Institute for
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Client Perspectives of the CSTR Pilot in Northamptonshire

Authors:
Dr Matthew Callender
Valentina Lugli

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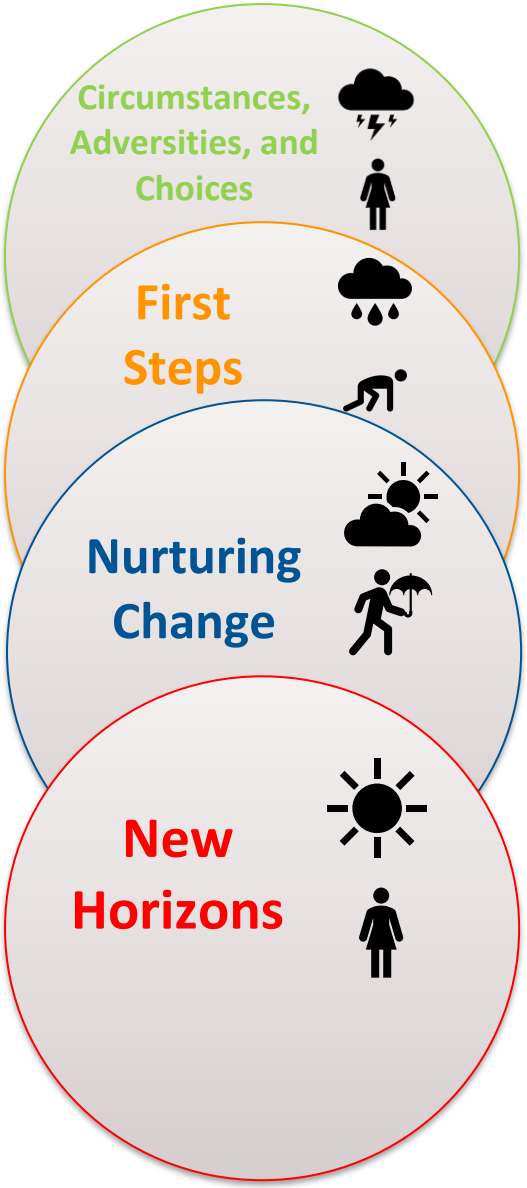
Institute for Public Safety Crime and Justice

University of Northampton

Community Sentence Treatment Requirement Evaluation: Client Perspectives



SUMMARY: The CSTR pilot was ***described positively*** by the clients who were treated after being sentenced to a community order. The pilot was implemented well, focussing on identifying, addressing and supporting women's mindsets, attitudes, behaviour and general outlook on life. A key factor for achieving change was the relationship with the assistant psychologist, that a ***trusting environment*** was created which guaranteed a level of ***flexibility*** and the opportunity for the women taking part in it to be seen as ***"humans"*** and not just numbers. By the end of treatment, women reported feeling as if they were ***new people*** with a newly found positive outlook on life.

All participants in the sample experienced high levels of mental ill-health, being located in disadvantageous ***CIRCUMSTANCES,*** facing a range of ***ADVERSITIES*** and making ***POOR CHOICES*** in the period leading up to the offence. This did NOT translate to an ***acknowledgment*** or ***understanding*** of underlying mental health conditions in the women.

The ***FIRST STEPS*** of women in court were described by the women as a ***highly stressful experience*** accompanied by a sense of despair and disorientation to the point of feeling ***detached from reality*** and a ***lack of support*** from the personnel.

The resistance women had to a mental ill-health diagnosis was often overcome after the first few meetings with the ***ASSISTANT PSYCHOLOGIST***, whose ***calming*** presence and ***listening*** skills fostered positive acceptance of the treatment.

Good ***inter-agency*** between the three figures overseeing a person's treatment impacted positively on its outcomes, although this did not always happen due to different point of view and approaches of the ***probation officer,*** on one side, and the ***assistant psychologist*** and ***link worker*** on the other.

The participants were recognised as a human being who had made poor choices but were treated with ***dignity*** and ***respect.*** The nurturing and supportive atmosphere helped the women in build their ***confidence*** and ***gain skills*** to make ***BETTER CHOICES*** in the future, ***NURTURING CHANGE***.

What primarily fostered change was the work of the assistant psychologist in adapting the treatment to each woman, ***tailoring*** it to their ***specific needs.*** ***POSITIVE COPING STRATEGIES*** provided by the assistant psychologist were perceived by the women as ***enablers to change***, giving women confidence to not make similar mistakes in the future.

By the end of treatment, the women perceived themselves to finally be able to stand ***on their own two feet***.

