

**Understanding Strengths and Areas for Development of the Psychologically Informed
Consultation Service**

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the degree of Doctor of Philosophy

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Abstract

This thesis aimed to understand the strengths and areas for development of the Psychologically Informed Consultation Service (PICS) and subsequently, inform practice. The PICS operates within the Offender Personality Disorder Pathway (OPDP), a collection of services aiming to provide support to individuals who are considered high risk of reoffending and have diagnosis of, or traits indicative of, Personality Disorder (NHS England, 2023). Initially gaining insight into the offending behaviour, significant life experiences, and self-harming and suicidal behaviour of people screened into the pathway, we proceed to assess how this impacts the PICS Practitioners and Probation Practitioners, and how the service can be adapted to meet the needs of the practitioners, and to provide the individuals on the pathway with the best chance of desistance, whilst also protecting the wellbeing of staff. The thesis presents a series of implications for practice, in light of the findings. Whilst initially considering both males and females, as the challenges they both face cannot be dismissed, there is a more central focus on experiences and interventions for females, due to the needs highlighted throughout.

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Declaration

No portion of the work referred to in this thesis has been submitted in support of an application for another degree or qualification of this or any other university or institute of learning.

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Chapter 1: General Introduction

The Offender Personality Disorder Pathway (OPDP) is a collective of psychologically informed services, available to individuals within the Criminal Justice System (CJS) who have a diagnosis of, or traits pertaining to, personality disorder, and who are considered to be high or very high risk of harm. Jointly commissioned by the National Health Service (NHS) and His Majesty's Prison and Probation Service (HMPPS), the OPDP aims to reduce repeat, high-harm offending, improve psychological health, wellbeing, pro-social behaviour and relational outcomes, improve competence, confidence and wellbeing of staff working with people in the CJS showing personality difficulties, and finally, increase cost-effectiveness and quality of OPDP services (See Joseph & Benefield, 2010; 2012; Minoudis et al., 2012; Skett & Lewis, 2019; NHS England, 2023).

Several key services operate within the OPDP, including Mentalisation Based Treatment, Intensive Interventions and Risk Management Services and, notably, Community Consultation Service (CCS). CCSs offer a psychologically informed consultation and subsequent formulation to practitioners who work with individuals who meet the requirements for the OPDP. At the time of writing, the OPDP and particularly CCSs, still relatively in their infancy, face challenges and must constantly adapt accordingly to attend in an appropriate manner. Therefore, this thesis will present empirical studies aimed at understanding the strengths, and areas for improvement within the Psychologically Informed Consultation Service (PICS), a CCS operating in Merseyside and Cheshire, and the influence the service has on the wellbeing of practitioners and service users.

Personality Disorder

The DSM 5 (American Psychiatric Association, 2022) describes Personality Disorder as ‘an enduring pattern of inner experience and behaviour that deviates markedly from the norms and expectations of the individual’s culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time and leads to distress or impairment’ (p.733). In the UK, approximately 60-70% of people in prison, and 50% of people on probation, are estimated to meet the criteria for personality disorder (Motz et al., 2015). However, this is not representative of the general population, as individuals with personality disorder represent between 4 and 11% of the UK population (Motz et al. 2015). The data therefore suggests a clear association between personality disorder and becoming involved in the criminal justice system (Craster & Forrester, 2020; Howard et al., 2021; Joseph & Benefield, 2010; Moore et al., 2017).

Examples of personality disorders include narcissism, borderline personality disorder and antisocial personality disorder (American Psychiatric Association, 2022). ‘Personality Disorder’ is the term used to group several disorders, and whilst they all sit under this umbrella term, they present in very different ways. For example, somebody with Anti-Social Personality Disorder may behave irresponsibly and impulsively, presenting with an inability to abide by social norms (American Psychiatric Association, 2022). Narcissistic Personality Disorder, however, presents as feeling superiority above others, believing they are unique, and require excessive admiration from others (American Psychiatric Association, 2022). Narcissists are generally entitled, and lack empathy, therefore, will exploit others to their own advantage, without feeling remorse (American Psychiatric Association, 2022) Overall, people with personality disorder are regarded as some of the most difficult to manage (Vamvakas et al. 2024), in light of their reluctance to engage, deceptiveness, and sensitivity to what they may perceive as criticism.

The OPDP

The OPDP was developed in 2011. Jointly commissioned by HMPPS and NHS England, the pathway consists of multiple psychologically informed services. The purpose of the pathway, and the services

that operate under it, is to support people with a diagnosis or traits of personality disorder, who have convictions of serious offending (NHS England, 2023) and are considered high risk of reoffending. People with personality disorder can present with challenging behaviours, including impulsivity, lack of regard for other people and their feelings, and intense emotional experiences (American Psychiatric Association, 2022; Turner et al., 2017). As of 2024, approximately £72 million is commissioned for the OPDP; £58 million from NHS England, and the remaining £14 million from HMPPS (NHS England, 2023). The OPDP is the first of its kind, globally (Vamvakas et al., 2024). It is important to acknowledge that the OPDP does not act as a replacement for other care provisions for those in the CJS, it is operating in conjunction with the standard procedures accessible to all (Skett & Lewis, 2019).

The pathway is available to males and females aged 18 years and over (NHS England, 2023). The eligibility criteria for males on the pathway includes being assessed as high or very high risk of harm to others, and to have been sentenced for a violent and/or sexual index offence. They must also have a diagnosis, or traits of personality disorder, enough so that they would likely be eligible for relevant diagnosis, and it must be related to the risk that the person possess (NHS England, 2023). For females, the criteria are slightly different. During their sentence, females must be eligible for a Multi-Agency Public Protection Arrangement (MAPPA) or determined high or very high risk of serious harm. Females must also be diagnosed, or deemed eligible for diagnosis of personality disorder, which bears significant consequence for them and others. This is determined by scoring 10 or more on the Offender Assessment System (OASys) Women's OPDP Screen (NHS England, 2023). On average there are 35,000 people, 32,000 of which are male, the remaining 3000 female, at any one time, who meet the OPDP criteria (NHS England, 2023).

The OPDP was the successor for the previous 'Dangerous and Severe Personality Disorder Programme' and developed using the knowledge gained, and lessons learned from it (NHS England, 2023). In December 2007, former Home Office Minister Lord Bradley undertook a review to investigate the proportion of people with convictions who experience mental health difficulties, or learning

difficulties, that could be reassigned to community services, as opposed to prison, and to make the relevant recommendations to the government and relevant services to ensure effective support for these people (Bradley, 2009). The review found prison is not always the most effective means of rehabilitation for individuals with mental illnesses, including personality disorder, as it can cause further detriment to wellbeing and vulnerability. Bradley (2009) recommended attention needed to be focused on early identification and community integration for those with personality disorders. The OPDP was developed with a commitment to these areas. The main aims of the OPDP are: [1] to reduce repeat high-harm offending, [2] improve psychological health, wellbeing, pro-social behaviour and relational outcomes, [3] improve competence, confidence, and wellbeing of staff working with people in the criminal justice system showing personality difficulties and finally, [4] increase the cost-effectiveness and quality of OPDP services (NHS England, 2023).

To effectively and appropriately support the pathway, 12 principles for the OPDP were co-developed between NHS England and HMPPS as documented within Skett and Lewis (2019 p.169):

- There is shared ownership, joint responsibility and operations, and partnership working (between health and criminal justice).
- There is a whole system, community-to-community pathway.
- Service users (offenders) are primarily managed through the criminal justice system, with the lead role held by Offender Managers.
- Treatment and management is informed by a bio-psycho-social approach, in which individuals' development is understood.
- All services adopt a relational approach.
- Staff have shared understanding and clarity of approach.
- The pathway is sensitive and responsive to individual needs, including gender, protected and offence characteristics.
- Service users, where directly engaged on the pathway, have clarity of approach.

- There is meaningful service user involvement, in design, delivery, review, performance management and evaluation of services.
- Ruptures and setbacks should be anticipated, understood and responded to as part of a formulation-based approach.
- There is shared learning across the pathway, involving staff and service users.
- Services will be developed in line with the model and using an evidence-based approach, where evaluation continually informs services.

The National Evaluation of the Male Offender Personality Disorder Pathway (Moran et al., 2022) found overarching positivity from staff and service users. Staff commended the pathway, particularly the training and supervision introduced. Staff believed this led to improved risk assessment and risk management. This was affirmed by service users, who reported feeling safer and believed their risk to be reduced and their psychological wellbeing improved (Moran et al., 2022). This was echoed by Jarrett et al. (2025) who found service users reported improved emotional wellbeing, including reduced self-harming, and increased positivity regarding the future as a result of accessing pathway services. Similarly, the pathway was described as 'one of the most successful and effective practice developments within Probation in recent years' (Skett & Lewis, 2019, p170).

Underpinnings of the OPDP and services offered

The OPDP utilises an exhaustive range of theories and therapies in the management of the service users. A central underpinning for the pathway is attachment theory (Bowlby, 1969) which suggests that when born, babies have a predisposition to forming attachments in order to survive. Bowlby (1969) referenced the critical period, in which this attachment may occur, of 2.5 years. If within this period attachment had not occurred, it was suggested that it may never. This attachment influences the child's future ability to form positive relationships, and their emotional development (Bowlby, 1979). Bowlby proposed the maternal deprivation hypothesis that suggest that disruption in the attachment between

the child and their primary caregiver, most commonly the mother, could determine longstanding cognitive, emotional and social difficulties for the child. The OPDP references childhood and attachment throughout its assessments; OASys specifically assesses childhood and relationship difficulties, amongst many other factors.

The biopsychosocial model is often referenced when understanding Personality Disorder (HMPPS & NHS, 2020) as evidence suggests that Personality Disorder derives as a result of a series of interactions between biological vulnerability, psychological, and social factors impacting already present personality difficulties. Biological vulnerabilities refer to genetics or biological markers (Paris, 1993) Psychological risk factors include the child-parent relationship in early years, and other notable childhood experiences (Paris, 1993), therefore, acknowledging attachment theory. Social factors range from housing arrangements to school environment and peer relationships (HMPPS & NHS, 2020). The social factors are thought to either exacerbate or buffer the impact of the biological and psychological influences (HMPPS & NHS, 2020). Therefore, this model is considered in the underpinnings of the OPDP and subsequent interventions.

This thesis mainly focuses on the CCS and what it provides, as it is produced as a result of a requirement for research evaluation in this area, and anecdotal evidence to be supported, or disproved by empirical studies. However, this is not the only service working under the OPDP. Other evidence-based interventions include Cognitive Behavioural Therapy, Cognitive Analytical Therapy, and Mentalisation Based Therapy Services (HMPPS & NHS, 2020). Mentalisation Based Therapy is an evidenced based intervention involving 18-month programme of weekly group therapy sessions and monthly individual sessions with a therapist, coincided with crisis planning and psychiatric care (Bateman & Fonagy, 2004, 2006, 2022; HMPPS & NHS 2020). Mentalising relates to cognition and mental processes in terms of what we feel, think, believe, and why we behave in certain ways (Bateman & Fonagy, 2004; 2022). The human ability to mentalise is not stable, and mentalising can vary person to person, or in stressful situations (Bateman & Fonagy, 2016). Similarly, it is responsible for how we gauge other people's

thoughts and feelings and why they are presenting with certain behaviours, as well as our ability to respond in an appropriate manner towards them (Bateman & Fonagy, 2022). Mentalising is also responsible for combining our ability to do these things, and therefore affects ability to have positive social interactions, and healthy relationships (Fonagy et al., 2002). Improved mentalisation enables people to establish a stable sense of self and better interpret the behaviours of others, ultimately improving communication, relationships, and conflict resolution (Bateman & Fonagy, 2016).

Other services within the OPDP include the Psychologically Informed Planned Environments (PIPE) which are tailored, contained environments within prisons and probation approved premises where staff have further training. This enables staff to gain an advanced psychosocial understanding of their work, promoting their ability to provide a supportive environment, enhancing the development of those who reside there (Midlands Partnership University, n.d; Skett & Lewis, 2019). It particularly focuses on the way in which the individuals relate, communicate and live with one another (Kuester et al., 2022). Further, the Intensive Interventions and Risk Management Services (IIRMS) are community-based services supporting people leaving prison or forensic units with their reintegration into the community (MOJ and HMPPS, 2024b; Midlands Partnership University, n.d). IIRMS include a variety of support options, including psychological support, housing advice, advocacy and risk assessment and risk management (Midlands Partnership University, n.d). The support can be accessed up to 6 months prior to release from custody, with the aim of establishing professional relationships and accessing social support ahead of release (MOJ & HMPPS, 2024b).

Community Consultation Services

A core aim for the OPDP is to improve competence, confidence, and wellbeing of staff working with people in the CJS presenting with personality difficulties (NHS England, 2023). The OPDP outlined their theory of change detailing the intended outcomes that will contribute to achieving the four main aims (NHS England, 2023), one of which was 'Workforce development, equipping staff across the offender pathway with the right skills and attitudes to work with this group of high-risk offenders. This is further supported by leadership training through degree and postgraduate programmes' (Joseph & Benefield,

2012 p.211). The training delivered to staff is purposefully tailored to change perceptions of personality disorder and enhance the competencies of staff working with individuals with complex needs (Joseph & Benefield, 2012). This aim prompted the development of CCSs. CCSs operate in regions across England and Wales, however, depending on the location, they are named differently. Within Cheshire and Merseyside, it is referred to as the Psychologically Informed Consultation Service (PICS). Initially piloted in 2012, Minoudis et al. (2012) affirmed the implementation of a consultation model to support people with personality disorder through the CJS.

CCSs offer psychologically informed consultations and subsequent formulations to practitioners working with individuals who meet the requirements for the OPDP. The consultation involves identifying presenting problems, predisposing factors, and relevant life events. For example, presenting problems may include interpersonal issues, predisposing factors may include genetics and early experience, and relevant life events may include incidences which have triggered the individual's presenting behaviour.

CCS teams are made up of Applied Psychologists and Specialist Probation Practitioners. They work collaboratively with OPDP staff members to identify people with convictions with Personality Disorder, deliver case consultations and the CCS practitioner will write subsequent case formulations (Midlands Partnership University, n.d). The service mainly works with Probation Practitioners, however the service extends to practitioners working with individuals screened into the pathway, including but not limited to approved premises staff and partner organisations. For the purpose of this thesis, focus will be on Probation Practitioners. Case formulations should include interventions, potential barriers/challenges that may be faced during the intervention process, and suggestions of how to overcome these. It is important to understand that the individual who is being discussed, whether they are on probation, or in prison, will not attend the consultation and will never meet the CCS Practitioner. The consultation and formulation processes are in place to support the Probation Practitioner and are conducted with the Probation Practitioner and the CCS Practitioner only.

The Probation Practitioner identifies a series of goals they would like to work towards and collaboratively the CCS practitioner and Probation Practitioner will apply psychological theory to the information discussed, aiding their understanding of the individual. The Probation Practitioner is supported through understanding how the individual's past may influence their current behaviours. The formulation may suggest relevant interventions that the individual should engage in, and suggestions of ways the Probation Practitioner can help them progress. Whilst the OPDP suggests that 100% of individuals screened into the pathway to receive consultation, in terms of males, approximately 38% will be consulted on. Comparatively, approximately 30% of females will progress to this, however, only 19% of males received a formulation, compared to 56% of females (Wright & Akinyemi, 2022) displaying inconsistencies. This has been potentially attributed to staffing issues, or inaccurate documentation of the consultation occurring. The Probation Practitioner can attend multiple consultations and receive several formulations for the same individual (Wright & Akinyemi, 2022).

Effectiveness of CCS

Whilst there is still only limited research covering this space, insightful findings have been delivered. Minoudis et al. (2012) deemed the interventions cost effective and impactful. Research has continued to support the benefits of the interventions. Research on CCSs found probation staff rated their knowledge, confidence, motivation, attitudes, and understanding of the individual within their caseload improved following consultation (Knauer et al, 2017; Ramsden et al., 2014). Participants in Knauer et al's research (2017) responded to a questionnaire regarding their confidence, knowledge, motivation, understanding of people with convictions, and satisfaction with management plans. They completed the questionnaire three times; initially prior to consultation, once following the consultation and finally, following receipt of the formulation. Similarly, participants in Ramsden et al.'s work (2014) completed two questionnaires; one prior to consultation and the second within three months of consultation.

Furthermore, Blinkhorn et al. (2021) found Probation Practitioners report the CCS operating in Merseyside and Cheshire, PICS, offered 'validation of thoughts, feelings and practice' (p.100) and participants discussed how the process reassured them. Probation Practitioners reported that the PICS alleviated concerns and worry of self-doubt, which contributed to reinforced decision making and in turn, feeling more confident supporting people within their caseload. Blinkhorn et al. (2021) found the PICS Practitioners were perceived to be emotionally supportive, and the consultation process a place where probation practitioners would offload their feelings and seek support with emotional challenges. This highlighting how multifaceted and generally beneficial the service is to those staff who utilise it.

Speaking with CCS Practitioners, Groome et al. (2024; Chapter 5) found an overwhelming sense of gratitude for their role within the OPDP. Participants found their job rewarding, as they can see how beneficial it is to the Probation Practitioner. They were glad that they were able to open a safe space for Probation Practitioners to come and offload, and feel understood on a professional level, but most of all, safe doing so. This highlights how integral to the OPDP CCSs are, and how appreciated they are. CCS practitioners in Groome et al. (2024; Chapter 5) enjoyed the collaborative process of working with the Probation Practitioner to support them in the management of their caseload. The collaborative process was portrayed as enjoyable and rewarding.

CCSs positively impact the remaining three aims presented by HMPPS and the NHS for the OPDP, as the OPDP are enthusiastic about ensuring their persistent development and improvement, the services that operate under the pathway must ensure they are meeting the desired outcomes too. The CCSs actively engage in research to ensure their development.

Women in the OPDP

Women are more likely to be victims of domestic abuse, sexual abuse, stalking and harassment (ONS, 2024). Notably, 68% of women in custody, and 67% managed in the community report having been

victims of domestic abuse, compared to 10% of males in both custody and community (MOJ, 2025a). Many females with convictions also experience mental health issues and/or history of substance misuse (MOJ, 2023a). Women are more likely to have experienced childhood abuse (53%), compared to males (29%) (Prison Reform Trust, 2022b) and often have insufficient social support (Gobena et al., 2022). Statistically, women commit more acquisitive crimes than they do violent crimes, and more acquisitive crimes than their male counterparts (HM Inspectorate of Probation, n.d) which researchers suggest may be attributed to their criminogenic needs. These are often exacerbated by Personality Disorder. In light of this, there has been an implementation of gender responsive services which are now successfully operating within the OPDP (NHS England, 2023) and it remains vital to assess the challenges faced by, and support available to, women on the OPDP.

Males in the CJS face challenges too including employment (Fahmy et al., 2022), and contending with higher levels of negative social support upon release (Pettus-Davis et al., 2018). However, women in prisons are considered 'one of the most vulnerable groups in society' (Edwards et al., 2022 p.2), in light of their, often complex, histories. Following their conviction, the challenges remain, including facing stigmatisation, finance and housing difficulties, and problems acquiring and maintaining job roles, with 50% of women compared to 35% of males claiming out-of-work benefits two years post release (MOJ, 2022 as cited Prison Reform Trust, 2022b). Notably, they experience difficulty re-establishing their role as parents (Ng et al, 2021; Gobena et al., 2023). On average, women serve shorter custodial sentences than males, with 58% of female's sentences in 2022 being less than six months (Prison Reform Trust, 2023), challenges upon release can begin a cycle of recidivism. Upon release, women often return to abusive and/or unstable or destructive environments that they were in previously (Prison Reform Trust, 2017; Gayle, 2024) and, resuming their same behaviours (Berg & Cobbina, 2017).

In January 2025, the Women's Justice Board launched with the aims to reduce the number of women being sent to prison. With 55% of women in prison being parents, and imprisonment affecting an estimated 17,000 children, Lord Chancellor and Justice Secretary, Shabana Mahmood believes that 'it

is high time we found better solutions to help vulnerable women turn their lives around.' (MOJ, 2025b). Upon release, their maternal identity and their role as a parent has been affected (Breuer et al., 2021). Internalised assumptions of other people's perceptions may also affect their ability to comfortably reintegrate into their parental role. Whilst many women in prison are mothers, the experiences of, and challenges faced by those who are not, must not be disregarded. Having a child has been shown to increase housing support, thus, women who were not mothers reported less stable housing situations (Michalsen & Flavin, 2014). The physical health and drug use of the two groups indicated no differences, but the mental health of non-mothers was reported to be poorer. Most distinct differences were found regarding their criminal justice history. In regards to recent convictions, non-mothers reported more violent convictions, whilst mothers reported more 'no recent convictions' and nonmothers reported earlier contact with the CJS (Michalsen & Flavin, 2014). Therefore, whilst challenges may be experienced differently by mothers and women who are not mothers, they both experience struggle and both require relevant support.

The way in which risk assessment is structured is based upon knowledge of men, and how they behave (HMPPS & NHS, 2020). However, it is beneficial that the criteria are adapted to be more appropriate for women, and women can utilise pathway services, and in addition, there are female centred services. For example, the Mentoring and Advocacy Service (MAS; Together Women, 2021) is an OPDP service operating across the North of England and North Wales providing women with emotional and practical support with the aims of reducing reoffending (D'Cruz, 2015; Together Women, 2021). The support covers a variety of issues from accommodation and finance to mental and physical health, motivation and social inclusion (Together Women, 2021).

Challenges

COVID-19 and its impact

Following the COVID-19 pandemic and the subsequent lockdowns, the general approach to working environments has adapted in a range of settings. Hybrid working has been introduced for CCS staff.

Blinkhorn et al. (2023) outlined the impact of COVID-19 restrictions on Probation Practitioners, specifically focussing on those accessing the PICS. A range of issues were identified in which Probation Practitioners referenced their unmet support needs, alongside the unmet needs of people on probation. Practitioners also reported problems with the new working environment. COVID restrictions meant that practitioners had to work from home and this became intrusive, with an inability to separate work and home life. Practitioners discussed feeling unsafe in their own home as work struggles were transported into what should be a person's 'safe space'. Similarly, practitioners felt uncomfortable managing high risk individuals, remotely, whilst their children were present in the home they worked from. Regarding risk management, practitioners found this difficult to do when working under tight government restrictions as they believed not being able to communicate face to face was detrimental for risk management. Generally, the pandemic was a particularly emotionally distressing time. Personal challenges, such as experiencing loss of loved ones, colleagues and service users impacted participants. Anxiety was also heightened during this period, due to a series of reasons including increased workload, lack of support for the people in their caseload, and feeling constantly worried about the wellbeing of others. Isolation also negatively affected the wellbeing of both probation practitioners and people on probation, making this period extremely difficult.

However, the PICS was highlighted in Blinkhorn et al.'s work (2023) as a positive, amongst a series of negatives, with participants stating that they 'couldn't have done it without [PICS] over COVID' (p.181). During such a turbulent time, the PICS had been a constant support to Probation Practitioners. Whilst these challenges do not remain as such a large factor in the role, this thesis touches on these periods, and the consequences that followed.

Groome et al. (2024; Chapter 5) found that remote working impacted the service's reach. Prior to COVID-19 breakout, PICS Practitioners travelled to each individual probation office to conduct consultations with Probation Practitioners. Whilst there, they would often meet other Probation Practitioners who were not familiar with the service, which allowed an opportunity for an introduction

and any questions and concerns to be discussed. During, and following the pandemic, consultations were delivered online, removing this beneficial interaction. Participants in Groome et al. (2024; Chapter 5) discussed how the travel element was beneficial for both parties as it encouraged networking.

