



Institute for
**Public Safety
Crime and Justice**

**Professional Perspectives of the
CSTR Pilot**

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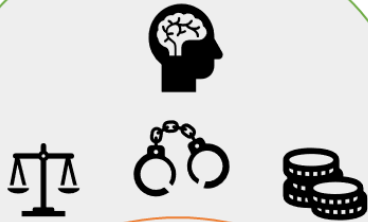
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Community Sentence Treatment Requirements Evaluation: Professional Viewpoints

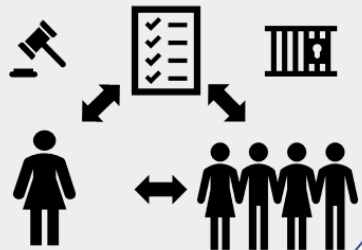
Wider Issues



Strategic Context



Practice Environment



SUMMARY: The CSTR pilot was *described positively* by the professionals who worked with the women operationally and individuals working at the strategic level; the pilot has been *implemented well*, with *strong partnership working* and shared responsibilities and enthusiasm for it to be a success. Key developmental issues include *improvements to the assessment procedures in Court*; to fully embed the CSTR process to *transcend a reliance on specific individuals*; to *agree specific meanings of engagement and success* across different delivery partners; and to *link the CSTR pathway into wider service provision* beyond the sentence period.



The *importance of mental health on offender behaviour* is increasingly being recognised within the **CRIMINAL JUSTICE SYSTEM**, with the CSTR pilot *bringing awareness* to this model for treatment and *enabling access to support* for women.



The wider **FINANCIAL LANDSCAPE** created a *challenging environment* for the pilot implementation, with *concerns raised* in relation to *capacity for CSTR staff* and within *local service provision*; *long-term financial arrangements* being debated;



The pilot *empowered Judges* to establish a **BALANCE BETWEEN PUNISHMENT AND TREATMENT** within the sentencing process; enabling mental health needs to be properly considered in relation to rehabilitation.



The **STRATEGIC GROUP** was strong and *effective at driving positive change*; more *reflection is required* to ensure that changes to the protocol or practice were fully embedded; *substance misuse services* involvement in delivery needs review.



COMMISSIONED SERVICES for the pilot were *Northampton centric* with notable differences in CSTR offer to women living in and resources for professionals in other locales in the county; different *meanings of success* between partner services.



Plethora of mental health issues identified within **CLIENT SAMPLE**, with women having *destructive coping strategies* in the face of chaotic lifestyles; surprising low amounts of women meeting *threshold for drug and alcohol services*; *indirect relationship between mental health and offences* with such linkages provoking questions concerning justice and equity;



PROFESSIONAL PRACTICES were *improving over time*, with CSTRs offering an *opportunity to break entrenched cycles* of offending in women's lives; the early stages of implementation were influenced by a *culture of presenteeism* and there remains an *over reliance on individuals*; *different meaning of engagement* were evident between partners;



The **PROTOCOL** was *indicated to be working* and more work required to *refine procedures*; Court environment brought into question the *authenticity of needs identified in the screening assessments*; protocol recruiting a *mid-group* within offender profile; *limited access to treatment beyond sentence* compromises success and could *impact recidivism*.

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1. Introduction

This report explores the perspectives and views of professionals who work across the 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 Sentence. The rationale for using the term CSTR is that some of the women are also sentenced to other types of Community Sentence alongside an MHTR. Whilst most of the interviews were completed with individuals working on the frontline of the CSTR pathway, the analysis revealed how some issues were multi-scalar. As such, the findings are organised into 3 Chapters (illustrated in Figure 1): Chapter 2: Practice Environment, Chapter 3: Strategic Context and Chapter 4: Wider Issues. The report concludes (Chapter 5) by providing a summary of key points and recommendations.

Figure 1.1: Professional Perspectives of CSTR Pilot Structure





2. Practice Environment

This section focuses on the practice level of the CSTR programme. It is organised into 3 sections: 2.1.1. Clients; 2.1.2. Professional Practice and 2.1.3. Process. Whilst these sections are separated, it should be noted that they interact and overlap, illustrated in Figure 1.1.



2.1: Clients

This Section explores themes that emerged in the analysis relating to the cohort of women who are at varying points of the CSTR pathway.

Underlying Mental Health Issues

The interviewees described how many of the women had underlying mental health issues which impacted on their ability to cope and manage a range of stressors within their daily lives. The offence which brought the women into contact with the CSTR process was understood as unearthing a plethora of mental health issues within the pilot population. Issues such as bereavement, trauma, grief and shame were linked with depression, anxiety and stress identified among the CSTR clients.

I must admit I thought to myself, well these are only drink drivers, how am I going to support these people? I was amazed at how much support that they did need, you know, because both the drink drivers and the benefit fraudsters, I was amazed at the underlying problems that they'd got.

It tends to be by and large social anxiety, depression, so some individuals have been suicidal in the past or they have self-harmed in the past, some are expressing thoughts but not acting upon those. There's been a lot of bereavement that's come up in those initial assessments... There has been underlying trauma there as well...

...interestingly we're getting a huge thing around grief and bereavement, so kind of thinking about tailoring, developing specific interventions for that as well.

The sources of mental health issues identified varied among the CSTR clients and were understood to impact on the practical aspects of their lives. For many, the women's lives became too chaotic, leading to heightened levels of anxiety and stress, and the women implemented destructive coping strategies to manage the individualised sources of stress, such as avoidance, substance misuse and/or criminality. Ultimately, the CSTR process aims to support the women to establish better coping strategies, increased resilience and improved decision making.

I'm actually surprised but I've found that a lot of this anxiety and depression is down to more practical, some of them not all of them, are down to more practical things, like for example if they've got themselves into debt and they don't know how to get themselves out of debt, that causes them a lot of anxiety.



...one lady came to me with a box of bills that she hadn't opened. Now obviously she was a drink driver and I think that what had happened was that she'd got herself into such a state because of all these bills and everything that she's got [on].

Few Meeting Threshold for Drug and Alcohol Services

The analysis revealed a perception of surprise with regards to the low proportion of women who met the threshold for enrolment into drug and alcohol services, in that their substance misuse, whilst being understood as problematic, does not reach a level of addiction. It was also suggested that the history of engagement by the clients with drug and alcohol services was a further factor which may impact on the perceived low volume of women who received a Drug Rehabilitation Requirement (DRR) or an Alcohol Treatment Requirement (ATR) alongside their Mental Health Treatment Requirement (MHTR). Here, poor engagement with previous orders affects suitability and subsequent sentence into drug and alcohol services.