They perceived their ***WORLDVIEWS*** and their approach to life more broadly to have improved thanks to their new ***positive mindset***, with women having ***NEW HORIZONS*** for their lives.

After assessing and challenging negative behaviours and thoughts during the sessions, women perceived themselves as ***different people***, having new hopes and ambitions for the future.

Contents

1. Introduction

This report explores the perspectives and views of women who were sentenced to a Community Sentence Treatment Requirement (CSTR) pathway. It should be noted that whilst the term CSTR is used throughout this report, it only refers to individuals who are sentenced to a Mental Health Treatment Requirement (MHTR) as part of their Community Order. The rationale for using the term CSTR is that some of the women are also sentenced to other types of Community Order alongside an MHTR.

Women were able to participate in 2 ways: semi-structured interviews and online. Semi-structured interviews were completed with 5 women following completion of their MHTR and 3 women participated online. All data were subjected to thematic analysis. In total, 4 themes were identified in the analysis, each of which is overviewed in the following chapters:

Chapter 2: Circumstances, adversities and choices;

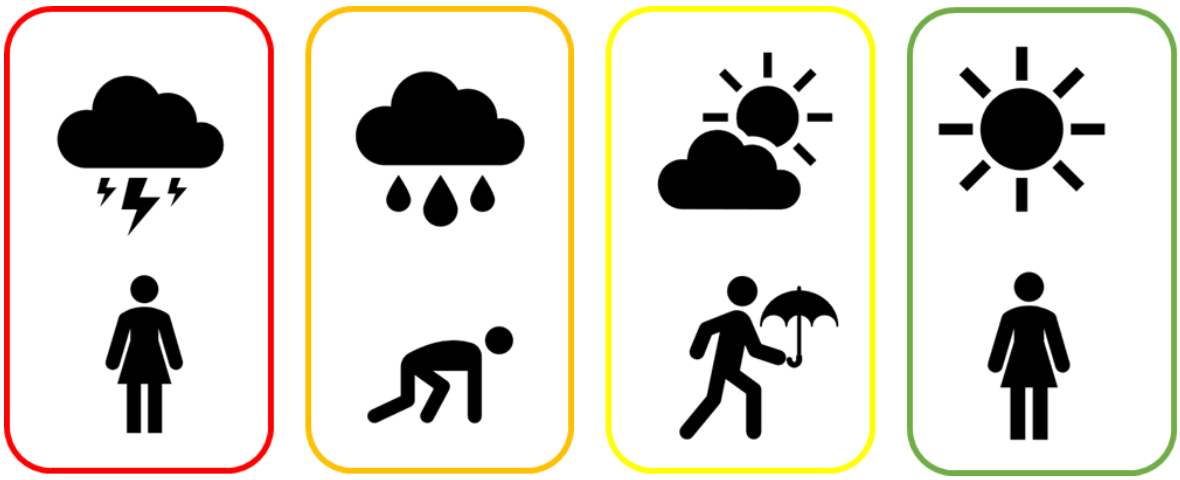
Chapter 3: First steps and breaking barriers;

Chapter 4: Nurturing change; and

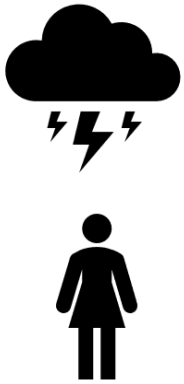
Chapter 5: New horizons.

The report concludes (Chapter 6) by providing a summary of key points and recommendations.

Figure 1.1: Client Perspectives of CSTR Pilot Structure



Theme 1: Circumstances, Adversities and Choices



This section focuses on first theme identified in the analysis, which is titled circumstances, adversities and choices. This theme relates to women's history of mental illness and the relationship between mental health and offending, which had three interwoven sub-themes: 1. the life circumstances that led up to the offence; 2. the provision of mental health services prior to the offence; and 3. the development of destructive coping strategies.

In most instances, a contributing factor and possibly a lead cause that resulted in women coming into contact with the criminal justice system were high levels of mental ill-health in the women as well as a series of adverse life events taking place in the period leading to the offence. For example, women described events such as the loss of family members, fractured and/or damaging relationships and the loss of confidence.

