find it easier to get into things....

AW rather than be on the edges watching....

PL This has happened with the video. At the youth night when Steve was trying to get them to use the video - too threatening. So what we did was, first to start using the video around the hall and letting people see themselves on the screen. Chris then looked at running a more structured video group and suddenly there was a bit more structure to it, and because they got over the fear barrier, that

it wasn't strange or threatening, certainly the youngsters lapped it up. I think they are now producing their own play on unemployment. Whereas before, when the thing was just around, no-one was interested. I think that's the phase we're in now, moving from the totally informal to the semi-structured, still keeping the informality - around the coffee bar - but bringing a little more structure to the organisation of activities that people want to join in with.

AW How far are you with the group that you're going to start with women?

PL If I hadn't got this promotion, it would probably have been off the ground very quickly because at our staff meeting, we've looked at the women's work as an idea without specifically making decisions about what form it was going to take. What we've decided to do was in fact to make space within the building and within the centre's programme for work with women. In fact the two rooms upstairs, at least the big room at the end, which is junked up at the moment, will be cleared tomorrow. That room would be great for a playroom for kids. The agreement that we've reached within the team was that I would first of all, go and visit the teams to discuss with teams what the problems and needs are on caseloads, possibly with a view of setting up something structured e.g. the Lizzy Fry Unit at Nottingham, or something less structured, like a mums and toddlers group, and then see what was going to develop from that and I think it's probable that the latter would have been the case, although I personally was interested in the Lizzy Fry thing, because it does deal with more specific problems and there's a commitment there that's not the same in a more informal group, but I think one could arise out of the other. And while the Lizzy Fry thing is limited to six months, I think it's important to have the on-going group,

which one can fall back into or join. Because this is where the Lizzy Fry fall down I think, once the six months is up, they're out on a limb - six months is quite short, whereas if there is a follow-up type of group....I don't know what will happen - a lot depends on who will take over here. It's likely that the team will push for the women's work to get going pretty quickly, because we had earmarked that as being the next priority.

AW You'd be expecting that to appeal, as it were, to a new audience, rather than the women who are already here?

PL Both.

AW Because, presumably, at the moment, you have no facilities for children?

PL No.

AW Have any of them ever brought their children?

PL Yes. One of the problems is that we have a rule that the centre is, officially for sixteen plusses. Women have brought babies in, quite definitely, occasionally, during the summer, young children would be brought in and we've tolerated that, we've turned a blind eye, but we wouldn't encourage that. No, I rather think that we would see the women's work as separate to the normal day centre work. It would be separate in terms of where it would be held and also the entrance hall they would use would be separate. That may be a good thing - I think there are women who wouldn't perhaps want to come into the day centre for all kinds of reasons but would want to come into some kind of specialist provision. It depends what happens when it gets off the ground - if it becomes a mums and toddlers group, with emphasis on the toddlers, then obviously that will tend to preclude women who haven't got kids, but if it becomes a women's

group, some of whom happen to have kids, then that is a different emphasis altogether. I think we were tending to look at mums and toddlers, especially from the point of view of "children at risk", with mums who are finding it difficult to cope with kids and the mums who have been to court for child abuse were known for potential child abuse.

AW So it would be more centred on specific referrals from Probation Officers rather than as a drop in?

PL That was the original idea, although, having said that, I rather think we'll move round to a wider referral thing, make it known to Social Services. One other issue connected with this is that, for a while, the Shelton office, who ran a group for women, used our premises, because they felt their own office rather too restrictive and they used us for quite a while in the summer, stopped while we did the alterations upstairs and I don't know what the position is, whether they want to come back, whether it would be appropriate, if they do, to use their group as a nucleus for the new group or whether that would be wholly inappropriate - it's only a small group - five or six women - but at least at one stage, we were looking at that possibility with Shelton.

AW Yes, you seem to have quite a lot....I had no idea you had so many women - I thought we were talking about one or two....

PL Yes....The thing about women is that we get to know them pretty quickly. Because they're in the minority, if a woman comes in and she's a stranger, we get to know her. Whereas with men, every day we get ten, fifteen, twenty who are people we just never get to know. Sometimes it's two or three weeks or a month before we can even put a name to a face. Whereas with women it's much easier.

AW So women will actually tend to come in on their own initiative?

PL No, I think with the exception of Maria and Jean, most of the others have come through some contact, for example, John E's wife would use us quite often - this is a guy who is currently in prison for three years - very inadequate family, the guy is in his forties, fities - his wife would use us, not regularly, but would come in on her own, or with a daughter. Most people come in through some contact or other.

AW And it sounds as though the actual activities that you have, even though they haven't been very structured, have actually helped some of the women that one might say are more disturbed, like Maria, who's obviously a very disturbed woman and Rose, by the sounds of things....that when they've actually been doing something, they've been a lot better....

PL I don't know how true this is, but my own gut feeling is that, person for person, client for client, user for user, the women present us with far more demands and present us with far more problems to cope with than men. Now that may be totally off the boil. But thinking about the women we've spoken about - the kind of time we've spent with them....Rosa at the moment is taking everybody's time - to some extent quite rightly so - and we have Muriel who's up in the air - all sorts of problems....when Miriam's in, very often everything's blowing....and although we have occasions when that happens with men, you don't find that one man will create that kind of problem all the time. We know that Rose is "a problem", as well as presenting problems....you tend to find with men that they may have an outburst but it's all over with - they get kicked out and everything's all right the next day, or they don't come again. Whereas with Rose and the others, during those periods, they will

continue to come and continue to present the same kind of emotional demands. I think staff would generally agree that the women require far more attention than men.

AW Do you think that people like Rose and Muriel, who have some psychiatric history, are using you as an alternative to going to their doctors, who have perhaps got fed-up with them?

PL I'm sure they are. It's interesting this, people like that will come to a place like this and perhaps what we need is a multi-purpose Day Centre where various statutory bodies and voluntary bodies have a poke in the fire staff wise and resource wise. The psychiatrist used the phrase, "a normal day centre" - I think what he meant by "normal" - was "not specialist", more generic - that there are people here who don't seem to have any personal or social problems as well as people who have all sorts of problems relating to money and homes and psychiatric problems and health problems. But there are very few people who have got all of those - some have obviously. Therefore, there is very much a sharing, a helping each other, the strong helping the weak and we've tended to utilise that a lot. So, yes, I think it right that that does happen. A lot of people will certainly come instead of going to the doctor - I think we need to be careful of that because some people need to go to the doctor - like Rose, who will not take medication - this is one of Rose's biggest problems.

AW She's epileptic?

PL Yes, we had a period a few weeks ago when she was having fits literally every day of the week. I'm not exaggerating, I think the ambulance was called for on three occasions when she was not coming out of fits that were over an hour in length. And Rose's the kind of

person who, the following day will discharge herself and will not take regular medication. So there are times when, yes, she'll come here rather than go to the doctor and that's wrong - with Rosa we feel that's a negative use of the Day Centre - she obviously should be receiving far more medication than she does. Having Stella here on a Wednesday - she's done a great job because she's been able to provide the medical expertise that says "You must go to the doctor".

AW Is she a nurse or a health visitor?

PL A nurse - a highly experienced nurse. But this has brought home to us the need of constant monitoring of people who really should be receiving medication. O.K., there is a positive side that if people are getting a sense of warmth and a feeling of belonging and a sense of achievement of doing things in the Day Centre that can be good medication. So there's the positive side that if they're feeling right and getting something out of coming that's going to affect their attitude - it's also going to affect their behaviour. So it's balancing the two out.

AW It also tends to be very demanding?

PL Very. Yes, it's fair to say that from the moment we open to the moment we close, you're constantly confronted with problems and questions and things that need to be done. O.K., a lot of our work now is to direct the people with those problems elsewhere either in the Centre or outside. We're beginning to use volunteers in specialist ways so that we have a lass from CAB who comes in on Mondays and does all our welfare rights - she's superb. From the moment she comes to the moment she goes she's assessing people's rights. And O.K., it may be, at the end of the day that people are getting what they're entitled to - on one occasion she found that

one guy was getting more than he was entitled to - but at least with a fair proportion of people she is able to say "You're not getting what you're entitled to and this is what we'll do". There's a new form that's been devised that can be used - to be filled in by the Probation Officer or Social Worker - and will be used by the DHSS as an official document in the assessing of people's needs - which is good. It's going to cut down their work! But that again is another in road into a very big area of need for women as well as men.

AW Is that a local or national thing?

PL I rather think that it's local. But you know, we've got Stella coming in to look after the health side, we're developing arts and crafts a bit more now with West Midlands Arts. So what this is doing is bringing in experts or utilising, on a statutory or voluntary basis, people who have got particular expertise and this helps us because it means that we can relax, because if someone with a particular problem can be dealt with by an expert, then the pressure is off us a bit; we can say, "Go and see Fred or Bill" and people do get to know now that the nurse is in on a Wednesday, that the welfare rights lass is in on a Monday and although problems still arise on days during the rest of the week there is a holding operation that is developing that people do cope and if they know that you're not simply fobbing them off by saying "So-and-so will see you on Monday" because they know that "So-and-so" does come in on a Monday because they've seen them, they are more able to accept that. Obviously for things that are important and need to be done we will contact the doctor or DHSS or whoever but where we feel that things can wait a little bit....So this, in a sense, is sorting out work that needs to be done by us and things that can be referred elsewhere.

AW What's your link with Depressive Anonymous?

PL Originally DA began because of my own personal contact with Dan, the senior officer at the Day Centre at Nottingham. Dan M was into DA himself - he's on the national executive - and he rang me up one day and said he'd been to a national meeting and there'd been someone there from Stoke who was in the process of setting up a body in Stoke and wanted accommodation - could we help out? So DA came and it was really in the early days - there was no money available, no funding, no property - so we allowed them to use our premises upstairs, initially on Thursdays and then on Mondays and Thursdays. What has happened since then is that they've got on their feet, they've got Urban Aid, the lassie who was voluntary is now paid and also has a paid assistant, there's come a vacancy across the way, so DA has now taken over the office. They still use our two rooms upstairs for Yoga - which attracts a lot of women - and the link is that a lot of people who go up there come down here.