Inconsistencies in service delivery, training and understanding

Barriers to effective access to psychological services has been highlighted numerous times (O'Meara et al., 2017; Skett et al., 2017; Webster & Garner, 2021) in the literature. The barriers include NHS and probation staff's lack of understanding and awareness of the services available, and who they are available to (Webster & Gardner, 2021). Anecdotal evidence from within the PICS specifically also suggested that the interagency relationship between themselves and a neighbouring Liverpool charity, the Mentoring and Advocacy Service (MAS), that previously existed between the services had reduced and the channels of communication and liaising were no longer there. The MAS, part of the Together Women organisation, is a charity that operates within the OPDP (Together Women, 2021). MAS provides advocacy and mentoring to support reducing re-offending and improving the mental and emotional wellbeing of service users (Together Women, 2021). Chapter 6 investigates the reason for this deterioration, finding 'MAS mentor's lack of understanding of CCS suggests reintroduction is essential' as a major theme. Whilst some staff claimed to be aware of the service and its purpose, they indicated misunderstandings. Other participants claimed that they had no knowledge or understanding of the service and its purpose.

It has been acknowledged by HMMPS and the NHS, that practitioners often find the consultation more beneficial than the formulation (Mia et al., 2020). Whilst the effectiveness of consultations is widely supported by research, formulations have generated more speculation. Knauer et al. (2017) found that their knowledge, confidence, motivation, and understanding of individuals within their caseload improved following consultation, there was no significant further increase after receiving the formulation. Attention must be paid to ensure the formulation serves a purpose, to ensure that the

work of the CCS practitioner is productive and meaningful, and that the recipient of the formulation is being provided with insight that will support them.

A recent study by Wheable and Davis (2024) aimed to investigate the amount, and quality of formulation training that OPDP staff had experienced. A total of 22% of participants felt 'very confident' with their formulation abilities, however, one participant reported feeling 'very unconfident'. Results displayed that 19% of psychologists reported their skills were never assessed, and 27% of offender managers reported the same. There was one Service Manager who participated in the research, and reported their skills were never assessed. However, 100% of therapists reported their abilities were assessed, and 'good' feedback was received at their formulation assessment, alongside other varying results. These results display inconsistencies across formulation assessment and subsequently, may result in a variation of ability and formulation standard.

Wright and Akinyemi (2022) reported the low numbers of people on the OPDP receiving consultation and formulation, despite the OPDP recommending that when initially screened in, each person should receive a consultation. Wright and Akinyemi (2022) acknowledged that staffing issues, however, were impacting the number of consultations and formulations completed at the time, which may have contributed to these results. Staffing issues were particularly prevalent during the COVID pandemic, with a period of time where 20% of staff were absent each day (House of Commons Justice Committee, 2020). However, this issue still appears to be problematic to date, for reasons which have not been confirmed, therefore still may be impacting the number of consultations and formulations being received.

Vamvakas et al (2024) compared males with convictions who have been referred to the OPDP services and those who had not, who instead just received a basic formulation. Their research found that both group's risk reduced/improved, regardless of referral to pathway services, however no statistically significant results indicated that the pathway services reduced offending more than the control group. Moran et al (2022) found similar outcomes; there was no statistically significant difference between

groups of males who were screened into the OPDP but had not accessed services, or at most, they had received a basic OPDP formulation and those who had been consulted and formulated on, and then had been referred to relevant OPDP services. However, Moran et al (2022) acknowledge a variety of limitations that may have impacted their research, including not differentiating between those who had been referred to OPDP services, and those who had actually attended, meaning whilst they were categorised as being referred to OPDP services, they may never have attended. Moran et al (2022) warned that their results are not suggestive of programme failure, rather that this research must be conducted again in future, once more time has passed, encouraging the continuation of research of the OPDP and CCS.

Future Developments

HMPPS and the NHS are dedicated to continuing to develop the pathway, presenting the OPDP 2023-2028 strategy (NHS England, 2023) by conducting a system wide review to inform further developments that can be made. To ensure a holistic approach, the strategy must be effectively tailored to expand its reach appropriately, in order to achieve public protection, cost effectiveness and improve the wellbeing of those who access the OPDP services. Surveys and interviews were conducted to understand the views of OPDP staff, service users, and key stakeholders, and focus groups were developed using the themes highlighted from the above interventions. The focus groups aimed to gain further insight to staff and service users' feedback. Finally, feedback from the interventions was reviewed and approximately 30 themes were identified which has informed the pathway priorities. These have now been noted as areas for development, objectives of how this can be achieved, and successes so far; actively demonstrating their dedication to the development of the pathway.

The 2023-2028 strategy (NHS England, 2023) outlines 8 key ambitions for the future of the OPDP. These are:

- Responding to unmet complexity of need: Expanding the pathways reach, to support people who meet the criteria, but are not yet accessing its services. Also adapting the OPDP to support people whose needs are not met by the pathway in its current form. This includes people in prison who may not fit the screening criteria, yet present with complex needs.
- Pathway consistency and quality: Ensure consistency throughout all stages of the OPDP, assuring stability from prison to the community. To develop a consistent approach to be used at all stages, have all services available at all stages, and to be consistent nationally.
- Promoting diversity and inclusion: Increase engagement and inclusivity within the pathway. Particularly increasing the engagement of under-represented groups. The OPDP requires inclusive underpinning, which considers people's experiences and how these can influence their perceptions.
- Enhancing identification, pathway planning, referrals and access: Increase awareness of the pathway and the services that operate within it. This will allow staff, participants and external contributors to make informed decisions regarding how the pathway can be beneficial.
- Strengthening transitional support: Promote efficient handovers when transitioning (for example: from custody to community). Improve information sharing internally, between pathway services, and externally, with external partners. A smooth transition can support service users' mental wellbeing.
- Supporting a whole system response to complexity risk and need: Strengthening partnerships by providing external consultancy and training, outside of the OPDP to develop a consistent system response to the management of complexity, risk, and need.
- Prioritising a relational practice culture: Workforce development is integral to the OPDP. A key aim is to embed psychologically informed practice, training and support structures across the pathway and within host organisations. Ultimately, a more psychologically informed, prosocial environment and relationship will improve the quality of the intervention provided to service users.

- Building the evidence base: Improve the quality of, and utilise the pathway data to develop pathway. Similarly, the pathway aims to produce evaluations to enhance their evidence base, producing a series of evaluations regarding different areas.

Despite the presented aims, research indicates that they are not being met in a variety of ways. O'Meara et al. (2025) reported that training materials, training, resources and delivery varied across regions, evidencing that consistency has not been achieved. This, subsequently, impacts the quality of the evidence base, as research cannot necessarily be generalised outside of the region it focusses on (O'Meara et al., 2025). Similarly, whilst the evidence base is gradually growing, this is not at the rate of other NHS/HMPPS commissions. Therefore, this thesis presents research that contributes to these aims by providing insight into the successes and areas for development of the PICS, subsequent CCSs, and the wider OPDP. This thesis highlights the needs of the service users and displays ways in which these needs are being met, and what can be tailored to support them further. The findings justify these aims, presenting evidence as to why these enhancements must be made to the service.

Collectively, the thesis contributes to 'Building the evidence base' by undertaking a rich analysis and evaluating different aspects of the OPDP, which is imperative. The findings are directly relevant to the OPDP and service that operate within it and evaluating areas that require attention. Without relevant, up to date research, the OPDP cannot ensure 'pathway consistency and quality', and in order to meet the aim of 'enhancing identification, pathway planning, referrals and access', findings are vital. This thesis fulfils those needs by raising awareness of the purpose, benefits, and access to OPDP services, whilst highlighting the challenges identified and suggesting ways in which the service can adapt, in order to fulfil their aims.

Chapter 2: Methodology

Paramount to quality research, researchers must reflect on their own positionality, including epistemology and ontology. Epistemology and ontology are described as 'what the researcher believes to be the nature of truth, the nature of the world, and ways of being in that world; together they describe the world view or the researcher' (Berryman, 2019 p.272). Collectively, this thesis is a mixed methodology piece, comprised of two qualitative studies and one mixed methodology study.

Epistemology

Epistemology is the 'way of looking at the world and making sense of it' (Crotty, 1998: p.3 as cited in Al-Ababneh, 2020). Defined by Crotty (1998 as cited in Al-Ababneh, 2020), there are three main epistemological assumptions: objectivism, constructionism, and subjectivism. Objectivism, at one end of the spectrum suggests one 'reality' exists, a 'truth' (Feast & Melles, 2010), based on reality, without the influence of individual beliefs and perceptions (Al-Saadi, 2014), therefore, meaning and knowledge is objective and can be discovered without the influence of consciousness (Chamberlain, 2015). Contrastingly, subjectivism presents the belief that meaning derives as a result of people's perceptions. There is not one 'reality', instead, our knowledge is developed independently by each person, in which we attach meaning to objects and experiences etc. (Chamberlain, 2015). Bridging this gap is constructionism, which somewhat aligns with subjectivism, in that there is no 'reality', it opposes objectivism by emphasising the subjectivity of reality and how experiences, personal interactions and social constructs, contribute to individuals' interpretation of reality (Al-Saadi, 2014). Constructivism suggests that 'truth' is constructed through our interactions within the world, combined with our pre-acquired knowledge; the two combine to form our interpretation (Cheek, 1992 as cited in Kumar, 2006). This results in different individuals having varied 'truths' of the same thing, as a result of their varying experiences and perceptions (Feast & Melles, 2010). However, it is imperative that researchers recognise their own epistemological stance to ensure high quality research. The researcher's epistemological stance informs their theoretical perspective, which subsequently informs their

methodology (Gray, 2021). All theoretical perspectives have an ontology and an epistemology (Fryer & Navarrete, 2024).

This thesis adopts a constructionist position, given a belief that perceptions are developed throughout interactions within the world itself. Individuals' life experiences and their understanding of these experiences are investigated; therefore, it is the interpretation of these experiences and their worldview that shape this work. There is no desire to understand 'reality' as one 'truth', instead the aim is to understand the divergence in experience and accurately reflect the sample cohort as a collective. Constructivism acknowledges how truth and reality closely corresponded with personal experience, and therefore, developed using each individuals' schemas and views (Kumar, 2006). Chapter 5 (Groome et al., 2024) and 6 in this thesis aim to understand experiences, emotions and perceptions in a qualitative manner, focusing on each individual and their personal accounts. Chapter 4 in this thesis contains a mixed methods study using a Concurrent Embedded design. Constructivism is appropriate as the qualitative element focussed on how life experiences/ disorders/ offending history, and self-harm and suicidal behaviours are related; in order to shape the associations that form the results of chapter 4, my preexisting schemas and conceptions were integral. The quantitative analysis also holds a constructivist standpoint as the PICS Practitioners own interpretation of the presenting behaviours of clients was entered into the case management system and thus a subjective interpretation of a behaviour. Some practitioners may consider severe self-harm, to be suicidal behaviour, whilst others may disagree. Therefore, there is an element of double hermeneutics (Smith & Osbourne, 2003; Smith et al., 2022) due to the participants initial interpretation of the terms, followed by my attempt to understand the associations, as a result of the practitioners' notes. This confirms that as researcher I am not analysing 'reality', but the nearest measurable format relating to those issues.

Theoretical Perspective

Theoretical perspectives were defined by Crotty (1998 p.3 as cited in Al-Abebneh, 2020) as the 'philosophical stance informing the methodology' include positivism, interpretivism, postpositivism,

critical enquiry, post-modernism, feminism, and phenomenology (Al-Abebneh, 2020). Positivism is concerned with objective knowledge about the world without the influence of the researcher's bias (Grass, 2024; Al Saadi, 2014) and that because of objectivity, research is argued to be replicable and reproducible across subjects and researchers (Grass, 2024). This positivist belief suggests research must be based on facts, and that focus on meaning should not contribute to research (Gray, 2021). Interpretivist, on the contrary, state that 'research can be understood across two dimensions' (Shively, 2013, as cited in Grass, 2024), that there are meanings attached to personal experiences and thus contributing to their outlook; therefore, researchers must acknowledge, describe, and fully consider their roles (Brodsky et al., 2016).

There has, however, been opposition to positivism due to its assumption that knowledge is objective, which dismisses the importance of lived experience and therefore excludes many valuable data sources, including qualitative interviews (Fox, 2008). Critics also note that positivism tends to regard mathematical and scientific research, which are typically more objective, as more valuable (Ryan, 2006), and less applicable to the social sciences (Panhwar et al., 2017). The controversy spearheaded the rise in popularity of post-positivism. Developing from Max Weber's concept of 'verstehen' (understanding) as a hermeneutic process (Fox, 2008), to understand the meanings and context of these social realities for participants' themselves, as opposed to the researcher's own assumptions. Post-positivists propose that reality can only be partially understood, whilst for positivists, there is one true discoverable reality (Brodsky et al., 2016). Post-positivists place emphasis on how subjective knowledge is just as valid as objective and is not focussed on revealing an answer or a truth, but instead presenting a series of experiences (Ryan, 2006). A common belief, shared by both positivists and post-positivists, however, is that researcher bias should never influence, or contribute to, research (Brodsky et al., 2016).

Phenomenology is the theoretical perspective referred to as 'the study of experience' (Smith et al., 2022, p.7). It centres upon each person's individual experience and the idea that beliefs are socially constructed. It is grounded in the belief that to understand social reality, we must focus on human experience with the phenomena or experience in question (Gray, 2021). Phenomenology urges researchers to detach from their own preconceptions, and place themselves in the perspective of the participant, allowing the data to speak for itself, aside from our assumptions (Gray, 2021). Phenomenology is not just the understanding of an object or an experience, but the process of stepping away from our preconceived ideas, arriving at consciousness, and reviewing people's perceptions towards those objects and/or experiences (Smith et al., 2022).

Pragmatism is a critical realist position, that relates thoughts to action (Marks, 1992). Pragmatists believe there is not one 'truth', instead, reality is formed as a result of time, and research direction (Hartas, 2010). They accept people, meaning/ideas, material things and relationships to be real, including relationships between people, material things, and ideas (Fryer & Navarrete, 2024). Therefore, in regard to these four things, they adopt a realist ontological approach. However, they believe that the meaning attributed to people, meaning/ideas, material things and relationships derives as a result of our psychological life and environment, and that 'meaning' cannot exist independently (Simpson, 2018). Critical realists believe that not only do our views derive as a result of experiences, and beliefs, but underlying social structures, and relationships and reality is formed by a combination of these layers (Hartas, 2010).

Pragmatism is the positionality for this overall, collective thesis. The perception that truth is not absolute, but relevant to a series of contributors, including time (Hartas, 2010), is relative when considering participants' self-report, as there are substantial factors that can contribute to their account when discussing their experience of their role, and when service users have reported their self-harming and suicidal behaviours. Mood, surrounding, and potential leading questions could contribute to the outcome of the questions asked, therefore as the researcher, I am aware that the

answer presented to me is reality at that place in time, and not a reflection of 'reality'. The associations identified are therefore not 'absolute' but provide sufficient information to make the relevant assumptions in the present context, aligning with the pragmatic approach (Hartas, 2010). Similarly, Pragmatism is applicable to chapter 4's mixed methodology research too when considering the causal relationships between notable life experiences and self-harm and suicidal behaviours, that are shaped not only by our own perceptions but by those of social structures.

Ontology

Ontology describes what we believe to exist and what can be known (Berryman, 2019) and 'consists of premises about the deep causal structures of the world from which analysis begins and without which theories about the social world would not make sense' (Hall, 2004, p. 374; as cited in Grass, 2024). There are two main ontological positions: realism and relativism, which assume conflicting views (Andrews, 2016). Realists are convinced there is a 'real' world to understand, regardless of human consciousness; things within the world exist regardless of human influence, schemas, or categories (Martinelli, 2015) and there can only be one, true description of the way of the world (Field, 1982). On the contrary, Relativism believes that we as individuals construct our world view as result of interpretation (Andrews, 2016) and that no existence is absolute (Rassokha, 2022), rather, 'everything is information' (Rassokha, 2022 p.1426). There are arguments and criticism for both. Critics of realism state that it disregards the role of the researcher and findings are fixated in their conclusions. Critics of relativism argue that no conclusion is definitive, nor can it claim to be more accurate than others (Andrews, 2016).

This thesis is appropriately grounded in relativism, as its broadest aims are to understand the experiences and subsequent feelings of people screened onto the OPDP, and practitioners working within the OPDP, as opposed to uncovering 'truth' and 'reality'. In contrast to realism, we are not convinced that every association found is reality, and our stance and methodology focus on that of individual differences. Whilst commonalities are found and patterns suggest that there are associations

between two phenomena, we are by no means suggesting that there is a direct relationship between the two, and that one must lead to the other.

Qualitative and Quantitative Analysis

Quantitative data ordinarily adopts a postpositivist epistemology and an objective ontological assumption (Ziegler & Kang, 2017; Schutt, 2019). Using a deductive, top-down approach centred upon hypothesis testing (Gray, 2021). Deductive research starts with a theory, and from that, developing a hypothesis and finally, testing said hypothesis (Schutt, 2019). However, quantitative data analysis is not always positivist and objective (Ryan, 2006). In instances of 'report' questions, further details are often required (Ryan, 2006). Therefore, Chapter 4, a mixed methods study is surrounding the number of individuals who reported self-harming and suicidal behaviours. Whilst this can be quantified, it is not necessarily positivist and often require qualitative follow ups (Ryan, 2006), which is where mixed methodology is beneficial.

Qualitative data approach is usually inductive, bottom up, and begins with observations, followed by the introduction of explanatory framework to present what has been observed and to identify any patterns within the dataset (Shutt, 2019). Whilst there may be indication of the way in which the research will result, in light of the initial requirement for the project, inductive research is not intended to prove or disprove a hypothesis (Gray, 2021.) Chapter 5 and 6 of this thesis present qualitative studies. Chapter 5 considers an Interpretive Phenomenological Analysis (IPA) approach. Chapter 6 Utilises a Thematic Analysis (TA) approach.

IPA centres upon phenomenology, the focus on lived experience, and how we understand those experiences. Hermeneutics are another key theoretical pinning for IPA, as discussed earlier by 'verstehen', and is the theory of interpretation (Smith et al. 2022). the process of IPA may be considered a double hermeneutic, as the researcher attempts to understand the participant to comprehend their experience (Smith et al., 2022). The final underpinning theory of IPA is ideography, which is concerned

with understanding a specific experience of a specific group of people, therefore using a small cohort sample, as opposed to nomothetic research which aims to be generalisable to a larger population (Smith et al., 2022). It is believed that if the interpretative process is conducted accurately, thoroughly, and comprehensively, then the interpreter can ultimately develop 'an understanding of the utterer better than he understands himself' (Schleiermacher, 1998. p266, as cited in Smith et al., 2022).

Important to IPA is its focus on *lifeworld* (Lebenswelt) which means 'a person's subjective construction of reality, which he or she forms under the condition of his or her life circumstances' (Kraus, 2013 p153, as cited in Kraus, 2013). The analysis process involves exploring each person's experiences, prior to identifying patterns and differences across each case (Eatough and Smith, 2017). The purpose of this analysis is to thoroughly understand the finer detail of each individual's experience in terms of how it has impacted them and how it has made them feel (Smith et al., 2022). In chapter 5 (Groome et al., 2024) the aim was to uncover the practitioner's experiences, feelings, and emotions in their role. Therefore, IPA was appropriate as Smith & Osbourne (2007) deemed IPA a 'suitable approach when one is trying to find out how individuals are perceiving the particular situations they are facing' (p55), it's central aim is to uncover the meanings each individual personally holds as a consequence of an event or experience (Smith & Osbourne, 2007). This may not always be explicit, and the researcher plays a role in uncovering and interpreting emotions through what the participant's say (Smith & Osbourne, 2007). IPA is typically constructionist, due to reality being dependent on our perceptions (Rigger & Sigurvinsdottir, 2016), with a phenomenological theoretical perspective. Aligning with phenomenological theory, IPA removed the researchers bias and develops their understanding through the words, tone and mannerisms of the participants.

IPA is an approach tailored to a relatively small sample. Having a smaller sample allows the researcher to engage in a detailed analysis of each participant's account and to commit the necessary amount of time to understanding and presenting the views and experiences of each participant. Whilst there is

not a specific sample size recommended when using IPA, it is suggested that the sample size should range between 3 and 10, depending on the level of study and the research focus (Smith et al., 2022).

TA focusses on identifying meaning and patterns within a dataset and can be used to gain insight into the experiences, opinions, and behaviours of the participant. Braun and Clarke (2019) centred their approach to qualitative analysis around 'telling "stories", interpreting and creating' produced following 'prolonged data immersion, thoughtfulness, and reflection' (p591). TA involves a six-step approach: familiarising self with the dataset, coding, generating initial themes, developing and reviewing themes, refining, defining and naming themes, and writing up. The six stages are developmental, with each one building on the previous (Braun & Clarke, 2006; Braun & Clarke, n.d).

TA is theoretically independent (Terry et al., 2017) meaning that it is not directly associated with a specific ontology, epistemology or theoretic assumption, therefore highlighting its flexibility (Braun & Clarke, n.d). Due to TA's flexibility, it is applicable to understanding a range of research questions, including those investigating participant's experiences, perceptions, behaviours, understanding, and practices (Braun & Clarke, n.d). The flexibility of this method also means that it can be used with a range of sample sizes. Rather, quality and richness of the data is imperative to allow for nuanced and insightful findings (Braun & Clarke, nd.).

Chapter 6, whilst touching on experience and emotion, was more concerned with gaining insight into participant's understanding, making TA more appropriate as TA is 'a method for identifying and analysing patterns in qualitative data' (Clarke & Braun, 2013). This study was more concerned with addressing patterns and divergence amongst participants, making it applicable. There is also an element of phenomenological foundation to TA, and prior to the development of IPA, TA was the phenomenological method used in Psychology (Braun & Clarke, 2020), yet it can also display pragmatism dependent on the question being asked. In the instance of this research, I adopted a phenomenological approach, largely because prior to data collection, the intended methodology was IPA. This is discussed further in the following chapter.

Due to TA's flexibility, when justified, it can adopt constructionist epistemology (Braun & Clarke, 2006; Rigger Sigurvinsdottir, 2016). TA moves away from the consensus that themes 'emerge', instead highlighting the researcher's role in developing and constructing the themes (Braun et al., 2019). The researcher finds similarities and differences between participants to develop themes, themes, 'patterned response or meaning within the data set' (Braun & Clarke, 2006 p.82) which suited this research focus. Thus, for the purpose of this research, I adopted a constructivist epistemology.

Mixed Methods Analysis

Mixed methods research has evoked controversy amongst the literature (Ziegler & Kang, 2017; Migiro & Magangi, 2010). Qualitative and quantitative methods are completely contrasting in their approaches (Ansari et al., 2016) with quantitative focusing on numerical data, and qualitative focussed on non-numerical data including words and observations (Brodsky et al., 2016) from sources including interviews, or feedback. Concerns were raised regarding whether the paradigms and methods could work in collaboration (Migiro & Magangi, 2010). However, it is argued that mixed methods add substantial value to the field, by collecting both qualitative and quantitative data surrounding the same topic, but each dataset providing a different perspective and is believed to provide better insight as a collective than either qualitative or quantitative can independently (Creswell & Zhou, 2007).