> *"I lost my mum suddenly in November 2017, I actually spoke to her the night before she died. It was my partner who rang me and said 'it's true, your mum has passed away […] it took me 48 hours to speak to my dad after that. I just pushed everybody away 'cause I didn't know how to deal with it […]"*

> *"At that time I was going through a really bad relationship with my ex-partner, erm, it was quite bad… and obviously, we were arguing but I just didn't think it would come to the result of him hurting me physically as well as mentally."*

> *"I moved in with my partner, and because he was Muslim I moved in with his family, but I didn't want to convert. So, I was asked to leave, and I was really criticized about everything I did, so I was really knocked down, and I lost all my confidence."*

Struggling to cope with difficult situations did not always translate to an acknowledgment or understanding of underlying mental health conditions for some women, making it difficult to search for support. Some women described symptoms of depression, stress and anxiety but were dismissive of the potential impact such feelings had on their decision-making. Many women also isolated themselves within their social networks, further restricting sources of support.

> *"[about struggling with mental health prior to the offence] I didn't want to feel like that and I kept thinking you know -this is silly- being like that and everything else… I shouldn't be feeling that way, but then other things seemed to happen, seemed to go on from there."*

> *"I never thought I struggled with mental health but I suppose that is part of the problem. Mine was more anxiety based, which I always put down as being a worrier, but it was more than that, and it was starting to affect my life, and when you are a sufferer from anxiety you start making poor decisions, because you kind of can't rationalise on it."*

> *"Anxiety and utter distress over what was happening. Anger and revenge played a part also. We felt isolated and alone even though I'd been asking for help for 2 years and was waved on."*

For others, who identified a need to seek support for their mental wellbeing, they described how they did not receive the expected level of support from doctors, reporting feeling like they were on a "*never ending"* waiting list, and that once the appointment was finally obtained, the solution was exclusively a medicalised option rather than a therapeutic option.

> "*The process with the GP was ridiculous, it was non-existent. You went in for like a 10-minute appointment with your doctor, the only thing they want to do is give you medication, they don't want to get into the other issues… they fire medication at you, put you on a waiting list and that waiting list is never ending."*

> *"On the day of my offence I made an emergency doctor appointment which I attended and broke down, begging the doctor to help me die. He advised me to go to the mental health crisis team, but in the state I was, I didn't know where to go or what to do. I have a history of suicidal thoughts, anxiety and depression. I have self-harmed by cutting, attempted ligatures and overdoses. I also had bulimia during my late teens and throughout my twenties. I was diagnosed with Borderline Personality Disorder and Bulimia via CAMHS, however did not feel that I received much support."*

Stemming from the life events women experienced and their experiences of either isolating themselves or not receiving the support the felt they needed, women developed problematic and destructive coping strategies to face and deal with everyday life, relying often on drug and alcohol abuse.

> *"I had received little to no help in the past. I have major depressive disorder, anxiety and an adjustment disorder. I was drinking heavily to ease the symptoms and this led to a drink drive offence."*

Overall, this theme has highlighted how the life circumstances and the level of psychological wellbeing experienced by the women interviewed, played a relevant role in leading to the offence, reflecting the views of professionals. In most instances, the backgrounds of women involved a series of difficult situations and adversities that women linked with feelings of depression, stress and anxiety. Many women dismissed or hid their poor mental wellbeing from others, isolating themselves from their social networks. For those who sought help, they often received an overly medicalised solution from doctors. The findings from theme 1 bring into question both the provision of mental health services locally as well as the practice of general practitioners. Provision of service, including early interventions and rapid access to a mental health professional who can assist by offering different types of support beyond medicalised options, was identified as relatively difficult, creating a damaging environment in which women's problems and adversities grew.

Theme 2: First Steps and Breaking Barriers

This section focuses on second theme identified in the analysis, which is titled first steps and breaking barriers. This theme relates to the first steps in the court environment and breaking barriers in the women's minds concerning their mental health. There were two topics entwined in the analysis within the theme: the first one regarded the court process as viewed and experienced by those who committed an offence, with specific regards to its emotional impact; the second one was instead focussed on first impressions of the members involved in the treatment and how their different attitudes informed their mindsets.

The experience of being in court was described by women as a deep sense of anxiety that begins before entering the building that grows throughout the day. Critically, anxious thoughts and feelings were at the forefront of women's minds when completing the forms and procedures. Such feelings were also accompanied by a sense of despair and disorientation to the point of feeling detached from reality. Some women described how they felt alone when completing forms and felt disconnected from support structures.

> *"[about the CSTR] I don't remember it being mentioned. I think it was... you know where you are there and you think you are in a bubble… and there are all these people and you are in such an alien place […] I really struggled with it, I really struggled."*

> *"There is not enough signpost or help with the forms. Yeah there are places you can go, but that is not the point you know, you just need… there is not enough, even when it is explained over the phone, so there needs to be more… 'cause some people can't read or write, and some people find it difficult going to places when they can't read and write. There needs to be more out there to say, 'you're not on your own, we can help'. And give them that extra mile to help them not ending up where I was."*

The court environment was unfamiliar for some women who had not any previous experience which contributed to expressed levels of anxiety. In one instance, a woman described how she felt intimidated by the initial encounter with a probation officer who was portrayed as abrupt and insensitive.