...we had assumed that actually many of the women that we're meeting would meet criteria for drug and alcohol services, the reality is that they don't. So the vast, I think two thirds of the women are not engaged in drug and alcohol treatment services. They might have kind of, I wouldn't even say problems, they might have problem drinking but not enough to meet threshold

So we're getting to the point where we're saying, well this person's been given three DORs, hasn't engaged in any of them, we're not going to recommend that they're suitable for it because of their poor engagement in the past, and there's not enough new people coming into the system... so that's reducing the number of orders

Indirect Relationship Between Mental Health and Offending

The relationship between the client's mental health and their offending was described to be in many cases indirect. Nevertheless, it was understood that the offending behaviour of women was intrinsically linked with mental health, differentiating them from male offenders. Whilst the burden of proof might not have been verified to establish causality, the impacts of mental health were professionally judged to be related to the offence.

There is that underlying depression, anxiety, they've used alcohol as a coping mechanism and then that has subsequently led to them offending.

...I think it's poor consequential thinking and actually that can be driven by a number of reasons, you know, not caring about themselves, actually being in a kind of bad place with their mental health, being intoxicated, you know, actually the loss of inhibitions, funding a habit, actually is the driver to kind of get money

it's about recognising that the offending behaviour doesn't come from nowhere and there's lots of good research that for female offending in particular, you have to look at a more complex and different pattern of psychological motivations compared with male offenders



Ultimately the connection between mental health and offending raised provoking questions concerning notions of justice and equity within the criminal justice system. Here, the Bradley report was cited as providing important knowledge shaping the judgements and determinations within court. Such questions are revisited in Section 2.1.3, where viewpoints around the assessment process are presented.

But in actual fact there's a truism with what Lord Bradley said, in that, you know, when we're looking at sentencing people for their criminal behaviour, if their activities were because of their mental health then deal with the mental health and you'll cure the problem. If it was in spite of their mental health, it's a different element entirely. They may have mental health issues but their criminal behaviour isn't actually driven by the mental health.

Overall, the discussion around the clients within the interviews suggested that the population for the CSTR profile differed from what was expected, with less women meeting the threshold for drug and alcohol services. Women were described as having chaotic lifestyles with destructive coping strategies which contributed to their offending behaviour.



2.2: Professional Practice

This Section explores themes that emerged in the analysis relating to the professional practice of individuals working across the CSTR pathway.

Improving Practice over Time

The practice of the professionals involved in the CSTR pathway was indicated to provide women with a level of support that has been missing in their lives and gives the women the best possible chance to engage with the tools and knowledge to change their lives. Sentencing women to a CSTR rather than a custodial sentence offers an opportunity to break entrenched cycles in women's lives between being in and out of prison. The professionals involved were motivated to achieve positive results through their involvement and were working with the women, by being relatively flexible in the organisation and management of the treatment, to achieve success.

the ones that have got more problems, they keep telling us that they've never had the support before, so they're allowed to drift in and out of offending, but with having the AP, and myself and the RO and S2S and we're all working together for them, I think that they feel more supported than they've ever done before

we always make sure that when we meet the individual first of all that we're working around them so we'll [be] quite flexible... because we don't want obviously them to breach unnecessarily so we always try and work around them.

Reliance on Individuals

During the early stages of the implementation of the CSTR protocol, there was evidence of communication breakdowns which negatively and inequitably impacted on the sentencing and uptake



of CSTRs. Here, the adherence to the CSTR protocol was impacted by weak communication practices and procedures, which were clarified and improved quickly. The early stages of the CSTR pathway were influenced by the visible presence of key individuals, whereby if those directly involved were not in attendance, the protocol failed. Therefore, whilst it is recognised this has improved more recently, it remains evident that the process in the early stages was intermittent.

I think initially probation were going to be emailing a list over to the link worker but that's not really been happening, so it's tended to be the link worker actually going to court, asking directly the probation officers whether there are any suitable individuals that they think need to be assessed...

The other thing is that if the link worker isn't there in the morning, the referrals don't come in, so it's, the presence in the court every morning is key in order to identify these women, I think that's what's being seen.

It wasn't an officer that was involved with this process (when the breakdown in procedure occurred) ... it was just a lack of understanding and communication, I think, that's not something that's happened since.

The analysis showed how, within an observable theme of reliance on individuals, the most relied upon individual within the pathway was the Assistant Psychologist. The role of the Assistant Psychologist was identified to be bespoke within the pathway, differentiated from other available resource. Therefore, the CSTR pathway, in terms of capacity is at high risk of breakdown if the Assistant Psychologist is not available. Whilst there are clinical rationales limiting the decision-making of the Assistant Psychologist in practice, other professionals working within the pathway did not understand why this was the case and questioned what appeared to be an unnecessary impediment compromising speed.

in terms of cover, there are support workers... and they have been covering when the Assistant Psychologist is on leave... I think there is a bit of discrepancy about who should be covering. And obviously there isn't any other Assistant Psychologists.

I think where it falls down is that it needs that final signature from the Psychologist who is not always available, and that's no criticism, obviously you know, people are very busy, but whether there could be more people that could sign these off or whether the decision could even be with the Assistant Psychologist...

The key improvement suggested to the professional practice of the individuals involved was closer working arrangements in the form of joint meetings. This, however, puts a pressure on the professionals to juggle multiple demands within a pressurised environment, which links with a chaotic and harried environment within court (see Section 2.3 for further descriptions).

it's quite good to have that initial appointment with probation, the individual on the MHTR, the Assistant Psychologist and the link worker because then it is just a clarification for all of us, the logistics of it and what the priorities are for that individual.



Differing Meanings of Engagement

There were several working definitions of engagement identified in the analysis, having implications for how the progress of the women was identified and how the overall impact achieved with the CSTR was measured. For instance, engagement ranged from attendance to evidence of knowledge translation. There was not a unifying definition of engagement across partners, which potentially might lead to conflict between professionals/partner agencies as well as conflicting feedback and expectations communicated to the women being supported. There is a need to develop a mechanism to track women's engagement along a continuum, explicitly communicated to all parties (including the women), outlining expected progress over time.

As far as I'm aware I'm not sure, you know, I think engagement means turning up. Yeah, I think that's what that means, as far as the probation service are concerned, I could be wrong but I think that that's what that means.

So mine would be, number one turning up is a big thing. Number two is how much are they applying the information skills and tools that they're learning from therapy into their lives?

The differing interpretations of engagement was critical when managing problematic women who were seen as not committing to the process. Here, decisions concerning how to address non-compliance and potential breaches were not always shared decisions among the partners involved. Better procedures and practices are needed to communicate among and involve partners to reach consensus. A further aspect is a need to achieve a consistency between Probation Officers about the standards and consequences around engagement, so that the CSTR is equitable between different Responsible Officers.

We have difficulties with the ones that don't engage and we have, and we don't have many but we have one or two who we're having a real struggle with, you know... we are struggling to know how to keep her engaged... the Responsible Officer phoned this morning and told me 'so we're going to give her one more chance'. Now, yesterday we were talking about having to go back to court to tell the court that this wasn't working because she's not engaging with anybody... but then the RO phoned me today and said 'we'll give her one last chance', so we're going to see her next week.

