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Delivering Public Services at a Time of Political Turmoil: The Impact of Risk and Austerity on the Charitable sector

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**DELIVERING PUBLIC SERVICES AT A TIME OF POLITICAL TURMOIL:
THE IMPACT OF RISK AND AUSTERITY ON THE CHARITABLE SECTOR**

Thesis submitted in accordance with the requirements of the University of Chester
for the degree of Doctor of Philosophy by:

EMMA LOUISE PRICE

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Author's Declaration

I declare that this thesis is my own work and has not been submitted for an award other than this or at another higher education institution.

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ABSTRACT

The private and charitable sectors have become firmly embedded within the criminal justice system, where they are increasingly involved and accountable for delivering public services (Ismail, 2021). The distinctiveness of the charitable sector enables it to provide services and meet needs in ways that the statutory and private sectors cannot (Clinks, 2013; Corcoran & Hucklesby, 2013; Dayson et al., 2022). Consecutive governments have acknowledged the charitable sector's essential role in criminal justice and recognised its unique ability to meet the complex needs of individuals who have contact with the criminal justice system. However, legislation, government policy and actions have caused greater reliance on the charitable sector. Utilising Foucault's (1991) governmentality perspective, neoliberal ideologies have disadvantaged charitable sector organisations. Government actions based on privatisation, monetarism, and austerity have hindered the charitable sector's capacity to deliver public services (Heydar-Cardwell, 2012; Marmot et al., 2020). The Transforming Rehabilitation programme implemented in practice in 2013 questions the government's support for the charitable sector and its involvement in public service provision (Dacombe & Morrow, 2016).

Legislation and government policy have had equally damaging effects on charitable sector service users. Criminality and mental health disorders are associated with highly derogatory labels. Stigma theories outline the grave consequences caused by stigmatisation. Individuals attached to these labels are stigmatised, socially excluded, and disproportionately impacted by multiple laws and policies (Goffman, 1963; Link et al., 1989; Pinel, 1999; Scheff, 1966; Tremlin & Beazley, 2022). Link and Phelan's (2001, 2004) and Corrigan et al.'s (2004) notion of structural power shows how stigmatising labels justify punitive policy and action. During the 1970s, there was a growing political movement of conservative ideologies where liberal approaches were deemed 'soft on crime' and replaced with ideas around control and punitive punishments (Hardisty, 2004; Loader & Sparks, 2016; Spicker, 2022). The government's political decision to enforce neoliberal policies and inflict austerity has

caused extensive harm to the most vulnerable, stigmatised groups in society (Lavalette, 2017; Marazziti, 2021; Tremlin & Beazley, 2022). The social injustices and government failings to minority and vulnerable groups within society are a vital area for analysis and social change.

This research aimed to critically explore the distinctiveness of the charitable sector and the impact and effectiveness of legislation, government policy and actions on the charitable sector. More specifically and uniquely, the study explored the distinctiveness, impact, and effectiveness of charitable sector practitioners' perspectives. This research sought to provide a platform for the voices of charitable sector practitioners. The research's timing adds to the study's originality and its contribution to knowledge. The research critically explored practitioners' perspectives post-implementation of the Transforming Rehabilitation programme. Data was collected in 2016, three years after implementation, to explore perspectives of policy in practice in detail. This study sought to provide a profound understanding of how the charitable sector continues to provide support services through a time of political turmoil and substantial probationary reform from the perspectives of those working in the sector.

The researcher conducted 24 qualitative, semi-structured interviews with practitioners from 8 different charitable sector organisations. All practitioners, either in paid or voluntary roles, delivered mental health and well-being support services to offenders or individuals whom the criminal justice system deems at risk of offending. Thematic analysis was then conducted to interpret the data and identify emergent codes and themes.

The findings revolved around two core themes: the distinctiveness of the charitable sector and the detrimental impact of the Transforming Rehabilitation reforms on charitable sector organisations. Charitable sector practitioners expressed their invaluable and distinct role in meeting the needs of offenders and individuals whom the criminal justice system deem at risk of offending. Charitable sector

distinctiveness lies in providing innovative, individualised, and holistic services that meet its service users' multiple, complex needs. Yet, legislation and public policy, along with the government's principal priority to cut public expenditure, have caused numerous complexities for charitable sector organisations. The perspectives shared about Transforming Rehabilitation are based on concerns and anxieties over the future of their services and how they will navigate through the continuing state of flux. Practitioners communicated how they feel exploited and believe the government has prioritised financial savings and perceived political support over meeting offender needs and protecting the charitable sector's role.

The thesis uses a combination of distinctive theories and first-hand accounts of delivering services in the charitable sector to deepen understanding of the complexities of providing public services in the charitable sector. Specifically, and uniquely, perspectives gathered at a time of radical change in the probation service provide a foundation for how the charitable sector has adapted during the early stages of the Transforming Rehabilitation initiative.

Keywords: Stigma; governmentality; neoliberalism; austerity; risk; charitable sector organisations; mental health disorders

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STATEMENT OF ANONYMITY

The individuals who kindly offered their time to partake in this study have been given pseudonyms to protect their identity. Any reference to individual staff members, the name of the organisation or names of specific programmes delivered in their organisation has been given an alias.

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INTRODUCTION

DELIVERING PUBLIC SERVICES THROUGH POLITICAL TURMOIL

The private and charitable sectors have become firmly embedded within the criminal justice system, where they are increasingly involved and accountable for delivering public services (Ismail, 2021). The distinctiveness of the charitable sector enables it to provide services and meet needs in ways that the statutory and private sectors cannot (Clinks, 2013; Corcoran & Hucklesby, 2013; Dayson et al., 2022). Consecutive governments have acknowledged the essential role of the charitable sector in criminal justice and have recognised its unique ability to meet the needs of individuals who have contact with the criminal justice system. Yet, legislation, government policy and actions have impacted the charitable sector's involvement. Through a movement toward neoliberal ideologies, New Labour, the Coalition, and Conservative governments have encouraged cross-sector partnerships (Heydar-Cardwell, 2012). The Transforming Rehabilitation programme implemented in practice in 2013 has scrutinised the government's genuine desire to support charitable sector involvement in public service provision (Dacombe & Morrow, 2016). This research sought to understand how the charitable sector continues to provide support services through a time of political turmoil from the perspectives of those working in the sector.

Overview of the literature

Political ideology shapes legislation, government policy and action, directly dictating how the criminal justice system operates (Williams & Robinson, 2004). Thus, it is essential to consider political ideologies to understand how and why approaches to criminal justice have developed. The proceeding literature review chapters will explore ideologies from the 1970s. This time is of most relevance to this research because it saw the emergence of a neoliberal movement, shaping current approaches to crime management. Before the 1970s, crime management was predominately based on addressing the root causes of crime and developing effective rehabilitative strategies (Hardisty, 2004). Such ideologies in social welfare

saw values of liberty and equality where the government were accountable for social protection (Spicker, 2022). Yet, by the end of the 1970s, there was a growing political movement of conservative ideologies where liberal approaches were deemed 'soft on crime' and replaced with ideas around control and punitive punishments (Hardisty, 2004; Loader & Sparks, 2016). Social welfare within conservatism believes in social control and order (Spicker, 2022).

Acknowledging the researcher's values is essential because they influence assumptions about the government's roles and responsibilities to society. The researcher adopted a liberal stance that assumes the government must protect and provide equal, adequate health and well-being support to all members of society. In line with this political belief, the researcher believes the criminal justice system should give humane and proportionate punishment and prioritise rehabilitative strategies to manage crime. These ideologies have shaped the assumptions made throughout this thesis. The arguments made and analysis are dictated by these values.

The government's political decision to enforce neoliberal policies and inflict austerity has caused extensive harm to the most vulnerable groups in society (Lavalette, 2017; Marazziti, 2021; Tremlin & Beazley, 2022). The financial crisis in 2007/08 led the government to reduce its budgetary allocations to various public services. As a result, government expenditure on the criminal justice system declined as it sought to reduce its financial burden (Ford, 2017; Office for National Statistics, 2018). Simultaneously, welfare services and the benefits system were substantially reduced (Bambra et al., 2015; British Medical Association, 2016). These changes disproportionately impacted populations that relied on government assistance for sufficient financial income and depended on welfare services for support (Lavalette, 2017; Marazziti, 2021; Tremlin & Beazley, 2022). Offenders, and individuals deemed at risk of offending by the criminal justice system, are among the most socially excluded populations. They often deal with multiple issues, most common mental health disorder(s), previous victimisation, substance misuse, debt, poverty, and homelessness (Jakobowitz et al., 2017). All factors which are closely associated with

poor mental health and engagement in criminality (Bloomer et al., 2012; Forbes & Krueger, 2019; Public Health England, 2019). Yet, when support services were considerably reduced, demand and need for support increased (Faculty of Public Health, 2022). Essentially, the financial crisis introduced an aspect of the scarcity of public resources bound to have far-reaching impacts on society, especially on vulnerable populations (Marazziti, 2021).

Following the economic recession in the 1970s, political ideas were realigned around ideas of neoliberalism, which argued that a strong government was needed to facilitate a free-market, capitalist environment (Phelan & Dawes, 2017). By the 1990s neoliberal ideology dominated economic and social policy (Cahill & Konings, 2017; Sikka, 2015). This political ideology advocates for limited government intervention whilst promoting privatisation and open competition to create more efficient and prosperous economies. The government continued to offer regulation through legislation and policy, whilst private and charitable sector organisations became more responsible for delivering public services. Public service delivery became outsourced but on a contractual basis where the government would manage this at a distance to ensure quality and efficiency is maintained (Phelan & Dawes, 2018). These changes were made because, according to neoliberal ideology, a competitive market encourages greater economic stability when strong regulations are enforced to minimise risk (Cahill & Konings, 2017; Jackson, 2010; Phelan & Dawes, 2018).

Transforming Rehabilitation is an example of the reform of public services under neoliberalism. In the context of Transforming Rehabilitation, neoliberalism can be seen to prioritise cost-efficiency, encourage a competitive culture, and govern at a distance (Calder & Goodman, 2013; Harper, 2013). Transforming Rehabilitation completely reformed probationary services to reduce reoffending and improve the value of taxpayers' money (McNeill, 2013). Probation Trusts were abolished and replaced with 21 new Community Rehabilitation Companies, which would be contracted out to private and charitable sector providers (Ministry of Justice, 2013a). The Community Rehabilitation Companies would be responsible for most of the

probation work, whilst the National Probation Service remained accountable for managing high-risk offenders (Ministry of Justice, 2013b). The extensive changes made within the Transforming Rehabilitation reform have caused a significantly turbulent time for organisations involved in delivering public services, especially in the charitable sector (Clinks, National Council for Voluntary Organisations & Third Sector Research Centre, 2016; Walker et al., 2019). During the development stages of Transforming Rehabilitation there were widespread concerns about the pace of change and the lack of clarity about what the charitable sector's role will be (Strickland, 2016). Still, voices within the charitable sector influenced Transforming Rehabilitation very minimally. Yet the sector has been forced to adapt and utilise it. This research repositions the voices of practitioners, placing them at the centre of this critical exploration of Transforming Rehabilitation. Thus, providing a platform for these voices that were not heard during the development stages of Transforming Rehabilitation.

Within the Transforming Rehabilitation strategy, the 'payment by results' model directly jeopardised the ability of charitable sector organisations to bid for criminal justice public services competitively (Walker et al., 2019). This system affected the innovative and individualised aspect of charitable sector services (Khan, 2015; Maguire, 2016), where most organisations are restrained by short-term funding options (Davies, 2015). The charitable sector is known to offer services to hard-to-reach groups that often have multiple, complex needs (Maguire, 2016; Martin et al., 2016). Yet a payment by results setup fails to account for this; it is impossible to implement an input-output measuring system when addressing multiple needs (Hayes, 2010; Rodger, 2012). The government failed to safeguard the charitable sector to allow equal opportunities for delivering public services (Marmot et al., 2020); this shows the impact government actions can have on charitable sector organisations and confirms its disingenuous support for the industry.

Since its inception and after this research was conducted, there have been several changes made to the Transforming Rehabilitation initiative in response to criticisms about poor performance, lack of accountability and fragmentation of services (HM

Inspectorate of Probation, 2019a; Ministry of Justice, 2019; Ministry of Justice, 2019a). Poor performance was recognised in 2017 when only six Community Rehabilitation Companies met contractual targets for reducing offending, with the number of offenders reoffending increasing in some cases (Clinks, 2022a; National Audit Office, 2019). There were also concerns that the outsourcing of probation services made it harder to hold providers accountable for their performance and ensure that they were delivering effective services (HM Inspectorate of Probation, 2019b). Fragmentation occurred because different providers responsible for different aspects of an offender's rehabilitation and involvement from charitable sector organisations was limited (Corcoran et al., 2019; Justice Committee, 2018; HM Inspectorate of Probation, 2019b; National Audit office, 2016; House of Commons Committee of Public Accounts, 2016; House of Commons Justice Committee, 2018). Poor performance, fragmentation and limited involvement from charitable sector services were all issues identified in the findings of this research study. Practitioner's expressed confusion over the implementation of the Transforming Rehabilitation reforms, which happened quickly and caused great disruption to probationary services. Practitioner's also stated concerns about the quality of services being delivered by private sector organisations and acknowledged that the charitable sector had had limited involvement in public service provision since the reforms. Thus, although this research was conducted during the early stages of implementation, it is interesting that practitioner's still voiced fears about the reforms and its ability to effectively meet offender needs and enable greater involvement from the charitable sector.

In response to these criticisms, the government decided to terminate all contracts with private probation companies (National Audit Office, 2019). The government announced that it would bring all offender management services back under public control, effectively ending the outsourcing of probation services from spring 2021 (Clinks, 2019a). A new model of probation supervision was also introduced in which offenders would be given more tailored support based on the level of risk they pose, alongside increased investment in community-based services to help offenders access housing, employment, and mental health support (Ministry of Justice, 2019a). The new system aimed to reduce fragmentation of services by ensuring that a single

provider was responsible for the management of an offender's rehabilitation and to place a greater emphasis on tailoring rehabilitation services to the needs of individual offenders, rather than relying on a one-size-fits-all approach (Clinks, 2019a). Overall, these changes were made in response to concerns about the effectiveness and accountability of the Transforming Rehabilitation initiative and aimed to make probation services more effective and better able to support offenders in their efforts to rehabilitation and prevent reoffending. Additionally, these changes sought to achieve greater involvement from the charitable sector, which the government expressed to be a continued core aim of the Transforming Rehabilitation program (Ministry of Justice, 2019b; National Audit Office, 2019; Prison Reform Trust, 2018).

Following neoliberal ideologies, risk management strategies have become firmly embedded in the criminal justice system and psychiatry. This research focuses on offenders and individuals deemed at risk of offending by the criminal justice system. The government has created risk assessment tools to identify individuals who can be categorised as at risk of offending (Howard et al., 2006; Moore, 2015). The Offender Assessment System is a clinical risk assessment tool used widely by criminal justice agencies. Extensive research has identified a range of static and dynamic risk factors. Static risk factors include previous criminal convictions and victimisation (Andrews & Bonta, 2010; College of Policing, 2020; Howard, 2006). In contrast, dynamic risk factors are associated with social factors and the individual's circumstances. These commonly include substance misuse, employment status, limited educational background, unstable housing, financial pressures, strained relationships, and emotional well-being (Andrews & Bonta, 2010; College of Policing, 2020; Howard, 2006).

Furthermore, there is a widespread misunderstanding that mental health disorder is linked to risk and dangerousness (Goldsmith, 2020; Harrison & Sanders, 2016). Early psychiatric treatments, criminal punishments, deinstitutionalisation and media portrayals have firmly embedded this misconception in society, politics, law, health, and criminal justice systems (Schug & Fradella, 2015). As a result, this vulnerable

population has some of the most socially rejected and stigmatised individuals in society (Goffman, 1961; Tremblin & Beazley, 2022). Being associated with these risk factors then enabled intervention. The government argued that the preventative nature of risk was justified by the need for public protection (Robinson et al., 2012; Wong & Horan, 2021). However, individuals were subjected to excessively punitive intervention measures based on stigmatised perceptions (Samavati Pirouz & Ghofrani, 2021; Cracknell, 2021). Consequently, stigma legitimises and justifies structural power expressed in policy and law (Walker, 2014). Whilst stigmatising labels remain attached to offending and mental health disorders, and the public continues to believe misconceptions about crime, the government will persist with punitive approaches to crime (Bashford, 2017; Rayner, 2011). As a result, governments will continue to prioritise public demand over offender welfare and rehabilitation efforts.

Alongside reducing public expenditure, the government sought to disperse responsibilities for managing crime (Harvey, 2005; van Doorn, 2018). The state would still manage conduct through law and policy, but non-state agencies became increasingly accountable for delivering public services and managing criminality (Clinks, 2017; Ismail, 2021). Consecutive governments have extensively recognised and accepted the distinctiveness of the charitable sector. Yet its support for involving the sector in public service delivery is highly questionable. The government provides legal statutes to ensure charitable sector organisations provide services reasonably and without discrimination. However, some laws, policies and actions seriously impact how these organisations operate and hinder its ability to promote democracy by forcing changes in service provision, which was seen in the Transforming Rehabilitation initiative (Garside et al., 2014; Maguire, 2016).

Key terminologies: The importance of justifying language

Anheier (2004) argued that “definitions are neither true nor false, and they are ultimately judged by their usefulness in describing a part of the reality of interest to us. Specifically, a definition must be more straightforward than the reality it seeks to

explain." (p. 39). This discussion will take a social constructionism stance to justify why specific terminologies were chosen to denote the various entities in the study.

There are multiple philanthropic terminologies to describe a range of organisations that are neither private nor public sector; community and voluntary sector, not-for-profit, the third sector, non-governmental and charitable sector. Non-governmental organisations are privately funded, government-funded or a combination of private and statutory funding, whereas charities and voluntary organisations can include donations as well (Smith, 2021). Not-for-profit organisations differ from voluntary and charitable sector organisations because they are not all registered charities and do not necessarily benefit general society, but instead serve the interests of its collective members (Smith, 2021). Not-for-profit and non-governmental terminologies utilise language that only captures what these organisations are not by comparing them to private and public sector organisations (Alcock & Kendall, 2010). Similarly, identifying these organisations within the third sector fails to define them independently. The terminology 'third' describes this sector as the 'third' space to the public and private sectors. This suggests that public and private sector organisations are 'first' and 'second' and superior to those within the third sector (Corry, 2010). The community and voluntary sector are widely used phrases that include registered charities and other organisations such as community groups, associations, and self-help groups. However, this terminology can imply that these organisations are entirely volunteer-led (Padel, 2002). Although all participating organisations utilise volunteers for various roles, they also have several paid staff and therefore using this phrase could be misleading (Mills & Meek, 2016; Padel, 2002).

Each label is an umbrella term to include a wide range of organisations operating in multiple areas of society, including education, health, social services, religion, and community development (Maguire, 2016; Martin, 2002; Ortega-Rodríguez et al., 2020). Some work in partnership with other organisations in the same or different sectors to provide services and relief for the people it serves, while others work independently and have programmes for providing care and assistance. Some are small and local, while others are large international organisations which provide

services worldwide. Irrespective of the size and scope of the organisation, the shared consensus for all these terms is that they include organisations that exist primarily for a social purpose rather than financial gain (Hudson, 2002; Phillips, 2019). They are driven by a keen sense of social responsibility and exist to provide services that are often not provided adequately by the public and private sectors (Bach-Mortensen et al., 2018). Although there are differences between organisations that fit into different terms, the meanings attached to each label and the context in which they are used have influenced the terminology throughout this thesis. This research outlines the importance of the charitable sector, empowering practitioners by voicing their perceptions; therefore, 'not-for-profit', 'non-governmental' and 'third sector' do not align with the research aims. The charitable sector is the chosen term used throughout this thesis. Although the contributing organisations can accurately be described using the other mentioned terms, all the participating organisations are registered charities and refer to its services as operating within the charitable sector. Thus, the researcher felt that adopting the same terminology was most appropriate.

This thesis refers to public services delivered by charitable sector organisations. "Public services are those – such as health and education – considered so essential they are made available to all citizens, regardless of income" (Institute for Government, 2022, para. 1). Over the past three decades, there have been significant changes in how public services are delivered. The government remains accountable for ensuring public services are provided, but the private and charitable sectors have increasingly delivered these services (Institute for Government, 2022). Although public services are wide-ranging, from transport to education to energy supplies, this study focused solely on community-based public support services provided by charitable sector organisations that aim to benefit the mental health and well-being of offenders and individuals deemed at risk of offending by the criminal justice system.

For this thesis, the seriousness and category of offence are not a focus. Rather it is concerned with the needs of all who have been found guilty of committing a criminal offence. When referring to individuals whom the criminal justice system deems at

risk of offending, this included those who have previously been assessed and identified as being attached to criminogenic risk factors. Some of the most common risk factors include emotional or physical neglect, mental disorder, substance abuse, criminality in the household, poor educational attainment, living in poverty, and unemployment (Public Health England, 2019). Multiple public bodies have the authority to identify criminogenic risks, including social services, family teams, health services, criminal justice agencies and institutions in education. The ethos behind early interventions for individuals at risk of offending is to offer support using restorative approaches to avoid future contact with the criminal justice system (Restorative Justice Council, 2016). The accuracy of such risk factors has been highly contested due to the significant limitations in predicting future behaviour and the ethical dilemma of early intervention (Bennett, 2008; Castel, 1991; Goldson, 2007; Morgan & Large, 2013). The significant concerns with criminal justice risk management will be discussed further in chapters two and three. However, some participating organisations offer their services to individuals whom the criminal justice system deems at risk of offending; therefore, this study includes that population.

Various terms are used interchangeably within research, legal documents, and by professionals to describe individuals with a mental health disorder relative to time, space, and place. Many of these clinical terms are contested and argued to be too diverse, ill-defined, and often stigmatising (Mental Health Foundation, 2022; Royal College of Psychiatrists, 2016). Several negative labels attached to mental health disorders have been, and some continue to be, used in medicine, politics, research, business and by individuals. Such terminology has become embedded in lay language to categorise individuals with mental health disorders (O'Reilly & Lester, 2017). The terminology 'mental health and well-being' and 'mental health disorder' have been applied throughout this thesis. This language is used in the Diagnostic and Statistical Manual of Mental Disorders and Mental Health Act and is the accepted term used in the medical field. Additionally, all participating organisations utilise this language; therefore, the researcher has deemed this the most appropriate. However, it is essential to acknowledge that this terminology has been opposed to supporting the scientific movement of psychiatry, which has led to the labelling and categorising of individuals (O'Reilly & Lester, 2017). This issue is

discussed further in chapter two. It has also been argued that the term 'mental health and well-being' is too broad. The symptoms of mental health disorders vary significantly in severity and how they affect an individual's standard of living, which is why it has been argued that 'mentally disordered' is too wide-ranging for describing individuals with a mental health disorder (Everymind, 2022). Yet, in these circumstances, the term is being applied to a large group of people, and the fact that it is broad is advantageous to capture the wide range of mental health disorders experienced by service users. Likewise, the terminology 'mental health and well-being' encapsulates individuals who may not have a formal mental health disorder diagnosis yet still benefit from services aimed at improving their general well-being.

Lastly, this thesis refers to individuals who engage with the support services as 'service users' throughout. There has been a long-standing debate regarding the terminology which best describes public service users. Historically, 'patient' was the most common term and is still used interchangeably with 'service user' and 'client' in medical reports and government policy and legislation (Casey, 2016). However, 'patient' fails to apprehend service user participation in their care and how decisions to meet their needs are made in partnership (Casey, 2016). This notion of power balance and how different terms describe relationships influenced the language used throughout this study. The terms 'service user' and 'service provider' suggest a mutual relationship between those who give and receive support. Although this may not be accurate in practice, using language which offers mutual respect from all parties reflects the stance adopted in this thesis that power imbalance can be problematic. The term 'Client' indicates that the practitioners providing the service have more power because the 'client' needs support, hinting that there may be a lack of capacity or ability to help themselves (McLaughlin, 2009). There is a similar issue with 'consumers' and 'customers', which became the preferred terminology for some organisations as public services became monopolised by purchasers in the charitable and private sectors (McDonald, 2006). The term 'service user' has also been highly contested; Prostle and Beresford (2007) highlighted how this is a very narrow term that is being applied to a large population, suggesting that all service users for all services have just one voice. McLaughlin (2009) also identified how 'service user' fails to capture an individual's entire identity because it only describes

one aspect of their life. It remains a challenge for one term to be without potential problems, and the researcher acknowledged the concerns with the language 'service user.' Nevertheless, this is the most common term in the United Kingdom, and participating organisations use this language. Therefore, the researcher deemed it appropriate to mirror this.

The research's focus and contributions

This study critically explored the charitable sector's experience of interactions between offenders and individuals deemed at risk of offending by the criminal justice system and charitable sector mental health and well-being support services. The researcher's interest in this study area stemmed from voluntary involvement with two philanthropic organisations, Cheshire Young Carers and Help for Heroes. Although these charitable organisations offer quite different support than the focus of this study, interest in the charitable sector developed from the awareness of how charities seek to fill the gap of social needs that statutory organisations do not adequately offer. The researcher quickly became mindful that these organisations existed because statutory services were not meeting the needs of young carers and wounded veterans. As the researcher engaged with the service users, they often heard how their lives had significantly benefitted from the care received from these organisations, with many expressing how they had not been offered or were able to access governmental support. These experiences have shaped the researcher's political ideology that the government must protect and ensure sufficient support structures are provided to all citizens in society.

From a criminological perspective, the researcher became deeply concerned with the same circumstances apparent to this population. Through personal experience and previous studies, the researcher was aware of the stigma and marginalisation of mental health disorders and offending behaviour. The researcher's studies in Criminology at Undergraduate and Postgraduate levels were invaluable to the criminological lens of this research. It allowed the researcher to deepen their understanding of inequalities and explore the complexities of providing criminal justice services. Thus, the researcher sought to understand and analyse the

charitable sector's experience of interactions between offenders and individuals whom the criminal justice system deems at risk of offending and charitable sector support services. More specifically and uniquely, this study gathered the perspectives of charitable sector practitioners who work within community mental health and well-being support services and with offenders and individuals deemed at risk of offending by the criminal justice system.

The research objectives were:

1. To critically investigate the distinctiveness of the charitable sector from the perspectives of the United Kingdom's charitable sector practitioners.
2. To critically explore the United Kingdom's charitable sector practitioners' perspectives on the impact and effectiveness of legislation, government policy and actions on providing mental health and well-being support services to offenders and individuals whom the criminal justice system deems at risk of offending.
3. To critically investigate the United Kingdom's charitable sector practitioners' recommendations for legislation, government policy and service practice reforms.

Government failings towards minority and vulnerable groups within society inflict social injustice. Legislation, government policy and actions directly impact vulnerable groups' experiences and the services that are available to them. This study specifically explored the impact of community support services provided by charitable sector organisations. The focus on mental health and well-being support services in this study acknowledged the consequences of social inequalities on individuals' mental health and general standard of living. The increasing involvement of the charitable sector in public service delivery reflects the importance of researching this sector specifically (NCVO, 2022; Third Sector Research Centre, 2012). Uniquely, this study harnessed the perspectives of experts in the field to give an insight into the effectiveness and impact of legislation and government policy, the strengths and challenges of charitable sector services, and recommendations for

service practice reforms. Limited research has been conducted from the perspectives of practitioners delivering public services in the charitable sector. Thus, this research intentionally operated as a platform for the voice of those in this field. This unique position harnessed the perspectives of experts in the area to give an insight into the impact and effectiveness of legislation and government policy and action, service benefits and challenges, and the variance between sector services and recommendations for reforms.

The timeframe of this research also added originality. The data was collected throughout August and September of 2016, three years after the implementation of the Transforming Rehabilitation programme. The research's timing added to the study's originality and its contribution to knowledge. The data was collected during a specific time when the government announced significant changes and probationary reform. This research captured a unique period when the Transforming Rehabilitation reforms were in the early stages of implementation into practice. A specific moment in time that cannot be repeated. A time when statutory, private, and charitable sector organisations had to navigate around significant probationary changes that had been made quickly. Many organisations had expressed uncertainty about what was happening, how it would evolve, and what would happen next - very much a period of turmoil. Research expressed great scepticism before Transforming Rehabilitation was implemented in practice. This study sought to capture practitioners' perspectives on these proposed concerns and analyse if these concerns transpired into practice during this period of the early stages of implementation. This study aimed to investigate if the Transforming Rehabilitation programme was better or worse than anticipated and how organisations navigated through these issues. Thus, this research aimed to deeply analyse charitable sector practitioner perspectives at this critical point in time.

Methodology and research design

This research aimed to critically explore the distinctiveness of the charitable sector and the impact and effectiveness of legislation, government policy and actions on the

charitable sector. These will both be explored from the perspectives of charitable sector practitioners, as well as exploring their recommendations for reform. The aims of this research were inspired by the limited voice that charitable sector practitioners have.

To meet these research objectives, the researcher conducted qualitative, semi-structured interviews with charitable sector organisations that provide community mental health and well-being support services to offenders or individuals whom the criminal justice system deems at risk of offending. Thematic analysis was then conducted to interpret the data and identify emergent codes and themes.

Structure of the thesis

This thesis consists of five main sections:

1. The theoretical framework
2. A literature review
3. The methodology
4. The findings and analysis of this study
5. Discussion, conclusions, and consideration of future research

Chapter one presents the theoretical framework underpinning this research. It explores stigma theories and the role of structural power in stigmatising entire groups in society. Governmentality is explored to understand how and why new penology and risk management approaches have become prominent in crime management. Lastly, distinctiveness theories and partnerships theories will be discussed to comprehend the charitable sector's role in criminal justice service delivery.

Chapters two, three and four review the relevant literature. Chapter two discusses the rise of neoliberalism within political agendas from the 1970s. The increase in privatisation, monetarism and austerity are explored to understand how and in what

ways they impact vulnerable populations. Similarly, the emergence of risk-based strategies will be discussed to show how they can disproportionately affect certain societal groups. Discussions around risk are then continued in chapter three, emphasising the role of power within the psychiatric field. This chapter covers the critical development stages of the history of the psychiatric field, giving particular attention to the role of power and control. Lastly, chapter four ties together the arguments made throughout chapters two and three and applies them to the charitable sector. Discussions provide context for how the political climate impacts charitable sector organisations, with particular attention given to the part of cross-sector partnerships.

Chapter five explains and justifies the methodological approaches used in the study to collect and analyse the data from charitable sector practitioners. Chapters six and seven are dedicated to the findings and analyses of the study. Chapter six provides findings grounded in the themes of the charitable sector's distinctiveness from practitioners' perspectives. Chapter seven presents the findings, which explore the complexities of charitable sector service provision in a political climate. Throughout each of these chapters, findings relating to practitioners' recommendations for reform will be presented.

Chapters eight and nine discuss and conclude the research's analyses. Chapter eight develops the discussions within chapters six and seven by extending the analysis to discuss how the findings have contributed to the existing knowledge within this field. It links and builds upon existing knowledge by providing insight from charitable sector practitioners' perspectives on their understandings of how legislation and government policy have impacted their service delivery and recommendations for how improvements can be made. Chapter nine provides the concluding comments where the critical components of this research are drawn together. This chapter also reflects on methodology decisions and considers ideas for future research.

CHAPTER ONE

A HYBRID THEORETICAL FRAMEWORK: THE IMPACT OF STIGMA, GOVERNMENTALITY, AND RISK ON CHARITABLE SECTOR PUBLIC SERVICES

This chapter outlines the hybrid of theories utilised in this research project. This theoretical framework underpinned the research; it provided a deep understanding of the charitable sector's role in public service provision and the impact of legislation, government policy and action enabling the researcher to analyse the literature and data critically. The concepts utilised supported a deep understanding of 'how' and 'why' governments have taken specific approaches to crime management and the adverse effects of these on both offenders or individuals deemed at risk of offending by the criminal justice system and the charitable sector.

Individuals in contact with the criminal justice system often have depleted levels of self-esteem, partly influenced by the array of derogatory labels attached to criminality. Goffman's (1959, 1961, 1963) and Scheff's (1966) work on stigma and labelling theory offers a greater understanding of the complex process of stigma and why society condemns specific populations. While Link et al.'s (1989) modified labelling theory outlines how criminality and mental health can be stigmatised, causing extensive harm to people with these traits. A particular focus will be given to Link and Phelan's (2001, 2014) and Corrigan et al.'s (2004) notion of structural power. These concepts will show the government's influence in marginalising specific populations. A hybrid of theories and perspectives will be utilised because it allows a more accurate depiction of the damage caused by stigmatisation.

The evolution of actuarial and risk-based discourse and practice shows how government actions to crime control can disproportionately affect and punish mentally disordered offenders. Beck's (1986/1992) risk society thesis and Feeley and Simon's (1992) new penology movement discuss how political actions concentrated on risk minimisation. Foucault's (1982, 1991) governmentality

framework and O'Malley's (1996) further developments provide a rationale for government actions. Outlining government ideologies will explain how and why legislation and policy can disproportionately impact vulnerable populations and the charitable sector.

Charitable sector distinctiveness theories are used to explain the unique value of the sector. These theories provide helpful context for the importance of the charitable sector and justify why charitable sector organisations often need to collaborate with private and public sector agencies. Salamon's (1987) new governance theory and Tomczak and Thompson's (2019) developments of netwidening theory are utilised to understand the current dynamics of criminal justice services and the complexities of charitable sector organisations operating within a multi-sector system.

Stigmatisation: Dividing 'us' and 'them.'

Legislation, government policy, outcomes and practices have the power to stigmatise on an institutional level where groups of individuals, such as those in contact with the criminal justice system, can ultimately be disadvantaged. For Goffman (1963), stigma occurs when "actual social identities" differ from "virtual social identities", which constitute the characteristics deemed acceptable by society (p.2). Link and Phelan (2001) developed Goffman's (1961, 1963) theory and proposed two further stages of the stigma process regarding structural power. They argued that for groups to become stigmatised, there needs to be an element of political, economic, or social power. Concurrently, there needs to be a lack of power in the stigmatised group to prevent resisting the discriminatory consequences of the stigma label (Link & Phelan, 2001). Involvement with the criminal justice system grants statutory agencies the power to regulate and control these individuals, who often already have limited capacity because of their low social status. When an individual also has a mental health disorder, structural power empowers the criminal justice system to stigmatise this entire group of offenders based on mental health and criminality labels. Thus, stigma allows criminal justice agencies to exert higher levels of control and punishment measures on this group of offenders (Link & Phelan, 2014). Stigmatising perceptions have become popular and accepted by much of the public,

which legitimises and justifies structural power in practice through law and government policy. This demonstrates the ample power and influence of stigmatising labels (Samavati Pirouz & Ghofrani, 2021).

Structural power also includes how governmental approaches to crime management can have unintended consequences. Corrigan et al. (2004) argued that whole institutions can cause structural stigma because power allows them to introduce or influence practices where discrimination occurs, whether intended or not. For example, the government regularly introduces legislation and policy that focus on addressing offending behaviour or focus on mental disorders. When applying these to individuals who have offended and have a mental health disorder, unintended harm can be caused. Similarly, government ideas can often be encouraging in theory. Still, there can be extensive issues when these are put into practice, which can disproportionately affect individuals with an existing mental health disorder. Acknowledging that the government can sometimes encourage stigmatisation unintentionally helps to consider the scope of harm that legislation and government policy can have on the mental health and well-being of individuals in contact with the criminal justice system.

Advocates of the interactionist school, Goffman (1959, 1961, 1963) and Scheff (1966) provided initial discussion around the extent of harm caused by stigma. Although this research is focused on structural stigma rather than interactionism, it is helpful to draw on Goffman's (1959; 1961; 1963) and Scheff's (1966) work to consider the consequences of stigmatisation. Goffman's (1963) concept of spoiled identities is significant for this research because it explains how and why mentally disordered individuals in contact with the criminal justice system are treated differently within society. Mental disorders and a criminal history deviate from social norms and therefore are stigmatised traits that can spoil and devalue an individual's identity. In 1962, Goffman described how mental disorder stigma causes a person's identity to be "stripped", where they gain a "discredited status" (p.128). Being identified as a tainted person meant individuals would no longer be viewed as "whole" by society. People may avoid interaction or actively ignore them because

their stigmatised trait deems them abnormal (Goffman, 1961, p. 3; 1963). Scheff's (1966) labelling theory reiterated this concept when he argued that society is likely to treat labelled individuals in compliance with the meaning attached. The theories of stigma and labelling provide helpful insight into the reality of how specific individuals can be rejected from society simply because they are associated with a stigmatising label. Individuals who have committed a crime or the criminal justice system deems at risk of offending or have a mental health disorder frequently meet the requirements for such unfavourable treatment.

As Goffman (1961) expressed, stigmatised people can begin to classify themselves as "inferior, weak, blameworthy, and guilty" (p. 7). The impact of stigmatisation can be extensive. A person's identity can be absorbed by the meanings assigned to their associated label. Link et al. (1989) argued within their modified labelling theory that stigma has the potential to affect an individual's standard of living severely. Personal expectations of devaluation, rejection and discrimination can limit a person's sense of self-worth, affecting their overall mental health and well-being (Link et al., 1989). The extent to which an individual is harmed by stigma can depend upon the level of internalisation and acceptance of that label. Attachment to stigmatising labels can dictate behaviour, life choices and self-confidence. Corrigan and Watson (2002) suggested that four levels of emotional response could distinguish the impact of self-stigma. Individuals who fully accepted their stereotypical label experienced self-esteem decrement where respect for oneself is diminished because their stigmatised label becomes their complete identity (Corrigan et al., 2006). Many offenders can identify with this stage of Corrigan et al.'s (2006) degree of stigma internalisation. Corrigan et al. (2009) extended this argument by suggesting further consequences of stigma concerning self-efficiency. The 'why try' effect explained how stigma caused low self-esteem and self-worth, preventing engagement in life opportunities (Corrigan et al., 2009). The 'why try' effect is especially applicable to offenders and individuals with mental health disorders because it explains why some people may not utilise support offered by rehabilitation and treatment services. Understanding the detrimental impact of stigma is particularly important for this research because many mentally disordered offenders experience self-esteem decrement. However,

low levels of self-esteem can directly impact an individual's self-worth, affecting their long-term mental health and well-being and their ability to desist from crime.

Goffman (1963) claimed individuals might choose not to disclose stigmatised traits or actively attempt to conceal behaviours that may expose them as a coping strategy and avoid adverse treatment. Similarly, Pinel's (1999) concept of stigma consciousness outlined how individuals who anticipate rejection from society can conceal stigmatising labels to prevent this rejection. Ideas around concealment and disclosure are particularly relevant to stigmatising mental health and criminality because these are less visible characteristics and potentially easier to hide. It is crucial to consider disclosure and concealment because it explains why individuals may not have engaged with support services during the criminal justice process. Many offenders do not expose mental health disorders, with some attempting to deliberately conceal symptoms because of the stigma associated with mental health. Mentally disordered prisoners often view concealment as their only option to survive their custodial sentence and avoid being targeted by other prisoners or portrayed as weak or vulnerable. However, the efforts needed to conceal symptoms of mental health disorders can significantly impact an individual's well-being. For example, offenders and individuals deemed at risk of offending by the criminal justice system who engage with community support services have poor mental health and well-being, which can be explained by concealment.

More recently, authors have attended to the restricting effects of stigma on those who experience multiple stigmatising labels. Turan et al.'s (2019) concept of intersectional stigma depicted the superior harm caused when a person is attached to various stigmatising labels. Most mentally disordered offenders are associated with numerous stereotypical labels beyond their mental health and criminality, such as addiction and homelessness. However, these can render them severely vulnerable to the effects of social meaning derived from identity formation. It is helpful to view the concepts of stigma impact through the lens of intersectional stigma because it outlines the complexities of providing intervention and support services to people with multiple stigmatised identities. It also provides greater insight

into the lives of individuals who have contact with the criminal justice system. Intersectional stigma is expected within this population, and the effects can be grave.

Risk and governmentality: Drawing the short straw with government actions

Governmentality provides rationalities for government actions. Foucault (1991) founded this concept and contributed a collection of highly influential research within this area, most notably within his lecture series about the *Birth of Biopolitics* in 1979. Foucault (1991) was interested in understanding why the government exert their power in the way they do and why management techniques are used to control specific populations within society (Lemke, 2001; Smandych, 1999). For this research, it is beneficial to understand why governments have adopted particular approaches, especially concerning the rising popularity of risk management and control strategies enforced by criminal justice agencies. Having a greater awareness of political decisions will explain why actions are implemented, despite the extensive harm they cause to specific groups of offenders. In addition, it shows that stigmatising perceptions have influenced governmental actions and how structural stigma has developed within the criminal justice system.

Risk management strategies are now firmly embedded within the criminal justice system. Over the past two decades, governments have become increasingly fixated on attaining public protection by controlling potential risk factors associated with offending (Robinson et al., 2012; Wong & Horan, 2021). Feeley and Simon (1992) coined this movement the new penology. The criminal justice system became less concerned with understanding why individuals commit a crime and instead focussed on categorising and managing groups of people deemed a high risk of offending (Brownlee, 1998; Garland, 1996; Gough, 2013). Previous theories regarding criminality (where offenders could be treated and corrected) were replaced with the belief that individuals made rational decisions about their behaviour and crime was a matter of opportunity (Garland, 1999). Ultimately, welfare rehabilitation has been replaced with risk minimisation interventions (Feeley & Simon, 1992; Fitzgibbon, 2007). However, as acknowledged by Beck (1986/1992) in his risk society thesis, “risks, as opposed to older dangers, are consequences which relate to the

threatening force of modernization and to its globalization of doubt. They are politically reflexive” (p. 21).

The government determines what factors are classified as high-risk and how these should be managed. Highly restrictive and punitive measures are legitimised by public protection justifications (Beck, 1986/1992; Gough, 2013). Strictly controlling high-risk individuals is deemed acceptable because of the overall benefit to society. However, this new penology approach can disproportionately affect individuals with mental health disorders. There is extensive research showing that mental health is not linked to crime (Cummins, 2017; Desmarais et al., 2014), yet there is a misconception that it is (Brown, 2016; Roberts & Cobb, 2008; Skeem et al., 2013; Wolff, 2002). Stigmatising perceptions of offenders and mental disorders justify why this group of individuals needs strict restrictions (Cracknell, 2021). Risk factors are underpinned by the meanings attached to the concept of risk, which can directly influence government judgments. The public mostly believes mental health and crime are closely connected, pressuring the government to classify it as a risk factor. Thus, stigmatising risk perceptions can override the tangible facts regarding mental health and crime.

For Foucault (1982, 1991), the rationality of governance was based on the ‘conduct of conduct’ where governments used their power and knowledge to influence behaviour through calculated methods aimed at the well-being of society. O’Malley (1996) applied the concept of governmentality as an analytical lens to understand the impact of political actions centred on risk management. O’Malley (1996) argued that within a Foucauldian (1991) governmentality mindset, all risks could be controlled on the basis that the correct ‘technologies’ were put in place. Professional knowledge is used to produce risk analyses that identify what and who must be regulated, informing the government on the best actions to manage crime (Dixon, 2015). O’Malley (1996) explains why criminal justice agencies can treat mentally disordered offenders more severely. For example, risk assessments can identify mental health disorders as a risk factor; therefore, mentally disordered individuals can be subjected to more significant punitive measures.

Governing at a distance is another important element within the governmentality framework. Neo-liberal techniques aimed to develop indirect control measures through subtle governance at a distance (Garland, 1999; Lemke, 2001; Stenson, 1999). State power became utilised indirectly through non-governmental agencies, and 'technologies of the self' were used to encourage compliance (Foucault et al., 1988; Garland, 1997). Notably, the process of responsabilisation strategy meant some responsibility shifted away from the government, where it became accepted that the government were no longer solely liable for managing conduct (Garland, 1999; Lemke, 2001; O'Malley, 2009; Riley, 2015). The government developed risk assessment tools that became liable for identifying levels of risk. Government governance remained via legislation and policies, but crime management accountability became shared with other agencies for public protection and crime. Criminal justice professionals were responsible for utilising risk assessment tools to manage crime effectively. The government imposed regulations around a risk framework, where it was the responsibility of criminal justice agencies and its external providers to abide by these, whilst the government managed the progress at a distance (Ericson & Haggerty, 1997; O'Malley, 2009).

Rose and Miller (1990) outlined how public service providers, such as private companies or charitable sector organisations, became increasingly involved and accountable for what was previously the sole responsibility of the government. This top-down approach and new power alignment made the government less involved in delivering public services (Foucault, 1991; Rose, 1999). Governing at a distance provides an understanding of the current dynamics of public service delivery. It explains how and why charitable sector organisations have become more prominent in the criminal justice system and provides insight into shared responsibility.

Charitable sector public service provision: A lifeline for offenders in need

This research is focused on practitioners in charitable sector organisations. Therefore, it is essential to understand how legislation, government policy and

actions have caused an increasing role of the charitable sector in public service delivery. Foucault's (1991) concept of governing at a distance explains how and why charitable sector organisations have become more prominent in public service delivery. Yet it fails to show the nature and complexities involved in public service provision in the charitable sector.

There is ample evidence to show that meeting offender needs can significantly decrease the likelihood of future reoffending. Nevertheless, it is not uncommon for offenders to have an array of unmet needs that criminal justice agencies have not addressed. Understanding why this is the case is essential, especially as charitable sector organisations often fill the gaps left by statutory services. Weisbrod's (1975) government failure theory suggests an explanation for this situation. Weisbrod (1975) argued that to receive maximum political support, the government must align their actions with the desired needs of the majority within society. However, individuals will ultimately be left with unmet needs because they do not conform to the general public's requirements (Weisbrod, 1975). Thus, the charitable sector focuses on the needs of minority groups within the community and seeks to provide services that are unfilled and neglected by the government (Weisbrod, 1975).