AW So there is a cross-feed?

PL Yes, not a lot - it tends to be a bit more middle class. As with Gamblers Anonymous. But certainly we've referred people and there are certainly people who come regularly to the Day Centre, who go to their meetings.

AW So could we look through the register and see which women come?
Do you try and make a list of everyone that comes in?

PL Oh yes. We had 80 in yesterday, but were only able to get 60 names. We encourage staff to keep a list of names, but we can't keep a record of times. Females - 10 women in yesterday out of 80.

AW That's quite a high proportion - how many of those are actually on Probation?

PL Well, let's go through the list.

Sue - her husband's on Community Service and is doing some of the hours here - she is quite active in the Centre - semi-volunteer - she's not a client.

Eileen - her husband is on licence - she comes in with him - and Roger is in fact doing matrimonial counselling with them - so she's a client in the sense of being voluntary matrimonial.

Val and Julie are two girlfriends of boys that we know are on Probation at S and come to our activities side - we've not checked whether they are clients.

Rose - is well-known and currently on Probation to Ann C - we're taking her over actually.

Kathy - almost certainly is a client.

Denise - is Tony's sister and may not actually be a client although she's certainly a client of Social Services.

Maria - is one of Pat D's clients.

Muriel - client.

Christine - don't know.

AW Who is Muriel's officer?

PL Well, we've got her now....

AW So you've got two very difficult women as cases here.

PL Yes, but that's true of men too - Officers are quite willing to let us have the difficult clients - is that recording?

AW Do you get many women referred by Social Services?

PL Quite a few.

AW What is Liaison like?

PL Tends to be pretty good with certain Social Workers. We've got over the credibility thing with Social Services. We initially spent a lot of time on PR and went to see various Area Officers and then we were invited into Social Work teams and they came to visit us. The hospital Social Workers - St. E's and St. G's - are very pro the Day Centre and certain other Social Workers are.

Interview with JW(t), Probation Officer 12

AW So you've got 4 women?

JW I've got 4.

AW But two are being supervised by the ancillary. Why is that? I mean, presumably you made some decision about that?

JW No, one of them, Susan R, she appeared in court, but they both appeared in court, she and her husband, as it happened, but she appeared in court charged, with her husband, with defrauding the DHSS. Now it was her first offence but he had a very long history of offences.

AW Now the name rings a bell.

JW But in fact He's lived with her for about 5 years, and has not committed any offences in that time and she has 2 children by a previous marriage and they're quite a nice, neat little family unit but they have difficulties, they're renting a house and its privately rented and DHSS won't pay the full rent, so there were financial problems here. I felt they needed some help but because of his past history I was rather worried about his disposal so I recommended a CS for him and recommended probation for her in order to help the family as a whole, although she as an individual I wouldn't have recommended probation for.

AW Yes, yes, you wanted a way into the family.

JW Yes, and really also to help the magistrates make their decision to give him CS because I felt that they would be more likely to give him CS if he was supervising the family.

AW Otherwise they might well have sent him to prison?

JW Yes, but in fact apart from the financial problems they manage quite well. As it was a case of some battling, really problems of battling the DHSS or taking it to a rent tribunal to try and get this matter of the rent sorted out and I'm trying to specialise in DHSS problems.

The other one, a Mary G, who also appeared with her husband, is of very low intelligence, they're both of very low intelligence, and they're lots of little practical things that she needs help with, social skills, literacy and things like that.

AW Yes - suitable for ancillary work. And what about the other two.

JW The other two, one of them, Carol J, is a first offender but has a great many emotional problems, had an appalling background as a child, taken into care many times, passed around. Her happiest memories were with foster parents and then social workers suddenly turning up and saying you're going home tomorrow and her not wanting to go. Married at a very early age not because she was pregnant but had a child soon after, then left her husband, lost custody of her child, the child died, lots of guilt things unresolved and really a very depressed, unhappy woman. I think she needs a lot of help to come to terms with herself.

AW You say depressed, you mean that in layman's terms or has she actually received treatment?

JW She's had valium, on and off from her doctor but he doesn't seem to be a very sympathetic man, the effect it had, she's hardly the sort of person to pull herself together.

AW Have you felt that she's needed any other kind of treatment, or is being on probation having the chance to discuss it here probably of more value to her?

JW There was a great deal of sort of what shall I call it? - hysterical depression that, you know, when I was doing the social enquiry for. Since then she's been much more controlled and on the surface has been quite bright and cheery and I thought I had perhaps misjudged the situation and what I was getting was worry about the court case, but the other day I did a Heimler Test on her and in fact the depression is extreme.

AW Is it?

JW It's very.

AW Do y u use the Heimler Test a lot? I mean I know about it, but I've never used it. Is it a help?

JW Oh, tremendous. In this case, as I said, on the surface I was beginning to think I'd misjudged the situation and that it was a hysterical reaction to the court case but what I now realise that what I was seeing was a front removed because of the hysterical reaction to the court appearance, but that underlying depression was almost suicidal and it's there all the time.

AW How do you propose to be sort of tackling that then now?

JW Yes, well because through the Heimler Test I can now see where the worst areas involved are and where the satisfactions are, you know, where she could possibly get satisfactions and I'll be trying to build on the satisfactions. For instance, she is at present living with the father of the child who died. After she left him she got married to somebody else and that was quite a good marriage because of his mother. She has a very warm, close relationship with his mother, then his mother died and as soon as his mother died that marriage broke down, so she's now divorced from her second husband

and is back living with her first, but she has great doubts about what he really wants her and the relationship is a very odd one, and it's quite clear from the Heimler that she gets nothing at all from the relationship, in fact quite the opposite but the reason she stays with him is that he's a man and she's got the relationship, and there's always the possibility of another child.

AW But these are problems which you feel can be coped with within the probation order and that's what probation's about as far as she's concerned.

JW Yes, I think so.

AW I mean, this is primarily emotional problems and not problems of, you know, jobs - not material problems.

JW Well, y u know, if she had a job - she did have a job for a short while - and that boosted her morale quite a bit. She was working in a shop but busine s fell off and the manager couldn't afford to employ her but the fact that she was a bit independent and that somebody thought en ough of her to give her a job was important.

AW Did you say her husband was working, or? He is unemployed? Yes. And the fourth one?

JW The fourth one i slightly older than 30, divorced. She, too has been married and divorced twice and has had a third relationship which br ke down. She has a lot of emotional problems, too. The child of her first marriage lives with her mother. Her mother has more or les cut her off but she doesn't really see much of the child. From her second marriage are 2 children and there have been so many problems over access that it has broken down completely so she doesn t see them. She then lived with this third man who was

into drugs and she stole from her employers to get money to buy drugs. Then that relationship started to break down and they were off drugs but she went on the drink, then she was on the verge of alcoholism and she came to court for a whole series of offences, stealing, forging cheques and was sent down. She got a 6 month sentence and was given a probation order on appeal. She had a lot of financial problems because she owed money. Again, has lots of feelings of guilt about her own personality and identity. She's lucky in that she's got a job that she's starting this week and she's always worked in catering and they're opening in a restaurant down in Fenton. It seems to be quite a high-class restaurant and she previously worked with the man who is running it and so she was lucky really. She saw, in the Job Centre, that this was advertised and then she made certain enquiries she bumped into this man she'd worked with before that knew her so he gave it to her without asking too many questions.

AW And the drugs or the drink, she has tackled herself?

JW The drugs, I think, she's off completely, but drink, I think that since she's come out of prison - but she was inside for a couple of months because she was in custody before she was sentenced, but it was the custody that was a great shock to her, especially looking at people inside, who even though they weren't in there for actually being drunk and disorderly were there because of offences committed whilst drunk or to get money for drink. It really was a shock to her because basically she's got good standards and wants quite a good, you know, standard of living for herself, and to be somebody who her kids can relate to, to be proud of, so she's got the incentive there to motivate her.

AW And is she responding to probation?

JW Yes but a bit difficult over the last few weeks. She kept passing out and I discovered it's her sinuses and so she's been backwards and forwards to the hospital not feeling well, so contact over the last couple of weeks has been a bit sketchy. She's starting, she's been measuring for uniforms and going to meetings about this job and I'm waiting to find out what hours she's actually working, but on the whole she has responded very well.

AW So she actually had previous convictions? Did you tell me what the other woman was on probation for - the very depressed one?

JW She sold a car that she was buying on hire purchase.

AW Ah, I see, yes. Did she have previous convictions or was that her first offence?

JW No.

AW Going off those slightly am I right in thinking you worked at Drake Hall for some while?

JW Yes, for 3 years.

AW For 3 years? Did the women there have primarily short term sentences?

JW I did a survey at one time, and the average length of stay was 6 weeks. But at the same time we were getting women in occasionally for 18 months and will be there for a year, and we also used to get people transferred from Styal at the end of long sentences, to more open conditions.

AW On the way out. Did you feel while you were at Drake Hall that the women who were in for short sentences might well have not been there

had there been other provisions outside? What sort of things did you feel?

JW Oh yes, quite often. You know, I've always felt that there ought to be more appropriate provision of community service for women. There's very little for them. It's very difficult really for women to try and do CS at weekends because they've got the kids home from school and I've always felt there ought to be something mid-week for them and very few of them have ever had CS and those who have have practically all failed because of family commitments. I've also always felt that what a lot of women need is social skills/home skills training - some sort of conditions to attend Day Centres. Sort of basic child-rearing skills and how to play with your kid and manage on small budgets.

Interview with BW(F), Probation Officer 15

AW Have you had any women on Probation with conditions of psychiatric treatment?

BW No. I've had people who have been labelled with some kind of mental illness-like personality disorders - but no-one where it's been suggested they have specific treatment.

AW Are any of those women?