Good probation officers will express concern if somebody turns up that sits on the edge of the room looking out of the window not participating, that's not meaningful participation. It's not the same as engaging in a therapeutic programme with a psychologist, but a good probation officer isn't just expecting presence

Compassion Focused Therapy (CFT) was viewed as a good approach to address and explore issues of engagement. The analysis suggests that some Probation Officers understand engagement to mean more than turning up and there was evidence of good communication between partners to manage non-compliance with the therapeutic process.

if they're not engaging then we would be having a conversation of what are they finding difficult which means they're not engaging, why are they making that choice, what is difficult about the material that we're talking about, what aren't they necessarily understanding, or



are they choosing not to engage and if, and that's what's a good thing about the CFT model is that we've talked about, we talk about blocks and resistances and there will be reasons for that and I guess our job is to actually start looking into what are those things that are stopping them from engaging.

I think actually the discussions that I've had with probation, they understand that it's not just about turning up, it's about engaging with the material, with the treatment and actually if we just continue for the next six months, just doing that, then we're not doing a good job for anyone really. So that is kind of within our treatment model, in terms of making sure that we're addressing those things and we're having a dialogue with probation if those, if we're incongruent with both of our expectations.

The final point in relation to engagement was a recognition of the importance of having a robust process and understanding of engagement, as the sentence is an Order of the Court. Therefore, mismanagement of engagement throughout the CSTR pathway undermines the sentence passed and the authority of the court, bringing into question the value and reputation of partners and the CSTR agenda. It should be noted that concerns were raised about the management of offenders, though not necessarily within the CSTR cohort.

...it should not allow court sentences to be treated fast and loose... they are court sentences, and at the moment I have little confidence that that is the case.

Overall, the professional practice within the CSTR pathway was indicated to be working, though there is a need for more established policies and procedures to manage the clients. Reliance on individuals, identified in the analysis, signals the importance of establishing a process beyond the immediate individuals involved to provide continuity if individuals are not available. Finally, there is not a unifying meaning of engagement among partners. There is a need to establish a tool to track women's progress and assess impact of the Order on their lives and prospects of not re-offending.



2.3: Protocol

This Section explores themes that emerged in the analysis relating to the protocol and procedures implemented as part of the CSTR pathway.

Working But 'Rough around the Edges'

The CSTR procedures and protocol were indicated to be working, though more refinement is needed to optimise the pathway and achieve greater continuity between different cases and individuals. The mindset of those interviewed was that the CSTR pathway is in a 'pilot' stage and that better procedures will be developed out of the learning generated. In particular, the communication flow between partners needs further development to reduce unnecessary work and delay in accessing information.

I think it could be streamlined more possibly. It all seems, I think it's working well but I don't think this is the final process that we'll recognise as the process in the future, I think it's, we've



got a lot to contend with, obviously the priorities of the solicitors and the courts, but I think we could probably help ourselves by streamlining our process after that part.

I think it's all just a learning curve, like I think I'm just still learning with it at the moment, but I do think it's, on the whole, I think it's beneficial, I do believe that it could definitely decrease the reoffending levels, because I think some women just need that level of support and guidance, which they can get through the MHTR.

the process needs to be a lot more clear cut, because at the moment I'm sort of chasing up answers from wherever I can get them and there isn't always a consistency in terms of being notified.

There was a recognition that the protocol enables professionals to be flexible, however the demand on some women's lives means that some cases require an unusual amount of planning to ensure a woman can meaningfully and reliably engage with the CSTR pathway. Examples were provided on occurrences when the protocol and/or practice resulted in an unexpected outcome in Court, inconsistent with other cases.

So we've got a situation at the moment where one of them who's on this MHTR but she works some ridiculous hours five days a week, nine till seven or something, so we're going to have to find out how we can manage her

these are the first two really that have been recommended and then not given them and we're not sure why they weren't given them. So that's the kind of sort of thing that could crop up and we're not sure... so I did the full assessments with both of them... so I think it was just the magistrate on the day decided that, you know, a fine was sufficient or a suspended sentence and a fine.

Chaotic Court Environment

The front-end of the CSTR pathway within Court was characterised as chaotic and pressurised for both professionals and offenders. This was articulated as a feature of the Court environment, in which professionals were required to hustle and chase offenders, other professionals and solicitors to gather information for recommendations in Court. It was indicated that the situation was improving, though the lack of control and unpredictability of Court creates unique challenges to establish a coherent and consistent CSTR process.

court in the morning is quite chaotic, is very busy, I think the issues that we've seen, and they're not really issues, it was initially about getting people to work together on the day and people realising that they have to really work closely together to identify these women.

the problem is with the very nature of court, the solicitors, the same as us, have lots of people they need to see. So many of them people will be people that are in the cells because they've come in through, like they've been remanded overnight through the police, by nature of the court work, those prisoners have to be prioritised to be seen and instructions taken from them, so then the solicitors are out of sight, they're non contactable and anybody that's bailed, then has to be seen. And we don't know who's acting for who and because of how much stuff we



have to do and how much we have to be spread around different courts, we're seeing all different solicitors, the ushers, the clerks, defendants, we haven't got scope in all honesty to chase solicitors and find out who's acting for who and what they're pleading, it's best for them to come to us...

This has resulted in differences between the protocol on paper and in practice. For instance, the prioritisation of women who are potential CSTR pilot participants was indicated to not be working resulting in delays and time wastage in Court. The defence solicitors were identified as pivotal to enabling progress though it was noted that they at times had to accommodate a chaotic schedule of meetings and variety of complexities within cases and defence strategies.

it is a big problem at the moment because ideally we're supposed to know which women are going to be decided on an MHTR and they also, according to our protocol the women are supposed to then go to the top of the list in the court but that's not happening

in an ideal world a female will be seen right at the beginning of the day, but if solicitors have seven or eight offenders to see then we're almost relying on them realising our urgency to kind of find out whether they're even going to plead guilty, that's not necessarily what happens and it might start a little bit later in the day

I would add I think that defence solicitors have a really important part to play in this, they almost certainly know their client better than anybody else at court, the best ones are excellent at it already, they'll be knocking on the door of L&D and say, I've got somebody coming in this morning, you absolutely need to see them, you know, the less good ones won't do it so well.

The effect of this chaotic picture was impactful on the women who are undergoing assessment prior to a judgement in court, with women described as becoming stressed, frustrated and withdrawn from the process. This is important, given the importance and sensitivity of the assessments being completed (see next section) as well as affecting the environment in which the Assistant Psychologist is attempting to establish a rapport with the client.

I have had people that have been quite, in the end just fed up, they're then kind of withdrawing in, like one particular lady last week, she just, she was kind of rolling her eyes and I was like, what's the problem? There seems to be a problem. And she just said, I've already said all of this to everybody, why am I having to say it again? And so I had to apologise.