Government failure theory can be applied to the current circumstances of charitable sector offender services. Offenders are a minority group; therefore, the government chooses not to offer extensive services to meet their needs fully. Doing so would not benefit the majority of society and thus would not achieve the most significant political support. This theory explains why charitable sector organisations have grown to deliver more public services because of the increased awareness of the unmet needs of offenders. However, this demand-side theory fails to capture the movement towards partnership working. The government, charitable sector organisations and private organisations are increasingly working together in public service delivery. But government failure theory offers no understanding of why these relationships are being formed and how cross-sector partnerships operate.

Additionally, Weisbrod's (1975) theory fails to explain why the government has increasingly relied on the charitable sector for public service provision. The government has openly discussed its desire to help charitable sector organisations deliver public services by accepting the distinct qualities of the sector. Yet, government failure theory suggested that charitable sector services should be entirely independent of the government and be fully financed by voluntary contributions made by minority groups within society (Weisbrod, 1975).

Utilising other charitable sector theories is helpful to consider how government legislation, policy and actions have impacted public service delivery for this sector. These theories can also explain how the charitable sector can adapt and operate through austerity, neo-liberal and risk management policies. Salamon's (1987) voluntary failure theory gave insight into charitable sector work and understood why cross-sector partnerships had been developed. Salamon (1987) proposed that the government become involved with the charitable sector when the quality or quantity of services is somehow inadequate. Salamon (1987) outlined four philanthropic failings, but the most useful to consider for this research are philanthropic insufficiency and philanthropic paternalism. Philanthropic insufficiency highlights the reality of the charitable sector and how financial security can be a legitimate struggle, especially over the past several years when the economy has been unstable and government cuts have been severe. This failure also covers issues with geographical coverage and how charitable sector services often operate in urban areas where they can reach the most people, implying services could be scarce in more rural areas. Salamon's (1987) philanthropic paternalism considers how those providing financial support for an organisation potentially have the power to dictate what services are offered and to whom. It is especially relevant because charitable organisations increasingly rely on government and private sector contracts for financial income. Therefore, the risk of supplying services shaped around contractual requirements and preferences is a prominent concern.

The charitable sector has a range of distinctive values that differentiate them from private and public sector organisations. Hansmann (1980), within his contract failure

theory, expressed how the role of profit-making is one of the unique advantages of the charitable sector. Hansmann (1980) claimed that because charitable sector organisations do not concentrate on maximising financial profits, it can provide high-quality, tailored services. Hansmann (1987) argued that charitable sector organisations “are considered less likely to cut corners or cheat consumers” (p. 29), which subsequently improves the trust given to such services. Being non-profit can be particularly beneficial for offender services because trust has often been previously compromised due to government involvement with the punishment of offenders and general feelings of being let down by statutory services. Due to structural stigma and a new penology approach to crime management, many individuals have high levels of distrust in government services. Individuals associated with risk factors, including mental disorders, can be subjected to discriminatory practices within the criminal justice system, where they are treated more harshly merely because they are linked to risk. They, therefore, may be reluctant to engage with them. Lack of direct involvement with the government explains higher trust and engagement levels with charitable sector services. The way charitable sector organisations operate and offer its services can also explain why charitable sector services are generally more successful at improving the mental health and well-being of its service users compared to statutory or private services. Statutory and private services often support specific health issues or addictions in isolation. Though some of these will help improve an individual’s self-worth, the innovative nature of charitable sector services enables it to focus on building self-confidence, self-esteem, and self-worth through a holistic approach. As a result, rather than services in silo, partnership working is significantly more effective for engaging service users, improving their mental health and well-being and decreasing the likelihood of reoffending.

Although an absence of profit-making can enhance trustworthiness, it is necessary to consider how charitable sector organisations can effectively participate in a competitive market. Private and public sector organisations may have financial advantages compared to charitable sector organisations. Still, the charitable sector has the benefit of focusing solely on social value and how services can successfully meet the needs of its service users (Topaloglu et al., 2018). Because of this,

according to resource-advantage theory, charitable sector organisations can offer a service of superior quality and value to society, usually at lower costs with higher success rates (Hunt, 2000; Topaloglu et al., 2018). Thus, a lack of financial power can be superseded by social value. The need for charitable sector organisations to compete has become increasingly important over the past few years. The Transforming Rehabilitation initiative in 2013 encouraged a competitive culture where a mixed sector market would be securing funding through a bidding process for grants and contracts (Ministry of Justice, 2013a; Ministry of Justice, 2013b). Through the government's attempt to achieve greater efficiency and value for money, probation services were put out to tender where organisations had to bid and apply to deliver these services (Ministry of Justice, 2013a; Ministry of Justice, 2013b). Within the Transforming Rehabilitation changes, the charitable sector was forced to compete for contracts and receive funding based on evidencing the effectiveness of their services (Ministry of Justice, 2013a; Ministry of Justice, 2013b; Walker et al., 2019). Despite concerns that larger private sector organisations could dominate the agreements and arrangements for public service delivery, the resource-advantage theory provides an insight into how charitable sector organisations may be able to, at least, limit this and maintain a significant role in delivering public services. Resource-advantage theory is useful to explain how the charitable sector can navigate through the Transforming Rehabilitation implementation and how they can continue to deliver public services by utilising the ability to provide cost-effective services that successfully reduced reoffending rates.

Aspects of government failure and voluntary failure theory aid the explanation of government involvement in charitable sector services, and distinctiveness theories explain the unique value of charitable sector organisations. However, the evolving neo-liberalist approach introduces an array of complexities for cross-sector partnership work where two very different sectors must collaborate. This research argues that current arrangements between the charitable sector and the government can be better understood by drawing upon a new governance theory, which examines how the qualities of each sector can be combined (Salamon, 1987; Salamon & Elliot, 2002). Rather than viewing the charitable and public sectors as separate entities responding to each other's failings, it is helpful to consider how they

can work in partnership. When combined, the differences in each sector can produce more effective and efficient public services. Salamon (1987, 1995) argued that the successes of the charitable sector directly complemented the failures of government services and vice-versa. Therefore, utilising the strengths of each sector allows the government to be accountable for regulating policies, controlling the quality of services and, at least partially, financing the services, and for charitable sector organisations to be responsible for delivering the services and providing direct interventions to the service users (Salamon, 1987). In this sense, the two sectors are not working independently or against one another; instead, they are working together, ensuring each sector takes on responsibilities that align with its areas of expertise. Salamon (1981) termed cross-sector partnerships as third-party government. He outlined how failures of the charitable sector, such as insufficiency and paternalism, could be overcome through aims and benchmarks agreed upon with the government (Anheier, 2004).

Similarly, government failures, such as the lack of services for minority groups in society, could be addressed through agreed services delivered by the charitable sector (Salamon, 1987). Salamon (1987) described this movement as a new governance theory in which the charitable sector's distinct advantages complimented the government's benefits (Salamon & Toepler, 2015). Instead of looking at individual programmes, consideration was made to each sector's particular set of tools and how they can meet a range of societal needs (Salamon & Elliot, 2002). To meet the desired outcomes effectively, services need to utilise various tools by working in partnership (Salamon, 2001). For example, charitable sector organisations can offer innovative, specialised treatment services to offenders to improve their mental health and well-being. Yet, the government and private sector organisations can provide financial security and legislative regulation. The government has accepted that offering community support services to meet the needs of all offenders is too complex to offer alone.

Consequently, forming cross-sector alliances allows a greater chance to meet offender needs by delivering effective and efficient public services (Salamon, 2001;

Salamon & Elliot, 2002). Offenders have an array of complex needs where several agencies must work together to provide multiple specialised services that collectively meet individual needs. This population's complexity of support needs explains why the government has progressively turned to charitable sector organisations to deliver public services.

Although a governmentality framework suggests widespread government support for charitable sector organisations, structural stigma and the rise of risk management approaches could compromise this alliance. Many charitable sector services address issues regularly worsened by stigma and government actions. Animosity can then be caused between the sectors, especially if the charitable sector feels they are categorised as inferior to statutory or private sector organisations. New governance theory outlines the practical complexities of collaborative working between three very different sectors. Although it may be assumed that each sector can complement one another, the fact that each sector operates differently can also cause significant difficulties with partnership working. Salamon and Elliot (2002) utilise aspects of the principal-agent theory to explain the role of charitable sector organisations in cross-sector collaborations. The government or private sector organisations may have more managerial positions in the partnership, but charitable sector organisations often have more information about its service users and how to meet their specific needs (Salamon & Elliot, 2002). Thus, charitable sector organisations can gain power by using its knowledge and emphasising that other parties in the partnership would not know how to deliver services as effectively as they would (Salamon & Elliot, 2002). However, network theory outlines how charitable sector organisations can still be disadvantaged in cross-sector partnerships despite shared and accepted goals from all agencies involved (Salamon & Elliot, 2002). This links in with philanthropic paternalism and the concern around how organisations which financially support services could have the power to dictate how the service is delivered. Dean (1999/2010), who adopted Foucault's governmentality framework, showed how subtle governance had influenced the professionalisation of charitable sector organisations. Public service objectives need to align with governmental intentions, but this could create a situation where "the agency and voice of users ... enter into a contestation with professional practice and knowledge" (Dean,

1999/2010, p.198). Dean's (1999/2010) research explains how government actions could directly influence the identity of charitable sector organisations and dictate how it operates. The current emphasis on payment by results and contract bidding could increase the likelihood of larger private or public sector organisations dominating cross-sector partnerships.

Nevertheless, Salamon's new governance approach also argues that cross-sector partnerships can avoid this issue because each agency knows the specific tools every party can contribute. Therefore, collaboration overrides the competition element between agencies (Salamon & Elliot, 2002). The government has openly encouraged charitable sector partnerships and has acknowledged its distinct qualities. They have suggested that collaborative working is their ultimate intention, but it is important to recognise that challenges occur in practice. Close supervision is essential to ensure all parties are treated equally and avoid charitable sector organisations from being controlled by organisations, especially those financing the services.

It is also relevant to draw on Tomczak and Thompson's (2019) work about netwidening theory, a developing area that provides valuable insight into the complexities of charitable sector organisations operating in a competitive, mixed market situation. Stanley Cohen introduced netwidening theory when he referred to how government reforms aimed to divert people from the criminal justice system but in practice resulted in increased social control of these individuals (Cohen, 1985). Cohen (1985) explains how diverting individuals from the criminal justice system meant community interventions were introduced; however, these were increasingly punitive, meaning the net was widened for more individuals to be drawn into the criminal justice system eventually. Through the lens of netwidening theory, Tomczak and Thompson (2019) provide a useful conceptual framework for how the charitable sector operate within the constraints of the 'carceral net' (p.4). The increasing reliance on cross-sector partnerships has challenged charitable sector organisations with providing inclusive services in an exclusive context (Tomczak & Thompson, 2019). In this context, inclusivity includes services that meet individual needs through

supportive measures, whereas exclusivity involves extended control and exclusion (Lanonte, 2004; Tomczak & Thompson, 2019). The ability to provide inclusive services in an exclusive context has been highlighted in the concept of 'penal drift'. Within his work on the non-profit sector in America, Salamon (2015) described how the neo-liberal political climate had forced charitable sector organisations to 'drift' towards more punitive policies and practices, which can result in losing sight of their original goals and values. However, Salamon (2015) also acknowledged the great resilience of the sector. Similar evidence has been found in the UK's charitable sector. Maguire et al (2019) identified how increasingly punitive elements of charitable sector work have gradually entered working practices through increased cross-sector partnership collaborations. It can be argued that this close alliance with punishment can directly compromise the distinct ethos of the charitable sector, an example of penal drift (Garland, 2001; Mythen et al., 2013). Utilising Tomczak and Thompson's (2019) work on netwidening theory provides theoretical understanding for how charitable sector organisations can be impacted by cross-sector partnerships.

Chapter Summary

This research considers a group of individuals who are often highly stigmatised through their association with mental health and criminality. The harm caused by stigmatising labels is extensive, as discussed by Goffman (1961, 1963), who suggested they have the power to spoil an individual's identity. The work of Corrigan and colleagues (2002, 2009), Pinel's (1999) stigma consciousness theory and Turan et al.'s (2019) concept of intersectional stigma demonstrates the grave consequences of being attached to derogatory labels. The government also has a central role in stigmatising mentally disordered offenders. Structural stigma shows how government actions can encourage discrimination through legislation, policies and actions, whether this is intentional or not (Corrigan et al., 2004). Stigma theories will be utilised throughout this thesis to understand how and in what ways stigma justifies structure power, expressed through legislation and policy, that disproportionately impacts specific populations.

The rise of risk management approaches to crime has hindered the levels of support given to individuals in contact with the criminal justice system. Welfare approaches have been replaced with efforts to manage groups of offenders using punitive interventions designed around collective risk factors (Beck, 1986/1992; Gough, 2013). Yet, the presumption of risk is shaped by misconception and stigma. Mental health and offending are two highly stigmatised traits; this stigma justifies the government's need to control and manage these groups strictly. As a perspective, governmentality explains how this movement toward risk management strategies is justified on the grounds of public protection (Foucault, 1991). The proposed benefits justify the strict control of minority groups. Foucault's (1991) concept of governmentality and extended developments will be utilised throughout this thesis to understand and rationalise government policies and actions.

For several decades governments have actively encouraged more charitable sector participation in public service delivery. The government has shifted public protection and crime management responsibilities towards external providers of public service delivery (Garland, 1999; Lemke, 2001). Failure theories are helpful in identifying the distinct role of the charitable sector within public service provision (Salamon, 1997; Weisbrod, 1965). At the same time, distinctiveness theories capture the sector's unique characteristics (Hansmann, 1980; Hunt, 2000; Topaloglu et al., 2018). Salamon's (1987, 1995) new governance theory and Tomczak and Thompson's work on netwidening theory provide insight into the extensive complexities of cross-sector collaborations (Salamon & Elliot, 2002). This thesis will use these theories to show how legislation, government policy and action can impact the charitable sector. They will also provide a deeper understanding of how charitable sector organisations adapt to delivering services through precarious times.

CHAPTER TWO

ALTRUISM OR (POLITICAL) AGENDAS: DECODING LAW, POLICY, AND GOVERNANCE

The purpose of this chapter is to critically discuss the evolving government approaches to managing crime. It is essential to recognise government ideologies around crime management to understand how and why criminal justice services have developed to where they are today. The practitioners in this study work with service users who have had contact with the criminal justice system and thus, are directly affected by government policy and action. Providing a detailed overview of political agendas will aid in understanding how and in what ways particular populations are disproportionately impacted by government policy and action.

Discussions throughout this chapter will highlight how government policy and actions have been dictated by neoliberalism ideologies from the Thatcher government onwards. Subsequent Conservative governments, along with Labour and Liberal Democrat leaders, have continued to implement crime control measures centred on neoliberalism. Criminal justice strategies, dominated by risk management, have enabled governments to achieve their ambitions of governing at a distance, improving public service efficiency, increasing privatisation, and implementing austerity measures, albeit at the expense of adequate welfare and support services.

Through discussions about the government's desire to minimise risk, it will be argued that meeting offender needs has been compromised. The punitive measures within the new penology will highlight how misconceptions and stigmatising attitudes have caused groups of individuals to be inappropriately labelled as 'risky'. Stigma legitimises and justifies structural power in practice through law and policy. This chapter will also examine why the government has persisted with risk management approaches, despite extensive evidence that they are highly discriminatory.

Consecutive governments have expressed their desire to meet the needs of offenders, yet discussions in this chapter will demonstrate how many actions have hindered the ability to achieve this. It will show how the government have extensive knowledge regarding meeting offender needs and why strategies have been ineffective in the past but have failed to act on this. Ultimately, discussions throughout this chapter will build the argument that the government have, and continue to, prioritise financial savings and perceived political support over social equality and meeting the needs of offenders.

The rise of neoliberalism: Privatisation and monetarism

Classical liberalism became dominant in political philosophy at the beginning of the seventeenth century (Smith, 2013). Classical liberalism believes wealth and economic stability is not achieved by the government, rather by free individuals (Butler, 2015; Phelan & Dawes, 2018). Classical liberalist, John Locke, argued that to maintain a healthy economy individuals give up some of their freedoms to the government to maximise their freedom in general (Butler, 2015; Smith, 2013). According to classical liberalism, the role of the central government is to maximise individual freedom, not to restrict it (Butler, 2015).

Following the economic recession in the 1970s, political ideas aligned around ideas of neoliberalism over classical liberalism (Teague, 2016). The political tradition of classical liberalism was replaced with neoliberalism ideology. Laissez-faire has moved aside for economic liberalisation, monetarism, privatisation, and austerity (Kendall, 2003). Classical liberalism and neoliberalism both agree that financial incentives are the best option to achieve quality and efficiency through a free market (Phelan & Dawes, 2018). Classical liberalists argued that freedom should be encouraged with as little involvement from the state as possible, whereas neoliberals argued that for a free market economic system to be successful, the government must construct strong regulatory principles (Phelan & Dawes, 2018). For Foucault, the move towards neoliberalism occurred because of the failures of liberalism (Cahill & Konings, 2017; Jackson, 2010). The social and economic instabilities were argued to be a result of liberalism failings and the Conservative

government used neoliberal ideology to express how they would solve political issues by replaced social democratic capitalism in practice of reorganising political economy (Sutcliffe-Braithwaite et al., 2012). Under neoliberal governmentality, Thatcher argued a different political ideology was needed to create and encourage a competitive market to improve employment and economic growth (Cahill & Konings, 2017; Sutcliffe-Braithwaite et al., 2021). When Margaret Thatcher was elected in 1979, she expressed her desire to reform the economy, characterised by fiscal and social policies (Harvey, 2005). Thatcher argued that economic capital and labour were not being utilised as efficiently as possible (Arrieta, 2022). An approach described as new public managerialism. As such, she sought to reduce the public sector. Neoliberalism promotes dispersing welfare responsibilities, a political agenda that enables governments to operate within an institutional framework where the state is still accountable for managing and legislating public services, but organisations have lead responsibility for delivering public services (Harvey, 2005; van Doorn, 2018). This resulted in a redistribution of power and a move toward governing at a distance (Corcoran, 2014; Davies, 2017; Foucault, 1991; Garland, 1999; Lemke, 2011; Rose, 1999).

The widespread privatisation of criminal justice services was another element of neoliberalism (Corcoran, 2014; Ismail, 2021; Teague, 2016). From an ethical viewpoint, enabling organisations to make financial profits from crime, victimisation, and punishment has been highly questioned (Deering & Feilzer, 2017; Jacobson & Hough, 2018). Many have argued that the government should solely manage crime management, especially actions involving punishment (Corcoran, 2014; Ismail, 2021). However, the government has not shared this perspective, which has been evidenced by privatising multiple aspects of the criminal justice system (Ismail, 2021). There have also been widespread concerns regarding the quality of privatised services. Her Majesty's Inspectorate of Prisons has reported 'poor' standards in privately run prisons on numerous occasions (Harper, 2013).

Similarly, many Community Rehabilitation Company contracts awarded to private organisations were terminated early due to the quality of services being deemed

inadequate (National Audit Office, 2019). Yet, since the late 1980s, the role of private organisations in the criminal justice system has accelerated. Margaret Thatcher claimed privatisation would produce a more efficient and cost-effective criminal justice system (Jacobson & Hough, 2018; National Audit Office, 2012). The first privately run prison, The Wolds, opened in 1992, and since then (The Howard League of Penal Reform, 2014), successive governments have followed Thatcher's privatisation trend.

Another part of the neoliberal movement concentrated on monetarism. Government priorities became centred on maximising value and improving efficiency. The government argued that reducing public sector investment would allow other institutions to deliver the same services more efficiently and effectively (Hastings et al., 2015; Shaw, 2012). The recent Transforming Rehabilitation programme evidences the government's continued support for this approach. Most community probation services were put out to tender, which created a competitive culture and increased the role of private and charitable sector organisations in public service delivery (Walker et al., 2019). The payment by results model demonstrates the government's attempt to improve efficiency and value for money. The payment by results strategy, piloted by New Labour and implemented by the Coalition government, seeks to improve the quality and effectiveness of service delivery by setting payment on the premise of meeting specified outcomes (Burke & Collett, 2016).

The impact of government actions on vulnerable groups: Austerity and social inequality

Through policy and actions, governments control taxpayers' money; they decide how it will be spent and what or who will benefit (Abrahams, 2013; Stuckler et al., 2017). The 2007/08 United Kingdom financial crisis led to a lengthy recession across Europe, which saw a further move towards a strict policy of austerity. Austerity measures are an extension of the government's neoliberal ideology. Policy and the actions of New Labour and subsequent Coalition and Conservative governments were dominated by the desire to reduce public expenditure (Akhter et al., 2018;

Pemberton et al., 2014; TUC, 2015). For the decade following this recession, government cuts were extensive.

Substantial reductions have been made to local government budgets, healthcare, welfare services, and benefits systems (Bambra et al., 2015; British Medical Association, 2016; New Economics Foundation, 2015). Between 2010-11 and 2015-16, spending on public service delivery was cut by 27% (Hastings et al., 2015). Different areas of public services fared very differently over this period of austerity. Within these five years, the police saw expenditure cuts of 12.6% and spending on the prison service fell by 5.3% (Ford, 2017). Simultaneously police, prison and probation staffing levels significantly decreased, whilst prison populations continued to rise (Ford, 2017). Employment support benefits were restricted to encourage more individuals to work (Beatty & Fothergill, 2016). VAT was increased to generate more income (Duffy, 2014). Housing benefits were lowered for some groups in society with a limit put on housing allowances (Reeves et al., 2013). Child benefits were frozen between 2011 and 2014 and then capped at a 1% increase between 2014 and 2016 (National Association of Welfare Rights Advisers, 2013; Unison, 2019). Budgets were halved for the Department for Communities and Local Government between 2010 and 2018, impacting social care support services (British Medical Association, 2016; Duffy, 2014; National Audit Office, 2018a). However, it was argued that the quantity and quality of these services would not be impeded due to an increased focus on efficiency and innovative approaches to service delivery (Hastings et al., 2015; Shaw, 2012).

The 2007/08 financial crisis was catalysed by failures in banking enabled by government deregulation that led to substantial government bailouts (Akhter et al., 2018; Hastings et al., 2013). The actions of some of the most powerful institutions were responsible for the economic recession. Yet, political attention to the recession, and subsequent austerity measures, were inaccurately explained by generous spending on welfare and benefits systems (Cummins, 2018; Jensen & Tyler, 2015; Lavalette, 2017; Pemberton et al., 2014); insinuating welfare dependents were at least partially culpable for the financial crisis. In turn, the same populations felt the

brunt of the forthcoming austerity measures. Although most members of society are affected by governmental cuts, the impact of austerity is not shared equally. Fiscal policy has caused greater social inequality and unnecessary harm. A higher income enables flexibility to adapt to service cuts and seek support elsewhere, an option often not available to those living in poverty (Hastings et al., 2015). Thus, the most deprived members of society are disproportionately impacted by the widening of social inequalities (Lavalette, 2017; Marazziti, 2021; McGrath et al., 2016; Oxfam, 2013; Tremlin & Beazley, 2022). Many of these inequalities have been enduring issues in society for decades, but austerity has caused them to worsen substantially. All in the name of austerity, a 'necessary' action to economic recovery. The British Association of Social Workers (2017) encapsulates the outcomes of austerity:

Despite politicians' assurances that 'we are all in it together' the poorest and most vulnerable in society are being made to bear the main impacts of austerity ... Under austerity, the wealthiest in the UK have become wealthier as inequality grows, tax reductions benefit the wealthiest and fiscal policy favours big business wealth for the minority. (p.1)

Historically, poverty levels have been unevenly distributed throughout the United Kingdom. Ethnic minorities are twice as likely to live in poverty compared to white people, and women are more likely to live in poverty than men (Oxfam, 2012; Reis, 2018). Austerity has widened this inequality gap. Individuals in disadvantaged communities are more likely to live in unsuitable housing, have inadequate diets and be unemployed or on a low income (Akhter et al., 2018). They are more likely to rely on the benefits system to support their basic needs, rely on statutory support services, and generally require more healthcare assistance from the National Health Service (Akhter et al., 2018). Thus, because a more significant number of individuals in poorer areas rely heavily on public sector services, they will be more affected by the cuts (Beatty & Fothergill, 2016; Oxfam, 2012). Yet, local authorities in deprived areas have seen public spending cuts nearly six times higher than in more affluent regions (Hastings et al., 2015; Oxfam, 2012). For services still available, accessibility is an issue for individuals living in poverty. This population relies more on public transport, which is often unaffordable and unreliable (Lambie-Munford et al., 2016;

Marmot et al., 2020). This is exacerbated by the government changes to centralise services to large cities and urban areas. Cheaper accommodation is often located outside of inner cities meaning travelling distances to support services can be longer, and therefore more expensive, for this population (Lambie-Munford et al., 2016; Stuckler et al., 2017).

Geographical location also affects the extent of harm caused by austerity policies. The North-South divide has been a longstanding debate, documenting the cultural, economic, and social differences between the North and South of England. This is not to say that individuals in London do not face significant challenges that financial cuts have exacerbated. Rather, the needs of those living within the Capital are different, especially for the offending population (Doran et al., 2004; Mayor of London, 2017). London is more diverse than other cities in the United Kingdom. The needs of ethnic minority offenders differ significantly from white offenders; white offenders tend to have more substance misuse and emotional needs, whereas ethnic minority offenders require more support for financial issues (Mayor of London, 2017). Less than half of the population in Greater London are White British, compared to over 80% in England and Wales (HM Inspectorate of Probation, 2018). Still, a higher percentage of offenders come from London than any other area in England and Wales (Mayor of London, 2017). However, a prevailing concern throughout the United Kingdom, affordable housing in London is particularly scarce. This causes individuals to be housed long distances from family and support networks, an issue prevalent for offenders leaving custody (London Assembly, 2017; 2018). Moreso for female offenders, the closure of HMP Holloway Prison has forced all female offenders to be incarcerated outside of London (London Assembly, 2018).

Additionally, public spending cuts have been unevenly distributed. More significant reductions have been made in the North and Midlands compared to the South of England (Beatty & Fothergill, 2016; Hastings et al., 2013). The most significant imbalances exist between the North of England and Greater London (West Yorkshire Combined Authority, 2019). More deprived areas are located in the North of England, meaning more individuals living in the North are impacted by public

spending cuts (Harris, 2020; Patias et al., 2022). Unlike other areas of the country, the London economy was relatively unaffected by austerity policies (Beatty & Fothergill, 2016). Between 1998 and 2016, the London economy rose by 71% compared to approximately 30% in the Northern and Midlands regions (UK2070, 2020). This was reflected in rates. Employment levels increased by 3% in London between 2007 and 2009, while there was a 2% increase in the number of people out of work in the North during the same period (Johns, 2020; Scanlon & Kochan, 2010). This trend continued for the following decade (Johns, 2020; Stuckler et al., 2017).

The health impacts of government austerity policies have been widely evidenced in research (Hiam et al., 2021; Simpson et al., 2021; Mattheys et al., 2018; McGrath et al., 2016; Penny & Slay, 2013; Stuckler et al., 2017). Homelessness, unemployment, low income, financial pressures, lack of support, and low socioeconomic status are factors associated with poorer physical and mental health (Forbes & Krueger, 2019; Jakobowitz et al., 2017; Lavalette, 2017; Public Health England, 2019; Silva et al., 2016; Sowels, 2017); these have all been exacerbated by austerity. There has been a greater increase in poor mental health for individuals living in poverty compared to those with higher incomes (Barr et al., 2015a, 2015b; British Medical Association, 2016; Silva et al., 2016). Neoliberal and austerity policies have increased these health inequalities (Bambra et al., 2015). Through reduced public spending and increased privatisation, health and support systems have become sparser in deprived areas, where the need is higher, and support in more affluent areas, which have better health, has remained relatively stable in comparison (Abrahams, 2013; Marmot et al., 2020). Unsuitable housing, inadequate heating, and poor diet cause millions of premature deaths yearly (Oxfam, 2012). The impact on mental health is just as harrowing. The mental health needs of vulnerable individuals are increasingly unmet because of reduced welfare and healthcare services. This has caused an increase in the number of individuals reaching a point of crisis and needing hospital intervention, which puts further pressure on these services (Lavalette, 2017).

Housing and income are two dominant stresses associated with a mental disorder. Individuals are more likely to feel their life is unmanageable without appropriate,

long-term accommodation and a regular, sufficient income (Pemberton et al., 2014). Austerity has caused more individuals to be in this situation. Financial benefits have been reduced, and unemployment levels have risen (Oxfam, 2012; Toffolutti & Suhrcke, 2014). Concurrently, between 2010 and 2017, homelessness increased by 165% in England (Marmot et al., 2020); a record number of individuals are experiencing homelessness in the United Kingdom (United Nations General Assembly, 2020). This has caused an increasing number of individuals to feel trapped and powerless to improve their situation (McGrath et al., 2016; Pemberton et al., 2014; Penny & Slay, 2013). Actions related to positive mental health and well-being, such as socialising and connecting with others, are often neglected because of increasing financial and social pressures (Mattheys et al., 2018; Pemberton et al., 2014). Furthermore, individuals living in poverty must manage prejudice based on stereotypical judgements about their lack of contributions to society (Baumberg et al., 2012; Everett et al., 2016; Moore et al., 2016; Oxfam, 2012; Pemberton et al., 2014; Walker, 2014). This stigma can discourage individuals from seeking support and accessing services (London Assembly, 2017) and result in feeling devalued within the community (Asenova et al., 2015). The rising suicide and self-harm rates capture the extent of harm caused by austerity policies (Bambra & Garthwaite, 2015; Barnes et al., 2015; Phillips et al., 2018; Stuckler et al., 2017). This is a direct consequence of reducing welfare and healthcare services at a time of increasing demand (Barr et al., 2015a). Statutory welfare services are pivotal to protecting the health and well-being of the most vulnerable individuals in society (Arrieta, 2022; Baumbach & Gulis, 2014; Toffolutti & Suhrcke, 2014). However, the government no longer provides an adequate level of economic security through its welfare and benefits system (Penny & Slay, 2013).

The prognosis is even bleaker when these consequences are extended to the offending population. Firstly, the number of individuals entering the criminal justice system has increased due to austerity. Insufficient incomes force people into more debt to enable them to finance their basic requirements (Lavalette, 2017). Reduced resources alongside increased pressures can cause more individuals to turn to crime (DeCourson & Nettle, 2021). Reducing community support services makes the

criminal justice system increasingly the first response for vulnerable individuals (Answer et al., 2020; Ismail, 2020).

Furthermore, people in contact with the criminal justice system tend to come from poorer areas, meaning they often enter the system with a range of complex needs that have previously been unmet (Callinicos, 2012; Clifford et al., 2012; Jones et al., 2015). As with community healthcare services, prison healthcare has been significantly impacted by austerity, resulting in inadequate support for those in custody. Reduced staffing, especially experienced members of staff, and limited resources have caused restricted access to healthcare and purposeful activity, whilst contact with support networks has become more challenging (Durcan, 2021; Ismail, 2020); all of which are essential to maintaining mental health and well-being when incarcerated. The significant increase in self-harm and suicide rates and the rising number of riots and assaults in custody demonstrates the dire impact of providing a diminished support system to prisoners (Durcan, 2021; Ismail, 2020; Prison Reform Trust, 2022).

Offenders, and individuals deemed at risk of offending by the criminal justice system, especially those with mental health disorders, lead more chaotic lifestyles, which can hinder their ability to work. Thus, stricter regulations for employment support benefits can significantly impact this population (National Association of Welfare Rights Advisers, 2013). Poor mental and physical health, lack of local employment opportunities, and restricted access to support services are vital barriers to work (Social Security Advisory Committee, 2014). Changes to the benefits system fail to address the social inequalities linked to employment opportunities. Worse still, austerity exacerbates these barriers. This is intensified further by the additional impediments to employment faced by individuals with a criminal history (London Assembly, 2017). Only 16% of people are in paid work within six weeks of leaving custody (Prison Reform Trust, 2022) and only 6% of individuals leaving custody receive support to find secure employment (Durcan et al., 2018). The job market has become more competitive enabling employers to be more stringent in their

application process, usually resulting in applications from offenders being automatically discarded (Pemberton et al., 2014).

Similarly, access to housing can be difficult for offenders. A higher proportion of the offending population is homeless, with many prisoners leaving custody without accommodation (HM Inspectorate of Probation, 2020). Cooper (2013) found that over a third of individuals leaving custody did not have accommodation. Private renting is usually not an option due to large deposits, and access to social housing can be problematic (HM Inspectorate of Probation, 2020). For social housing, offenders have often been deemed a low priority because of stigmatising judgements based upon making themselves purposely homeless (HM Inspectorate of Probation, 2020). Offenders, especially those with mental health disorders, can also be misconceived as having a higher risk of breaching housing contract requirements (HM Inspectorate of Probation, 2020). For these reasons, they are often excluded from housing registers making accommodation challenging to obtain (HM Inspectorate of Probation, 2020). Income is further restricted because prisoners cannot claim Universal Credit until released from custody (Prison Reform Trust, 2022). Ultimately, most individuals are leaving prison homeless, unemployed and without income (Bozkina, 2021; Brunton-Smith & Hopkins, 2014; Williams et al., 2012).

New Labour, the Coalition and Conservative governments, like governments in many other countries, argued that strict austerity measures were required to recover from the economic recession (The British Association of Social Workers, 2017). Austerity was rationalised and justified by the need to recover from rising financial debts and create a stable economy (Oxfam, 2021). However, this has been highly contested. Global citizens, trade unions, charitable sector organisations, and academic institutes responded with extreme pessimism (Oxfam, 2021). "A growing body of evidence suggests that austerity was a political choice, rather than an economic imperative" (Ismail, 2020, p. 626). Especially as austerity has failed to reduce financial debt and improve the quality and efficiency of public services (Ismail, 2021; New Economics Foundation, 2015), the very ethos of austerity, instead has widened social inequalities and disproportionately impacted the most vulnerable populations

in society (Lavalette, 2017; McGrath et al., 2016; Simpson et al., 2021; Stuckler et al., 2017; Tomczak & Quinn, 2021). Thus, it can be argued that this has been a convenient disguise for the government's neoliberal desires.

Risk management culture: Justice for all, except 'risky' groups

Since the 1980s, crime control has predominantly revolved around risk minimisation methods. Risk management approaches conformed to the government's move of governing at a distance. Risk assessment tools were created to predict future behaviour and statistically calculate the likelihood of criminality (Oldfield, 2006). This meant some accountability for managing crime was shifted to risk assessment instruments (O'Malley, 2009). It became accepted that the government were no longer solely liable for managing conduct (O'Malley, 2009). The government were still responsible for regulating risk assessments via legislation and policy but had less responsibility for controlling crime rates. Instead, criminal justice professionals were accountable for utilising risk assessment tools to identify and manage risk and crime. Consequently enabling the government to govern at a distance.

Risk management strategies adopted a particularly punitive response to crime. New Labour embraced a 'tough on crime' stance, with a clear vision to reduce crime rates through risk management approaches. New Labour's position of toughness augmented punitiveness within criminal justice, which continued with the Coalition and Conservative governments. The Transforming Rehabilitation reforms evidence this continued shift in government priorities from welfarism rationalities toward reflecting neoliberal ideologies of risk management (McNeill, 2013). The core focus of criminal justice legislation, government policy and actions moved from rehabilitation and meeting offender needs to prioritising risk management and public protection. The criminal justice system became driven by risk management measures prioritised by public protection (Robinson et al., 2012; Wong & Horan, 2021). The government no longer focused on the underlying causes of crime and enforced actuarial methods to manage societal risks (Garland, 1996; Gough, 2013). Consequently, welfare rehabilitation was replaced with managerial approaches to risk management. As Bennett (2008) summarised:

Where once there was optimistic and positive ambition that the criminal justice system should be used sparingly and should rehabilitate offenders and provide welfare and support to those in need ... this has been replaced by more conservative and defensive approaches that seek to minimise and contain risk through an expansion of the apparatus of control. (p.2)

A vital concern of the new penology movement was that punishment became based upon association with risk factors rather than solely on the offence committed. Within the neoliberalism movement and the rise of risk management strategies, the process of punitive bifurcation developed (Corcoran, 2014). The criminal justice system focuses on identifying dangerous offenders to allow for harsher, more restrictive punishments (Burke & Collett, 2016). Crime management became characterised by highly punitive measures where security and risk minimisation were paramount (Ericson & Haggerty, 1997; Feeley & Simon, 1992; Fitzgibbon, 2007; Garland, 1999; Gilling, 2010; Jennings & Pycroft, 2013; Jones & Newburn, 2006; Sanders, 2011). A pivotal element of risk assessments is the ability to assess risk levels accurately. This is crucial because inaccurate assessment can increase the likelihood of criminality and subject individuals to more or less intervention than required (Moore, 2015; Viglione, 2019). Yet, predicting levels of risk is not as simple as an input-output measurement (McNeill, 2013). Offenders tend to have multiple, complex personal and social problems (Calder & Goodman, 2003). Thus, the classification for what was considered 'risky' was considerably broad to capture this complexity. Behaviours and traits were grouped into risk categories, and their association with these groups determined an individual's level of risk. The danger was no longer viewed as individualistic; instead, groups of people were categorised as high risk and strict control and management measures were enforced to regulate potential reoffending (Castel, 1991). These punitive regulations were justified because they aided public protection and benefitted society (Beck, 1992; Gough, 2013; O'Malley, 2009; Rose, 1999). However, the main concern was that groups of individuals who shared very broad traits were subjected to extensive control measures, often due to stigma and misperceptions.

There has been a long-established misunderstanding that poor mental health is closely linked with criminality (Brown, 2016; Roberts & Cobb, 2008; Skeem et al., 2013; Wolff, 2002), despite extensive research showing this is not the case (Cummins, 2017; Desmarais et al., 2014). The stigmatising labels attached to mental health disorders and criminality have caused mentally disordered offenders to be regarded as dangerous and require strict control measures. During austerity, the government claimed that mentally disordered individuals were dangerous and thus needed to be strictly controlled to keep the public safe. These stigmatising perceptions then justified why this group of individuals required strict restrictions (Samavati Pirouz & Ghofrani, 2021). Mentally disordered individuals can score higher on risk assessments because of the inaccurate link between mental illness and dangerousness; the perceived risk causes more punitive restrictions (Bolaños et al., 2020; Markham, 2021; Morgan et al., 2021). However, such treatment can be considered a breach of human rights. Although risk assessments have been argued to be more accurate than professional judgement (Hilton & Simmons, 2001), their reliability has been highly questioned because of the limitations of predicting future behaviour (Bennett, 2008; Sainsbury Centre for Mental Health, 2008a). Decisions based on future behaviour and possible risk factors can result in excessive punishments. Harsher punishment on the grounds of a medical condition violates the right to equality and to not be subjected to unnecessary suffering (Clift, 2013; Corbett & Westwood, 2005; Lim, 2011; Silvestri, 2011; Slade, 2017). Thus, offenders receiving harsher punishments based on the potential risk posed by a mental health disorder is unjust and discriminatory. As McKenna et al. (2017) claimed, public protection is being prioritised over the human rights of mentally disordered offenders.

Coinciding with the new penology approach, the use of custodial punishments has significantly increased. Imprisonment was considered the safest option for dangerous offenders because it provided the ultimate protection to the public (Labour, 1997; Roberts & Cobb, 2008). Consequently, prisons became the default place to house high-risk offenders (Courts, 2011; Seddon, 2007). The Imprisonment for Public Protection sentence set precedence for New Labour's risk-averse approach to crime management. As acknowledged by Clift (2013), "no other criminal sanction demonstrates our preoccupation with risk, risk aversion and those offenders

who pose the ‘greatest’ threat than the use of the Imprisonment for Public Protection” (p. 21). Originally Imprisonment for Public Protection sentences were introduced for offenders who had committed the most serious crimes (HM Inspectorate of Prison, 2016). However, it quickly became a tool to control offenders associated with risk and dangerous characteristics (Ashworth, 2011; Clift, 2013). This was a clear example of how the classification of the dangerous offender became broader, with groups of offenders being labelled as risky for the slightest link to risk factors.

For Imprisonment for Public Protection prisoners to be released from prison, they had to satisfy the parole board that they no longer posed a threat to the public (HM Inspectorate of Prisons, 2016; HM Inspectorate of Prisons & HM Inspectorate of Probation, 2008). Consequently, copious offenders were left in prison beyond their minimum tariff because proving they were not a risk to society was impossible. Indeterminate Sentences for Public Protection were abolished in 2012; at this time, out of the 6550 prisoners on these sentences, 3500 were post-tariff (Ministry of Justice, 2011b). By June 2020, Ministry of Justice (2020) released data showing that over 90% of Imprisonment for Public Protection prisoners had already served their minimum tariff, with 10% of these being held over ten years beyond their tariff. For offenders deemed risky because of a mental health disorder, whilst that diagnosis remained, the individual would continue to be considered dangerous (HM Inspectorate of Prisons, 2016). As a result, prisoners had little hope of a release date, which caused immense distress, creating or severely deteriorating mental health disorders (Sainsbury Centre of Mental Health, 2008a). Ultimately, prisoners felt they were serving a life sentence for crimes not worthy of life imprisonment. Although Imprisonment for Public Protection sentences was abolished in 2012, the government failed to consider prisoners already serving an indeterminate sentence whose release was still dependent on proving risk had been eliminated (House of Commons Library, 2019). As of September 2021, over 1,600 Imprisonment for Public Protection prisoners were yet to be released from prison, with most already serving way beyond their original tariff (Home Office, 2022). Additionally, over 1,000 prisoners have been recalled to custody for breaching community conditions; concerningly, most of these are not for further offences but for minor non-compliance or mental health reasons (Edgar et al., 2020). Thus, Imprisonment for Public

Protection sentences has detrimental consequences that continue to affect thousands of individuals' lives.

Theory and practice: From blueprint to reality

A risk management approach has influenced how legislation and policies are implemented. Several government actions have theoretically focused on meeting offender needs, but in reality, the success has been compromised because of the desire to minimise risk (Fagan et al., 2019; Garside et al., 2014; Maguire, 2016). The Offender Rehabilitation Act (2014) is a clear example of this. The act extended mandatory community supervision to all offenders, enabling further support and treatment beyond custody (Howard League for Penal Reform, 2013). The government was optimistic that providing more community support would help meet offenders' needs and improve desistance from crime. But these changes were not as successful in practice as initially envisaged. Instead, this law significantly increased the already pressured probation workload and led to a considerable increase in the number of recalls to custody (Ministry of Justice, 2016). Most recalls were for minor breaches of probationary rules, which were often highly punitive, and determined by perceived levels of risk (HM Inspectorate of Probation, 2019). The increase in recalls disproportionately affected mentally disordered offenders (Brooker & Glyn, 2012), mainly because of perceived risk associated with mental illness and significant access to healthcare services (Bolaños et al., 2020; HM Inspectorate of Probation, 2021; Markham, 2021; Morgan et al., 2021). Individuals with an existing mental health disorder can find it challenging to abide by strict regulations, which can be considered non-compliance resulting in a recall to custody (The Mission and Public Affairs Council of the Church of England, 2010). Similar outcomes have been observed with hospital treatment. Care should be the core focus when an offender requires hospital treatment and is detained under the Mental Health Act. Yet, Section 49 of this law gives the option for conditions to be enforced to preserve public protection. When deciding upon the details of restrictions, meeting an individual's medical requirements should have taken priority. However, Section 49 of the Mental Health Act was often used to impose punitive controls for risk management purposes (Dixon, 2013; Jones, 2011). Research by Quarashi and Shaw (2008) and Boyd-

Caine (2010) revealed that for most judges and psychiatrists, the predominant factor influencing their decision was to minimise risk to maintain public protection. This is a clear example of how treatment has become blurred with the boundaries of risk management (Rutherford, 2010). Criminal justice workers may not consciously discriminate against mentally disordered offenders but feel compelled to base decisions around public protection because of the move toward risk management. These changes have led to conflicting ideas on how mentally disordered offenders should be treated throughout the criminal justice system.

Risk management is not the only factor influencing the effectiveness of legislation and policies when implemented in practice. Poorly defined laws and heavy workloads directly affected how governmental policies, actions, and expectations transpire in practice. For example, the Policing and Crime Act (2017) attempted to reduce the time suspects were held on bail. New regulations state that suspects should be released under investigation unless remand is deemed necessary (Brown, 2020). Furthermore, there is a statutory time limit of 28 days, discarding exceptional circumstances, which encourages more efficient investigations and subsequently limits the time a suspect spends on bail (Home Office, 2014). Previously, there were no time restrictions for bail but the uncertainties of prolonged periods on pre-charge bail caused considerable distress. It was argued that this was an unfair situation for suspects (Home Office, 2020). However, the act fails to specify the criteria for when remand is necessary, and the limited timeframe is impractical for an already overstretched police force. Over 80% of suspects released under investigation were released because the police feared investigations would not be completed in the new timeframe (Home Office, 2020; Keenan, 2019). Yet, suspects do not benefit from these changes. Although suspects were not on bail, the law gives no timetable for completing investigations, resulting in released under investigation suspects being left for long periods with no updates on the progress of their case (Brown, 2020; Cape, 2019). The law was introduced to encourage police officers to consider the damaging effects of bail and determine if strict restrictions were necessary. Although bail restrictions are issued less, suspects are often left in worse circumstances; limited information is shared, and uncertainties regarding the case frequently last longer than previous bail times, heightening the anxiety and distress for suspects.

This is a clear example of how government intentions do not always result in the anticipated outcomes when implemented in practice.

'Meeting' the needs of offenders: All talk and little action

Although risk management strategies have caused extensive consequences for many offenders, successive governments have continued to express the importance of care and support throughout the criminal justice system. New Labour, the Coalition and Conservative governments, have argued that crime control strategies have been balanced with due process measures to maintain a fair criminal justice system and ensure suitable treatment (Dixon, 2014; Johnson & Haigh, 2011; Parliament, 2019). Many policies and laws are underpinned by theories and ideas which provide great optimism that offenders will benefit from such changes. The government regularly supports initiatives to meet offender needs, usually publicised with enthusiasm. However, they rarely translate as successfully in practice. Discrepancies between theory and practice often occur because of the lack of investment from the government, a factor that has only worsened during the austerity period. There have been numerous occasions where the government have introduced a new initiative but has failed to provide sufficient long-term resources to sustain the service.