BW One is - Susan J. She's labelled as that, and also as a pathological liar. She's 21 now - she's a very odd girl. She was adopted when she was about three and she's with a very respectable couple who are quite elderly. She's never been in trouble until about a year ago. She did a few offences. First of all, she was going round, door-to-door, pretending that she was collecting for charity and getting money that way, and then she pretended she was a police officer and went knocking on doors of old people saying she was looking for someone in the area who was pretending to collect for charity! She said she was checking that they'd got their valuables safe and quite naive old ladies were letting her take things from their purses. She'd never been in trouble before but she was picked up on the first offences and bailed, and then went out and committed the other offences. She was taken to Risley then and she was kept in custody, and then from Risley to St. E's.

AW Was that the first time she'd had any psychiatric treatment?

BW Yes, she's always suffered from epilepsy and she's quite low intelligence, virtually illiterate.

AW Can you remember what the psychiatric report said?

BW They said she was a pathological liar - she lies all the time - that she is very low intelligence, that it's really a personality disorder, that it's difficult to do anything with her.

AW So they didn't recommend treatment?

BW No.

AW How long was she at St. E's?

BW She was there about three weeks altogether. What they did say was that if she continued to offend, they would recommend some kind of hospital order, but she hasn't.

AW So they were saying, "At the moment there's no symptom of mental illness, but if she goes on offending, we'll see that as a symptom"?

BW Yes.

AW How was it argued that she should go to St. E's rather than Risley?

BW I don't know because we weren't involved until she actually went to St. E's. We picked the papers up from the court - even at that stage we hadn't been asked for reports - it was just that June picked it up and said, "Look, they're having psychiatric reports. I know you haven't got much time, but pop along and see her and make a brief assessment and see what you think". So I just saw her with her Mum at St. E's and talked to her about Probation, because it was obvious that there were problems.

AW Do you think she's in need of psychiatric treatment?

BW No, not really. I think the worst of it is that she's very low intelligence.

AW How is she responding to Probation?

BW She varies. For most of the time, she really resents the fact that she's on Probation. She hates coming and she won't let me have any contact with her Mum. That may be related to the fact that she's telling a pack of lies most of the time. But sometimes she's been very very resentful. Then other times, she's quite good. She will talk. It's impossible to work with her, we're not really achieving anything, because she never tells the truth to start with. She seems to have a lot of insight into herself, but I think it's all "parrot" that she gets from Mum. She talks to her a lot and says, "You're this or that". I don't think she has any of her own self-identity. She seems to have the identity that's given to her by other people. When I hear her talking, I think, "That's her Mum" because I know her Mum and I know the way she speaks, and she's just repeating "parrot" what her Mum says - it's not really what Susan thinks. It's difficult to know what identity she has about herself.

AW Does she say anything about being in St. E's or Risley?

BW She thinks that she's bad. She has a lot of contact with her natural parents and that's very confusing for her. Mum's on Probation - natural Mum - and her natural father went to prison for five years. That's why she was adopted, because Mum couldn't cope. She knows that the J's are very respectable and that her natural parents aren't, so I think she thinks that's where she gets her badness from.

AW Is her epilepsy controlled?

BW She hadn't had a fit all the time I'd known her until quite recently. She tends to have them in the night - she doesn't always know she's had them.

AW Does she have medication?

BW I don't think so.

AW So it's not a great handicap to her?

BW No. Another thing is that Mr. and Mrs. J won't accept that she is of very low intelligence. Years ago she was sent to the Adult Training Centre and when Mrs. J found out what it was, she was very angry and took Susan away. So she tries to tell Susan, "You're just slow" or "You didn't do very well at school".

AW How long has she been on Probation?

BW Just over a year. It's no problem about reporting.

AW And she's not reoffending?

BW No.

AW Is there anything you wish you could be doing with her that you can't?

BW I have tried to introduce her to more social skills, like adult literacy, but she won't stick at it.

AW She wouldn't go to the Day Centre?

BW Her Mum wouldn't let her.

AW Does she work?

BW Well, she says she does but I've never been able to check it out and I have my doubts. She claims that she's a receptionist at the XY Hotel. I think she must be, because she's obviously earning a wage, but I don't see how she could hold down the job. Perhaps she does something quite menial there and just says she's a receptionist.

AW So there's no real danger of her reoffending, you feel, but you can't get beyond a sort of facade she presents.

BW Not at all. I think the only danger of her reoffending is the people she mixes with - she's very easily led.

AW With hindsight, do you think it was appropriate for her to be put on Probation?

BW Yes. She may not get very much from it, but at least it's here for her. I mean, when she's with her natural mother, she feels bad and when she's with the J's she's constantly trying to live up to their standards. At least she can come here and she doesn't have to feel either. I think really, she is trying to find her own identity, but can't. She's struggling because she's got these conflicting things all the time. I think that was why she offended - it was trying to be independent. She had a boyfriend, who has a record himself, who she was really smitten with and who she went on to live with. She told me it was him who encouraged her to go out to get the money for him. She really shocked the J's because she left home and went to live with him. But it failed, so now they're saying to her, "Look, you can't cope on your own". Sometimes now she'll say she wants to get her own place. Naturally, they are very concerned about her because she's vulnerable, but she feels cossetted and she wants to be independent. Would you like to have a look at the report?

AW Thank you....

She was threatening to kill herself - that's why she went to St. E's, but she took her discharge against medical advice the following day.... It was noted at an early age that Susan was backward, but Mrs. J stopped the LA from arranging special education for her....developed epilepsy at the age of 11, but the condition is largely irrelevant....she's never been

able to keep a job, but her mother wouldn't allow her to attend the Day Centre....she's always been impulsive, telling preposterous and often transparent lies....her wayward behaviour has been increasing in severity.... a young woman of limited intelligence, childishy unrealistic....attention-seeking....obvious personality defects....no evidence of mental disorder....no medical recommendations....I feel the family as a whole could have helped a great deal by an experienced Probation Officer or Social Worker.

BW You've heard that before, haven't you!

AW Ah, but he's saying she may be subnormal and he might make a Hospital Order on those grounds if she offends again - is that it?

BW Yes.

AW Right, thanks. Anyone else?

BW Not really - I've got several women, but not with mental problems....

AW Are there any patterns or problems in their supervision?

BW I have difficulty in getting them to report. The majority I have to visit at home - I'd never get them in. They have got children, so I suppose that's a bit difficult.

AW Are they mostly on Probation for theft?

BW Yes - and shoplifting. They mostly offend because they're led by their men, or they do it for the children.

AW Do you think their problems are more complicated than men?

BW Yes. You often get men on Probation without seeing any specific problem, but with women, it's chaos - they're almost all like that. But they tend to be not very forthcoming to get help. The worst one I've got for reporting is a girl of 17 - I've just given up - but she's

got masses of problems and really does need someone. If things really get to a crisis, she does come in, so in that respect it is worthwhile.

There's Kathlern H - she's an alcoholic. She's never claimed Social Security and we got her on Probation because she had an appointment at the Alcoholic Treatment Centre - she'd had them before but never kept them. She just resorts to people giving her money, or prostitution or theft. She's very lacking in confidence - almost like agoraphobic - she just can't go into DHSS and claim. The main aim was to get her to the Alcoholic Unit and then I was going to try to get her into a hostel. The A Hostel was interested in her and she seemed quite keen - at W. So that was the whole idea of the Probation Order. So she went to the Unit and she lasted there a week and then she discharged herself. But - she hasn't drunk since. That was two months ago - so she's done very well. And she's not very interested in a hostel now. She had fines going back years that she'd never paid, and it looked like she could go to prison for those. But they made a Fine Supervision Order and she's started paying those. And we got a DHSS visitor to go out and see her. She's doing quite well. But she's the type of person who'll lose interest easily. That's another thing with women - I never feel I have as much authority. Men seem to think, "If I don't report, I could go to prison", whereas women realise that courts don't like sending them to prison - I think they pick that up, don't they?

AW Have you ever recommended a woman for Community Service?

BW No. You tend to think of Probation for women. Women tend to offend when they've got a crisis, so you can justify it, can't you? You can find reasons why they may have offended and you can say, "If this woman was given help, we think we could prevent her reoffending". I've never had any women who've carried on offending once they're on Probation.

Interview with MI (M), Probation Officer 16

AW I met Jackie when I was at the Special Treatment Unit last week and, in the course of conversation, it emerged that you were her Probation Officer, so I'm wondering whether you could tell me any more about her background?

ML There's a gap in her criminal record, which we can't seem to fill in, but I'll read out what we've got:

Jan 1973 Juv. Ct. 12 months' CD - joint burglary.

Aug 1983 Juv. Ct. Care Order - joint burglary.

Apr 1979 Mag. Ct. - joint theft - case dismissed.

Sept 1980 Mag. Ct. - joint theft value £2.80 - Probation Order

2 years.

- joint theft value £22.97 - Probation Order

2 years.

- assault o.a.b.h. - case dismissed.

July 1981 - breach of Probation Order - 2 year CD substituted.

Gap?

Mar 1983 - Driving whilst disqualified

- Failure to provide specimen - Probation Order 2 years
plus 20 motoring offences - fined £106.