There is no direction of how the qualitative and quantitative methods should be mixed (Shan, 2021) instead, flexibility is paramount, adhering to the philosophical foundations that best suit the research focus and question (Ziegler & Kang, 2017). Plano- Clark et al. (2008) developed a series of combinations where the datasets can be combined by sequentially integrating them within one another, where one dataset is collected, analysed and interpreted first, followed by the other, or concurrently by individually focussing on both data form's collection, analysis and interpretation at approximately the same time (Plano-Clark, 2008). Concurrent designs include Concurrent Triangulation and Concurrent embedded; the former conducting the data collection, analysis and forming results independently for each method, then mixing both to compare, interrelate or validate findings, and finally interpreting

the overall findings with equal emphasis on both datasets results. The latter, concurrent embedded, focusses on one dataset and methodology, and the other acts as a supporting dataset. The focus is on the main dataset, and the supporting is used to emphasise its findings. Sequential designs include Sequential Explanatory, and Sequential Exploratory Design. Sequential Explanatory involves using the qualitative findings to build quantitative data. However, the quantitative data remains the main focus (Plano-Clarke et al., 2008). Sequential Exploratory is used when qualitative data is required initially, prior to quantitative. This may be applicable when developing a measure and therefore gaining qualitative insight and then testing quantitatively.

Chapter 4 contains a concurrent embedded design study, the qualitative and quantitative datasets are analysed independently, with the aim of one dataset supporting the other. In the case of chapter 4 the primary dataset is the quantitative, with qualitative building upon and supported the findings of the quantitative data. This was deemed most applicable as the aim of this research was to understand how significant life events, offending behaviours, and self-harm and suicide are associated in males and females, to highlight any differences or similarities between the sexes. Therefore, the quantitative provides the statistics as to those who had self-harmed and presented with suicidal behaviours, and the qualitative data supported this by further providing insight into their significant life events. Whilst emphasis on both the qualitative and quantitative data is important, the primary and main focal point is the quantitative.

The thesis collectively adopts a triangulation design, the most widely recognised form of mixed methodology (Plano-Clarke, 2008). All three studies were conducted independently, and findings were merged at the end. This was deemed most appropriate when starting out, as working within practice can often present with challenges and not all planned research will come to fruition. Triangulation allowed for the structure to go off plan, without impacting the overall findings.

Chapter 3: Reflection

Introduction

Working collaboratively with services, organisation to organisation, presents its own challenges and conducting qualitative research as an 'outsider' is something that has been discussed by several researchers (Olukotun, 2021; Jamieson et al., 2023; Moss et al., 2019). These challenges include access to data, participant recruitment, and the development of rapport between the researcher and participant. Researchers have previously made considerations regarding the most beneficial positionality for researchers, whether they are part of the group being researched, or external to it (Dwyer, 2009).

As a PhD researcher, whilst working collaboratively with the Psychologically Informed Consultation Service (PICS), operating under the Offender Personality Disorder Pathway (OPDP), I have faced many of these challenges throughout conducting my thesis. This has resulted in countless setbacks, and dilemmas that hindered the productivity of the research. In this reflective piece, I aim to outline these challenges and shed light on the argument regarding positionality in qualitative analysis and the most beneficial perspective to conduct research from. This also allows me to reflect on my epistemological and ontological stance when undertaking this research, and how this influenced the outcomes.

Researcher approach

Reflexivity is imperative to research (Olukotun, 2021; Lazard 2017). Reflexivity focuses upon the researcher being conscious of their influence on the research, including their epistemological and ontological view, and therefore uncovering their worldview (Berryman, 2019). This involves consistently critiquing and evaluating how their perspective could impact their subjectivity, the participants, the data collection and analysis process, and subsequent results and outcomes (Olmos-Vega et al., 2022; Berger, 2015); reflexivity should be considered before, during, and after the

research has taken place (Jamison et al., 2023). Through reflexivity, I am conscious of the impact my positionality as an external researcher had on the participant recruitment process, the data analysis and the overall outcome.

At the core of qualitative research lies assumptions regarding how researchers' characteristics, including background, experience, and beliefs, can impact the research (Olukotun, 2021), from the research design to the participant recruitment, and the data collection to the data analysis (Coghlan & Brydon-Miller, 2014 as cited in Olukotun, 2021; Jamieson et al., 2023). Dwyer et al (2009) considered whether being an 'insider' gave more credibility to the work, asking whether researchers are able to sympathise with participants and therefore, gain a greater understanding of their experiences. Similarly, Berger (2015) believed their 'shared experience' position enhanced the positionality of researchers as they were able to 'hear the unsaid, probe more efficiently, and ferret out hints that others might miss' (p5). On the contrary, Kanuha (2000) alluded to queries of whether being an insider may make the researcher less objective and the study therefore inauthentic, due to being over invested, and having similarities to participants. A potential advantage, for outsiders, is that participants often provide greater explanation of key details, rather than assuming the researcher already knows this, which is often the case for internal researchers (Chavez, 2008; Olukotun, 2021).

Dwyer et al (2009) suggested that acceptance, as 'one of them', is an advantage of being an insider. Participants perceive the researcher as their peer which enhances the relational dynamic between them, it may also foster openness and trust. However, the tensions of being a peer may include bias. The researcher may lead the discussion in a direction led by their own experience and feelings, similarly, the analysis may be impaired by their own perception, as opposed to the participants alone (Dwyer et al., 2009). Whilst insider perspective has been deemed advantageous to qualitative research, as the researchers are deemed more understanding and empathetic of the emotions experienced by participants (Gair, 2012), I found that participants were candid with their emotions, and in light of my

positionality, the conversation regarding emotions were not influenced by my own, contributing to the impartiality of the findings.

I agree with the suggestion that participants went into greater detail as they assumed my lack of knowledge. Similarly, I believe that participants were vocal with me regarding struggles and elements that they were not so satisfied with. I attributed this to my removed positionality and how this made the process feel undoubtedly safe and confidential. This too led to substantial, in-depth discussion regarding emotions, further enhancing data quality. However, I do acknowledge that it is likely that my removed positionality negatively impacted participant uptake. I believe that in amongst practitioners' busy schedule, participating in research did not come as a priority for some, and this potentially would have been different had the principal researcher being a colleague, or somebody they wanted to help out.

Chapters 5 (Groome et al., 2024) and 6, using a phenomenological approach, focused on understanding every detail of a person's lived experience, with a core focus on understanding through consciousness (Gray, 2021). The intention of phenomenology is for biases and preconceptions to be removed (Eatough & Smith, 2017). As an external researcher, I possessed significantly less bias and preconception surrounding the experience of and emotions evoked by the PICS job role, than an internal researcher would, and still, when I was using a phenomenological approach, attempted to consciously detach from any biases that were present. Prior to conducting my thesis research, I had no personal involvement with the members of the PICS team, nor have I experienced the role personally. Therefore, I did not see in reality how they dealt with challenges that they face, or the impact this can have, making the detachment from my own preconceptions simple and therefore, naturally, making phenomenology easier to achieve and conduct to a high standard.

Similarly, when taking a pragmatic approach to Chapter 4's mixed methods study, and the triangulated analysis of the overall thesis, whilst I was able to accept the 'real' relationship between the variables, I was open to the variance amongst participants. Rather than searching for one overarching answer, I

was open to gaining insight into a range of different perceptions and emotions, to provide recommendations for practice. I believe that due to my 'outsider' positionally I was impartial to the experiences of the practitioner participants, the service user participants, and how their experiences interrelate.

Access, uptake, and changes in studies.

Due to being an 'outsider' collecting survey data was quite difficult. Survey distribution was via a gatekeeper, however due to my name being unknown, participants possibly didn't attend to it as quickly as they may if it were a close colleague, somebody they would like to help out, or somebody who could request their participation personally. Lack of survey data led to a study I intended to conduct being discarded. The survey was distributed by the PICS Practitioners on my behalf, but responses were minimal and after significant time had elapsed, and the participant number was still far from its required amount, I made the decision to change direction.

Another challenge I faced with the qualitative data collection was regarding participant uptake and data quality. This led to the need to change methodology. Conducting a study focussing on a small charity (Chapter 6), I had initially aimed to understand participants' experiences accessing the PICS; anecdotal evidence suggested the interface between the two organisations had reduced significantly. Given the small size of the charity (with only seven employees) and working closely with the charity's management team I expected a high number of recruits with quality data collection. This was not the case. I managed to only recruit three participants, and two participants had never directly accessed the PICS service, therefore could not discuss their experiences in terms of the meaning they made of their experiences with the PICS. I was, however, able to salvage the data by exploring their experiences using Reflexive Thematic Analysis. This resulted in the methodology being changed from IPA to TA. As I had designed and conducted data collection with the intention of using IPA, I had adopted a

phenomenological approach. Fortunately, due to TA's flexibility, I was able to continue with this dataset and continue utilising the phenomenological approach.

Trust is highlighted to be difficult to gain for outsiders, especially when conducting interviews via the telephone (Olukotun, 2021; Block, 2012). My interviews were all conducted via *Microsoft Teams*, which is likely to have the same interpersonal issues as the telephone does. Relationships with gatekeepers are imperative to this, as they facilitate the introduction between researchers and participants. I found that due to my connections with the PICS senior management, and my supervisor having previously worked with the OPDP PICS, those who responded and participated were relatively receptive to me as a researcher, in conversation acknowledging that I knew certain people. Highlighting the importance of a level of rapport with a connected or mutual person, as opposed to me personally knowing the participant.

Another challenge faced was data access. Working alongside a government organisation, jointly funded by the NHS and HMPPS, has data access challenges. Access restrictions are understandably rigorous, especially in light of the service being a public criminal justice service. Although vital, regulatory hurdles are time consuming and in the instance of my research, there were ideas of potential studies that were not possible due to these restrictions. From my experience, being an outsider presents with an array of issues, mainly logistical. The majority of challenges that I faced, would not have occurred for people who worked inside the organisations and therefore, had a more streamlined route to gaining access.

Fortunately, I anticipated encountering such restrictions, and allowed for some variance in the overall thesis, compared to how it was initially intended. When commencing, I was already aware of how conducting research in practice can present with setbacks, therefore, I specifically opted for a triangulation design mixed methodology approach to my overall thesis. This allowed each study to be conducted in isolation and then data to be triangulated to produce overall findings. This was deemed more appropriate than a sequential design. In light of these changes, the order in which this thesis is

presented is not the order the studies were conducted, in fact, chapter 4 was completed last. The order of presentation is based upon the order which makes my overall findings more comprehensible to the reader.

Working with secondary data

Chapter 4 of this thesis contains a mixed methodology study investigating how notable life events, offending behaviour, self-harm, and suicide are associated in males and females. This was conducted with the intention that, as a collective thesis, it would provide some insight into what may be included in the consultation and formulations and, subsequently, provide insight into what contributes to the emotions and challenges that practitioners report experiencing. As a standalone study this research also provides beneficial insight into the association between significant life events and mental health conditions, and self-harming and suicidal behaviours of males and females screened onto the OPDP.

The constructionist epistemology adopted when conducting this study was largely due to the plausibility of report data from practitioners, on behalf of the service user. Perceptions of what is categorised as 'self-harm' and 'suicide' is attributed to a broad variety of terminology and definitions (Jakobsen 2023); therefore, personal perceptions can influence the categorisations. Similarly, to some extent the researcher's bias and preconceived knowledge was required in order to highlight certain associations. As researcher, I had to apply some of my preconceived knowledge and insight developed through previous research regarding the relationship between life events and their impact, for example, domestic abuse and self-harm, to develop the narrative of our findings.

Secondary data, comprised by practitioners, presents with data quality challenges, including being unable to confirm consistency, or request further details. This contributed to the weaknesses of the mixed methodology study within this thesis. Due to the nature of the data being potentially inconsistent, by the fact the data, case studies, have been produced by several different practitioners,

there is no way of ensuring consistency. Some practitioners may have missed information off, and others may have perceived the same thing, differently. Therefore, although the use of case studies strengthens our research from the perspective of applicability and being reflective of the target audience, a weakness of case studies is their data quality. It is imperative that I acknowledge the strengths and weaknesses of each project and understand how this impacts the plausibility and reliability.

Conclusion

Up to date, relevant research is integral to organisations, particularly those who rely on government funding. Research allows organisations to prove their effectiveness and develop in areas where findings suggest it is needed and in the main, organisations are keen to encourage this. I believe that in the context of qualitative data analysis, the most insightful research can be conducted by an external researcher, due to the reduction of bias, the deeper level of explanation given by participants, and the openness participants may feel they can express. However, I am acutely conscious of the factors that hinder the process for external researchers, prior to reaching the point of study production, and in some circumstances, data not allowing for the intended analysis to be conducted. I believe that providing the correct epistemological, ontological and theoretical positions are adopted, insightful and valuable research can be conducted by external parties.

Chapter 4: Exploring how significant life events, offending behaviours, and self-harm and suicide are associated in males and females screened into the Offender Personality Disorder Pathway

Introduction to manuscript

The OPDP is a programme aimed at supporting people with Personality Disorder and subsequent serious mental health complexities, who are involved in the CJS and have convictions of serious offending (NHS England, 2023). This study titled 'Exploring how significant life events, offending behaviours, and self-harm and suicide are associated in males and females screened into the Offender Personality Disorder Pathway' aims to understand the complexities the individuals screened into the OPDP present with, identifying common comorbidities and associations. Anecdotal evidence and CJS data suggests that self-harming and suicidal behaviours are increasing in women, therefore whilst highlighting the similarities and differences between males and females in the sample, and the different challenges they may face and therefore, this chapter aims to identify appropriate gender-specific challenges, and subsequent interventions for the OPDP to deliver. The findings of this study are fed directly back to management for the Merseyside and Cheshire CCS, PICS, for insight and for the implications to be developed into interventions.

Abstract

Due to the widely accepted notion that people with Personality Disorder have experienced complex histories and continue to face challenges, combined with Personality Disorder's characterisation of

emotional dysregulation, self-harming and suicidal behaviours are often presented by this cohort. Anecdotal evidence also indicated that this was becoming increasingly more prevalent in the female service users on the OPDP, which was supported by data. This study therefore aimed to understand how significant life events, offending behaviours, and self-harm and suicide are associated in males and females, to highlight any differences or similarities between the sexes. Themes were identified: Adverse Childhood Experiences are associated with most offending behaviours for both sexes; Evident association between Violence and PD; Depression and Violence; Males have higher offending rate than females; Substance Misuse; Varied offending history is attributed to varied cooccurring traumas, life events, and conditions; and Females as a previous victim of abuse become perpetrator.

Introduction

Whilst only 4-11% of the UK population have diagnosis, or traits eligible for diagnosis of PD, 60-70% of the prison population, and 50% of those in the probation service meet the criteria (Motz et al., 2015), highlighting the association between PD and offending behaviour. People with PD also often present as difficult to manage, as they often rely on unconventional coping mechanisms including substance use, violence, and self-harm (Murphy & McVey, 2010). Some personality disorders present with difficulty regulating emotions (Bohus et al., 2021; Bud et al., 2023; Fitzpatrick et al., 2023). This too makes for high reoffending rates for people within this cohort. Therefore, as discussed, two of the core aims of the OPDP are: [1] to reduce repeat high-harm offending, [2] improve psychological health, wellbeing, pro-social behaviour and relational outcomes.

Whilst there are no definitive causes of PD, it is accepted that they can derive as a result of genetic and/or environmental influences from early childhood. These include childhood trauma, and abuse (NHS England, 2023). Trauma is associated with increased likelihood of substance abuse, and has been correlated with offending behaviour (Peltonen et al., 2020). Trauma is also associated with borderline personality disorder (BPD) as Porter et al. (2020) meta-analysis suggested that that 71.1% of

participants with BPD reported at least one incident of adverse childhood experiences, and individuals diagnosed with BPD are 13.9% more likely to report experiences of childhood maltreatment in comparison to non-clinical control groups (Porter et al., 2020). In fact, McLaughlin et al., (2020) suggested childhood trauma to be a risk factor for several forms of psychopathology.

Psychopathy and childhood trauma have been referred to as 'two of the most robust predictors of antisocial behaviour in literature' (Moreira et al., 2022 p.1281) affirming a strong relationship between these variables. Self-harm and suicidal behaviours are also amongst challenges faced by the CJS; suicide is the main cause of death in custody (Ford et al., 2020). Therefore, this research aimed to understand how personality disorder, trauma, offending behaviour and self-harm and suicide are concurrent and highlight any mediators or stressors that may contribute.

Personality Disorder is also strongly related with self-harming behaviours. Self-harm was suggested to be an indicator of BPD (Reichl & Kaess, 2021), a Personality Disorder attributed by affective instability and impulsive behaviour (American Psychiatric Association, 2022). Whilst historically it was theorised that individuals presenting with traits of psychopathy were less likely to self-harm, than those who did not, this has since been somewhat dismissed. A systematic review of papers investigating the relationship between psychopathy and self-harm found that, whilst inconclusive, indicators were suggestive of a relationship between factor 2 psychopathy, and self-harm (Campbell & Beech, 2018). Factor 2 psychopathy is characterised by impulsive, antisocial and irresponsible behaviour, in contrast to Factor 1 which presents more manipulative traits, and an absence of empathy and regard for the emotions of others (Hunt et al., 2015). Factor 2 has been identified as being associated with violent and acquisitive offending behaviour in males (Roberts & Coid, 2007), while on the contrary, factor 1 was not found to be associated with any form of serious offending behaviour (Roberts & Coid, 2007).

Much like PD, trauma is also associated with both offending behaviours, and self-harm and suicidal behaviours. Karatzias et al. (2018) found that 91% of their all-female prisoner sample reported both childhood and adulthood trauma. Notably, the study evidenced how multiple trauma incidents was

positively correlated with severity of offence (Karatzias et al., 2018). Similarly, Brotto et al. (2024) found that childhood maltreatment predicted offending behaviours in a sample of female prisoners in Australia. Childhood trauma and self-harm and suicide are associated (Angelakis et al., 2019; Cheng et al., 2023; Grandison et al., 2020; Maydom et al., 2024; Xiaoyan et al., 2020) amongst a variety of populations. Research on male prisoners in the UK found that 84.2% had suffered at least one adverse childhood experience (ACE), 45% of which had suffered 4 or more ACEs. Findings displayed that of the remaining individuals in prison who reported no ACEs, 2.7% reported self-harming or suicide attempts whilst in prison, however, of those with 4 or more ACEs, 31% reported self-harming in prison, and 18.3% reported making a suicide attempt in prison (Ford, 2020). Although, trauma is not limited to childhood; research found that a high number of women who had experienced Intimate Partner Violence (IPV) also suffered with depression (49.3%) and suicidal behaviours (17.6%) (Peltzer & Pengpid, 2017).

Anecdotal evidence within the OPDP, shared with researchers by management within the OPDP, suggested that there has been a rise of self-harm and suicide in females in particular. Research supported this, with over three times as many female prisoners having self-harmed or attempted suicide in the year ending March 2024 (MOJ, 2025c). It is widely known and accepted that females within the CJS face an array of challenges in addition to those faced by males, or challenges that may not affect males to the same extent. Of females released from prison between April and June 2016, 58% reoffended within one year (MOJ, 2023a). Females in the criminal justice system withstand additional challenges, as many have experienced domestic abuse, they often present with mental health issues and/or history of substance misuse (Broidy et al. 2018, Dehart et al., 2014; Green et al., 2016). They are likely to face housing and employment difficulties with a criminal record, and the difficulties they encounter reestablishing their role as a parent following criminal conviction. Therefore, the challenges faced by females who offend, alongside with the challenges faced by those with diagnosis or traits of personality disorder, suggests a difficult combination.

The prevalence of domestic abuse victims in the CJS is undeniable; 67% of females managed by the NPS in custody or the community reported that they had been victims. Domestic abuse has been associated with increased risk of suicide in women (Kavak, 2018; Shoib, 2022). Death by suicide of victims of domestic abuse has overtaken the number of homicides (Vulnerability Knowledge & Practice Programme, 2024) and suicide is the most common cause of death for victims (Vulnerability Knowledge & Practice Programme, 2024). McManus et al (2022) found that 38.4% of females and 9.4% of males who had attempted suicide in the past year, had reported being a victim of domestic abuse. This was not only applicable for those who had experienced physical violence, but emotional abuse, such as controlling and coercive, being threatened with physical assault, and partners isolating them from their family (Rahmani et al., 2019). Whilst most domestic abuse victim research is focussed upon women and children, men's mental health charity Dad's Unlimited found that 53.7% of domestic abuse clinic experienced suicidal thoughts, and many of the men reported self-harming (Lawson, 2023).

The UK Government's Female Offender Strategy Delivery Plan 2022–25 aimed to improve awareness and understanding surrounding the specific issues faced by females who offend (MOJ, 2023a). The plan also aimed to support the numeracy, literacy, skills and qualifications of females to improve their employability upon release. Similarly, there was a focus on supporting women into accommodation, and with the necessary substance misuse or mental health treatment to remain in place following release (MOJ, 2023a). These aims are specifically aimed at supporting females to desist from reoffending and they are centred upon a range of female oriented challenges.

Despite the acceptance that females pose less risk of physical harm to others than males, risk to self is an increasingly concerning matter identified internally within the OPDP. Data for prisons, measured in June 2024, suggests a 20% rise in self-harm for males, but a 7% decrease for females. The annual rate of self-harm was 876 incidents per 1,000 prisoners, a 13% increase on the year prior. In regard to suicidality, measured in September 2024, there had been a decrease of 4% from the year prior, as self-inflicted deaths reduced from 92 instances to 88 (MOJ & HMPPS, 2024a). However, this is not specific

to those with Personality Disorder. Personality Disorder is related to difficulty regulating emotions and poor mentalisation and associated with catastrophising matters. Suicidality and self-harm behaviour requires attention, particularly within this cohort.

In light of the literature, supported by the anecdotal evidence from the OPDP, this research aims to understand how notable life events, offending behaviours and self-harm and suicide are associated in males and females, to highlight any differences or similarities. The intended outcome is that findings can contribute to practice developments within the OPDP and wider CJS to reduce offending and reoffending.

Method

Design

This research uses a mixed methods approach, as discussed in Chapter 2.

Sample

The study was conducted using a preexisting anonymised data set at Merseycare. The dataset was a random sample of cases screened into the Northwest OPDP. The dataset originally consisted of 603 (M=509; F=94) individuals, however after removing offences that were not applicable for both males and females, the sample was reduced to 578 individuals (M= 486; F=92) already screened into the OPDP.

Data Collection

The dataset is a random sample of those screened onto the OPDP. The sample was collated and anonymised by a member of OPDP staff prior to sharing with the researcher. Referrals are made into the OPDP via electronic or manual screening. The OASys screening tool is completed when an individual first comes into contact with the probation service. A series of questions are responded to and, automatically through algorithms, certain responses will raise a referral to the OPDP. There are instances, however, where the referrals are not automatically processed, and instead these are done manually. The system flags the OPDP referral based on traits that are typically associated with

Antisocial Personality Disorder. Therefore, individuals who present with traits not typical to Antisocial Personality Disorder may require manual referral.