An example of this was observed with the equivalence of care strategy. From a legal and ethical standpoint, offenders and individuals whom the criminal justice system deems at risk of offending should be able to access adequate healthcare services (Tikkanen et al., 2020). The equivalence of care strategy aimed to offer this by providing the same standard of care to prisoners in the community (Cummins, 2006; Jordan, 2012). The government acknowledged that better treatment was needed for ethical reasons and to effectively reduce or eliminate further contact with the criminal justice system (Petrila, 2005). The proposals made within this strategy were highly encouraging, which, if fulfilled, would have significantly improved how mentally disordered offenders were dealt with in the criminal justice system. However, the government failed to provide sufficient resources to achieve equivalence of care. Prison overcrowding, lack of staff, and inadequate financial resources meant the

predicted benefits were not accomplished (Dean & Breedvelt, 2015; Offender Health Research Network, 2009). The funds allocated to prison healthcare remained substantially lower than spending on community healthcare, and therefore, from the outset, it was unrealistic to expect services to be of the same quality (Brooker & Gojkovic, 2009; Brooker & Webster, 2017; Sainsbury Centre for Mental Health, 2008b). It has been estimated that prison mental health funding would need to be trebled if there was any expectation of achieving equivalence of care (Brooker et al., 2009). New Labour, Liberal Democrats and the Conservatives have supported equivalence of care for offenders yet failed to provide sufficient resources, thus, questioning the genuine commitment to these ideas by consecutive governments.

Offenders' needs are well known to the government, and they have been given extensive information about how to meet them. For example, in December 2007, the government commissioned Lord Bradley to undertake a six-month independent review to assess the extent to which offenders with mental health disorders and learning disabilities could be diverted from the criminal justice system and what the current barriers were to achieving this (Bradley, 2009). Within his research, Bradley recommended that the early identification of mental health vulnerabilities, effective information sharing, and a joined-up approach were essential to ensuring offenders with mental health disorders are diverted away from the criminal justice system when the crime committed makes it appropriate to do so (Bradley, 2009). The government acknowledged that the Bradley report explained why previous strategies have failed to achieve substantial improvements and they seemed to accept the changes that need to be made. Bradley (2009; 2017) argued that the recommendations made in his report had been made multiple times before, but the same issues persevere because ideas are not being successfully implemented into practice (Prisons and Probation Ombudsman, 2021; Prison Reform Trust, 2015, 2017; Rayner, 2011). The government seemed to embrace Bradley's recommendations fully, just as they had with previous inquiries, yet they failed to provide adequate means for effective change. Although some improvements have been made, such as an expansion of liaison and diversion services, the core issues with lack of funding, training, resources, and effective partnership working remain a consistent barrier in fully

meeting the needs of offenders with mental health disorders (Bradley, 2017; Prisons and Probation Ombudsman, 2021).

The power of penal populism: Prioritising votes over the effectiveness of support services

The neoliberalism movement coincided with the management of crime increasingly being a political priority. Margaret Thatcher blamed the previous Labour government for rising crime rates and voiced her proposed actions to reverse this trend to gain public votes (Dean, 2012; Jennings et al., 2017). When crime more than doubled during the first three terms of the Conservative term, New Labour sought the opportunity to gain public support through promises of being ‘tough on crime, tough on the causes of crime’ (Dean, 2012). New Labour claimed to implement risk management strategies to improve public confidence. However, faith in the criminal justice system has only declined. Since New Labour came into power, public confidence has steadily declined, and fear of crime has become an increasing issue over the years (Clift, 2013). According to Beck (1992), individuals feel more insecure and fearful when policies are focused on risk, increasing the public demand for further risk control measures. Furthermore, inappropriately identifying an individual’s risk level can cause an increase in criminality (Viglione, 2019). Despite this, subsequent governments have continued with similar mindsets.

Criminal justice agencies remain under considerable pressure to operate using a risk-averse manner. “Professionals are fearful that unless they adopt a cautious, risk-averse approach to their patients, they will find themselves being publicly shamed for those occasions when those same people cause serious harm to themselves or others” (Department of Health and Social Care, 2019, p. 6). For the few isolated cases where offenders have been released into the community and committed a serious offence, the criminal justice system has been heavily blamed for failing to protect the public from the threat and danger of these individuals (Bindman, 2002; Wolff, 2002). The media sensationalise and overreport such occurrences, which increases public pressure on courts to hand down more punitive sentences and controls (Buchanan & Grounds, 2011; Harrison & Sanders, 2016; Wolff, 2002).

Penal populism can explain government actions to control crime. As Bottoms (1995) stated, “the existence of populist punitiveness whereby politicians tap into, and use for their own purposes, what they believe to be the public’s generally punitive stance” (p. 40). The Care Programme Approach was an example of this. The government initially introduced the Care Programme Approach to encourage continuity of care for offenders being released from custody and to ensure appropriate community support (Brooker & Webster, 2017; Department of Health, 2008). Shortly after the Care Programme Approach was implemented, a few instances occurred where mentally disordered offenders were released from prison and committed further serious offences (Department of Health, 1994). After extensive media publicity, new guidance for discharging and continuing the care of mentally disordered offenders in the community was developed based on minimising and managing risk (Dixon, 2013). Thus, although the Care Programme Approach was initially centred around care and treatment, the government felt pressured to make changes to abide by a risk management approach to satisfy public protection desires. Government actions being driven by public demand have since continued. The Coalition’s plans for the Rehabilitation Revolution were characterised by probationary failings that undermined public confidence in the criminal justice system (Burke & Collett, 2016). The government’s reaction to public opinion and introduction of policies they envisage will help gain the most political support (Bell, 2018; Wood, 2009). Inevitably, if this continues, punishments will remain punitive, causing the prison population to rise endlessly, and offender needs will continue to be unmet (Ministry of Justice, 2021a; Sturge & Tunnicliffe, 2021).

Punitive attitudes are difficult to challenge, primarily as they are continuously supported in the media and government policies and actions (Dean, 2011; Durcan, 2021). Inaccurate information about rising crime rates and stigmatising perceptions means the public will continue to demand an ever-punitive response to crime (Burstein, 2003; Durcan, 2021; Hough et al., 2013; Jennings et al., 2017; Marsh et al., 2019; Maruna & King, 2013; Prieto Curiel et al., 2020). This demonstrates the ample power and influence of stigmatising labels (Samavati Pirouz & Ghofrani,

2021). Stigmatising perceptions have become popular and accepted by much of the public, which legitimises and justifies structural power in practice through law and government policy. As a result, stigma justifies financial cuts in public services. The stigmatising labels attached to impoverished individuals justify the limited resources given to this population (Baumberg et al., 2012; Walker, 2014). Stigmatising perceptions of offenders and mental disorders justify why this group of individuals needs strict restrictions (Cracknell, 2021). Stigma justifies the lack of policy and law to support offenders because they are not deemed a valuable social group (Walker, 2014). Still, actions based on stigma perpetuates the myths and stigmatising perceptions.

The government are entrapped in a cycle of wanting to satisfy the public demands of crime control to the detriment of offender welfare and rehabilitative actions. Consequently, the government continue to react to stigmatising perceptions and media sensationalism and adopt a risk focus to satisfy public demand rather than basing actions on research and evidence (Bindman, 2002; Corbett & Westwood, 2005; Garland, 1999). Governments pledge to meet offenders' needs while simultaneously introducing initiatives that strengthen stigmatising labels. For example, the hospital direction order is based on the concept that the public must be protected from dangerous offenders (Chiswick, 1996; Sandford et al., 2000). The Crime (Sentences) Act 1997 first introduced hospital and limitation direction orders within section 45A of the Mental Health Act (1983). Hospital direction orders are referred to as hybrid orders because judges can allow individuals to receive appropriate hospital care for mental health disorders but for a penal element to also be included to prevent individuals from being discharged from hospital and instead transferred to prison (Griffith, 2023). Although this allows mentally disordered offenders to receive treatment, the focus on risk minimisation means restrictions on leaving the hospital within a set timeframe are used to ensure public safety is maintained. A more recent development echoes the importance placed on punitive responses to offenders. The Sentencing Council (2020) outlined how judges must now provide written justification if a hospital order (where a time limit is not given) is issued instead of a hybrid order. This change was made after criticism that a hospital order could potentially put the public at risk (Griffith, 2023). Yet, the punitive

elements of hospital direction orders can reiterate the misconception that mentally disordered offenders are dangerous. Imposing strict supervision on mentally disordered offenders suggests an immediate risk from which the public needs to be protected (Bennett, 2008; Birkett, 2015; Brownlee, 1998; Simon, 2000). The public usually accepts that decisions made professionally are accurate, so the link between mental health disorders and risk is constantly reinforced (Vinestock, 1996). Still, this can increase public demand for the government to implement more punitive responses to risk management due to the misbelief that offenders need strict supervision. The government are then in a predicament where introducing initiatives that focus on offender needs may not receive as much public support as risk-averse approaches (Bashford, 2017; Rayner, 2011).

Individuals living in poverty, especially the offending population, have less political representation and therefore, government policies aimed at improving social inequalities are not always the most popular with voters (Duffy, 2014). The media and public policy must utilise their power to educate the public on welfare approaches (Kleban & Jeglic, 2012). As Bashford (2017) encapsulates, “there is a need to change attitudes and to think about vulnerable people in the criminal justice system, not as offenders but as people with complex needs who continue to need support and connections with their communities” (p. 39). Reconceptualising stigma can aid the understanding of social inequalities and injustices (Tyler & Slater, 2018). This could encourage political support for investing in social and criminal justice support services. Financial investment in social protection is the only option to reduce social and health inequalities (British Medical Association, 2016). Building a solid education and support mechanism for children will aid in long-term economic benefits (Bramley & Besemer, 2016). Consequently, crime and long-term public expenditure on statutory services will be reduced, which can then be reinvested in other services (Williams & Treffers, 2021; Wynne, 2021).

The future of neoliberalism: It is here to stay

Despite the extensive and arguably unnecessary harm caused by neoliberal policy, there is evidence to suggest that governments will continue with this agenda (Ismail,

2021). Thatcher initially embraced neoliberal ideologies, but every successive government has continued with this stance (Arrieta, 2022). Imprisonment does not reduce reoffending rates or tackle the underlying causes of crime embedded in social inequalities (Karstedt, 2021). Still, the current government are not deterred from encouraging the rising prison population. Although it was welcoming news that the Conservative government has invested in community mental health services, their focus remains on increasing prison capacity (House of Commons, 2018). They have shared plans for building large titan prisons by the mid-2020s to cope with housing the ever-growing prison population (Prison Reform Trust, 2022). Private organisations will almost entirely facilitate these, demonstrating that privatisation agendas remain a priority (Prison Reform Trust, 2022). Despite extensive failings, the government's reluctance to reduce privatisation is also evident in the Transforming Rehabilitation reforms. Systematic failures led to the early termination of the Community Rehabilitation Company contracts, most of which were with private sector organisations (Ministry of Justice, 2018). Still, the government has continued to promote probation privatisation (Walker et al., 2019). The Conservatives have shown their intent to utilise policies underpinned by neoliberal ideologies.

Although financial cuts have not been as substantial in the past couple of years, the government continues to make real-term reductions in public expenditure compared to those made between 2008 and 2015 (Reed, 2016). Boris Johnson announced the end of austerity in 2019 with rising spending allocations across all public services (Arrieta, 2022; HM Treasury & Hammond, 2018). However, when the Covid-19 outbreak caused a world pandemic in March 2020, the government returned to austerity measures to deal with the rising debts caused by this (Pope et al., 2021). Like previous financial cuts, local government funding has been reduced alongside a further restriction of welfare resources (Arrieta, 2022). This would suggest that austerity is a political priority for the foreseeable future (Ismail, 2020).

Chapter Summary

Since the 1970s, neoliberal ideologies have dominated political agendas (Teague, 2016). Within this movement, privatisation, monetarism and austerity dictated

government actions. The government has expanded and continues to increase, privatising the criminal justice system (Corcoran, 2014; Ismail, 2021) to maximise value and improve efficiency (Hastings et al., 2015; Shaw, 2012). Simultaneously, the government have made substantial cuts to health care and welfare services and the benefits system (Bambra et al., 2015; British Medical Association, 2016; New Economics Foundation, 2015). Yet, austerity has disproportionately impacted vulnerable groups in society, notably individuals living in poverty, predominantly in areas in the North and midlands (Beatty & Fothergill, 2016; Hastings et al., 2013; Oxfam, 2012). Those in poverty are more likely to be homeless, unemployed, have financial pressures and a lack of support; all factors that are associated with poor mental health and criminality (Forbes & Krueger, 2019; Jakobowitz et al., 2017; Public Health England, 2019; Sowels, 2017). Most offending populations are also within this category (National Association of Welfare Rights and Advisors, 2013). Austerity policies have caused extensive harm to the health and well-being of vulnerable populations (Phillips et al., 2018; Stuckler et al., 2017). Ultimately, the government has reduced support services when demand is increasing. This chapter has focussed on the impact of neoliberalism and austerity on vulnerable populations; these discussions will be expanded further in chapter four to explore the implications for charitable sector organisations.

In line with neoliberalism, crime management has increasingly revolved around risk minimisation strategies. Strict regulations and punitive sentences have become standard for offenders deemed 'risky', which is justified by the need for public protection (Beck, 1992; O'Malley, 2009; Samavati Pirouz & Ghofrani, 2021). However, the misconception that poor mental health is linked to dangerousness means mentally disordered offenders are treated more punitively throughout the criminal justice system. Nevertheless, enforcing harsher punishments due to having a mental health disorder is unjust and discriminatory (Clift, 2013; Corbett & Westwood, 2005; Lim, 2011; Silvestri, 2011; Slade, 2018). Despite this, governments prioritised public protection over the human rights of mentally disordered offenders (McKenna et al., 2017). The discussions around risk management have provided the foundations for the aim of chapter three, which explores the role of risk in psychiatry.

The notion of stigma will also be explored further in the subsequent chapter showing how mental health disorders came to be heavily stigmatised.

Governments have widely accepted the importance of balancing risk management strategies with due process measures (Dixon, 2013). However, the government's genuine commitment to meeting offender needs is questionable from their previous actions. The government has extensive knowledge about offenders' needs and how these can be met (Bradley, 2009, 2017). Numerous reports have made valuable recommendations that the government seems enthusiastic about implementing (Bradley, 2009, 2017). However, significant changes have not yet been achieved. Substantial changes will not be made whilst the government continues reacting to media sensationalism and implementing policies reinforcing stigma (Bennet, 2008; Corbett & Westwood, 2005). Such actions will only strengthen the public's demand for punitive methods for crime management, which means the government will be less likely to divert from risk management approaches to crime (Bashford, 2017; Rayner, 2011). The public need to be educated regarding misconceptions about criminality and mental health to break the cycle of pressure for overly punitive crime control measures. Until then, the government will continue enforcing strategies to appease the public while impacting the offender population, especially mentally disordered offenders.

CHAPTER THREE

PSYCHIATRIC POWER: CARE OR COERCION?

The purpose of this chapter is to provide a detailed argument for how power and risk management have become embedded within psychiatry. Psychiatric power is relevant to this thesis because the researcher argues similarities between psychiatry and the criminal justice system. Cohesion and a model of punishments and control are also seen in the medical field. The participating organisations offer community mental health and well-being support services. Providing an overview of approaches taken in the mental health care system enables an understanding of how statutory mental health services may influence charitable sector services. Exploring the mental health system also builds on arguments made in chapter two around government power. This chapter will argue that the government's power has enabled risk management to become firmly embedded in psychiatry.

The mental health system has transformed considerably over the past seventy years, with psychiatry now seen as its own specialism within medicine. There have been substantial changes in the way mental disorder has been dealt with within society, from the process of medicalisation, advancing knowledge in the specialism, growth of incarceration, the rise of the drug industry, the decline of incarceration and deinstitutionalisation policy, community care and risk management strategies and new alignment with legislative developments. This chapter's discussion will outline the history of the psychiatric field, which is necessary to demonstrate how power has become embedded within mental health care. Still, the dominant and consistent factor throughout the changes in the treatment of mental 'abnormality' has been the element of power. Control and cohesion are not just historical concerns; they are happening at present, in parallel to new penology. The concept of power and control led to much controversy regarding the development of psychiatry. Those who apply a critical lens to psychiatry have argued that it is wholly a form of social control, while others claim it is entirely about treating and healing patients. In reality, this chapter will argue that psychiatry is a combination of both.

The chapter's purpose is to explore the rise of power and control in psychiatry critically. The historical concerns in psychiatry are helpful to explore for this research to understand how historical perspectives and actions have influenced current perceptions of mental disorders. Excessively punitive treatment interventions are condoned by public protection, and risk management strategies favour excessive punitive treatment interventions, yet there are significant ethical issues with this. This chapter will argue that mentally disordered offenders are subjected to overly restrictive interventions, justified by the inaccurate perception that mental disorder, risk, and dangerousness are interlinked.

Psychiatry: A powerful history

There has been much controversy regarding the development of psychiatry, with widespread and often contrasting perspectives. Medical professionals claim mental health care prioritises the treatment and healing of patients. Contrarily, anti-psychiatrists, such as Szasz (2003) and sociologists Foucault et al. (1965) and Conrad (1975, 1992), argue that psychiatry is wholly a form of social control where the medical field is being used to control deviant behaviour. The knowledge developed during the stages of medicalisation can be impacted by what society regards as 'normal' and deviant. When behaviours become attached to medical knowledge and ultimately to a medical condition, it influences how society perceives that behaviour. From a social constructionist perspective, the process of medicalisation allows certain behaviours to be attached to a medical diagnosis re-designating social problems as medical ones (Conrad, 1975, 1992; Conrad & Barker, 2010; Zola, 1982). Medicalised behaviour and symptoms have varied over time, culture, and place, further indicating the social construction element of this process. By claiming to reveal the presence of an objectively identifiable disease, psychiatrists can use medical language to describe behaviour, a medical framework to understand the behaviour and apply medical interventions to 'treat' the behaviour (Conrad, 1975, 1992; Conrad & Barker, 2010). Holmes (2002) called this pastoral power. Control and interventions are accepted based on improving the health and well-being of those identified as 'sick' (Holmes, 2002).

Defining related behaviours as a medical condition enables interventions to monitor, manage and treat such actions to maintain social control. Strict control is justified by the disguise of medical intervention (Conrad, 1992; Skull, 2006). The financial rewards for psychiatrists cast further doubt over the true motives of medicalising behaviour as a mental disorder. The original president of the Royal College of Physicians, who claimed he could cure mental health disorders, became one of the wealthiest men in England at the time. Medicalisation “gave psychiatrists the opportunity to cash in on mental health treatment” (Citizens Commission on Human Rights, 2022, para. 1).

Knowledge is power, and psychiatry is a discipline with a plethora of knowledge. Medical professionals already have much social capital as they tend to be wealthier, healthier, better educated and have more robust social networks (A Better NHS, 2012). Thus, adding medical power creates a very authoritative status. The anti-psychiatry and postmodernism movement, predominantly led by Foucault, began questioning the objectiveness of mental health knowledge (Iliopoulos, 2012; Laugharne & Priebe, 2006). Social constructivism argues that knowledge is socially constructed (Castel, 1991; Paradis-Gagne & Pariseau-Legault, 2020). “The reasoning ... is that all forms of knowledge, including medical knowledge, produce images of the world that then operate as if they are true” (Canter, 2001, p. 414). This notion of truth is the basis of one of the main controversies in psychiatry. Madness was problematised within society and by using medicalisation professionals could study it in terms of truth and a medical condition (Iliopoulos, 2012). Psychiatrists have the power to determine the ‘truth’ of what is a medical issue and to distinguish between one diagnosis and another (Iliopoulos, 2012). The authority to diagnose, treat and intervene gives medical professionals a powerful status, significantly influencing society, law, and politics. Diagnosed individuals are then in a vulnerable position where they need to rely on the expertise of professionals to treat their disorder (A Better NHS, 2012; Peerson, 1995). Castel (1991) argued that this vulnerability is not because of the mental disorder itself but because of the power imbalance and knowledge dynamics within psychiatry (Paradis-Gagne & Pariseau-

Legault, 2020). Psychiatrists could use medical knowledge to justify strict control measures for deviant behaviour (Peerson, 1995).

It is the element of medical power that Foucault was concerned with. Governmentality extends to the psychiatric industry. The state has enabled the emergence of such power within psychiatry through legislation and policy (McKinlay et al., 2012; van Doorn, 2018). The government were the leading contributor to problematising certain behaviours; by doing this, populations associated with these behaviours were identified as sick and, thus, required treatment (Curtis, 2002). Foucault argued that this was because it aligned with the notion of governmentality, where accountability for governing society becomes dispersed beyond just the state (Holmes, 2002; McKinlay, 2012; van Doorn, 2018; van Rensburg et al., 2016). With increased power, psychiatrists and medical professionals became more responsible for managing the mentally disordered (van Doorn, 2018). Mental healthcare professionals were also encouraged to focus on enabling individuals independently improve their mental health and well-being (van Rensburg et al., 2016).

By promoting individual responsibility, the government argued that reliance on government support services would be reduced (Brown & Baker, 2012; Lavalette, 2017). Instead, individuals would take more responsibility for maintaining positive mental health and actively supporting others in society (Numans et al., 2021). This aligned with a governmentality ethos and justified substantial cuts to the welfare system (Numans et al., 2021; van Rensburg et al., 2016).

One constant of psychiatric treatment, an otherwise ever-changing field, is that the mentally disordered are controlled physically, pharmaceutically, emotionally and by the creation of an identity that it knows society will control. Early psychiatric treatments set a precedent for managing and controlling the mentally disordered. Initial mental health interventions were purely based on authority, power, and alienation. Individuals deemed mentally disordered would be locked away from the community (Citizens Commission on Human Rights, 2022). The 'great confinement'

and asylum systems saw deviant groups incarcerated in psychiatric hospitals for extended periods (Beveridge, 2014; Bynum et al., 1985; Porter, 2003; Turner et al., 2015). Although confinement was not always limited to the mentally disordered, it marked the beginning of incarceration being an ideal form of social control (Cohen, 1985; Foucault et al., 1965). Mental disorder fails to align with what is perceived as 'socially normal' (Opalic, 2007). Thus, confining individuals deemed mentally disordered was an opportunity to isolate them from society to maintain social order.

Society supported this because it enabled them to have what they believed to be dangerous and deviant individuals taken away from their community to a place where they would receive 'treatment' and 'care' (Szasz, 2003). The medical language and interventions attached to problematised behaviours became normalised in society (Cairney, 2019). The meanings attached to early institutions influenced emerging approaches to mental health treatment. The buildings used as 'madhouses' and asylums had strong symbolic values of confinement that linked psychiatry to incarceration (Goffman, 1959, 1963). The mentally disordered became labelled with a discredited status, which suggested they needed to be detained away from society (Goffman, 1961; Scheff, 1966). An early asylum, the Bethlehem Royal Hospital, held viewing sessions where members of the public could come to see the warehoused individuals. The people saw scenes where individuals would be restrained in cages and chains, instilling fear and reinforcing the perception that the mentally disordered were, and are, dangerous (Citizens Commission on Human Rights, 2022).

Another critical component of medical power is the act of formal coercion and the removal of freedoms. Although involuntary detention is a dominant feature when discussing coercion, the concept is much broader than this. Most other treatments within psychiatry can be regarded as a type of coercion, albeit more subtle forms of coercion than involuntary hospitalisation. Applying Lukes' dimensional power model, it is evident that there are several layers of power within psychiatry (Lukes, 1974). The trust and respect given to medical professionals can lead to coercion. Mental health specialists are seen as experts within the field, where they are accepted as

having the professional knowledge to understand and manage mental disorders (Canter, 2001). An important factor is the use of subtle coercion (Canter, 2001). Individuals may feel free to make their own decisions and are unaware of the hidden power and subtle coercion influencing their decisions (Dahl, 1957; Feinberg, 1989; Lukes, 1974). They could feel pressured to accept medication or advice from medical professionals or comply with a specific treatment programme (Norvoll & Pedersen, 2016). The longstanding and embedded power imbalance between laypeople and medical professionals has enabled this.

The pharmaceutical industry and psychiatry: A powerful alliance

The increased use of inhumane treatment led to a public outcry, which meant psychiatrists had to continuously adapt and advance treatment interventions (Citizens Commission on Human Rights, 2022). After the widespread criticism of the asylum system, psychiatry moved towards more subtle forms of control with the pharmaceutical industry. Since the 1980s, the pharmaceutical industry has become a potent, influential, and dominant component in healthcare (Busfield, 2006; Conrad, 2005). Society began to believe and accept that drugs were the answer to solving various issues. Medical professionals were no longer the lead beneficiaries of medicalisation; instead, medical treatment had become more driven by the pharmaceutical industry and market interests (Castel, 1991; Conrad, 2005). This movement allowed pharmaceutical companies to profit substantially from psychiatry and gain great corporate power (Green, 2008; Heath, 2019). The high medication costs have been justified by the need to invest financially in future research and development (Green, 2008). However, it has been argued that this research is encouraging further medicalisation that requires more drugs for treatment, which in turn provides more income for the pharmaceutical industry. The substantial growth in the range of mental health medication makes this a primary concern within psychiatry (Jorm et al., 2017). Applbaum (2009) argued how this could be a case of strategic medicalisation where pharmaceutical companies are disguising the desire for financial gain by justifying new treatment and health needs. Strategic medicalisation enables pharmaceutical companies to develop new drugs or prescribe medication for longer or higher dosages than is required, with a high profit

in return (Busfield, 2006). "It merely conceals the exercise of power" (Applbaum, 2009, p.209).

Economic power is further enhanced by how drugs are developed and regulated (Abraham, 2007). In 1980, the American Psychiatry Association issued the third edition of the Diagnostic and Statistical Manual of Mental Disorders, which saw a move toward scientific psychiatry (Lewis, 2014). However, the notions of positivist psychiatry have been highly disputed (Citizens Commission on Human Rights, 2022; Iliopoulos, 2012; Ingleyby, 1981). Judgement and decision-making are essential aspects of psychiatry. In line with the social constructionism aspect of medicalisation, mental disorder diagnoses have varied over time and place, yet this contradicts the notion of objectivity within positivism. Evidence-based medicine is the pinnacle of the attempt to build a more vital link between psychiatry and science. Evidence-based practice suggests that the drug industry is safeguarded by the need for solid empirical evidence for all medications (Kirmayer et al., 2014; Laugharne & Priebe, 2006). Laugharne and Priebe (2006) suggest that the 'evidence' can be questionable. Corporations are given the authority to collect their data, choose what data is presented, and produce their scientific case that will be examined by approval authorities (Busfield, 2006). However, this enables pharmaceutical companies to directly contribute to the construction of scientific knowledge about the drugs they are developing. As a result, the evidence given in testing studies can be manipulated and unrepresentative of real-life populations (Kirmayer et al., 2014). Any scrutiny of the developed technologies is undertaken privately by laboratory scientists employed by the pharmaceutical company rather than by the public (Busfield, 2006; Peerson, 1995). Nevertheless, once a regulatory agency approves drugs, they are generally accepted and uncontested by the public and clinicians (Busfield, 2006). Clinicians then continue to prescribe medications based on helping their patients, which sustains the pharmaceutical industry's strategic medicalisation cycle (Busfield, 2006).

After extensive concerns about the power within the pharmaceutical industry, the Health Committee suggested that rigorous regulations and control mechanisms for

drugs were needed (Kerwin, 2007). However, the government did not act on these recommendations. One explanation could be that medication is a lower-cost treatment option compared to other non-pharmaceutical options (Kerwin, 2007). This is especially the case within psychiatry; long-term counselling and talking therapies or inpatient care are substantially more expensive than prescribing drug treatments. It also aligns with the governmentality framework. A pharmaceutical company responsible for developing and managing effective medicines allows the government to manage mental healthcare at a distance (Garland, 1999; Lemke, 2001; Stenson, 1999). Thus, the government enables pharmaceutical industries to operate on power and profit through the lack of regulation and subtle governance at a distance. Having the government's backing enforces and expands the capacity and reach of the drug industry even further. Jorgenson (2013) has argued that, through lobbying, the pharmaceutical industry is powerful enough to impact legislation directly. Many political leaders depend on the drug industry's resources, which gives the supplying companies the control to influence government decisions. Ultimately, this has created a situation where the government will prioritise the pharmaceutical industry's desires, over the public's needs, because of its financial reliance on the sector (Jorgenson, 2013).

Risk management and community care: The art of disguise

During the deinstitutionalisation era, alongside the rise of the drug industry, there was also a move towards community care with a growing interest in risk management strategies. The psychiatric field has become trapped between the extremes of liberalism and authoritarianism. The new penology movement emphasises sentencing, imprisonment, and punishments in the criminal justice system. The psychiatric industry is not central to these discussions. Yet, the same actions are taken daily in mental healthcare, more so than in the criminal justice system. Risk management is the underlying cause of such severe levels of control. Just as with the criminal justice system and criminality, individuals with a mental health disorder have been labelled as a risk. Therefore, interventions are justified to manage this risk for public protection. This gives power to the psychiatric industry and takes power away from those who are mentally disordered.

Following a new penology approach within psychiatry has meant that risk control has become an essential element of their work. The Hare's Psychopathy Checklist is one of the longest established risk assessment tools, widely used throughout mental health care (Clifford, 2017; Hare, 1980). It is accepted that risk cannot be eliminated, but with rigorous assessments, treatment approaches can effectively manage and control it. To keep the public and mentally disordered safe, some psychiatrists claim that it is vital to assess the level of risk to ensure the most appropriate treatment services are offered (Royal College of Psychiatrists, 2022a). The subjective nature of risk has caused complexities in the decision-making process within psychiatry. Accurate decisions are difficult because most risk variables can rapidly and frequently change (Royal College of Psychiatrists, 2016). 'The National Institute for Health and Care Excellence' guidelines state that risk assessments should not be used to predict future behaviour. Still, opinions and calculated estimates of future behaviour are inevitable when attempting to manage risk. Research conducted by the Healthcare Quality Improvement Partnership (2018) found that most risk assessment tools were used to predict future behaviour. Thus, contrary to national guidance, healthcare professionals regularly base decisions on calculations made about future behaviour.

The concern is heightened due to the substantial harm risk-averse measures can cause. Being under strict control can cause mental health to deteriorate further and lead to isolation, feelings of shame and embarrassment, decreasing the likelihood of desistance from crime (Henley, 2015). Subsequently, attempts have been made to safeguard overly punitive treatment used unnecessarily. Psychiatry has adopted a positive risk-taking approach to balance patient rights and public protection appropriately. The 'Best Practice in Managing Risk' guide states that care needs must be balanced against risk needs (Department of Health, 2009). Interventions are agreed upon with the premise that the benefits outweigh the restrictions posed by the treatment. Risk management should be centred on improving quality of life, aiding recovery, and protecting the safety of the service user, professionals, and the public (Department of Health, 2009). Although this seems plausible, concerns have

stemmed from public safety often being prioritised over the rights and needs of the patient. Theoretically, service user engagement, autonomy and choice should be paramount within health care (Markham, 2020). Professionals are deemed experts through medical training, and the service user is an expert in their own experiences; thus, working collaboratively is key to minimising risk and making the most appropriate treatment decisions (Sussex Partnership, 2020). Yet pressures to manage risk regularly undermine this (Ahmed et al., 2021; Carroll & McSherry, 2021; Markham, 2020). Consequently, mentally disordered individuals can be subjected to overly restrictive interventions, which are still deemed acceptable because of public protection justifications (Beck, 1992; Gough, 2013). A robust argument is generated about whether risk management strategies and public protection reasonings disguise medical professionals' vast power and control.

Mental health professionals are faced with making complex ethical decisions daily. When deciding upon and recommending treatment and intervention options, medical professionals must consider individuals' rights and the need to protect the public (Avorn, 2018; Heath, 2019; Sullivan, 1998). Risk-based legislation has enhanced and encouraged psychiatry's movement to risk management strategies. Within the Lunacy Act (1890), the Mental Treatment Act (1929) and the Mental Health Act's strict interventions and control of the mentally ill have been legitimised based on risk management (Turner et al., 2015). Nevertheless, the state has provided psychiatrists with extensive control and power (Cleary, 2003; Markowitz, 2011; Sullivan, 1998). The critical concern is that the government, and subsequently psychiatry, focus on interventions encouraging overly harsh control of the mentally ill. It has been argued that the same level of control as in the era of the asylum system still exists; it is justified differently by way of public protection (Szasz, 2003). Rather than physical punishment and discipline, control began to be exercised through strict social control measures (Castel, 1991). Castel et al. (1982) termed this as transinstitutionalisation, where the move to community care saw power being transferred from one structure to another. The predictive accuracy of future violence in psychiatric patients has been highly scrutinised (Watts et al., 2022). Still, the overreporting of isolated, rare occurrences when mentally ill individuals have become violent has heightened public fear of mental disorders and increased the demand for authoritarian approaches to

care (Gulati et al., 2020). As expressed by Morgan and Large (2013), “systems are seen as entirely failing and individuals scapegoated when mathematically inevitable failures to detect less common outcomes emerge” (p. 12). Psychiatry has become a social control provision rather than solely occupied with providing medical support to those who require it (Clifford, 2017; Morgan & Large, 2013). Medical professionals have expressed a desire to implement more liberal treatments, but the increasing pressure to predict and ultimately prevent future actions has caused more of an authoritarian culture to be adopted (Clifford, 2017; Morgan & Large, 2013; Petch, 2001). The overemphasis on risk management has resulted in mental disorders being treated with more punitive and restrictive treatment options.

The increasing use of the Mental Health Act shows this. The rise of a risk-based culture has led to increased use of the Mental Health Act, where stricter forms of coercion are exercised more regularly. Statistics show that within the past ten years, the number of hospital admissions under the Mental Health Act has doubled and trebled since the Mental Health Act (1983) was introduced (Cummins, 2019; Keown et al., 2018; National Health Service Digital, 2020). The use of restrictive community treatment legalised through the Mental Health Act has also increased. The number of individuals under compulsory supervision restrictions as part of a Community Treatment Order has risen, and the length of time subjected to these restrictions has also increased (DeRidder et al., 2016; Weich et al., 2020). Highly restrictive Community Treatment Orders are justified based on treating mentally disordered individuals and preventing them from requiring hospital treatment. However, Burns et al. (2013) found no evidence to support this; compulsory community supervision did not reduce the number of hospitalisations for mental health care. Another concern is the overrepresentation of black people subjected to the Mental Health Act’s restrictive elements. Black people are more likely to be detained in hospitals and ten times more likely to be given further restrictions by a Community Treatment Order (Department of Health and Social Care, 2021; Mind, 2021).

One explanation for the increased use of the Mental Health Act could be due to the 2007 reform of the act. Within these changes, the criteria for detention and

definitions of mental disorders under the act were significantly widened, meaning more people became eligible for restrictive treatment options which would not have been previously eligible (Care Quality Commission, 2018; Turner et al., 2015). The definition became too broad, resulting in unnecessary treatment. Alternatively, increased awareness, increased population, or lack of community services could have caused a rising number of individuals who require treatment under the Mental Health Act (Care Quality Commission, 2018). Whatever the reason, the increased use of the Mental Health Act brings ethical concerns around the privacy and over-restrictive treatment used to treat mental disorders.

Convergence of psychiatry and criminal justice: “Doubly deviant, doubly damned.”

Mental health treatment becomes further complicated for individuals involved with the criminal justice system. Since the emergence of psychiatry, it has been argued that individuals who fail to conform to social norms should be confined and labelled insane and criminal (Peerson, 1995). It was widely accepted that individuals needed to be locked up to prevent a mental health crisis, which could cause offending behaviour (Bolanos et al., 2020; Iliopoulous, 2012). A range of criminogenic needs is closely linked to the probability of future criminal behaviour. These include substance misuse, support networks, employment and friends or family members with a history of criminal or antisocial behaviour (Andrews & Bonta, 2010; Bolanos et al., 2020; Morgan et al., 2019; Wooditch et al., 2014). Research has not shown that a mental disorder is a criminogenic risk, yet it has been a long-established misconception that it is a risk factor. Despite research showing that mentally disordered individuals are more likely to be victims rather than perpetrators of crime, there is still a common misunderstanding that mentally disordered offenders, especially sex offenders, are dangerous and are committing an increasing number of serious, violent crimes (Bolanos et al., 2020; Clift, 2013; Cummins, 2017; Desmarais et al., 2014; Fennell, 2006; Kelley et al., 2020; Prins, 2006). Initial psychiatric treatments within the asylum system and mental hospitals, coupled with constant inaccurate media portrayals, have caused this perception to become firmly embedded within society, politics, law, the health system, and the criminal justice system (Harrison & Sanders, 2016; Schug

& Fradella, 2015; Seddon, 2007; Wolff, 2002). The deinstitutionalisation era also reinforced this misconception; the rapid closure of asylums and lack of community support services resulted in many individuals being released homeless and jobless, causing an increase in the number of mentally disordered individuals entering the criminal justice system (Goldsmith, 2020). Thus, although there is a lack of robust evidence to show that mental disorder and crime have a causal relationship, this prevailing view directly impacts how systems manage this group of individuals.

The concept of risk has been a critical catalyst in reinforcing the misconception that mentally disordered offenders are dangerous. The criminal justice system and the psychiatry industry are two fields that emphasise the perceived presence of risk (Morgan et al., 2019). However, this emphasis on risk management impacts the identity of healthcare professionals (Holmes, 2002). Traditionally, criminal justice agencies are agents of social control, and medical professionals are agents of care. Still, pastoral power is critical to maintaining order in forensic mental health units and prisons. Although pastoral power is a component of care and treatment interventions, health professionals also have disciplinary power. The perceived level of risk directly influences decisions regarding punishment and care interventions. Thus, healthcare professionals are crucial to decisions about disciplinary procedures (Holmes, 2002). This raises ethical and moral dilemmas for health professionals, but as Holmes (2002) argued, it questions the government's use of power to render discipline and punishment.

There is tremendous pressure for health and criminal justice professionals to manage clinical and criminal risks effectively. The concern is that this has led to overly punitive punishments and excessively restrictive treatment options for this group of individuals. Mentally disordered offenders are detained in psychiatric units for prolonged periods and are generally released with stricter community control procedures (Holley et al., 2020; Shah et al., 2011). Mentally disordered offenders, especially those with low-level needs, can also spend longer in custody. Imprisonment can disproportionately affect individuals with a mental health disorder for numerous reasons. Vulnerable prisoners, such as mentally disordered offenders,

can find it particularly difficult to adapt to prison life, and the pains of imprisonment can be significantly worse (Mills, 2005a; 2005b; Towl & Forbes, 2002). Mental health disorders are exacerbated by the long hours locked up alone in cells, undoubtedly increasing stress and feelings of anxiety (Björk & Lindquist, 2005; Schug & Fradella, 2015; Together, 2010). Individuals are aware that punishment and treatment decisions are greatly influenced by the desire to control and manage potential risk, which creates the concern of concealment or reluctance to share mental health concerns (Goffman, 1963; Gulati et al., 2020; Pinel, 1999). Concealment could cause a further deterioration of an individual's mental health and jeopardise the likelihood of desistance from crime. It is common for vulnerable prisoners to wear a 'prison mask' where they conceal their emotions simply to survive imprisonment (Haney, 2001; Hulley et al., 2016). However, this coping mechanism has the power to change an individual's personality (Jarrett, 2018; Meijers et al., 2018). The growing prisoner suicide and self-harm rates are a stark representation of the destructive impact of imprisonment. Although self-inflicted deaths have slightly decreased over the past year, the figures were continuously growing, and self-harm statistics were at a record high (Ministry of Justice, 2021b; 2022; Ministry of Justice & HM Prison & Probation Service, 2020). The consequences of a risk approach to punishment are exhaustive. As the chief executive of the Howard League for Penal Reform has said, "...prisons are actually killing people" (BBC News, 2017, para. 19). Ultimately, the prioritisation of risk seems to grow in weight, sophistication and application when applied to mentally disordered offenders, which causes a multitude of ethical dilemmas.

Convergence of the charitable sector, psychiatry, and criminal justice

The charitable sector has contributed significantly to criminal justice services. Historically, public services in the UK have been delivered by a range of organisations, including central and local government bodies, public sector agencies, private sector companies and charities (Mills et al., 2011). The charitable sector has played an important role in delivering public services in the UK throughout history. Its involvement in the provision of public services dates to the Victorian period when charitable organisations, such as religious groups, provided support to those in need

(Mills et al., 2011). During the 20th century, the role of the charitable sector in public service provision expanding, with organisations providing services in areas such as health and social care, community development, and education (Alcock, 2016). Within the criminal justice system, charitable sector organisations were initially viewed as offering additional support to public services to aid rehabilitation. However, by the end of the nineteenth century, charitable sector organisations began to take a more prominent role in delivering criminal justice services, and by the beginning of the twenty-first century, the charitable sector was a significant contributor to reducing crime rates (Bryans & Walker, 2002; Etherington & Passey, 2002; Tomczak, 2017b). This growth was facilitated by government policies that encouraged collaboration between the charitable sector and the state in the delivery of public services, such as the creation of the National Health Service after World War II (Clarke et al., 2012). The 1980s have been described as a ‘social policy revolution’ (Crowson, 2011, p.491) where the government introduced a plethora of policies that encouraged the role of the charitable sector in public service delivery (Hilton & McKay, 2011; Tomczak, 2017b). Thus, although the charitable sector and volunteering have had a long history within public services, the nature of this contribution has changed significantly over time. The charitable sector became responsible for delivering an increasing number of criminal justice services, which became an integral part of the criminal justice system to operate alongside statutory services (Hucklesby & Corcoran, 2016; Milbourne & Cushman, 2012; Taylor, 2001). Since then, “it is almost impossible to imagine the criminal justice system without the support of the voluntary sector” (Clinks, 2017, p. 2) because “without the commitment of the voluntary sector ... our criminal justice system simply wouldn’t work” (Clinks, 2017, p. 4).

Contemporary psychiatry: Superficial improvements

The statutory guidance for psychiatric services has stated that there should be a balance between managing risk and ensuring patients are not subjected to unnecessarily restrictive settings (Department of Health and Social Care, 2019). The increased involuntary detention has led to extensive support for amending the Mental Health Act. It was outlined in the ‘Reforming the Mental Health Act’ white

paper that psychiatric patients should be involved in treatment decisions and reiterated that care should be in the least restrictive setting (Department of Health and Social Care, 2021; Royal College of Psychiatrists, 2022b). The Coronavirus has delayed the progress, but the 'NHS Long Term Plan' and 'NHS Mental Health Implementation Plan 2019/20 - 2023/24' restated the government's commitment to implementing these changes (Care Quality Commission, 2022). The government has committed to investing over £400 million to improve inpatient care and plans to build new, updated mental health hospitals (Department of Health and Social Care, 2021). The government has also continued to express that changes to the Mental Health Act will expand patients' rights by "delivering the most ambitious programme for the transformation of mental health care England has ever known" (Department of Health and Social Care, 2021, para. 14). Likewise, the government have continued to express the importance of the charitable sector in mental health care (Crowson, 2011; Hilton & McKay, 2011; Tomczak, 2017b).

Although financial investment in the mental health system is an encouraging announcement, cynicism exists on how current and proposed changes can impact mental health care. While mental health hospitals would benefit from modernisation improvements, changes are too focused on inpatient care and physical coercion when "formal coercion may be the tip of the iceberg from the patients' perspective" (Norvoll & Pedersen, 2016, p. 210). It has been argued that changes in legislation alone will not be enough to address the underlying issues within psychiatry (Beck et al., 2021; Care Quality Commission, 2018). Previous revisions to the Mental Health Act have attempted to alter the focus of mental health care to patient rights and less restrictive treatment options. Still, they have significantly failed to impact it (Keown et al., 2018).

Additionally, legislation in Scotland is more focused on patient-led care, yet they still have the same issues in practice (Martin et al., 2021). This suggests that power is embedded within the mental health system; therefore, simply making changes to legislation will not be enough for substantial change. Improvements must be focused on challenging the rooted power within psychiatry to achieve considerable change.

Terminology requires changing. The current language used within mental health care emphasises, and in some circumstances encourages, the disparity of power (Cummins, 2019; Markowitz, 2011). For example, the terms 'patient' and 'expert' are aligned with the acceptance that individuals receiving care should trust the professional opinion, and 'treatment consent' suggests that those giving treatments are in a superior position (Markowitz, 2011). The criteria and perception of risk need to change. The current broad definition of mental disorder renders many individuals eligible for restrictive control measures justified by the risk of harm to themselves or others (Beck et al., 2021). The stigma needs to be challenged. Exposure to the facts about mental health, risk, and offending will help educate and steer the public towards more accurate perceptions and away from pejorative stereotypes (Villines, 2017). The current situation shows that the government and mental health professionals recognise the need to improve patient autonomy. However, the structural power of psychiatry is still prominent, undermining the initiatives aimed at increasing patient choice (Laugharne & Priebe, 2006). Thus, psychiatry remains entangled in a web of power – social, legal, and medical power – and without a fundamental reform of the medical field, the same issues will continue.

Chapter Summary

The process of medicalisation allows behaviour to be labelled as a medical problem (Conrad, 1975, 1992; Conrad & Barker, 2010; Zola, 1982). Social constructivism claims that psychiatry is a form of social control in which the medical field is used to disguise and justify strict interventions (Conrad, 1992; Skull, 2006). Initial psychiatric treatment supports these claims as they were based around incarceration and alienation, a form of social control to keep deviant individuals away from society to receive 'treatment' (Cohen, 1985; Foucault et al., 1965). Medical professionals have a plethora of power that has enabled control to be exercised through mental health care, the pharmaceutical industry and forensic health care (Iliopoulos, 2013; Heath, 2019). Such medical power enables control, justified through the need for treatment. Risk management is a prominent feature of psychiatry (Beck, 1992; Gough, 2013). Through structural power, the government have validated strict management through risk-based legislation (Turner et al., 2015), which in turn provides great power and

control to psychiatrists (Cleary, 2003; Markowitz, 2011; Sullivan, 1998). However, serious ethical concerns exist regarding the growing use of overly restrictive treatment interventions. The discussions around medical power provide an understanding of how the psychiatric field has a risk-averse approach, as with the criminal justice system, which can excessively control those deemed mentally ill. This research involves practitioners that provide mental health and well-being services; thus, the strategies adopted in the statutory healthcare sector could impact charitable sector service users.