Identifying the 'Right' People: Justifying Investment and Ethics

The described chaotic court environment created challenges in terms of identifying who was perceived as being the 'right' type of individual to be assessed within the CSTR pathway. Critically, the experience of attending court and the period prior to sentence was described as heightening women's levels of stress and anxiety, which might have the effect of incorrectly identifying women as being the right fit for a CSTR.

The screening is, because it says, on the screening sheet it says answer these questions, how you felt in the last seven days. Well the problem I have with that is that they're about to go to court so all of these questions that they're answering, you know, is it related to court, is it



related because they're under pressure because they're coming to court, does that make sense?

you've got to remember that everybody gets anxiety before a court case, everybody may be feeling depressed or anxious, just because of the circumstances of the day and the situation, do you know what I mean

The sensitivity of the screening tools to identify the right people who the CSTR process is aiming to pinpoint was questioned by some, with the CORE assessment viewed as an information gathering tool, rather than a screening tool, with nearly all women being put forward for further assessment by the Assistant Psychologist. Whilst this was suggested to not necessarily 'screen' people out, it was perceived to be valuable at establishing a holistic picture of the stress and circumstances of the woman's life before 'delving deeper' into the mental health and offending relationship. Nevertheless, some professionals were conflicted about who the CSTR pilot is specifically targeting.

every woman's put through the screening process as it's a screening process, because that can then indicate whether there is a significant amount of distress there. However the majority of people that complete the CORE do then go on and have a secondary assessment, unless they do not complete that form of just refuse to engage further in the assessment.

I mean some women you interview and it really jumps out to you that there's a lot of mental health problems but I mean I'm still learning so I'm kind of getting to grips with it, but I think a lot of women in the general public who don't offend suffer from depression and anxiety. So I think it's getting that balance of making sure people who, that get it who really sort of require it, but for me it's trying to work out with the pilot, if everybody says that they've got depression and anxiety

A factor within the assessment process was a need to ensure that the sentence was commensurate with the offence committed. For instance, a low-level offence which might typically result in a small fine or form of Community Payback was seen as inappropriate to be sentenced to a CSTR which might last for six months. At the other extreme are offences that were assessed as high risk and/or likely to result in a custodial sentence. Some of the offence types of the current CSTR cohort were, whilst being deemed by the Court as being suitable to receive a Community Sentence, categorised by the Health professionals as high risk and as such they were deemed as unsuitable for a CSTR, indicating discrepancies with a stance of being 'offence-blind'.

one of the other things is that the offence needs to be commensurate with the order, the community order, because if somebody is in for like a sole, one low level theft, is it commensurate to give them a drug rehabilitation requirement, a mental health treatment requirement and on top of that usually goes RAR days and like supervision, and they're just full up with appointments and is that really commensurate with a theft. That's also another thing that we have to balance...

Yeah, in terms of the mental health treatment requirement, the most sort of severe, if you can put it in that way, has been assault on police, attempted ABH, although that wasn't ABH in itself, the assault on police tends to be in relation to when they're being arrested or being



restrained, lashing out in that sense, and a lot of the time that has been, for example, the drink drivers.

In terms of the more severe offences... things like there was a lady who was remanded for GBH, so she actually ran over someone intentionally, and in terms of the work I would be doing, we (Health Professionals) sort of decided together that it wouldn't be ethical for us to offer [a MHTR] due to the severity of the offence, it was very likely that she was going to get custody anyway. So there were some discrepancies about whether we should be offering such a community order to such a severe offence.

In essence, the cohort identified as being suitable through the assessment process was a 'middle spot'. This raises questions concerning the equitability of access to mental health support for people understood as being too low or high in terms of need or offence, linking with challenges of ensuring fairness, a basic tenet, within the criminal justice system. Risk to the health professional was a key dimension against which suitability for a CSTR was assessed. A further factor within the selection process considered was the likelihood of a woman receiving very little mental health treatment if receiving a custodial sentence, which was perceived as further entrenching the problems women are living with.

some of them are too high, so they need more mental health [support], so they'll need the liaison and diversion team, some of them are low so they're not needed, so there's like a middle spot.... And ours (target population) is more like anxiety and depression and small personality disorders, I believe, so they're the middle people... and also with the ones that are too high, they're then signposted to the mental health team.

So there's been a couple of cases where we really in-depth, really thought about, actually does this person meet our criteria, will they be able to engage, is their life so chaotic that actually they won't be able to engage or is it that, or am I worried about the risk to the Assistant Psychologist? At that point then I would say, no actually this is not you know, in the community, I don't want to kind of think about this level of treatment but also I don't want to set up the women to fail. If we know that their lives are so chaotic, to have to try to enforce an order where, you know, generally, mental health treatment should be voluntary unless they're lacking capacity, these women are with capacity, what we're trying to do is support them to kind of have better lives and also so they don't come back into contact with the criminal justice system.

for me, it is a very difficult decision because actually the reality is in custody they're not going to get anything, they might be traumatised even more so by the environment.

Connections between Mental Health and Offending

The analysis showed how connections between mental health and the offending behaviour of the women were variable. For some, there was an explicit link between their mental health and their offence, though for others such a connection was suggested to be tenuous. This link was arguably the most subjective aspect within the assessment process and was mostly defined by the lead Health Psychologist. The process for determining the appropriateness of a woman for a CSTR takes place in a



pressurised and time bound environment, which might restrict the capacity of the health care professionals to adequately evidence such a relationship.

first of all whether it's something that they might benefit from, so support with their mental health in the community, and then just finding out exactly how much their problems and difficulties, such as anxiety and depression, are affecting their day-to-day functioning, how they feel it's linked to their mental health and also their sort of goals for the treatment requirement if they were to be given one and any sort of barriers that could crop up.

... what is the relationship between someone's mental health problems and what's brought them in contact with the criminal justice team. So what, why have they become, why have they been arrested for example, is that linked to their mental health and we're trying to really grasp at that and if so then we take on that individual.

It was suggested by some that making such judgements was a function for the court, as part of the sentencing process. Here, Magistrates assess the available information and pass a sentence accordingly. It was, however, suggested that the interrogation of the link between mental health and offending was often limited within Court and Magistrates relied on the assessment process to identify the 'right' individuals to be sentenced to a MHTR.

The courts should have the best information and it should have access to just about any information that it requires to be able to make absolutely the right decision... that's who they are and that's what they do. There's always going to be a need for a judgement and that's what judges do.

the court has always got to exercise judgement, a very important part of sentencing though is being properly informed, with evidence where, possible by other court users, to enable that judgement to be an informed judgement... So in the CSTR, the assessment and sifting process to make sure that the people who are being put forward for it are in the appropriate cohort, is really the critical part of this.

The judicial oversight of potential CSTR offenders, in terms of the interrogation of the linkages between mental health and offending, was suggested to need strengthening. The information shared to the Court was indicated to be minimal, with only a judgement as to their suitability being provided. As such, the connection between the women's mental health and the offending behaviour was implicit. However, given that the relative strength of association between both was variable, better information provided within court would enable more informed judgements.