The data contained information on 578 individuals, taken directly from the HMPPS Offender Assessment System, OASys. Each individual's information contained gender, offence type, suicidal behaviours (yes/no) and self-harm (yes/no) and a notes section. Upon initial screening into the OPDP, each individual should receive a consultation and a formulation. The consultation allows the CJS Practitioner to convey information regarding the individual's' history, offending behaviour, presentation and challenges to a specialist Community Consultation Service Practitioner (CCS). The CCS Practitioner will then develop a series of recommendations in the format of a formulation. This aims to support the management of the individual. The notes section has been filled out by CCS Practitioners upon initial consultation. Notes contained an array of information, including comments regarding the person's history/ current presentation/ coping mechanisms/ previous offending/ details of the offence/ mental health etc.

Ethics and Researcher Positionality

Ethical Approval for this research was gained by His Majesty's Prison and Probation Service (HMPPS) and Liverpool John Moores University (reference code: 25/PSY/017). The principal researcher is a PhD student at Liverpool John Moores University researching strengths and areas for development of the Psychologically Informed Consultation Service

Offence Type

Offence types were categorised within the dataset, and included [1] Acquisitive, theft, burglary and robbery [2] Arson [3] Assault of emergency worker [4] Breach of restraining order [5] Neglect of a child [6] Domestic Abuse [7] Drug related [8] Harassment/Stalking [9] Manslaughter [10] Murder [11] Possession of a weapon [12] Public order [13] Sexual [14] Violence [15] Multiple offences.

Data Analysis

Offence types were coded into SPSS, with some being grouped. For example, some offence types were listed as 'acquisitive'; therefore, were unable to determine if this was theft, burglary or robbery. To rectify this, I grouped all acquisitive crime together as one offence type. There were several instances where the individual had two or more concurrent convictions. For this, I deemed anything over one offence as 'Multiple Offences'. Harassment and Stalking were sometimes reported individually, but often in relation to one another, for this reason, I lacked information to differentiate and therefore placed them both in the same offence type for all. Sexual accounts for all sex offences, regardless of age of the victim. Once in SPSS, descriptive statistics were run to produce percentages of self-harm and suicidal behaviour/attempts in males and females. The percentages were run for each individual offence type.

Thematic Analysis was conducted to analyse the qualitative notes, which included information of the individuals' notable life experiences, including ACEs, domestic abuse, psychosis and substance misuse. Thematic Analysis was conducted for each offence type for males and females separately to find consistencies and differences on the contributors to each offending behaviour, and how and why these may have impacted the genders differently.

Results

This study aimed to understand how significant life events, offending behaviours, and self-harm and suicide are associated in males and females, to highlight any differences or similarities between the sexes.

Table 1 Percentage of males and females who self-harm and attempted suicide in offence categories

Offence Type	Male (n)	Female	Self-harm (%) : Male	Self-harm (%) : Female	Suicide (%) : Male	Suicide (%) : Female
Acquisitive	31	3	38.7	66.7	88.9	66.7
Arson	7	3	57.1	66.7	57.1	100
Assault of	3	1	100	0	100	0

Emergency Worker

Breach of Restraining Order	9	1	44.4	0	88.9	0
Neglect of a child	1	3	100	0	100	33.3
Domestic Abuse	59	6	35.6	66.7	32.2	83.3
Drug Related	14	1	28.6	0	35.7	0
Harassment/Stalking	15	2	26.7	0	33.3	0
Manslaughter	2	3	50	33.3	50	0
Murder	20	1	30	0	30	100
Possession of a weapon	1	4	0	75	0	75
Public Order	5	6	80	50	80	33.3
Sexual	81	3	30.9	33.3	39.5	0
Violence	142	48	40.1	56.3	39.4	56.3
Multiple Offences	96	7	41.7	42.9	50	42.9

Adverse Childhood Experiences are associated with most offending behaviours for both sexes.

Adverse Childhood Experiences (ACEs) were associated with almost all offence types. ACEs accounts for a variety of experiences, including being placed in care, physical and sexual abuse, witnessing violence, and 276 out of 486 (56.79%) males and 66 out of 92 (70.74%) females were reported to have ACEs. This was higher for females, however, there were no patterns in the data notes which indicated as to why. The literature indicates that females often face more ACEs, therefore, this pattern is consistent with global findings (Hurley et al., 2022; Supke et al., 2025). For males, there were several instances where the notes stated that the males in the sample were guarded about their early childhood experiences and did not want to discuss them, therefore, there was little information recorded. This was not a theme in the female sample. Being guarded may be indicative of trauma, and an attempt to suppress the emotions by refusing to speak about it. This may contribute to self-harm and suicidal behaviours being reduced. This may be indicative of how males and females process trauma, with males internalising in attempt to suppress and manage their emotions through other outlets, eg. offending behaviour.

ACEs corresponded with all offence types, other than drug offences and assault of an emergency worker, for females. For males, ACEs corresponded with all offence types except for public order, neglect of a child, and manslaughter. For drug offences, and assault of an emergency worker, self-harm and suicidal behaviours were 0% in females, significantly lower than males in this offence type. However, the offence types that were not associated with ACEs for males, public order, neglect of a child and manslaughter, their self-harm and suicidal behaviours were still reported as higher than their female counterparts, in each category. This may indicate that ACEs are not as responsible for self-harm and suicidal behaviours in males, and instead, other contributors are responsible for males' mental health issues. Rather, that in females, their ACEs had more longstanding impacts on their mental health, as those who did not report ACEs.

Evident association between Violence and Personality Disorder

For both males and females, violence was the most frequent recorded offence type, reaffirming the relationship between personality disorder and violence. Almost one third of all offences were violence (n=190; 32.87%) Females accounted for 48 of the 190 violent offences; 52.17% of all females, with males responsible for the remaining 142; 29.22% of all males. A substantial amount of the sample of those with a non-violent index offence had a previous violent offence (36.4%), Similarly, a large portion of the multiple offence categories included violence (97 out of 103; 94%).

Depression and Violence

Depression, specifically noted as 'depression', not including 'mental health', was prevalent in 21.74% of women and 9.67% of males. This is reflective of the general population as it is reported that women are more likely than males to experience depression in their lifetime (Kuehner, 2017; Albert, 2015). This may be somewhat attributed to the additional presence of postnatal depression and heightened vulnerability during menopause (Alblooshi et al., 2023). Depression was mostly related to violent

offences in females, including perpetrators of violence and domestic abuse in a violent context. This accounted for 11 of the 20 records of 'depression'.

For males, those who experienced depression were convicted of predominantly violent offences. This includes convictions of violence, contact sexual offences, and domestic abuse in a violent context. These offences accounted for 33 of the 47 males who experienced depression. There were also four instances of Multiple Offences that included violent offences for males experiencing depression.

Depression and violence's relationship may be suggestive of emotion dysregulation, a trait widely associated with PD. Heightened emotional responses are common within this cohort, contributing to an explanation of increased violence and depression. Violence may be an outlet of their strong emotional struggles, depression and emotion regulation issues.

Males have higher offending rate than females

Males accounted for 84.08% of all offences, in the sample, with females responsible for the remaining 15.92%. The most notable discrepancy by offence type is Multiple Offences, with 96 males and 7 females in this cohort. This indicates higher reoffending and multi-offence convictions for males. Reoffending was noted in respect to acquisitive crimes; it was deciphered that females who committed acquisitive crimes had a history of sexual abuse and adverse childhood experiences. Whilst adverse childhood experiences also affected males in this cohort, acquisitive appeared as an addition to their longstanding and varied offence history, indicating that males who commit acquisitive crimes are do so as an addition to their criminal career, however females commit as standalone offences. This suggests that lower-level crime, such as theft may be conducted by males in addition to their longstanding offending, as opposed to females, as this may be indicative of their heightened struggle, and need for resources due to somewhat extenuating circumstances, consistent with the literature.

For Sexual offending 29 of the 81 sexual offences by males were rape. Rape is an offence for which only males can be convicted due to the legislation. Therefore, this contributes to higher sex offences for

males. Domestic abuse had the third largest discrepancy between males and females. These findings are consistent with the literature of the general CJS population, displaying that males are more likely to be perpetrators of sexual and domestic abuse, whilst females are more likely to be victims.

Substance Misuse

Substance misuse (inc. substance/drugs/alcohol) was reported in 27 out of 92 women (29.35%). 104/486 males (21.4%). In some instances, the notes stated that substance abuse was means of coping, whilst others' substance abuse was thought to have contributed to their risk. This may be reflective of the personality type of the individuals in this cohort. Substance use as a coping mechanism related to reluctance opening up to others and difficulty with emotion regulation, therefore may be used to suppress emotions.

Substance abuse can relate to a broad range of offending behaviours, as substances impair a person's judgment, resulting in them behaving in a way they may not ordinarily, without substances. Substance dependency can also result in an individual turning to crime to fund their addiction, therefore, for those using substances as a coping mechanism, it is still paramount that the correct support is implemented, particularly in such a vulnerable sample, as there is evidently a relationship between substance misuse and offending behaviour, as identified by the high prevalence in this sample.

Substance abuse was recorded as a more prevalent issue amongst females, and the females who were in this cohort appeared to have complex and layered issues. These issues included homelessness, removal of children, and vulnerability to exploitation.

Varied offending history is attributed to varied cooccurring traumas, life events, and conditions.

Multiple co-occurring offences accounted for 7.61% of offence type for females and 19.75% for males, consistent with the findings that males have a more varied offence types than females.

For males, adverse childhood experiences were highly prevalent, including trauma, sexual abuse, and being placed in care. Often, the index offences were additional to a long-standing offence history. For many individuals in this sample, notes stated that their mental health and/or Personality Disorder was related to their offending behaviour, reaffirming the association between these variables. Other notes included reference to PTSD, Schizophrenia and Psychosis, and Autism and Learning Disabilities. Substance misuse was reported in various cases. There were instances of the individual having previously been a victim of exploitation. It is noted that some of the males who suffered with self-harm and suicidal behaviours, this was longstanding and repeat.

Experiences of sexual exploitation and domestic abuse were evident amongst females in the multiple offences sample. Neurodivergence and brain injuries were also noted. Postnatal depression and bipolar combined, noted, as well as vulnerability to exploitation and drug use. Most females in this category had extensive issues. This included an extensive offending history/repeat offending. This is therefore indicative of complex trauma in which people have not received appropriate support, and therefore, their unmet needs have contributed to their offending behaviour.

Rates of self-harm and suicide were similar for both genders in the multiple offences category. Results showed that 41.7% of males reported self-harming and 50% reported suicidal behaviours. 42.9% of females reported self-harm and also 42.9% reported suicidal behaviours. Whilst specific circumstances for each individual may have varied, it is apparent that cooccurring traumatic events have had detrimental effects on these individuals, consistently between genders. Whilst different life events, and individual personalities impact the way a person responds to an incident, the results display that repeated exposure to trauma has a negative impact on many individuals.

Females as a previous victim of domestic abuse become perpetrator.

Females had instances where they had been the perpetrator for their index offence of Domestic abuse but have previously been victim or experienced bullying/abuse in childhood. Notes state that it is

believed that all females in this cohort would benefit from OPD services. Self-harm and suicidal behaviour are highly prevalent for the female domestic abuse sample, with 66.7% reporting self-harm (n=4) and 83.3% (n=5) having attempted suicide. This is in comparison to 35.6% (n=21) self-harm and 32.2% (n=19) suicidal behaviour for males with domestic abuse convictions. For female perpetrators who were once victims, it is possible that accumulated trauma in response to being a victim of domestic abuse/childhood abuse/bullying had resulted in this being their treatment towards others. Contrastingly, it may be that due to their schemas of relationships being built on domestic abuse /childhood abuse/bullying, they believe this to be normal. High reports of suicide and self-harm may relate to the trauma experienced and its long-lasting impact, particularly supported by the fact the professionals believe that the correct services could help.

Discussion

Consistent with the literature suggesting a relationship between PD and violent offending behaviour, the most frequent offence type was violence. Increased rates of self-harm and suicidal behaviour were also identified, alongside a range of life events. Findings suggest that 11.7% of females in the UK, and 8.8% of males, aged between 16 and 74, have self-harmed (NHS, 2025), presenting a clear discrepancy between the violent offence cohort in the sample and the general population.

Being a victim of IPV is strongly associated with self-harm and suicidality (McManus et al., 2022). My findings displayed that some of the female cohort had been victims, as well as perpetrators of domestic abuse. Yet this was not noted as a theme for the male cohort of IPV perpetrators. It is reported that 68% of women in custody, compared to 10% of males, and 67% of women managed in the community compared to 10% of males, report having been victims of domestic abuse (MOJ, 2025). Therefore, the discrepancy may be attributed to the experience of being a victim (Tillyer & Wright, 2014). Suicide in the general population is higher amongst males. In 2023, 74.25% of suicides were male, and this is

consistent with other years dating back to the mid-1990s (ONS, 2023). Li et al. (2020) found an association between childhood maltreatment and perpetrating IPV. However, contrasting to this study's results, the relationship between the two variables was stronger for males than females.

Adverse childhood experiences were associated with almost all offence types. Felitti et al (1998) coined the term Adverse Childhood Experience (ACEs) to categorise seven types of usual experiences a person may have experienced before aged 18. This included: psychological, physical, or sexual abuse; violence against mother; or living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned. It has since been widely accepted that ACEs are correlated with negative health effects and also offending behaviour. Levenson and Socia (2015) found the more ACEs experienced, the more varied and complex criminal behaviours individual's presented with and Testa et al., (2022) found that multiple ACEs accrued was associated with criminal justice involvement. ACEs have been related with PD; 90% of adolescents with Personality Disorder reported ACEs, with experiences of ACEs making an individual 3.8 times higher risk of developing a Personality Disorder (Broekhod et al., 2024). Therefore, the two both being evident amongst the sample is expected.

Leban and Gibson (2020) found ACEs and delinquency to be associated in both males and females. However, they found ACEs and substance misuse to only be associated for females, presenting a distinct difference between how the two genders respond to ACEs. Chapple et al. (2021) also found that an ACEs were negatively correlated with self-control in both genders, yet only determined higher impulsivity in boys. Impulsivity of the offence cannot be measured in my study's sample, however, impulsivity is associated with certain Personality Disorder, such as Borderline Personality Disorder (Bozzatello et al., 2021; Leichsenring et al., 2024;), therefore, rather than a male or female trait, this may be attributed to the type of Personality Disorder each individual is presenting with.

A significant finding was regarding multiple offences. Males and females were most consistently comparable for this offence type. Both presented with a broad range of adverse factors that may contribute to their offending. The themes have found differences in the way that males and females

respond to trauma/incidences. It appears, however, after so much trauma/exposure to negative environments, they respond the same. In the multiple offences category, all individuals had experienced a range of trauma, neurodivergence etc. however, all had in common their repeat offending/ multiple offence. This is indicative that whilst individuals all possess different coping levels and mechanisms, they may only be applicable to a certain extent.

Conclusively, it is evident that there are a variety of similarities and differences between males and females regarding their notable life events, offending behaviours and self-harm and suicide. This highlights the importance of person focussed pathway services and gender responsive services which are operating within the OPDP.

Strengths and Limitations

The dataset is based on real cases that have been consulted on from the target population, therefore, truly reflects this cohort and the challenges they face. However, due to the nature of the dataset, case studies, information may be missing. The notes section, used for the qualitative analysis, was completed by CCS Practitioners following consultation. It is important to note that certain practitioners completed a more detailed account than others, and just because trauma and/or disorders were not noted, it does not necessarily mean they weren't present.

Similarly, some notes were vague and listed 'mental health issues' and 'previous convictions', and some multiple offence convictions did not specify what the convictions were relating to, therefore they could not be included when discussing things such as depression and violent offences. This therefore potentially impacts the findings as I am unaware of the specifics, and more individuals may have fit into this category.

Recommendations for practice

This research highlights the need for continuing gender specific services and also suggests the requirement for domestic abuse victim services for female domestic abuse perpetrators.

There must be early interventions for those who experience ACEs. This could align with the OPDP 2023-2028 strategy which aims to 'Develop the pathway to become more outward facing, providing consultancy and training beyond the OPD pathway and strengthening partnerships, to support a whole system response to the management of complexity, risk and need' (NHS England 2023). Consultancy and training could be provided to therapists and services working with service users who have ACEs, to ensure their awareness of the correlation between ACEs and Offending, and ACEs and Personality Disorder and to enhance the support they offer. The Effective Women Centres Partnership is a national partnership of seven organisations who are collaboratively aiming to evidence victimisation to be a pathway into the criminal justice system, particularly for women, and subsequently impact policy (Together Women, 2021), therefore, somewhat contributing to this recommendation.

It is encouraged that the OPD aim to 'expand support for those in scope who the OPD pathway has not yet reached, helping more people become stable enough to progress, while seeking to extend OPD pathway approaches to working with complexity across the wider system' is delivered. As mentioned, males in particular presented as guarded with their experience and did not want to talk about childhoods etc. therefore they may not be ready to access OPDP services and relevant interventions. By expanding the service, as has already been done in four UK prisons (NHS England, 2023) with the Enhanced Support Services aimed at 'reducing the impact of their violent, disruptive and self-injurious behaviour', more people can access the benefits, as particularly surrounding violent and self-injurious behaviours are required.

Conclusion to manuscript

This chapter presented a mixed methods study in light of anecdotal evidence and data indicating that self-harming and suicidal behaviours are becoming increasingly more prevalent for females in the OPDP. As women are an often overlooked cohort in the CJS, this study aimed to investigate how notable life events, offending behaviours and self-harm and suicide are associated in males and females, to highlight any differences or similarities. The findings identify a broad range of associations and make suggestions as to why the genders may present differently, when responding to similar experiences. It was evident that amongst a range of similarities there were differences, including reasons for low-level offending, and offence rate. Notably, for the female sample there were instances where the index offence was for perpetrating domestic abuse but have previously been victim or experienced bullying/abuse in childhood, identifying support needs. However, for both males and females, multiple traumas / negative life experiences were associated with a varied offending history. Indicating that repeat exposure to trauma and subsequent unmet needs are detrimental to both males and females. Subsequently evidencing complex histories and the need for appropriate interventions to support people to desistance. The findings will inform practice and hopefully implement relevant interventions.

Chapter 5: ‘The most stressful thing...was never the content, really’: The emotional impact PICS practitioners experience during consultation and formulation

Introduction to manuscript

The findings of chapter 4 reaffirm that practitioners are working with sensitive information and details of complex trauma. This, combined with anecdotal evidence that certain elements of the consultation and formulation process were more emotionally laborious than others, instigated this study titled ‘The most stressful thing...was never the content, really’: The emotional impact PICS Practitioners experience during consultation and formulation. The study aimed to explore the emotional impact PICS Practitioners experience during the consultation and formulation process. Previous research highlights the emotional impact that dealing with such sensitive information has on probation practitioners, referencing secondary traumatisation. I therefore aimed to investigate if this was also applicable to PICS Practitioners and if so, in which areas do they require the most support.

Abstract

The Psychologically Informed Consultation Service (PICS), based in Merseyside and Cheshire, aims to help Probation Practitioners develop a psychological understanding of people on probation who are assessed as high risk and have been reported to have personality disorder traits. A role of high importance and benefit, but one that also sometimes involves exposure to highly emotive content. It is vital to consider PICS Practitioners' emotional wellbeing. This research aims to explore the emotional impact PICS Practitioners experience during the consultation and formulation processes. Semi-structured interviews were conducted with seven PICS Practitioners and Interpretative Phenomenological Analysis was used to analyse the data. Five Experiential Themes were identified: Changes within PICS impacted Practitioners' experiences of the role; advantages and disadvantages to being a removed service; high workload having negative impact on consultation and formulation process; emotional impact of the role; and an overall sense of gratitude for the role and appreciating its purpose.

Background

Personality disorder can develop as a result of early attachment issues (Mosquera et al., 2014; Schimmenti et al., 2014) and may result in complications such as emotion regulation difficulties (Gross and Jazaieri, 2014) and drug and alcohol abuse (Sher and Trull, 2002). HMPPS and NHS (2020) stated persistent non-compliance with supervision within the service may be indicative of PD, and PD is also linked with increased reconviction rates (Langstom et al., 2004; Martin et al., 2019), combined with the high prevalence of PD in prisons and on probation, compared to the general population. Highly commended, the OPDP is reported to be 'one of the most successful and effective practice developments within Probation in recent years' (Skett and Lewis, 2019: p. 170). Indeed, following the development of the pathway, and successful trials of Community Consultation Services in other areas,

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in 2013 the PICS was formed in the North West of England, as the Community Consultation Service for Merseyside and Cheshire.

As part of the work that PICS Practitioners do, they provide a psychological consultation and subsequent case formulation of a particular PoP within a Probation Practitioner's caseload who presents with a personality disorder and is assessed as high risk of harm. Probation Practitioners are the appointed lead role for the management of PoP within the Criminal Justice System (Skett, 2015), therefore, the aim of the service is for the Probation Practitioner to gain a greater understanding of the PoP (Blinkhorn et al., 2021) and as such, provide a better service. Consultations are conducted between a PICS Practitioner and the Probation Practitioner. Within the consultation, it is usual for the PoPs' childhood, relationships, offending behaviour and key life events to be discussed. The Probation Practitioner identifies 'outcomes' that they would like to achieve during the consultation and the Probation Practitioner and PICS Practitioner work towards these, collaboratively (McMullan et al., 2014). Following consultations, formulations are written by PICS Practitioners. Formulations are the process of identifying two key areas: the underlying mechanisms of behaviours, and the relevant intervention to undertake (Bruch, 1998, as cited in Logan and Johnstone, 2010). The suggested recommendations intend to target and improve the identified needs (Wheable et al., 2022). Whilst traditional methods of risk assessment focus on risk factors, the formulation is described as the 'process of co-constructing a hypothesis or "best guess" about the origins of a person's difficulties in the context of their relationships, social circumstances, life events, and the sense that they have made of them' (Johnstone, 2018 p.32).

Ramsden et al. (2016) found that the consultation and formulation process helped Probation Practitioners feel more competent in their work. Participants reported that formulations supported their mindset, enabling them to better understand individual differences in the PoP and providing them with the information to understand the theoretical underpinnings of the PoP's trauma, which

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supported their decision making. Similarly, Knauer et al. (2017) found that probation staff rated that their knowledge, confidence, motivation and understanding increased following consultation, displaying the service's benefits. Ramsden et al. (2014) had previously presented similar results where the knowledge, attitudes and personal feeling of understanding had all improved post consultation. Furthermore, Blinkhorn et al. (2021) found the Probation Practitioners reported that the PICS offered validation of thoughts, feelings and practice, with participants reporting that PICS had validated their decision making, concerns and doubts, and reassured them at times when they were not confident. This had a positive impact on Probation Practitioners, as some participants reported that they often felt confident and able again, following the validation and reassurance offered by the PICS Practitioner. Emotional support was also alluded to by participants, with Probation Practitioners reporting that the service allowed them to professionally discuss areas in which they believed errors had been made and be open about their practice (Blinkhorn et al., 2021). However, emotionality has been highlighted in monthly reflective practice meetings between PICS staff. Practitioners reported that certain parts of the PICS process were particularly more emotionally laborious than others.

Practitioners experiencing an emotional impact as a result of their work is a widely recognised topic. Figley (1995) introduced the concept of 'secondary traumatisation', often referred to as 'vicarious traumatisation' in which the process of helping an individual causes stress to the Practitioner. Figley (1995) suggested that professionals who hear or read traumatic information regarding suffering might absorb this information and, subsequently, absorb the suffering too. The absorption of suffering may have a negative impact on Practitioners' wellbeing. This theory has been researched in a variety of settings. Century et al. (2007) found professionals providing counselling to refugees reported feeling 'frustrated', 'exhausted' and 'powerless' as a result of hearing their clients' experiences. Although deemed somewhat beneficial, with probation officers using empathy to build strong relationships with the PoP (Burnett and McNeil, 2005), Moulden and Firestone (2007) found that secondary

traumatisation can lead to long term impacts on the individuals' thoughts, feelings and assumptions of the world, altering their perspectives entirely.