The court knew she had no money and they thought there was a good chance that she would breach the Probation Order they had just made, so instead of making a PO on all those petty motoring offences, which if it was breached would make tremendous administrative problems, they fined her on everything, gave her a day's imprisonment in lieu, and told her that a day's imprisonment was equal to staying in the court until 1 p.m. So she stayed in the court until 1 p.m. and the £106 was all gone. The other thing she had was an outstanding fine, which they gave her 28 days to pay and she was in the process of selling a car in

order to pay the £100 or so of the fine off. All the motoring charges went back as far as the middle of last year - we think she was originally disqualified in January 1982, but we're not sure. At that time she was disqualified for drinking - at least, she failed to provide a specimen, but she clearly was drunk. This time it took them 3½ hours to deal with the case. It took a long time to sort out the charges and then the mitigation - and the deliberations took 1½ hours, because they were all for sending her down. That's the conviction side then - oh, it's probably worth adding that the reason the PO was breached was that she refused to come in - entirely. She was pregnant at the time and known to be alcoholic, suspected of soliciting. The Case Committee took the view that, although this was a case of real need, it was also one where we were having no impact at all. It couldn't just be discharged, but that it had to be breached, even though there was real need - we could do nothing about it at that stage, she just wasn't responding. We could sicne argue whether she is actually capable of responding and whether this might be one of the very few cases where we would supervise entirely on home visits. It's difficult to tell - it will depend what happens at St. George's. So she came up in court on 1st March and they wanted SERs. She got up and said she was an alcoholic and they'd actually kept her in the cells overnight. There was a charge for criminal damage as well - I'm not sure what happened to that. She damaged the cell where she'd been locked up. She'd got a chronic alcohol problem. When she's not on alcohol, she's on Atavan, and the doctor who was involved had refused to treat her on the week that I first interviewed her. I'd written to her giving her an appointment to come in, but she didn't, so I went to see her. I didn't spend a great deal of time with her - she was getting over the effects of a drinking binge - either that or the Atavan.

AW What is Atavan?

ML It's a tranquilliser. She was certainly under the influence and was not very amenable - she thought the whole thing was a joke. An odd mixture of "Why are you here, I've got a headache?" and "Isn't this a great laugh?" In the house at the time, although they had got their own house, was her mother, who's never married, but who has a family, and her sister, Lorraine - she's just come out of Care. There was a Social Worker involved for three reasons - one was Jackie was in Care, then Lorraine was in Care, and the mother is a burnt-out schizophrenic. So you go into this family - Jackie's lying on the couch, Mum's clearly incapable of caring for Zoe, the child, who's nearly two now, and Lorraine - well, she's into making herself up and going out and not interested in Zoe. So there's quite a lot of concern for the child, because Jackie is drinking a lot, and when she's not drinking, she's on sedatives and overdoses a lot. She's also going out a lot because she's been soliciting. Other people in the household weren't capable of caring for Zoe. And she's got a boyfriend as well, even though her husband is in prison. That's over apparently, but that was quite fraught. So clearly a lot of concern for Zoe - the house was in a bit of a state. Although that's nothing in itself, it probably illustrated the way things had gone in the house. So I didn't spend a long time talking to her, because I was getting nowhere. I talked to her basically about what Probation was and tested her out a bit in a fairly abrupt way to see if she'd be willing to come in. She made it a joke - "Oh don't you have to come here?" And I said, "There'll probably be a condition of psychiatric treatment if you are given Probation, because I'm certainly not going to take you as you are, because I can't do anything with you". "Will that mean I have to go and see the doctor? I don't want to then - you'll have to come and see me". And that was her feeling at the time. So I went away

from that interview thinking that really there wasn't a lot of motivation, but on the other hand there was a great deal of concern. I got in touch with her solicitor, who told me she had an appointment with Dr. M.

AW He'd fixed that up?

ML The solicitor, yes. She didn't keep the appointment. That evening Dr. G rings me to ask if I can take her down and, as I have some people there already, I agreed. I took her down. Dr. G must have spent 2½ hours with her. By this time she'd got over the effects of the drugs she'd had and he did some very hard talking to her, and so did I. He eventually brought me in - it was blackmail, I suppose. We said to her, "Look, you've got a choice - you either come here or you go to prison. There's no way we can stop you going to prison unless you say you're going to come here. If you go to prison, you can be sure Zoe will go into Care, because the length of time will be such that none of your sisters will look after her. But if you come here there's a possibility that your sisters could look after her and even if Zoe did have to go into Care, it would be on a voluntary basis, on the understanding that you'd be here for five weeks. You'd be able to see her regularly, you'd probably be able to go home at weekends". She went up the wall! Threatening to kill me - if I had a wife she was going to put her in an acid bath - everything. By this time she'd been pretty worked up - G had told her that she was an easy lay for a drink - I suppose that's fairly accurate, but I suppose she's not used to being talked to like that. So she stormed off. G said, "Well, if she changed her mind, get in touch" but I had to stay on the Unit, which was quite lucky, because I had to see someone else. So we had the whole lunchtime to butter her up, talk to her - and her boyfriend was actually quite helpful. Eventually we came to the arrangement

that I would ring Social Services to see if they had any objections to Zoe staying with the other sisters, which they didn't, so eventually she agreed. Didn't really know what she was letting herself in for - no-one does when they go there. So we talked her into it. Got to court - she wasn't too sure still - I think she agreed very much to avoid going to prison. And in the last two or three weeks I would say she has settled quite well.

So that's how she got there. I've seen her one or two times since. There's an added dimension in that her husband is due to come out of prison next week. He doesn't know either about her soliciting or about her boyfriend. John H at N is his Probation Officer. But I was going up to Haverigg and he found out and asked to see me. I found him a rather strange lad. He's one of those characters that I suppose you say, "Given that he's got a bad temper and he's hit her...." But how many excuses do you make for him? I think John was more understanding of him than I was....

AW He's in for assaulting her, isn't he?

ML That's one of the charges, but the main one is burglary. He wanted to know very much whether he could go back to her and what she'd been up to. I was saying "She's been up to nothing - she'll talk to you about it. I don't know whether she'll have you back - she's going to have to decide". I don't think he liked the fact that I wasn't giving him any answers. John is certainly of the opinion that if Jackie does tell him what's been happening, that will be the end of the relationship. He'll black both her eyes and walk out. She's very capable of winding him up and he didn't strike me as being a particularly nice character.

AW She had a telephone call from him when I was there last week.

ML That was the day after I'd been to Haverigg - it was arranged.

AW I heard her end of it - she was definitely saying she wanted him back and they were going to be very happy, but if he beat her up again she was going to make sure he went inside.

ML That was a decision she must have taken on the spot, because a few days earlier she didn't know. She still had her boyfriend at that stage. I don't think she really knows what she wants. Probably the telephone call put her in a bit of a corner.

AW Yes, especially as it was very public, it wasn't a private telephone call.

ML She's very concerned to give an impression she thinks people will want to see. For instance, this weekend, she didn't come back this Sunday to St. G's and in fact arrived back Monday afternoon. She said it was OK because she'd been in touch with me and I'd said it was all right, which wasn't true. The situation with Zoe is that she is with Myra V, who's been on Probation, but very successfully. She's now married with a child of her own....

AW Is this a sister?

ML Yes. Lovely house and Zoe will be perfectly all right there. What I'm saying to Jackie is, "If you stay put, I'll go and see Zoe once a week and let you know how she is". That will serve two purposes - it will reassure us and Jackie, and it won't give Jackie any excuses.... I think she's not beyond using Zoe as an excuse for going back to Stoke for other reasons.

A strong case. A lot of pressure was put on the girl, but I went to see her last week and she was saying that she found the meeting a drag, but that she felt the place was helping her. They've taken away all her drugs and are just giving her Antabuse, which for Jackie is very good.

AW They think she's doing quite well, don't they? What they said to me was, "She's absolutely super away from her environment, but...."

ML What was quite interesting when we took her down to see M was she walked straight in and said, "I know him and he's right bastard, I know him and he's a child molester...." They were all my clients! Then she created and called G this, that and the other and threatened to kill me. And they said, "This girl - just looking at her - she's perfect material for this Unit". When she got over that initial reaction, which was basically her protest, she got on quite well with all these people.

AW Have you got the psychiatric report? I'm interested in how she's been diagnosed and what M said about her.

"....At the age of twelve she was taken into Care for stealing and persistently refusing to go to school....she spent eight months in a child psychiatric hospital (Aston Hall)....she mixes drink and tranquillisers....No evidence of mental illness, anxiety neurosis or depression....rather irritable, particularly when asked incriminating questions and when she was asked if she would be prepared to receive proper inpatient treatment....She made verbal threats towards her Probation Officer....shows signs of emotional ability, although her tears tended to dry up quickly....She does not suffer from any form of mental disorder....She is a young lady of probably average intelligence, who suffers from a severe personality disorder with excessive drinking habits - most probably pre-alcoholic stage....She has been involved in some kind of prostitution...."

ML What she was saying was that she wasn't prostituting because she wasn't going the whole way, but that she pandered to people's masochistic desires.

AW "...an appropriate case for inpatient treatment and would be expected to remain in our Unit for three months or so, followed by regular outpatient attendance for at least eight months....defendant was reluctant to accept this form of treatment, but it is quite likely that she may change her mind before she appears in court....Failure to cooperate with our treatment, which includes aversion treatment to alcohol followed by regular Antabuse treatment will constitute a breach of the terms of Probation...."

ML That was put in for the sake of the magistrates who were clearly thinking of sending her to prison, and he was very aware of that.

AW "...She has been told that unless she does something about the problem she will jeopardise the chances of keeping custody of her daughter...."
Who was the solicitor?

ML Brian C.

AW Good - I've spoken to him already. And he had made the appointment with M?

ML Yes.

AW Is she going to want to come out when her husband comes home?

ML She may well do. We'd be strongly discouraging her. It's difficult to know what to do in a case like this because you feel two things - one that she's got the right to make her own decisions but two, that if you only just push her a little she'd do the right thing. It's very frustrating because that's the sort of thing which, on the whole, I don't approve of. I mean, I approve of being honest with clients but not of putting pressure on them. But you look at this girl and you see so much need and so much damage that's capable of being done by her own

impulsiveness, that it's very difficult to avoid putting that much pressure on her for her own good. That may sound terrible, but that's the way she makes you feel. So if we go down there today and she says she's walking out tomorrow, then my response would probably be that she'd be back in court on Monday. Whether I would actually do it is another matter!

AW You seem to use the PDU quite a lot. What is your experience of it generally?