> *"I had never really been in a court room, I had never really been in any sort of trouble. I didn't have the support from my family, only [current partner] turned up… and I was in a mess. When I walked I, I thought 'I've never been in here before' but it was panic, because of my anxiety as well, I was shaking, I wouldn't eat, would I? I wouldn't even drink, I wouldn't do anything. And I said to [current partner], you know, if it comes to that point when it's the worst of the worst, my bag is there, my keys are there… just tell my mum you know, because that is the only thing I was thinking about because I haven't got kids".*

> *"Throughout the court process I didn't have any meetings with probation etc. It was only once I was sentenced my first meeting with a probation officer - the initial contact was very*

intimidating for me, I had literally just walked out of the courtroom and he followed me and told me to go with him, without waiting to see if I needed someone else (i.e. my husband) to come for support - I was scared and felt really vulnerable but like if I didn't do what he said I might have to go back to court. He took me to one of the probation rooms in the courthouse, but was very abrupt with me and I was very distressed, my husband came and found where we were and my mother managed to speak to someone else in the probation office so that a different lady came and talked me through the initial process, allowing my husband to be in the room as well."

As mentioned in the previous chapter, one of the recurring elements of being sentenced to community treatment for mental health is coming to terms with the idea of having mental health needs, which might, at times, be resisted. Offenders first encountered the assistant psychologist and the link worker on the day of the court process, where the CORE assessment was administered and then a decision was made to recommend mental health treatment or not. If women do not view themselves as having mental health needs or do not understand how mental wellbeing influenced their decision-making, then mental health treatment may be surprising. Furthermore, some women may hold stigmatising views on mental ill-health and therefore resist being labelled as having mental health needs or in need of mental health treatment.

"When they said I could go in the mental health system I just thought that I didn't feel like bringing up everything, because I was sort of just happy taking medication and being the person, I was. To go and dug everything up I just thought wouldn't be beneficial to me, so my first instant thought was dread"

"I found it hard initially to open up and talk honestly, I thought I would be being judged and anything I said could be 'used against me'."

This resistance was often overcome after the first few meetings with the assistant psychologist, whose calming presence and listening skills fostered positive acceptance of the treatment. This is important to consider within the design of treatment, in that a trusting relationship takes time to develop, and within current appointments with other practitioners to the assistant psychologist, with respect to the management of encounters.

"When I went through my second appointment, I just go out of it feeling a bit better. And then I slowly started to be grateful to be on this."

"Once I met them I was just like -what were you worrying about- you know, it's that anxiety level, and because they made you feel like they were there for you… and they are there for you, when you're speaking to them they understand, and a part of them is just like – we all go through these stages, we all go through certain things we have been in our lives- they didn't want me to feel bad, like constantly feel bad, they wanted to raise me more, upping myself."

The role of the assistant psychologist, as well as that of the link worker and of the probation officer, are all relevant to the success of the treatment. It was noted how good inter-agency between the

three figures overseeing a person's treatment impacts positively on its outcomes. In one account, the working practices were noted as particularly strong between the three professionals.

> *"I think [all the people involved] communicated between each other quite well. I have last seen [the probation officer], she's my officer lady, and she said to me 'oh, you know, [the link worker] has gotten back to me about…" and she knew everything that I had spoken to [the link worker and the assistant psychologist] about. She knew what was going on in the meetings, which was really good because then I wouldn't have to go through everything again with her."*

In most accounts, however, such partnership was not perceived. The approach of the assistant psychologist and the link worker were cited as critical to positive change whereas the probation officer within accounts was less supportive of change and potentially detrimental to change. It was noted how the assistant psychologist and the link worker were accommodating to the demands of women's lives, reflected in the flexible approach to scheduling meetings and appointments. The probation officers were depicted within the accounts as more distancing and less approachable, offering little or no flexibility to arranged appointments.