Research indicates there may be a risk of Probation Practitioners experiencing vicarious traumatisation (Lee, 2017b; Rhineberger-Dunn et al., 2016). Through the voices of Probation Practitioners and managers, Petrillo and Bradley (2022) found indicators of vicarious trauma present. The participants discussed key issues such as not having enough support in terms of dealing with traumatic information and concerns that the role is having a desensitising effect on their lives yet anticipating that this may manifest as a crisis in future. In addition, they also highlighted how pre-existing personal trauma can contribute to a significant build up which will have a detrimental impact on their mental health. Further, Severson and Pettus-Davis (2013) found that amongst parole officers and supervisors working with people with sexual convictions, participants generally reported experiencing symptoms consistent with secondary traumatisation. The symptoms reported included "somatic reactions, disrupted sex lives, pervasive thoughts, a loss of innocence, and hypervigilance in both their work and personal lives" (Severson and Pettus- Davis, 2013 p.12). Ko and Memon, (2022) suggested that the prevalence of secondary traumatisation may even be higher than reported, but due to mental health stigma, criminal justice professionals may be reluctant to report it. Practitioners experiencing secondary traumatisation may experience the emotions and feelings of the individual they are working with, as though they had experienced the event that caused this emotion, personally (Moulden and Firestone, 2007). As PICS Practitioners do not work directly with PoP, this research aims to explore the extent to which they experience secondary traumatisation, if at all.

Alongside the consultation and formulation process, PICS Practitioners are involved in a series of other activities, which may be accountable for inducing emotional distress. These other responsibilities include the delivery of Mentalisation Based Treatment (MBT), joint work with Probation Practitioners and PoP, attending forums such as Multi-Agency Public Protection Arrangements (MAPPA) and

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providing input into Approved Premises, therefore, the role is diverse. A positive correlation has been identified between workload and its impact on burnout and stress in prison wardens (Schiff and Leip, 2019), lawyers (Nickum and Desrumaux, 2022) and medical staff (Xiaoming et al., 2014), thus presenting the effect workloads can have on professionals across settings. Similarly, the responsibility associated with the role may be a stressor for PICS Practitioners. Lewis et al. (2013) found that challenging caseloads and violent recidivism involving a child, sexual recidivism, threat, assault in the line of duty, or suicide of an offender, increased scores on measures of burnout in Probation Practitioners. As PICS Practitioners consult with Probation Practitioners, it is reasonable to assume there may be an element of emotional strain due to the stress and responsibility their role involves.

Relevant to the suggestion that particular elements of the consultation and formulation process are more emotionally laborious, research has identified high amounts of paperwork as a particular stressor and in some cases it contributes to the induction of mental health issues in Probation Practitioners (Walker et al., 2019). Alongside this, time pressure was also identified as a stressor. Participants reported the need to work outside of contracted hours to complete assessments and paperwork, however by doing so, some felt they were able to manage their workload better and it helped them feel more up to date and content (Walker et al., 2019). The formulation element of a PICS practitioner's role incorporates considerable paperwork; setting out recommendations for the Probation Practitioner and ensuring this information is received in a timely manner. Therefore, these findings may suggest that emotion is reflected in the formulation, as opposed to the consultation.

The Transforming Rehabilitation (TR) agenda in 2013 aimed to implement changes within the Probation Service to ensure effective rehabilitation (Ministry of Justice, 2013). However, Phillips et al. (2016) conducted research with Practitioners who, post the TR agenda, worked with high risk individuals and found recurrent issues. Along with the word 'relentless' used by Practitioners to describe their work, participants referenced time limitations, and continuous stress as a result of their caseload. When

discussing coping with these stressors, participants reported 'back covering' to protect themselves, by ensuring they have done everything in their power in case of anything going wrong with an individual in their caseload. The authors stated that it was evident that participants struggled with the pressure associated with the increased volume of high-risk cases. Phillips et al. (2016) concluded that this high stress workload is unsustainable for Practitioners, and that further support is required. These findings suggested that despite the changes implemented by the TR Agenda, little had changed in regards to staff stress and workload management issues since before the reform. Indeed, since the reunification of the service in June 2021, the Probation Service remains challenged. Consistent with the findings of Phillips et al. (2016), Tidmarsh (2024) found that Probation Practitioners are still experiencing high levels of stress, feeling overworked and underpaid. Although some reported a reduction in caseload since the reunification, others reported the opposite. HMI Probation (2021) found that 51% of Probation Practitioners reported their caseload to be somewhat unmanageable.

In the current climate, it is important to acknowledge COVID-19 as an additional stressor to working environments, particularly roles associated with the Criminal Justice System (House of Commons Justice Committee, 2020; Phillips et al., 2020). Since the initial lockdown in England and Wales began on the 23rd of March 2020, working practices and their environments have changed significantly and probation officers, and those working within the probation system, were commended for their efficient adaptation to the new way of working, instigated by the pandemic (House of Commons Justice Committee, 2020). The Exceptional Delivery Model, introduced to manage the lockdown regulations, meant that probation officers worked mainly from home (Phillips et al., 2020) and face-to-face supervision was ceased, except for those considered to be a very high risk of harm to others (HMI Probation, 2020). Instead, contact was made via telephone. Heightened by staffing issues, with a period where 20% of staff were off sick daily (House of Commons Justice Committee, 2020), this was a very turbulent time for those working in the Criminal Justice System. Research conducted on the

experiences of Probation Practitioner during the COVID-19 pandemic found this period emotionally distressing, and participants experienced difficulties with the new working environment and a lack of emotional support (Blinkhorn et al., 2023). Probation Officer Trainers also identified how during the pandemic, and amidst the struggle of the subsequent changes, staff were completely overworked and burnt out (Phillips et al., 2020). Further, Blinkhorn et al. (2023) found that participants praised the PICS for the help and support it provided during this difficult time. Probation Practitioners found comfort in the support of PICS Practitioners; therefore, it is paramount that the emotional wellbeing of PICS Practitioners is considered also.

In light of the research discussed, I aimed to explore the emotional impact PICS Practitioners experience during the consultation and formulation process.

Methodology

Interpretative Phenomenological Analysis (IPA; Smith et al., 2022) was most appropriate for this study, as discussed in Chapter 2.

Sample and recruitment

Participants were recruited from one PICS in the North West of England. Potential participants were initially identified by a gatekeeper within the service. Participants were contacted via email with information regarding the purpose of the study and what participation would involve. All potential participants were informed that their participation was voluntary and those interested were invited to respond to the email. Nine PICS Practitioners work within the service and a total of seven participated in the study. Participants' average age was 42 years old. The participants' mean average length of service in the PICS was 3.3 years. Gender demographics will not be reported due to the imbalance within the sample and the risk of potentially compromising anonymity.

Data collection

Semi-structured interviews were conducted via *Microsoft Teams*. Each interview took place between

May and July 2022 and lasted approximately 20–35 minutes. A semi-structured interview schedule was used to ensure the same questions were asked across the sample, but participants had the opportunity to speak openly about their experiences, thoughts and feelings. Interviews were recorded for later analysis. In preparation for analysis, each interview was transcribed into a *Microsoft Word* document. Each participant is referred to using a pseudonym for the purpose of confidentiality. In light of the gender imbalance reported, gender neutral pseudonyms were selected, and are used throughout.

Ethics, validation and researcher positionality

Ethical Approval for this research was gained by (the then) Her Majesty's Prison and Probation Service (HMPPS) and Liverpool John Moores University (reference code: 21/PSY/037). To eliminate bias, participant validation reviews were conducted. The importance of participant validation reviews is to ensure that the participants feel the overall findings reflect their voice and experiences. Four out of seven of the participants attended a participant validation review for this study and confirmed that the results accurately represented their thoughts, feelings and experiences. The principal researcher is a PhD student at Liverpool John Moores University researching the management of people on probation with personality disorders through the use of the consultation model. Working alongside the PICS team, the researcher conducts studies based on anecdotal evidence and specific direction from the management team in terms of what would be beneficial to the PICS and the wider OPDP.

Results

This study aimed to explore the emotional impact PICS Practitioners experience during the consultation and formulation process. I present five Experiential Themes developed following a summary of these in Table 2.

Table 2: Themes identified regarding the emotional impact that conducting consultations and formulations has on PICS Practitioners.

Themes	Subthemes
Changes within the PICS impacted Practitioners' experience of the role	Remote working both helped and hindered the working lives of PICS practitioners. Elements of the role that the PICS Practitioner's enjoyed, now removed.
Advantages and disadvantages to being a removed service	Advantages of the ability to offer an impartial view as a result of not working directly with the PoP. Risk and responsibility associated with not working directly with the PoP caused strain on the PICS Practitioner.
High workload having negative impact on consultation and formulation process	Job diversity taking time away from consultation and formulation process. Probation practitioner workload impacting PICS Practitioner. Management referred consultations being viewed as a hindrance and an unproductive use of time.
Emotional impact of the role	Emotions experienced. Emotions expressed towards probation practitioner. Good emotional support from management
An overall sense of gratitude for the role and appreciating its purpose	An acknowledgment of the importance of the PICS Practitioner role. Collaborative process between the Probation Practitioner and PICS Practitioner. Reports of job satisfaction.

Note: Due to the recent changing of titles for probation staff, participants may refer to Probation Practitioners (PPs) as Offender Managers or OMs.

Theme One: Changes within the PICS impacted Practitioners' experiences of the role

Remote working both helped and hindered the working lives of PICS Practitioners

Participants commented on the impact remote working had on their working life. Whilst acknowledging that remote working provides many practical benefits, the negative aspects were also recognised.

Jamie discussed how they *'like working from home; it gives me lots of flexibility in my personal life. Erm, which is giving me much better work life balance, but yeah, it doesn't- I don't feel like, erm, we're a team that has to work together on a day-to-day basis to solve problems, to manage the quite complex things. It's more like you're sitting and doing that on your own a little bit'.*

Remote working has impacted relationships with colleagues, limiting the interaction immediately available. This is contrasted with pre-pandemic times, where colleagues were physically present in the same room, sharing opinions and offering perspectives when required. Subsequently, this increased feelings of loneliness and isolation among participants.

Another participant spoke of the impact working from home had on professional boundaries, as homes became offices too. There was a sense of intrusiveness that made some tasks more difficult. As all work was now from home, removing the element of travel, it seemed to participants that they had more time which ultimately became demotivating.

Alex described how *'at home it just felt harder. I think there's something about boundaries and something in there, like natural boundaries was a natural one. I'm doing it at work from nine to five but then at home, was harder'.*

Elements of the role that PICS Practitioners enjoyed, now removed.

Due to COVID-19, the PICS service had to adapt to meet public health measures. In doing so, some elements that PICS Practitioners most enjoyed about their professional roles were removed. This had a detrimental effect on Practitioners' overall job satisfaction which resulted in negative emotions towards work.

Charlie spoke of their enjoyment in the past tense, recounting how they *"did enjoy it"*. As they *"got to see different things going around different areas, different probation offices, which I'd never worked*

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in before, erm, worked with really helpful colleague”, highlighting a series of elements, such as the task variety and social aspects of the job that have now changed in the wake of COVID-19.

Further, Alex referenced their enjoyment for these same aspects of the role. They *“loved driving around, so my job I went to four different offices every week or so and it was just really nice to meet lots of different people”*. Again, speaking in the past tense, Alex enjoyed meeting new people and networking within the pathway. Networking within the pathway was beneficial to both parties, as whilst visiting probation offices, PICS Practitioners would meet with new Probation Practitioners, who may then consider using PICS for their personal caseload.

Theme Two: Advantages and disadvantages to being a removed service

Advantages of the ability to offer an impartial view as a result of not working directly with the PoP.

Working as a removed service provides a variety of advantages and disadvantages for participants.

One benefit is that never meeting the PoP allows PICS Practitioners to generate a formulation based on evidence, without the chance of being influenced by the person’s charisma. Indeed, as the Probation Practitioner worked directly with the PoP, there were instances where they had been blindsided whereas PICS Practitioners could look solely at the evidence, and encourage the Probation Practitioner to see this too.

Charlie highlights how *“It’s about working with somebody, so just trying to promote more curiosity about risk and how maybe therapeutic gains haven’t been reached in programs and you know, he’s not evidenced anything that’s transferable to a community as yet, just to be, just to be curious about that”*.

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Risk and responsibility associated with not working directly with the PoP caused strain on the PICS Practitioners

Aside from the benefits of offering their impartial view, PICS Practitioners identified risks due to not meeting the PoP. Participants expressed the difficulty in generating formulations based on thirdhand information, doubting if they had all necessary and accurate information required.

Taylor notes how they *“feel slightly uncomfortable sometimes formulating about a person that I’ve never met... and I might be making assumptions that aren’t correct”*. This increases stress and the desire to check the validity of information or seek further information; despite this being discouraged. The model recommends working only with the information provided by the Probation Practitioner.

A particular problem associated with the issue regarding validity and only working with information provided is that *“while we’re not the ones holding risk, in the event of any serious further offence, you know, our formulation letter will be looked at as part of that process...”* (Charlie), thus increasing the responsibility on the PICS Practitioner. The potential risk associated with this is acknowledged as participants questioned *“whether that feels slightly more risky because ...you’re kind of responding to risk and having to manage it maybe without feeling like you’ve got all the information, because you’re not directly with the person”* (Jamie).

Theme Three: High workload having negative impact on consultation and formulation process

Job Diversity taking time away from consultation and formulation process

The vast majority of participants discussed the high volume of work and various elements of the role. The general consensus was that the role had gradually diversified over time. Some years ago, the role was focussed on consultation and formulation, now *“we can be pulled into all kinds of things which*

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takes away the time for the consultation and all of that stuff (Jordan). This is reportedly taking time away from the *“bread and butter”* (Morgan), the consultations and formulation process.

Participants report efforts to *“try to retain that [consultation] as like our kind of bread and butter that’s what we’re there to, ultimately, it’s our core business, but I think as opportunities have widened, and our roles have kind of widened with that and so time and resources erm, is quite tight”* (Morgan). But diversification of the role has caused emotional and personal consequences. Whilst participants recognise the ‘benefits’ to role diversity as it does *“safeguard us as a team because we are doing so many different things, providing so many different services”* (Ash), it increases likelihood of burnout as Practitioners become overwhelmed by the tasks they have, and the timeliness expected of them.

Participants reported that the delay in producing formulations causes a genuine stress response. The backlog of work, caused by increasing role diversity, induces anxiety, as Practitioners have difficulty producing formulations in a timely manner. Processes required of PICS Practitioners (in this study at least) appear responsible for a negative emotional impact on Practitioners. Participants catastrophise the worst-case scenario that could see them being partially responsible for a serious occurrence, and the possibility of this weighs heavily on them:

“I think it’s the pressure of not getting them done on time, that has the impact, if that makes sense. Because you look back and you think oh my god, what if something happened in the meantime there’s a serious further offence and you recommended something, and the offender manager has not picked it up and you’ve not written it down, because you’ve not sent the letter” (Jordan).

Probation practitioner workload impacts on PICS Practitioners

There was acknowledgement that Probation Practitioners have a high workload and their time is limited, with participants referring to Probation Practitioners as having *“one of the most*

overburdened jobs I've come across in my professional life" (Alex). This raised a series of issues for PICS Practitioners as Probation Practitioners busy schedules often made arranging consultations difficult. The responsibility to arrange the consultation lies with the PICS Practitioner, however, sometimes Probation Practitioners fail to even respond *"with offender managers not really getting back to you, which I don't think is purposeful. I think it comes from the workload that they've got..."* (Ash).

This leaves the PICS Practitioner with the additional task of following this up, again, increasing workload and subsequently, increasing work related stress. Similarly, once arranged, there is frequently the need to cancel on the day: *"you may get an email, I can't do it today I've got a recall I can't do it because of- so you can have very sudden cancellations..."* (Jordan). This becomes time consuming for the PICS Practitioner, as they then need to reschedule this consultation for another time, but due to the last-minute cancellation, it is too late for anything else to be arranged for that hour. Ultimately, this adds to the PICS Practitioner's workload and the stress associated with this.

Management referred consultations being viewed as a hindrance and an unproductive use of time

Cases directed for consultation by management was a key issue referenced by almost all participants. In some instances, management may direct cases for consultation, rather than the request made by the Probation Practitioner. PICS Practitioners deemed this problematic as they felt that Probation Practitioners often did not necessarily see the need for this consultation, and instead, felt it was taking time away from their already busy schedule. This, at times, resulted in Probation Practitioners appearing less invested, and whilst PICS Practitioners advocate for the process to be *"very... collaborative"* (Morgan), these consultations did not feel this way.

In turn, this took time away from PICS Practitioners' busy schedules and many considered it was not *"the most constructive kind of use of, of anyone's time really"* (Morgan) as neither party appears to benefit. Morgan goes on to say *"wherever possible, we should be led by our client base, which is the offender manager, not by the kind of erm systems around them, erm I think sometimes it can feel, for me, it can feel a little bit like the offender manager is there, but they're there because they've been directed"*. Thus, whilst the consultation is a space for Probation Practitioners to bring their thoughts and feelings regarding the case, the referral coming from higher management is perhaps less advantageous.

Specifically, the impact on valuable resources such as time was reported. The time spent on management referred cases is seen as time spent where it could have been better utilised elsewhere. Probation Practitioners and PICS Practitioners have high workloads, with an additional task prescribed by management, participants deemed this to be wasteful. Taylor describes where Probation Practitioners have *"been told that they should have a PICS consultation"* they do not benefit from the consultation because they [Probation Practitioners] *"know that already"* or they think *"that's not gonna make any difference is it because I've tried that"*. Consultations are then not considered a constructive use of their time amongst their busy schedules.

Despite this, participants did feel that Probation Practitioners *"always seem to find that they will find something helpful from it [the consultation]"* (Ash). This is testament to the PICS, supporting how it is deemed beneficial to Probation Practitioners, and in some instances, introduces Probation Practitioners who have never used the PICS before to the consultation and formulation process, promoting the use of the PICS with other PoP in their caseload.

Theme Four: Emotional impact of the role

Emotion experienced

A range of emotions were reported to have been experienced during the consultation and formulation process. Morgan spoke of the emotions they experienced towards the PoP, directly as a result of the material discussed during the consultation process, recalling that *“about three quarters of the way through kind of noticed I was really feel like my heart like really aching for him”*. However, other participants normalised this emotional impact, as Ash stated *“I suppose I must be affected to some extent by some of the trickier consultations where there may have been a lot of abuse or particularly sadistic violence. I think it’s natural that to some extent that will sit with us”*.

Another participant described the ability to somewhat detach from the material, explaining that although they acknowledge the sadness, *“It doesn’t so much shock me anymore, makes me feel a little bit sad but I can, I can definitely, erm what’s the word, detach from it when I’m at home it doesn’t it doesn’t stay with me, I don’t worry about it all the time”* (Taylor). This, again, displays an element of normality due to the ability of being desensitised to the content. The participant suggested that previously they were impacted by the emotional elements, but with time this has lessened, further supporting the normalisation.

However, most emotions were induced by other factors, aside from the material regarding the PoP. Rather, the high workload and the lack of information, along with the discouragement from seeking information prior to meeting with the Probation Practitioner, induced anxiety and that ultimately *“the most stressful thing was - it was never the content really”* (Alex).

Similarly, there were reports of the formulation writeup process inducing anxiety due to the

responsibility held by the PICS Practitioner. They are aware that their formulation will be read by different agencies and want to ensure that they have covered all relevant points, whilst remaining succinct. This indicates that the emotional elements of the role come from the tasks and responsibility associated with the role, rather than the content and information regarding the PoP.

Jamie reported experiencing *“quite a lot of anxiety about making sure I’ve put it all in the letter, but I’ve done it succinctly enough, because I think that, because this man is very risky and because of what’s happened that was missed, and he’s at MAPPA level as well erm I just I think it’s really important that other professionals who will read it, understand the context of what went on, but I don’t want to put stuff in there that’s irrelevant”*.

Emotions expressed towards Probation Practitioner

A theme that was identified across interviews was the sense that PICS Practitioners experienced strong emotional responses towards the Probation Practitioner. Due to the Probation Practitioner being their client and having one-to-one interactions with Probation Practitioners, PICS Practitioners reported their emotion presented in different forms ranging from sympathy to stress. One participant spoke of being *“very aware that erm you know, they’ve got to carry a lot of this emotional stuff as well... so it’s, I suppose it’s getting the balance right between how much to say”* (Taylor). Cognizant of Probation Practitioners emotional states, PICS Practitioners reported having to make a judgement of what to discuss in the consultation, so not to cause additional emotional strain.

Similarly, Ash reported that what they *“find probably more difficult is when you’ve done a consultation and you can see that the OM is really affected themselves by what’s going on with an individual...”* and feeling sad as a result of seeing the impact the PoP’s case has had on the Probation Practitioner. As the PICS client is the Probation Practitioner, relationships between the Probation and PICS Practitioner are often well established, and any emotions displayed by the Probation Practitioner have a subsequent impact on the PICS Practitioner.

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Participants also identified that *“some consults do stay with you longer than others... it’s the one where the ones where I might be perceiving a risk, either myself and a colleague erm and presentation from the offender manager will be, like, completely not on the same page ...”* (Charlie), therefore feeling stressed or anxious as a result of the Probation Practitioner not being able to see the risk presented by the PoP in the same way that they do. This, again, relates to the risk and responsibility previously mentioned; PICS Practitioners felt a responsibility to ensure Probation Practitioners identified and understood the risk presented by PoP. When this is not happening, there is a cause for concern.

Participants displayed how much emotional impact this had on them, as whilst they *“can offer up suggestions and think about trying, you know, increase awareness about why that might be going on which might make it feel a little bit less personal, but you can’t wave a magic wand and take away the stress that the person might be going through in front of you”* (Ash). The desire to reduce the impact this has on Probation Practitioners, ultimately affects the PICS Practitioners.

Good emotional support from management

Emotional support within the workplace was generally portrayed as strong and easily accessible. Management were highly regarded, as their approachable and supportive manner was acknowledged; Morgan reported *“[manager] is genuinely like really supportive I feel like if I had something that really kind of- if I had something that had triggered me a bit and I felt like quite upset or angry or whatever, I could speak to [manager] if I felt like it was significant enough”*. Responses regarding the supportiveness of both management and colleagues were answered definitively and with conviction, displaying their certainty in their response. Despite the challenges identified with remote working and the physical distance it creates between colleagues, participants still felt that *“it’s a really supportive team, there’s regular reflective practice meetings. Outside of that, I know that I could contact any of them”* (Taylor).

Also, participants referenced support from their colleagues. Despite the emphasis on the fact that this felt somewhat different, due to remote working, participants reported that support was still available from within their team, remotely. Jamie spoke of how if they *“just want to run an idea past someone or a bit of a debrief, just to get it off my chest I will ring people on Teams or just text in our group chat ‘is anyone available for a debrief?’ and people have always been available”*.

Further, participants spoke of how there are opportunities for emotional discussion. *“[We] have like a reflective space. It’s not technically for consultations, but if I was finding something struggling I’d bring up in that space”* (Alex). This is indicative of a supportive and understanding workplace with an approachable managerial team and colleagues.