ML Well, there are two things with a case like Jackie, with a referral to Dr. M; one is the possibility that she could get treatment that I couldn't possibly give her, the feeling that I can't handle, this is way beyond me. I can pass it on to someone, to a black box - I don't care what goes on inside that black box as long as she comes out sober at the other end. There's a cry for help - from me - about what to do with the case. The other thing is a ploy, because you know that even if that treatment does her no good at all, providing she spends a respectable amount of time there, it's not too painful for her and it's a lot less bad than prison. So in a sense you're playing a game with the court saying, "Don't punish this person - treat them, knowing that the treatment is a punishment because they're going to be away from home and it's going to be hard for them, they're not going to like the treatment - you're actually doing something quite punitive to them by sending them to St. G's" - and that appeals to the magistrates. So there's two sides - one is the help and the other is appealing to the magistrate's desire for vengeance. I've got three people in there now and I couldn't give you a really good argument why any of them are there except that they've all technically got personality disorders and it's a Special Treatment Unit! It's often a way of doing something with clients who have otherwise taken away all your tricks -

they've used them all and come out unchanged. It's a last resort.

AW Do you think that having been there now - having acquired a very definite psychiatric label that that is going to have repercussions in terms of when she appears in court again?

ML It could do. I don't think the psychiatric label will - I don't think they're going to view her as psychiatrically ill. I think what they'll view her as is someone who's been given the best help available in the area and failed to use it. That's always a problem. I'm certainly very keen to tell people that the recommendation is two-edged in that it saves them this time but will crucify them the next time. It's a difficult decision because most of the people who go there are the kind of people who will inevitably come back to court. One of the difficulties - between you and me and the tape recorder - is keeping Dr. M to his word. If you say, "I want this man in for six months - quite apart from the treatment side of things, nothing less than six months is going to stop this man going to prison for three years", he'll say "Fine" and recommend six months. Two months later he's saying, "Treatment's over". So I say, "It may be over for you - you may be quite happy to let him walk out, but if he walks out, I'll take him back to court. I'm not taking him back because he's done wrong - I'm taking him back for every other person I may get in the future that I want to get here. If the court gets an inkling that they're sending people here for six months and they're coming out in two, I'll never get anybody in here again".

AW And if you put that pressure on, does it work?

ML It can do. You see, it's a bit one-sided. They expect to be able to get hold of you, because you're not a busy man! On the other hand, Dr. G is well known to be a very important busy man, and very difficult

to get hold of and I've waited two hours to spend five minutes with him. I don't think it's good enough - not when we're talking about only eight people being on that Unit and I've got three or them. I also object when he's telling them, "It doesn't matter what your Probation Officer says - I can let you go any time I like". What he fails to tell them is that although he's quite at liberty to let them go, I am also quite at liberty to breach them, and will do so. It's not their fault but I do have every other person who comes to me for an SER to think about. He's got to watch his credibility too. If he was to discharge Jackie next week - not for any misdemeanour - I'd breach her and appear in court to support her. It would be a technical breach - M would get the blame, not Jackie.

AW So it would be a way of keeping the court informed?

ML Yes, and of keeping faith with them. You see, I literally had to promise that I would breach Jackie - and I would have done so. I'm keeping faith and so is Jackie. And I would expect them to take no action.

AW Yes, I've been asking magistrates whether they actually think about what is likely to happen when they make an order for psychiatric treatment and generally speaking they say, "No, we leave it to the experts" so I wonder if they would really appreciate being put on the spot like you suggest.

ML May be not. But when you're dealing with patients - or rather clients - what you're asking them to do, on the whole, is to have a more honest approach to life. Now if we're asking that of them, we've got to do the same ourselves. So I think you've got to say to your client, "I'm not changing my mind - I'm going to do what I told the court I would do and I'm going to do what I told you I'd do - support you. I'm going

to be consistent even if the Unit's not". Now that's obviously got dangers because the court may take a different view when you get there, but otherwise I think the whole thing becomes a shambles. Someone somewhere has got to take a stand, which the client can respect, the doctor can respect, even if he doesn't agree with, and the court can respect, so that they will have the confidence to make the same order again. I think magistrates sometimes have a suspicion that when they make a psychiatric order, people are not getting what they think they are getting in terms of how long they are going to spend there. It must be infuriating for a magistrate to send someone to St. Georges for six months who they would otherwise have sent to Crown Court for three years prison and then two weeks later see them walking around in the amusement arcade. It's not a view I share but it's one I can respect.

AW It's all to do with the authority and power that's vested in psychiatry, isn't it? But I've found that local magistrates are quite cynical about local psychiatrists and don't always follow their recommendations. They often say, "We use a bit of common sense" and I wonder if psychiatrists have got a distorted view of their own importance in these matters.

ML I think there is a feeling that psychiatrists are "con merchants". And I think this business of early release is part of the problem. On the whole, though, I've been surprised how willing they are to follow psychiatric recommendations.

AW The Unit itself does seem to take serious offenders and somehow contains them and gets them functioning together.

ML Yes, the danger is that they like it too much and get institutionalised.

AW But isn't it better for them to be institutionalised in a place like that then in prison - I mean, that's the only alternative?

ML Yes, you're right.

AW I must admit I was surprised by the brevity of stay. I've been to Grendon and they keep people a year on average.

ML Yes, and another thing is - you never see a doctor on the ward. The groups are supposed to be run by the patients but there's always a member of staff controlling things and that member of staff has no experience of groups - they are just nurses. So they concentrate all their efforts on keeping people talking - they don't direct things anywhere. In the nicest possible way, they're just waffle groups. Now that can be very useful over perhaps a year, but in a couple of weeks, what good does it do anybody?

Interview with LY(F), Probation Officer 17

AW I was interested to see that you have a woman on probation with a condition of psychiatric treatment - could you tell me a bit about her?

LY She's on probation for shoplifting. In December she completed one order but there is a second which ran partly concurrently and I decided to keep the two running - it's the second which has the condition of treatment. It's for outpatient treatment - she was seen to begin with approximately once every two months - for about two occasions - and since then it's been much longer than that. From her description of what is happening, she is asked if she is all right, is her family all right, is she managing to cope, fine thank you, I'll make another appointment. She goes to Stafford for two minutes each time and she feels she has no confidence in the psychiatrist. She thinks he doesn't know her very well - she never knows who it is she's seen, but from what I can gather, it tends to vary a bit. It's the usual thing about whoever happens to be there. It came about not as a result of the theft, but because she's having problems at home. She's divorced and remarried and has her children living with her and her husband, and originally her father was living there as well, through an accident. It was quite a pressure on the situation - coping with the kids, having one of them move back from Care - that was being monitored. He was creating problems on his weekends home - he was given some leeway and then was told he would have to be treated like the others when he finally came home. She had a very good relationship with her new husband because she was allowed her own point of view, whereas previously she had been married to a man, who I also had on probation, who used to beat her and drink a lot, and made all the decisions and had quite an old-fashioned view of marriage. She's now married a man who is much more enlightened and they make joint

decisions. He believes that the family ought to be involved as well as much as possible. So if there are any major decisions, they get the kids together as well and she found that much better. But he's been out of work for a long time due to a car accident - he's lost the sight of one eye. He used to be a scaffolder. He's recently got a job away from home, which was fine at first but she now finds that when he's at home arguments start. They've both got used to being apart and now the relationship isn't as good, which is a great shame, but he was offered a job and was going slowly round the twist not working. But then he started going out drinking, with her ex-husband. They've always had a close relationship - her present husband was sort of confidante for her ex-husband. But then she saw her present husband going the same way as her ex. She challenged him one night, and he thumped her. Fortunately, it seems to have been a one-off thing. One of the other problems that was around was that she is quite a big lady - tall and broad. She's very conscious of her weight. She's quite dark and very attractive - sort of jeans and boots type lady. Very conscious of her figure and wanting to cut down and when I met her she'd cut down to the point where she was eating very few meals. Although she wasn't drastically losing weight, she was finding it harder and harder to eat meals. I was worried that she might be anorexic or heading that way. That was also part of the reason for psychiatric treatment. But apart from telling her that she had got to eat or she would be ill, there's been very little done on that score. I've done what I can but she's quite stubborn and devious - that's the wrong word - I don't mean evil - but she will cover up when she's not eating. She'll say, "I'm eating more than I was" which means she's not! But she has improved as far as I know - she's eating more regularly than she used to. It certainly isn't having any adverse effect on her health. So far the situation is quite stable - things

have settled down a lot. I don't think that my impression of what the psychiatric condition has done is relevant - it's what she sees it as having done. And as far as she's concerned, she may as well not have bothered.

AW What is her record like?

LY One previous shoplifting I think - many years ago - and then nothing until she was shoplifting this time - presents for the kids at Christmas - she couldn't afford to buy what they wanted.

AW Was that before her second marriage?

LY No, after. It was their first Christmas and she felt under a lot of pressure. And it happened once again at another time, after her husband's accident.

AW Was it your suggestion that she had a psychiatric report?

LY Yes. What I was mostly worried about was the weight thing and I felt that she needed more help than I was going to be able to give. I had contact with the psychiatrist when the report was being done and at the beginning of the order but since then it's perhaps my fault that I've had no further contact - partly because you're not too sure who it is in charge of the case and is it relevant to contact them anyway if they're not the people who actually see her? But I'm not trying to make excuses - I should perhaps have pushed that. I'm rather cynical - from my own experience and that of others, I'm not sure how much that would improve things.

AW And the psychiatrist hasn't tried to contact you?

LY Oh no!

AW What did they say in the report about her?

LY I'll look it up - (pause)

AW Is she cooperative with you?

LY She is when I see her. She says she's got a terrible memory - she misses appointments. But I sympathise because I've got a bad memory too'

AW Does she come to the office?

LY Mostly, but I go to her home as well, especially if I'm chasing her for not having been here. Here we are - "a phobic anxiety state with depression, agoraphobia and obsessive features regarding diet". The agoraphobia is something which she has never mentioned. It certainly doesn't stop her going out.

AW Has this hysterectomy distressed her?

LY Yes. Initially, I think that's where some of the problems stemmed from. But health-wise, she's got no problems. She did have a concern about her liver at one stage - that again was at the beginning. I think she was to some extent anxious - about her health generally. This might be totally wrong, but I got the impression that if you said, "You look ill" she'd feel ill, because she was generally depressed and anxious about anything that was happening. But she's much more stable now and I think it's more to do with the passage of time than anything else - and the fact that her husband's working.