> *"I never spoke to my probation officer once through this programme aside from at the end, it was all the assistant psychologist and the link worker. I think with me probably I am okay, but I think if there was someone that was less stable in their life, they would fail."*

> *"My probation officer, I think, was very hard to get… I was told she was here once a week, which was quite hard to find her. And if I was not here… I went on holiday and then I received a letter saying I had breached, but then obviously they had all the information. […]. I never had an appointment, I had one appointment with her, and then that was it."*

This perceived distance between the probation officer and the women offenders was, on occasion, exacerbated by a breach letter sent by the probation officer following missed appointments. Whilst the letter is recognised and communicated as standard procedure, the meaning of the letter to women was impactful and detrimental to their mental wellbeing. Such letter is sent regardless of any arrangements previously made between the offender and the assistant psychologist or the link worker, and it is a supportive evidence of how the position of the probation officer might be perceived, at times, as detached from the treatment. However, practices that dismiss the importance of a breach letter arguably undermine probation officers, which further contributes to a distancing effect.

> *"Unfortunately, I did get the letter that I was really worried about. And [the link worker] said that she spoke to my probation officer and it's a letter that just go out anyway and just not to worry about it."*

> *"It was quite a scary letter. But then – it's a scary environment."*

> *"It's still in the back of my head, whenever I get a letter I panic, I still get that, which affects me quite bad when I receive a letter, I panic. Every sort of envelope I'm like 'OH! – I can't open it'.*

"[receiving the letter] it was kind of daunting though, because you received a letter saying you could go to court and that could sort of change your life… just because someone has slipped up. But when I spoke to the girls, it happened very regularly."

There were many examples where both the assistant psychologist and the link worker were praised by the women for their flexibility in relation to both timings of sessions and needs. This was a contributing factor to the success of the programme for many women and can be taken as an example of their humanising and compassionate approach. Important here was the treatment of the individual as a person as opposed to an offender, which may be impactful to feelings of shame and guilt.

"I preferred to have appointments in the morning because my children are in school and [assistant psychologist] always made sure, she always asked me if it was okay. She asked if the date was good to me. And she always used to text me as a reminder […]."

"There was one time where I got in my care, albeit it takes me 40 minutes from home to here…and my car would not start, it would just not start. So, I rang Pauline, I left a message and she said 'look, don't worry about it' it was just one of those things."

"I mean, they have been excellent. I used to come on my lunch hours, I sort of had to fit it around work as well as everything else. And like, some of my days off I used to just come in here and have my meetings, that was my day off and I sort of had to give that up to come in. And it's worked out perfectly now because I now know where I went wrong, what's happened, and I can work on it and in the future just carrying on doing what I am doing now."

"The flexible approach was really good, sessions were organised to try to fit around my work whenever possible, and I felt the content of the sessions was tailored on what worked best for me. It was good that although the CSTR was for a set length (in my case 6 months) the number of sessions was flexible so could be adapted in times of stress etc. It was also really good how closely the assistant psychologist and my link worker communicated to each other."

The evidence above highlights both positive and negative aspects of the process in relation to the working practices of professionals. The link worker and assistant psychologist were described as offering separate yet complementary support valuable to treatment. Being flexible and tailoring treatment to individual needs was central to the positive feedback on the assistant psychologist and link worker, positively impacting on their wellbeing and mindset. An issue to be raised, however, is the capacity of the workers to facilitate such an approach as their workload increases. It is likely that with a higher demand from the court towards the mental health treatment, the availability of both the assistant psychologist as well as the link worker might be negatively impacted as their ability to offer flexibility decreases. This could negatively influence compliance and therefore overall treatment success.

An accompanying negative issue expressed by most interviewees were frightening ad alienating experiences of being in court, often for the first time. Such experiences were deemed as too stressful and, in a way, dehumanizing. This attitude was then confirmed by the often unapproachable or detached figure that was the probation officer, who had a different approach to the process from the assistant psychologist and the link worker. The lack of a united approach to the treatment identified within the accounts of professionals, suggesting that a universally agreed tool to track women's engagement within the pilot along a continuum should be established, to ensure a consistency between partners when communicating progress to women within the Community Sentence Treatment Requirement process.

Overall, the first steps for women in court and within treatment were difficult, forcing women to come to terms with their mental wellbeing needs and establish a trusting relationship with the assistant psychologist and link worker.

Theme 3: Nurturing Change

The third theme that emerged in the analysis involved the different tools, atmosphere, as well as roles played by different people that during the treatment period impacted positively on the women, nurturing and directing them towards an adaptive and positive change in attitude and behaviour. Interviewees often recognised the importance of the environment created by the assistant psychologist and by the link worker, during treatment. This was commented upon as a key factor that influenced their engagement in the treatment itself and facilitated what was described as a non-judgemental atmosphere perceived during the sessions:

> *"[…] people are here to make you feel welcome, in any circumstances, and we are not here to judge, and I love it, I've been coming here since November… if I could move in I would!"*

> *"It was really good just having that support, not feeling judged or that there was any expectations on me other than to be honest"*

> *"The lack of judgement made the most difference to me."*

Importantly, the professionals supported the women to feel 'human', and not deviant, criminal or un-worthy. It was recognised that women had made bad choices and were responsible for their actions, though were nonetheless treated with dignity and respect. This is crucial to their rehabilitation and enabled women to recognise how and why they had made poor choices, and then given the skills and confidence to make better choices in the future.