The rise of a risk management approach to mental health has also reinforced stigmatising labels. Early psychiatric treatments, notably the asylum system, initiated the perception that the mentally ill are too dangerous to be in the community and need to be locked up, away from society, for treatment (Goffman, 1959, 1963; Goldsmith, 2020; Szasz, 2003). Mental disorder is not a criminogenic risk (Bolaños et al., 2020; Prins, 2006), but there is a long misconception, regularly reinforced by media portrayals, that mental disorder is linked to criminality and dangerousness (Harrison & Sanders, 2016; Peerson, 1995; Schug & Fradella, 2015). The concept of dangerousness is still very much attached to mental disorders; it has been used to justify the continued use of strict control measures, often backed by public pressures and government support. These discussions around the government's role in stigma provide a deeper understanding of why individuals attached to derogatory labels, such as most of the service users of charitable sector support services, may distrust statutory organisations.

It has been widely accepted that psychiatric treatment should balance patient rights and public protection. Still, stricter control measures based on misinformed perceptions and inaccurate assessments have caused doubt regarding this balance (Department of Health and Social Care, 2019, 2021). The government have expressed their commitment to addressing this by expanding the rights of patients (Department of Social Care, 2021). However, it is argued that the government only seem to make legislative changes, which is not enough to address the underlying issues in psychiatry and mental disorder in the criminal justice system (Beck et al.,

2021; Care Quality Commission, 2018, 2022). The deeply rooted power within psychiatry must be tackled to achieve substantial improvement and transform the approach to mental health treatment.

CHAPTER FOUR

THE CHARITABLE SECTOR: PICKING UP THE PIECES

The purpose of this chapter is to provide a detailed overview of the charitable sector's distinct role in criminal justice service provision. Building on the discussions in chapter two, this chapter will explain how legislation and policy developments have been detrimental to the charitable sector. Providing this context is essential to understanding how the charitable sector navigates its involvement in public sector services. This research captured practitioners' perspectives at a unique period when the Transforming Rehabilitation reforms were in the early stages of implementation into practice. Yet, developments during the years leading up to this time influenced the concepts within the Transforming Rehabilitation programme. This chapter seeks to show how the charitable sector has responded to the years of policies based on the concepts of neoliberalism and austerity.

Discussions throughout this chapter will argue that the distinctiveness of the charitable sector offers invaluable support services to offenders and individuals whom the criminal justice system deems at risk of offending. Yet, the attributes that give charitable sector organisations a unique status have also disadvantaged the charitable sector when adapting to the ever-changing mental health and criminal justice services landscape. The discussions from chapter two around monetarism, austerity and privatisation will be expanded to address the impact these government approaches have had on the charitable sector.

Consecutive governments have acknowledged that the charitable sector has distinctive capabilities, enabling it to provide essential care and support for offenders. The government has repeatedly encouraged cross-sector partnerships and suggested that collaborations can address some of the difficulties faced by charitable sector organisations. However, this chapter will scrutinise this idea. A range of government actions will be assessed, which questions whether government support for the charitable sector is sincere or if it is a disguise for achieving other priorities.

These discussions will decipher why consecutive governments have claimed to support the charitable sector through its increasing role in public service provision while simultaneously introducing policies that are detrimental to the sector. This chapter will explore the harm these policies have had on those working in the sector and how they deliver their services. Ultimately, it will be argued that the government's priorities of financial savings and political support have been at the expense of safeguarding the charitable sector.

Charitable sector contributions: Distinct and invaluable

The charitable sector in the UK comprises of registered charities, non-profit organisations, social enterprises, voluntary and community groups. These organisations work towards various causes and activities, but all share the common focus of benefitting the public by providing services to meet the diverse needs of individuals and communities (Tomczak & Thompson, 2017). The sector plays a vital role in contributing to the economy, promoting social cohesion, and addressing social issues. In January 2018 the Charity Commission reported that there were over 168,000 registered charities in the UK, and the sector contributed over £20 billion to the UK economy annually (Clinks, 2022b).

There are over 1,500 charitable sector organisations whose services are mainly targeted at offenders and ex-offenders, with a further 14,000 organisations whose services aim to benefit this population as part of their wider remit (Prison Reform Trust, 2017; Stowell & O'Donnell, 2019). These include advocacy services for prisoners, ex-prisoners and their families to advocate for their voices to be heard and rights protected; mentoring and coaching services to support individuals released from prison with their reintegration into the community; education and training programmes for prisoners and ex-offenders to help them develop essential skills and improve their chances of gaining employment; providing advice and assistance with job searches and training and to secure stable housing. Charitable sector

organisations provide these services to meet the needs of offenders, support prisoners' transition back into society and reduce recidivism.

Most charitable sector organisations in the UK are small and provide services to a distinct group of individuals, geographically or who share a common need (Prison Reform Trust, 2017; Stowell & O'Donnell, 2019). These organisations are funded through multiple sources (Tomczak, 2017a). More than 80% of registered charities in the UK have an annual income of less than £100,000, with 45% of these having an income of less than £10,000, most of which is gained through donations and grants (NCVO, 2021; NCVO, 2022). At the time of this research over three-quarters of charitable sector organisations providing support services to offenders or individuals whom the criminal justice system deems at risk of offending claimed they were helping more people and service users had more complex support needs (Clinks, 2018a; Clinks, 2019b; Prison Reform Trust, 2017). Simultaneously, these organisations were providing fewer services as adequate funding was not being given, including those in partnership with private organisations within Community Rehabilitation Companies (Clinks, 2018a; Clinks, 2019b). Although the government aids charitable sector organisations through tax relief, nearly three quarters of all charities are financed independently of the government (Sykes, 2022). Yet these organisations provide essential services that enhances public services and, in most cases, reduces the demand for public support services (Clarke et al., 2012; Sykes, 2022).

Declines in government funding have not been felt on an even footing geographically either. Charitable sector organisations operating in the most deprived areas of the UK have received approximately 20% reduction in statutory funding compared to no change to organisations in more affluent areas (NCVO, 2008). Likewise, government funding is often prioritised to larger charitable sector organisations, despite most charities being small and evidence showing that small and medium charities offer a valuable role in meeting the complex needs of specific populations (Chartered Institute of Public Finance and Accountability, 2021; Clarke et al., 2012).

Historically, the identity of the charitable sector has been to provide services that fill the gaps left by statutory and private sector organisations (Hastings, Bailey, Gannon et al., 2015; Matsunaga & Yamauchi, 2004; Skivington et al., 2018). As outlined in Weisbrod's (1975) government failure theory, the charitable sector seeks to provide services that are unfilled or neglected by the government. Charitable sector organisations have an array of unique features which empowers it to do this (Clinks, 2017; Dayson et al., 2022). Most charitable sector organisations are small and locally run, enabling it to build expertise and understanding of its service users (Martin, 2008; Martin et al., 2016; Rodger, 2012). Specific knowledge, independence and flexibility enable charitable sector organisations to effectively adapt to the individual needs of each service user (Bryans et al., 2002; Maguire, 2012; Ryan, 2011). Operating independently from the public sector means less bureaucracy and improves service user engagement. Separation from the government enhances trustworthiness, with service users expressing that this makes charitable sector organisations more approachable (Hills et al., 2015; Mills et al., 2012). Offenders or individuals whom the criminal justice system deems at risk of offending often feel let down and neglected by the government (Harden et al., 2015; Harrison, 2020). Thus, operating separately from statutory services is a valuable feature when providing support to this population. Disconnection between statutory services and the government can also help reverse stigma consciousness and concealment (Goffman, 1963; Pinel, 1999).

Statutory and private sector organisations tend to have hierarchical structures where rigid regulations hinder or prevent action and decision-making (Anderson & Brown, 2010). Although private and public sector organisations can offer flexible and holistic support services, putting this into practice is challenging. A bureaucratic management structure provides a framework for organisations to adhere to, where services aim to meet specific goals (Brandall, 2018). A one-size-fits-all approach using standardised models is adopted to maximise efficiency financially and in terms of outcomes (Brandall, 2018; Miller, 2021). Still, standardised models impede adaptability, whereas flatter organisational models can encourage adaptability. Flatter organisations structures are characterised by fewer levels of hierarchy and a greater degree of delegation of decision-making authority to lower-level employees

(Huang, et al., 2011). In a flatter organisational structure, there are generally fewer managers, supervisors, and other formal leaders compared to a more traditional hierarchical structure (Reitzig, 2022). Proponents of flatter organisational structures suggest that they can increase organisational flexibility, foster greater employee engagement and creativity, and improve operational efficiency (Huang, et al., 2011; Reitzig, 2022). Charitable sector organisations have flatter organisation structures that make the process of change and decision-making less complex (Anderson & Brown, 2010). Adaptability is imperative for mentally disordered offenders because of the complex needs they often have. Prioritising each individual's needs helps service users feel respected and appreciated (Deering & Feilzer, 2015; Martin et al., 2016), something they may not have felt from previous services.

Durcan (2021) found that mental health services delivered by charitable sector organisations are deemed less stigmatising by service users than statutory mental health services. The language adopted by charitable sector organisations could be a factor in this. Charitable sector organisations refer to the individuals engaging in its services as 'service users'. Although some researchers have contested this term (McLaughlin, 2009; Prostle & Beresford, 2007), the charitable sector argues that this language portrays a mutual relationship between those who give and receive support. Many statutory and private sector organisations use other language that can be deemed stigmatising. The terms 'client', 'consumer' and 'customer' are regularly used by private sector organisations. However, these terms portray a power imbalance where the organisation has more power because they provide the needed service (McDonald, 2006; McLaughlin, 2009). 'Client' is also commonly used in mental healthcare, legislation, and government policy documents (Casey, 2016). 'Patient' is another term used, especially for individuals receiving mental healthcare. Yet, individuals can see this as derogatory because it fails to capture service user participation in their support (Casey, 2016).

Similarly, for individuals with an offending background. Identifying them as 'ex-offenders' or 'ex-prisoner' attaches them to the previous behaviour, which does not define who they are as a person (Tran et al., 2018). Language is powerful in the role

of stigmatisation or de-stigmatisation (Cox, 2020). Thus, how support services refer to individuals could impact engagement levels because of the stigmatising meanings attached.

Another distinctive feature of the charitable sector is that it is not driven by the need to make a profit. The charitable sector service's core motivation is to meet the needs of service users (The Robertson Trust, 2012). In contrast, the main focus for private sector organisations is to maximise profit, which can be a barrier to service user engagement (Kalogeraki, 2020; Mills & Meek, 2016). When it comes to encouraging service user participation, removing the profit-making function from an organisation can be significantly beneficial (Quinn & Tomczak, 2021). Within his contract failure theory, Hansmann (1980) explains how trust is instilled in charitable sector organisations because it is less likely to take shortcuts in defrauding service users. The desire for financial gain does not undermine services. Removing the profit-making function from an organisation increases service user engagement by fostering greater trust and rapport with service users (Carmel & Harlock, 2008; Gough, 2012; Hucklesby & Corcoran, 2016; Quinn & Tomczak, 2021).

Using volunteers allows minimal money to be spent on staff, which results in more direct investment and resources (Corcoran & Grotz, 2016). However, volunteers bring further distinct benefits of their own. Volunteers can build a special relationship with service users in ways paid staff cannot, which can be particularly influential for mentally disordered individuals and the offending population (Carmel & Harlock, 2008; Gough, 2012; Harris et al., 2001; Mills et al., 2011). Mills and Meek (2016) found that prisoners generally preferred charitable sector services over those delivered by public and private sector organisations because of the special rapport they built with volunteers. Clinks (2016) interviewed prisoners engaging with volunteers through mentoring support services and found that service users highly value volunteers. Being independent of paid staff implies that volunteers focus on rehabilitation and support rather than risk management and punishment (Clinks, 2016). Subsequently, volunteers are recognised as more trustworthy and reliable; therefore, service users are more willing to engage openly with them. Volunteers

who work with offenders in custody also connect prisoners to the outside world and keep them involved with the community (Corcoran, 2012; Hooper, 2002; Meek et al., 2010). Maintaining a connection with society can encourage successful reintegration upon release from prison. Engaging with volunteers can often be the first time an offender has been helped by somebody who is not paid to do so. Thus, confidence and trust are built upon knowing that volunteers are helping them because they genuinely want to (Clinks, 2015; Corcoran & Hucklesby, 2013). Such sincerity can encourage service users to talk openly and express concerns or needs which they may have otherwise not disclosed (Mills & Meek, 2016; Nutley & Rimmer, 2002).

Peer volunteers provide an additional distinct attribute of the charitable sector. Peer volunteering has the double advantage of benefitting the service user and volunteer. The service user gains from the shared experiences where they can closely relate to the volunteer. The volunteer can gain knowledge that can aid future employment and feel a sense of pride for giving back to the organisation that supported them previously. It can also mark a new start for the volunteer; peer volunteering provides a different identity away from their offender and mentally disordered labels (Clinks, 2016). Separating from the stigmatised label causes greater self-worth and value, reducing the likelihood of reoffending and improving mental health and well-being. Thus, arguing that utilising peer volunteers is a unique advantage of the charitable sector. It provides extensive benefits for service users' mental health and well-being while aiding rehabilitation and desistance from crime.

Although peer support schemes can provide a unique attribute to support services, it is essential to acknowledge the potential role of power and its impact on the peer workers. Power dynamics within the charitable sector, and with partnership organisations, can impact the role of peer mentors (Tomczak & Thompson, 2019). The decisions around who is deemed appropriate to be involved in peer support schemes and the conditions of that role can portray a power imbalance. Peer workers can be subjected to more supervision requirements than other workers in the organisation; for example, in a custodial setting, peer volunteers are often granted access only when supervised (Buck, 2014). Peer volunteering enables

individuals to have a voice when previously they have been unheard, yet as Buck (2014) argues, this voice remains in the constraints of professional norms. Buck et al. (2022) found that some peer workers felt excluded in the workplace and believed their identity remained focussed on being a previous service user. Additionally, Buck et al. (2022) expressed how peer volunteers can feel the role prevents them from progressing into other employment opportunities, instead feeling 'stuck' in lower-level voluntary roles. Thus, despite many peer volunteers describing their role as empowering, the power imbalance in some organisations can potentially negatively impact individuals.

The impact of austerity: Threatening the distinctiveness of the charitable sector

Neoliberal and austerity policies have caused severe complexities in how the charitable sector operates and delivers its services. Historically, the probation service would have supported offenders with social issues (Calder & Goodman, 2013). Yet, under neoliberalism, the government no longer focused on the underlying causes of crime and enforced actuarial methods to manage societal risks (Garland, 1996; Gough, 2013). This meant there were fewer statutory services that addressed social issues. Austerity and neoliberalism have directly affected the availability of statutory welfare services.

Consequently, the demand for charitable sector services significantly increased (Johns, 2022). Simultaneously, funding for the charitable sector was being cut. Funding has been a longstanding pressure on the charitable sector, but austerity has exacerbated this issue (Palmer & Randall, 2001). From 2011 to 2016, it was estimated that the charitable sector lost approximately £911 million a year in government funding (Kane & Allen, 2011). Most charitable organisations rely on government grants as their primary source of income (Clifford et al., 2010; Bua & Lyall, 2015; The Charity Commission, 2011). Grants enable payments to be made upfront; this is essential for smaller organisations that do not have alternative funds to deliver services before payments (Marples, 2013). Yet, government grants decreased from £5.6 billion to £3 billion between 2003 and 2011 (National Council

for Voluntary Organisations, 2013). Without sufficient income, charitable sector services can cease to exist.

Austerity measures can directly compromise the distinct features of the charitable sector. Financial insecurity has caused mission drift to be a concern for the charitable sector. The charitable sector has various distinctive features, enabling it to operate differently from public and private sector organisations. However, new public managerialism could compromise the distinctiveness of the charitable sector. Transforming Rehabilitation could force charitable sector organisations to change to increase the likelihood of winning contracts, especially as government grants are more difficult to attain (Corcoran et al., 2017; Hastings, Bailey, Gannon et al., 2015). Charitable sector organisations may feel pressured to alter its objectives to align with government and private sector agendas more closely, enabling them to be more competitive for contracts (Corcoran & Hucklesby, 2013). Thus, government changes could encourage the charitable sector to depart from its traditional ethos, which ultimately causes a move away from the distinctiveness this sector has to offer. Charitable sector organisations may believe this is its only option to survive.

Austerity can also compromise the distinct benefits of utilising volunteers. To save money, charitable sector organisations may feel pressured to rely more on volunteers (Corcoran & Grotz, 2016; Hastings, Bailey, Gannon et al., 2015). Yet, individuals can be more reluctant to volunteer for charitable organisations as they become more closely associated with statutory and private sector organisations. Also, during a time of austerity, individuals may be less able to volunteer. The increased pressures caused by changes to the welfare and benefits system could result in individuals needing to work longer hours to increase their income.

Austerity can compromise the charitable sector's ability to provide tailored, localised support services. Local governments have seen the highest cuts to funding since the economic recession in 2007/08 (Arrieta, 2022; British Medical Association, 2016; Duffy, 2014; National Audit Office, 2018). This is especially concerning for more

deprived areas. Individuals living in poverty are more likely to rely on support services while disproportionately impacted by changes to the benefits system (Akhter et al., 2018). Charitable sector organisations have been critical in supporting individuals trying to adapt and survive the government's austerity policies (Lyll & Bua, 2015; Pemberton et al., 2014). Yet, where charitable sector organisations are more likely to operate are the same areas receiving the most funding cuts (Hastings, Bailey, Bramley et al., 2015; Oxfam, 2012). Ultimately, austerity has threatened the survival of many charitable sector organisations at a time when demand for support services is at its greatest (Marmot et al., 2020).

The charitable sector is known for providing services to individuals who have been failed by or are reluctant to engage with statutory support services (Hastings, Bailey, Gannon et al., 2015). Within this population are hard-to-reach individuals. Although the term 'hard-to-reach' varies in its definition, the charitable sector implies it can engage with individuals with distinctive needs that have not been met by statutory organisations (Jones & Newburn, 2001). This includes individuals who have resisted support from statutory services or have limited capacity to access these services (Flanagan & Hancock, 2010; Jeffreys, 2019). Typically, barriers to accessing services include limited income, negative past experiences with statutory agencies and the location (Flanagan & Hancock, 2010). This is particularly the case for individuals living in more rural areas.

Although support services can be insufficient in any locality, rural locations have notably fewer services. Within his concept of philanthropic insufficiency, Salamon (1987) argued that organisations locate support services where they can reach and ultimately help more people. Thus, to maximise the number of service users they can reach, charitable organisations tend to offer services in inner city areas in the most cost-effective way. Reduced funding has forced more charitable sector organisations to operate in more populated areas. Neoliberal movements also encouraged government-funded services to take the same approach. Individuals living outside of populated areas must travel further distances to access support services, which can be a significant hindrance (Lambie-Munford et al., 2016; Stuckler et al., 2017).

Offenders or individuals whom the criminal justice system deems at risk of offending rarely own a vehicle and, therefore, are more likely to rely on public transport. Yet, public transport is often unaffordable and unreliable (Lambie-Munford et al., 2016; Marmot et al., 2020). This has caused additional barriers to the most vulnerable individuals in society accessing support services from statutory, private and charitable sector organisations (Hastings, Bailey, Gannon et al., 2015). Consequently, support services are particularly scarce in rural locations, and funding cuts limit charitable sector organisations' opportunities to reach this population. Thus, individuals residing in these locations are penalised, and their needs are neglected due to the area in which they live.

Partnership working: Do opposites attract?

In line with the neoliberal movement, the government concentrated on monetarism. Government priorities became centred on maximising value and improving efficiency. The government argued that reducing public sector investment would allow other institutions to deliver the same services more efficiently and effectively (Hastings, Bailey, Gannon et al., 2015; Shaw, 2012). This philosophy was central to the Transforming Rehabilitation initiative and payment by results model. The government argued that this approach would improve cross-sector partnerships. The quality of services would be improved by utilising the expertise of the charitable sector, while financial security would be achieved through partnering with private sector organisations (Burke & Collett, 2016; Hastings, Bailey, Gannon et al., 2015). Simultaneously, services would be more efficient because of the competitive culture of payment by results (Burke & Collett, 2016; Hastings, Bailey, Gannon et al., 2015).

Although many of the distinct characteristics of the charitable sector can improve the quality of services they provide, they can also hinder its ability to deliver public services. The fact that profit-making is not a key driver for the charitable sector and that most charitable sector organisations are small, locally run organisations can impede its ability to compete with larger businesses that are more financially secure (Corcoran, 2020). However, partnership working has become increasingly promoted as an option for charitable sector organisations to overcome such pressures.

Forming cross-sector partnerships with other providers can improve the likelihood of winning contract bids and, thus, securing funding (Heydar-Cardwell, 2012; Meek et al., 2010; Nutley & Rimmer, 2002; Osborne & Ross, 2001; Taylor, 2001). New governance theory argues that the advantages of the charitable sector directly complement the failures of public and private services and vice-versa (Salamon, 1987, 1995; Salamon & Elliot, 2002; Salamon & Toepler, 2015). Thus, utilising the expertise from each sector has the power to create strong partnerships. The government have expressed the benefits of cross-sector collaborations. They have said that bringing together the qualities of all sectors will enable high-quality, cost-effective services to be delivered (HM Government, 2011; Ryan, 2011). A successful partnership is evident with the two charitable sector organisations, 'Catch 22' and 'Turning Point', who won a contract to run newly built prisons with the private organisation 'Serco' (Meek et al., 2010; Mills et al., 2012). Reports and inspections have found that the three organisations operate successfully, expressing mutual respect and support (Mills & Meek, 2016). Despite this positive example, there is much concern over charitable sector organisations forming partnerships with public and private sector organisations. Substantial differences in the core aims, ethos and operative processes between sectors make relationships complicated and difficult to sustain (Bryans, 2002; Rumgay & Cowan, 1998).

The main concern has been with the motives behind public and private sector organisations allying with charitable sector organisations. Although resource-advantage theory suggests that lack of financial power can be overcome by social value, it has been argued that cross-sector partnerships can leave the charitable sector exploited. Organisations can take advantage of charitable sector organisations to persuade the government to award contracts, yet once funding has been secured, the charitable sector organisations are side-lined (Harris et al., 2001; Maguire, 2016). Poole (2007) argues that cross-sector partnerships have the tendency to result in 'elite isomorphism', where weaker partners, commonly charitable sector organisations, realign their mission, ethos and working practices to comply with the more dominant partners. Government cuts and policy changes can be detrimental to cross-sector collaborations which are already established. Positive partnerships developed before austerity can become strained because of the

additional pressures on organisations (Hastings, Bailey, Gannon et al., 2015). The strain on relationships can be exacerbated further by private organisations feeling threatened by the charitable sector. Providers may worry that charitable sector organisations will be favoured because it can offer a more cost-effective service (Mills et al., 2011). Staff may resent volunteers and charitable sector staff because they may uptake more exciting and rewarding jobs (Bryans, 2002; Hooper, 2002). Staff may even resent volunteers and simply see them as free labour. However, this could make providers reluctant to allocate any funding creating tension in the partnership (Padel, 2002). Charitable sector organisations argue that volunteers are worthy of equal financing to staff because money is still needed to train volunteers and ensure they have adequate skills to provide high-quality and effective services (Corcoran & Grotz, 2016). Such conflict within a partnership and animosity between other organisations caused by the competition for funding can significantly affect how organisations work together. Communication is essential to a successful collaboration, but differences and tensions can impact this. Agencies must communicate effectively and transfer information between providers to provide high-quality services (Dayson et al., 2013; Maguire, 2012; The Robertson Trust, 2012). Still, communication can fail if each organisation does not appreciate and understand its role within the partnership or if organisations are hostile.

Acknowledging how the charitable sector may be contributing to the control and punishment of its service users is essential to understand the complex situation of operating in the competitive culture of probationary services within Transforming Rehabilitation (Cahill & Konings, 2017). Cross-sector partnership working is not a new phenomenon for the charitable sector in the delivery of public services. For example, in the 1990s probation committees were obligated to spend a certain proportion of its budget on contracts involving charitable sector organisations (Dominey, 2012). Yet, as acknowledged by Maguire et al. (2019), there has been an increasing tendency for contracts to become more strictly constrained with a predominant focus on outcomes. Simultaneously, there has been a greater focus on involuntary interventions where punishment is a consequence of non-compliance. Involuntary interventions began in 1998 when the drug treatment and testing order required offenders to undertake services for substance abuse issues, which was

often delivered by charitable sector organisations (House of Commons Committee Public Accounts, 2005). Conditions of this order meant individuals who failed to comply would receive statutory punishments, including further imprisonment (House of Commons Committee Public Accounts, 2005). Since then, there has been a vast increase in similar community orders; the Transforming Rehabilitation initiative being a catalyst for charitable sector organisations involvement in providing services for such orders (Ministry of Justice, 2013a; 2013b). Within some Community Rehabilitation Company contracts, charitable sector organisations have contractual requirements to report non-compliance of service users, which could ultimately lead to further punishment. These obligations could increase the pressure on charitable sector organisations to align their policies and practices with the increasingly punitive criminal justice system through strict contractual obligations. As a result, the charity sector has “become involved in the ‘policing’ of offenders’ obligations to comply with orders and/or probation decisions ... sometimes drawn into playing an integral role in the delivery of surveillance and punishment” (Maguire et al., 2019, p.435). Thus, services delivered by charitable sector organisations could be deemed an extension to the control and punishment of its service users introduced through penal policies of risk management (Garland, 2001; Mythen et al., 2013). It can be argued that this close alliance with punishment can directly compromise the distinct ethos of the charitable sector, an example of penal drift; Maguire et al. (2019) and Tomczak and Thompson (2019) found that charitable sector practitioners were now more accepting of punitive punishments attached to non-compliance with their services because this was necessary to obtain statutory funding.

Resilience has been a key factor in the charitable sector’s ability to adapt and protect their mission from the punitive elements of contractual requirements and wider government policy. Corcoran et al. (2017) found a consensus that punitive contractual obligations, such as reporting non-compliance, were not seen to pose a serious threat to the sector’s ability to maintain service user engagement. While some penal drift has become commonplace in the charitable sector, Corcoran et al. (2017) argued that charitable sector organisations can build resilience against the impact of this by still providing holistic, individualised support to increase service user engagement. Tomczak and Thompson (2019) had similar findings in their work of inclusivity; the unique ability for charitable sector practitioners to build strong

relationships with services users enabled charitable sector organisations to maintain some separation from the more punitive aspects of criminal justice. Accepting people as they are, providing opportunities to explore and exercise personal choices (even if these choices are constrained and involve some degree of conditioning) and respecting individual difference appear to be key aspects of inclusionary voluntary sector programmes, even when they are delivered alongside a controlling carceral framework and set of power relations. (Tomczak & Thompson, 2019, p.14)

Although charitable sector organisations have generally been able to balance contractual requirements with the core values of the sector thus far (Corcoran et al., 2017; Salamon, 2015), Maguire et al. (2019) argue that this may be unsustainable in the long-term. Additionally, it is important to recognise that although a 'balance' has occurred for many charitable sector organisations that may have somewhat protected their identity, values, and ability to maintain service user engagement, the sector still have a role in expanding penal control and exclusion (Tomczak & Thomson, 2019). It is important to acknowledge the potential for some charitable sector organisations to increase exclusivity, despite inclusivity being a core aim of the sector, because it provides a critical understanding to how the sector operates in the realms of a risk-focused, punitive penal system. For example, breaching housing regulations, a positive drugs test or information gained through informal interactions that could provide evidence for noncompliance of probationary requirements (Tomczak & Thompson, 2019). Such actions can increase exclusion; reporting of noncompliance can lead to the criminal justice system deeming an individual to be at greater risk of reoffending and thus responds with punishment (Tomczak & Thompson, 2019).

Tomczak (2017) also argues that charitable sector organisations also have critical input in the development of punitive legislative initiatives; another example for how the sector can be linked to expanding exclusivity through punitive policy. Tomczak (2017) discusses the phases leading to the implementation of the Transforming Rehabilitation initiative and argues that charitable sector organisations enabled and justified punitive elements of this to be implemented. Within their consultation response to the payment by results scheme, Nacro and St Giles Trust, two charitable sector organisations, openly welcomed the proposal of a competitive, mixed sector

market (Nacro, 2011; St. Giles Trust, 2011). The payment by results pilot scheme was facilitated by three charitable sector organisations and financed by the social impact bond, which was money raised by charitable sector (Owen, 2013; Pudelek, 2013; St Giles Trust, 2011). The results reported from this pilot shown a clear success in the reduction of reoffending rates (Owen, 2013; Pudelek, 2013). However, the accuracy of the pilot results was scrutinised for not replicating the true conditions of a payment by results setup; most notably for the pilot studies not being commissioned and contracted by the Ministry of Justice (Tomczak, 2017). Yet, reporting the success of the pilot schemes influenced and justified the government's decision to implement the payment by results approach in the probationary reforms (Tomczak, 2017). Similarly, St Giles Trust openly accepted the supervision requirement for all short-sentence prisoners, despite the mandatory punitive constraints attached to this (Tomczak, 2017). In contrast, the Howard League of Penal Reform and the Prison Reform Trust expressed significant concern and openly opposed to the order as it was a clear extension of community control (Howard League of Penal Reform, 2013; Prison Reform Trust, 2013). Although Tomczak (2017) acknowledges mixed responses from charitable sector organisations, it is clear to see how some organisations contributed to the implementation of a probationary reform that ultimately disadvantaged the sector and individuals engaging with their services. Tomczak (2017) argues how some charitable sector support for and involvement in policies rooted in penal power justifies the continuation of control.

Although the different principles of each sector are why new governance theory suggests cross-sector partnerships can be successful, there are concerns about whether these differences are too extreme for organisations to work effectively. It has been argued that if charitable sector organisations partner with a public or private sector provider, the values that make it unique and distinctive from the other sectors could be lost (Alcock, 2010; Deering & Feilzer, 2015; Gough, 2012; Silvestri, 2009). The distinct philosophy of the charitable sector can become compromised. Charitable sector organisations can lose its independence, and goals can become distorted and undermined by how the other partner organisation wants to operate and provide services (Dacombe & Morrow, 2016; Neilson, 2009; Senior, 2011;

Taylor, 2001). Charitable sector organisations often work with individuals who need individualised, intensive support to address all their needs (Maguire, 2016; Martin et al., 2016). The charitable sector is known to be a voice for these individuals, but if it becomes reliant on government funding and contracts, it could be less willing to speak up about service requirements (Corcoran, 2009; Maguire, 2016; Silvestri, 2009).

Additionally, if charitable sector organisations are in partnership with a public or private sector organisation, it can be pressurised to 'cherry-pick' what services are offered based on meeting targets (Hucklesby & Corcoran, 2016; Whitefield, 2012). Individualised services may not be supported and can be replaced with a 'one size fits all' approach to ensure targets are achieved as quickly as possible (Hedderman & Hucklesby, 2016). Cross-sector partnerships could also compromise the role of volunteers. The strict, bureaucratic operating structures of the public and private sectors can hinder the involvement of volunteers (Buck et al., 2015; Corcoran & Grotz, 2016; Nutley & Rimmer, 2002). Volunteers may also be reluctant to give up their free time for organisations that now have close links with the public and private sectors (Hedderman & Hucklesby, 2016; Maguire, 2016). Service users can become aware of these potential changes, which can impact the level of trustworthiness they have within the charitable sector (Hucklesby & Corcoran, 2016; Maguire, 2016). Less trust could cause individuals to be reluctant to engage with services or continue to have unmet needs when statutory services would have previously failed some. Either way, many service users will be disadvantaged by these issues.

Working in the charitable sector: Satisfaction and instability

The private and public sectors generally offer higher salaries than jobs in the charitable sector; however, charitable sector organisations can offer other staff rewards (Scottish Council for Voluntary Organisations, 2021). The unique rewards and attractions of charitable sector work are evident when acknowledging that charitable sector employees are considerably more likely to reject another job offer with more money to remain with their organisation (Chartered Institute for Personnel Development, 2017). It is essential to consider job fulfilment because of its impact on

the services delivered. Organisations with happier workers also tend to have more satisfied service users (Chamberlain & Zhao, 2019). This is particularly relevant for charitable sector organisations working with individuals with multiple, complex needs. This population are known to have lower engagement in support services (Hastings, Bailey, Gannon et al., 2015). Thus, acknowledging factors that increase service user engagement is vital to maximising the support given to service users.

Research shows that workers in the charitable sector are more satisfied with work than in private and public sector organisations (Jump, 2009). The extensive rewards of working in the charitable sector also justify why job satisfaction is higher in this sector. Although all organisations are legally required to have a fair and equal recruitment process, the charitable sector is known to be more inclusive. Charitable sector organisations are particularly committed to employing an individual who can best meet the needs of its service users; rather than focussing on qualifications or employment history (Brown, 2002). Thus, opportunities could be opened for individuals in the charitable sector that may not arise in the public or private sectors.

A key advantage of working for a charitable sector organisation is the ability to voice your thoughts and opinion (Scottish Council for Voluntary Organisations, 2021). Although workers can be heard in statutory and private sector organisations, the flatter structure of the charitable sector allows charitable sector organisations to be more flexible in doing this (Anderson & Brown, 2010; Brandall, 2018; Miller, 2021). Having a voice within an organisation empowers workers to feel more included, bringing a closer sense of community within the workplace (Bridger, 2022). Listening to workers' views and perspectives enables practitioners to feel part of decisions made within their organisation, enhancing motivation to improve services continuously. Allowing employees' voices to be heard also encourages individuals to take pride in their work, which ultimately enhances worker commitment (Gyton, 2017). Extensive research shows that practitioners who feel valued and respected in their workplace are more productive, dedicated and innovative (Gifford & Young, 2021; MacLeod & Clarke, 2009).

A positive organisational culture can improve job satisfaction and retention of employees (Centre Institute of Personnel Development, 2022; Medina, 2012). Staff retention is vital for consistency for service users. Building trust and rapport is essential for service user engagement (Hills et al., 2015; Mills & Meek, 2016). Multiple staff changes can impact this. It often takes time for service users to establish trusting relationships with those delivering the support. Therefore, if the same individual is not delivering the service, the quality of service can decrease, and service use engagement can be affected. The overall ethos of that organisation influences the culture of an organisation. Brown (2022) expressed how many practitioners within the charitable sector, paid and unpaid, choose to work within an organisation because they are passionate about the ethos and aims of that organisation (Brown, 2002). Staff enthusiasm was echoed by the Scottish Council for Voluntary Organisations (2021); they found that nearly half of practitioners in the charitable sector said they chose to work in this sector because of their passion for making a difference in the community. Thus, the distinctive values of the charitable sector can attract workers.

Despite the distinctive rewards that charitable sector employment can offer, a changing social and political landscape could hinder these. Practitioners in all sectors are very aware of the impact austerity policies have on its place of work. However, this is particularly evident in charitable sector workers (Bach-Mortensen, 2020; Morin, 2015; UNISON, 2013a). Over three times as many employees felt their organisations had been impacted by political changes than workers in the private sector (Chartered Institute for Personnel Development, 2017). Workers in the charitable sector are mindful of job insecurities. A study by the Chartered Institute for Personnel Development (2017) found that nearly half of charitable sector workers felt it was likely they would lose their job. However, they also found that employees in the private and public sectors were increasingly worried about becoming unemployed (Chartered Institute for Personnel Development, 2017). The introduction of Community Rehabilitation Companies particularly heightened job insecurity. Practitioners had to manage uncertainties over their future employers, their employment terms and conditions, and how the Transforming Rehabilitation programme would transpire in practice (Robinson et al., 2016). Many individuals

were forced from a statutory organisation to a private sector organisation. Walker et al. (2019) and Robinson et al. (2016) found that for these practitioners, there were high levels of frustration, resentment, anger and sadness at their limited involvement in their employment changes.

Weisberg and Dent (2016) found that increasing workloads and pressures could threaten job satisfaction in the charitable sector. A report by consultancy Lark Owl (2019) stated that charitable sector practitioners are feeling particularly overworked and overwhelmed. Unsustainable workplace pressure impacts workers' performance (Felstead et al., 2016). Consequently, highly pressured working environments negatively impact the quality of service delivered (Imperatori, 2017). Increased work pressures have also caused staff recruitment and retention difficulties in the charitable sector. The excessive demands on charitable sector workers discourage individuals from joining charitable sector organisations and encourage more to leave the sector (Lepper, 2021). Additional pressures have also impacted the morale of charitable sector practitioners who traditionally 'go the extra mile' to support their service users (UNISON, 2013a). Likewise statutory sector workers (UNISON, 2013b). Previously, probation officers have found value in their work through the professionalism and effectiveness of rehabilitation (Mawby & Worrall, 2013). Yet, neoliberal and austerity policies have depleted the public sector workforce. Increasingly unmanageable workloads and unstable working environments significantly impact practitioners' health and well-being (The British Association of Social Workers, 2017; Walker et al., 2019).

Staff recruitment and retention are worsened by low pay within the charitable sector. Financial restraints have historically affected charitable sector pay, and over fourteen per cent of charitable sector jobs are paid below the real living wage. Whilst this was higher in the private sector, the percentage of public sector wages meeting or exceeding the living wage was considerable higher (Mahmoudi et al., 2022). Yet, changes to the benefits and welfare system and a substantial rise in the cost of living could force more charitable sector workers to consider changing jobs (Bach-

Mortensen, 2020; Lepper, 2021). The attraction of a higher wage could be greater because of increased personal financial pressures.

Government support: Sincere, pretentious or a disguise for cost-cutting?

Government reliance on the charitable sector has been extensive. Governments have recognised the charitable sector's distinctiveness and acknowledged how its services can be beneficial to meeting offender needs. A governmentality approach emphasises the increasing importance of non-state organisations in public service delivery (van Rensburg et al., 2016). Political reforms have evidenced the intentions to increase charitable sector organisations' role in providing criminal justice services. Politicians have openly admitted that meeting individual needs is essential for desisting from crime, and charitable sector organisations are best equipped to provide this tailored support (Public Health England, 2018). The Compact agreement, launched by New Labour, acknowledged the importance of charitable sector services and provided a politically binding agreement to oversee an effective partnership between the government and charitable sector organisations (Alcock, 2012; Home Office, 1998; Kendall, 2000, 2003; National Council for Voluntary Organisations, 2020; Zimmeck et al., 2011). The 2010 manifestos of all parties featured great support for charitable sector involvement in criminal justice services (Wells, 2010). The Coalition government continued the core elements of New Labour's Compact agreement. Within the 'Modernising Commissioning' green paper, the Coalition acknowledged the importance of financial stability, which they claimed would be helped by its Big Society Bank fund (Cabinet Office, 2010). The more recent Conservative government expanded its support for the charitable sector's role in criminal justice services. The Transforming Rehabilitation reforms stated that the innovative nature of charitable sector services would be pivotal to improving offenders' rehabilitation (3SC, 2013; Napo, 2014; National Council for Voluntary Organisations, 2016).

Nevertheless, despite publicised support for the charitable sector, consecutive government actions have failed to act on these claims (Fagan et al., 2019; Garside et al., 2014; Maguire, 2016). For example, the Coalition pledged to financially

support the charitable sector within the Big Society initiative; in reality, these contributions were minor and could not offer much financial security for charitable sector organisations (Alcock, 2015). Similarly, the involvement of charitable sector organisations in Transforming Rehabilitation was very limited (Clinks, National Council for Voluntary Organisations & Third Sector Research Centre, 2016). The government had recognised the importance of financial stability for charitable sector organisations yet failed to provide this, which casts doubts on its dedication to supporting the charitable sector.

Financial savings were another argument for the greater involvement of charitable sector organisations. The charitable sector is generally more cost-effective than public and private sector services. Charitable sector organisations can offer the same or better service for less money (Hucklesby & Corcoran, 2016; Nacro, 2010; Nutley & Rimmer, 2002; Tomczak, 2014). Significant long-term financial savings are then made because offender needs are being addressed, ultimately reducing the reoffending rate and possible future mental health crises (Chorley, 2011; Garside & Ford, 2015, 2016; Ministry of Justice, 2011; Ryan, 2011; Wynne, 2021). Although this is a valid declaration, this could have been the government's attempt to disguise its utmost priority of cutting costs (Chorley, 2011; Ryan, 2011). The government made substantial financial cuts without considerable backlash because it concealed this through its desire to support charitable sector involvement. Martin (2007) argued that the government had rarely previously listened to the charitable sector, especially concerning rehabilitative strategies. Thus, the only reason it has heightened interest in charitable sector organisations is that it is a cheaper option.

Government reliance on the charitable sector also aligns with its governing from a distance movement. The government have imposed regulations around a risk framework by which charitable sector organisations must abide, whilst the government manage the progress at a distance (Ericson & Haggerty, 1997; O'Malley, 1999). However, these policies restrict the work and interventions charitable sector organisations can offer and how it can offer them. This governmentality framework can influence the identity and professionalisation of

charitable sector organisations, directly impacting the quality and distinctiveness of charitable sector services (Dean, 1999/2010, 2002). It also questions whether the government truly wanted to utilise the distinct benefits of the charitable sector or whether it was an opportunity to control charitable sector organisations to manage service users from a distance.

The widespread privatisation of criminal justice services was central to neoliberalism (Corcoran, 2014; Ismail, 2021; Teague, 2016). From an ethical perspective, enabling organisations to make financial profits from crime, victimisation, and punishment has been highly questioned (Deering & Feilzer, 2017; Jacobson & Hough, 2018). Many have argued that the government should solely manage crime management, especially actions involving punishment (Corcoran, 2014; Ismail, 2021). Corcoran (2014) argued that the public only accepts increased privatisation of the criminal justice system on the premise that charitable sector organisations will be equally involved. A viewpoint that the financial focus of the private sector will ensure efficient services, yet the ethos of the charitable sector will protect the needs of service users. However, government actions have directly compromised the role charitable sector organisations can have in public service provision.

When opening up public services, the government failed to provide the necessary protection for charitable sector organisations to allow equal opportunities in public service delivery. In the weeks before Transforming Rehabilitation was implemented, the Justice Secretary announced that “75% of the 300 subcontractors named in the successful bids are voluntary sector or mutual organisations, putting them at the frontline of offender rehabilitation as the Government battles against stubbornly high reoffending rates” (Ministry of Justice & Grayling, 2014a, para. 5). However, this did not transpire into practice. Most Community Rehabilitation Company contracts were awarded to private organisations, which many had predicted before the Transforming Rehabilitation programme was launched (Kirkup, 2013; National Audit Office, 2019; Wong, 2015). At best, these organisations are likely to be subcontracted with another Community Rehabilitation Company, which is regulated by the contractual aims agreed upon by their partnering organisation (Corcoran, 2014). This domination

by the private sector contradicted the government's desire to utilise the expertise of the charitable sector. Charitable sector organisations that have managed to secure bids and have a dominant role in contracts are larger charities. At the beginning of the Transforming Rehabilitation initiative, two-thirds of the initial Community Rehabilitation Company contracts that included the charitable sector went to just three charities (Garside et al., 2014). Yet, there are a vast array of charitable sector organisations that are small and locally run, which work to meet the complex and distinctive needs of vulnerable groups in that area (Martin, 2008; Martin et al., 2016; Rodger, 2012). The localism and expertise of these organisations are at threat of being replaced with private organisations and larger, centralised charities (Corcoran, 2014; Corcoran & Hucklesby, 2013). Ultimately, service users may not receive the same standard of tailored support that smaller, localised charitable sector organisations can offer. This is likely to disproportionately impact individuals with multiple needs, such as mentally disordered offenders.

A vital aspect of the Transforming Rehabilitation reforms was providing innovative services (Ministry of Justice, 2013a, 2013b). The government acknowledged that creative services would help to meet offenders' complex needs. It also recognised that the charitable sector thrived with innovation. The creative and innovative services of the charitable sector are particularly effective at meeting offenders' multiple and complex needs, yet the Transforming Rehabilitation creation meant services became dominated by standardised practices (Robinson, 2013; Scott & Russell, 2001). More concerningly, the quality of services delivered by private organisations was inferior; they provided inadequate support and rehabilitative supervision and reoffending targets were regularly not being met (Garside et al., 2020; HM Inspectorate of Probation, 2018a; National Audit Office, 2019). This suggests higher bids were prioritised over innovative, quality services (Calder & Goodman, 2013; Keohane & Downing, 2014).

Another aspect of the Transforming Rehabilitation initiative that disadvantaged the charitable sector was the payment by results system. A payment by results model fails to encourage organisations to deliver support services for multiple, complex

needs, something the charitable sector flourishes at. Service users of Community Rehabilitation Companies have been deemed low or medium risk; therefore, it is assumed that they do not need intensive, skilled support (McNeil, 2013). This is often not the case, especially for offenders or individuals whom the criminal justice deems at risk of offending, and who have mental health needs. Hastings, Bailey, Gannon et al. (2015) argue that neoliberal and austerity policies have caused more individuals to reach crisis before they access support services. Thus, individuals are more likely to have more complex needs when they seek help. Still, contracts are failing to fund services dedicated to meeting complex needs.