AW Did you say earlier that one of the children was in Care?

LY He came home the summer before last but he was in Care following the break-up of the first marriage. There were behaviour problems. He settled well at first when he came home but then there was a damage

charge and he was cautioned for that.

AW Are Social Services still involved?

LY On a very irregular basis. They say they are involved but Mrs. G says she hasn't seen them for months.

AW Is he still technically in Care?

LY No.

AW What has been their attitude to Mrs. G?

LY She had always taken an interest in the boy and visited so the hope always was that he would be returned.

AW So you feel some progress has been made?

LY Yes, except for these missed appointments! But there always seems to be a genuine reason and when I do chase her I never find anything that she's covered up. So I don't really want to take her back to court - she's keeping all the other requirements.

AW Do you think she would agree to talk to me? What I'm really interested in is her view of the psychiatric help she's received.

LY I'll ask her. The only thing you might come up against is that the problems she's had with the psychiatrist she's been unable to tell him about. I've said, "Why don't you tell him you think it's a waste of time?".

AW That's a bit much to expect, isn't it?

LY Well, not in those words! But I've suggested what she could say, but she won't, because she'll avoid the problems - she does that with me too. She says she just feels she can't talk to him. And there's certainly nothing to indicate that he's trying to get round that.

Interview with JM(M), Probation Officer 18

AW Can you give me any idea of the number of CS Orders that are made on women?

JM If you look at this month, for example, (looks through statistics sheets at random) there were 22 orders made and only one was on a woman - that's in the north of the county, and out of 28 here (another sheet) none were on women.

AW Is that because you're not getting the referrals of women or because you're considering them unsuitable?

JM Oh, we're just not getting the referrals. I would think it reflects the proportion of women appearing before the courts anyway for offences punishable with imprisonment.

AW You mean the more serious offences? So you think you're getting a reasonable proportion?

JM Well, you'd be able to tell me that - what is the proportion of women to men appearing in court?

AW It's about one in six or seven, so you're actually getting a lot less in the overall proportion, but if you then consider the number committing serious offences or with previous convictions, you may well be getting a bit nearer....

JM My feeling is not that they're not referring because it's a woman - I think it's very much an equal picture insofar as they are going to prison, or even eligible for prison.

AW Mike was saying that the only reason you would turn down a woman would be if it was clear that it was going to present so much pressure domestically that it was actually going to add to her problems rather

than take away from them, but he said that the number of cases that you actually had to do that was very small.

JM That's right. That's the only category that's identifiable by sex, because I suppose we rarely do that for a man. Though it does happen that we take men back to court (for breach) because they can't cope with the pressure at home.

AW I think you're breaching a woman at the moment, aren't you?

JM I don't know - I would only know if Mike wanted to discuss a particular situation - like the woman at the Lyme Trust. That's a different problem, though - the superintendent there started to pay the woman, which clouded the whole issue.

AW Is that the first time you've had the problem of payment?

JM We've had situations where somebody has paid someone, and what we've done there is to not credit them with the hours and make sure it didn't happen again. But this is an odd arrangement whereby on one day she's being paid by the beneficiary and the next she's doing it for nothing for us. It's difficult for us to say no, because the organisation needs her as well - they depend on her cooking the main Sunday dinner.

AW Do you have any statistics on previous convictions for women?

JM Each month we get a computer feed-out which gives orders by sex, age and type of previous convictions - so we can tell if a woman has been fined or on Probation previously - but they don't tell us how many court appearances, which is very frustrating.

JM The category which bothers US is that of "no previous", but often when you look at it, it's often "larceny as a servant" - you

know the old offence, which invariably carried a prison sentence, or else someone caught with a long list of burglaries, which again could call for a prison sentence, so it never bothers me quite as much as it might. But that's what you like to see (points) - a row of figures there (of previous convictions).

AW One of the things that concerned me at first glance was that the women seemed to have very few previous convictions but, looking at this, I can see that some of the men have also....Do you think any more use could be made of CS for women?

JM Well, you're looking at it as a treatment facility, aren't you? As long as there aren't more women going to prison that we could keep out - I mean, certainly as we are running the scheme in Staffordshire - I'm happy. But I agree that there's a lot, in terms of healthy treatment of people you could use CS for - rather than fines, which become an intolerable burden on the family, or other stigmatising treatments which can be damaging perhaps to a woman even more than a man.

AW What interests me so far is that all the Probation Orders with conditions of psychiatric treatment that I've come across have been disasters - they've either been totally irrelevant or they've been disasters. And the officers I've spoken to have said, "I've been able to help because I've been able to add another dimension to her life - she's had no-one to turn to" - you know, the total lack of any social contact, or chance to do anything constructive with their lives outside the home....

JM Which you don't need a caseworker for....

AW And the relationship between particularly women officers and women clients seems to be very much at a personal level rather than a professional level, and I feel there should be some other way of

providing this without the stigma of a conviction....

Mike was saying that he felt women fell into one of two categories - that they either completed their hours without any bother or they caused more trouble than half a dozen men - would you agree?

JM On a county - wide basis, yes. They either do their hours and we never see them - the Probation Officer tends not to see clients after the initial interview - or he's presented with problems with them. With men there's a category in between where you're involved with chasing them up and nudging them. But my experience with women is the same as Mike's - they either get right through an order and you never hear of them again, or you end up taking them back to court in the interests of justice - because they've having babies, or their health is such that they just can't go on, or family commitments, or whatever. So it reflects Probation Officer's experiences of women - they're either straightforward or they're real trouble, aren't they? Again, bear in mind, we are trying to keep offenders up tariff, we hope we are getting the more serious offenders....What was Mike's view on that? Did he feel they were using it up tariff for women?

AW Yes I think so. But one of the points he was making was that some of the women who get to that stage have never had to face the reality of what you do here - I mean, that you actually turn out and do the hours - that the whole system is geared to manipulating and dodging demands....

JM Adjusting things to the woman really....

AW And actually coping with very specific demands is difficult, because it hasn't been their experience in life....

JM Certainly my experience is that we have less trouble with women when we just place them on a project and they turn out on Sunday with a

team, than when we continue the practice you've described of trying to tailor-make situations to fit the women. Take this L Trust - it's us bending over backwards to accommodate the woman....

AW Is this a project you have set aside for women?

JM Not exclusively, no, but they can use up a lot of women - there's a lot of domestic work - cooking and cleaning.

AW So it's tailored to a traditional pattern? And the woman is likely to bring her usual responses to the situation? Whereas you find it better if you just stick a woman on a decorating team, for example, where she does the same as the men?

JM Yes, but what could be happening is that we're fitting them in because they're more straightforward anyway.

AW So how do you select for projects?

JM They're probably more normal - in inverted commas - than the ones we fit up specially. The woman at the L Trust, for example, came to us as a problem. She was stropky in the initial interview, telling us what she was and wasn't going to do and we got trapped into going along with it, she's manipulated us - her offences were false
r t nce '

AW Th Lyme Trust is presumably available mid-week, whereas the other projects aren't?

JM Yes, that's a significant factor. If women have got children, they can turn out during the day, while they're at school, whereas it's sometimes difficult to turn out at weekends.

AW Do you put women with women supervisors?

JM At the beginning when we put women into the teams, we did consciously decide that they would be better with a woman supervisor because of things like toilet arrangements, which are sometimes a bit difficult "on site" - we thought they would feel more comfortable with another woman there. But whether that's gone on, I don't know. The pressure we're working under now, niceties like that tend to go - we're just juggling teams. If a supervisor goes ill, we just switch one and it could be male or female.

AW How many female supervisors have you got?

JM Quite a lot. Off the top of my head, I would think about a third. Many of the supervisors who have been with us from the beginning are women. I have a feeling it reflects the full-time staff - in the north and Lichfield they have a large proportion of women, whereas at Cannock they have very few women - and those they have tend not to stop. I think the full-time staff are not so comfortable working with women supervisors - they probably see the scheme as being more authoritarian in tone, as practical work. But some of our best supervisors are women. Perhaps you should talk to some supervisors.

AW Are you aware of any increase in orders for women?

JM No, we go through little pockets where we think something is happening but then nothing does. You could perhaps check with Crown Court to see if there are women who are going to prison without being referred here, but I doubt it. I can't imagine there are many women who go to prison from Staffordshire.

AW Because the numbers on CS are so small, I suppose there hasn't been any pressure on you to provide special types of projects for women?

JM No, we can always make a special case for a woman, if necessary, which

we couldn't do for a man - they just go through our "sausage machine". We do tend to go out of our way to find suitable work for a woman to fit in with her domestic problems. We had one woman working on clerical work at a consumer protection voluntary body, and the others are domestic work like at the L Trust, the YMCA and Gingerbread, the Elizabeth Trust, and then we've had women working with Youth Clubs and children's nurseries. We've had women offered jobs as a result, but I can't remember any of them taking them - again because of domestic problems - they couldn't work full-time.