> *"They make you feel like you are not a criminal and you are not ill. They make you feel like you just need a bit of help."*

> *"They made me feel normal. Because you tend to beat yourself up about what happened quite a lot… and her and [the assistant psychologist] made me feel like a could have a little bit of a giggle or I wasn't being disrespectful in any way."*

> *"I was listened to and made to feel everything I was feeling was ok. I was treated with respect and dignity throughput."*

Within the treatment, the experience of being listened to was important to the women, with the assistant psychologist and link worker created spaces for the women to talk freely about their problems. This had a liberating effect for the women, allowing them to share concerns or issues that otherwise would have been unheard.

> *"[The assistant psychologist] just made me feel like 'you're not worthless, you have an opinion that is, like, valid, and even if nobody else agrees with you, you should still voice your opinion and have the confidence to say what you feel.'*

"I could really just say whatever was on my mind or ask anything and she would listen and do what she could to help."

The positive role played by the assistant psychologist, which in all interviews emerged as extremely powerful in terms of shifting mindsets and providing support, was central to positive change. The assistant psychologist was in all instances capable of shaping the treatment on the basis of the person's needs, providing for them tailored support.

"She went out of her way to find me some more information, because I was at a deep end. And she didn't have to do that."

"Even if I just needed advice she would just rationalise things with me, it was really useful."

"I felt the content of the sessions was tailored on what worked best for me."

"I found some of the talks repeated themselves discussing anxiety over and over made me anxious. I was helped by leaving the room on a positive vibe by talking about something good fun before I left."

The key behaviour exhibited by the assistant psychologist that fostered positive change was her ability to actively listen.

"*I had six months of mental health with [assistant psychologist], who was fantastic… she spoke to me like, as a person, and she listened, and she wasn't judgemental."*

"I had more confidence talking to [the assistant psychologist] than ever, than what I had when I first spoke to my counsellor. She sat there, and she listened… It felt like a weight being lifted off my shoulders, cause now I can talk about my mum to anybody, I can talk to my dad better and I never had that with my dad."

"[The link worker and the assistant psychologist] just listened. And I knew they were listening."

"Again, incredibly lovely girl. Listened. All the words are escaping me how I want to describe [the assistant psychologist]. She is very quiet, I knew that she let me talk and what I was saying was going in. And I know she was taking notes because she sees so many people, but that did not deter her from engaging with me. And that meant quite a lot. The day that couldn't see her anymore I was quite upset, when she said, 'that's the last time'…because I had gotten so fond of her."

By actively listening to the women during the sessions, the assistant psychologist was able to identify detrimental issues that influenced women making bad choices and provide them positive coping strategies when facing adversity within their everyday lives. These coping strategies were perceived by the women as enablers to change, giving women confidence to not make similar mistakes in the future.

"When we talked about things and different scenarios of life and what happened and how I deal with things, [assistant psychologist] would ask me, and obviously the questionnaires would be dealt with, and she said that that was amazing, from the onset to the end. And then we did relaxing tapes and she'd read me things… and I just felt completely calm."

"I think she covered most of [the important topics] with me, like the coping skills was one of the best things she talked to me about, like even having an elastic band or hair bobble around your wrist and ping it. Just to help me overcome my anxieties. It's… when I am at work I am forever using an elastic band now. […] She was very, like, she knew what she was going on about, whereas when you go to other people... like, say If you go to a doctor and they give you a counsellor… they are not very understanding, they are just like… take them tablets and go home. Whereas, [assistant psychologist] is more like 'you need to understand what is going on in your mind, sit back and have relaxed time."

"we've done some role plays, we have done some meditating which I was never taught to do, and I felt that really helped because I was just like - just take the time out, you are going to have these feelings, you just gotta know when they're coming… and that helped me"

It was also noted how the assistant psychologist and the link worker offered distinct yet complementary support and information for the women. The assistant psychologist and link worker coordinated their interactions with the women, offering different inputs within their treatment pathway. In so doing, the treatment was holistic, focussing on the women as people rather than specific mental health needs.