I think in general magistrates will always go with a proposal of probation whatever it is, whether it's unpaid work, whether it's an MHTR, whether it's a DRR, they tend to go with the recommendation...

the only thing that's happening from in terms of the feedback, [AP] either says yes or no and that's what the judge gets told, whether that person meets criteria for a mental health treatment, we're not providing at that point, we're not providing a formulation and understanding of that person's offending.



I believe, but will have to check, that they've, if they've been put to the court, they've all been passed. Going back to Milton Keynes, they're not always passed, just depending on what's going on with that individual

Treatment Completion Process and Impact

At the time of the collection of evidence for this report, no women had completed the CSTR. Nevertheless, the end process was discussed within the interviews in relation to procedures established to manage the women to successful conclusions. The parameters of treatment were explicitly discussed with the clients and the end process was actively discussed during the sessions. For some women, the end of the process was recognised as potentially impactful to their wellbeing. The CSTR process provides an intensive volume of support within the sentence period, signifying the importance of a smooth withdrawal process of support. At the time of the interviews, the first women were coming to the end of the process and further thought was recognised as being needed to ensure successful management of the end of treatment.

So it's obviously clear in the therapeutic contract that that's six months, we see some individuals bi-weekly, some might increase to weekly depending on their needs, but it will be a case of preparing for that in advance, because a lot of individuals will struggle with that termination and that's sort of something that I would discuss in supervision and be quite open about in sessions as well

I think one of the things that I make sure that the Assistant Psychologist does is talk about endings with people and especially if they've had very difficult endings in their life before, start thinking about how can we make this a good healthy ending but also at the same time recognise that endings cause people to feel sad, upset, angry, and those are all normal emotions that we're going to get, accept them

Whilst the notion of completion was a recognised and explicit feature within the CSTR sessions, the ability of the professionals to enable smooth access into on-going services, if needed, was limited. It was recognised that there were a variety of other services that the women could potentially need, though long waiting times to receive support might compromise the progress made within the CSTR pathway and potentially result in recidivism. This suggests that more integration is needed between the pilot and the wider provision of mental health services in the county, to ensure that the investments made in the CSTR pilot are not squandered.

...in an ideal world, what would happen is that as the lady is going through her treatment, the psychologist will be thinking about where does the woman need to be going after the treatment, what would be the most suitable service for this woman to continue with so that she doesn't go off the end of a cliff at the end of the treatment.

...there's a community mental health team who aren't necessarily working with offenders, so it's just people who need that support, so there's a crisis team, there's sort of lower level wellbeing services, there's IAPT, then there's more specialised services so things like personality disorder services, so we've, I guess nearer the end of their treatment it will be a case of discussing whether there needs to be any referrals made when it gets to the, you know,



towards the end of that, because obviously waiting lists are quite long for many of these services.

The final aspect of the completion process involved the collection of data to evidence the impact on wellbeing and likelihood of reoffending. Here the potential lack of independence concerning who collects the data may influence how the women complete such metrics, with the women potentially not wanted to give negative feedback on the process or indicate that they are at risk of reoffending.

...we're using various psychometrics, so I'd be wanting to see a change in those psychometrics in terms of going back the CORE, you know, has the number of problems that person is experiencing now reduced, has their distress reduced, has their wellbeing improved, has their risk also reduced? I'd also be wanting to get feedback from them, what have they gained from those ten sessions, how is their life any different, how are they going to apply those skills to the rest of their life, how will those skills prevent them from coming back into contact with the criminal justice system. If there are additional needs to be met, actually are there services that we need to put that person in contact with.

Overall, the protocol to guide the processes in place within the CSTR pathway were indicated to be working, though more development was needed to refine the procedures to ensure continuity between people and cases. The chaotic Court environment in which the assessment process took place was suggested to bring into question the authenticity of the need identified in the screening tools and ability to identify the right people for CSTRs. The procedures at present were indicated to recruit a mid-group within the population of female offenders with mental health, with women with either too low or too high levels of needs not receiving equitable, or any, support. The connections between mental health and offending was identified to be variable which would impact upon the 'successful' outcome of then CSTR and more information within Court would be beneficial to enable more informed judgements. Finally, the treatment completion process was understood as an explicit feature within the CSTR sessions, though the ability of health professionals to enable access into treatment beyond the sentence was limited and might compromise the investment of the CSTR resulting in recidivism.



3. Strategic Context

This section focuses on issues raised during the interviews that link with the strategic context of the CSTR programme. It is organised into 2 sections: 3.1. Strategic Group and 3.2. Commissioned Services.



3.1: Strategic Group

This Section explores themes that emerged in the analysis relating to the strategic group of professionals who oversee the CSTR pathway.

Strong, Fast Moving and Valued Group

The steering group for the CSTR pilot was described as having a strong partnership, comprising an effective learning culture, which was beneficial to the development of the CSTR pathway. There was evidence of discussing problems and working quickly as a group to problem-solve issues to enable the best possible outcomes for women within the pilot. A key factor for the observable positivity around the pilot was having dedicated individuals, particularly those who seek to improve the treatment and sentencing of female offenders, and a sense of ownership of the protocol to allow expedient development.

We have taken this back to the steering group and we are sort of working through this and it did get better and it has got better once I've sort of located the right people to contact and chase up.

if you've really got ownership with what's happening there, and that's why I think this pilot with women will be very successful, because there's a very well-motivated group of women who are driving this and I think they're being successful with it

It was recognised, however, more reflection within the rapid development process of the CSTR pathway was needed to ensure that things do not get missed and changes are successfully embedded.

I think when you move very quickly on stuff, you know, it takes time to embed stuff, you know, and actually, yeah, I think you can kind of get caught in between driving things quickly, too quickly forward and then things get missed or actually try and plan for every single eventuality and get kind of caught in a bit of inertia...

Whilst the steering group was perceived positively and had driven a series of changes to improve the potential outcomes for women within the pilot, it was recognised by some that the day-to-day delivery of the programme was outside of their control. Concerns were raised by some about how different suppliers within the commissioning context would deliver and effectively manage clients through their journey of the CSTR pathway.



the third party suppliers are numerous, you know, there are many of them and they will all feed in. I think where you're going to get that unified entity is through the management of that programme, not necessarily the delivery of it, from what I've seen, it's all extremely lacking, the delivery of it is wanting, the management is non-existent. And there is, there seem to be no, from what I am told an extremely convoluted, completely dysfunctional methodology of oversight of these contracts as well.

Substance Misuse Involvement

Within the formative stages of the CSTR pilot, the role of alcohol and substance misuse services was indicated to be relatively passive, with the focus being perhaps more on the mental health of women rather than a more holistic offer within the CSTR pathway. It was noted in Section 2.1 that fewer women met the criteria for an ATR or DRR than expected, which is an outcome that needs further exploration and contextualisation within the wider CSTR evidence base from other CSTR pilot sites.