Interview with MW(M), Probation Officer 19

MW I have one case which you might find quite interesting. She is 19 and I met her in November 1981 while she was serving a 6 month prison sentence and she'd been in Care from the age of 12 months to 18. Until she was about 8 she was with a foster parent but the foster parent became ill and she was moved at a moment's notice to a children's home - I'll come back to that at the end of the story - that's important. There were difficulties at that children's home and she was eventually moved to S and then to R and then to B. She came into contact with the Probation Service at B when she started committing offences at the age of 18. The first was disorderly behaviour, the second was assault on a policewoman, the third was setting fire to a skip at the back of a shop - for which she was placed on probation - and the fourth was for setting fire to 5 skips at the backs of shops within days of being placed on probation. For that she went to prison for 6 months. While she was at Styal she decided that she wanted to live with her mother, whom she hadn't seen for years, who lived in this area, so that's how we came into the picture and I saw Mum and Mum said no way did she want her, or to be more precise, no way did Mum's cohabitee want her. Her cohabitee was a Nigerian and Mandy herself is half-cast West Indian. Mum is English - white - and when Mandy was 9 months old, she married a Pakistani, who didn't want Mandy, so Mum got rid of Mandy. But Mum didn't get rid of an older sister who was also white. So Mandy didn't go to her Mum's but she wanted to come to Stoke so we found accommodation for her in Stoke in a flat - and she had a choice of three. She was picked up by me on Christmas Eve, exactly 12 months ago - we looked at the three flats and she chose the best of the three. We'd arranged for her to spend Christmas with other people in the building, so she was introduced to them - a young couple who said, "Have you been in Care?" - they took one look at me

and decided I was a social worker - and the girl said, "I was in Care, so you can spend Christmas with me" - so I was quite happy about that. She had the offer of contacting me on Boxing Day or the following Monday but she didn't - and on the Tuesday evening she was arrested for watching people put money into a night safe and she had a knife on her. When she was arrested, she also had a letter addressed to herself saying, "Items I need to do a job" such as crowbar, screw-driver, gloves and a whole list of things. I went down to see her at the police station and she refused to talk to me. That wasn't unusual because I'd only met her twice and she hadn't communicated at all. I then found three alternatives - she went to court and was remanded in custody. In the remand period I got her a hostel vacancy in Northampton. I saw her mother and got her to agree that she could return to her and there was the chance of the continuation of the flat. She appeared at the Magistrates' Court, was represented, and I wanted her to go to the hostel but she refused all three. She said to the magistrates, "Please send me to prison". After an adjournment, they sent her to prison! She got a 6 month sentence, during which time she lost 2 months remission for bad behaviour - throwing plates and hitting other women, and generally being disruptive. I saw her at least once a month and got to a stage where she was actually beginning to communicate. I also involved a half-cast volunteer because I thought Mandy had got hang-ups about her ethnic origins and this woman is a sister at the NHS Hospital, and in fact they "clicked" and it worked very well - it didn't achieve anything, but it worked very well! There is a point to this long story! Coming to the psychiatric business. She lost a lot of remission and I became quite concerned about her. She wrote quite a lot of letters to me and also a lot of poetry while she was in prison - most of it around the subject of her need for stability, a lack of somebody to trust and her perception of what her mother was;

a sort of gilded figure with roses round the door. She wanted to return to her Mum and Mum made half-hearted efforts to keep in contact - if she was pushed she'd write and she visited once. Anyway, Mandy came out after losing the 2 months remission and she was collected on this occasion, again on a Friday, by the volunteer and brought straight to Mum's home. The volunteer spent the whole of Saturday with her shopping, didn't see her on the Sunday, saw her Monday morning to go to Social Security, left her at lunch-time, met her again Tuesday afternoon, when she informed her that she had set fire, on the Monday afternoon, to the local children's home where she'd been placed when she was 8 and had tried to burn the place down with about 15 kids in it. So they came in here and I rang the police and, yes, the children's home had been set on fire but fortunately it was at 4.30 in the afternoon and the fire was discovered just as it was taking hold of the ground floor and nobody was injured and not a lot of damage was done. But it was only pure chance. So Mandy was arrested. Now the psychiatric part comes in.

My immediate reaction was that I wanted a psychiatric report and I also wanted her represented so I got in touch with the local solicitors and I said she had a personality problem, that she was totally unfitted for life in the community, she wanted to remain in custody because she was terrified of contact with people and had a complete lack of confidence in her ability to survive. I asked the solicitor to get in touch with Dr. G and get a report done, which he did immediately - very good. But I also sent a very long social history to him and I put my own views in this. Mandy was then charged with arson with intent to endanger life, which carries a life sentence. She eventually went to the Crown. G's report then arrived, which said that she was a psychopathic personality, that she was too dangerous for him to admit to his clinic and he had made arrangements for the forensic psychiatrist from

Broadmoor to interview her with a view to going there. I thought that was a bit extreme. But that was his report. So I got in touch with the solicitor and said no way did I agree with her going to Broadmoor - there must be other places than that that she can go to. Oh yes, they said - we'll get another report. So they went to a psychiatrist called L in Manchester. He wrote a report saying that she was of a psychopathic personality, that prison would do no good to her, certainly Special Hospital would do no good to her and as he didn't know of any other hospitals that would be interested, Probation in the community was the best thing he could suggest. So we'd got two psychiatrists, the second doing a whitewash at the request of the solicitors who were paying him privately - not that I can ever prove that! The next thing that happens is that Mandy appears in court. Meanwhile, I'd been seeing her every week. I'd seen a lot of her and she was determined that she was not going to go to a hospital, but she accepted that I'd got my professional views about that and I told her I was not prepared to change them. So she appeared at the Crown Court in September (having been released from prison in June). She had a barrister who came up to me outside the court and said "What do you think about this probation order?" And I said, "Well, I don't think about probation because it's me that's saying she's got a personality problem and cannot exist in the community, and there's no point in going for a hostel, because she doesn't want one and no hostel would accept her in view of the offence - she doesn't want to live in a flat because she's frightened of living on her own - she doesn't want to go back to her mother, and her mother won't have her - she needs treatment". "Oh rubbish", he said, "Anyway, I'm putting in this report from L in Manchester". No mention of G's report at all. So with that he walked away and I called him back and said, "If you put that report in, I shall tell the court about G's report, which I had requested in the

first place". He went into court very annoyed with me and the judge's opening remarks indicated that he was thinking of a life sentence. So with that, the barrister back-pedalled and got an immediate adjournment. No reports were put at all. I contacted MIND and they gave me details of three hospitals. Unfortunately, they were all private hospitals. One of them was fascinated by Mandy. The psychiatrists had got a Unit dealing in behaviourist techniques for arsonists and psychopathic personalities. They would have been delighted to have had her - at a cost of £75 a day! So I rang the local regional hospital authority and they just hit the roof, saying no way were they going to pay anything. So that shut the doors firmly in Mandy's face, although, to my mind that was exactly the sort of treatment she required. So I then thought what to do next. I'd rung Broadmoor and they'd said there was nothing they could do at all for this girl. I then got in touch with Park Lane and found them very helpful. Unfortunately, Moss Side has a female wing full of inadequate, borderline subnormal women, whereas Mandy is average to above average intelligence, and that was the fear she had of going into hospital, that she would be with that sort of person. Anyway, one of the psychiatrists said he would go to Risley and do a private report for me saying what his opinion was. He came back and said she wasn't bad enough to fit the DHSS guidelines for admission to Special Hospital which threw us right back to square one. Then she came up in court - different judge. This barrister, by this time, had completely changed his tune and had instructed his solicitors that they must do nothing without his approval, because he was so concerned that this woman would receive a life sentence or go to a Special Hospital. He'd told me that I was making a mountain out of a molehill to start with! So when we met, he talked to me for about three quarters of an hour. When we get in front of this different judge, he takes the wind out of everybody's sails by saying, "Why has nobody considered Borstal for

this girl?" So the barrister had no idea and turned to me, and I then had to regale the judge with how she'd appeared in court and been dealt with on the first two occasions and said I obviously did not think of Borstal, or CS, or a hostel because his colleague had indicated that he was thinking of a life sentence or a Special Hospital - it wasn't for me to suggest that she should go to Borstal. I said in my report that I was of the opinion that prison would be of no use to her, and Borstal the same. I felt she needed hospital treatment but it seemed that the community was not prepared to provide any of the resources that this sort of person requires. I left it at that and she got a three year sentence. She went to Styal 2½ weeks ago and she has already lost 2 weeks remission. While she was on remand at Risley she had 56 days punishment as a result of being on report 9 times for behaviour offences of violence. So in March 1984, I will be in exactly the same boat as I was in June this year. It's quite frightening for her that she has no future and nobody wants to know. She's got no friends, no contact with anybody other than myself and the volunteer. And she's got this personality problem which, until she receives some sort of treatment, will just grow worse. And prison will just reinforce to her that she likes it - well, she doesn't like it, but she feels secure enough to be able to behave in whichever way she wishes.

AW What frightens me from that is the psychiatric diagnosis and the way they can vary so greatly. It makes you wonder what knowledge psychiatrists are drawing on in order to make diagnoses that are so totally differing....

MW I'm reading a novel at the moment about four psychiatrists who give evidence in court and one of them says in a throwaway line something like, "At least it keeps our profession an art and keeps us interested

in each other!"

AW Did you feel that the diagnosis was being made to fit what was available?

MW I felt that G's diagnosis was right. I know why he reacted strongly. I think he reacted wrongly myself, but Mandy had lost her temper with him and she'd stormed round the room telling him to f--- off. He rang me after and said, "I haven't got a secure unit and she's tried to set fire to a hostel. She lost her temper and was obviously deranged when I was talking to her. She does need treatment but she needs to be stabilised first. If she goes to Broadmoor for two years, I would be prepared to take her then and that was really the end of that conversation. The problem is then that nobody can say that she'll be at Broadmoor for two years - if she started playing up, she'd be there for ever. Now L from Manchester - I can't prove it - but I'm convinced the solicitors sent him a copy of G's report and said they didn't like it and he's produced something which they did. So the answer to your question is yes.

AW Do you think there is any possibility that, now she's at Styal, her behaviour may be so disturbed that she'll end up in Special Hospital?

MW No, I think they'll just contain her (pause). I stopped because it's something I hadn't considered. She wrote to me last week and she'd broken the cell window and was slashing her wrists and she'd been put in a strip cell. I don't think so because everybody at Risley said, "She's a bugger when she's got a temper on her, but when she hasn't she's a charming, pleasant, enjoyable person to have around". So no way are they going to say she's so bad that she's got to go to a Special Hospital.

AW Have you any ideas why she behaves as she does?