"I tended to alternate an appointment with the assistant psychologist and an appointment with the link worker - most of the time one one week and the other the next but sometimes both in the same week on different days, this really worked for me as with the assistant psychologist we were focusing on my mental health, exploring my triggers and techniques to cope etc, which could sometimes be a little draining emotionally, so the sessions with the link worker became a bit of a debrief sometimes […]"

"[assistant psychologist] worked really well with [link worker], because if I had any issues we would say -can you go to [link worker], can you go to [link worker]? - I felt like [assistant psychologist] and [link worker]despite working together were two separate helpers rather than one combined helper"

"[link worker] was really a great support because she had worked in management and I work in management so she would give me tips, she was there when I had a rough day, when things weren't going right, we would do brainstorming together, and that. She was just like a support there for me if I needed anything."

Overall, the CSTR pathway was successful at creating conditions for positive change. Critically, women were listened to by professionals and provided positive coping strategies to employ within their lives. Women were engaged with on an individual level, making the replicability and identification of core techniques difficult to identify. More research is needed to assess techniques and strategies within sessions to identify and understand good practice.

Theme 4: New Horizons

The fourth and final theme identified in the analysis related to expectations and hopes for the future. Given than the treatment pathway focuses on identifying, addressing and supporting women's mindsets, attitudes, behaviour and general outlook on life, it is not surprising that visions of the future have shifted as well. A newly found positivity towards the future was identified in the analysis, with women having dealt with difficult circumstances in the past and having found support to overcome difficulties thanks to the link worker and assistant psychologist, they perceived themselves to finally be able to stand on their own two feet. More so, they perceived their worldviews and their approach to life more broadly to have improved thanks to their new positive mindset. Key issues influencing their behaviour and choices were articulated as having been addressed through treatment and in many ways, women perceived themselves as different people, having new hopes and ambitions for the future.

> *"Since then I have got all my finances in order, my son with ADHD he is settled and calm and my children have also noticed a difference in me which brings happiness to my family."*

> *"It can't go on forever, you have to be able to stand on your own two feet, you've got to go out and to things… which I am doing. […]".*

> *"Even just with my health, you know, I used to be a size 20, and I went down, what was it, like size 12… and I have just literally started to eat a bit more now, so I am getting back to the normal, you know. […] Everything (physically and mentally) just went well, even more."*

> *"I feel like now I have got a much clearer view of what the future is going to hold. Work-wise I'm hopefully going to get a job. Onwards an upwards… I mean, I do think I will have, like, a few relapses, a few issues because when I was doing the programme with Jess I did have to up my medication. Not because of Jess, just because sometimes still get hard, so I don't think the future is going to be great, without issues […] I am not stupid to think that I am never going to have issues again, but I just think my future looks a lot brighter than it did before"*

> *"Quite simply - I am not the same person I was a year ago […]. I react very differently to situations now."*

When considering their likelihood of re-offending in the future, women identified themselves as having little or no chance of re-offending.

> *"Totally unlikely to re-offend. The offence completely turned my life upside down and I had to pay harsher penalties than most. The treatment has given me a more positive outlook and mindset."*

"Where I am now is actually a million times better. I probably feel like I am the most stable that I have ever felt in my life. And it's been really helpful. I'm getting, I wanna go away, abroad with my partner, it would never happen [reoffending]."

"I am the moon away from [reoffending]. It just will never ever happen again."

The low likelihood of re-offending was mainly attributed not only to a change in mindset but also to a newly found 'place in the world'. As discussed in theme 1, many women disconnected from the social groupings and isolated themselves, which was associated with a breakdown in their coping abilities leading to their offences. Many women described how following treatment, they were able to re-establish connections with peers and family, and form new connections as well, some of them being at the very place they attended the meetings at.

"I am more open now, I have a better relationship with my father, due to this, and I can talk to me about anything. I have also started talking more to my little sister, my younger sister and you know, we are getting… we bonded over that. Which is, you know, it was a big step for me cause I used to have no confidence at all."

"I felt more open, and I felt more relaxed. Because I knew I had something to look forward to, like my courses, coming here to help… and I've been more adamant than anything. And it has been fantastic."

"I am still seeing [the link worker], and for another 4 months I think have got an order, but because I come here as well I have a lot of support with the other women. So, though my time with [the assistant psychologist] has come to an end, she did suggest you know, to keep coming here because it can only benefit you coming here."

A point raised by a few of the interviewees concerned the lack of support available both before the offence, as well as once the treatment has come to completion. On the one hand, the support offered by the GP or the mental health professional in the past, as explained in theme 1, was considered overly medicalised, whereas a more psychological approach would have suited most of the women better. On the other hand, where some of the women have expressed a feeling of being able to go back to the assistant psychologist in the case of need, this might change with a shift in the capacity of the assistant psychologist.