Theme Five: An overall sense of gratitude for the role and appreciating its purpose

An acknowledgement of the importance of the PICS Practitioner role

Participants displayed an awareness of the positive impact the consultation and formulation process had on Probation Practitioners and acknowledged the benefit of the knowledge they are imparting. Taylor recognised that *“people have really engaged and keen and although it does seem like I’m sometimes repeating myself, it’s like it’s all new stuff to them”*. With the main aim of the PICS being to offer a psychological understanding to Probation Practitioners, who often do not have a psychology background, PICS Practitioners identify the value in the information they share to Probation Practitioners, enabling their further understanding of the PoP in their caseload.

Similarly, participants referenced how the space was developed for Probation Practitioners to speak about any concerns they had, including those personal to them. Alongside bringing the issues of PoP, PICS Practitioners were enthusiastic to make consultations a *“really confidential and safe space for the*

Practitioner to be able to come and bring the person's difficulties but also a little bit of themselves" (Ash). This gives the PICS consultations an additional purpose and further support its benefits.

Collaborative process between the probation practitioner and PICS Practitioner

Participants commonly discussed how the process was collaborative, with Probation Practitioners bringing information and PICS Practitioners aiding them in gaining a deeper understanding of the individual. This process was generally regarded positively, with one participant referencing consultations as the *"enjoyable part"* (Alex). The process of the two Practitioners working together, in a *"back and forth...reflection"* (Morgan) to gain a better understanding of the PoP, and *"exits... from certain problems"* (Morgan) was referenced as helpful by participants. This collaborative process was likened to *"therapy"* (Alex), by one participant, where one is aided with their issues but must contribute to gain positive outcomes. PICS Practitioners formulate with the information presented to them in consultations, therefore, substantial information must be brought by the Probation Practitioner to allow for an impactful formulation.

Reports of job satisfaction

Overwhelmingly, participants spoke fondly of their job role and their enjoyment of the role, with one participant describing it as *"one of my favourite jobs I've ever had in my life"* (Alex). The role has allowed participants to learn *"so much as a professional and as a human being"* (Alex). Another participant proceeded to highlight the overriding benefits of the role. Particularly, colleagues were referenced. Generally, it was regarded that this relatively new job role is a *"really good team to be a part of"* and *"a great place to work at the minute"* (Morgan).

Discussion

This research aimed to explore the emotional impact PICS Practitioners experience during the consultation and formulation process. I found the wellbeing, mental, and emotional state of staff was impacted by the job role and provide some discussion of this here.

Remote working was pertinent for participants, similar to the findings of Blinkhorn et al. (2023), who found that Probation Practitioners experienced difficulty when bringing their work into their home. Personal home space ought to be protected, yet I found PICS Practitioners, at times, experienced remote working as an infringement on personal boundaries. Rees (2020) also found this to be an issue, reporting Probation Practitioners found meeting with PoP, virtually from their own home 'intrusive' making it hard to disassociate between working hours and outside of working hours. Further issues with remote working were identified, including the impact on relationships and support from colleagues. While participants in the present study reported being able to seek support even when remote working, they still preferred working alongside colleagues in a face-to-face environment, as the support available remotely was not immediately available. Instead, participants had to request to speak with one another. Mackenzie et al. (2015) found that regular discussions with colleagues were considered the most valuable support by probation staff in their study. Discussions regarding work concerns following an incident, referred to as 'peer supervision', were considered to be effective in managing emotional situations. This suggests that the reduced access to these kinds of discussions were likely to have an adverse effect. Collectively, research suggests that office-based work is paramount to the emotional support of Practitioners, including the PICS and the wider probation setting. Office working should be encouraged, to support working relationships and the mental health of staff.

The workload and diversity of tasks PICS Practitioners are involved in is problematic because it negatively impacts upon their ability to focus on consultations and formulations. This resulted in a

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backlog of formulations requiring write-up and increased stress for PICS Practitioners who carry the responsibility of knowing that Probation Practitioners were awaiting recommendations. DeMichele and Payne (2018) identified that paperwork and admin responsibilities absorbed a large proportion of Probation Practitioners' time. These tasks took time away from their primary role. Whilst the role is person-focussed, the additional tasks meant that their attention had to be divided. Finn and Kuck (2005) stated high caseloads, excessive paperwork, and deadlines to be the main sources of stress for Probation Practitioners, therefore suggesting the high workload identified in this study would be detrimental to PICS Practitioners' mental and emotional wellbeing. A subtheme identified in this study was the hindrance of management referred consultations. These consultations were deemed an unproductive use of time, imposing on time that could be better spent on other tasks. Similarly, the ambiguity caused by the diversity of the role may also contribute to PICS Practitioner stress. Alward and Viglione (2023) found reports of role ambiguity and role conflict to be positively correlated with greater levels of reported burnout in Probation Practitioners. Indeed, Lomas (2020) reported that the Exceptional Delivery Model, staffing issues and COVID-19 increased Probation Practitioners' workloads, resulting in a need for support. Given that PICS Practitioner workload is directly influenced by Probation Practitioners' needs, Probation Practitioner workload may also have an impact on PICS Practitioners. To manage this stress, PICS Practitioners often worked outside their contracted hours in order to ensure work was complete. These factors contribute to staff wellbeing, mental health, stress and chance of becoming overwhelmed.

Emotion was highlighted in both a primary and secondary form. Participants reported feeling emotions including sadness in response to the exposure to certain material, anxiety in response to the increasing workload and expected time scales for completion resulting in a stress response. Participants also experienced emotion on behalf of the Probation Practitioner. Due to the Probation Practitioner being the service user, and the person that the PICS Practitioner had direct contact with, I found PICS

Practitioners felt emotional when they knew the Probation Practitioner was stressed, sad or overwhelmed. Indeed, Blinkhorn et al. (2021) found Probation Practitioners praised the emotional support they received during consultations, with one participant referencing a time where they openly cried to the PICS Practitioner. Similarly, Radcliffe et al. (2020) found that prior to the consultation, Probation Practitioners reported feeling emotionally overwhelmed and impacted by their cases, issues that they brought for discussion during the consultation of their PoP. The present study's results echo the idea of secondary traumatisation (Figley, 1995), as Probation Practitioners display their emotions as a result of their encounter with the PoP, PICS Practitioners internalise these, also experiencing them on behalf of the Probation Practitioner. Rather than experiencing secondary traumatisation in response to the PoP's history and offending, PICS Practitioners interestingly identified experiencing this on behalf of their clients: the Probation Practitioners.

The risk and responsibility of not working directly with a PoP was deemed problematic by PICS Practitioners. Particularly highlighted was the strain on PICS Practitioners when the Probation Practitioner was not recognising the risk the PoP was deemed to present. This has been highlighted within Multi-Agency research previously. Multi-Agency Public Protection Arrangements (MAPPA) sees collaborations between police, prison and probation services, known as Responsible Authorities along with other services such as the NHS and local housing authorities, known as agencies with a duty to co-operate, to manage people with sexual and violent offences (HM Prison and Probation Service and NHS, 2023). However, research focussed on understanding the barriers of, and facilitators to MAPPA working found that police participants reported issues with colleagues in the prison service not appreciating the risk posed by certain people in prison and probation (Nash and Walker, 2009). Variation in risk assessment across MAPPA is a concern, and Nash and Walker (2009) highlight the need for training by MAPPA to help agencies appropriately acknowledge and effectively manage risk. More recently, Criminal Justice Joint Inspection (2022) supported this in their MAPPA report, noting that a number of Responsible Authorities, including Probation Practitioners and prison staff, would benefit

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from further training regarding MAPPA. Whilst this has improved somewhat as a result of academic research and new developments being implemented, information sharing regarding risk management between prison and community remains limited. While training would be helpful to ensure consistent risk management, discrepancies across agencies that work within multi-agency contexts are common. Not only do individual differences impact the risk perspective, but agency practice and approaches used may also interfere.

Aside from negative emotions experienced, there was an overwhelming sense of gratitude displayed towards the job role. Participants identified how beneficial the service was for Probation Practitioners. This is like McMullan's (2014) work in which consultations improved Probation Practitioners' awareness and understanding of personality disorders, the individual's background, behaviours presented, beneficial techniques and interventions, and self-awareness. Lee (2017b) identified literature that indicated that supervision implemented with the intention of focussing on the potential impact of vicarious traumatisation reduced feelings of anxiety, acted as a protective factor and generally supported therapists by encouraging these discussions. Ramsden et al. (2016) found that participants reported the benefits of working alongside a psychologist, and how it provided 'a more holistic service' (p.64), positively impacting the management of individuals on the OPD pathway.

An explicit theme that emerged from this study was the positive impact the service has on Probation Practitioners. Previous research indicated that 'when people perceive their organisations to be supportive, they experience lower levels of vicarious trauma' (Anderson, 2004 p.2), although, problematically, Phillips et al. (2016) identified how probation officers' wellbeing was impacted by the increased pressure, and the increased volume of their high-risk caseload, the subsequent need for further supervision was referenced. Generally, participants reported the level of supervision they received to be inadequate. That being said, two participants from the Phillips et al. (2016) study were on the personality disorders pathway training programme, therefore, receiving clinical supervision.

One participant spoke highly of this, reporting that it allowed them to ‘offload’ (p.7) some of their concerns and encouraged the use of clinical supervision for Practitioners throughout the probation service (Phillips et al., 2016). This highlights the appreciation of services such as the PICS, and the significant impact that they have on Practitioners, and their wellbeing. Similarly, Lee (2017a) argues that Practitioners working with a high-risk caseload require additional space to attend to the emotional impact of their role, further displaying the need for services such as the PICS. Probation Practitioners’ ability to discuss their concerns regarding cases with the PICS Practitioner is therapeutic. Participants reported how enjoyable the role was, working alongside Probation Practitioners and colleagues within their team. Satisfaction was gained from the support they provide to Probation Practitioners. The notion that PICS Practitioners provide a beneficial service to Probation Practitioners is supported by Radcliffe et al. (2020) who found that Probation Practitioners reported an improved relationship between themselves and the PoP following the consultation and formulation process.

Conclusively, I found PICS Practitioners presented emotional responses to their role in the form of stress, anxiety and sadness. These emotions derived mainly from the backlog of work caused by job diversity, the risk associated with being a removed service, remote working, and feelings expressed on behalf of Probation Practitioners. That said, PICS Practitioners also identified positivity in their role, which should not be ignored, they reported good job satisfaction, enjoyed working alongside Probation Practitioners and emphasised service benefits as a result of their impartiality. Such strong workplace support may contribute to a reduced vulnerability to vicarious traumatisation (Lee, 2017b). Although the results of this study do not comment on ‘secondary vicarious traumatisation’, it is likely that through appropriate resource distribution, consistency in role expectations, and managerial and colleague support, stress, anxiety and traumatisation can be prevented in PICS Practitioners.

Limitations and future research

As this research was conducted with one PICS team in the North West of England, these results are not necessarily generalisable to other community consultation services nationwide. Moreover, Groome, E., Blinkhorn, V., Kewley, S., Forshaw, M., Petalas, M., & McGuirk, L.-J. (2024) *“The most stressful thing...was never the content, really’: Exploring the emotional impact PICS practitioners experience during the consultation and formulation writing process.* DOI: 10.1177/20662203241292484

different teams are structured in different ways and have varying ways of working. Limitations of IPA include the difficulty participants may experience in communicating their point to the researcher, therefore, vital points may have gone unreported. Due to the small number of participants used in this study, it would be beneficial to perform a dyadic study where the population is widened. This may include similar research being conducted outside of this region. There is a need to replicate this research more widely and explore the experiences of individuals working in the OPD community consultation services nationally. Further benefit may be found by progressing to examine the experience of Probation Practitioners. This may include examining conversations had between PICS Practitioners and Probation Practitioners during consultations, to analyse the depth to which emotive conversations occur regarding both the PoP and the Probation Practitioners personally.

Whilst secondary trauma was referenced in this study, the direct impact of the case material on the PICS practitioners was not a major finding, rather their workload and their emotions towards probation practitioners were more impactful. Questions regarding the impact of the case material were asked in the semi structured interviews, and it was anticipated this may be a theme, in light of similar research findings. However, whilst the emotional impact of the material was mentioned, participants normalised this, and to some extent appeared desensitised to it. Desensitisation has been suggested to be indicative of secondary trauma (Gülirmak Güler et al., 2024) and can influence practitioners' perspective of risk (Ellerby, 1997 as cited in Moulden and Firestone, 2007), therefore, future research should specifically investigate desensitisation in CCS practitioners and the impact this has on their work and person lives.

Implications for practice

Based on the results of this research, recommendations for the PICS team include revisiting remote working for staff and offering in person consultations between themselves and Probation

Practitioners, re-introducing travel and social aspects. By encouraging office-based working, the Groome, E., Blinkhorn, V., Kewley, S., Forshaw, M., Petalas, M., & McGuirk, L.-J. (2024) *‘The most stressful thing...was never the content, really’: Exploring the emotional impact PICS practitioners experience during the consultation and formulation writing process.* DOI: 10.1177/20662203241292484

relationship can be re-established and strengthened. Similarly, PICS management should maintain the support that is offered for staff. However, a discussion regarding a review on workload and role diversity may be beneficial to the team. Reflecting on this research, and the work of Blinkhorn et al. (2021), it is also imperative, for both professions, that management referred consultations are removed, as they are deemed a poor use of time and an additional stressor for staff. The support network provided by managers and colleagues was commended; I suggest that this is continually reinforced, to grow from strength to strength.

Conclusion to manuscript

This study aimed to explore the emotional impact PICS Practitioners experience during the consultation and formulation processes. The findings highlight that several elements of the PICS role impacted the mental and emotional strain experienced by PICS Practitioners, however, the impact was largely attributed to the structure of the role itself, and the high workload and the subsequent issues that derive as a result of that. In regard to being emotionally impacted by the content of the consultation and formulation, it was mainly the impact that this had on the Probation Practitioner, and the sense of responsibility this gave them, that had largest emotional influence.

Chapter 6: Exploring the Interface Between the Mentoring and Advocacy Service and Community Consultation Services.

Introduction to manuscript

As identified in Chapter 5 (Groome et al., 2024) and wider literature, the PICS service and the CCS model is highly commended for the benefits it provides to probation practitioners. However, anecdotal evidence from the PICS indicates that neighbouring charity the Mentoring and Advocacy Service (MAS) are no longer accessing the consultation services as much as they previously did. MAS are a women's charity, and as highlighted in chapter 4, women already present with complex needs, of which may be challenging for a practitioner to support. It is therefore imperative that services supporting women screened into the OPDP are utilising all of the support available. It is also imperative to ensure that support is not being duplicated across the OPDP. Therefore, this study titled 'Exploring the Interface Between the Mentoring and Advocacy Service and Community Consultation Services' aims to understand the experiences and perceptions the MAS mentors have of CCS and gain insight into the interface between both services.

Abstract

The Mentoring and Advocacy Service (MAS) is a women-only service which supports women with personality disorders and criminal convictions. MAS operates under the Offender Personality Disorder Pathway (OPDP). MAS provides advocacy and mentoring with the aim of reducing re-offending, whilst improving mental and emotional wellbeing. Anecdotal evidence suggests the interface between MAS and the CCS, which offer psychologically informed consultations, and subsequent formulations to practitioners, had deteriorated. This research aimed at understanding the experiences and perceptions MAS mentors have of CCSs and gaining insight into the interface between CCSs and the MAS more broadly. Semi-structured interviews were conducted with three MAS mentors and TA was conducted. Three major themes were identified; MAS Mentor's lack of understanding of CCSs suggests reintroduction is essential; MAS Mentors acknowledge the benefits for collaborating with CCSs; and MAS Mentors display an openness to collaboration with external services. These findings are discussed and their implications for further research.

Introduction

The MAS operates across the North of England and North Wales as a women-only, service which supports women with personality disorders and a criminal conviction. The main aims of the service are to reduce re-offending, improve mental and emotional wellbeing and support women to live a pro-social life (Together Women, 2021). The MAS is hosted and delivered by Together Women. Together Women is a charity, dedicated to supporting women and girls in the North of England, particularly those who are involved in the criminal justice system, or vulnerable to becoming involved in it. The MAS provides advocacy and mentoring for women, specific to their individualised needs.

Mentoring has been deemed effective for women returning to the community following a period of incarceration (Garcia, 2016; Singh et al., 2019) and beneficial for facilitating change in high risk perpetrators (Walker & Bowen, 2015) and providing other benefits, such as the introduction of positive

social capital, (Singh et al. 2019; Brown & Ross, 2010), something that females in the CJS often lack. More broadly, mentoring in the criminal justice setting, is most effective when delivered alongside other interventions such as behavioural therapy, paid employment and tutoring/education (Jolliffe & Farrington, 2008). The MAS adopts a multi-agency approach, enabling continuous support from custody to the community across a wide range of areas including accommodation, finance, and substance abuse (D’Cruz, 2015) and is accessible for women in prison, community or an approved premises, and are also screened into the OPDP.

Women in the criminal justice system present with complex additional needs; many having experienced domestic abuse, mental health issues and/or history of substance misuse (MOJ, 2023a). One third of women in prison lose their homes during their prison sentence, and high levels of self-harm are reported in women’s prisons (HMPPS & NHS, 2020). Ministry of Justice statistics found 68% of women in custody and 67% of women serving community sentences reported that they had been victims of domestic violence (MOJ, 2025a). Compared to men, women are convicted of more acquisitive crimes, and less violent offenses (HM Inspectorate of Probation, 2021). This is a pattern seen internationally; in the US, Carson (2022) found that females in prison committed less violent crimes than males however they committed more property offenses, as well as more drug offenses. Unemployment and Poverty has been identified as motivators to acquisitive offending in females, due to economic factors. Substance misuse and mental health conditions were also identified as motivators, as well as impulsivity which is a trait of some Personality Disorder (Ihsan-Ghafoor et al., 2024). Women with convictions also face significant social exclusion, heightening their low positive social capital and debilitating their ability to reach self-efficacy (Singh et al. 2019), challenges regarding finances, their social network, mental health and their role as a caregiver, housing, and leisurely time (Ng et al. 2021). These barriers contribute to women to staying in environments, relationships and situations which do not support their progress and journey to desistance.

Ng et al. (2021) identified challenges women in Singapore faced following incarceration. They found that parental responsibilities contributed to this struggle with 58% of participants also reporting

challenges in their role as a parent. Some participants experienced difficulty reestablishing relationships with their children following prison and reassuming their role as mother when their child had been cared for by someone else whilst they were away. Women with previous convictions, despite some having desisted for a minimum of 4 years, faced challenges with employment following their prison sentence (Ng et al. 2021). The participants reported a lack of relevant skillsets for roles and being met with prejudice and stigmatisation due to their criminal records. This resulted in challenges securing and maintaining work, as well as dissatisfaction in the roles they acquired.

Positive relationships were described as 'utterly indispensable' in aiding women to desist from offending (Farmer, 2019; p4.) including family relationships, friendships, and acquaintances made in broader societal settings such as work or social groups. However, Singh et al. (2019) reported an absence of positive relational support and institutional connections experienced by their sample. This, combined with challenges including housing and employment difficulties, mental and physical health problems and substance abuse, hindered their desistance and their ability to build new lifestyles. Mentoring has been found to be beneficial for overcoming difficulties and enhancing the lives of women in the CJS who had experienced social and behavioural issues hindering their journey to desistance (Singh et al., 2019).

The MAS operates within OPDP. The OPDP was introduced in 2011 and aims to 'reduce risk associated with serious reoffending and improve mental health within a high-risk, high-harm cohort likely to meet the clinical threshold for a diagnosis of 'personality disorder'" (NHS England, 2023. p1). Women accessing the service receive an initial assessment to examine their needs, and together with a MAS mentor, they produce a support plan (D'Cruz, 2015). Each woman is assigned a Key Worker who they work with on a 1:1 basis, for a duration of up to two years (Together Women, 2021). This period allows their support plan to be personalised depending on their needs, and the women can build a positive rapport with their Key Worker. The MAS should provide advocacy and support in a range of areas, including 'accommodation, finance and benefits, children and families, substance misuse, personal

safety, education and training, mental and physical health, motivation and social inclusion' (Together Women, 2021).

Within the OPD pathway, are Community Consultation Services (CCS). CCS Practitioners have a range of responsibilities, including delivering Mentalisation Based Treatment sessions, and contributing to programmes delivered at Approved Premises (Groome et al., 2024; Chapter 5), however, their main role is to provide advice and training to Probation Practitioners in the community and act as a gateway to community services such as the MAS. The broad aims of CCS include upskilling the workforce and promoting a psychological understanding of risk through the use of their consultation and formulation process. The process involves an initial consultation conducted between the CCS Practitioner, and the practitioner who is accessing the service, in this case, the MAS practitioner. A set of intended 'outcomes' are identified, and client information is discussed, including their background and key life events, offending behaviour and presenting problems, and protective factors. The CCS Practitioner supports the MAS mentors understanding of the individual by applying psychological theory to the information discussed (McMullen et al., 2014). Following the consultation, the CCS Practitioner will write up a formulation, summarising what was discussed, and relevant interventions that may support the challenges discussed.

Whilst little research has been conducted regarding what benefits the work of MAS mentors, it is vital that they are equipped with the appropriate skills and knowledge to understand the people they are mentoring, and this may be supported by input from the CCS. Indeed, previous research has reported the benefits of consultations and formulations for Probation Practitioners (e.g., Knauer et al., 2017; Blinkhorn et al. 2021; Groome et al., 2024; Chapter 5). CCS evaluations show that Probation Practitioners find the service highly beneficial. Knauer et al. (2017) found that Probation Practitioners reported their knowledge, confidence and understanding of the people on probation in their caseload, and the difficulties they may experience, increased following a CCS consultation. Similarly, Blinkhorn et al. (2021) found consultations provided both professional and emotional support to people on

probation, which was particularly important during the COVID-19 lockdown (see Blinkhorn et al., 2023). Whilst the MAS have access to CCSs, anecdotal evidence from both the MAS and the Psychologically Informed Consultation Service (PICS), the PICS being the CCS in Merseyside and Cheshire, suggests a limited interface between the two services. This evidence suggests that whilst previously, the interface was strong, it may have decreased over time. Despite the OPDP being dedicated to ensuring that all women on the pathway have access to a MAS mentor (D’Cruz, 2015), not all cases are being referred through to the PICS.

Collaborations across agencies are often used within the Criminal Justice System. Multi-Agency Safeguarding Hub (MASH) is used to quickly and efficiently collate information regarding vulnerable adults and children. Multi-Agency Public Protection Arrangements (MAPPA) are used to effectively manage sexual and violent offenders. MAPPA use the Police, Probation Service, and Prison Service, referred to as Responsible Authorities, and other services where required such as drug and alcohol services, referred to as Duty to Co-operate Agencies (GOV, 2024). Multi-Agency Risk Assessment Conference (MARAC) act as a specific domestic abuse multiagency where information is shared amongst MARAC representatives to liaise and respond, collectively, to high-risk domestic abuse cases (Davies et al., 2023). The representatives include the Police, Adult/ Children/ Family Social Work, Health Professionals (physical and mental) and Housing Associations (Robbins et al., 2014). Multi-Agency effectivity, and data sharing across agencies more broadly, has been researched widely, and limitations have been highlighted. For example, whilst improvements were commended (Shorrock, 2019; Davies 2023), concerns were raised in terms of confidential information being discussed amongst different agencies due to heightened anxiety surrounding General Data Protection Regulation, confusion regarding what needed to be shared, and inconsistent interpretations of risk severity across agencies (Rees et al., 2021; Harvey et al., 2015; Shorrock, 2019) and a lack of trust between agencies (Huisman & Kleemans, 2014). Conflict of interest concerns were also raised as Nash and Walker (2009) research found that 18 out of 63 participants believed agency confidentiality practices should be prioritised over their duty to cooperate with MAPPA. This research presents flaws in multiagency work,

despite its benefits, therefore, it is imperative to consciously assess collaborative working in regards to the OPDP.