MW I think she lacks confidence - but that's not a psychiatric problem. But she is paranoid about the warden of the children's home and she has now convinced herself that all her problems stem from that woman. Now the problems were there before she met that woman - the crunch came when the woman tried to discipline her for her unruly behaviour in the children's home. But to have harboured the grudge from the age of ten until she's 18 - that's what worries me. And also in her letters she's starting to talk about her mother in a similar sort of way, and it worries me what she would want to do when she comes out. They are both people who have crossed her and who she feels aggrieved about. There's no way I'm going to be able to deal with that sort of thing on a visit once a month. And yet it's there. I know it's easy to label people, but I'm convinced it's part of a psychopathic personality - a total lack of feeling. She now communicates quite well with Hazel and myself and says she is prepared to trust us but that's not sufficient. It's nice for us to hear it but it doesn't solve the problems. If it was just the confidence-boosting and the fact that she was lonely it would be, but it's not. She will commit again a serious offence. I would go back to G the next time and see if he could find reasons for taking her. But there just aren't the provisions.

Interview with JW(M), Probation Officer 22

JW I have one woman with a psychiatric history. She was referred to either a child psychologist or psychiatrist when she was at school and that hasn't been followed through since, as far as I'm aware, but she's still a disadvantaged personality. She has never grown out of the problems created by her early childhood - the repercussions are very evident in her daily performance.

Her name is Pauline E and I first came into contact with her through having to prepare a Divorce Court report. On starting enquiries for that I discovered that she was due to appear at the Magistrates Court at Stafford on charges of theft, so I ended up doing a report for that as well. A great deal about her home background is not known apart from the fact that it was an unhappy one and she suggests that she was imposed upon by her parents to do household chores. But she also received a lot of trouble at school through her appearance. She had buck teeth and she wore a very simple pair of glasses and overall the picture she presented was a source of ridicule and she got so much of that on the playground that it caused repercussions in her behaviour and her performance at school. That was when she was first referred. As far as I'm aware she's not had any treatment since.

Her appearance didn't improve until about 1978 when she met her last husband and he paid for her to have her teeth done correctly and bought her better glasses. So in appearance now she's quite normal. But she has personality problems which have been evident ever since that day and whether she is too damaged to be helped to overcome those or not I don't know. Much of her life is based on deception and it was as the result of deception that her marriage to her second husband failed. It was deception - presenting cheques - that got her before the courts, and she is certainly one of the most untruthful people I've ever met. And because she is so unreliable in what she says,

she doesn't form relationships that last. She tends to abuse friendships. So we keep going round cycles - she gets a friendship, she abuses it, she loses it and she's down to rock bottom again. At the moment she's divorced and living in what can be described as no more than a doss-house and only just surviving. Going back in history a little bit, as a result of her unhappy childhood, I think she rushed into marriage, produced three children, the relationship failed, she couldn't cope with the three children and they were taken into Care some years ago - she's now 30. She has not seen those children for 5 years - she's taken no interest in them. She then met this Mr. E, who is a self-employed builder and plant hire contractor. And her relationship with Mr. E flourished because of her deception. At no time did she tell him a great deal about her background. She did mention she'd been married before but she didn't declare she'd got three children in Care. At any rate, their relationship ticked and she produced a child of that marriage and Mr. E built his own house which must be worth in the region of £50,000 and that's where they were living when I came into contact with them. Then Mr. E found out - either through the Social Services trying to contact Mrs. E, or through someone trying to blackmail Mrs. E - that they were there. That contributed to the divorce and also the fact that she is alleged to have stolen money from Mr. E's company. He took divorce proceedings and they were divorced just over 12 months ago and he was granted custody of their son, Dean, who is now 4.

I then gained excellent accommodation for Mrs. E in Stafford at a very high quality commercial lodging house - I stretched DHSS to their limits. We then experienced deception over that - having been given the money for her board, she didn't pay it, and left us with one hell of a bill, which I was obliged, from the Probation Service to cover. Then I had to transfer her to doss-house. Her life is a lonely

one in the sense that there is no depth to it. She forms instant relationships with numerous men, who wine and dine her. I think she may extract money from them. I'm not sure what services she is prepared to provide because she claims she didn't enjoy her sexual relationship with her husband, and in fact doesn't enjoy sex. But having said that, she has now produced four children and is in fact pregnant again. Possessions are important to her. She seems unable to use her money except for purchasing things. She's lonely so she buys something - a ring or something becomes a possession instead of a relationship. It's very very sad and as yet I haven't been able to influence her. Her life hasn't got any depth and she hasn't got the foundation she needs. We've now got the complication of pregnancy. She will shortly we hope get a tenancy and I shall then involve a volunteer. As a mother, she's a caring and interested mother but not too capable - she sees the baby as a toy. She's very good providing stimulation for a baby and playing with it. But she's not very good training a baby or ensuring that the baby has immunisations etc. The question of care in that sense causes us concern and I should think it will be necessary for a health visitor to have fairly close oversight.

AW Why have you decided to involve a volunteer?

JW Because I don't think I can give the support she's going to need, when she's got the house and another baby. At the moment I'm hardly able to have any influence on her life because she's like a butterfly. If a man comes in and asks her out then she will go off with him and might decide to stay 2 or 3 days at his house. Then for some reason the relationship breaks down, she goes back to the doss-house and comes into the office in a distressed state.

AW What sort of use does she make of you and probation?

JW At the beginning she used to manipulate it. We were a source of financial support which we had to withdraw and she will now come to cry over spilt milk. But so ingrained is her approach to living that we have not been able to change course for her yet. It may be that with a new baby and a new tenancy we might be able to get some more positive support into her life. I think she could become more lonely with a baby - that might frighten off a few men. She can't cope with organisation and structure - she hasn't got that ability. So she won't be able to set up a home on her own. I can't give her the constant support she'll need and I think she'll need a woman.

AW Although you say you haven't influenced her, she sounds a case that you have been quite involved with and one which has made emotional demands on you?

JW Yes, the demands have been considerable and the input has been high - the rewards so far not very great. But she is so inadequate that you need to be around for the moment that she needs you. But what you do at the point of crisis and how you resolve it doesn't lead her to understand how it developed and how it can be prevented. She keeps on this vicious circle of disaster. If she has a smooth confinement and produces a healthy baby, we might have the chance to break the cycle and start again.

AW She doesn't have substantial criminal then?

JW No - she has only one court appearance.

AW So she's not in danger of imprisonment?

JW The only danger she has of that is that she has never paid the compensation. She's been back to court three times over that. The magistrates have been more tolerant with her than I feel she deserves.

The compensation is due to the people she presented cheques to, not to her husband. The compensation she is alleged to owe to the company - about £5000 - has been waived - it was taken into consideration. The husband never pressed that one.

AW Do you think there will be some progress at some stage?

JW I don't like to think that we ever give up hope. I'd like to think we can improve the quality of her life. She has a life and sometimes the quality of it can be quite good, but it doesn't last and she always ends up at rock bottom. Last year, through relationships with men, she went to the south of France and Holland, and she goes away for weekends. When there is somebody there showing interest in her and she's provided with money and support she can be quite presentable and she's quite a live wire, but she collapses like a deflated balloon as soon as those benefits are removed. Now often she causes those benefits to be removed by her own actions.

AW She doesn't sound as though she's the kind of woman where you feel psychiatric help would be appropriate. Would you describe her problems as social?

JW Yes, and personality. She's on probation for three years, ending in 1984 and I would have thought my contact with her will cease but she's going to need some form of social support - whether we do it on a voluntary basis or whether it's taken over by the Social Services. But one must question whether she's going to perform to a satisfactory standard to keep this baby.

AW What do you feel she ideally needs?

JW I suppose she would say a happy marriage. I would like to see that

achieved but she isn't learning by her mistakes. The first marriage - well fair enough - that was a disaster, but she lost the chance with her second marriage through her own behaviour, and I'm absolutely convinced that these other relationships have failed for similar reasons. I still feel there is the possibility that Mr. and Mrs. E have thoughts about each other. Mrs. E will allege that her ex-husband is the father of this child.

AW Could you see her establishing a life on her own?

JW I don't think she's a strong enough person to live an independent life. She only coped in her second marriage because Mr. E is a capable person. I could never understand how a person like Mr. E could court and marry a person like Mrs. E because there is such a difference in their ways of life and their personalities.

Denise B is 21 and a right madam! For some reason, she's very unreliable and inclined to get involved with an undesirable element, yet in herself a very pleasant and capable person. I'm disappointed that my recommendation for a probation order hasn't resulted in change and progress. She has reoffended and gradually she's become more and more uncooperative. She's on a deferred sentence and due back in court on Monday. She's been on probation for just over 12 months, she's unreliable, doesn't keep appointments and shows disinterest. She's also committed to do 100 hours Community Service - she's proved unreliable about that too. She's not paying the court her dues. Her offences are theft mainly - she's always on the fringe of crime. She really isn't the instigator - she's with boys who steal and other than being present with them, she really doesn't do anything. She doesn't move out of the way or avoid being in such a situation. More recently she's formed a relationship with a boy who is a working boy and may only have one conviction. Denise is now pregnant by him. They don't

intend to marry immediately - they intend to see how the relationship goes. At the moment not too smoothly - there seem to be outbursts of aggression towards each other - whether they'll work that one through, I don't know. I think she could go to prison. She's in breach of probation, she was uncooperative on probation, she's failed her CS. Originally the organiser put her on Meals-on-Wheels. Denise is a nice girl - she's presentable and clean - and we thought that would work well. And indeed on the occasions that she attended, she did the job very well, but she failed to turn up. She often claimed that she wasn't well but she was never able to produce an adequate certificate. Then she occasionally gets some form of dermatitis and we had to take her off Meals-on-Wheels while that was being treated, then we put her with a group that was painting. Once more she started on that and did well but stopped attending. She doesn't seem to have any commitment to anything. She used to be employed at a local bakery but it was while she was there that the dermatitis developed and she had to leave. Since then she's always appeared quite content not to work and I think she's absolutely delighted that she's pregnant. She's very good with kiddies - I've observed her with nephews and nieces. I think she'll like having a baby. I would like to think she can cope with a relationship with this boy and that together they can make a go of it. I shall be suggesting to the court that they deal with everything - that they don't leave the probation order.