So I think one of the things we (Drug and Alcohol Services) probably need to do and one of the things that I'll raise at the meeting is about kind of forging those links a little bit more so actually we can kind of track that a little bit better. So it's probably happening at a worker level but actually we probably need to have an oversight

I am a tiny bit concerned about is that I can't see the active engagement with the substance misuse services. Maybe that's because we're focusing on mental health but when I was talking to the substance misuse provider this morning, they haven't seen an increase in the number of treatment, alcohol, drug and alcohol treatment requirements being sentenced.

Overall, the strategic group was perceived as strong and effective at driving positive change. More reflection, however, was required to ensure that alterations to the protocol or practice were fully embedded before other changes within the CSTR pathway. The role of the local substance misuse service was described as overly passive during the initial phase of delivery within the pilot, with fewer women being sentenced to ATRs or DRRs than expected.



3.2: Partner Services

This Section explores themes that emerged in the analysis relating to the commissioned services involved strategically in the delivery of the CSTR pilot.

Northampton Centric

The CSTR pathway was suggested to be too Northampton centric, with the relative offer being less in other areas of the county. This was largely due to the robust, resourced and effective involvement of the Good Loaf, a social enterprise business that provides opportunities for vulnerable local women to break the cycle of poverty, unemployment and offending. More partnership and capacity are needed



across the county to best enable the CSTR pilot to operate effectively and equitably in other sites in for both the female offenders as well as the professionals who support them.

an awful lot of these women now are coming from Kettering.... in The Good Loaf, in this place, we've got everything that women need... Now I've got to establish places in Kettering because I don't think we realised that so many of them would be coming from Kettering... Well we see them at the council offices because the probation office in Kettering have got rooms but what I've got to establish is the facilities that are available to them there. Because I can't even get a laptop, you know

I think having the C2C link, the Good Loaf, they've been really supportive so I do a lot of my sessions over there, they know me really well now and we, you know, it kind of seems as though we're sort of working together in that sense...

The centrism in Northampton evident in the pilot was suggested to be impactful to women's experiences of the pilot and everyday lives, with some women having to accommodate travel time into what was described as a chaotic lifestyle (see Section 2.2). The lack of provision beyond Northampton may negatively affect women's success as well as their engagement with the therapeutic process.

I've got to do a lot of research on at the moment, is finding places and finding things that they can do in Kettering. Because here they can go on the work programme, they can come here in the drop-in, you know, and it's a relaxed atmosphere, in Kettering it's a bit more difficult

I mean getting from Corby to Northampton, nightmare.

at the moment the Assistant Psychologist and the link worker, are spending at least one day, normally a day and a half, in Kettering doing appointments... the ladies that are in Corby have been able to get to Kettering, but a lot of the ladies offence-wise, we'll go into this in a bit more detail, offence-wise has meant that they have a driving ban so they don't have access to transport.

Meanings of Success

Whilst all partners involved in the CSTR pilot were committed to reducing the likelihood of reoffending, each held differing interpretations of success. This is linked to discussion in Section 2.2 where it was outlined how different professionals held varying understandings of engagement. For probation, success meant that women reach the end of the sentence and has complied with the Orders (i.e. no breaches). For local drug and alcohol services, success meant being drug and alcohol 'free' at the end of treatment. For the health professionals, success meant an understanding of their behaviour and the application of learning within their lives to avoid and prevent negative situations and outcomes. The differing notions of success may be impactful to the relative value and importance of the pilot for different agencies as well as potentially affecting how different professionals classify and communicate progress within exchanges with the women.

This is opening up a bit of a can of worms. So S2S is monitored by Public Health England and... A successful outcome for S2S is... if someone gets discharged drug and alcohol free, so no



substance misuse... this is the bit, it contradicts what a successful outcome on the probation order is. So someone who's on an ATR or a DRR, for them to complete that successful, that doesn't match up with what S2S's definition is. So Probation's definition is actually if they've got through the order and not been breached.

It depends if she's got a full understanding of her behaviour, sometimes it is a circumstance, actually you know, if someone is shouting at you in your face and you've got no other choice, the reality is that you are going to potentially use anger and violence. Hopefully you've got the skills to prevent it getting to that point...

In conclusion, the commissioned services that wrap around the women to deliver the CSTR pathway were recognised as being Northampton centric, with notable differences in the CSTR offer to women living in other locales in the county. Better provision for both clients and professionals is needed in other areas of the county to ensure parity. The partner services involved in the pilot held different meaning of success which may impact their commitment within the future of the pilot and how progress is communicated to the women.



4. Wider Issues

This section focuses on issues raised during the interviews that wider issues outside of the CSTR programme and strategic group. It is organised into 3 sections: 4.1. Mental Health within the Criminal Justice System; 4.2. Mental Health and Finance.



4.1: Mental Health within the Criminal Justice System

The first theme relating to wider issues was how mental health was increasingly being recognised and addressed within the criminal justice system and the CSTR pilot was seen as a positive step at enabling mental health to be account for within the judicial process. The analysis highlighted how some of those interviewed interpreted the pilot as being linked with a wider move in society to recognise and understand how mental health affects people's lives and decision-making, as well as influence how professionals perceive issues and policymakers create or amend policies. Taking this into account, the CSTR pilot enables Courts to exercise a more balanced judgement between justice and mental health needs.

we are moving through an enlightened period where it's difficult to pick up on any political speeches on a monthly basis when something to do with mental health isn't being considered.

I just think that it's been identified now, I can't imagine that it was ever different, it's ever been different, I just think that we're identifying and dealing with it now which is brilliant.

mental health across the board is going to be recognised and dealt with by different institutions for different reasons and I think that's where the courts would fit into it.

It was recognised that services for offenders are not currently equipped to support or address the needs of this population, with the CSTR being seen as plugging a gap in mental health need within the criminal justice system. The CSTR pilot was viewed as bringing offenders into contact with mental health services and expertise within the health sector for the first time which has the potential to have a large impact on the behaviour of offenders.

I don't think services are equipped to deal with this type of population at the moment and that for me is the exciting thing, that we can start to be more aware of those kind of things, but also at the same time, many of the women that we've seen have never had support before, so they are coming into mental health services for the first time as well, so it's a new thing and I think there's something, maybe from a public health perspective, that needs to change in terms of how we talk about our problems, how we deal, you know, in terms of our culture with alcohol use, with drug use, recognise that actually yes, we all want to feel good, but are we relying too much on drugs and alcohol which then cause all sorts of other problems later down the line.



Prior to the pilot, few MHTRs were being sentenced within Northamptonshire, reflective of the national picture. A factor impactful to this was that traditionally the threshold for an MHTR was a specialist level of mental health need. It was clear from the perspectives of Magistrates and other court users, however, that there was a significant group of offenders with mental health needs below those that would require them to be referred to specialist services, but where mental health was a significant aspect of their offending behaviour. In this context, the CSTR pilot through redefining who MHTRs are for and how they work introduces a new option which was interpreted very positively. It must be noted that the other options within wider criminal justice system were perceived negatively, with other pathways that bring together different skills and expertise being needed within the wider remit to prevent and reduce offending behaviours.