Funding that closely aligns with structured targets can undermine the unique advantages of the charitable sector. Charitable sector organisations may feel pressured to change how they run its services to secure funding (Benson & Hedge, 2009; The Robertson Trust, 2012). Alternatively, this system could result in services being dominated by what the government deems necessary. However, such an approach jeopardises the ability of charitable sector organisations to provide innovative and individualised services that fully meet the complex and multiple needs of each service user (3SC, 2013; Carmel & Harlock, 2008; Khan, 2015; Maguire, 2016). Additionally, most charitable sector organisations do not have the income or resources to provide the evidence required for payment. Independent research for each service and programme is often too costly and time-consuming for charitable sector organisations (Hedderman & Hucklesby, 2016; Meek et al., 2010; Parry & Kelliher, 2008). Even when organisations overcome this issue, the complex nature of charitable sector work is challenging to measure with an input-output structure (Colborne, 2010; Grubin, 2001; Hayes, 2010; Padel, 2002; Rodger, 2012). Charitable sector services often positively impact several areas of an individual's life. For example, helping to improve an individual's self-worth can improve mental health and well-being while enabling that individual to socialise and seek employment. Yet, measuring this impact using an input-outcome structure is too simplistic. Capturing an accurate measure of impact is virtually impossible for services that address such a range of complex needs (Baxter & Fancourt, 2020).

Payment by results and Transforming Rehabilitation also meant funding was usually guaranteed for short periods (Davies, 2015). Short-term funding substantially affects how the charitable sector can operate. Charitable sector organisations often do not have the financial stability to make long-term plans or sustain programmes beyond guaranteed financing. A lack of long-term stability affects the organisation's ability to adapt and provide individualised services to meet the complex needs of its service users (Meek et al., 2010; Mills et al., 2011). Nevertheless, there is the additional concern that programmes could be terminated at short notice, which could negatively affect the service users. Individuals involved in a programme will have to seek help elsewhere and potentially still have an array of unmet needs. This situation could impact their trust and confidence in that organisation and potentially affect the reputation of the charitable sector generally (McNeil, 2013; Mills & Meek, 2016). Thus, outcomes of the Transforming Rehabilitation initiative and the government's actions towards the charitable sector question whether it genuinely wanted to support the charitable sector and improve community services or whether its priority was to reduce public expenditures on the criminal justice system.

Chapter Summary

The charitable sector has become increasingly involved in delivering public services and now has an essential role in providing care and support for individuals throughout the criminal justice system (Clinks, 2017). The charitable sector has a range of unique qualities, enabling it to operate differently from private and public sector organisations. Many organisations in the charitable sector are small and locally run, where practitioners have expert knowledge and understanding of their service users, which allows them to adapt to the specific needs of each individual (Bryans et al., 2002; Martin, 2008; Martin et al., 2016). Being independent of the government provides charitable sector organisations with flexibility and decreased bureaucracy, which facilitates a holistic approach to services that can be highly effective when engaging individuals with multiple and complex needs (Corrigan et al., 2009; Hills et al., 2015; Turan et al., 2019). The fact that charitable sector organisations are not driven by the need to make a profit can increase levels of trust, and volunteers can help to engage service users in ways paid staff cannot (Corcoran

& Hucklesby, 2013; Mills & Meek, 2010). Outlining previous research on the distinctiveness of the charitable sector is beneficial to compare with what practitioners feel about the unique features expressed in this study.

The government has long acknowledged the distinctiveness of the charitable sector and encouraged an increasing role of the sector in public service provision. It has openly accepted that its different qualities can provide vital care and support services for individuals throughout the criminal justice system. However, this support has come under severe scrutiny for multiple reasons. Neoliberal policies and austerity measures have compromised their ability to deliver public services. Most charitable sector organisations rely on government grants for funding (Clifford et al., 2010; Bua & Lyall, 2015). The government has increasingly moved to contract funding to provide more efficient public services (Hastings, Bailey, Gannon et al., 2015). Yet, this has led to substantial reductions in funding for charitable sector organisations and the inability to compete for contracts. Thus, although financial stability has been a long-standing issue within the charitable sector, austerity has exacerbated this (Palmer & Randall, 2001). Austerity meant fewer statutory welfare services, which caused more demand for charitable sector services at a time when funding was substantially decreasing (Johns, 2022).

Within the Transforming Rehabilitation initiative, the government claimed that charitable sector organisations would be safeguarded through cross-sector partnerships (Heydar-Cardwell, 2012). It argued that working in partnership with a private or public sector organisation can help charitable sector organisations win bids and secure funding, which it may not have achieved alone (Heydar-Cardwell, 2012; Meek et al., 2010). Utilising the expertise of each sector can enable high-quality, cost-effective services to be delivered (HM Government, 2011; Ryan, 2011). However, the government failed to provide sufficient protection to the charitable sector, and Community Rehabilitation Company contracts were dominated by private sector organisations (Kirkup, 2013; National Audit Office, 2019). This made charitable organisations feel undervalued and exploited (Bach-Mortensen, 2020; Morin, 2015; UNISON, 2013a). The outcome of the Transforming Rehabilitation reforms

casts significant doubts over the sincerity of the government's support for the charitable sector. Instead, the government prioritised financial savings over the charitable sector (Martin, 2007). Discussions on the impact of government policies and actions on the charitable sector are essential for this thesis. Acknowledging previous research on the state's role in charitable sector involvement in public service provision is needed to compare and understand practitioners' perspectives in this study.

CHAPTER FIVE

METHODOLOGY AND RESEARCH DESIGN

The purpose of this chapter is to explain and justify the research design and methodology. It is vital to outline the research's original contributions to knowledge. This chapter will show how this thesis provides valuable insight into charitable sector practitioner perspectives at a unique period, during the early stages of implementing the Transforming Rehabilitation reforms into practice. To unpack these discussions, this study investigated the impact and effectiveness of legislation and government policy and action from the perspectives of charitable sector organisations.

The discussions presented in this chapter seek to rationalise and validate the steps taken throughout this research to achieve the aims and objectives. The philosophical underpinning of the study will be outlined, of which a relativist and nominalist stance was taken. Discussions in this chapter will demonstrate how the study was conducted in a responsible and ethically sound way. It is necessary to outline the purposive sampling technique and justify the exclusion criterion. A step-by-step guide on recruitment, data collection and analysis are provided to give a detailed description of the methods adopted in this study.

Research aims and objectives

The broad aim of this research project was to critically explore the charitable sector's experience of interactions between offenders or individuals deemed at risk of offending by the criminal justice system and charitable sector support services. More specifically and uniquely, this study gathered the perspectives of charitable sector practitioners who work within community mental health and well-being support services and with offenders or individuals whom the criminal justice system deems at risk of offending in a significant period of reform. To achieve this aim, the following three objectives were met:

1. To critically investigate the distinctiveness of the charitable sector from the perspectives of the United Kingdom's charitable sector practitioners.
2. To critically explore the United Kingdom's charitable sector practitioners' perspectives on the impact and effectiveness of legislation, government policy and actions on providing mental health and well-being support services to offenders and individuals whom the criminal justice system deems at risk of offending.
3. To critically investigate the United Kingdom's charitable sector practitioners' recommendations for legislation, government policy and service practice reforms.

Original contributions

Whilst it can be acknowledged that the mental health needs of individuals in contact with the criminal justice system have been well researched, practitioners' perspectives have received less attention. This thesis addresses the lack of literature on charitable sector practitioners on providing mental health and well-being support services. The research sought to access and explore practitioners' views of practising within the laws, government policies and actions when providing mental health and well-being support to offenders or individuals deemed at risk of offending by the criminal justice system. This unique position harnessed the perspectives of experts in the field to give an insight into the impact and effectiveness of legislation and government policy and action, service benefits and challenges, and the variance between sector services and reform recommendations.

The timeframe of this research adds originality. The original contribution of the research was based upon a specific moment in time in which charitable sector practitioners' voices were being heard. Data was collected during the early stages of implementation of the Transforming Rehabilitation programme. It was essential to provide a voice to charitable sector practitioners at this particular time because it collected the initial thought process around how Transforming Rehabilitation was being implemented into practice. Substantial probationary reforms were taking place

and, statutory, private and charitable sector organisations had to understand, adapt and navigate these changes quickly. Research had expressed great concern over the Transforming Rehabilitation initiative before its implementation (Clinks, 2018; Howard League for Penal Reform, 2013; Prison Reform Trust, 2013). The timing of this research enabled charitable sector practitioners to voice their views about these concerns and comment on how Transforming Rehabilitation was transpiring into practice. Gaining practitioners' initial thoughts on the process of Transforming Rehabilitation during the early stages of implementation cannot be repeated. Hence, the value of this specific point in time enables this research to continue contributing to original and new knowledge beyond when the data was collected. The charitable sector's role in public service delivery has since and continues to grow. Thus, the importance of providing a voice for charitable sector practitioners is simultaneously increasing.

Context of this study

During the time of this study the prison population was 84,069 (Ministry of Justice, National Offender Management Service & HM Prison service, 2016); Durcan (2016) estimated 90% of these prisoners had at least one mental health disorder. The mental health needs of offenders and individuals whom the criminal justice system deems at risk of offending and the impact and effectiveness of legislation, government policy and action have been well researched (Ahmed et al., 2021; Alcock, 2012; Bloomer et al., 2012; Bradley, 2009; Cummins, 2019). However, attention is absent to charitable sector practitioners' perspectives on delivering these support services, despite over three-quarters of charitable sector organisations providing support services to offenders or individuals whom the criminal justice system deems at risk of offending (Clinks, 2018a; Clinks, 2019b; Prison Reform Trust, 2017). This research provided a voice to those directly working with individuals who need support, a voice which is often unheard. Practitioners are directly involved with their service users, sometimes for long periods, and will therefore have an insight into the everyday unmet needs of offenders or those deemed at risk of offending by the criminal justice system. Data was collected three years after the implementation of the Transforming Rehabilitation reform, which offered a unique insight into practitioners' perspectives at that moment in time. Obtaining practitioners'

views, rather than service users, also enabled perspectives on how hierarchal decisions can impact charitable sector services. Drawing upon practitioners' insights provided an understanding of how legislation, government policy and actions have or could potentially affect their services. Gaining practitioners' perspectives enabled decisions about the mental health and criminal justice systems, the charitable sector, and offenders or those deemed at risk of offending by the criminal justice system to be explored. Additionally, adding to the originality of the research, a different theoretical lens was adopted to examine and understand the possible influence of legislation, government policy and actions on charitable sector services.

Philosophical stance

It is essential to outline the researcher's philosophical stance because their underlying beliefs affect all decisions about the research design, data collection and analysis (Crotty, 2007; Hughes, 1990; King & Horrocks, 2010). The fact that this research topic has been chosen indicates judgement about what the researcher believes to be important in the research world. For Gray (2004), philosophical stance centred on two branches of philosophy; ontology and epistemology. Ontology is concerned with reality and existence, whereas epistemology considers the nature of knowledge and the methods used to gain knowledge. Ontological and epistemological beliefs represent how a researcher views the social world and what counts as knowledge, directly influencing how the researcher collects, interprets and analyses data (David & Sutton, 2011; Knox & Burkard, 2009; Neuman, 2014; Ormston et al., 2014).

According to Neuman (2014) and Bryman (2012), social ontological positions are categorised by two opposing dimensions; realism and nominalism. Ontological realism represents research as being objective and able to generalise results over different contexts. Whereas a nominalist approach assumes reality is socially constructed and a product of how individuals interact and engage with one another. The placing of practitioners' perspectives as the central pillar of this research reflects the researcher's nominalist position. As with ontology, there are two opposing

epistemological positions; positivism and interpretivism (Bryman, 2012; Hammond & Wellington, 2020). Positivism accepts that research is objective, can be scientifically verified and can be undertaken entirely independently from the researcher.

In contrast, interpretivism claims that reality is subjective and a composite of numerous perspectives. An interpretivist stance is assumed in this study because the researcher recognises that beliefs underpin the critical decisions made throughout the research study. A nominalist and interpretivist approach enabled the research to capture practitioners' perspectives. The study did not provide generalisable data because the researcher believes views are subjective. The interpretive framework allowed participants to freely discuss their views of working within the charitable sector, delivering mental health and well-being support services and the impact and effectiveness of legislation, government policy and actions.

Ethical considerations

To ensure an ethically sound project, the British Sociological Association's professional codes of conduct and ethical guidelines were abided by, and the research met the University of Chester's ethical standards. A utilitarian ethical approach was implemented to certify protection for participants (Babbie, 2013; Miles & Huberman, 1994; Miller & Bell, 2002; Oliver, 2010; Webster et al., 2014).

Interviews were scheduled via email at the most convenient time for participants to ensure minimum inconvenience (Bryman, 2012; Sarantakos, 2005). Interviews were also conducted at the participant's place of work to minimise travel inconvenience and to ensure interviewees were comfortable with the location (Braun & Clarke, 2013). The researcher recognised that conducting interviews at the participant's place of work could compromise anonymity, especially as many of the organisations only had a few members of staff and volunteers, which could result in individuals being more easily recognised. For example, staff members may deduce who participated due to the unique responses to interview questions, mainly if aspects highly particular to their role are discussed. To safeguard these issues, the

researcher requested that participants refrain from discussing the study and the time of their interviews with co-workers. In addition, participants were given a pseudonym to protect further their identity and privacy (Braun & Clarke, 2013; Israel & Hay, 2006; Neuman, 2006).

Furthermore, interviews were conducted in a meeting room to avoid connections to individual offices. A 'please do not disturb' sign was placed on the door to discourage disruptions (Bryman, 2012). Participants were told about the measures taken to protect their anonymity but accepted that identification might not be maintained, especially for those working in small organisations.

A Google email account was created for all emails throughout this research project to ensure data was kept confidential (Babbie, 2013; Israel & Hay, 2006; Oliver, 2010; Punch, 2014). Additional security was gained because the researcher used a password-protected laptop for all work conducted on this thesis. After five years of completing the thesis, all data will be destroyed to comply with the Data Protection Act (2018). All hard copies of the data will be disposed of using an electronic shredding machine, and all data stored electronically on the hard drive, and memory pen, will be disposed of by deleting from the memory (Oliver, 2010; Punch, 2014).

Participation was based on informed consent (Appendix A), and all participants were given a participant information sheet (Appendix B). Before interviews began, the researcher also verbally reiterated the details outlined in the participant information sheet and consent form emphasising voluntary participation and the right to withdraw from the study, without explanation or fear of reprisal, until the analysis stage, where a date would be communicated with each participant. The topic of service challenges and the impact of legislation, government policy and actions could risk anger or frustration for participants. It was necessary to take this risk, alongside safeguards, to gain perspectives about these issues. To minimise this risk, participants were aware of the topics of discussion before the interview. They were informed of their

right to withdraw during the interview and were given the contact details of the researcher and lead supervisor to express any concerns or questions.

Sampling method and selection criteria

A purposive sampling technique was used to identify relevant organisations whose practitioners could be potential participants. The selection criteria for target organisations contained the following factors:

- Organisations must be registered as a charitable organisation.
- Organisations must provide a community service aimed at improving the mental health or well-being of offenders service users.
- Service users were either offenders or individuals assessed and identified by the criminal justice system as at risk of committing a crime and aged 18 or over.

Participants had to have an active role within the charitable sector organisation, whether in a voluntary or paid position, full-time or part-time hours. The researcher sought to identify charitable organisations that offered a support service to individuals in crisis. Organisations were to offer support services that aimed to improve an individual's mental health and well-being. These services included support for employment, housing, debt, criminality, health, support networks and social isolation, and low self-esteem and confidence, all of which are factors associated with mental health (Mind, 2017). Within this criteria were charitable organisations that offered support services to vulnerable groups in crisis. Although the concept of vulnerability is subjective, organisations generally identify the same groups as vulnerable when in crisis. Common populations included offenders, those deemed at risk of offending by the criminal justice system, the economically disadvantaged, those with substance misuse issues, and the homeless. Many of the factors linked to vulnerability are also deemed to be risk factors for offending by the criminal justice system (College of Policing, 2020). Thus, identifying organisations

offering support services to vulnerable individuals in crisis allowed the researcher to recognise suitable potential participants.

Recruitment and negotiating access

The researcher was at the beginning of their career and had yet to establish a network of personal contacts within the field. Thus, potential target organisations were found using the Clinks 'Directory of Offender Services' (Clinks, 2017). The researcher also conducted thorough Google searches to identify likely target organisations. However, no suitable organisations were identified in the Google search that was not listed in the Clinks Directory. The 'Clinks Directory of Services' was used to identify appropriate organisations because it is a well-established database listing extensive charitable sector services to offenders and individuals deemed at risk of offending by the criminal justice system (Clinks, 2017). Two Searches were conducted using the words 'support', 'crisis', 'vulnerable', 'mental health' and 'well-being' to ensure all organisations offering services within these areas were identified. 132 organisations met the criteria. The identified organisations were emailed using the contact details supplied in the Clinks Directory to begin negotiating access. In response to the gatekeeper email (see Appendix C), 23 organisations replied, explaining they were unable to participate for the following reasons:

- Being a small charity means they have insufficient time or the resources to participate.
- The organisation was already involved in other research projects.
- The organisation no longer offered relevant services.
- The organisation was going through a transformation phase.
- Discussing issues their organisation faced could anger or frustrate practitioners, and therefore, they would prefer not to participate.

For organisations where access was granted, to support inclusivity and uptake, an email was circulated to all individuals in the organisation and posters about the study were displayed in staff rooms and offices (Appendix D).

Participating organisations

All participating organisations offered services to individuals who had previously offended or were deemed at risk of offending by the criminal justice system. Six organisations accepted individuals still involved in the criminal justice process, including offenders on licence, supervision in the community or upon release from custody. All organisations took individuals ordered by the courts to engage in its services or complete a specific programme delivered by the charitable sector organisation. Four of the participating organisations predominantly offered holistic support to service users with needs relating to education, employment, housing, finances, mental health and/or addictions. A further two organisations also offered holistic support in the same areas but predominantly focused on providing support with long-term, secure accommodation. The remaining two participating organisations primarily offered employment support to service users.

Six of the participating organisations were small charitable sector organisations, which is classified by the NCVO (2021; 2022) as having an income of less than £100,000. Most charitable sector organisations received funding from a range of sources with most income being independent of the government (Clarke et al., 2012; Sykes, 2022) and the organisations that participated in this study are in the same situation. The two large organisations received statutory funding through grants for specific projects ran by the charity. For one of these organisations, government funding wholly financed three of the eight programmes they delivered and for the other organisation, out of the ten programmes they ran, government grants provided partial funding for one project and full funding for another project. Four organisations, including the two large organisations, received income through a National Lottery Community Fund grant but this funding was only guaranteed for six months for the two smaller organisations and twelve months for the two larger organisations. All eight organisations received income through donations and fundraising. For five of

the six small participating organisations, voluntary contributions were identified as the main source of revenue as it equated to the highest percentage of that annual income. Five of the participating organisations had social enterprise projects that produced income for the charity. All five organisations used collaborative workspaces to gain funding and two also had a small café, ran by volunteers and service users, that generated some income. For more detailed profiles of the participating organisations, see Appendix E.

Rationalising semi-structured interviews

The emphasis of the research was to understand personal perspectives by generating a well-grounded and detailed representation of the interviewees' views; therefore, a qualitative approach was taken. The researcher chose to conduct face-to-face interviews because talking to an individual in person makes it easier for the interviewer to build a rapport to enable participants to feel at ease and relaxed during the interview and to encourage disclosure of their perspectives (DiCicco-Bloom & Crabtree, 2006; Fielding & Thomas, 2008). To further encourage participants to express their views openly, it was made clear that this research would not judge them, their organisation or other practitioners.

Semi-structured interviews were conducted that contained pre-determined, broad and open-ended questions on the following topics (for the complete interview guide, see Appendix F):

- Working in the charitable sector
- Variance between sectors
- Service benefits
- Challenges to service provision
- Impact and effectiveness of legislation, government policy and actions
- Impact of determining contexts
- Discrepancies between government policy and practice

- Recommendations for reforms

Although participants were asked about legislation and government policies and actions in general, because this research was conducted during the early stages of the Transforming Rehabilitation implementation, this provided a unique insight into practitioners' thoughts on this. Interviews were conducted during a particular time of turmoil; the government had recently implemented substantial changes to the probation system. Organisations delivering public services were forced to navigate around this time of uncertainty. Thus, collecting data during this period enabled a deep analysis of charitable sector practitioners' perspectives at this critical moment in time.

Using open-ended questions gave respondents the freedom to answer questions as they saw fit whilst allowing the researcher to probe for more information on relevant topics to gain further understanding of discussions (DiCicco-Bloom & Crabtree, 2006; Rowley, 2012; Yeo et al., 2014). This flexibility was necessary because it enabled the researcher to uncover ideas or issues that may not have been previously discussed and could potentially provide more valuable data (Denscombe, 2014; Fielding & Thomas, 2016). In addition, having the interview guide enabled the researcher to cover the same topics for each participant, meaning there was consistency in all the interviews, which increased data reliability (Gilbert, 2016; Gray, 2014).

The interviews were conducted across eight organisations over eight weeks in August and September of 2016, three years after the implementation of the Transforming Rehabilitation programme. Initially, 27 participants were recruited, but three withdrew, meaning the data from 24 interviews were analysed. The length of the interviews ranged from 18 minutes and 36 seconds to one hour, 29 minutes and 34 seconds. Two interviews were cut short, and therefore all questions were not asked. One interview was discontinued because the interviewee had to attend to an emergency elsewhere, and the other participant only had twenty minutes to spare,

which the researcher was aware of before the interview. Although the researcher attempted to schedule another meeting to complete the interviews, this was impossible because both participants had limited availability.

Justifying thematic analysis

Thematic analysis was the preferred technique for analysing interview data. However, other data analysis methods were considered, including interpretive phenomenological analysis, narrative or discourse analysis, content analysis and grounded theory. The interpretive phenomenological approach is a very structured analysing process where strict guidelines are provided for collecting data, including what and how questions should be constructed (Braun et al., 2014). Interpretive phenomenological analysis was not an appropriate analysis method for this research because flexibility was needed to ensure respondents had the freedom to develop ideas and provide in-depth discussions. Narrative or discourse approaches concentrate on examining how respondents say things. Therefore, this analysis technique was also not suitable because the importance of the data was solely on the content of the interviews rather than analysing language (Braun & Clarke, 2013; Braun et al., 2014). Content analysis is similar to both grounded theory and thematic analysis. Still, it differs greatly in that it can be used to test specific hypotheses and has pre-determined categories used to quantify data by measuring the frequency of ideas (Hislop, 2016b; Jackson II et al., 2007; Vaismoradi et al., 2013). Thus, content analysis was also eliminated as an option because the researcher did not want to focus on quantifying data; an issue could have been discussed on one occasion but could be vital in understanding service users' experiences (British Sociological Association, 2002; Seal, 2016).

Grounded theory and thematic analysis are popular methods for analysing qualitative data that seek to discover individual opinions and thoughts on a particular concept (Clarke & Braun, 2016; Hodkinson, 2016). The analysing process for both techniques is similar in that they aim to identify and interpret codes and themes from the data to understand the information collected from the interviews (Hodkinson, 2016; Seal, 2016). However, the critical difference between the two is the theoretical

preconceptions before the data collection is conducted (Charmaz, 2006). Grounded theory says that theoretical preconceptions should be avoided so that research can be carried out independently of the researcher (Hodkinson, 2016). Whereas thematic analysis takes a more flexible theoretical approach because it accepts that researchers cannot conduct completely objective research, which eliminates all values and biases (Clarke & Braun, 2016; Hodkinson, 2016); this fits in with the researcher's philosophical stance (Knox & Burkard, 2009; Ormston et al., 2014). Thus, thematic analysis was deemed the most appropriate technique for this study.

The researcher conducted the thematic analysis manually rather than computer-assisted qualitative data analysis software. It has been argued that using computer-assisted qualitative data analysis software can distance the researcher from the data resulting in a loss of meaning and context and that such software focuses on the quantity of data rather than the in-depth meaning of what participants have said, which does not align with the aims of this study (Ahmed & Newman, 2010; Winsome & Johnson, 2000). In addition, it is difficult for software to read transcription symbols that indicate pauses or when the emphasis is put on a particular word, which means the analysis could fail to consider the importance of these (Gibbs & Silver, 2005). However, NVivo was used to store and organise all data. The researcher utilised Nvivo to sort and categorise data into the developed codes and themes. The researcher used Nvivo to centralise data from multiple interviews to enable deeper analysis. All data was exported into Nvivo, and as codes and themes were developed by the researcher, this data was organised into the corresponding category. This enabled data to be coordinated quicker than if it was done manually. Speed and convenience were particularly advantageous to the researcher due to the time pressures of completing the thesis. Using Nvivo to organise and manage data was also beneficial when writing up the findings, analysis and discussion chapters. The 'search' function allowed specific quotations to be identified quickly and the 'notes' tool enabled the researcher to keep thoughts on each theme as chapters developed.

The researcher used Braun and Clarke's (2006) six-phase approach to thematic analysis, which is summarised as the following:

1. Transcription and familiarisation
2. Coding
3. Searching for themes
4. Reviewing themes
5. Defining and naming themes
6. Writing up

In alliance with Braun and Clarke's (2006) phases of thematic analysis, the first stage of the analysing process is for the researcher to conduct a complete verbatim transcription of all the interview data (Babbie, 2013). The researcher also chose to record all interviews using a Dictaphone to ensure details were not missed and all verbal information given by the respondents was available for the analysis process (Doody & Noonan, 2013; Fielding & Thomas, 2016). It is essential to acknowledge transcription issues, considering transcripts were used for the entire analysis process and as evidence for the researcher's analytic themes (Ashmore & Reed, 2000; Duranti, 2007). Transcribing is a selective process of translation (Slembrouck, 2007; ten Have, 2007), which means it is impossible to include all attributes of talk and interaction from sound recording (Davidson, 2009). Non-verbal details, such as body language, will not be provided in transcriptions (Denscombe, 2014). Extraneous information will not be included to ensure the transcripts are not too difficult to read (Davidson, 2009; Ochs, 1979). However, transcribing was conducted in a thorough, consistent, and strategic manner which helped to present data as accurately as possible (King & Horrocks, 2010; Miles & Huberman, 1994). A strict transcription system also ensured that the transcripts were as accurate as possible in their representations (Poland, 2002). The researcher implemented Mergenthaler and Stinson's (1992) seven principles for developing transcription guidelines. In compliance with these principles, the researcher was particularly careful with punctuation in the transcripts because the use of punctuation can either alter or add

meaning to a sentence and, therefore, could cause an inaccurate representation of the original account (McLellan-Lemal et al., 2003; Poland, 2002). To increase the transcription quality, the researcher also included the following in all transcripts: all unobtrusive and obtrusive sounds, whether they interrupted dialogue or not, filler words, false sentence starts, stutters and repetition. In addition, the researcher developed symbols to represent this non-verbal data (see Appendix G).

Although transcribing was very time-consuming, it was vital to the analysing process because it enabled verbal conversations to be converted into manageable written accounts to allow data analysis (Kvale & Brinkmann, 2009). It has been argued that transcribing should be classified as “a key phase of data analysis within interpretative qualitative methodology” (Bird, 2005, p. 227). During the transcribing process, the researcher became familiar with the data and made preliminary notes of particular words or phrases that stood out in the interviews (Lapadat & Lindsay, 1999; Riessman, 1993; Saldaña, 2016). Maintaining high levels of objectivity was achieved by ensuring findings were not misrepresented, falsified, or manipulated (British Sociological Association, 2002; Dench et al., 2004; Research Councils United Kingdom, 2013). To achieve this, the researcher thoroughly read every transcript from each interview multiple times and highlighted all relevant information before linking data and establishing themes to increase further objectivity (Bryman, 2012; Schreier, 2012). Re-reading the interview transcripts also enabled the researcher to become thoroughly familiar with the data and begin understanding the information and highlighting potential patterns in the data, which was necessary to complete the first stage of the thematic analysis process (Braun & Clarke, 2006; Liamputtong, 2009; Ziebland & McPherson, 2006).

The coding process was the next stage of the thematic analysis (Braun & Clarke, 2006). This analysis stage managed and organised the data to enable further analysis and interpretation (Fielding, 2008). An inductive approach coding system was used because codes were developed from within the data (Flick, 2014; Punch, 2014; Schreier, 2012). Unlike a deductive approach, where codes pre-exist before the data collection, inductive coding requires a bottom-up process where principles

stem directly from the interview content (Braun et al., 2014; Gray, 2014; Seal, 2016). A substantive theory underpinned the coding process because this analysis stage aimed to identify similarities and patterns within the data and link descriptive labels to these (Glaser & Strauss, 1965; Mills et al., 2010). The coding process was completed in two stages; the first stage concentrated on open coding, while the second looked at categorising these codes (Hislop, 2016a). The researcher conducted the open coding process by systematically working through the entire data corpus assigning descriptive labels to chunks of text relevant to the research objectives (Braun & Clarke, 2013; Miles & Huberman, 1994; Williams, 2016). Each code was assigned a different colour so the researcher could quickly identify what data was linked to what code. To minimise researcher bias and to ensure the coding process was rigorous and orderly, all the data from each interview was analysed using this process (Burnard et al., 2008; Williams, 2016). To further increase objectivity, Flick's (2014) 'basic questions used for coding strategies' (p.420) were also used throughout the coding process:

Table 1

<i>Basic questions used for coding strategies</i>	
Questions	What to look for?
What?	What is the concern here? Which course of events is mentioned?
Who?	Who are the persons involved? What roles do they have? How do they interact?
How?	Which aspects of the event are mentioned (or omitted)?
When? How long? Where?	Referring to time, course and location: When does it happen? How long does it take? Where did the incident occur?
Why?	Which reasons are provided or can be constructed?
What for?	What is the intention here? What is the purpose?

By which? Referring to means, tactics and strategies for achieving the aim: What is the main tactic here? How are things accomplished?

Once the codes were established and organised, the researcher continued stages three, four and five of the thematic analysis process, which concentrated on developing relevant themes (Braun & Clarke, 2006). Firstly, the researcher reviewed each code, identified any labels that were like one another or codes that existed in more than one interview and grouped these (Jacelon & O'Dell, 2005; LeCompte, 2000; Ziebland & McPherson, 2006). The researcher then searched for emerging themes by collating the developed codes and identifying patterns within the data set (Braun & Clarke, 2006; Braun et al., 2014). Again, a colour coding system was used to make it easier to separate data for each theme. Like the coding process, the researcher searched for themes throughout the entire data corpus using the same method to ensure the approach was systematic (Burnard et al., 2008; Ormston et al., 2014). For stage four, the researcher reviewed the identified themes by re-reading all the interview data and checking the coding system before developing a thematic map of the analysis (Braun & Clarke, 2006; Braun et al., 2014) (Appendix H). The researcher then moved to stage five of the analysis, which consisted of naming and defining the themes where Bazeley's (2009) describe, compare, and relate process was used (Appendix I). This ensured that the descriptions were clear, comparisons were evident, and each theme was relevant to the research objectives to guarantee that the analysis was as thorough and representative as possible (Braun & Clarke, 2006). Once themes had been defined and named, the researcher progressed to the final stage of the thematic analysis process, which was to show the analytical interpretations (Clarke & Braun, 2016).

Findings and analysis structure

Table 2 outlines how the findings and analysis chapters address each research objective.

Table 2

Research objective	Discussions corresponding to objective
Objective one: to critically investigate the distinctiveness of the charitable sector from the perspectives of the United Kingdom's charitable sector practitioners	Chapter six
Objective two: to critically explore the United Kingdom's charitable sector practitioners' perspectives on the impact and effectiveness of legislation, government policy and actions on providing mental health and well-being support services to offenders and individuals whom the criminal justice system deems at risk of offending	Chapter seven
Objective three: to critically investigate the United Kingdom's charitable sector practitioners' recommendations for legislation, government policy and service practice reforms	Chapter's six and seven

The findings are presented in this way because there is a clear divide between discussions related to objectives one and two, whereas practitioners discussed ideas for reform throughout different parts of their interview; thus, outlining recommendations alongside similar discussions provides more coherency in the findings. The findings and analysis are presented together, with a separate discussion in chapter eight, to avoid the repetition of themes and codes that overlap significantly.

Chapter Summary

The purpose of this chapter was to explain and justify methodological decisions made throughout the research journey. This study provides an original contribution by exploring the perspectives of charitable sector practitioners about service delivery during the early stages of probation reform. It gives a voice to charitable sector practitioners, a voice that is rarely heard. These insights have provided information about the impact and effectiveness of legislation, government policy and actions, the strengths and challenges of the charitable sector services, and recommendations for reform.

The researcher took a relativist ontological stance and a nominalist epistemological position. This allowed for an interpretive framework of social constructionism, allowing participants to discuss their perspectives freely. A purposive sampling technique was used with a selection criterion to identify practitioners with an active role in a charitable organisation that offered mental health and well-being support to offenders or individuals whom the criminal justice system deems at risk of offending.

A qualitative method was used because this research aimed to analyse personal perspectives. Face-to-face interviews were chosen because a closer rapport can be developed in person, encouraging more open responses from participants (DiCicco-Bloom & Crabtree, 2006; Shuy, 2003). Semi-structured interviews were conducted with open-ended questions to allow a structure for all participants but also the flexibility to explore relevant topics in more detail (Denscombe, 2014; Fielding & Thomas, 2008, 2016; Gilbert, 2016; Gray, 2014; Rowley, 2012; Yeo et al., 2014).

After careful consideration, thematic analysis was deemed the most appropriate technique to analyse interview data from this research. Thematic analysis was conducted manually, and Braun and Clarke's (2006) six-phase approach to thematic analysis was used to transcribe, code and theme data. To improve the transcription quality, the researcher used symbols for non-verbal data that were a modified version of Braun and Clarke's (2013) and Jefferson's (2004) transcription system. To improve accuracy further, Mergenthaler and Stinson's (1992) rules were applied before transcriptions were sent to participants to check accuracy. An inductive approach to coding was developed, where codes stemmed directly from the interview data (Braun et al., 2014; Gray, 2014; Seal, 2016). A two-stage coding process was conducted where the research initially concentrated on open coding before categorising the identified codes (Hislop, 2016a). Flick's (2014) 'basic questions used for coding strategies' were utilised to increase objectivity. Themes emerged by collating the developed codes and identifying patterns within the data set (Braun & Clarke, 2006; Braun et al., 2014). A thematic map of the analysis was produced before defining the themes using Bazeley's (2009) describe, compare, and relate process. Analytical interpretations will be reported in the subsequent chapter (Clarke & Braun, 2016).

CHAPTER SIX

THE VALUE OF BEING DIFFERENT

The purpose of this chapter is to present and discuss the thematic analysis findings related to objectives one and three. Thus, this chapter will analyse data that critically investigates the distinctiveness of the charitable sector from the perspectives of charitable sector practitioners. It will also analyse data collected regarding charitable sector practitioners' recommendations for legislation, policy, and service practice reforms.

Evidence collected from practitioner voices indicates that the distinct approaches adopted by the charitable sector are closely aligned with the sector's strengths and challenges. Being not-for-profit and operating separately from the government is a particular benefit of the charitable sector. Charitable sector organisations can fulfil the gap left by statutory organisations where there is a lack of support for offenders and individuals deemed at risk of offending by the criminal justice system. It also enables services to be provided holistically and flexibly, resulting in higher user engagement. However, these same distinct values create challenges for charitable sector organisations. The lack of profit-making can cause financial difficulties and create additional pressures within the charitable sector. Limited income impacts pay, and employment stability is a strong concern within the charitable sector, yet staff satisfaction remains high due to the desirable ethos of the sector. This overlap for how the distinctiveness of the charitable sector can be both advantageous and disadvantageous will be unpacked and discussed in detail throughout this chapter.

The role of the charitable sector: Meeting the needs neglected by statutory services

The government want maximum political support, and therefore, statutory services are focused on meeting the needs of the majority within society. However, minority populations can be excluded from statutory services and left with unmet needs because they do not fit with the requirements of the majority in society (Hastings, Bailey, Gannon et al., 2015; Skivington et al., 2018). The needs of offenders, or

individuals whom the criminal justice system deems at risk of offending, are often neglected by the government because they are a minority group within society. Providing extensive support services to this population would not benefit most of society, which explains why the government chose not to offer them. Such government actions shape the role and purpose of the charitable sector. Weisbrod's (1975) government failure theory claims that the charitable sector's role is to provide services to minority groups who are often neglected or receive insufficient support from the government. Government failure theory can justify the importance and position of the charitable sector in providing mental health support for offenders who have had contact with the criminal justice system or individuals deemed at risk of offending by the criminal justice system. The government are failing at their duty to protect all citizens and provide good welfare support services. Charitable sector organisations are picking up the pieces of this (Winchester, 2022). Charitable sector organisations have increasingly identified the unmet needs of offenders and individuals whom the criminal justice system deem at risk of offending, which has led to increased involvement in the delivery of criminal justice services (Hastings, Bailey, Gannon et al., 2015; Matsunaga & Yamauchi, 2004; Skivington et al., 2018). Ferrell-Schewppenstedde (2023) found that the demand for charitable sector services have increasingly increased because of the cuts to public services, with only half of practitioners believing they can continue to meet this increased demand.

When practitioners were asked about their organisation's services, many participants discussed why they chose to deliver specific services. The reasons behind providing chosen services are helpful to discuss in the context of this research project because it explains why these organisations exist and rationalise the need for their services. The analysis identified that a common motivation for the services the participating organisations delivered revolved around the number of individuals who were not receiving sufficient support to fully address their mental health needs. Lily, Chloe and Jacob, practitioners from different organisations, all expressed how "mental health is the biggest thing that we see" (Lily, an employee of a rehabilitation project) because "the majority of offenders have mental health issues" (Jack, a manager of an organisation offering employment support). There is a great demand for mental health support for individuals who have had contact with the criminal justice system

after committing an offence or been deemed as at risk of offending by the criminal justice system, yet “there aren’t enough services out there to support the needs of people with mental health issues” (Evie, part-time volunteer at a women’s support centre). Mental health is a recognised area where support is lacking for this population, which explains why all participating organisations focus so much on improving their service user’s mental health and well-being. Practitioners shared this strength by priding their services on the ability to support individuals who otherwise would continue to have unmet needs.

There’s nothing that we deliver that hasn’t come from us realising that there was a gap or a need for it. The biggest is self-referral, but second, to that, the community mental health team, because they see us as a gap. They know that we’re a gap, that we fill a gap, in that...

(Evie, part-time volunteer at a women’s support centre)

There’s lots of support for these guys [service users] in different ways, education, training, budgeting, family support, and drug and alcohol support; which one of those gives them an income? None. So, it was obvious towards what, was required.

(Jack, manager of an organisation offering employment support)

The charitable sector provides necessary welfare-orientated support services that statutory organisations fail to offer. Consequently, the government will benefit from this. In addition, addressing the mental health and well-being needs of offenders and individuals whom the criminal justice system deems at risk of offending will help improve service users’ quality of life whilst reducing the likelihood of future criminal behaviour. Therefore, the government can continue providing services to align with the needs of the majority within society, which will maintain maximum political support, but will see rewards from charitable sector services through lowered offending and reoffending rates.

Profit: The non-profit complexity conundrum

Offering services excluded in statutory sector provision provides a rationale for why charitable sector organisations choose to deliver the services it does but fail to

capture the full significance of the sector. It is not just a situation where the charitable sector steps in to fill a gap from failed statutory services; charitable organisations also contribute services that the public sector cannot (Clinks, 2017; Dayson et al., 2022). The intrinsic value of the charitable sector means charitable sector organisations are contributing to public service delivery in a way that statutory organisations cannot. In addition, the distinctive characteristics of the charitable sector enable it to engage service users and meet their needs in ways that private and statutory organisations cannot.

A distinctive characteristic of the charitable sector is that it includes not-for-profit organisations (Kalogeraki, 2020; Mills & Meek, 2016; The Robertson Trust, 2012). Participants echoed how this is a distinct strength of their organisation and a critical feature that separates it from statutory and private sector organisations. Oscar and Evie encapsulate this when discussing how charitable sector organisations differ from statutory and private sector organisations:

I think the main benefits are the obvious ones where you're not, with all due respect, you're not lining somebody's pockets at the end of it.

(Oscar, project director for a sports-based programme)

Obviously, one [statutory and private sectors] is driven by money and making profit, and the other [charitable sector] is driven by making lives better for people, so I suppose that's the biggest difference.

(Evie, part-time volunteer at a women's support centre)

Profit-making is essential for most private sector organisations' survival, but it can also create a barrier to service user engagement. (Kalogeraki, 2020). Removing the role of profit-making in an organisation provides a significant advantage when seeking to encourage service user engagement (Quinn & Tomczak, 2021). Within his contract failure theory, Hansmann (1980; 1987) argued that charitable sector organisations "are considered less likely to cut corners or cheat consumers" (p.29). Thus, offering services where the core motivation is not based on maximising profits aids engagement through higher levels of trust and rapport with service users. Jack

explains how this was one of the main reasons why he chose to set up his organisation as a charity:

The reason we set up as a charity was that because straightaway when we mentioned a charity, they're quite prepared to work with because I think it's just good, just good reasons and it's nowt to do with making money.

(Jack, manager of an organisation offering employment support)

As expressed by Jack, the ability to offer a service away from profit-making encourages service user engagement, which explains the charitable sector's success inspires individuals to commit to their services (Corcoran & Hucklesby, 2013; Hansmann, 1980; 1987; Mills & Meek, 2016). This operational decision provides the charitable sector with opportunities that cannot be applied to private sector organisations. However, being a not-for-profit organisation brings significant financial challenges. Financial stability has been a longstanding challenge for the charitable sector, but funding pressures have magnified since the economic crisis (Bach-Mortensen, 2020; Morin, 2015; UNISON, 2013a). Although funding is different for each organisation, most charitable sector organisations delivering public mental health and well-being services to offenders, or individuals deemed at risk of offending by the criminal justice system, depend on grants from public bodies (Clifford et al., 2010). All participating organisations in this study relied on government funding as their primary source of income. Despite this, the sector income from statutory bodies has continuously decreased over the past decade.

They're all charities, aren't they, that are losing funding? We are a bit scared about the new financial years – always, every year.

(Chloe, project director at a women's support centre)

We're always having to look for funding, whereas other sectors, they don't really have those issues so much as charitable sector.

(Jessica, employee of a women's prison outreach team)

For an *organisation*, it's very difficult. *Name*, she constantly has to be thinking of the next year, and the next two years, and the next three years, and how

are we going to fund this, and how are we going to fund that. Nothing's guaranteed.

(Charlotte, project director of support services)

These quotations capture the ongoing concerns with funding felt by the charitable sector, more so than the private and public sectors. In addition, the length of funding grants and contracts is another significant challenge for the charitable sector.

Everything gets put out to tender; there's no long-term stability. There is no such thing as long-term stability.

(Olivia, project co-ordinator for purposeful activity projects)

Just the short-termism, again, you know, that's the frustration of that way of behaving. It's just really, really frustrating, because how do you plan?

(Evie, part-time volunteer at a women's support centre)

Funding, obviously. Not having regular funding, and not having long funding ... you know, lots of our funding is one year. The maximum is three years.

(Alice, project director of support services)

We're faced with a need to go out and get funding every three years. What that means is that – whilst we want to provide a holistic service – we are limited when we compare what we do to the private sector.

(James, employee of an organisation providing accommodation)

These quotations are from practitioners working in different organisations showing a consensus about the challenge of long-term financial sustainability. Long-term economic insecurity significantly impacts service users and practitioners.

So, we rent all of our properties, so if we lost our service we could, we would have to hand that notice in for all of those properties, in which case all of our clients.

(Olivia, project-co-ordinator for purposeful activity projects)

It's a vulnerable time; really, it's vulnerable for organisations such as ours and, in turn, for the clients that we try and support and help really.

(Thomas, manager of an organisation providing accommodation support)

The funding issues ... it does impact on everything really, how staff feel, and about the services that you provide, if people that attend the centre, if they think that it's under threat or anything, it affects a lot of people.

(Ayva, project director at a women's support centre)

As outlined by Olivia and Thomas, a worrying consequence of short-term funding is the persistent threat of losing that source of income, which would mean terminating specific projects and services. Suppose service users become aware of the possibility that services can be ceased due to lack of funding. In that case, this can cause significant worry and impact their willingness to engage with the organisation. As acknowledged by Ayva, practitioners are equally affected by the financial vulnerabilities of the charitable sector. "Staff's morale is, I've never seen it so low" (Sophie), with most practitioners feeling "very frustrated" (Chloe, project director at a women's support centre).

I think it takes its toll on staff; I think it [funding pressures] takes its toll emotionally, and physically; working with this kind of client group is exhausting, and then not to get appreciated.

(Charlotte, project director of support services)

It's a stressful environment anyway. Our jobs, probation services, any social work, social services jobs are stressful with people's lives, and if you've not got that support and that positive atmosphere at work, it affects your own mental health.

(Lily, employee of a rehabilitation project)

My big stress and burden is fundraising, which is a complete nightmare, but a necessary evil. I find that very frustrating ... it's a pain.

(Evie, part-time volunteer at a women's support centre)

When practitioners feel they are offering an effective service, frustrations arise by statutory bodies refuse to provide sufficient long-term funding for it. Practitioners questioned "why is this the case?" (Evie, part-time volunteer at a women's support centre), "why should we have these problems with funding? It shouldn't be there. It shouldn't be an issue" (Jessica, employee of a women's prison outreach team). These frustrations make practitioners feel powerless; "sometimes it's not fair, and there is nothing we can do about that" (Ethan, project director for a sports-based programme delivered to male offenders).

The additional stress and pressures of working in a financially unstable organisation are exacerbated by practitioners also having to cope with the possibility of losing their job (Chartered Institute for Personnel Development, 2017). Organisations operating with constant funding risks directly impacts employment stability. As Poppy (employee of a rehabilitation project) said, "if you are working, you can be closed down tomorrow". Several other practitioners reiterated this. Alice, Olivia, and Charlotte work for different organisations yet share the same challenges of job risks:

You're always having to think about redundancies. You're always having staff turnover because of that.

(Alice, project director of support services)

If we went out to tender for the rest of them, which we're afraid could happen in April, we are a charity that's been around for 45 years; we would cease to exist. Everybody's working in an agency when they don't know if they're going to have a job tomorrow. We don't know if we have a job tomorrow.