His Majesty's Prison and Probation Service (HMPPS) action plan responding to working with women agreed, moving forward, to 'Ensure probation court report writers are up to date and aware of all services and interventions for women and therefore equipped to provide comprehensive gender informed sentencing recommendations' (HMPPS 2024 p.12). Similarly, it aims to 'Ensure that assessments accurately identify appropriate interventions for women, and that the delivery of all interventions is sufficiently monitored and analysed, including attrition rates and shortfalls against identified need' (p.11. HMPPS, 2024), therefore aiming to rectify any inter service communication issues. Imperative to multi agency work, is the awareness of the support available to staff, what kind of support they offer, and how they are contactable. Indeed, D'Azurizio (2007) stated that best practice is for new employees to be introduced to all the necessary individuals who they will be working with in their role, to instil team values and make them feel welcomed. As the CCS provide a supportive service to MAS mentors, new starters should be introduced to the CCS team as ineffective company induction may result in a limited interface between the two teams.

A factor contributing to the suggested reduced interface between the MAS and CCSs may be remote working formats. Following the outbreak of COVID-19, and the subsequent lockdown that began in England on 23rd March 2020, the way workplaces operate has changed dramatically. Government statistics reported that pre-pandemic, 12% of the UK population reported hybrid working, with an even lower number of just 5% being mainly remote (Mutebi & Hobbs, 2022). This number increased dramatically during lockdown restrictive periods, with 49% of workers working from home at least one day a week and 38% reported being completely remote (Mutebi & Hobbs, 2022). During the initial lockdown, 80-90% of CJS supervisions were conducted via phone (Criminal Justice Joint Inspection, 2021). Whilst these numbers have decreased with the gradual easing of restrictions, they have not returned to the pre pandemic state. In 2022, 22% of workers were hybrid working, and 13% remained fully remote (Mutebi & Hobbs, 2022). Research has found that remote working did impact services

interactions, for example, Groome et al. (2024; Chapter 5) found reports of a decrease in the interaction between Probation Practitioners and PICS Practitioners, due to no longer physically visiting probation offices. Participants reported when they would visit probation offices to meet with Probation Practitioners, pre-COVID 19, they would incidentally meet with Probation Practitioners who were not aware of the service. Here they were able to introduce the service and its purpose in person, increasing the likelihood of the person accessing it in future. Therefore, it is possible that interactions between the CCSs and the MAS have lessened, due to hybrid and remote working, which in turn decreased physical interaction between the teams.

This research aims to understand the experiences and perceptions the MAS mentors have of CCS and gain insight into the interface between both services. While research indicates positive feedback for the CCS process, access to the service by MAS practitioners' appears to have reduced, it is important to understand why. The potential that they are missing the benefits that CCS provide could be detrimental to the progress of MAS service users as well as detrimental to the OPDP aims of upskilling the workforce. The findings from this research will inform relevant solutions to improve practice and reinstate the relationship between the two service providers.

Methodology

Sample and Recruitment

Participants were recruited from the MAS, operating across North England and North Wales and were identified by a gatekeeper within the service. At the time of recruiting, the MAS were made up of seven practitioners. The gatekeeper provided the first author with the email addresses of potential participants who were then contacted by email. The email contained information regarding the purpose of the study, alongside a description of what participation entailed. It also informed them that their participation was voluntary, and invited those interested, to respond to the

email. A total of three MAS mentors participated in the study. The average age was 50.7 years, with an average length of service of 30.7 months. All participants were female. Further participant demographics will not be reported on due to ethical agreements. Each participant has been assigned a pseudonym for the purpose of anonymity.

Data Collection

Interviews were conducted via *Microsoft Teams*, following a semi-structured schedule. The use of a semi-structured interview was deemed advantageous as it ensured that consistency was maintained amongst participants, yet still allowed each individual to speak freely about their personal experiences. The benefit of semi-structured interviews is that they encourage in depth responses from the participant, as opposed to intentionally affirmative, or conflicting, succinct responses (Petrescu et al, 2017). Examples of questions include 'Are you familiar with Community Consultation Services? Can you tell me about how you interpret their purpose? Have you ever used a CCS?' If the participant responded 'yes', examples of follow up questions included 'Can you tell me a little bit about your experience of attending a consultation?' 'How easily did you find accessing the CCS? How did you go about doing this? Any barriers?'. If they responded with 'no', examples of following questions included 'Do you feel you understand the purpose of CCS fully?' 'Is there a reason you have not used CCS? Eg. Don't feel necessary/ never thought about it/ wouldn't know how to access etc.' The length of interviews ranged between 7 and 25 minutes. Interviews were recorded for the purpose of transcription and later transcribed into documents using *Microsoft Word*. Interviews were anonymised during transcription, with each participant being assigned a pseudonym.

Analysis

Thematic Analysis (TA) was used to analyse the data, as discussed in Chapter 2.

Ethics, validation, and researcher positionality

Ethical Approval for this research was gained by (the then) Her Majesty's Prison and Probation Service (HMPPS) and Liverpool John Moores University (reference code: 22/PSY/029). The principal researcher is a PhD student at Liverpool John Moores University researching the management of people on probation with personality disorders through the use of the consultation model. Working alongside the PICS team, the researcher conducts studies based on anecdotal evidence and specific direction from the management team in terms of what would be beneficial to the PICS and the wider OPDP.

Results

This study aimed to understand the MAS mentors' knowledge and understanding of the purpose of CCS and how they operate. Similarly, the study aimed to understand MAS mentor perceptions of the CCS and why they would, or wouldn't access it. I present three themes developed below.

Table 3: Themes identified regarding the MAS staff's knowledge, understanding and perceptions of CCS.

Themes	Subthemes
MAS mentor's lack of understanding of CCS suggests reintroduction is essential	Inconsistencies amongst staff knowledge and understanding of CCS. Staff indicate confusion regarding the referral process.
MAS staff acknowledge the benefits for collaborating with CCS	CCS support MAS staff with their confidence. CCS provide support with job role/personal support. Upskilling workforce.
MAS staff display an openness to collaboration with external services	MAS staff display a recognition of the benefits CCS offer. Examples of external/other support currently sought by MAS mentors.

Theme 1: MAS mentor's lack of understanding of CCS suggests reintroduction is essential

All participants display an explicit or suggestive misunderstanding of certain elements of CCS purpose, referral process and/or how they operate. For women who already face challenges in achieving desistence, it is imperative that female support charities, such as the MAS, ensure the staff are well equipped with all the relevant knowledge of services that can support them. This gives their service users the best chance of positive outcomes.

Inconsistencies amongst staff knowledge and understanding of CCS

There were inconsistencies amongst participants knowledge of CCS, not one participant fully understood CCS', purpose, how they operate, and how and when referrals are made. Whilst Debbie claimed to have no knowledge of CCS, stating that they were '*fairly new in post*' and that CCS' may be something that they '*just haven't come across*', Christine noted that whilst they are aware of their local CCS, they have no knowledge of how to arrange a consultation, definitively responding '*no*' when asked about this. Similarly, when asked do they feel that CCS' were explained to them when they joined MAS, Debbie responded '*no*' without hesitation. This suggests that the organisation's inductions are not informing staff of the available services that can support them in their role. Introduction to services should be made upon enrolment to a new job, and should not be reliant on the member of staff '*coming across*' a beneficial service. The fact that Debbie suggested this may be the case indicates that this may have happened in similar instances, and they have, themselves, found useful services without being prompted by management. Bethan generally displayed a good understanding of the purpose and eligibility for CCS, however, indicated misunderstanding regarding how to engage and how consultations are conducted. This implies that MAS mentors may benefit from an overall team re-introduction, to ensure that all staff members have the relevant and correct knowledge of the purpose and how to access CCS benefits. By either not being aware of the available services, or not being fully aware of their purpose and how and when to access them, MAS staff members are at a disadvantage. CCS aim to improve competence, confidence and wellbeing of staff working with people in the criminal

justice system who have diagnosis, or traits of, personality disorder; without staff awareness and understanding of what they can provide, these aims are not being achieved.

Staff indicate confusion regarding the referral process

Despite participants' Christine and Bethan having awareness of CCS aims and purpose, they were either explicit, or suggestive of, their confusion regarding referral processes and how to arrange a consultation. Christine definitively responded 'no' when asked 'would you know how to access consultation if you would want one?'. Whilst Christine had prior knowledge of CCS' and through their work, did know some CCS Practitioners. Therefore, they were seeking the benefits of CCS through personal interaction, they weren't aware of how to refer formally. Bethan believed that consultations are 'usually done in prison erm or when they've just come out' therefore, they aren't correctly informed of how the referrals are conducted and when initial consultation takes place. Christine claimed they had 'never been asked to' refer to a CCS. However, it is the MAS practitioner's responsibility to decide whether or not they would like a consultation, and subsequently, refer the case themselves. MAS practitioners will not be requested to do so, and suggesting that this may happen displays a clear misunderstanding. As referenced earlier, this misunderstanding is potentially at the detriment of MAS staff and service users. Women in the CJS are already widely accepted to be at a disadvantage due to their increased vulnerability to face significant social exclusion, experience difficulty with housing and employment, experience problematic relationships and increased chances of negative impact to their roles as parents, and services such as the MAS are in place to compensate for this. However, when the MAS are not seeking all the support that is available, despite it being regarded generally as helpful and beneficial, the MAS service users remain at a disadvantage, through no fault of their own. To provide equal opportunities to achieve desistance, MAS mentors must be equipped with substantial knowledge of how to access services and resources that can be advantageous to their service users.

Theme 2: MAS staff acknowledge the benefits for collaborating with CCS

Despite a general confusion and lack of information regarding CCS process and referrals, all participants were respectful of their purpose and acknowledged their benefits. This indicates that a comprehensive explanation is required to all staff, as once the participants understood the CCS purpose, they expressed the upmost respect for it.

CCS support MAS staff with their confidence

Bethan spoke of how they once

'had one that was really high risk, erm and she was really high risk she was like a level-MAPPA level 3 and probation we're really panicking about was she going to do some horrendous crime again, and was it going to be all over the news and it was more fear I think'.

In this instance, the MAS staff sought CCS support and '[CCS worker] *was really, really good. Er she's fantastic... I think it was more it was more like probation were just like frustrated'*, therefore, they thought it beneficial to speak to CCS to reaffirm their abilities. As highlighted, due to the complex needs of females with convictions, and the subsequent challenges they may present with, if the practitioner supporting them feels overwhelmed then it is important that they seek guidance and confirmation they are providing the most beneficial route of support possible. In the instance discussed, this was conducted correctly, and the CCS were able to reassure the MAS staff, indirectly benefitting the service user.

CCS provide support with job role/personal support

Christine openly discussed the emotional elements of their role without being prompted, indicating that the job affected them, and they wanted to discuss with somebody. Christine also spoke of how they have recently '*burst into tears*' following what they described as the '*worst experience*' of their career. Christine displayed a lot of distress as they reported how they '*feel like I'm hitting a wall and...*

I have to do so much advocacy erm and mentoring and I'm not a counsellor, but I feel like I'm I'm a crisis worker lot of the time'. They felt that alongside advocating for people on probation, even amongst staff 'everybody seems to depend on me'. They believed when they began this role 'I thought that this was gonna be like more low level... but it's not' summarising just how intense the role can be for MAS mentors. Bethan spoke of probation staff and how there is 'a lot of pressure on them', reporting how they 'feel sorry for them really, it's not an easy job', similarly, Christine reported how the independent working could have a detrimental effect on them, stating that 'sometimes it's not good for your own mental health'. Suggestive of their internal struggles with secondary traumatisation, when reintroductions to CCS are made to MAS mentors, it may be advantageous to emphasise the emotional, and personal support that CCS can provide to MAS mentors, as this may be an element of the service that they are not receiving from other collaborations. Her immediate divulgence, without prompt, indicates she is comfortable talking to others about the emotional challenges she has faced, but doesn't have people to talk to, or anyone who checks in on her emotional wellbeing.

Acknowledging the element of loneliness she experiences in their role, Christine spoke of how they *'think [CCS] it's quite good for someone like me because I work in isolation. I'm on my own covering [area]so I am I am quite isolated, I don't really - although they say I'm on the MAS team, erm to be honest with you everyone's all over the place.'* Working alongside the CCS collaboratively would provide a sense of community for this participant, and those in a similar position and Christine presents as open to this, following gaining a correct understanding of CCS.

Upskilling Workforce

Bethan spoke of how CCS support people with Probation Practitioners by increasing their knowledge on how to support people with PD

'because they're not trained in psychology, usually they might have been a degree and then they go on they just go they're annoying they're frustrating I don't know how you work with them they're kicking off so what obviously when somebody else comes into the situation it explains why and the best way to work with them, which is usually than the formulation it gives...it usually give probation more of an understanding'.

Once this understanding has been gained, Probation Practitioners will be more equipped to manage others in their caseload. One of the aims of the OPDP is to improve the confidence, competence and wellbeing of staff and the PICS' purpose aligns with this.

Theme 3: MAS staff display an openness to collaboration

Whilst there were inconsistencies in the participants' knowledge of CCS, and if they actively used them, all participants displayed a clear openness to collaborate with external services that can provide benefits to themselves and their caseload.

MAS staff display a recognition of the benefits CCS offer

Bethan describes CCS' as *'really beneficial'* for MAS staff who do not have a psychologically informed background and the knowledge. Whilst initially, Christine did not feel they required CCS consultations, after further explanation of what the service offers, Christine ultimately states *'[CCS] would probably be good for me'*, particularly in regards to emotional support. This highlights the importance of clear explanation and comprehensive understanding. Due to their pre-established relationship, Christine commented that they *'find strength from listening to'* CCS Practitioners, evidencing their respect and understanding of the knowledge and benefits the CCS Practitioners can provide. Bethan described how staff can become *'frustrated'* when they are having difficulty managing a particular person on probation who is presenting with different needs, and how the CCS approach attempts to help staff understand the behaviours being presented. The OPDP core aims include *'upskilling the workforce'* and this affirms that this is being delivered to some staff. This however, must be streamlined so that all

staff have the relevant knowledge to ensure all service users are receiving fair and equal treatment from their practitioner.

Christine believes that

'a lot of the time [service users will] be much more open to me because I work for a charity so they're much more open with me like they can confide in me' as opposed to Probation Practitioners who are 'like a psychologist who's - they feel like she's trying to get in the mind and they feel like it's part of what they have to do...'

in order to evidence that they are engaging, to gain positive outcomes. Here, Christine is referencing the other elements of a CCS Practitioners' role, where they may work with the person on probation. Christine has experience of speaking with CCS Practitioner, regarding a service user who they both work with. This highlights the benefits of multi-agency working and information sharing.

Examples of external/other support currently sought by MAS mentors

Participants all displayed their understanding of the benefit of, and openness to engaging in multi-agency approaches and psychologically informed approaches to managing people on probation, in a variety of ways, they are already seeking external support. Debbie described a risk assessment partnership that they work with. They believed that whilst they *'could probably manage without them, but not do it as well'* this partnership *'kind of helps you see the bigger picture and to see how best to work with each individual'*. This perspective displays an openness to collaboration in order to best manage the people on probation. Similarly, Christine speaks of plans to meet with a CCS Practitioners to discuss a person on probation who are managed by both themselves, and also by the CCS Practitioner The participant believes in the value of collaborative working when managing people on probation as *'sharing information'* and getting *'another insight, another opinion'* will hopefully be *'beneficial for the... clients that we're working with together'*.

Bethan presents their willingness to engage with external services to ensure effective management of the people on probation as they *'link in with other services'* such as *'drug and alcohol services, housing'* and *'probation'*. Similarly, Christine reports that whilst *'probation aren't my team ... they're more supportive to me'* commending the multi-agency relationship and how the teams work together to support one another to effectively manage people on probation. Christine spoke of how they have, and continue to, engage in further psychologically informed training to develop understanding and enable them to *'and to understand where [the people on probation] come from'*.

Participants reported already having access to similar benefits through other routes. Christine spoke of their pre-existing relationships with local CCS Practitioners and how they have arranged to *'get together and ... talk over some cases'*. Christine and the CCS Practitioner being referred to share some people on probation in their caseload and believe that meeting occasionally to discuss the people on probation and shared knowledge will give *'another insight, another opinion on that person that you're working with'*; similar benefits to that of the CCS consultation process. Bethan spoke of a similar relationship that removed the need for accessing CCS', the clinical lead in their workplace. This relationship enables Bethan to *'get clinical supervision and we can talk about that person at any time'*. Meeting with the Clinical Lead is offered *'twice a week'* and they can access the *'support there and she'll sit in the formulation and go through everything'*. Debbie currently engages in a risk assessment partnership which conducts *'detailed assessment all about [the person on probation's] background'*, assesses their *'strengths as well as her needs and weaknesses and areas that she's going to need support'* which then *'helps us then going forward, plan how to support her'*.

In contrast, Bethan discussed their own psychologically informed knowledge, describing themselves as *'heavily qualified enough to be able to work with the women from a you know, psychological background erm understanding their needs'*, therefore, when they have previously engaged in CCS consultations, they felt that the CCS Practitioners *'wasn't telling me anything I didn't really know'*. The participants indicated that due to these pre-existing collaborations, and personal knowledge, they

already have the information and expertise that CCS' could provide, removing the need for them to directly refer for CCS consultation.

Discussion

The aim of this research was to understand the experiences and perceptions MAS mentors have of CCS and gaining insight into the interface between CCSs and the MAS. The main findings of this study highlight the need for a comprehensive induction to all services that can support MAS practitioners. The induction should include the services purpose, who can access and how to access. It is vital that this is delivered to all new employees to ensure consistency amongst staff. Similarly, it is paramount that Probation Practitioners understand how accessing CCSs can benefit them, as several participants displayed presented with needs that could be met by CCSs. Generally, once informed of CCS purpose and rationale, all participants were open to beneficial collaboration, therefore supporting the implementation of inductions to improve awareness. Important to the participants' views toward collaborative working was how effective this is in supporting people on probation. With one participant recognising how people on probation are often more open with them than they are with probation, as they are charity, therefore somewhat removed from the CJS. This idea has been echoed by Mills et al. (2012) who believed that the independence of these 'third sector staff' allowed 'service users to view them as trustworthy and approachable and allow them to act in an advocacy role' (p.393).

Previous researched has highlighted the emotional impact that Probation Practitioners experience whilst advocating for people on probation. Research conducted with parole officers and supervisors working with individuals with sexual convictions found that participants reported experiencing symptoms associated with secondary traumatisation (Severson & Pettus- Davis, 2013). The reported symptoms included 'somatic reactions, disrupted sex lives, pervasive thoughts, a loss of innocence, and hypervigilance in both their work and personal lives' (Severson & Pettus- Davis, 2013 p.12),

therefore, it is possible that MAS mentors may experience similar feelings. However, Blinkhorn et al. (2021) identified how beneficial CCS teams were in helping Probation Practitioners comprehend and manage these emotions. Participants reflected on situations where they had been emotional in front of PICS Practitioners, and how discussing their feelings with the PICS Practitioner supported them, subsequently, enabling them to continue supporting the people on probation. Similarly, participants commented on how the CCSs had validated their thoughts, feelings and decisions.

Groome et al. (2024; Chapter 5) research with CCS Practitioners referenced how Probation Practitioners would come to consultations visibly affected by the case, and how the CCS Practitioners made the consultation 'a really confidential and safe space for the practitioner to be able to come and bring the person's difficulties but also a little bit of themselves' (p216). This highlights the potential benefit of CCS for MAS mentors, which is already shown to be partially recognised by them, in this research.

Participants reaffirmed the purpose of the CCS, acknowledging that it is beneficial in aiding their understanding of those in their caseload. A vital underpinning of the OPDP is the enhancement of understanding of the individuals managed through the pathway, and the association between their Personality Disorder and life experiences, and their offending behaviours (Knauer et al., 2017). The success of CCSs has been commended by Probation Practitioners, who reported that the consultation and formulation process enhanced their understanding of people on probation's individual differences, improved their confidence, and offered professional support (Ramsden et al., 2014; 2016; Blinkhorn 2021). The OPD Pathways aims include improving 'competence, confidence and wellbeing of staff working with people in the criminal justice system showing personality difficulties' (NHS England, 2023), which has been confirmed by participants this research.

Despite the identified issues, the multi-agency approach to managing people on the pathway was accepted to be beneficial. A range of multi-agency arrangements exist to enhance the effectiveness of managing those with current or previous convictions. For example, MARAC evaluations identified

how the centralised approach streamlined the process for practitioners and victims, reducing repetition and working in a timelier manner. The reduction in isolated working was referenced, as one participant stated 'it has reduced the feeling of working in silo, which can be the case sometimes' (p. 154. Davies et al., 2023). In the present study, one participant spoke of how isolated they feel within the MAS, due to their geographical area and the number of staff based there meaning they work mainly alone, multiagency working is advantageous in these circumstances as the individual gains colleagues through collaboration with another team.

Findings highlighted how working collaboratively, with Probation Practitioner and MAS charity mentor facilitates the rapport between the person on probation and the Probation Practitioner, which is something that should be utilised where possible. The relationship established between an individual on probation and their Probation Practitioner can be influential to their reintegration into society (Lawrence & Yelderman, 2024), with the relationship having an effect on recidivism (Chamberlain et al. 2018). Groome et al (2024; Chapter 5) also found that the collaborative process between the PICS and Practitioners is beneficial due to PICS' impartiality. Whilst the trust established between service user and the MAS mentor will contribute to a positive, empowering relationship, it can also prove detrimental. Practitioners may become blindsided by characteristics of the service user, such as their charisma; CCS workers look solely at evidence, or lack thereof, that suggests the person is reaching therapeutic gains. Working collaboratively; the MAS mentor and the CCS workers, can achieve this collaborative benefit by assessing the service user collectively, and ensuring that the MAS mentor's personal relationship with the individual contributes to the general understanding of the person, whilst the PICS Practitioner's impartiality ensures reasonable and justified next steps. Singh et al. (2019) found instances where the standpoint of the mentor has become problematic. As discussed, mentors often become people that service users confide in and rely upon, and this can often be misinterpreted as a friendship by service users. Whilst a positive relationship between mentor and mentee is a desirable, it is important to not cross boundaries. Singh et al. (2019) findings

showed that one service user had asked their mentor for a financial loan, whilst another had requested their mentor on social media and expressed confusion over why she did not accept. This relates to the potential of being blindsided by an individual, through building of a relationship. CCSs can act as a mediator in this relationship to ensure that the view of the mentor is not hindered by their professional relationship with the service user.

Most importantly, this has highlighted the gaps in the knowledge of staff working for an organisation who aim to bridge the gap for these women with complex needs. The requirement for specific, integrated approach responding to the needs of women in this cohort was deemed integral (Player, 2016), due to their specific needs and circumstances. However, the MAS operating under the OPDP are not seeking, what appears to be required, guidance, in areas to support the women they are working with. This leaves the issue of already disadvantaged individuals, being further disadvantaged through no fault of their own, as the full potential of the support is not being sought and provided.