"It is such a shame because If I never had the opportunity to meet [the assistant psychologist], or if I never did commit the offence… that's the saddest part, because my doctor was just like 'oh, you just need tablets'. So, if I never committed the offence, I would never had gone through this process of change."

"The only thing is that you should have a safety net for when this process finishes, so that if you are feeling low or you're having a bad time or you're feeling like you're starting to get worse, that's it. There is nothing. You have to get back to the doctor and follow the same process."

"I will probably come in to do drop in session, cause [link worker] has told me about them. But yeah I'd probably come in if I needed to. […] yeah, if I am desperate then yes I'd definitely come back here."

Finally, looking towards the future, from the interviews transpired a sense of acceptance for mental health as an intrinsic part of a person's self and personality, to be worked on but not to be fought against until completely ceased. This heightened awareness of mental health as a part of their lives compared to the dismissive and unaware attitudes at the start of the pathway demonstrates how the treatment has facilitated women to recognise how mental health has effected their choices and provided skills and confidence not to repeat their destructive behaviours.

"The treatment helped me develop more confidence, awareness and kindness towards myself."

"[…] sometimes it still gets hard, so I don't think the future is going to be great, without issues […] I am not stupid to think that I am never going to have issues again, but I just think my future looks a lot brighter than it did before"

"And I still take my medication for depression and anxiety but yeah, everything is controlled now."

Overall, the final theme documents how all women viewed themselves as being unlikely to re-offend following treatment and were better prepared to cope with future adversities. Crucially, women had re-connected with existing social networks as well as having created new supportive contacts. Nonetheless, a few raised concerns about the completion process of treatment and the need to develop a more robust exit plan to access support if required.

Conclusions and Recommendations

This chapter provides brief conclusions and recommendations based on the analysis presented in the report. Overall, women who had received treatment as part of their Community Order were very positive and thankful for being given an opportunity to recognise and address underlying mental ill-health, as well as for having learned positive coping strategies to better deal with future adversities.

Women described the chaotic nature of their live prior to their offence, with their backgrounds involving a series of difficult situations and adversities. Nearly all women interviewed described how they withdrew from their existing social networks, limiting their access to social support to cope with their everyday lives. In many cases, women adopted destructive coping strategies which was a contributing factor within their offending behaviour. For those who sought help, they often received an overly medicalised solution which was deemed unhelpful and further consolidated their isolation.

> **R1.** Work with partners to raise the profile of and opportunities to access non-medialised support.
>
> **R2.** Review provisions of mental health services within the local context, especially those that provide assertive outreach to identify individuals with mental health needs.

The analysis highlighted both positive and negative aspects of the CSTR pathway in relation to the practices of professionals and the court environment. Treatment was found to be flexible and tailored to the needs of women, though such an approach is evermore difficult as the number of women undergoing treatment increases. The court environment and the initial stage of the pathway was articulated as frightening and alienating. Disparities were identified between the approaches of some probation staff compared with the Assistant Psychologist and link worker, with some probation staff being perceived as unapproachable and detached. Within this context, mental health was a difficult and stigmatising concept which women created barriers in their mindset against.

> **R3** Assess provisions of support, and practices of staff, within the court environment for offenders aligned with values of dignity, humanisation and respect.
>
> **R4** Review data collection procedures, distinguishing data collected to assess and screen women from data collected to measure baselines at the start of treatment.

The treatment women received was reported positively, with women feeling like they were finally being listened to by professionals. The Assistant Psychologist and link worker offered valuable and complementary support to the women, with the combined approach being instrumental to holistic change. As the approach is based on individual needs and circumstances, the identification of good practice and replicability of success is hard to define. More research is needed to assess techniques on a granular level to support the sharing of good practice and learning. A key point raised by some women was the detrimental impact of breach letters to their mental wellbeing, causing stress and anxiety concerning their level of engagement with treatment and their wider Community Order.

> **R5** Consider equity in relation to the flexible approaches offered by the Assistant Psychologist and link worker to achieve parity.

R6 Identify and document good practice in terms of approaches and techniques within treatment sessions to share good learning within Northamptonshire and with other CSTR sites.

R7 Review the procedures for, and content within, breach letters to minimise negative effects to offender mental wellbeing.

At the end of the process, women described themselves as different people, with new hopes and ambitions for their future pathways. Women assessed their prospects of reoffending as low, which is a positive outcome of treatment. However, some women highlighted the need for ongoing support and better exit plans to continue to receive treatment if required.

R8 Reflect on exit plans and strategies to best enable ongoing access to support and treatment for women.