(Olivia, project co-ordinator for purposeful activity projects)

If you are working, you can be closed down tomorrow.

(Poppy, employee of a rehabilitation project)

If you think of continuity, most people are on a one-year contract or whatever, so if money hasn't been secured, there might be a gap, and then another member of staff gets employed.

(Charlotte, project director of support services)

Employment risks not only impact current practitioners but could also deter individuals from working in the charitable sector (Lepper, 2021). When living costs rise, individuals may be unwilling or able to sacrifice employment stability (Bach-Mortensen, 2020; Lepper, 2021). These issues are intensified by the inability of charitable sector organisations to offer competitive wages and employment benefits (Mahmoudi et al., 2022; The London Community Foundation, 2019).

We don't have the resources to adequately look after the staff, to pay good wages to the staff and things like that, and it's a shame because we're doing a lot of the hard work, but it doesn't get paid for. For staff, I think you get to a point... I've worked for charities for, as I said, five years here, seven years... So, twelve years – for me, I'm used to that, and I'm used to nothing being secure. But I think for a lot of staff that can be quite demoralising because again it's about worth, isn't it?

(Charlotte, project director of support services)

Although workers in statutory and private sector organisations can feel the effects of employment risk and insufficient wages, the financial vulnerabilities of the charitable sector heighten this so much more for charitable sector organisations. Lack of long-term financial backing for charitable sector organisations, the threats to job security and low wages all contribute to practitioners' feeling devalued and inferior to staff in other sectors. As said by Lily (employee of a rehabilitation project), "it also causes unrest among the workforce, different people, people getting paid more to do the same job".

Despite the significant impacts of financial pressures, such vulnerabilities have encouraged charitable sector organisations to be as cost-effective as possible. Drawing on Hansmann's (1980) contract failure theory and Hunt's (2000) work on resource-advantage theory is useful in explaining how the charitable sector manages financial pressures. Hansmann's (1980) contract failure theory explains how the lack of profit-driven aims can promote cost-effectiveness without hindering the quality of service. Since funding is limited, charitable sector organisations ensure funds are efficiently used and capitalise on every income they receive (Hucklesby & Corcoran, 2016; Tomczak, 2014). Hunt (2000) explored this further and argued that the charitable sector's focus is on social value, and therefore all financial income is dedicated to the needs of its service users. In contrast, statutory and private sector organisations have other financial decisions that impact service provision, such as maximising profit. Therefore, being non-profit can enable charitable sector organisations to offer a more cost-effective service that is also of a higher standard than those delivered in other sectors (Hunt, 2000; Topaloglu et al., 2018). The financial efficiency of the charitable sector has aided its ability to manage with limited income and continue to effectively meet service user needs.

Although not expressed as a critical aim and focus for participating organisations, the knock-on effect of being not-for-profit is an increase in community impact. Previous research (Hansmann, 1987; Hucklesby & Corcoran, 2016; Nutley & Rimmer, 2002; Topaloglu et al., 2018; Tomczak, 2014) argues that charitable sector organisations are usually more cost-effective than both public and private sector services. Jack recognised this by saying:

We can turn a lot of people's lives around, and it'll have a massive impact on savings to this economy, and country ... employment changes lives, prospects and communities; its personal benefits go far beyond the income a particular job provides. Work inspires children and fuels aspiration in people's lives.

(Jack, manager of an organisation offering employment support)

Jack acknowledges the financial savings his organisation can provide but also outlines the possibility of making more long-term, future generational impacts. Although Jack is discussing this in the context of employment, this supports previous research about the future benefits of meeting the needs of offenders. The notion is that meeting offender needs will lead to significant reductions in reoffending and possible future mental health crises, both of which will enable long-term financial savings (Chorley, 2011; Garside & Ford, 2015, 2016; Ryan, 2011). Additionally, it can be argued that identifying and addressing the needs of those whom the criminal justice deems at risk of offending increases the likelihood that these individuals continue to desist from crime. However, the following extracts show how community impact from charitable sector organisations can be more significant than just financial savings:

We take placements, four-week placements with nursing students, so they come spend four weeks with us. We are their mental health placement for them, for their nursing thing. So technically, the only time they get to do mental health placements is if they come to the homeless sector. They don't get mental health placements. They get dementia placements within a residential setting, and the rest of the time is spend within the hospitals and things or within district services, so your district nursing that type of thing. But we are literally their only mental health; so, we have a lot of... They're trainee counsellors so we take them in for placements and stuff so they will have a placement with us, usually about a year-long, and then they go because they progress in their counselling.

(Olivia, project co-ordinator for purposeful activity projects)

The city rangers go out and do all the parks and stuff, you know, keep them looking great.

(Olivia, project co-ordinator for purposeful activity projects)

I'm looking at a partnership with university of *location*; we've just got 70 grand to employ a researcher assistant.

(Sophie, part-time volunteer assisting with education and employment support)

Olivia and Sophie discuss the educational and development opportunities her organisation offers through placements and connections with nearby Universities. Olivia also mentions how their projects can benefit local communities by maintaining communal areas. Acknowledging these positive community impacts in line with Hunt's (2000) resource-advantage theory clarifies how the role of social value can help charitable sector organisations overcome the financial advantages usually helped by statutory and private sector organisations. Resource-advantage theory shows how organisations that lack financial status can gain superiority by offering the same, or better, quality of service at a lower cost and higher social value (Hunt, 2000; Tapaloglu et al., 2018). Utilising Hunt's (2000) ideas around social value can help to highlight the unique benefits of the charitable sector. It can also provide an understanding of how charitable sector organisations have continued to operate through prolonged periods of austerity and the neoliberal movement. As the government promoted the privatisation of the criminal justice system and funding became substantially less, the charitable sector maintained its greater level of social value.

Stigmatising labels: Embracing difference to break stigma

Although statutory organisations are generally not run for-profit, operating independently from government-led services enables charitable sector organisations to engage service users in multiple ways that public sector services cannot. In a democratic society, governments must protect their citizens' well-being, and they have a legal equality duty to prevent and eliminate discriminatory treatment. Enabling marginalised groups within society to be treated differently because of their attachment to stigmatised labels means the government is not fulfilling this obligation. Structural power explains the government's role in facilitating the stigmatisation of specific traits. For groups of individuals to be stigmatised, there

needs to be an imbalance of power (Link & Phelan, 2001). The government has great political, social, and economic power, yet offenders, or individuals deemed at risk of offending by the criminal justice system, are a vulnerable group. This power imbalance enables certain groups to be stigmatised and discriminated against. Statutory bodies have the authority to control and regulate individuals who have contact with the criminal justice system. Still, when individuals are attached to stigmatised traits, the level of control can be unjustified and discriminatory (Link & Phelan, 2014). These actions reinforce stigma by portraying that stricter control is needed for people attached to these traits. The government's role in developing stigmatising labels can clarify why service users show higher levels of trust in the charitable sector (Hills et al., 2015; Mills et al., 2012). Being independent of statutory services was expressed as a critical strength by participants in this study because of the negative experiences and perceptions associated with government services.

They go to probation, and they see probation as not the enemy, but they see probation as well. You're just doing a job.

(Oscar, project director for a sports-based programme)

They get the job done in the statutory agencies, but I think it's very much more about ticking boxes than looking at the individuals.

(Isabella, part-time volunteer assisting with education and employment)

They'll be more engaged, and I think they won't think; they won't almost feel like it's just a tick box exercise or anything like that.

(Harry, project director for a sex offender rehabilitation programme)

We broke down the barriers straight away by saying to the individuals, "We're not officers, we're not teachers. We're coaches. We're here to do something completely different."

(Ethan, project director for a sports-based programme)

Oscar, Isabella, and Harry provide insight into how statutory organisations are often viewed as just “ticking boxes” rather than wanting to provide genuine support to each individual. Providing services within an organisation away from these perceptions can be valuable for service user engagement. Ethan explains how workers in his organisation deliberately identify themselves as “something completely different” because of the direct benefits this has on engaging service users and beginning to gain their trust. Thus, the fact that the government runs public sector organisations can instil distrust and cause hostility between service users and the practitioners in these organisations. Being closely associated with the authoritative figure that allows and reinforces stigmatising labels may discourage engagement from service users.

The charitable sector openly prides itself on its focus on tackling stigma. The choice of language used to describe service users is a powerful part of this. When public and private sector organisations support individuals who have had contact with the criminal justice system, they commonly refer to them as offenders, prisoners, probationers, parolees, or ex-offenders (Tran et al., 2018). Alternatively, if the service is mental health focussed, service users can be regarded as patients, mentally ill people, or a person in crisis (Casey, 2016). These are all labels that are heavily associated with derogative meanings. Being called and identified as one or multiple of these labels reinforces stigmatising attitudes and the power imbalance between service users and practitioners. Such stigma could be why service users have not previously engaged in support services; therefore, having an organisation that openly opposes stigmatising labels could give individuals the confidence to engage and seek help. The impact of stigma explains why practitioners expressed how removing stigmatising labels was a core focal point of their work for most organisations. Oliver (project director for purposeful activity projects) says how “getting rid of the offender/ex-offender label is really important” because “they stop thinking about themselves as ex-offenders”, and as Emily (project manager for programmes offering accommodation support) said, “it’s about moving on”. These quotations demonstrate further the importance of removing stigmatising labels:

We don't bang on about you live in this ex-offender hostel, it's not I don't think it's a helpful label, erm, you know they've done their crime or they still you know they've done their time, and they have probation or community service or whatever erm, which is obviously really important, but then it's about moving on.

(Emily, project manager for programmes offering accommodation support)

Getting rid of the offender/ex-offender label is really important; they stop thinking about themselves as ex-offenders and other people stop thinking of them in that way. As I say with our experiences, it makes a difference.

(Oliver, project director for purposeful activity projects)

The significance of removing stigmatising labels is evident when considering the impact of such labels. Criminality and mental health are two attributes attached to dismissive meanings, which often means people with these traits are subject to stigmatisation. Within his stigma theory, Goffman (1961; 1963) explained how stigmatising labels could spoil an individual's identity. They have the power to impact an individual's life to the extent that they identify themselves as "inferior, weak, blameworthy, and guilty" (Goffman, 1961, p.7). An individual's entire identity is determined by the meanings assigned to their associated label. Link et al.'s (1989) modified labelling theory and Corrigan et al.'s (2009) theory of stigma internalisation clarify how a person's sense of self-worth can be directly impacted by internal acceptance of stigmatising labels. It is also useful to acknowledge the concept of intersectional stigma; Turan et al. (2019) argue that individuals attached to multiple stigma labels render superior harm. Most mentally disordered offenders are associated with numerous stereotypical labels beyond their mental health and criminality, such as addiction and homelessness. However, the harm caused by these labels can be extensive to an individual's identity and self-worth.

The harm caused by stigma demonstrates the importance of developing service users' confidence and self-esteem, especially as most have multiple stigmatised identities. Practitioners from all organisations expressed how, to support individuals in building more robust mental health for themselves, it is essential to focus on the general well-being of each service user. A principal part of personal well-being is linked to self-esteem, confidence, and the individual's sense of purpose in life.

The reputation [of the organisation] is, as well as the programme itself, developing you with all sorts of skills...increasing your self-confidence.

(Jacob, project director for a sports-based programme)

A lot of it also is about self-esteem and confidence and building somebody back up again. I've actually spoken, I've sat across from people and said gosh you've got a lovely smile you should really smile more and little things like that, and you know they've never heard this before so you can see someday, you know, rising self-esteem, you know that was a really good thing.

(Sophie, part-time volunteer assisting with housing and finance advice)

A lot of people in hostels can become depressed because they've got no self-esteem and no self-belief in themselves and all these things. Well, those are the things that work gives you I think, having somewhere to go, having to be somewhere at work, that gives you a bit of self-esteem.

(Thomas, manager of an organisation providing accommodation support)

It's self-esteem, and it's giving them confidence; it's making them not feel worthless anymore. The majority do feel worthless; they're not worth anything, so they don't bother with themselves because they feel worthless.

(Chloe, project director at a women's support centre)

As discussed by Sophie, Thomas and Chloe, offenders and individuals deemed at risk of offending by the criminal justice system, usually have depleted levels of self-esteem and confidence, as explained by the stigmatisation of this population.

It is also helpful to consider the role of stigma in treatment and acceptance within the community. Individuals attached to criminality or mental disorder can be isolated in society. Thus, this explains why individuals deemed at risk of offending and having a mental health disorder feel rejected by society. Feelings of rejection caused by stigma provide a rationale for why several practitioners discussed the importance of reducing feelings of isolation for their service users:

I think reducing isolation is a big thing.

(Lucy, employee of a rehabilitation project)

Reducing isolation is the best thing we can do here for women, just to give them somewhere to be.

(Evie, part-time volunteer at a women's support centre)

I think the services are really important to her, for her well-being and to address the isolation, that she's got somebody that can come see her in her own home, and listen to, and work with some of problems that she has.

(Ayva, project director at a women's support centre)

Scheff's (1966) labelling theory argues that stigma can lead to specific populations being condemned by society; individuals associated with labels will be treated in compliance with the meaning attached. Multiple practitioners acknowledged how society could reject those attached to stigmatised labels:

Stigma in the community, and all the other stuff that goes on, having the record and, you know, not being able to get employed again, blah, blah, blah, all that sort of stuff.

(Evie, part-time volunteer at a women's support centre)

If you're homeless and an ex-offender and you've got a tagline that says, you know, lived in a hostel you're not really going to be welcomed into, with the blue rinse brigade.

(Olivia, project co-ordinator for purposeful activity projects)

Not only have you got a criminal background, and abusive past, but you have mental health issues; it's almost like you're seen as the worst.

(Charlotte, project director of support services)

People with mental health difficulties they don't feel like they're a part of the normal community, the everyday community.

(Isabella, part-time volunteer assisting with education and employment support)

Stigmatising labels can directly cause social inequalities, as mentioned by Oliver:

Part of the reason for that is, again people do get the label, and when people go looking for a job if you said I live at the twos, people would generally, some employees would know that that's an ex-offender homeless hostel, they will then, it has an impact on the decision when deciding whether they give that person a job or not.

(Oliver, project director for purposeful activity projects)

However, employment and being an active member of society are essential to an individual's well-being and encourage desistance from crime. As Isabella (part-time volunteer assisting with education and employment support) said, "employment is a big thing. Everybody should be able to work and earn and feel part of the community, and that's what offenders aren't." Being isolated and feeling rejected from society can also decrease self-esteem and confidence levels, negatively impacting mental

well-being and influencing levels of engagement with support services. Thomas (manager of an organisation providing accommodation support) shared this view by claiming that “a lot of low-level mental health problems are because they don’t feel part of society”. Evie (part-time volunteer at a women’s support centre) reiterated this by claiming that, although inclusion is not always regarded as a priority, it holds great importance in the overall well-being of an individual:

The other side to our services is the community stuff, which often gets neglected because everything else has got the big flag, but, actually, it’s probably more important than everything else put together, in that we really believe that women feel they should come here as a woman who’s just part of her community.

(Evie, part-time volunteer at a women’s support centre)

Drawing on Link et al.’s (1989) modified labelling theory and Corrigan et al.’s (2006) degree of stigma internalisation is helpful to appreciate the impact that being treated with respect has on service users. Link et al. (1989) and Corrigan et al. (2006) outlines how individuals who fully accept their stereotypical label can lose respect for themselves due to their stigmatised label becoming their entire identity. The internal acceptance of stigmatising labels may impact how individuals allow themselves to be treated. Low levels of self-worth can influence individuals’ belief that being judged and disrespected is acceptable because of their attachment to stigmatising labels (Corrigan et al., 2006; Link et al., 1989).

Charitable sector organisations express how making service users feel valued and providing support in a non-judgement environment is pivotal to engaging and meeting their needs. The following quotations acknowledge the power of treating service users with respect:

I think although we are erm in authority to them, you know, I think it’s easier to build up a bit of a rapport with them and erm that we are here to support them and move on erm not constantly judge them.

(Emily, project manager for programmes offering accommodation support)

We speak to them completely different. But the idea is we just give them security by being respectful to that individual. It's very important the way you speak to an individual.

(Ethan, project director for a sports-based programme)

Treating service users this way enables charitable sector organisations to empower them to feel they are equal members of society. This extract is potent in outlining how one of the participating organisations aims to help service users to feel valued:

For example, *name*, he's out there on the pitch now in the kit as the same person, a guy that might have been homeless, or the guy that might be an ex-offender. The idea is that is ultimately it. If you go on that pitch now, you wouldn't recognise anyone who is a service user, who is a chief exec, who is in the organisation. That is where it's so valuable and powerful for us; you've not got an idea who that person is. That goes a long, long way for that individual, from the mental health spectrum, the low esteem of the guy that's homeless and got nothing. They come to a centre; they're provided with an unbelievable beautiful kit, Nike, where he feels of value and worth, but yet he's lined up next to the chief exec and you don't know. He's got the same kit as him. It's so powerful. There is nothing more rewarding for that individual that gets on there that feels equal as well.

(Ethan, project director for a sports-based programme)

Before service users can be expected to address their issues and fully engage in support services, building relationships and enabling individuals to feel comfortable and confident in the organisation's workplace is essential. Developing these feelings is particularly important for this group of people; as Chloe (project director at a

women's support centre) said, "it might be the first time they've spoken to people who don't judge them, judge what they've done". Similarly, Ethan describes how:

We had one guy on the course which part of his self-evaluation at the end of the course about the course criteria, one of his comments was what he loved about the course was getting a compliment. This guy was about 24 years old, and he said he'd never had a compliment in his life.

(Ethan, project director for a sports-based programme)

Evie describes her work as "that one-to-one hand-holding, really, a friend to you-know, a shoulder to lean on and that kind of thing" and to "just be a comfort for them" (Ethan, project director for a sports-based programme). Ethan highlights the importance of softer communication skills when supporting and working with potentially highly vulnerable individuals. Olivia (project co-ordinator for purposeful activity projects) says how "they feel safe because that's what they need", whilst Isabella mentions, "it is about having that platform that they can discuss absolutely everything in, there is no boundary really on what they can discuss ... they can bring anything that they want to talk about, nothing is out of bounds really". For individuals who have felt rejected and isolated from society, giving them a voice and the opportunity to be heard is essential when building a rapport.

A couple of them have said to me it's great to be able to speak to somebody who seems to care, who gets it, saying to me oh my God, this somebody we can talk to who gets it.

(Sophie, part-time volunteer assisting with house and finance advice)

And sometimes just listening to them, that's the biggest thing just listening to them, not even given advice you know and then the feedback, the lads will say thanks for that. I've just listened, I know, but it's surprising.

(Oscar, project director for a sports-based programme)

Having someone to listen to, I think is eye-opening for them, really.

(Thomas, manager of an organisation providing accommodation support)

Building these close connections is invaluable to improving an individual's mental health and well-being and can encourage desistance from crime. Jacob outlines how building strong relationships can, in itself, help individuals to live a crime-free life:

We often hear that we've become a conscience to the individual that comes through the gate, so they've built a real personal relationship and connection ...They build very real relationships with them, and they don't want to let our team of staff and volunteers down. So, it does give them, kind of, a resistance or a resilience factor to not repeat the offending behaviour.

(Jacob, project director for a sports-based programme)

Lack of belief that they are anything other than the stigmatising traits they are attached to is understandable when these individuals are constantly reminded that they cannot achieve anything more with their lives. Corrigan et al.'s (2009) 'why try' effect is helpful to apply to this situation. Due to the extensive harm caused by stigma, many individuals lose hope that they can achieve anything else in their life, which explains why they may not have engaged in previous support services (Corrigan et al., 2009).

Alternatively, individuals could conceal mental health issues due to the fear of being rejected by society. Goffman's (1963) ideas around disclosing stigmatising traits and Pinel's (1999) concept of stigma consciousness provide valuable insights into the significant impact of stigma. Goffman's (1963) and Pinel's (1999) theories of concealment and disclosure outline how the stigma associated with a mental disorder can discourage individuals from seeking help for their mental health, instead choosing to hide any symptoms of mental health disorders. However, the energy

needed to conceal signs of mental disorders deliberately can significantly worsen an individual's well-being. This circumstance reiterates the importance of giving individuals faith that their identity is not solely based on the stigmatising labels they are attached to. The reality of this can be seen when Oscar, Isabella, and Thomas, from three different organisations, shared everyday experiences they come across with their service users:

I've had guys on the course before, and they've been told you're rubbish; when they're walking out the gate, I've seen officers say Yep, see you next week.

(Oscar, project director for a sports-based programme)

He's used to people having to say we can't work with you; there's nothing more we can do, so we never say that. We just keep it going.

(Isabella, part-time volunteer assisting with education and employment support)

They've got no support structures out there; their family has disowned them if you like, and they've lost all their family, and we've become a family in a type of way for a lot of people. A lot of people have got nothing at all, so it's just starting again and trying to kind of show them that we've got belief in them, and it's a blip, we all have blips in life, and you can get back up there, you can get back to a productive member of society.

(Thomas, manager of an organisation providing accommodation support)

Encouraging and empowering individuals to believe they can make better choices and can improve their overall well-being and standard of life is critical to service user engagement. Practitioners expressed that their organisations manage to empower their service users with hope by setting realistic expectations and reassuring them that setbacks are a normal part of life. For example, Ethan communicated the importance of establishing goals by saying, "It's just having realistic goals in place for

that individual, whether it's a weekly goal, a monthly goal or a yearly goal". The following extracts recognise how many service users welcome the recognition and reassurance that mistakes are typical:

Straight from early on, we challenge those individuals to say, "Listen, you go through our programme, you'll make mistakes. We still make mistakes; we all make mistakes." We're far from perfect. We make mistakes.

(Ethan, project director for a sports-based programme)

It is so complex for some, and it is never a straight line of recovery; we understand that. I think, as long as, over a period of time, if you were to measure and monitor it, as long as the curve is an upward one, even if, from day to day, there are relapses and there are struggles and some days are better than others, as long as overall, the curve is an upward one.

(Jacob, project director for a sports-based programme)

Again, a group of individuals accustomed to being judged and stigmatised make them aware that they will not be defined by their previous or future mistakes. Therefore, a practitioner admitting that "we're far from perfect. We make mistakes" (Ethan, project director for a sports-based programme) can be powerful for building trust and encouraging engagement in their services. Overall, giving service users hope and encouragement can make a huge difference in their rehabilitation and recovery journey. This explains why practitioners believed this was a critical part of their work.

Our responsibility is to deliver a service of hope where we can encourage that individual that there is more to life than prison. It's through putting your arm around someone and saying, "Actually, yes, you can do this...They've not had that encouragement; they've not had that support which has probably built or helped towards their mental health diagnosis.

(Ethan, project director for a sports-based programme)

A lot of the guys that we work with have never had an opportunity in life, so it's not giving a second chance. A lot of the guys we work with it's first chance, ever, to work and they grasp it with open arms.

(Jack, manager of an organisation offering employment support)

Volunteering: The power of giving and lived experience

Peer support schemes and volunteers provide an opportunity to engage and encourage service users in charitable sector services (Ingeus, 2021). The unique contribution offered by volunteers, primarily through peer support, can be vital in engaging service users and establishing a trusting relationship with them.

Obviously, if anybody is struggling with drugs and alcohol that I don't have the experience with, he does, so we use you know mentors like him to you know that's got a little bit more responsibility, so if you don't know anything about drug and alcohol abuse well yeah you're right, but this guy does and so we have professionals like that that we can bring in you know into the environment so the lads will realise yeah okay these lads, these understand what we're going through and can put us in touch with the right people. There's no point in me preaching you know don't be drinking or don't do this you know, I don't know what they're going through, I can see what they're going through, but I can't feel what they're going through, I don't know I've never been there, but we have people that, that have had experience like that in the past that come and do, like that guy I said he's a mentor now you know.

(Oscar, project director for a sports-based programme)

Generally, find it's more effective having somebody who has walked in the shoes of the person that you've been married up with to mentor and spend time with than someone like myself or another staff member, who has a heart to help but hasn't got personal experience, as such, to use as a reference point. From a mental health point of view, again, we do try and match up from

the peer mentoring side of things, again, someone that not just empathises but fully understands the challenges.

(Jacob, project director for a sports-based programme)

Linking to the importance of providing hope and reassurance to service users, Oscar, Ethan, and Jacob also discussed how peer supporters could offer this through living proof that change can be achieved. They discuss a sports-based programme offered in the organisation that is based on three levels; service users enter at level one and progress and they complete each level:

Somebody might come in at quite a low, level 1 for the first time, and they, you know, poor life skills, poor decision-making etc., may suffer with drug and alcohol issues, erm, their peers are level twos and threes so lads that have come through those levels, so they've gained that experience and actually the level ones of thinking right that's where I aspire to be ... you know I was where you were now, but look I'm working away there, I'm employable now, I've applied for jobs now etc., my life isn't as hectic as it used to be and so it's great to use those peers just to you know show the other guys, yeah this is if I engage this is working

(Oscar, project director for a sports-based programme)

We can help encourage and inspire that individual to move forward, but there's nothing better than a guy that's going through exactly what they've gone through and can identify and relate to that and say, "Listen, this is where I was four or five years ago, and this is where I am now. I was in exactly the same situation as where you're starting off. You've got to look to the future, and you can see where you're going to be." He can be that example in that, so again, volunteer-led, peer-led, it's massive. That's why, again, we get so many volunteers that come through our programmes.

(Ethan, project director for a sports-based programme)

... give them hope and share what has helped them to get to the point where they are managing it and being in control, to help them move up the spectrum

of control in that sense, as well. Someone that's been in the prison service who has been a prolific offender can be the person that says to the one that's just been released, "You can do this; you don't need to end up back in there again." He could equally say to me, "Well, how do you know? It's alright for you; you've not been in my shoes," he can't say that to someone that has been in their shoes.

(Jacob, project director for a sports-based programme)

As demonstrated, practitioners communicate the common stance that peer supporters have the distinct benefit of being able to engage service users through sharing their own experiences. Individuals then trust that these volunteers genuinely understand their issues, which reduces the fear of being judged or stigmatised. Although volunteers provide significant advantages to those whom they work with, practitioners acknowledged how offering their time can be highly beneficial to that individual too:

It's great to give that responsibility to the level twos and threes to you no sort of feedback into.

(Oscar, project director for a sports-based programme)

I think half of our regional centres now are run by volunteer regional managers who are ex-service users. The individual who runs our location regional centre has a whole range of mental health challenges that he's combatting. He finds that being a regional manager and volunteering, in itself, is a really good form of medicine for him, as he puts it, and really good for his recovery. I mean, it's just as good for them and their own mental health as it is for the person that they're now looking to help, giving their own insight and experience and story. So, we find, yes, it's, like, a win-win, really. It's good for them; they feel they've made a difference for someone else. It's just as good for them as it is for the person that they're offering, kind of, informal counsel to, really, just being a friend. It's really good for you, it's good for your own

well-being, it's good for your own health and it's really good for the people that you offer your time too, as well.

(Jacob, project director for a sports-based programme)

Oscar and Jacob highlight the extensive benefits of incorporating volunteering and peer mentor schemes within service delivery. Previous studies have noted these distinct benefits volunteers can have (Buck, 2021). For example, multiple research findings have shown how service users have higher trust levels and can build stronger, closer relationships with volunteers because individuals accept their genuine desire to help them (Corcoran, 2012; Corcoran & Hucklesby, 2013; Meek et al., 2010; Mills & Meek, 2016; Mills et al., 2011).

Previous research has also expressed how using volunteers can be valuable in reducing an organisation's expenditure (Corocoan & Grotz, 2016). However, as Alice discussed, although this may be true short-term, relying on volunteers to deliver services consistently can be problematic:

Most volunteers will give you a day a week if you're lucky, and they're not reliable because they're volunteers. So, after a few months, they go and get a job, or if they've got anything about them, they get some experience, and they get a job, which is great. So, you've got no continuity whatsoever if you're relying on volunteers.

(Alice, project director of support services for women offenders)

Thus, practitioners expressed their gratitude and acknowledged the importance of volunteers in delivering their services but also shared how volunteers cannot be a replacement for staff but rather a valuable addition.

Organisation structure: The difference that flexibility makes

Statutory and private sector organisations tend to have hierarchical structures where rigid regulations hinder or prevent action and decision-making (Anderson & Brown, 2010; Miller, 2021). Standardised models are preferential in private and public sector organisations because they maximise financial efficiency (Brandall, 2018; Miller, 2021). However, it hinders the flexibility and adaptability of the organisation.

Obviously, the statutory side of things works to models, and set funding, and set systems, and is more accountable for failings, whereas here in the charitable sector, obviously, we've got responsibilities to the public and public safety in general, but we have the ability to be a bit more flexible in our approach, and diversify, and use other means to meet objectives, whereas statutory: "This is how you do something. This is the process." I think that's the main difference.

(George, employee of a rehabilitation project)

This system limits flexibility, which can impact the effectiveness of meeting all service user needs. Charitable sector organisations have flatter organisation structures that make the process of change and decision-making less complex (Anderson & Brown, 2010). Most charitable sector organisations are small and locally run, enabling it to gain a greater understanding of the needs of its service users (Martin, 2008; Martin et al., 2016; Rodger, 2012). More understanding encourages practitioners to accept that not all service users have the same needs and that not all needs can be addressed similarly. This flexibility enables charitable sector organisations to adapt services to provide the most appropriate, efficient service that meets the needs of each individual. Emily (project manager for programmes offering accommodation support) expresses how "probation would have their own set and that so obviously part of the law and the legislations where you know we have our own way of working with people". As captured by this quote from Emily, the charitable sector can adjust its style of working, which gives it the flexibility to adapt services to meet the needs of individual service users. Practitioners explained how this freedom brings extensive benefits to service delivery that is often only a feasible option for the charitable sector.

What we've found is, if there are many layers of, sort of, red tape or legislation, or you try to be extremely specific about whom you're trying to help in terms of a support need, then that becomes very rigid and inflexible. Then, your overall effectiveness is limited and affected. I think having a flexibility within that that acknowledges that in the first instance is important. Before you know it, otherwise, you've developed an organisation that has become so rigid and doesn't ultimately achieve what you set out to achieve. We then have the freedom to develop and react and respond in ways that we feel are appropriate to individuals, whether they're presented to us with homeless-related issues, offending backgrounds, long-term unemployment, addictions, mental health challenges; whatever the angle is. We felt we had the prospect of developing a model that could be equally effective, regardless of the issue or the need. Being a registered charity and being in control of that and our direction enables us to respond very quickly to the ever-changing needs our service users face.

(Jacob, project director for a sports-based programme)

Obviously, the statutory side of things works to models, and set funding, and set systems, and is more accountable for failings, whereas here in the charitable sector, obviously, we've got responsibilities to the public and public safety in general, but we have the ability to be a bit more flexible in our approach, and diversify, and use other means to meet objectives, whereas statutory: "This is how you do something. This is the process." I think that's the main difference.

(George, employee of a rehabilitation project)

These extracts sum up how advantageous flexibility and agility can be, which, as Jacob and George acknowledge, is often not how statutory services are delivered. Nevertheless, being "flexible to meet the demands of a changing environment" (Thomas, manager of an organisation offering accommodation support) and ensuring service users are supported "in terms of whatever their individual needs are and what impacts on the likelihood of them offending again" (Isabella, part-time

volunteer assisting with education and employment support) is essential when working with those who have multiple complex needs. The combination of bureaucracy, time pressures, restricted goals, and a one-size-fits-all approach prevents practitioners in private and public sector organisations from adapting services to meet the needs of each service user. The ability to deliver adaptable support services allows charitable sector organisations to fully meet the individual needs of all service users, which may not be feasible for private and public sector organisations. Adaptability explains how charitable sector organisations have higher engagement levels when compared to statutory services.

Flexibility also enables organisations to provide holistic and continuous support. Delivering services holistically allows multiple needs to be addressed simultaneously, a distinctive strength of the charitable sector. The following extracts describe how several practitioners believe offering holistic support services is essential to meeting the needs of their service users:

What we've found is, you can't just home in on one particular support need; everything overlaps so heavily... we are looking to provide a holistic that will ultimately help improve the different support needs.

(Jacob, project director for a sports-based programme)

We deal with things like emotional support, housing needs, debt problems, child contact arrangements, doing support when people are going to any meetings with social services or housing.

(Ayva, project director at a women's support centre)

We work with women very holistically. We're very holistic. We cover the board. There aren't many areas we don't work with, from court to prison to money advice, mental health services, criminal justice. It's holistic, it's on one site, and they can get everything.

(Chloe, project director at a women's support centre)

The views of practitioners agree with the wide range of previous research that shows how holistic support, especially for those with multiple and complex needs, is the best approach for effectively meeting individual needs (Corrigan et al., 2009; Hills et al., 2015; Turan et al., 2019). Despite accepting the benefits of adopting a holistic approach, this is a distinctive characteristic of the charitable sector. There are some examples of holistic working in statutory services, such as multi-agency teams that aim to enable different agencies to work together to plan and coordinate support for offenders (Pycroft & Gough, 2019). Yet typically there are extensive issues with siloed working (Bradley, 2009). The following extracts outline practitioners' thoughts about statutory services and the limitations of addressing needs in a silo:

I think, that so many services are departmentalised. You have to go to the Job Centre for this bit, and you have to go to mental health services for this bit, and then you have to go to housing for that bit. Then you have to go to drug services for that bit, then you have to go to domestic violence services for that bit, and yet our lives are one thing, aren't they? We are one person, and we've just got lots and lots of different needs in different areas.

(Alice, project director of support services offered to women offenders)

Things aren't really very joined up. They seem to be concentrating on ticking boxes and achieving potential outcomes, as opposed to actually a proper joined-up process.

(George, employee of a rehabilitation project)

So, once we've fixed that problem, once you've given everyone a house, it sorts everything, they don't have any addiction issues anymore, they don't have any mental health issues, they just have a house, and they think it's hunky dory. A house is, you know, a house is one thing but it's just four walls and a roof, it doesn't make you a person, does it? There isn't any thought about what else we need to do, you know this whole, if people get a job, they'll be alright. No, they won't.

(Olivia, project co-ordinator for purposeful activity projects)

It is clear how practitioners believe that without addressing needs holistically, success and the impact of the support offered will be limited. Most statutory services are also restricted to when they can offer support to service users. However, as said by Thomas:

Who knows when somebody has got an issue and when they need somebody to talk to? They've all got different trigger points or dates or times when emotions come out when they think about whatever has happened to them or whatever. They've all got different times when they need to talk to somebody and having staff available, I think is really quite beneficial to them... it's staffed all the time, 24 hours a day, 365 days a year.

(Thomas, manager of an organisation providing accommodation support)

Similarly, Ethan described how service users are offered support beyond their direct engagement with their programme:

Once they've completed the course, they've still got access to *name* or myself if I'm in there. It's not a case of you finish a course, that's it. We'll work as closely as we can with those individuals that want to be worked with.

(Ethan, project director for a sports-based programme)

Thus, a core strength of the charitable sector is its ability to offer constant support that is not limited to set working hours or a limited timeframe because “you not going to get that in all sectors” (Oscar, project director for a sports-based programme). Providing this, along with holistic support, is ultimately more effective for engaging service users, improving their mental health and well-being and decreasing the likelihood of offending or reoffending.

Working within the charitable sector: Passion and drive

It has already been discussed earlier in this chapter how the financial situation of the charitable sector can impact staff recruitment, retention and job satisfaction levels. Yet, the charitable sector also has a multitude of distinct benefits that can challenge the negative impact caused by financial pressures. Private and public sector organisations generally provide greater job security and higher wages, but the charitable sector has other benefits that attract and retain its workforce (Scottish Council for Voluntary Organisations, 2021). All practitioners agreed that the benefits of working within the charitable sector outweigh the negatives, with the majority making a conscious decision to work within a charitable sector organisation. They are building on the previous argument that the charitable sector can deliver support services in ways that private and public sector organisations cannot; a similar argument can be said for the work environment. Levels of job satisfaction can increase when staff feel they are involved in changes and decisions made to service delivery within their organisation (Bridger, 2022). The structure of charitable sector organisations enables greater staff freedom and flexibility when delivering services (Anderson & Brown, 2010). Thus, the ethos and distinct features of the charitable sector can directly improve staff satisfaction levels.

High levels of job satisfaction can lead to better organisational productivity (Gifford & Young, 2021), but it also has a ripple effect on service delivery and the service users. When working within an organisation that delivers mental health and well-being services to potentially very vulnerable individuals within society, the value of contentment in the workplace can be significant. Being happier at work is connected to increased productivity, innovation, creativity, and problem-solving ideas, all of which will improve the quality of service delivered (Gifford & Young, 2021; MacLeod & Clarke, 2009). Staff attitudes and the workplace atmosphere can also influence whether an individual engages in their services (Chamberlain & Zhao, 2019). When service users see a positive workplace where employees portray a sincere desire to help them, they are more likely to engage with the services. Offenders and individuals deemed at risk of offending by the criminal justice system have often previously felt let down, judged, and neglected by society and other organisations (Harden et al., 2015; Harrison, 2020). Applying Link and Phelan's (2001) concept of

structural power is useful to explain why service users may avoid statutory services. The role of the government in enabling and reinforcing stigma can cause distrust in statutory services. Individuals can fear being treated in accordance with their stigmatised identities when engaging with these services. Therefore, having practitioners that are considered enthusiastic and passionate about helping them can be invaluable.

Although professional workers in private and public sector organisations are genuinely passionate about improving the health and well-being of their service users, higher staff satisfaction levels in the charitable sector can increase service user engagement (Chamberlain & Zhao, 2019; Scottish Council for Voluntary Organisations, 2021). Practitioners' perceptions and reasons for working within the charitable sector provide insight into individual motivations behind working within their organisation. A key theme emerged from the data: the passion practitioners have for their work and how this is more evident in those working within the charitable sector.

It's a case of ultimately what I see has got to come from the heart, from the main person, with what they want to achieve really. You need someone with a heart to help.

(Ethan, project director for a sports-based programme)

I think to work with the, for a charity you've got to have, you've got to want to do that, you've got to have that little bit in you that wants to give. You need to have that, that drive, you know, working for the charities, you want to do that, you want to go that extra mile, and that's what our volunteers do, and that's what our staff do, and that's why it works, they don't just see it as a job.

(Oscar, project director for a sports-based programme)

I think the people I come across that work in charitable sector organisations actually care passionately about the work they do. It's not just a job and a wage.

(Amelia, employee of a women's prison outreach team)

I suppose you could say that it's more than a job because it's, kind of, my baby, too.

(Evie, part-time volunteer at a women's support centre)

I suppose the idea of the job really attracted me. I like working with people, and I like to try and help make a difference in people's lives, so that was one of the underlying reasons, really.

(Jessica, employee of a women's prison outreach team)

This passion and drive for their work, described by several practitioners, can be a core element of producing a positive work environment from which staff, volunteers, and service users can benefit. Oscar (project director for a sports-based programme) says, "you can see the enthusiasm, you can see you want to do it, you can see you care about us". Staff attitudes can impact service user engagement and the ability to build strong relationships between practitioners and service users. Still, it also explains the high staff satisfaction levels within the charitable sector.

The length of time at an organisation can indicate satisfaction levels in the workplace (Medina, 2012). The timeframe for participating practitioners ranged from ten months to twenty-five years at their organisation. However, half of the participants had been at their organisation for more than five years, and only three practitioners had been there for twelve months or less. These timescales are helpful to consider when discussing practitioners' reasons for choosing employment within the charitable sector. Many practitioners spoke about how they "enjoy working" (Emily, project manager) for their organisation, they "love it" (Chloe, project director) and how it is their "ideal job", their "passion" that they "would do forever" (Poppy, employee). Ethan (project director) talks about how "it's not a job. It's a privilege to do what we do, and we get paid to do what we do, which is a privilege". Although having a passion for the aims of their organisation is a large part of this satisfaction, being

surrounded by like-minded people aids this also. Ethan (project director) describes how he is “surrounded by an unbelievable workforce that are great friends but great bosses as well”, whilst Olivia (project co-ordinator) shared her views that “the charitable sector is a lot better at valuing its employees.”

Inclusivity was another theme to emerge about the strengths of working in the charitable sector. The recruitment process in the charitable sector is more focused on assessing the suitability of each candidate for the service they provide (Brown, 2002). Whereas many private and statutory organisations focus more on educational backgrounds and previous employment history, particularly during the early stages of recruitment. Thus, the charitable sector can provide more employment opportunities for some people. Thomas and Jessica share how they were attracted to the charitable sector because of the lack of emphasis on educational qualifications:

There’s a lot less emphasis to have a recognised qualification perhaps to do the job. As I say, I haven’t particularly got one, but a lot of my staff have got degrees in criminology and sociology and stuff like that. It’s not a requirement really within voluntary, maybe in some voluntary sectors it would be a requirement, maybe in statutory, it would definitely be a requirement, I should imagine depending on which areas you’re going into.

(Thomas, manager of an organisation providing accommodation support)

Because I've got no formal qualifications, but I've got lots of experience, so that was one of the reasons why I looked at the charitable sector.

(Jessica, employee of a women’s prison outreach team)

Some participants had previous experience working within private or public sector organisations but actively chose to move to a charitable sector organisation because of the strengths of working in the charitable sector.

I believed so much in what this project offers that probation and other statutory public sector organisations can't offer I decided to retire from the probation service rather than lose my role in the organisation rather than, and rather than see that project disintegrate, I believed in it so much I left probation for it.

(Isabella, part-time volunteer assisting with education and employment support)

I walked away, I was the deputy chief executive, and I walked away to set this up and, erm, because I'm so passionate about it.

(Sophie, part-time volunteer assisting with housing and finance advice)

I get to do the prison work, the community work and the follow-up work. Whereas in prison, I do the work inside the custody areas, but then I would never find out what happened to the people. For me, making that move was the best thing I have ever done. For me, I wouldn't work again for a statutory organisation. For me, charitable sector all the way.

(Poppy, employee of a rehabilitation project)

For Isabella, Sophie, and Poppy, it is evident that they intentionally relocated to the charitable sector because of what this sector has to offer regarding its services and their personal desire to help and support people. Several other practitioners discussed how working in the charitable sector was more favourable and appealing to them than in the private or public sector. It is valuable to consider practitioner opinions about working in different sectors because it offers insight into how and why the charitable sector has adopted the distinct, unique ways of working discussed in this chapter so far.

I just felt that I would like to do something a little bit different because the NHS was not going the way I wanted it to. I felt I wasn't doing the job that I was trying to do, either. I always said it was like the structure I was in before was

like this square box that wasn't moveable. The structure I went into – when I went into the charity – was like a round ball that's flexible, and you can move it around. That's how I always describe it.

(Chloe, project director at a women's support centre)

There's no comparison, really. I think the statutory mental health services and criminal justice services are very, obviously, bound by a lot more. I mean, we're bound by procedures, but they're a lot more bound by procedures. I prefer that.

(Alice, project director of support services offered to women offenders)

I think if I was stuck with no kind of freedom and no kind of say about what I wanted to do with my time and how I thought it would be better, then I think I would cry. There's a lot more freedom, there's a lot more er, I get to say what I think, and I don't think name is going to jump on me, tell me to shut up.

(Olivia, project co-ordinator for purposeful activity projects)

My job now is very holistic, and that's what I like about it. You know, I have the flexibility to be able to support somebody, regardless of their needs.

(Lily, employee of a rehabilitation project)

I could bring my sort of flair into that but that's not always the case with probation officers and statutory agencies, they're very much rescripted than that. In the charitable sector, you can still offer the welfare, the respectful working, the person-centred working whereas you can't in the statutory agencies anymore.

(Isabella, part-time volunteer assisting with education and employment support)

Practitioners express how the unique ethos of the charitable sector is the main motivation for working for a charitable sector organisation. The freedom and flexibility

within charitable sector organisations are described as enticing factors that statutory and private organisations cannot often offer (Scottish Council for Voluntary Organisations, 2021). Thus, although the distinctiveness of the charitable sector is highly beneficial for improving service user engagement and meeting the needs of individuals, it is also advantageous for practitioners as these unique features make charitable sector organisations a more attractive place to work.

Despite all practitioners expressing favourable views of working in the charitable sector, as discussed previously, some challenges can significantly impact those working within the organisation. Participating practitioners said a highly pressured working environment, low wages and lack of employment stability were the most concerning challenges. However, it can be argued that these challenges can further reinforce many practitioners' passion and drive within the charitable sector. For example, Charlie (manager of an organisation offering employment support) talks about how those working in his organisation have "only paid ourselves fuel money; we haven't taken a salary". Charlie acknowledges the sacrifices that have been made but how these are worth it for the good of the charity and the number of individuals they can help. Thus, despite the increased pressure on the charitable sector and the issue of employment stability and pay levels, these practitioners are still choosing to work within this sector because of its distinct strengths.

Chapter Summary

The government wants maximum political support, often addressing the needs of the majority within society, which results in marginal groups being neglected. Offenders and individuals deemed at risk of offending by the criminal justice system are a minority group that receives a significant lack of support. Charitable sector organisations are providing welfare-orientated support that the government fails to offer. However, reduced government funding and a lack of statutory services have impacted the ability of charitable sector organisations to meet the growing demand for its support services.

The thematic analysis process found that the charitable sector's distinct advantages can be the very reasons why and how charitable sector organisations face multiple challenges. The unique benefits of the charitable sector enable them to offer services that the public and private sectors cannot. The innovative ways charitable sector organisations operate are key strengths of the sector and a feature that distinguishes it from private and public sector organisations. Charitable sector organisations focus on the overall well-being of their service users, notably by increasing their self-esteem and confidence, being approachable, non-judgemental, and respectful, and instilling hope that they can improve their lives. These distinct values and approaches to service delivery enable charitable sector organisations to build strong relationships with its service users, which is highly beneficial for a population that has often felt let down by statutory services. The charitable sector's distinctiveness also benefits service users by actively attempting to break down the barriers presented through stigmatising labels. The social interactionist school explains how stigmatising labels can shape individual behaviour, which explains why individuals have low self-esteem and confidence. Goffman's stigma theory (1963), and Link et al.'s labelling theory (1989) all explain the significant harm that stigmatising labels can cause individuals associated with these labels. It is essential to acknowledge this harm because it explains why the charitable sector prioritises the need to tackle stigma and why they are generally more successful at engaging individuals in its services than public and private sector services.