As anticipated, a reintroduction to CCSs, for MAS mentors, is deemed beneficial. The findings are applicable to all services that are open to collaborating with the MAS; staff should be made aware of all available services when inducted to the role to allow them to make informed decisions regarding support with their caseload. Conclusively, MAS Mentors would benefit from a general reintroduction to the purpose, processes, and how to get involved with CCSs. With these findings, CCS teams can revisit their strategy, and develop new ways to connect with the MAS, and similar charities, to support them to understand the purpose of CCSs, as well as ways in which they can access and receive the relevant and necessary support. As discussed, whilst relatively in their infancy, CCSs are malleable and looking at ways to adapt to ensure they are providing the best service to ultimately support both, people on probation, and practitioners.

Conclusion to manuscript

This study aimed to gain insight into MAS mentor's understanding and perceptions of the PICS, in light of a reduced interface between the two services. The findings identify inconsistencies in MAS Mentor's

understanding and knowledge of the PICS service and how to formally access it. However, all participants were receptive to the support PICS provide, and through conversation, indicated and admitted that the support would be beneficial to their practice. Therefore, concluding that reintroduction is required, to provide MAS mentors with the appropriate information to enable them to access the benefits of PICS, when necessary. As a result of the indication that self-harming and suicidal behaviours are increasing for women, and the subsequent findings study 4 highlighting some of the complexities they face, it is imperative that women are being supported to the best possible standard.

Chapter 7: Discussion

Key Findings

This thesis aimed to understand the strengths, and areas for improvement within the Psychologically Informed Consultation Service (PICS), a Community Consultation Service (CCS) operating within the Offender Personality Disorder Pathway (OPDP), in Merseyside and Cheshire, and the influence the service has on the wellbeing of practitioners and service users. The findings provide insight to strengths and areas for development of CCSs operating in the OPDP. The ultimate aim of the OPDP is to 'reduce risk associated with serious reoffending and improve mental health within a high-risk, high-harm cohort likely to meet the clinical threshold for a diagnosis of 'personality disorder' (NHS England, 2023 p.1)

Findings display that whilst commended for their useful insights and beneficial purpose, the CCSs have further areas for development to consider. Namely, their widespread impact and ensuring consistent delivery across the boroughs, the mental wellbeing and protection of CCS staff, and for the OPDP, expanding resources for participants with complex needs. Development of the OPDP is a core aim for the NHS and HMPPS (NHS, 2023) and it is hoped that the findings of this thesis contribute to that.

Once triangulated, the findings affirm that the CCSs are managing individuals with complex histories, often with multiple traumas and/or mental health challenges, alongside their Personality Disorder traits or diagnosis. This means that the practitioners accessing the CCS require substantial support with their caseload management and often, their emotions. For CCS practitioners this too can be emotionally challenging, as they feel responsible for supporting the practitioner, yet also helpless. Alongside this, their diverse job role takes a toll as they are juggling many different responsibilities, whilst ensuring to complete things in a timely manner. However, the CCSs are praised for the valuable support they offer to practitioners and the CCS staff themselves note how rewarding it is to have this positive influence. With that being said, despite the unanimous positive feedback regarding CCSs,

neighbouring charity the MAS have not been accessing the service as much as they have previously, due to lack of knowledge and understanding. In order to provide equal support for all people screened into the OPDP, services must make their staff aware of the support available and expand the support to meet the complex needs of the service users. This is particularly true for females, as due to there being a larger number of men in the population, women are often overlooked (NHS & HMPPS, 2023)

Requirements for Increased Awareness

His Majesty's Inspectorate of Probation (2023c; 2024a) Annual Report of Serious Further Offending (2023c; 2024a) references instances of recidivism and the shortfalls that enabled this to happen. In multiple instances, PD, and the requirements for a referral to the OPDP had been overlooked. In one case, a question surrounding the lack of appropriate interventions questions 'Why was a psychopathy assessment not completed during [person's] imprisonment and why was he not referred to the Offender Personality Disorder Pathway prior to his release?' (HMI Probation, 2020b p.7). In regard to another case, despite previously referencing the individual's diverse needs, including PD, these needs were not explored in any depth and therefore, the support was not in place (HMI Probation, 2023b). Further, another individual's discharge summary referenced their PD diagnosis, and whilst the Probation Practitioner managing this individual lacked the experience to support this case, there was no mention of the OPDP or CCS, indicating that it was not accessed (HMI Probation, 2024b). In each of these cases, CCS support would have been invaluable, and whilst we cannot say for certain that the further offences would not have occurred, it would have given the individuals the best chance at rehabilitation. Ultimately, these cases highlight how imperative this is being utilised, yet, consistent with my findings (Chapter 6), these incidents display that it is not being taken advantage of.

There are several problems that derive as a result of not accessing CCSs. Research has consistently found that, for Probation Practitioners, the process improves their knowledge, confidence, motivation, attitudes, and understanding of the individual within their caseload (Knauer, 2017; Ramsden et al., 2014) Similarly, Blinkhorn et al., (2021) found the PICS emotionally supportive, aiding them with

challenging cases that evoked an emotional response. Participants also deemed the PICS a 'safe space', where judgement was not passed, and Probation Practitioners could share their feelings and be candid about their practice. Further, the PICS offered validation and reassurance to the participants. When doubting their own ability and decisions making, the PICS supported them to grow in confidence and trust their judgment. Ultimately, these benefits result in more effective management of the people on probation, meeting their needs effectively and subsequently, reducing the chance of reoffending.

Jarrett et al. (2025) identified positive feedback from OPDP service users. Regarding working with the probation services, participants described them as empathetic and understanding which made the participant more receptive to their suggestions and support. Following engagement with OPD services, participants reported increased confidence and optimism, a reduction in self-harming behaviours and how the support they received encouraged them to believe they could move towards a prosocial life. The benefits provided through the OPDP are therefore evident. Moran et al. (2022) similarly found that service users reported improved psychological health and that their risk had reduced.

However, chapter 6 in this thesis found that MAS mentors were not accessing the CCSs, due to lack of understanding of the CCS purpose or knowledge of how to access, despite acknowledging the benefits that CCSs can provide, and presenting with needs that could be met by CCSs. The participants were open to collaboration and appeared receptive to the support that CCSs offer, they simply were not accessing due to their lack of awareness. This indicates that awareness regarding the CCSs needs to be improved. With reference to wider OPDP services, disregarding the support of a CCS may result in OPDP service users not being directed to appropriate OPDP interventions and denying the service user of the potential benefits highlighted.

Service requires adaptations for accessibility and a review of the role

My findings displayed that 'High workload having negative impact on consultation and formulation process' (Groome et al., 2024; Chapter 5) which referenced challenges with arranging the consultation, due to the busy working schedules of both practitioners, and how there are often instances of last-minute cancellations, which creates further work for the PICS practitioner to reschedule. Participants reported how the role had diversified over time and, for some, looked completely different to how it did when they started. The participants recognised this as problematic, as it is taking away from their time to complete their core task, the consultation, and formulation process. Similarly, Blinkhorn et al., (2021) identified that Probation Practitioners who were already aware of the PICS commended their work, however, wanted an easier route of access to the PICS, on a more casual basis, due to their acknowledgment for what the service provides. The support must be dynamic to meet the needs of the Probation Practitioner and to encourage the use of the PICS, the service must be modified to meet demand.

The diversity of the role was recognised as a beneficial change by one participant, as it '*safeguard us as a team because we are doing so many different things, providing so many different services*' (Groome et al., 2024; Chapter 5 p.212). However, in light of the reports of high workload and the request for more frequent consultation and formulation access, the consultation and formulation process should be enough to safeguard this role. This combined with the clear need for a surge in awareness regarding the CCSs, could influence demand to grow substantially.

The OPDP costs approximately £72 million; £58 million from NHS England, and £14 million from HMPPS (NHS England, 2023). However, approximately 97,000 people in prison across the UK, and an average cost of £51,108 per prisoner (Sturge, 2024), in England and Wales, the cost is estimated to be more in Scotland and Northern Ireland. Therefore, this population costing approximately £4,957,476,000 per annum (Sturge, 2024). As discussed, approximately 60-70% of the prison population are likely to meet the criteria for PD (Mutz et al., 2015). Whilst not everybody in this population would be eligible for services, due to risk, if just 5% of this population, 3% of the entire prison population were supported

by the OPDP and subsequently, did not reoffend, lessening the prison population by 3% in future, there is an estimated saving of £148,724,280 per annum. It is therefore evident that the funding directed to the OPDP is justified.

Wellbeing of staff and service users

An imperative conclusion of the present thesis is that to protect the wellbeing of staff and service users, the OPDP must continue to develop, in line with their intentions. The OPDP 2023-2028 Strategy (NHS England, 2023) details a series of ambitions including expanding the pathway's inclusivity, enhancing identification and referrals, strengthening transitional support and pathway consistency and quality, and responding to unmet complexity of need. Blinkhorn et al. (2021) found that CCSs offer emotional support to Probation Practitioners, however, this thesis indicates the consequences this can then have for the CCS practitioners (Groome et al., 2024; Chapter 5). There needs to be provisions in place to protect the mental wellbeing of these practitioners, due to the known impact of secondary traumatisation.

O'Meara et al. (2025) identified a distinct lack of research investigating burnout in OPDP practitioners, despite it being a risk factor associated with the role. Similarly, research investigating staff and service user wellbeing was scarce. Attention was drawn to the fact that only one study had considered service user coping mechanisms, and no others measured psychological health, substance use, self-harming or prosocial behaviour. O'Meara et al. (2025) specify that practitioner wellbeing requires further research. This thesis has contributed to these questions therefore filling knowledge gaps as chapter 5 also highlighted how the high workload being a contributing factor to the detriment of the PICS practitioners' mental wellbeing, and how this role diversity may contribute to burnout.

The benefits for service users accessing the OPDP and the impact this has on their mental wellbeing is unequivocally positive and research affirms that this, in turn, positively impacts the receptiveness to

support. Jarrett et al. (2025) found that participants reported significant emotional development as a result of engaging with pathway services. This included feeling calmer, experiencing less anger and feeling more equipped to manage the anger that they did experience, less paranoid and generally more able to process, comprehend and manage emotions. Notably, regarding chapter 4, participants in Jarrett et al. (2025) reported reduced self-harming behaviours, some had stopped completely whilst engaging with a pathway service. However, practitioner wellbeing must be considered too. Jarrett et al., (2025) found that staff turnover was detrimental to the progress of service users; this applied mainly to Probation Practitioners. As identified, the role is emotionally exhausting for Probation Practitioners which may lead to them stepping down from their role, or at least, taking a leave of absence. This implies a chain reaction for wellbeing, throughout the OPDP.

National Consistency

A key ambition is to 'Develop national pathway consistency and quality by consolidating existing service provision, addressing regional disparities and creating opportunities for progression'

(NHS England, 2023). Chapter 6 displays inconsistencies between practitioners within the MAS team. In order to ensure equality for service users, it is imperative that all staff have a sound knowledge of the services that could support them in their work. As highlighted in Chapter 4 multiple ACEs/ complex trauma history was associated with more repeat offences. Therefore, some of the MAS' most complex service users will have the most complex histories. Specialist, psychologically informed knowledge is required to support these individuals and by not accessing CCSs they are not providing the upmost opportunities for service user progression. The OPDP use a psychologically informed approach (HMPPS & NHS, 2020) which would be highly beneficial when managing these individuals.

Regional disparities must be considered further. O'Meara et al (2025) conducted a systematic review of studies focussing on CCSs, and its impact on workforce development, psychological wellbeing and reduced risk and reoffending. However, regional disparities in how the service is delivered in the different areas made generalisability of findings challenging. This highlights again how regional

disparities are proving problematic; alongside the divergence in knowledge/service uptake, the service delivery process differentiates across regions and therefore, findings and subsequent implications may not be applicable in certain areas, which impacts the ability to holistically review the pathway and its services. This makes for a 'postcode lottery' for service users, regarding whether they will gain sufficient support tailored to their needs. In order to streamline the service, the OPDP should consider a consistent delivery model which would allow for national evaluations.

Women

A concern regarding women within the CJS is that they are often overlooked, due to being a relative minority in comparison to males. Unfortunately, this was confirmed in chapter 6. Whilst it was evident that the staff were dedicated to supporting the women in their caseload, they had been failed by the system by being ill informed regarding the services available to them. Chapter 6 presents MAS mentors' emotional struggles in relation to providing advocacy to vulnerable women; further challenges faced by women were evident in chapter 4.

A key finding in chapter 4 was regarding female DV perpetrators, who had previously been a victim of DV, or abuse in childhood. Boxall et al. (2020) found that half of the DV incidents in their sample were acts of self-defence or retaliation. However, at trial, self-defence pleas are rarely successful (McPherson, 2022). If this were to be the instance, incriminating and imprisoning the women would be counterproductive, particularly in women with Personality Disorder and complex histories, as they require very specific routes for support. As highlighted in the Bradley Report (Bradley, 2009), which initiated the development of the OPDP, prison isn't always the best route of rehabilitation for those with PD.

Collaboration with Youth Justice Support

Chapter 4 highlighted the prevalence of ACEs in this cohort. Whilst, generally, Personality Disorder will not be diagnosed prior to the age of 18, the OPDP Strategy (NHS England, 2023) recognises that further support is required when transitioning from a youth justice setting, to the OPDP. Following a review of the complex histories of the individuals screened onto the pathway, as outlined in chapter 4, I reaffirm their statement that protection during this transition is pivotal 'due to their vulnerability and high level of need. If people do not have access to the right support during transition, they have an increased likelihood of mental health deterioration, substance misuse and self-harm' (NHS England ,2023 p.16)

Limitations and Further Research

It is important to consider the limitations of this research, and future projects that can be conducted to strengthen the findings.

As discussed, and reaffirmed by O'Meara et al. (2025), variance amongst service delivery in different geographical locations can mean that findings are not generalisable. Two of the three studies in this thesis are confined to the Merseyside and Cheshire area, therefore potentially not applicable outside of these regions. In order to gain insight into the other CCSs, further studies must be conducted within a broader radius.

Research available, including the research presented in this thesis, has spoken largely to practitioners regarding the CCS and its impact. Jarrett et al., (2025) importantly gained insight into service users' experiences and perceptions of the OPDP, as this is the most vital group of all. It is therefore paramount to continue to extend research to gain further insight into the service users whose Probation Practitioner utilised CCS support, and how they deem this to be beneficial. Jarrett et al. (2025) suggested exploring service users' views and perceived impact of working with OPDP practitioners in therapeutic roles. Whilst the service user would not directly work with the CCS practitioners for the purpose of consultation and formulation, research could be conducted on those who were consulted on, and how they deem this to have impacted the management provided by their Probation Practitioner. This may include: did they feel well understood? Were the support services that were

recommended to them useful? Do they believe that by the practitioner having valuable knowledge regarding PD, aided their rehabilitation? Currently, research commends the benefits associated with the CCSs, but this perspective would further consolidate this. Alternatively, if they do not deem it beneficial, the research would provide valuable insights as to why, and what adaptations must be made in order to strengthen the service.

In regards to service user research, gaining further insight into Chapter 4's finding of 'Females as a previous victim of DV become perpetrator' is imperative. In recent years this appears to be a sparsely researched topic and in light of Boxall et al. (2020) findings, earlier discussed, it would be beneficial to understand the reasons behind DV for females with PD, who have previously been victims. As is widely accepted, Personality Disorder is associated with violent behaviour, therefore, whilst self-defence may be driver for the wider population, this may not be the case in a Personality Disorder population. With relevant insight, the appropriate support can be implemented to support these individuals to desistence.

A limitation of Chapter 4 is that the dataset uses a notes section, used for qualitative analysis, however, there are no points of direction for the practitioner when completing this section. This means that the notes regarding the person on probation are at the discretion of the CCS practitioner completing this section. Some practitioners gave more detail than others, and a limitation of chapter 4 discusses that just because a notes section does not explicitly refer to the prevalence of a disorder/addiction/mental health condition etc., it does not mean that they are not present. Similarly, due to the nature of the dataset and the open text box notes section, many notes included 'mental health', however, as a researcher I could not determine what mental health condition this was, therefore when investigating associations between depression and violence, for example, 'mental health' was left out. Going forward, the practitioners should be supported to give descriptive, insightful notes regarding the person in their caseload. To allow this, practitioners must be given the time and the relevant resources/software. I recommend a more robust software is developed where these notes are kept,

that ask specific questions and encourage deeper understanding of the caseload. Once this has been implemented, the study can be conducted again, using more accurate and specific data, and potentially on a larger scale spanning further geographical locations.

Vamvakas et al. (2024) compared a control group, who were screened into the OPDP but had received only a basic consultation, and a treatment group who had received a detailed formulation and been referred to the relevant OPDP services. For both groups, self-harming reduced following referral to the OPDP, yet there were no statistical differences between groups. Although this displays benefits of the OPDP for working with complex individuals and reason for it to be extended to a wider audience, it highlights that continued research is imperative to the OPDP. Vamvakas et al. (2024) found no statistical evidence that the OPDP impacts changes in offending behaviour. Further insight is required as Vamvakas et al (2024) is currently the largest evaluation of the OPDP, and was conducted over a six year period. However, Vamvakas et al. (2024) affirm that they believe a holistic, economic evaluation of the Pathway is justified, and acknowledge that their study was conducted at a pivotal time for the OPDD, when significant changes and adaptations for the CJS were being embedded. Therefore, further justifying the need for another review. O'Meara et al. (2025) identified that several of the studies reviewing ODPD had a small sample, bespoke (therefore unvalidated) measures, and in some instances, questionable analyses.

Implications for Policy and Practice

In light of the findings from chapter 6, a strategy needs to be implemented to increase awareness regarding the outcomes that the PICS, and CCSs more broadly, can provide. This needs to be on a national level. Chapter 6 identifies lack of awareness, and HMPI Serious Reoffending reports also indicate there are cases not being referred to the OPDP, despite meeting the criteria and practitioners needing the support. PICS management acknowledge that a reintroduction between the OPD service providers is essential, not only from a welfare perspective, but to ensure that services are not being

duplicated where IIRMS are also involved. It is also vital that findings, particularly those related to ACEs, are shared with Local Authorities, who acknowledge that those involved in the CJS are a priority cohort. In order to justify continued funding for the OPDP, it must be evident that it is a highly sought after service with positive impact. To ensure this, service uptake must continue to grow. A drive to increase awareness is vital. Due to the positive feedback reported by those who have sought support from the service, appraisal accounts could be included in the promotion.

Similarly, management noted how important it is to disseminate these findings nationally and at conferences. This will contribute to addressing the regional disparities, as highlighted in chapter 6, alongside the issues highlighted regarding evaluation, and similarly, will respond to the OPDP aim of ensuring pathway consistency and quality. To deliver consistent, equal care, findings and subsequent developments must be accessible to all. O'Meara et al. (2025) alluded to how services may differ slightly, and relevant adaptations may need to be made due to resource and demand variance in certain areas, and this can be beneficial, the foundations of the model should maintain consistent.

As discussed, a review of the role is required. PICS practitioners are inundated with tasks, not all relevant to the consultation and formulation process (Groome et al., 2024; Chapter 5). Groome et al. (2024; Chapter 5) identified that it was not necessarily the content that effected the PICS practitioners, rather, it was the high workload and pressure as a result of this. The process of arranging the consultation and formulation can be time consuming and due to the busy schedules of both practitioners, reaching the point of consultation can take some time. Combined with the findings of Blinkhorn et al. (2021) that showed Probation Practitioners wanted the support on a more regular, but less lengthy, basis. This could potentially drive the restructuring of the service and introduce 'drop-in' consultations, when practitioners require validation of their suggestions, or reassurance that they are making the correct decisions. While the PICS has already being commended for its ability to do this, it would be useful to make it more accessible, is a less formal route, such as a phone call or email. In light of remote working, there is reduced, informal, contact between practitioners, subsequently removing the opportunity for casual advice, practitioner to practitioner. By adapting the format of

consultations slightly, this could allow for less formal processes to reaping the benefits of the PICS.

A dedicated team of CCS practitioners with a sole purpose of completing the consultation and formulation process would also be cost effective. Assigning more funding to this area would allow CCS practitioners to complete more consultations and return the formulations, subsequently, supporting more Probation Practitioners, potentially reducing reoffending.

An updated economic evaluation is required. The benefits of this service have the potential to largely impact the prison service, by reducing reoffending. However, this cannot be achieved if the relevant services are not available in the OPDP. CCS practitioners can only suggest referrals to services that exist. As highlighted in Chapter 4, there are specific services that are required for the OPDP population to achieve desistance. Therefore, assigning more funding to the OPDP could result in significant savings for the Prison and Probation service as a whole.

This research strongly suggests the implementation of more women's only interventions, due to their specific and individual needs, alongside the complex needs of women that males don't experience to such extremities. Specifically surrounding the finding instances where females in the sample's index offence was Domestic Abuse, however, they had previously been victim of DV and/or experienced bullying/abuse in childhood.

With reference to the aim of enhancing identification and referrals (NHS, 2023), this thesis highlights the need for more women specific services tailored to their specific care needs to be developed. Whilst charities and female services are in place, operating under the OPDP, they present with miscommunication and barriers to accessing the relevant services (Chapter 6). Outreach work must be conducted to ensure that female specific OPDP services are not being overlooked. Similarly, relevant interventions must be available that meet the complex needs of females screened onto the OPDP. As displayed in chapter 4, ACEs are strongly associated with offending behaviours, and more prevalent for the females in the sample than the males therefore support in regard to childhood trauma is a requirement. Similarly, I found depression to be associated with violent offences and that depression

is more prevalent in the female sample. Therefore, a specific intervention for females suffering with depression and have convictions of violent offences would be beneficial. Although already in place, substance misuse services must be utilised when referring females, and males, to support interventions, as they are reported repeatedly within the sample and their influence and impact must not be ignored. A notably important implication for practice is a required intervention for females who have previously been victims of domestic abuse and have been convicted of domestic abuse perpetration. This cycle was noted as a theme in chapter 4.

The National Women's Prison Health and Social Care review (NHS, 2023) aims to focus on initial days in custody, resettlement pathway, perinatal pathway, review of Health Needs Assessments, and benchmarking services and gaps in service provisions, all of which should be integrated into the OPDP and made accessible for service users. The review identified eight recommendations for practice, including consistent, gender specific health and social care services in prisons, increased access to talking therapies regarding trauma and consistent care for survivors of DA and SA, and release planning for women leaving prison to be consistently integrated across health care, social care, prison and probation services. The OPDP should be consistent with these aims.

As the findings of this research is reported directly back into the PICS service, senior management have reflected on how the new knowledge can be applied. Overall, it was highlighted that the findings cement the requirement for the OPDP to be involved in transitions cases such as youth-adult services, and with young adult/care leavers. However, due to the high demand the management team are conscious that the model must be adapted to respond to this, which may include online training, delivered alongside face-to-face, and approaching practitioners for triage discussions regarding those who may be eligible for the service.

Concluding Statement

This collection of research contributes to the development of the PICS, and the CCSs across the UK, and ultimately, for the wider OPDP. Despite the discussed limitations, there are valuable insights into the service and recommendations for practice, policy, and future research direction. I am confident that with the implementation of the recommendations, OPDP aims will begin to be met, improving the lives of those screened into the pathway.

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