When you sit in the court, you're at one end of this process and you've got to make decisions. As I said at the Criminal Justice Mental Health Board workshop, we're trying to plug in really quite a sophisticated little tool, which I think will work well, onto a system that is essentially broken.



4.2: Mental Health and Financial Climate

The second theme within the wider issues identified were the connections drawn between the parameters of the pilot and the wider economic landscape in which it is placed. Within this pilot, concerns around the sustainability have been actively discussed within the Steering Group illustrative of the financial pressure evident within the criminal justice system. Furthermore, issues of Assistant Psychologist capacity have been frequently discussed which again highlights the need for programme leads of CSTRs to have reserve funding to flex depending on fluctuations within the offender profile. The learning point from these experiences is the need to establish an equitable offer within CSTR programmes to ensure fairness between individuals and sites suitable for a CSTR in different areas across the UK.

it's manageable at the moment, you know, if it goes mad then we probably need somebody else to support me, but at the moment it's manageable.

I guess it would sit very uncomfortably with me, ethically, because why should one person get it and not another? But then if that would provide a business case to be able to extend it because actually, in current times when we're constantly talking about money, actually it would be cheaper to be able to treat someone in the community as opposed to prison, we know that, you know, the money shows that and actually on top of that, prison does not reduce re-offending so if we can do it in the community then it's going to be, we're going to be able to take the resources out of prison and provide them in the community. We're creating less victims, less human misery and I think that would be the more ethical thing to do.

In terms of the local provision for mental health, it was recognised that the financial climate had reduced capacity for patients and that the thresholds for receiving treatment were very high. It was also noted that for some services, the waiting times were very high presenting difficulties for people who are seeking support.



in terms of waiting lists, I'm not sure. It's very different for different services, I know for example the ADHD ASD pathway has huge waiting lists, sort of over a year... Whereas some others are a lot shorter, so it would depend on which service we were wanting to refer them to.

not just around alcohol and drugs but how do we look after ourselves in terms of, I guess it's hard in the current austere times that we're living in... we know that services currently aren't equipped to deal with things, the threshold to get into mental health services, getting higher and higher, you need to be pretty severe or you need to be able to afford a therapist yourself which these women don't have the means to do so, so...

The financial context had resulted in changes and reductions in services offered locally by the healthcare trust, with the ending of some services being seen as having an impact on the offending rates within the local context. The evidence highlighted how financial decisions within the healthcare trust have an impact on the wider criminal justice system and signal the importance of considering the impacts to the wider context within organisational change. The long-term future and home for the CSTR programme is currently being debated, being understood as located between the Clinical Commissioning Group (CCG) and the Justice system.

I do think the reduction in higher specification community services by the Mental Health Trust has helped to create more of these problems... I think I'm saying is when I get to the really hardest cases, the ones you're talking about, I don't think that's primarily a criminal justice problem, I think that's a health and social care problem and you're never going to sort it out completely, but the old Assertive Outreach Team of Northamptonshire Healthcare was actually a very cheap way, once the costs of all agencies are added together, of giving those people some sort of quality of life and saving us all a fortune. You save on, in-patient admissions, you save on prison costs, you save on the day-to-day costs of the police and having to go and pick this person up because they're raving in the street.

Well I suppose the big overarching thing is funding, we've been trying to get this off the ground now, in Northampton, for two years with [CSTR Steering Group Chair], and the biggest block has been funding and it's the, who pays for it? And in an ideal world, it should be CCG but realistically the money's not there to support it from CCG and also it straddles justice as well, so funding is the big thing, we only have enough funding for this year, so what happens after that?



4.3: Mental Health and Balancing Treatment with Punishment

The final wider theme was how the CSTR pilot was interpreted as empowering Judges to establish a balance between punishment and mental health needs within the sentencing process, rather than a bias towards punishment and/or incarceration with little or no requirements to support mental health. It was felt that the CSTR process, by assessing the relationship between an offender's mental health and their offending behaviour was enabling fairer judgements within Court by reconstituting the balance between punishment and rehabilitation.



if you attempt to deal with people in court without a proper assessment and evaluation of their vulnerabilities, you are not treating them fairly, understanding what's going on and sentencing in an intelligent way, that meets the purposes of sentencing as laid down by law.

So you know, it comes back to the fundamental elements that is decision-making for a sentencer is that balance between punishment and rehabilitation.

It was recognised that the experiences and circumstances of some women who commit offences contributed to their offending behaviour, with incarceration being seen as having a detrimental effect on their mental health and arguably challenging notions of justice by not recognising and accounting mental health within the sentencing process. The analysis underlined the need for a more compassion-based approach where an offender is punished for their offence but is also supported to improve their wellbeing and given the best opportunity to not reoffend.

it's a shame that they had to go through the criminal justice system to get that support. So, for some, they have actually been requesting or needing that support for quite a while and it does actually seem easier for them to actually get that support [now]

I think if you look at specifically the women and the lives that some of the women have gone through to get to where they've got to, many of them have been in care, many of them have suffered abuse, many of them have and are having abusive relationships because some of the relationships they have, they may see them as loving relationships, well actually they're abusive relationships... many of the women that we see are actually victims, become victims of crime rather than actually are the perpetrators of crime and it kind of flips over that way.

I think we as a society have lots of messages after someone dies, oh come on, just get on with your life, but actually again, you know, this is the work of compassion focused therapy, of understanding that from a biological perspective, we react, you know, when we have a loss, there's a reason that we get depressed, it's linked to our survival and it's actually helpful to experience that emotion and not block it away but unfortunately many of the women that we're working with have had a lifetime of shutting down their emotions, hence the end up sometimes drinking or doing very impulsive acts.

A concern raised in the analysis was that some women may attempt to 'game' the system by feigning mental health needs to avoid a custodial sentence. For the professionals involved getting to know the women, becoming aware of their circumstances and understanding how their life course trajectory has led to an offence has alleviated such concerns and increased their preference for treatment alongside punishment to give the best chance to not offend in the future.

that was my concern (gaming the system) as well, but when you listen to them and you hear them and you realise, yes, these people do need help, do you see what I mean? Because I think to myself, I was a bit concerned about that, the same thing, you know, are they avoiding prison by having this, some of them might think that they are, I don't know, but the majority of them need help and I don't think that, if they were sent to prison I don't think that they would get the help in prison that they get outside.



Overall, the wider issues affecting the pilot are not within the control of the professionals involved, though are factors shaping their views and experiences of the pilot. The CSTR pilot was perceived positively by raising the profile of mental health within the criminal justice system and allowing more fairness within the sentencing process. The financial climate for the CSTR pilot impacted upon concerns raised with regards to the sustainability of the pilot at an operational level as well as the long-term future for the programme.