Practitioners expressed how a charitable organisation has the unique advantage of utilising volunteers when delivering their service and the extensive power of peer support. Working alongside an individual who does not get paid or has faced similar experiences can be invaluable for aiding service users through their treatment process. Ultimately, being not-for-profit and operating separately from the government can increase service user engagement, enable flexibility in service delivery and encourage cost-effectiveness. However, being a not-for-profit also brings many challenges, notably increased pressures on working conditions. A limited and unpredictable income directly impacts levels of pay and employment stability offered to staff in charitable sector organisations. Practitioners expressed the appealing factors of working within the charitable sector but also how wages can

often be low, employment can feel unstable, and they often must deal with the frustrations of insufficient resources and funding pressures. From the data, it is evident that most practitioners deliberately chose to work within the charitable sector. Although they recognise the risks and limitations of working within this sector, the benefits and satisfaction outweigh these.

These findings offer a current insight into the complexities of charitable sector work. Previous research has identified various strengths and challenges for charitable sector organisations. The present study adds to this knowledge by showing that, especially during economic instability, the unique strengths of the charitable sector are often the very reason behind some of the challenges they face.

CHAPTER SEVEN

THE COMPLEXITIES OF SERVICE PROVISION IN POLITICAL TURMOIL

The purpose of this chapter is to present and discuss the thematic analysis findings related to objectives two and three. Thus, this chapter will analyse data that critically investigates the impact and effectiveness of legislation and government policy on charitable sector mental health and well-being support services. It will also analyse data collected regarding charitable sector practitioners' recommendations for legislation, policy, and service practice reforms.

Chapter six covered practitioners' perspectives on the distinct benefits and complexities of charitable sector service provision at a time of political turmoil. This chapter aims to build on these discussions by exploring relevant legislation, government policies and outcomes that have impacted the services provided by the charitable sector. Evidence gathered from practitioner voices shows that the impact of legislation, government policy and actions can be captured within three broad areas; reduced resources, the government's genuine desire to support the charitable sector and discrepancies between theory and practice. Substantial funding cuts and a reconfiguration of public service delivery have led to under-resourced, overworked organisations in all sectors. Operating with fewer resources has had detrimental consequences for the charitable sector, which will be explored in-depth throughout this chapter. Chapter six argues how the extensive benefits of the charitable sector lie within the unique ways it operates. Analyses presented throughout this chapter will demonstrate the plethora of power the government has over the charitable sector. Namely, through austerity and neoliberal policy, the government have forced the charitable sector to work differently, causing its distinctiveness to be at risk of being compromised. The payment by results model has created a competitive culture during times when charitable sector organisations already feel it is not professionally valued or included. This chapter's discussions will show how Transforming Rehabilitation has left charitable sector organisations feeling unimportant and exploited because of government changes.

Consecutive governments have expressed extensive political support for the charitable sector yet failed to actively safeguard and protect it in action and through policy. This chapter will show how the government prioritises political support and financial savings over safeguarding charitable sector organisations' involvement in public service provision.

Charitable sector public service provision: Doing more with less

Consecutive governments have made substantial cuts to all areas of public services since the 2007/8 Great Recession (Akhter et al., 2018; Pemberton et al., 2014; TUC, 2015). According to the state, cuts were justified by the need to stabilise the economy, reduce public borrowing and recover from the economic crisis (The British Association of Social Workers, 2017; Oxfam, 2021). During the government's move towards neoliberal ideologies, they aimed to disperse responsibilities for managing crime. Drawing on Foucault's concept of governmentality is useful in understanding what this meant for the charitable sector. Through subtle governance at a distance, state power becomes utilised indirectly through non-government agencies, such as the charitable sector (Foucault et al., 1988; Garland, 1997). Thus, Foucault (1991) argued that this new alignment of power is what caused charitable sector organisations to take a more prominent role in criminal justice services. However, the increasing role of the charitable sector came simultaneously with reduced government funding, which was a core theme that emerged from the data. Practitioners expressed how during the time of austerity and the government's aim to govern at a distance, the charitable sector was faced with a multitude of complexities.

Financial insecurities and the lack of long-term funding were discussed as a long-term prominent issue for the charitable sector in chapter six (Bach-Mortensen, 2020; Morin, 2015; UNISON, 2013a). How being not-for-profit provides unique advantages for the sector yet also brings significant financial challenges. A distinct quality of the charitable sector is its ability to provide flexible, innovative, and individualised services to meet the needs of each service user (Bryans et al., 2002; Maguire, 2012; Ryan, 2011). Individuals who have had contact with the criminal justice system or

have been deemed a risk of offending by the criminal justice system often have multiple, complex needs. The importance of flexibility to the charitable sector and the distinct benefits this creates for service delivery were presented in chapter six. Still, reduced funding directly threatens the charitable sector's ability to operate this way. Financial pressure can further impact the distinctiveness of the charitable sector by affecting staff morale and the quality of service provision. Highly pressured working environments and reduced funding can impact the quality of service provided (Felstead et al., 2016; Imperatori, 2017). Insufficient resources affect employee benefits, recruitment, and development opportunities, which are vital for staff satisfaction and maintaining the highest standard of service (Imperatori, 2017; Lepper, 2021; Weisberg & Dent, 2016). Reduced staff morale and job satisfaction levels can affect workers' performance, which ultimately decreases the quality of service delivered (Lark Owl, 2019; Weisberg & Det, 2016). Building on this point, government policy and action have exacerbated financial strains for the charitable sector.

The government have defended austerity and neoliberal policies by arguing that this approach will provide more efficient public services. The state claimed that reducing funding would not hinder the quality of public services because organisations will use innovative approaches to increase the efficiency of their services (Hastings et al., 2015; Shaw, 2012). In reality, less financial investment has meant organisations must operate with fewer resources. It can be argued that working with fewer resources has been the same for private and public sector organisations. Still, because of the non-profit nature of charitable sector organisations, it can feel the pressures of reduced resources even more so (Bua & Lyall, 2015).

Charitable sector organisations usually have less money to spend on physical resources, such as office spaces and locations, to deliver its services. Lack of funding regularly means that charitable sector organisations, especially smaller organisations, cannot have specific administrative and technical support staff. Consequently, charitable sector organisations continue to offer support despite being financially precarious. Funding cuts have caused some services to be terminated altogether. Olivia and Emily discuss some significant losses they have seen in their organisation:

Some years ago, there was a system in place where we could erm contact a mental health nurse who she was sort of covering the whole homeless area, and she would come and visit people in the homes and in the hostels and stuff, and it was really beneficial for them...

(Emily, project manager for programmes offering accommodation support)

What we used to have, we had, was a designated psychiatrist, and we used to have a CPN and funnily enough, we don't have either anymore. We then had two full-time mental health posts. But we lost the funding for that.

(Olivia, project co-ordinator for purposeful activity projects).

The impact of financial cuts on the charitable sector is further exacerbated by the increase in demand for its services. Ultimately, charitable sector organisations are expected to provide services to more people but with less funding. The demand for services has increased in all sectors, causing a significant burden on those delivering support services. Fewer statutory services have caused a higher reliance on charitable sector services. As a result, workloads have vastly increased because the number of individuals referred to charitable sector services is considerably higher. Several practitioners from different organisations expressed how cuts in statutory services directly affect their workload, consequently impacting the quality of services they provide.

No one's investing in frontline staff anymore.

(Charlotte, project director of support services)

Where you could walk into an *organisation*, or wherever, and get a script, you've now got to wait six to eight weeks to get a script [prescription].

(Alice, project director of support services)

If someone turns up at our door in crisis, apart from taking them to A&E, we have no other way of getting them seen. We can phone the crisis team; the

crisis team won't come out because they're stretched. A lot of these services have been cut. These local support services have been cut.

(Lily, employee of a rehabilitation project)

I know that mental health services are so stretched, and trying to get somebody an appointment in there it's unbelievable sometimes how long.

(Thomas, manager of an organisation providing accommodation support)

As outlined by Charlotte, there are insufficient resources and financial investment in frontline statutory teams. However, the limited availability of statutory services can affect the impact charitable sector organisations can have because of the restricted or delayed help given to address other issues they have. For example, Alice discusses delays in prescriptions, but until individuals are correctly medicated, engagement in support services could be extensively impacted. Similarly, Lily and Thomas discuss how local services are 'stretched', meaning service users must wait long periods before they can seek help from professional bodies. In the meantime, charitable sector organisations attempt to provide continued support to these individuals while service user engagement can be compromised until other support mechanisms are in place. Subsequently, these circumstances can lead to service users continuing to have their needs unmet and increased pressure on charitable sector services.

From a broader social context, cuts to statutory services have happened alongside an economic recession and cost of living crisis (Clinks, 2022a). However, these pressures are not felt on an even footing. Offenders and individuals deemed at risk of offending by the criminal justice system are impacted more due to higher levels of financial instability. A direct consequence has been a significant impact on the standard of living. Higher unemployment levels are felt by increased living pressures, decreased employment opportunities, increased living costs, lower income, and an inability to socialise (Mattheys et al., 2016; Oxfam, 2012; Pemberton et al., 2014; Toffolutti & Suhrcke, 2014). Poverty, lack of social ties and employment opportunities

have been identified as factors connected to why some people engage in criminality and have poorer mental health and well-being (Andrews & Bonta, 2010; College of Policing, 2020; Forbes & Krueger, 2019; Howard, 2006; Lavalette, 2017; Silva et al., 2016). Thus, persistent financial pressures can cause or worsen mental health disorders and increase the likelihood of engaging in crime. Several practitioners communicated the need to invest in social equality:

My biggest thing at the moment is, there's not enough done with young people to tell them to, to give them, you know, a step-to-step guide almost of what happens. It needs to go into school to say actually, you know, it doesn't matter if things go wrong, the whole you know, learning, you have to make mistakes in order to go forward.

(Olivia, project co-ordinator for purposeful activity projects)

I think it's about investing in young people, investing in mental health from a young age, in children and young offenders, specifically for our area, troubled families, that sort of area, because that, then, prevents them, hopefully, suffering with mental health for a long time.

(Lily, employee of a rehabilitation project)

There should be more activities for people, free activities, and especially for young people. It needs to start in schools. I think what we need to be looking at is, we need to be looking at changing school policies, and having after-school clubs again. More activities after school, before school, and on weekends. Summer clubs. Yes, I think if we are going to change anything, we need to start it earlier, and we need to start looking at pumping more money into the schools and education system.

(Poppy, employee of a rehabilitation project)

I think one of the things we are wanting to do is starting to work in schools. They think because there's a massive issue at the moment with young people, er made worse by the Internet, I just think if you start to educate teenagers around what's sexually appropriate and what isn't appropriate you're at least talking about sexual offending and talking about sexually

inappropriate behaviour and if young people grow up with a healthier attitude about what's good sexually what isn't and you know, I think that would help.

(Isabella, part-time volunteer assisting with education and employment support)

These quotations demonstrate the perspective that investing in young people is key to tackling future criminality. Furthermore, a vast amount of research shows how investing in social opportunities for children and adolescents can reduce the likelihood of future crime (Bramley & Besemer, 2016; Williams & Treffers, 2021). Thus, providing individuals with the support, education and opportunities from a young age will improve general mental health and well-being whilst decreasing the likelihood of engaging in criminality.

Social inequalities are then worsened by an uneven distribution of support services based on geographical location and the issue of regional disparities (Beatty & Fothergill, 2016; Hastings et al., 2013). Matters of parity are a reoccurring motif in many areas within and across public, private, and charitable sector services. Every individual within society should have an equal opportunity to participate in, and benefit from, public services. However, reduced public spending has caused health and support systems to become sparser in deprived areas, where the need is higher (Abrahams, 2013; Marmot et al., 2020). Although these services can be insufficient in any locality, there is considerably less access in rural locations because most public services are situated in urban areas with high population density. The uneven distribution of services has worsened since neoliberalism. Within the government's claim to be smarter with funding, services have been moved and centralised. Thus, government changes to centralise services to large cities and urban areas have caused a greater imbalance of services offered in rural areas (Hastings, Bailey, Gannon et al., 2015).

Salmon's (1987) voluntary failure theory explains why services are not always available equally by geographical coverage. Through his concept of philanthropic insufficiency, Salamon (1987) argues that charitable sector services usually operate in urban areas because this is where it can reach and ultimately help more people.

Oliver (project director) also expresses how financially it makes sense to congregate services in more populated areas; “It’s a lot more cost-effective. As economic cuts, I can’t think of the phrase, but financially it makes sense to have them all in one place”. Costs and the ability to reach as many people as possible explain why services are often scarce in more rural areas, as evidenced by most of the organisations involved in this study.

It’s a lot easier if you’re in a big city because there’s that’s where all the services are. Whether there’s any sort of outreach services for them, I’m not aware of, but certainly, in terms of accommodation, there’s not really much available in rural areas.

(Emily, project manager for programmes offering accommodation support)

We’re not in rural areas, and we do specifically target towns and cities. Our core sort of growth objective and plan is to target where the majority of people are to try and help as many people as quickly as we can. So, that’s why we do that.

(Jacob, project director for a sports-based programme)

There’s people that are in areas where it’s very rural, and it limits the service that we can give sometimes. I think the rurality is a huge issue. Obviously, there’s maybe more volume of people in these bigger areas, but I don’t think it’s that balanced in smaller places sometimes. And I think there’s such a demand for services, especially mental health services, that the needs aren’t always met in smaller places. I think that there is an imbalance, definitely.

(Ayva, project director at a women’s support centre)

Delivering services in more populated areas is a pattern shared by the private and charitable sectors. From a business strategy, it is preferable to locate services in the regions that can reach the most people. By doing this, services can help as many people as possible, and private sector organisations can maximise profits. “There

just can't be equal services because of it. Not with today's resources, anyway, sadly. So, it is a frustration" (Evie, part-time volunteer at a women's support centre).

The impact on service delivery is not always about resource contraction; the reconfiguration of public services has been equally harmful. Changes in the formation of statutory services have led to charitable sector organisations receiving referrals for individuals who are unsuitable for its services. "They chuck them all at us, and they're not appropriate always" (Chloe, project director at a women's support centre). Centralising services has resulted in statutory services covering larger areas under one organisation, where they are predominantly based in a large city. There is a higher demand for these services, and they must operate with reduced resources, which has led to many individuals living away from inner cities having unmet needs. Ayva explained this:

I think there's such a demand for services, especially mental health services, that the needs aren't always met in smaller places. I think that there is an imbalance, definitely.

(Ayva, project director at a women's support centre)

Accommodation in inner cities can be costly. Offenders or individuals deemed at risk of offending by the criminal justice system often have limited funds, and the option to live in these destinations is unfeasible.

One of the things is *location* is really expensive to live, and private renting is incredibly expensive, most of our clients can't sort of afford it, so we say to them that you seriously have to consider moving out of the city living further afield where the rents are cheaper and if necessary, coming into the city.

(Oliver, project director for purposeful activity projects)

Consequently, living outside of a city and the government's changes to centralise services has caused longer travelling distances to support services (Lambie-Munford et al., 2016; Stuckler et al., 2017). Being able to travel is an essential aspect of equal access to public services. Locating support services in urban areas means providing

affordable and reliable public transport is paramount for equal access. Offenders or individuals whom the criminal justice system deems at risk of offending very rarely have the financial stability to be able to own a vehicle and, therefore, are more likely to rely on public transport. However, local governments and statutory organisations are not providing adequate public transportation; it is often unaffordable and unreliable (Lambie-Munford et al., 2016; Marmot et al., 2020). Most practitioners said unreliable and expensive public transport negatively impacted those living in rural areas:

One individual that springs to mind who goes on a 50-mile round trip to access our regional centre in a city from a more rural spot.

(Jacob, project director for a sports-based programme)

I mean, we're one county in *location*. The furthest south is *location*. It would take me, I don't know, an hour and a half on a bus to come here, and that wouldn't be one bus, probably. It would be unlikely to be one bus.

(Evie, part-time volunteer at a women's support centre)

I think transport will present as an issue. Getting access to transport can be a major barrier.

(James, employee of an organisation providing accommodation support)

Women are usually on benefits or are often on benefits. Public transport is so expensive, and in the more rural areas, it's just ridiculous. We could provide women with bus vouchers, but then it's got to be a manageable distance as well. To give somebody a bus voucher from *location*, well, I hate to think how long it would take on the bus. Then if you've got children, you've got to get back. It's very, very limited.

(Lucy, employee of a rehabilitation project)

The other thing that we're missing is the transport links. So, if there was a really good bus service then, again, if it was not cheap, but a lot of our clients are used to walking or cycling because they don't want to spend the money

on getting a bus, even when there is a direct bus they quite often choose not to, erm, so again cost would be an issue. Also, the availability of buses and things like that is an issue.

(Oliver, project director for purposeful activity projects)

If the service user doesn't have a great deal of cash, which is often the case they can't provide their own transport.

(Isabella, part-time volunteer assisting with education and employment support)

... and then sort of the trains are rubbish up here as well it makes it difficult for them to access those services. Liverpool, for instance, has excellent transport, doesn't it so if something is in one area of Liverpool or something it's very easy to get to, yeah while whereas sort of in a smaller city like here it's quite difficult times.

(Harry, project director for a sex offender rehabilitation programme)

The need for public transport to be accessible is also significant because mental health issues can affect an individual's ability to use public transport. Cost, time, convenience, and crowding are pressures that affect an individual's ability to use public transport, especially if they have a mental health disorder. Ayva and Jessica outline how their service users lack the confidence to use public transport:

A lot of the women that I work with haven't got the confidence to get on a bus or a train, very, very isolated.

(Ayva, project director at a women's support centre)

You can't get on the public transport, and then mental health comes in as well. They don't always want to go on public transport, because they haven't got the confidence. Yes, yes, if you live further out, out of the city, then definitely, there is a barrier to accessing the services.

(Jessica, employee of a women's prison outreach team)

The combination of unreliable, inaccessible, and expensive transport links and most services being in urban areas can cause unequal access to public services. Although practitioners focus on rural areas, it is essential to note that suburban areas are not always well-connected to central areas or to where services reside. Consequently, many individuals are disadvantaged because of where their living and unevenly distributed services.

Rural populations also have fewer social and employment opportunities. Fewer opportunities are particularly concerning for offenders and individuals whom the criminal justice system deems at risk of offending. Beyond the argument that equal access to local services is a fundamental right, these factors are essential for maintaining good mental health and desisting from criminality. The following extracts capture practitioner perceptions about limited opportunities in rural areas:

Women with mental health or women offenders, it's a shame that when they're more rural, they miss out on even the social activities, because I think our social activities are massively important to people with mental health issues, definitely, but they miss out on that.

(Lucy, employee of a rehabilitation project)

All the services are here, either the GP, the job centre, all sorts of things, but all of the nightlife and everything you know, if you're stuck, even if there is good secure accommodation out in the local villages, there is nothing for them to do there.

(Oliver, project director for purposeful activity projects)

We used to have a scheme over in *location* called *service*, and it was really in the middle of nowhere, and that place closed down eventually, it was difficult for people to travel to local shops and stuff.

(Thomas, manager of an organisation providing accommodation support)

Building strong community ties and having career opportunities are fundamental to maintaining good mental health and reducing the likelihood of offending (Lavalette, 2017; Silva et al., 2016). However, individuals “are less likely to feel part of the community if they’re in a rural setting” (James, employee of an organisation providing accommodation support). Social isolation, untreated health conditions, substance dependency, and unemployment are detrimental to an individual’s mental health and well-being and can increase the likelihood of committing a crime (Andrews & Bonta, 2010; College of Policing, 2020; Lavalette, 2017; Silva et al., 2016). Therefore, reduced opportunities and the inability to access other support services can increase the possibility of an individual reaching mental health crisis and engaging in criminal behaviour. Available support services could potentially prevent this, yet statutory organisations fail to provide equal geographic access, and charitable sector organisations cannot extend its services to cover all rural locations. Ultimately, individuals residing in these locations are penalised, and their needs are neglected due to where they live.

Government ‘support’ for the charitable sector: On paper, yet not in practice

Political support for the charitable sector has been extensive. Consecutive governments have acknowledged that the distinctive features of the charitable sector are beneficial in meeting the multiple, complex needs of offenders and individuals deemed at risk of offending by the criminal justice system (Wells, 2011). New Labour launched the Compact agreement, which agreed to oversee an effective partnership between the government and charitable sector organisations (Alcock, 2012; Home Office, 1998; Kendall, 2000, 2003; National Council for Voluntary Organisations, 2020; Zimmeck et al., 2011). The Compact Agreement refers to a voluntary agreement between the UK government and the charitable sector that sets out principles for effective partnership working (Dacombe & Morrow, 2016). The agreement aims to improve collaboration and communication between the government and the charitable sector, and to create a more enabling environment for the sector to thrive (HM Government, 2010). The Compact Agreement covers areas such as funding, consultation, and how the government and the sector work together. The Coalition government then attempted to action its support for the

charitable sector through its Big Society initiative (Alcock, 2015). In the context of economic crisis and austerity, the Big Society initiative was launched by the UK government in 2010 and aims to encourage greater community involvement and social action. The initiative involves a range of policies and programmes aimed at empowering individuals and communities to take a more active role in shaping and delivering public services (Cabinet Office, 2010). Some of the key policy areas of the Big Society initiative include decentralisation of power and resources to local communities, enabling greater civic participation, and encouraging greater use of volunteering and charitable giving (Cabinet Office, 2010). Together, the Compact Agreement and the Big Society initiative reflect the government's commitment to working in partnership with the charitable sector to create stronger, more resilient communities and to support individuals and communities to play a more active role in shaping and delivering public services (Cabinet Office, 2010; Dacombe & Morrow, 2016; HM Government, 2010). Likewise, within its Transforming Rehabilitation programme, the Conservative government acknowledged the importance of increasing the role of the charitable sector in public service provision (Clinks, NCVO & TSRC, 2016). Nevertheless, despite claiming to support the charitable sector, government policies and actions have hindered this in practice. Consecutive government actions have failed to support its claims of support. Although governments have expressed support for the charitable sector, in practice the sector has been pressured into problematic practice. Rather than empowering the sector, through responsibilisation the government have prioritised a reduction in public spending.

While discussing legislation, government policy and actions, all practitioners expressed concern for the negative impact this has had on charitable sector organisations. Dean's (1999/2010) work on subtle governance is helpful to acknowledge here as it provides a theoretical understanding of these concerns. Dean's (1999/2010) advancement on Foucault's governmentality framework explains how government actions can directly impact the identity of charitable sector organisations and how it delivers its services. It was argued in chapter six that being independent of the public sector has significant benefits for charitable sector organisations in terms of how services are provided and greater service user

engagement. However, there are also significant challenges caused by being separate from statutory organisations.

The statutory services have got a legal obligation to deliver certain things, and we haven't, so I suppose we're a lot more vulnerable to cuts. That's one of the problems of being non-statutory because, obviously they have to provide your statutory services, and they don't really have to provide this. So that's where the risks are. It's a vulnerable time; really, it's vulnerable for organisations such as ours.

(Thomas, manager of an organisation providing accommodation support)

It is the legal requirement for the government to provide support services to offenders who require healthcare treatment. However, because these are compulsory, funding can be allocated to these statutory services above those offered by charitable sector organisations. Therefore, being separate from the government creates a challenge for charitable sector organisations because it could hinder financial opportunities. Drawing on resource-advantage theory, charitable sector organisations could attract funding because of their social value (Hunt, 2000; Topaloglu et al., 2018). The uniqueness and value of the charitable are further understood by Hansmann's (1980) contract failure theory. Hansmann (1980) argued that being independent of the government can improve service user engagement. A particular strength when supporting individuals who are deemed as hard-to-reach and may be more reluctant to engage with statutory services (Deering & Feilzer, 2015; Hills et al., 2015; Martin et al., 2016; Mills et al., 2012). Thus, although statutory services will always receive funding for obligatory services, the charitable sector could attract financial backing through its recognised distinctiveness in meeting service users' needs. The distinct ethos of the charitable sector enables it to operate uniquely and differently from the private and public sectors. However, as Evie (part-time volunteer at a women's support centre) said, "it is hard to stay true to your ethos and beliefs in this climate". As the government and private sector organisations commission and fund ever more public services delivered by charitable sector organisations, this separation has become narrower. The following four

extracts are from practitioners in three separate organisations, showing the same perspective across multiple practitioners:

I do wonder if the gap is getting narrower, I have to say because there's a lot more bureaucracy with absolutely everything that you do. I do wonder if in future years it won't be as – to use the wrong word – relaxed.

(Lucy, employee of a rehabilitation project)

The problem that's coming with charities, in general, is that, erm, people who are commissioning the services the government, the local authorities and things are pushing them more and more to become like businesses. There's an expectation these organisations, erm sort of turn professional but it means they must have, the work much like business.

(Oliver, project director for purposeful activity projects)

Having said that, I've been in this sector for well a lot of years, 20 odd years, I have seen a change there's been a shift in, any charitable sector organisation has to operate like a business in terms of policies and procedures and erm, accounting and accountability and things like that.

(Sophie, part-time volunteer assisting with housing and finance advice)

I think I think they're probably used to be quite a bit of a difference, erm, I think sort of over the last few years from what I've got from other people is more targets have been introduced, and more focus on money and things like that which is sort of made the differences sort of differences in the sort of competitive nature less so.

(Harry, project director for a sex offender rehabilitation programme)

Participants comment on how the charitable sector has moved towards business-like, target-driven operation processes more recently. This is in line with neoliberalism, austerity, and monetarism. Most charitable sector organisations would

struggle to survive in the current competitive culture if it attempted to be financially self-sufficient. Therefore, through policy and action, the government have used its power to influence how the charitable sector operates. The government has created a situation where the charitable sector must collaborate to overcome the financial crisis.

When practitioners were asked about legislation, government policy and actions that have particularly impacted the charitable sector, all expressed the damage caused by the Transforming Rehabilitation reforms. Poppy (employee of a rehabilitation project) said, “the government’s approach at the moment clearly isn’t working”, with Isabella and Chloe agreeing, “I think they’ve made a complete and utter shambles of the criminal justice system, erm the restructuring of the probation service has been an absolute disaster” (Isabella, part-time volunteer assisting with education and employment support). “Not thought through at all, awful, awful. It is a disaster actually, it’s a complete disaster” (Chloe, project director at a women’s support centre).

“It’s been really disappointing is the transformation of rehabilitation so the creation of Community Rehabilitation Company’s. It’s been a nightmare. We really don’t know what’s going on” (Oliver, project director for a purposeful activity projects). Alice and Jacob expressed how “it’s been a bit messy” and “caused a lot of change, all at the same time”. The following extracts show how practitioners thought the changes caused substantial amounts of confusion for both statutory and charitable sector workers:

The probation service has moved out to *location* erm, so that caused a lot of confusion. It was when it was all changed over. Erm, it’s quite confusing, I think.

(Emily, project manager for programmes offering accommodation support)

Confusion. Confusion. We, there’s no set point of contact anymore. And even our own. Commissioner has no idea about who is doing what. I don’t

understand. I don't understand how, you know, where to find them. They've gone. They were there; they were written off. They were in that office; now they're in that office.

(Olivia, project co-ordinator for purposeful activity projects)

When we go to our meetings with our commissioner for the county council were asking him questions saying well, what are they doing, who you know who do we talk to? And he says well, I was rather hoping you would tell us because we don't know. It's a nightmare.

(Oliver, project director for purposeful activity projects)

By making such fundamental, structural changes to the probation services without clear instructions and direction, the government have created a chaotic system for all those involved. Administrating such vast change quickly has evidently impacted those involved in delivering support services to individuals whom the criminal justice system deems at risk of offending. Although this has had adverse complications for practitioners, it also disadvantaged service users. As Alice acknowledged, "it's confusing for us professionals, let alone a client", "which is why the consequence to the offenders or those at risk has been probably particularly paramount with lack of change positively for them" (Jacob, project director for a sports-based programme). Those already engaging in support services must deal with the disruption caused by the probation reforms, whilst the confusion over the changes could deter others from engaging with such services.

A consequence of not forecasting scenarios competently leads to inevitable outcomes, which in this case is, affecting the most vulnerable. A population who has often already felt let down by statutory services is now in a position where they are hesitant to engage in charitable sector services, which ultimately leads to the

outcome where their needs remain unmet. Such feelings can not only have damaging impacts on an individual's mental health and well-being but could also be the cause of future offending or reoffending behaviour.

The impact of Transforming Rehabilitation was just as detrimental for the charitable sector. Both the Coalition and Conservative governments expressed that the neoliberal movement and new public managerialism would enable balanced cross-sector partnerships that delivered efficient, more effective services. The Transforming Rehabilitation and payment by results model were formed with this philosophy. Within his voluntary failure theory, Salamon (1987) argued how the financial difficulties experienced by the charitable sector can be helped by establishing collaborations with private or statutory organisations. The government used this viewpoint within the Transforming Rehabilitation initiative, which aimed to enhance cross-sector partnerships (HM Government, 2011; Ryan, 2011). The quality of services would be improved by utilising the expertise of the charitable sector, while financial security would be achieved through partnering with private sector organisations (Burke & Collett, 2016; Hastings, Bailey, Gannon et al., 2015). Simultaneously, services will be more efficient because of the competitive culture of payment by results (Burke & Collett, 2016; Hastings, Bailey, Gannon et al., 2015). Theoretically, this seems to allow the government to achieve their aim of dispersing the responsibility of criminal justice services across numerous sectors, simultaneously encouraging greater involvement from the charitable sector. However, for this to transfer into practice, the government had to provide adequate protection to charitable sector organisations to prevent unbalanced collaborations. Jacob discusses the importance of equal partnership work in safeguarding the role of the charitable sector in Transforming Rehabilitation:

Groups like us who are critical to the success of the whole Transforming Rehabilitation bill can operate within the payment by results structure, as long as there's an organisation of size that is acting as the tier two provider, that enables us to become a tier three, or somewhere on the supply chain, where we can still be directly contracted to deliver a service because the tier two provider can consume the cost and fund us to deliver the services in advance

of them receiving their payment by results payment at the end of the year. That structure could work well and could still enable all stakeholders that could ultimately be part of the solution here to operate effectively whilst still incorporating a payment by results model.

(Jacob, project director for a sports-based programme)

Jacob clearly acknowledges the importance of the charitable sector and the need to have an active role in a balanced partnership for Transforming Rehabilitation to be a success. Jacob discusses the role of the charitable sector and how the tiered system can enable smaller charitable sector organisations to have more involvement in the delivery of support services. He explains how smaller charities can operate as a tier three provider, where they are responsible for delivering services but not a key component of managing contract bids and evidencing outcomes. Yet within the payment by results model, this is only possible if a larger organisation (statutory, private, or charitable) is acting as tier one and tier two providers where they can bid for contracts and receive payment based on providing evidence for successful outcomes. The main benefit for this tiered system, according to Jacob, is that smaller organisations may not be able to provide services without financial income upfront and therefore a partnership with other organisations that act as a higher tiered provider gives an option to still be involved in public service delivery. Using new governance theory and principal agent theory is helpful here to give valuable insight into why the government claimed this approach would improve public services. Salamon (1987) argued that the successes of the charitable sector complement the failures of the statutory sector and vice versa. According to Salamon's (1987) new governance theory, strong cross-sector partnerships can be formed where charitable sector organisations offer innovative, flexible ways of working while private and public sector organisations provide financial and legislative regulation. Principal agent theory offers a valuable idea for how power can be balanced in cross-sector partnerships. Principal agent theory says that charitable sector organisations can use its extensive knowledge about service user needs to prevent the financial power of statutory and private organisations from dominating the partnership (Salamon & Elliot, 2002). Yet, policies and actions based on neoliberal ideologies and austerity

have impeded positive cross-sector partnerships. The government argued that the Transforming Rehabilitation initiative would aid cross-sector collaborations (HM Government, 2011; Ryan, 2011). In reality, it did the opposite. Lily and Emily acknowledged how a direct implication of the Transforming Rehabilitation changes had led to “a lot of staff changes”, which meant that “unfortunately when all the changes happened to Probation, lots of the staff just disappeared, and all that partnership working really fell apart” (Evie, part-time volunteer at a women’s support centre). Thus, positive partnerships established before the Transforming Rehabilitation reforms were affected by the disruptions during the rollout of the programme.

Although Salamon’s (1987) new governance theory argues that cross-sector partnerships can be successful by utilising the strengths of each sector, it fails to recognise the complexities of this in practice. Thus, drawing on philanthropic paternalism in Salamon’s (1987) voluntary failure theory and Salamon and Elliot’s (2002) work on network theory provides a deeper understanding of how cross-sector collaborations transpire in practice. Network theory and philanthropic paternalism argue that when another organisation financially supports a charitable sector organisation, it risks being dictated on how to deliver its services (Salamon, 2002). Yet, limited grants and the competitive nature of the payment by results model have forced most charitable sector organisations to rely on a partnership where another organisation provides the financial support.

Even before the Transforming Rehabilitation changes were implemented, research expressed concern about the ability of charitable sector organisations to compete in a payment by results arrangement (Garside et al., 2014; Maguire, 2016). The findings from this study provide further scepticism over the government’s sincere support for the charitable sector in the delivery of criminal justice public services. The government proposed that the role of the charitable sector was central to the transforming rehabilitation agenda and announced how “75% of the 300 subcontractors named in the successful bids are voluntary sector or mutual organisations, putting them at the frontline of offender rehabilitation as the

Government battles against stubbornly high reoffending rates” (Ministry of Justice & Grayling, 2014b, para. 5). However, in reality, private sector organisations have dominated Community Rehabilitation Company contracts ((Kirkup, 2013; National Audit Office, 2019; Wong, 2015).

When analysing practitioner perceptions, it became clear that the actual involvement from the charitable sector was much more limiting than alleged by the Conservative government. The charitable sector has not benefitted from this system because “organisations like ours can find it difficult to take directly a payment by results arrangement on ourselves” (Jacob, project director for a sports-based programme). Alice said, “small voluntary sector, or small organisations, cannot compete... The only people who can go for those contracts are G4S and people like that.” Charitable sector organisations are disadvantaged compared to larger corporations because its infrastructure is more set up to deal with a bidding system. Previous governments have implemented an approach that disadvantages smaller organisations. However, this disproportionately impacts the charitable sector because most charitable sector organisations that deliver services to improve the mental health and well-being of individuals deemed at risk of offending by the criminal justice system are small, locally run organisations. Evie (part-time volunteer at a women’s support centre) highlighted this; “the big contract people who can liaise, Serco or G4S and all those sorts, they’re the ones that have carried on”. “You can feel that it’s a private-sector approach in terms of how other agencies are working versus the voluntary sector” (James, employee of an organisation providing accommodation support). Thus, the new payment by results system has greatly advantaged larger organisations, resulting in private corporations winning most contracts. This outcome directly undermines the government’s wish to increase charitable sector involvement in delivering public services.

It was argued that most charitable sector organisations do not have the expertise or resources to provide the evidence needed to receive payments (Hedderman & Hucklesby, 2016; Meek et al., 2010; Parry & Kelliher, 2008). For those that do, the input-output measurement of a payment by results structure is too simplistic to

capture the true impact of their services because of the complex needs of their service users (Colborne, 2010; Grubin, 2001; Hayes, 2010; Padel, 2002; Rodger, 2012). Practitioners from this study voiced how these envisaged concerns had become a reality for them:

They actually tasked us with finding ways of collecting the data when we're not data analysts. Why would we know how to do it? ... The big contract people who can liaise Serco or G4S and all those sorts they're the ones that have carried on.

(Evie, part-time volunteer at a women's support centre)

They also have all the banks that are writing to tender, they've got all of their, they're a massive housing association, so they've got their HR department, they've got their legal department, they've got all that so they can apply within like days. We have to employ a consultancy to double-check our tender, and it's mainly me and *name* that write it.

(Olivia, project co-ordinator for purposeful activity projects)

That's the charitable sector unless you've got the luxury of having a big organisation has got the fundraising teams and things like that.

(Sophie, part-time volunteer assisting with housing and financial advice)

Organisations like ours can find it difficult to take directly a payment by results arrangement on ourselves because we're not, sort of, big enough as a charity to be able to consume costs on an ongoing basis before getting paid.

(Jacob, project director for a sports-based programme)

Practitioners communicated how their organisations were also impeded by the evidence required within the payment by results model. Discussions in chapter six outlined how a unique benefit of the charitable sector is its ability to offer holistic support to individuals with multiple, complex needs. However, a payment by results

model requires evidence to be presented to prove the effectiveness of its services. Charlie (manager of an organisation offering employment support) was the only practitioner who supported this element of the payment by results model. He said, “we think you need to go out and prove yourselves, even though you’re a charity, need to go out, and we love the idea of payment by results”. Charlie’s comment is interesting because it raised the debate around accountability. When evaluating why the other practitioners opposed the payment by results system, they agreed that charitable sector organisations should be held responsible for providing effective services. Instead, they argued that the current method of proving effectiveness is too simplistic to enable them to do this.

Some of the women we work with, you may not get a result for five or six years – you might never get a result. How can you say - somebody going from being traumatised as a child and having severe mental health problems – that they’re going to be fine in 6 months’ time or 12 months’ time, impossible.

(Chloe, project director at a women’s support centre)

Think what people want in government, in funding, in everything. They want outcomes. They want to see the outcomes. But what they don’t count on is the outcomes actually for somebody, especially if they have 90 other things going on in their life, is just actually getting up in the morning is a big, bloody great outcome... It’s a massive outcome. Trying to flog that to people who give you money, oh yeah, today he did this.

(Olivia, project co-ordinator for purposeful activity projects)

What we find with regard to the mental health, it takes time to unlock that – to have those conversations.

(James, employee of an organisation providing accommodation support)

These dissenting voices suggest that it is not necessarily the ethos behind the payment by results model that practitioners are opposed to. Instead, it is the fact that the stringent system hinders their ability to provide evidence of the benefits of their services. The evidence process is too simplistic to capture the effectiveness of charitable sector services. Based on much of the work that charitable sector organisations are involved with, any numerical evaluation via a payment by results schema would be impossible. Social betterment and improved well-being cannot be measured using a standardised, restrictive approach. Ultimately, services aimed at tackling multiple, complex needs could be rejected because of the short-term, inadequate effectiveness measurements.

It is evident that despite the government's pledge that charitable sector organisations would have a vital role within the Community Rehabilitation Company contracts, its involvement was minimal. Instead, the payment by results system has created a competitive culture in times when charitable sector organisations are already not professionally valued or included (Hedderman & Hucklesby, 2016; Meek et al., 2010; Parry & Kelliher, 2008). More concerningly was the opportunity the Transforming Rehabilitation reforms gave for the charitable sector to be misused. The charitable sector is suffering the effects of new public managerialism, which has left it feeling inferior and exploited.

When they're tendering for this kind of huge contract, like the likes of Serco and Working Links, they factor in... Well, what do they call it? 'Bid candy', isn't it, they call it? We get involved in all the meetings at the early stages, then when it comes to it, not interested. That's what happens, time and time again.

(Evie, part-time volunteer at a women's support centre)

Approaching organisations like ourselves saying you know, would really like you to come on board to be part of our bid and support us so they can put in bids and say yes, they have access to this accommodation and support from these other organisations. When the contract was won, no, no, nothing from them. Especially since the beginning, they were sort of saying we want all these other charitable sector voluntary organisations working with us and

helping a client group but as soon as they won the bid, I mean, we weren't even looking for money; it's not like we were saying we hope we get some money out of this, we were simply saying you know we have accommodation, and we can take your referrals and things together and that would benefit the client, communication between them, nothing.

(Oliver, project director for purposeful activity projects)

Transforming Rehabilitation enabled private sector organisations to include charitable sector organisations when bidding for Community Rehabilitation Company contracts but discard them once winning the contract. It is not surprising that this has led practitioners to feel depleted; “you just feel like you're tossed about, like in a washing machine, and you're, you know, at their mercy, really” (Evie, part-time volunteer at a women's support centre). The Transforming Rehabilitation has left practitioners feeling powerless, devalued, and confused. By creating a competitive system for funding and failing to provide sufficient protection to the charitable sector the government have enabled charitable sector organisations to feel exploited. Private sector organisations have won contracts with the pretence of forming a balanced partnership with charitable sector organisations. Yet, in practice, these private sector organisations are not regulated to ensure they abide by contractual terms. Creating this situation implies that Transforming Rehabilitation was a process of financial stabilisation rather than any absolute imperative to support the charitable sector in public service delivery.

We got invited down to the Ministry of Justice meeting, the very first meeting about Transforming Rehabilitation; I remember someone at the end of the presentation said, “But what about tier three?” In other words, us, the charitable sector. He was, like, “Oh, well, that's not in the presentation.” It was pretty obvious to us, then; it was about what we could do for them, rather than the other way round, because it was tier ones and tier twos were part of the infrastructure, nothing else. It was about what the charitable sector could bring to the statutory sector, rather than the other way around. We haven't been consulted even though we're delivering on it. It's always a top-down approach

to everything. They don't learn. It just feels like a dictatorship. What's so frustrating is that we have a lot to offer in terms of what can work, but they don't want to listen.

(Evie, part-time volunteer at a women's support centre)

On paper, you look like you're included, but in reality, you're not included.

(Alice, project director of support services for women offenders)

These extracts show the practitioner's feelings about the charitable sector's role in Transforming Rehabilitation. The government prioritised what they believed would achieve financial savings over supporting charitable sector organisations. The Conservative government, and Liberal Democrats as their Coalition partners, championed the Transforming Rehabilitation initiative demonstrating extensive political support for such a system.

Despite the extensive complexities of cross-sector partnerships and the harm Transforming Rehabilitation has caused to collaborative working, the benefits of effective relationships cannot be underestimated. Several practitioners from different organisations acknowledged the importance of building positive and robust collaborations to meet the needs of service users. Evie (part-time volunteer at a women's centre) expressed the importance of "liaising with one of the agencies that is more specialist" because "we can't be all things to all people, and we wouldn't want to be". Thomas (manager of an organisation providing accommodation support) reiterated the significance of utilising other agencies; "we use other people and get other people in that are experts in certain fields". Practitioners express how partnership working is essential to meet the needs of each service user effectively:

You certainly need to recognise that it is complex, and we do need to be working in partnership, probably, as a mutual aid network, to ensure that, whether it is specifically the area of mental health that your service is looking to provide help with regards to, to acknowledge that there are lot of other

factors that cause an effect. So, in relation to that support need that needs to be worked out in a complimentary manner, either within your organisation or with external partners at the same time. Work together with an effective joined-up method that can ultimately recognise where the true issues lie for each person, and not be so simplistic with our approach if it was all just joined-up much better. If there was more support and joined-up support in place, where we recognise where the weaknesses or shortcomings lie in relation to an individual and their situation and take all that into consideration then, that for me, would result in much higher success rates of transition of people, particularly with mental health conditions, back into the community, to aid effective resettlement and no longer being recalled or reoffending that results in you going back to prison. Ensuring that professionals in designated areas are involved, again, from a joined-up point of view, from the beginning of that person's case.

(Jacob, project director for a sports-based programme)

The best agenda that they've ever had is the criminal justice service working hand-in-hand with a health agenda. That's going back a few years now. But the only place that I found that it actually got off the ground was in *location*. I think the reason behind that was because one of the psychiatrists that worked in the big prison in *location* knew that this would work. For us not to be passing the buck all the time and saying, "Mental health is down to drug abuse", or "Drug abuse is down to mental health."

(Poppy, employee of a rehabilitation project)

...make sure that prison mental health teams are joined up with community mental health teams – nationally. I really don't see why that isn't going on now. That is the main thing.

(George, employee of a rehabilitation project)

These quotations demonstrate that practitioners believe partnership working can be beneficial to fully meet the needs of service users, a recommendation for future

changes. Support services need to work closely together with health services, whether these are provided by other charitable sector organisations or statutory or private organisations. As Poppy (employee of a rehabilitation project) mentioned, “what we need to do, I think, within the government legislations and policies and procedures is to get that back, to work hand-in-hand with the health service”. Legislation and government policies are the crux of enabling this. The state needs to use its power through law and policy to protect the charitable sector and encourage balanced, cross-sector partnerships. As a result, the charitable sector will maintain a prominent role in public service provision where it can use its expertise to deliver flexible, holistic support to meet the needs of its service users. Simultaneously, statutory and private sector organisation can assist in its specific areas of expertise and aid financial stability.

The increasing role of the charitable sector: Actions speak louder than words.

As argued in chapter two, political parties have the information on how to meet the needs of offenders and individuals whom the criminal justice system deems at risk of offending, yet continuously fail to act effectively (Bradley, 2009). “Every policy they put down on paper is cracking” (Olivia, project co-ordinator). “As far as I’m aware, all the legislation and things are there; you don’t need to legislate, those services just simply don’t exist” (Oliver, project director for purposeful activity projects). There are sufficient policies and legislation; the shortfalls occur in actioning these policies. The government has been well informed about the negative impact of its actions on the charitable sector but has been reluctant to make significant changes to protect and support charitable sector organisations appropriately.

They constantly consult with you. We’re sick of consultation. You try and tell them. Baroness Corston had it extremely clearly mapped out, and you want to consult with us again? Why don’t you just deliver on what she said and get on with it? It comes back to the Corston Report. It’s not anything that hasn’t been said before. It’s not like we need the evidence...It’s so annoying because everybody on the ground knows what’s needed. We’re sick, again, of consultations, and everyone knows the answers, but they’re trying to actually ignore the fact of what is needed.

(Evie, part-time volunteer at a women's support centre)

There's so much evidence of what works, but they always go, "Oh well, we haven't got enough evidence of what works." Well, you have, actually.

(Alice, project director of support services for women offenders)

I think if we look at the Corston report, I think that was sort of one that was quite good and really highlighted some things, and I think had that been followed and followed to the letter, it would have been brilliant. Although little bits are taken up, it's not across the board, which is a shame because that report was brilliant.