5. Summary and Recommendations

This Chapter provides a summary of key points and recommendations. Overall, the CSTR pilot was described positively by the professionals who worked with the women operationally and individuals working at the strategic level. The pilot was seen as the first step within a wider series of changes to better recognise and take into account the relationship between mental health and offending within sentencing process, creating a fairer justice system. Overall, the findings presented here suggest the first eight months of the CSTR pilot have been very successful, implementing a process which has identified appropriate women for the order, has achieved high levels of engagement across partners and has provided a support service to women that would otherwise be unlikely to receive mental health treatment of this nature. Specific conclusions and recommendations **(R)** are identified below:



5.1. Practice Environment

A plethora of mental health issues were identified within **CLIENT SAMPLE**, with women having destructive coping strategies in the face of chaotic lifestyles. A surprisingly low proportion of women met the threshold for drug and alcohol services within the pilot, which warrants further investigation considering the roles of substances within the described destructive coping strategies women adopted. An indirect relationship between mental health and offences was suggested by professionals and, given that the relative strength of association between both was variable, better information provided within Court would enable more informed judgements.



R1 Review the assessment process for drug and alcohol treatments and the role of services in cases below the ATR/DRR threshold to ensure holistic treatment.

R2 Consider information provided to Court in relation to the pilot, specifically in relation to the linkages between mental health and offending, to enable more informed judgements and sentencing.

PROFESSIONAL PRACTICES were suggested to be improving over time, with CSTRs offering an opportunity to break entrenched cycles of offending in women's lives. The early stages of pilot implementation were influenced by the need for visible presence of specific individuals and there remains an over reliance on this. Whilst it was recognised that the pathway could be further streamlined by having a Psychologist in position to determine eligibility in situ, the current arrangements enable a degree of quality assurance and interrogation of professional judgements between the Assistant Psychologist and Lead Psychologist. Finally, differing meanings of engagement were evident between partners, which are impactful to notions of success as well as necessary evidence for 'breaching' an Order of the Court.

R3 Improve awareness of CSTR pilot outside of immediate group of professionals, actively reviewing incidences of non-compliance with the protocol.

R4 Establish a universally agreed tool to track women's engagement within the pilot along a continuum to ensure a consistency between partners when communicating progress to women with CSTR process.





The **PROTOCOL** was indicated to be working and more work was required to refine procedures. The Court environment, in terms of being chaotic, brought into question the authenticity of needs identified in the screening assessments. The assessment process was indicated to be recruiting a mid-group within the offender profile. There was potentially limited access to treatment beyond sentence due to reductions in, as well as an increase in the length of waiting times for, mental health provision which could impact recidivism. A degree of professional judgement and reliance on personal ethics to decide who is 'right' for the CSTR in relation to severity of offending or severity of mental health needs presents an opportunity for bias and inequitable access to the CSTR.



R5 Review procedures prior to Court within CSTR pathway in relation to the necessity of different actors involved, orchestration of meetings and the provisions of and timeliness of information required for assessment processes.

R6 Consider further clarifying the criteria and profile of mental health needs and offence-types appropriate for the CSTR and engage in a high-level review with wider CSTR pilots to explore learning in this area. In addition, consider pathways for individuals with mental health need assessed as too complex or too high for treatment offered within CSTR pathway.



5.2. Strategic Context

The **STRATEGIC GROUP** was strong and effective at driving positive change, being identified as an asset to the pilot. However, it was suggested that more reflection was required, due to the pace of change experienced by some professionals to ensure that changes to the protocol or practice were fully embedded before initiating further developments. Within the strategic group, the role of substance misuse services initially in delivery was indicated to be too passive and greater shared responsibility for women's progress through the CSTR pathway was needed, given the impacts of substance misuse within the problematic coping strategies of the offenders. Whilst professional partnership was good, involvement and engagement of defence solicitors could be further developed to improve efficiency and consistency within Court.

Within the pilot, the **COMMISSIONED SERVICES** were Northampton centric with notable differences in relative CSTR offer to women living in, and resources for professionals, other locales in the county. Moreover, different meanings of success were identified between each partner services which may impact upon overall assessment of the value of CSTRs, their commitment in the future of the pilot and how progress is communicated to the women.

R7 Identify and invest into provisions external to Northampton to reduce the identified centrism and improve parity between locales in Northamptonshire where offenders reside.

R8 Reflect on the implications of success factors for individual services working across CSTR pathways, aligning future commissioning to reflect shared goals and targets for the CSTR programme. This may involve the wider CSTR pilot sites.



R9 Develop stronger links and engage with defence solicitors further, to improve awareness of CSTRs as well as enhance the efficiency of the process within Court. This may involve the wider CSTR pilot sites.



5.3. Wider Issues

The importance of mental health on offender behaviour was increasingly being recognised within the **CRIMINAL JUSTICE SYSTEM**. The CSTR pilot was seen as a positive step at enabling mental health to be accounted for within the judicial process, being linked with a wider move in society to recognise and understand how mental health affects people's lives and decision-making, as well as influence how professionals perceive issues and policymakers create or amend policies. Taking this into account, the CSTR pilot enables Courts to exercise a more balanced judgement between justice and compassion. Such a move represents an advancement towards a more modern criminal justice system. The CSTR pilot was viewed as bringing offenders into contact with mental health services and expertise within the health sector for the first time which has the potential to have a large impact on the behaviour of offenders.



R10 Work with partners to establish earlier opportunities to intervene in women's lives, reducing criminality by better supporting women to make better choices.

The wider **FINANCIAL LANDSCAPE** created a challenging environment for the pilot implementation, with concerns raised in relation to capacity for CSTR staff and within local service provision. Local provision for people with poor mental health has been negatively impacted by the financial climate, effecting rates of local offending and outcomes. Waiting times were recognised as being very high presenting difficulties for people who are seeking support. The evidence highlighted how financial decisions within the healthcare trust have an impact on the wider criminal justice system and the ending of some services was directly linked as removing the capacity of local services to identify and intervene in the lives of individuals in crisis and potentially avoid criminal and offending behaviours.

R11 Review provisions of mental health services within the local context, especially those that provide assertive outreach to identify individuals with mental health needs.



The pilot empowered Judges to establish a **BALANCE BETWEEN PUNISHMENT AND TREATMENT** within the sentencing process. By assessing the relationship between an offender's mental health and their offending behaviour, a fairer judgement within Court is achieved by reconstituting the balance between punishment and rehabilitation. If women would have received a custodial sentence rather than a CSTR, it would have been understood as having a detrimental effect on their mental health and arguably unjust by not recognising and accounting for mental health within the sentencing process.



R12 Identify other cohorts of offenders where an underlying mental health condition was associated with their offending behaviour and create an equitable pathway to receive support alongside punishment.

R13 Review provisions of mental health support within prison and other institutions where people are incarcerated, enabling opportunities to receive support to reduce reoffending rates.

R14 Assess how an offender's mental health is accounted for within the sentencing process, considering provisions of information available to Court to enable an equitable judgement.