(Amelia, employee of a women's prison outreach team)

Evie and Amelia discuss the Corston review, which is an independent review of vulnerable women in the criminal justice system, commissioned by the Home Office and conducted by Baroness Corston (Corston, 2007). The report highlights the specific needs and vulnerabilities of women in the criminal justice system and recommends a range of measures to improve their treatment and support, including reducing the use of imprisonment, investing in community alternatives and improving the provision of mental health services (Corston, 2007). These quotations suggest that the government understand the needs of offenders and individuals deemed at risk of offending by the criminal justice system. The prolonged support for the charitable sector also implies the government believe charitable sector organisations can be invaluable to meeting the needs of this population. However, successive governments have failed to act on this effectively. Because of this, it can be argued that the government chose to make changes knowing there is a high probability of discrepancies between theory and practice. Such discrepancy suggests there are a variety of alternative motivations and reasons for government decisions. Actions can be justified by acknowledging how they benefit the government. Foucault's (1991) concept of governmentality is valuable to understanding why governments act this way. Key to government actions is the ideologies they are utilising. Since the 1970s, neoliberalism has become increasingly prominent in government agendas in the

United Kingdom (Teague, 2016). Neoliberal ideologies are dominated by sharing criminal justice responsibilities, monetarism and austerity. The government wants to increase the role of non-governmental agencies in criminal justice public service provision while simultaneously reducing funding for these services. Using Foucault's (1991) governmentality theory, the government used its power to control conduct from afar. Governance remained via legislation and policy, but accountability for crime management became dispersed (Lemke, 2011; Riley, 2015). Governing at a distance enabled the government to shift the responsibility of managing crime and protecting the public from themselves and toward external providers in the charitable and private sectors. Dispersing responsibility means there is less accountability on the government when the public questions crime rates. Ultimately, this suits them.

The government's desire to govern at a distance provides an understanding of why policies have concentrated on increasing the role of private and charitable sector organisations in public service provision. However, it fails to provide explanation for why policies have then hindered the active involvement of the charitable sector. The conclusions of the Transforming Rehabilitation reforms cast doubt on the government's genuine desire to involve charitable sector organisations in public service delivery. The thematic analysis discovered two main reasons why participants thought this was: the government's dedication to financial savings and the value of political support.

Within the neoliberal movement, governments have devoted vast attention to monetarism and austerity. Austerity and the need to reduce public spending have contradicted the government's commitment to increase charitable sector involvement. Concerningly, prioritising financial savings has caused charitable organisations to feel exploited and devalued. The government understands that the charitable sector is generally more cost-effective than public and private sector services. Charitable sector organisations can offer the same or a better standard of service for less money (Hucklesby & Corcoran, 2016; Nacro, 2010; Nutley & Rimmer, 2002; Tomczak, 2014). Although this is a valid declaration, this could have been the government's attempt to disguise its utmost priority of cutting costs

(Chorley, 2011; Ryan, 2011). The government made substantial financial cuts without considerable backlash because it concealed this through its desire to support charitable sector involvement. Martin (2007) argued that the government had rarely previously listened to the charitable sector, especially concerning rehabilitative strategies. Thus, the only reason they have heightened interest in charitable sector organisations now is that it is a cheaper option for them. The government have monopolised charitable sector services for its benefit, leaving practitioners feeling exploited.

Basically, I do all his [the government] work, and he gets the glory at the end of it. If you would like, it is more slave labour or free labour, so the officers don't have to do it because there are not enough officers to do that.

(Poppy, employee of a rehabilitation project)

The statutory sector, which is the traditional probation service. They are unable to... I feel as if they're piggy in the middle. They're there by name, they're being dictated to – a little bit – by the private sector and leaning on the voluntary sector to do the work that they would like to do, but they can't do because they haven't got any resources.

(James, employee of organisation providing accommodation support)

As shown from these quotations, practitioners generally feel the government use the charitable sector to its advantage. Rather than respecting the sector's unique benefits, the government views it as a cheaper option; whilst charitable organisations provide services for 'free', the government does not have to fund these to be delivered by statutory organisations. The government prioritise financial savings over their desire to safeguard charitable sector involvement in public service delivery. A similar argument can be made for providing sufficient mental health support services to offenders or individuals whom the criminal justice system deems at risk of offending. Again, the appeal for the government to make financial savings have been prioritised over funding the best services to meet the needs of service users.

We know mental health is a huge part of it. We know we can address a lot of women's mental health by supporting them in that way, and no one will allow us to do it, or they won't fund us to do it. – the government say they will support the mental health and well-being of offenders yet won't fund the services that offer this support.

(Evie, part-time volunteer at a women's support centre)

If some person does turn round and says they're interested in doing it better, then you go out to tender. And if they're cheaper, you lose your funding.

(Olivia, project co-ordinator for purposeful activity projects)

It doesn't matter that we are working now at all because there will be another service that will come up and have teething problems, but they'll get the funding. What it is, is the new services that come up can put in a cheaper bid, with cheaper staff, unfortunately, that are probably unqualified.

(Poppy, employee of a rehabilitation project)

These references show how practitioners perceive that contracts are not necessarily awarded to organisations that can offer the highest quality of service; instead, it is about the cost of the service. Financial cuts are prioritised over mental health and well-being support services. As Poppy acknowledged, organisations need to save elsewhere for cheaper bids, which usually affects the standard of support offered. Unqualified staff may be unable to identify their service user's complex needs or have the expertise to address mental health needs effectively. Ultimately, once again, the service users are disadvantaged and have insufficient support to address their needs.

Substantially reducing public service funding and choosing larger bids from private organisations will reduce short-term public expenditure. Still, it will cause longer-term issues. It was argued in chapter six that charitable sector organisations are often more cost-effective and successful at reducing offending and reoffending rates.

Significant long-term financial savings are then made because offender needs are being addressed, ultimately reducing the reoffending rate and possible future mental health crises (Chorley, 2011; Garside & Ford, 2015; 2016; Ryan, 2011). Multiple practitioners from different organisations argued how investing in community support services can result in substantial financial savings:

I do believe that we're stopping more problems out there from occurring and it's not the local authority's problem, but it's a lot more expensive to keep somebody in prison than it is to fund somebody in here, really.

(Thomas, manager of an organisation providing accommodation support)

I think we're cost-effective. Things like prison, the amount of money it costs to keep a woman in prison to how much we cost, we're a drop in the ocean.

(Charlotte, project director of support services offered to women offenders)

I just think this country spends so much money on prisons, and it doesn't help. In general, prisons do not help to rehabilitate people at all. Prison isn't an answer; prison actually – sometimes – makes more criminals. The money is going into the wrong places. It needs to be out in the community, out in the community.

(Chloe, project director at a women's support centre)

If you can't make the savings at the top-end, you haven't got the money to invest in the lower-end, but if you don't invest there and then you chuck them out there, there's nothing for them to go to there.

(Alice, project director of a support services for women offenders)

Practitioners argued that it is not just about increasing financial investment in charitable sector services; rather it is about "looking at the things that they're currently investing in and be smarter and wiser about how they spend that money"

(Charlotte, project director of support services for women offenders). These perspectives agree with a new public managerialism approach. However, practitioners have a different perspective from the government on what it means to be financially smarter and wiser because they discuss long-term successes. Evie (part-time volunteer at a women's support centre) describes how "you see knee-jerky things happen" where the government is "short-sighted" in "trying to save money" (Isabella, part-time volunteer assisting with education and employment opportunities). Oliver and Alice clearly express the impact of focusing on short-sighted goals:

What was really annoying is that *organisation*, they got a smaller budget to work with, so it cut from 92,000 to 80,000, so that then secured funding from the health authority for about 30,000, so they then got a bigger budget than what we had to provide mental health support, but they weren't providing any of the support to anybody, none of our residents who were in hostels, I mean the night shelter and rough sleeping and no long-term work, erm none of them qualified, and yet the service is now costing more.

(Oliver, project director for purposeful activity projects)

To their mind, it's too expensive. So, they go, "Oh, we can't do that because it's way too expensive," so they factor it out. What they're not putting in is the cost-benefit of when it does work, you save a load of money. If you stop somebody going back to prison, you've saved £50,000, one person. That's enough to pay for your two workers, and they're going to deal with a lot more than one worker. One client. They're going to deal with 60, so you've saved 60 x £50,000, but they don't think like that.

(Alice, project director of support services for women offenders)

Consecutive governments have acted from short-sighted thinking; the focus has been on quick, short-term cuts to demonstrate rapid success. "Everything is about who is in power ... it's all about marketing their fund and their idea because politicians want votes" (Evie, part-time volunteer). In a democratic society,

governments are incentivised by what will improve their chances of staying in power. As a result, myopic initiatives are implemented. However, having long-term goals where they invest in effective community support services would enable the government to achieve more significant long-term savings.

Government actions have also been driven by public opinion and perceived political support. Successive governments have all openly recognised that meeting the needs of offenders, and individuals whom the criminal justice system deems at risk of offending, will benefit the public. The economic and social costs of crime are substantial to society (Newton et al., 2019). Meeting the mental health and well-being needs of individuals identified as being at risk of committing a crime will decrease the likelihood of criminality, resulting in fewer victims and lower financial costs (Chorley, 2011; Garside & Ford, 2015, 2016; Ryan, 2011). Jack (manager of an organisation offering employment support) acknowledged that “we’ve been locking them away and warehousing them for decades, but what’s the point in that, what do you get? You get exactly the same so let’s do something different”. However, spending money on support services for offenders is not a political priority because of public opinion. Individuals living in poverty, especially the offending population, have less political representation and therefore, government policies aimed at improving social inequalities are not always the most popular with voters (Duffy, 2014). Government failure theory argues that for the government to receive maximum political support, it must focus on the desired needs of the majority within society (Weisbrod, 1975). The government generally respects charitable sector services’ unique benefits and understands that investment in its services could reduce future offending behaviour and long-term savings. Nevertheless, public opinion and political support substantially influence its actions more. Practitioners expressed similar beliefs when discussing the importance of political support:

It’s all about marketing of their fund and their idea because the politicians want votes. Liz Truss was on the radio this morning, “I’m going to do this,” and, “I’m going to do that.” John Humphrys was beautifully pulling her apart, saying, “Yes, like your predecessor said, and your one before that, and your one before that?” You just think, “Yes, we know what this is about. It’s just

PR,” in that it’s not going to actually change anything, really, or it was probably already in the pipeline, or whatever.

(Evie, part-time volunteer at a women’s support centre)

Evie clearly expresses her perspective that the government verbally support initiatives that encourage charitable sector involvement in delivering public services because making such promises gains support for politicians. Yet, Evie believes such promises are insincere because politicians continuously fail to put these ideas into practice. These quotations explain why the government offers significant support for charitable sector organisations and offenders or individuals deemed at risk of offending by the criminal justice system but then neglect to implement this into practice.

Misconceptions and stigmatising perceptions provoke the punitive attitudes of the public. Inaccurate information regarding rising crime levels and stigmatising labels attached to criminality mean the public continues to demand an ever-punitive response to crime (Durcan, 2021; Hough et al., 2013; Jennings et al., 2017; Marsh et al., 2019; Maruna & King, 2013; Prieto Curiel et al., 2020). The government are entrapped in a cycle of wanting to satisfy the public demands of crime control to the detriment of offender welfare and rehabilitative actions. Consequently, the government continue to react to stigmatising perceptions and media sensationalism to satisfy public demand rather than basing actions on research and evidence (Bindman, 2002; Corbett & Westwood, 2005; Garland, 1999). Still, actions based on stigma perpetuates the myths and stigmatising perceptions (Dean, 2011; Durcan, 2021). This demonstrates the ample power and influence of stigmatising labels (Samavati Pirouz & Ghofrani, 2021). Stigmatising perceptions have become popular and accepted by much of the public, legitimising and justifying structural power in practice through law and government policy. Stigma justifies the lack of policy and law to support offenders because they are not deemed a valuable group in society (Walker, 2014). Ultimately, while the public support more punitive criminal justice

initiatives, the government will continue to neglect the health and well-being needs of offenders and those deemed at risk of offending by the criminal justice system.

Multiple participants believed that the stigma attached to offenders needs to be addressed for the government to change. “This is society as a whole: we live in a very risk-averse world” (Evie, part-time volunteer). The public generally believes the most effective approach to managing crime is punitive sentences, which has led to far too many individuals “going to prison for minor offences” (Jessica, employee of a women’s prison outreach team). Punitive attitudes are then worsened because of the misconception that mental disorder is linked to violence, dangerousness, and an increased risk of committing a crime (Bolanos et al., 2020; Clift, 2013; Cummins, 2017; Desmarais et al., 2014; Fennell, 2006; Kelley et al., 2020; Prins, 2006). The rise of a risk management approach to mental health and offending and the new penology movement reinforce stigmatisation and misconceptions. The public often accepts that decisions made professionally are accurate, so the link between mental health and risk is constantly supported (Vinstock, 1996). Thomas said, “I think people need to be strongly encouraged to work really for the good of society”. However, for this to happen, the public needs a greater understanding of crime and punishment. Multiple practitioners expressed this:

I think it’s popular for the government to be tough on crime, you know, whereas if you actually do dig deep down like changing opinions and change the lack of understanding. I think that’s the key to changing how we operate the whole system in this country is to educate people. How about now actually looking at criminals in a different way because these are the reasons they commit crime, and you need to understand, that and that will change views.

(Jack, manager of an organisation offering employment support)

There’s only a small handful who really understand rehabilitation and are interested in promoting it within their establishments. Even at some of the prisons that are designed to be focusing on rehabilitation some of the key

people aren't really that interested; they're just going through the motions so that's a big barrier.

(Charlie, manager of an organisation offering employment support)

But community services are definitely better; the trouble is that the general public don't see that; they want to see people being punished and locking them up in prison is a very, er, obvious way of, of punishing people. The general public are generally just interested in the punishment and not about their rehabilitation and how they're going to fit back into the community when they release from prison.

(Oliver, project director for purposeful activity projects)

The public support punitive, risk-averse initiatives, especially for individuals with a mental health disorder, because they are ill-informed about why individuals commit a crime and the impact punishments have on their mental health and well-being (Durcan, 2021; Hough et al., 2013; Jennings et al., 2017; Marsh et al., 2019; Maruna & King, 2013; Prieto Curiel et al., 2020). Educating society will help reduce public demand for punitive, risk-averse approaches to crime management (Bashford, 2017). In turn, receiving political backing for implementing support and rehabilitation services incentivise the government to do so.

Likewise, as argued in the previous chapter, a greater understanding of mental disorders and general equality and acceptance within society are needed to address stigma. Creating a society where mental health disorders are openly talked about will improve communities considerably. Practitioners portrayed how tackling mental health stigma is essential to encouraging people to seek help and be accepting in society:

As communities, we are expected to take responsibility for the people who don't manage very well in our communities; if we all did that, we would all have a better place in the community, but as it is, we're not doing that.

Educate and look at exactly how our community is functioning, understand how communities' function and how we disassociate a whole bunch of people. We need to stop doing that. I think of throwing the doors open on the subject and looking at it because it's in your family, it's in your street, it's in your neighbourhood, it might be you, you know all of that, so it's not this odd thing that's tucked away, it's absolutely in there so. I think there should be an expectation that we are more able, are as responsible for our uncle, our neighbour, you know our friend to be part of that same community, and they should have a place no matter what their abilities are, no matter what their mental health difficulties are they should be able to take their place in the community too because we all have a place here and we, I don't think we, we are too self-centred, and I think the government and legislation, erm, supplies us with that feeling, I think.

(Isabella, part-time volunteer assisting with education and employment support)

If you take the prison environment as a whole, that we run awareness programmes and literacy programmes around mental health that make the guards, the senior managers, the listeners, the different groups that work in the prison, the sub-contracted groups, as well as the inmates, all together as one, that our mental health is something, just like our physical health, that we need to spend time thinking about and ensuring we're exercising it well. ...There are a million other people probably going through what you are and here's what you can do about it. Not feeling weak or small or like you're going to lose some of your masculinity or something through verbalising that would be massive for the overall health and well-being of people in the prison service would be massive. Taking particularly mental health seriously as a topic, to acknowledge just how much of a barrier or restriction that can be to somebody achieving what someone else may perceive as a very simple instruction or objective. That has to change – big frustration.

(Jacob, project director for a sports-based programme)

Re-educating, particularly some of the prison officers, and around the issues of mental health. I think in my experience, I'm not saying there aren't some that do recognise it and aren't brilliant with it, but a lot just see them as troublemakers and bad people, rather than that they've got a mental health issue and actually that needs looking at. Because we see such a lack of understanding and empathy with some of the officers. I do think it's down to training on that, and especially if they're quite old-school, it sort of needs to change the attitudes. The only way you're going to do that is education. I think if they could really understand what is going on for the prisoners and how this has an effect on them, they might be a little bit more empathic. It's not just about locking up a prisoner. Yes, they've done wrong, but the ones who have gone on to further training within mental health and personality disorder tend to be a little bit more empathic towards them. Actually, then things run a lot better.

(Amelia, employee of a women's prison outreach team)

Another thing is making it more acceptable and more open to discuss and have access to mental health services. I think it's making people more aware that people do suffer with mental health, and it's as common as having a cough or a cold sometimes. I think people don't see that at the time.

(Lily, employee of a rehabilitation project)

I just think that going forward – if we want to deal with mental health – we're going to have to start to treat them as citizens and help facilitate them to become citizens that we all want to be really.

(James, employee of an organisation providing accommodation support)

Practitioners clearly expressed the need for crime and mental disorders to be better understood by the public, criminal justice, and health professionals. Reconceptualising stigma will then provide a greater awareness of social inequalities

and injustices (Tyler & Slater, 2018). In turn, this could encourage political support for investing in social and criminal justice support services. Consequently, crime will be reduced, and long-term public expenditure on statutory services will also be reduced, which can then be reinvested in other services (Williams & Treffers, 2021). Sadly, practitioners expressed an apparent lack of trust in government changes happening. There was a consensus that “austerity is here to stay” (Thomas, manager)” with no “signs of improvement” (Amelia, employee of a women’s prison outreach team) envisaged, and “there’s going to be a few more years of utter shambles” (Isabella, part-time volunteer).

Well in general, at the moment, there’s no trust is there for government. We’re used to having politicians that backstab and say one thing one week and does something completely different the next.

(Olivia, project co-ordinator for purposeful activity projects)

It’s all around implementing the failings- We all know that the justice system is failing at the moment, and it’s failing those who are the most vulnerable. That’s my opinion, and I think that’s not going to change.

(Lily, employee of a rehabilitation project)

I mean, it sounds like a pessimistic viewpoint, but you work within that sort of ability, and I don’t think that legislation will ever reach those sorts of people; I don’t think it wants to.

(Isabella, part-time volunteer assisting with housing and finance advice)

The Government is not set up for that at all; it’s really set up to deal with what would be the light touch – and not dealing with entrenched behaviours and not necessarily bringing around change.

(James, employee of an organisation offering accommodation support)

These firm perspectives lack confidence in future improvements being made by the government. Evie and Ethan believe “it’s not fixable” (Evie, part-time volunteer) and “personally, I don’t think the change can come about” (Ethan, project director). Thatcher initially embraced neoliberal ideologies, but every successive government has continued with this stance (Arrieta, 2022). The current Conservative government share plans to increase prison capacity and continue to promote the privatisation of criminal justice services (House of Commons, 2018; Ministry of Justice, 2018; Prison Reform Trust, 2022; Walker et al., 2019). A continued movement toward neoliberalism suggests political priorities, democratic short-sightedness, and stigma will continue to dictate government action. While this cycle persists, risk management will inevitably remain the favoured approach for tackling crime. Consequently, offenders and individuals deemed at risk of offending by the criminal justice system will continue to have unmet mental health and well-being needs.

There is extensive evidence that shows early identification of a mental disorder, diversion from the criminal justice system and support in the community are the most effective ways of meeting the mental health and well-being needs of offenders and individuals whom the criminal justice system deems at risk of offending and reducing offending rates (Bradley, 2009). However, the government prioritise political support over ensuring these are provided. Several practitioners from different organisations expressed the importance of improving early identification of mental health issues, diversion from the criminal justice system and community support:

Awareness so all of the staff are being trained up on mental health awareness, what’re the signs to look out for. Getting everybody trained up to spot the signs, to you know the way to act around, you’ve got to act normal around these guys because it is normal, you know, and you’ve got to take away that stigma, it’s okay, it’s okay to talk and say you’re feeling down, we all feel down at some point and you know talk about it, you going to feel better.

(Oscar, project director for a sports-based programme)

In a perfect world, if, for instance, the custody sergeant identifies that that person has actually got mental health issues. .. they would be referred to a different place, rather than the criminal justice system. That would be the only

thing I could suggest. I don't think they should be in the criminal justice system.

(Evie, part-time volunteer at a women's support centre)

I think for me, the important thing is to look at somebody's mental health as a priority before going into prison, having that then looked at and addressed as soon as they reach prison, and get that help and support they need while they're in there.

(Amelia, employee of a women's prison outreach team)

Open units where people can go, instead of prison, where they can be well looked after, where they can do their time, and where they can get healthy.

(Poppy, employee of a rehabilitation project)

From what I've seen, the evidence is that actually, community punishments and early release of people on tagging work and potentially are and keeping people out of prison or probably stopping them from going in the first place is definitely a good idea. First of all, perhaps keeping people out of prison is best probably.

(Oliver, project director for purposeful activity projects)

We need more community-based projects that possibly can divert women from going into prison.

(Chloe, project director at a women's support centre)

Reduced resources alongside increased pressures can cause more individuals to turn to crime (DeCourson & Nettle, 2021). Reducing community support services makes the criminal justice system increasingly the first response for vulnerable individuals (Answer et al., 2020; Ismail, 2020). Financial investment in social protection is needed to reduce social and health inequalities (British Medical Association, 2016). By achieving social equality, crime will be reduced, and long-term public expenditure on statutory services will also be reduced (Williams & Treffers, 2021).

It took her to commit a crime to get the help she wanted – which she’s now getting in prison – because there isn’t anything in the community. The women aren’t getting a good service out there anymore, not the services we used to have. They haven’t got anybody to give them that extra support. That intensive support isn’t there when they’re coming out – and they haven’t got that caseworker – that’s why they’re going back into prison.

(Chloe, project director at a women’s support centre)

Places like *location* and stuff have loads of services. It’s great because there are massive drug problems. But it shouldn’t take for the drug problems to get that big to get that service there. There should be a phone line. There should be things for everybody to phone up and ask for help.

(Poppy, employee of a rehabilitation project)

Chloe and Poppy share the same opinion that community support services could prevent criminality. Thus, although support services throughout the criminal justice system are needed, community support can prevent engagement with the criminal justice system in the first place. This is the best outcome for the individual, the public and the government.

Chapter Summary

Financial cuts in all areas of public services have significantly impacted the charitable sector and service users. Fewer statutory services have increased the charitable sector workload, affecting staff morale, the quality of services and the chances of survival. Consequently, there is a higher demand for support services and fewer statutory support services; this causes a higher volume of reliance on charitable sector organisations. An increase in demand and fewer resources have influenced the effectiveness of charitable sector services. Restricted or delayed help to address other issues limits the impact services can have on meeting the needs of service users. It is not just financial cuts that have impacted charitable sector services but also the reconfiguration of public services. Within their new public

managerialism approach, the government have centralised services to be 'smarter' with public spending and service delivery. However, this has led to under-resourced, overworked organisations in all sectors, directly limiting the ability to meet service user needs. Centralising services has caused more significant disparities in equal access to support services.

Statutory organisations cover larger geographical areas that fail to fulfil the demand. Social inequalities have impacted this further. Offenders and individuals deemed at risk of offending by the criminal justice system are more likely to live in poverty, have limited support networks and reduced life opportunities. Additionally, the location of support services can cause further disparities. Most services are in the most populated areas, justified by the ability to reach more people, but many individuals are faced with accessibility challenges.

Consecutive governments have openly expressed its support for the charitable sector. They have acknowledged the benefits of meeting the needs of offenders and individuals deemed at risk of offending by the criminal justice system. Nevertheless, the Transforming Rehabilitation reforms can be argued to actively prevent both. The Transforming Rehabilitation reforms have hindered the charitable sector's ability to stay involved in the delivery of public services. When charitable sector organisations have remained active, how it offers and delivers its services has become heavily impacted. Practitioners widely portrayed how government actions have forced the charitable sector to operate differently, ultimately hindering the quality of services it offers. Within the payment by results model, charitable sector organisations could not bid for contracts competitively, and the stringent outcome measurement system could not fully capture the benefits of its services. Although the government portrayed that cross-sector partnerships would enable charitable sector organisations to have a significant role in the Transforming Rehabilitation initiative, this has not happened. Ultimately, charitable sector organisations have been left feeling exploited, with the government choosing financial savings and political popularity over safeguarding the charitable sector.

The notion of political popularity also explains why the government verbally support the charitable sector and the benefits of meeting the needs of offenders and those deemed at risk of offending by the criminal justice system, yet continuously fail to put this into practice. Misconceptions and stigmatising labels attached to mental health and offending have caused the public to demand increasingly punitive initiatives to control criminality. The government accepts that meeting the needs of offenders and those deemed at risk of offending by the criminal justice system will be the most effective approach to decreasing crime and reoffending rates, ultimately producing substantial long-term savings. Though spending taxpayer money on providing criminal justice support services is not widely supported by the public. Therefore, governments choose political support over meeting the needs of this minority group. Until public perceptions of offending and mental health disorders change, the government will inevitably continue to prioritise initiatives that receive maximum political support over meeting the needs of this population.

CHAPTER EIGHT

THE POLITICS OF MEETING THE GAP

The discussions in chapters six and seven will be used to analyse further and interpret the thematic findings whilst undertaking a comparative analysis of existing literature. Previous research has largely neglected the voice of charitable sector practitioners; therefore, this thesis provides a platform for their voices. The charitable sector has already become increasingly engaged in delivering public services, and its involvement continues to evolve. Consequently, gaining insight into practitioners' perspectives is essential because their voice is subjugated. The chapter will discuss the findings grounded in themes that emerged on the distinctiveness of the charitable sector and the complexities of charitable sector service provision in a turbulent political climate. This unique position harnesses the perspectives of experts in the field to give an insight into the effectiveness and impact of legislation and government policy, the strengths and challenges of charitable sector services, and recommendations for reform.

This study aimed to critically explore the charitable sector's experience of interactions between offenders and individuals the criminal justice system deems at risk of offending and charitable sector mental health and well-being support services. More specifically and uniquely, this study gathered the perspectives of charitable sector practitioners delivering community mental health and well-being support services to offenders and individuals deemed at risk of offending by the criminal justice system. Discussions throughout this chapter address the following objectives:

1. To critically investigate the distinctiveness of the charitable sector from the perspectives of the United Kingdom's charitable sector practitioners.
2. To critically explore the United Kingdom's charitable sector practitioners' perspectives on the impact and effectiveness of legislation, government policy and actions on providing mental health and well-being support services to

offenders and individuals whom the criminal justice system deems at risk of offending.

3. To critically investigate the United Kingdom's charitable sector practitioners' recommendations for legislation, policy, and service practice reforms.

Charitable sector public service provision: Fewer services, greater need

Through thematically analysing all participants' views, a common theme was that practitioners believe the government do not meet the provision of mental health and well-being support to this population. This is consistent with previous research that has regularly found that the government neglect to provide services to minority groups within society (Hastings, Bailey, Gannon et al., 2015; Skivington et al., 2018). Value is added to this knowledge by exploring public services when the demand for mental health and well-being services is increasing. Participants voiced concern over existing statutory bodies not meeting the growing needs for the mental health and well-being of offenders and individuals whom the criminal justice system has identified as being at risk of offending. During the 2008 recession, governments had to reduce public expenditure to stabilise the economy when the demand for general support services was increasing (Faculty of Public Health, 2022). The government's political decision to inflict austerity indicates political will over the necessity of providing mental health and well-being support services. Mental health services were in flux when a growing number of individuals needed their services (Cummins, 2019). Social inequalities meant minority groups were affected greater by the recession. Additional pressures of increased poverty, unemployment, and fewer life opportunities cause poorer mental health and well-being and an increased chance of engaging in criminality (Forbes & Krueger, 2019; Jakobowitz et al., 2017; Lavalette, 2017; Public Health England, 2019; Silva et al., 2016; Sowels, 2017). Offenders and individuals deemed at risk of offending by the criminal justice system are among the most socially excluded populations in society and were, therefore, mainly impacted by the scarcity of public resources (Lavalette, 2017; Marazziti, 2021; McGrath et al., 2016; Oxfam, 2013; Tremplin & Beazley, 2022).

This study builds on the literature that argues that consecutive governments have failed to offer services that meet the needs of offenders and individuals whom the

criminal justice system deems at risk of offending. By applying the different perspectives of charitable sector practitioners, this study provides insight into their thinking, and perceptions and attaches meaning to their experience about the charitable sector and their role in public service delivery. Acknowledging how charitable sector practitioners feel about how they contribute to public services will aid in understanding the importance of the charitable sector. Weisbord's (1975) government failure theory argues that charitable sector organisations provide services that statutory bodies fail to. Practitioners agreed that their services "fill a gap" (Evie) left by statutory organisations. The charitable sector's role is to provide services to minority groups who are often neglected or receive insufficient support from the government (Hastings, Bailey, Gannon et al., 2015; Matsunaga & Yamauchi, 2004; Skivington et al., 2018). Therefore, philanthropic organisations have a role in ensuring that minority groups are offered mental and well-being support. Legislation, government policy and action have caused a greater need for charitable sector organisations to offer welfare services. Practitioners have expressed high demand for mental health and well-being support for offenders and individuals who have been deemed at risk of offending, stating how "mental health is the biggest thing we see" (Lily). Mental health is a recognised area where help is lacking due to the ever-increasing demand for such services (Lavalette, 2017; McGrath et al., 2016; Simpson et al., 2021; Stuckler et al., 2017; Tomczak & Quinn, 2021). This explains why all participating organisations focus so much on improving their service users' mental health and well-being. Practitioners shared this strength; out of altruism, their services were able to support individuals who otherwise would continue to have unmet needs due to the lack of statutory support. The government's increasing focus on risk management and risk-based approaches to crime has caused a greater demand for welfare services. Thus, welfaristic interventions from the charitable sector are a response to the government's risk-based approaches.

The impact of austerity: Limited funding, limited services

Previous literature has outlined how financial pressures on the charitable sector have been a long-standing issue (Palmer & Randall, 2001). The repercussions of the economic recession and fundamental reconstruction of the probation system have further exacerbated this for organisations delivering criminal justice public services (National Council for Voluntary Organisations, 2013). A decline in statutory funding,

which many charitable sector organisations rely on for its income, has enhanced financial insecurity (Clifford et al., 2010; Bua & Lyall, 2015; The Charity Commission, 2011). Findings show that practitioners are fully aware of the increased financial pressures felt by all sectors, especially the charitable sector. The consequences of financial pressures on service users and organisations are well documented (Sowels, 2017). This study adds understanding to these challenges by providing insight into how they impact practitioners. Consistent with previous knowledge (Bach-Mortensen, 2020; Morin, 2015; UNISON, 2013a), practitioners expressed how financial pressures are the reason for low pay and constant employment risks. However, the most prominent theme was the frustrations of insufficient financial investment. Practitioners widely voiced how the lack of control over finances emotionally impacts them. “There’s no long-term security” (Olivia), and organisations are “faced with a need to go out and get funding every three years” (James). This creates a persistent threat of losing income and being forced to be “closed down tomorrow” (Poppy), which “takes its toll on staff...emotionally, physically” (Charlotte). “It’s not fair, and there is nothing we can do about that” (Ethan), which “is soul-destroying to see” (Evie). The scope of this study did not extend to comparing the effects on workers in organisations from different sectors. Thus, discussions can only be made about charitable sector practitioners, but research has argued that similar impacts are felt by practitioners in statutory and private sector organisations also (UNISON, 2013b).

Although, from a legal and ethical standpoint, offenders and individuals whom the criminal justice system deems at risk of offending should be able to access adequate healthcare services (Tikkanen et al., 2020), the benefits of doing this extend further than just this population. Society is significantly impacted; the layers of injustices for vulnerable groups in society are harmful to the entire public. Failing to meet the needs of this population can increase the likelihood of these individuals engaging in criminality in the future and experiencing more extensive mental health issues (Bloomer et al., 2012; Forbes & Krueger, 2019; Public Health England, 2019). Lack of adequate funding also directly contradicts the context for continuity of care and support, which has been widely accepted as a crucial aspect of reducing reoffending rates (Public Health England, 2018). A lack of short-term investment is causing more long-term costs. Failing to reduce reoffending rates will create more economic and

social costs caused by future criminality (Chorley, 2011; Garside & Ford, 2015, 2016; Ministry of Justice, 2011; Ryan, 2011; Williams & Treffers, 2021; Wynne, 2021). Providing sufficient support can enable offenders and individuals deemed at risk of offending by the criminal justice system to become more active and contributing members of society (National Offender Management Service, 2009). Less crime means fewer victims and a safer community. Lower reoffending rates will significantly reduce criminal justice costs that can finance other public services (Ministry of Justice, 2016; National Offender Management Service, 2009; Newton et al., 2019). From an equality stance and the financial and economic benefits, this supports the argument that meeting the needs of offenders and individuals deemed by the criminal justice system as at risk of offending should be principal in government policy and action.

The role of the charitable sector: Invaluable contributions to public services

Findings indicate that the contribution of the charitable sector goes beyond filling a gap left by statutory organisations. A key theme that emerged from the data was the practitioners' views on the distinctiveness of the charitable sector. The unique attributes of how charitable sector organisations operate to enable it to deliver services in ways that statutory and private sector organisations cannot. Although previous research has openly recognised the invaluable contributions made by the charitable sector to public service delivery (Clinks, 2017; Dayson et al., 2022), these findings provide insight from practitioners' perspectives. Knowledge from the perspectives of politicians, researchers and service users is extensive, whereas the voice of practitioners has primarily been unheard.

The charitable sector is recognised as not-for-profit instead of driven by providing the highest possible standard of service. Participants agreed that this is a distinctive characteristic of their organisation and essential quality that distinguishes them from governmental and private sector organisations. Charitable sector organisations are not "lining somebody else's pockets at the end of it" (Oscar), which allows the charitable sector to be "driven by making lives better for people" (Evie). Most private sector organisations need profit to survive, but it can also be a barrier to service user involvement (Kalogeraki, 2020; Mills & Meek, 2016). When it comes to encouraging service user participation, removing the profit-making function from an organisation

can be significantly beneficial (Quinn & Tomczak, 2021). In his contract failure hypothesis, Hansmann (1980) stated that charitable sector organisations are less inclined to take shortcuts or defraud service users. Removing the profit-making function from an organisation increases service user engagement by fostering greater trust and rapport with service users (Carmel & Harlock, 2008; Gough, 2012; Hucklesby & Corcoran, 2016; Quinn & Tomczak, 2021). Peer support and the use of volunteers provides a unique advantage over the private and public sector; having lived experience and offering time for free is powerful for engaging service users (Corcoran, 2012; Corcoran & Hucklesby, 2013; Meek et al., 2010; Mills & Meek, 2016; Mills et al., 2011). Practitioners expressed how they can empower their service users by building solid and trusting relationships with them where they feel valued and listened to. The flatter organisational structures of charitable sector organisations allow for a more straightforward transition and decision-making process, enabling practitioners to adjust services to give the most suitable, efficient service that fits each service user's needs (Anderson & Brown, 2010). This is not to say that individual practitioners in statutory and private organisations do not have a desire or ability to engage service users and provide services to meet their needs. Instead, being employed by a government or private organisation restricts what approaches they can take when delivering their services.

Practitioners also communicated how being viewed separately from statutory organisations was advantageous for service user engagement. This extract from Jack captures this: "straightaway when we mentioned a charity, they're quite prepared to work with us". Many offenders and individuals whom the criminal justice system deems at risk of offending can feel let down by the government, producing a lack of trust in statutory bodies (Harden et al., 2015; Harrison, 2020). Applying the theoretical lens discussed in chapter one, enabled the researcher to understand how government actions can reinforce stigmatisation. Through the theory of structural power, the government allow criminal justice agencies to exert high levels of control and punishment measures on groups of offenders attached to stigmatised labels (Phelan, 2001; Phelan & Link, 2014). Mental disorder and criminality are connected to highly dismissive meanings (Tremplin & Beazley, 2022). Still, if individuals believe they are being treated more harshly merely because they have a mental health disorder, this can create animosity towards all statutory organisations. Workers in the

statutory sector may not act in line with stigmatising labels and could wish to provide the highest standard of service to this population. Still, their connection to the government might automatically create friction beyond the individual's control.

Government priorities: financial savings and public support

Legislation and government policy regulate services provided by the charitable sector. Although this is deemed necessary to ensure organisations are operating fairly, government actions can have a detrimental effect on charitable sector organisations and meeting the needs of individuals (Fagan et al., 2019; Garside et al., 2014; Maguire, 2016). This study adds value to this argument by gaining practitioner perspectives on government reliance on the charitable sector within Transforming Rehabilitation specifically. It contributes further by drawing on the concept of governmentality to rationalise and provide a greater understanding of political decisions and discrepancies between policy theory and practice. A governmentality framework is also utilised to show how structural stigma influences governmental actions and the consequences for service users. This thesis offers a more in-depth explanation of the government's rationale for the Transforming Rehabilitation strategy from a charitable sector practitioner perspective.

The Coalition and Conservative governments supported the Transforming Rehabilitation initiative and new public managerialism movement, agreeing it would enable more innovative investment where services were more cost-effective and of a higher standard. In reality, Transforming Rehabilitation is "illogical, naïve and ill-thought-out", which has left organisations "understaffed, undervalued and de-professionalised" while being "a money-saving change" that "will cost potentially lives in the end" (Napo, 2014, p. 7). Participating practitioners agreed with the failure of the Transforming Rehabilitation reforms; "I think they've made a complete and utter shambles of the criminal justice system, erm the restructuring of the probation service has been an absolute disaster" (Isabella). "Not thought through at all, awful, awful. It is a disaster. Actually, it's a complete disaster" (Chloe). Consecutive governments have implemented policies where insufficient support services are continuously provided to offenders and individuals whom the criminal justice system deems at risk of offending. The concept of governmentality can explain why the government continue to do this.

The government use its power to implement methods aimed at the well-being of society as a whole (Foucault, 1982;1991); offenders and individuals deemed at risk of offending by the criminal justice system are a minority group within the community, and supporting their needs is not a governmental priority. Through neoliberalism and austerity measures, the government have introduced policies where discrimination occurs, whether this has been intended or not. Risk-based approaches to managing crime have encouraged the stigmatisation of offenders and individuals deemed at risk of offending by the criminal justice system, especially those with a mental health disorder. Yet, the harm caused by this is extensive (O'Malley, 2009). The disadvantages and discrimination felt by marginalised and stigmatised groups within society have been widely reported (Cummins, 2006; Everett et al., 2016; Moore et al., 2016). This thesis has drawn upon stigma theories and concepts around structural power to understand better the extent of harm caused by some legislation and government power. Stigma theories explain how, at an individual level, stigmatising labels have the power to discredit a person's identity impacting their self-worth and general standard of living (Goffman, 1961; Link et al., 1989; Turan et al., 2019). Legislation and government policy have the structural power to stigmatise on an institutional level (Link & Phelan, 2001). Ultimately, through legislation and government policy, governments have chosen financial savings over protecting the lives of this minority group. This has been seen with the new penology movement and risk management approaches to crime (Henley, 2015). This study found that the practitioners who directly engage with these individuals believe the power and influence of structural stigma are grave. This population's increasing suicide and self-harm rates demonstrate the damaging consequences of insufficient support systems (Phillips et al., 2018; Stuckler et al., 2017). Practitioners clearly expressed that stigmatising labels attached to criminality and mental disorder need to be addressed for significant improvements. While stigma remains, public demand will continue to favour punitive, risk-based approaches to managing crime, which will directly impact the government's actions (Burstein, 2003; Durcan, 2021; Hough et al., 2013; Jennings et al., 2017; Marsh et al., 2019; Maruna & King, 2013; Prieto Curiel et al., 2020).

Consecutive governments have expressed long-established support for the charitable sector by openly acknowledging that its unique qualities can provide the care and support needed for offenders and individuals whom the criminal justice system deems to be at risk of offending (Ministry of Justice, 2011; National Council for Voluntary Organisations, 2020). However, legislation and government policy have not advocated this. The concept of governmentality explains why government reliance on the charitable sector is increasingly significant. The government have utilised neo-liberal techniques to develop control measures through subtle governance at a distance (Garland, 1999; Lemke, 2001; Stenson, 1999). Thus, as the charitable sector (and private sector) has become more involved in public service delivery, the government's responsabilisation strategy has made them more accountable for public protection and crime management (Garland, 1999; Lemke, 2001; O'Malley, 2009; Riley, 2015). Yet the lack of financial backing and ineffective reconstruction of the probation system has caused greater responsibility with fewer resources.

The findings of this study show a multitude of complex issues facing charitable sector practitioners in the current political climate. Within the Transforming Rehabilitation proposals, the government claimed they would safeguard the charitable sector to ensure it can effectively partake in public service delivery (National Council for Voluntary Organisations, 2016). This did not emerge when the payment by results model was rolled out. In agreement with philanthropic insufficiency (Salamon, 1987), the government expressed how cross-sector partnerships would enable charitable sector organisations to be heavily involved in public service provision through the financial stability provided by statutory or private sector partnering organisations (Helyar-Cardwell, 2012; Meek et al., 2010; Nutley & Rimmer, 2002). In practice, the competitive culture produced by the payment by results model meant contracts became dominated by statutory and private sector organisations (Garside et al., 2014; Maguire, 2016; National Audit Office, 2019; Wong, 2015). Referring to a governmentality framework is useful here to explain the impact government policy can have on the charitable sector. Dean's (2002) extension of Foucault's governmentality theory outlines how subtle governance can influence the identity and professionalisation of charitable sector organisations, directly impacting the quality and distinctiveness of charitable sector services (Dean,

1999/2010). The findings from this study agree with this. Practitioners expressed how Transforming Rehabilitation impacted how charitable sector organisations operate, hindering its ability to promote democracy whilst significantly limiting its involvement in public service delivery because the strategy was set up to benefit the statutory and private sectors. This extract from Evie clearly outlines how she feels about government policy and support for the charitable sector: “It was about what we could do for them rather than the other way round...it was about what the third sector could bring to the statutory sector, rather than the other way around...it’s always a top-down approach to everything.”

Chapter Summary

The findings from this study have provided an insight into practitioners’ perspectives on the impact and effectiveness of legislation, government policy and action. Views were collected during the early stages of implementing the Transforming Rehabilitation reforms into practice. Thus, capturing a specific moment in time during substantial probationary and legislative changes. The findings show that practitioners believe the charitable sector has distinct features that enable it to provide an invaluable role in criminal justice service provision. Yet, legislation, government policy and action have hindered their ability to provide this. Drawing on the impact of Transforming Rehabilitation, practitioners expressed how consecutive governments have prioritised financial savings and political support over the involvement of the charitable sector and meeting the needs of offenders. Ultimately, this has resulted in more individuals failing to receive sufficient support and less contribution from the charitable sector. This situation has left practitioners feeling devalued and frustrated their limited control to improve the current situation.

CHAPTER NINE

CONCLUSIONS ON DELIVERING CHARITABLE SECTOR SERVICES DURING A TIME OF AUSTERITY

This chapter's purpose is to reiterate and summarise the key findings of the research. Within these discussions, the research's aims and objectives will be clearly answered. This chapter will outline the original contributions to knowledge to identify the significance of this research. Reflections will be undertaken on the research design, and thoughts expressed on future research ideas.

Thesis conclusions

Throughout this thesis, charitable sector practitioners have voiced their perspectives on delivering public services through political turmoil. When analysing these perspectives, it became apparent that practitioners fully believe they have an invaluable role in meeting the needs of offenders and individuals whom the criminal justice system deems at risk of offending. Being not-for-profit, independent from the government and supporting individuals holistically increased trust and service user engagement. The unique benefits of peer support schemes and volunteers are invaluable to supporting a vulnerable population that has previously felt neglected or let down by statutory services. These findings align with the study's first objective, which sought to investigate practitioners' perspectives on the distinctiveness of the charitable sector.

Legislation, public policy, and the government's principal priority to cut public expenditure have created multiple complexities for charitable sector organisations. Neoliberalism and austerity measures have decreased the number of statutory services and caused an increase in the demand for support services. These measures have disproportionately impacted vulnerable populations and the charitable sector. Risk-based approaches and austerity has caused a greater need for welfare services. The increased need has fallen to the charitable sector to meet through its welfare services. Practitioners clearly expressed how they feel expected to provide more services with less financial support. The charitable sector is trying to help and support vulnerable populations within the constraints and realms of the law

and policy, which is challenging. There was a consensus that reduced services would directly impact offenders and individuals whom the criminal justice system deems at risk of offending, a group already excessively affected by welfare and benefit cuts. Reduced services have caused deep frustration among charitable sector practitioners. Most practitioners argued that investing in their services would create substantial long-term savings. Community support services help to meet the multiple, complex needs of offenders and individuals deemed at risk of offending by the criminal justice system. In turn, mental health needs and criminality will decrease, resulting in significant financial savings.

This research collected practitioner perspectives at a specific time when Transforming Rehabilitation was in the early stages of implementation in practice. Practitioners' feelings and thoughts about Transforming Rehabilitation and their current position of general provision revolve around concerns and anxieties. Practitioners expressed fear over the future of their services and how they will navigate through the difficulties of the Transforming Rehabilitation reform and continuing state of flux. A law that was supposed to aid the increasing role of the charitable sector in public sector provision; in practice, it was detrimental to the sector. Practitioners showed little trust in the government improving community support or enabling greater involvement in public service provision by the charitable sector. The practitioners' perspectives on neoliberalism and austerity measures, particularly the Transforming Rehabilitation initiative, align with the study's second objective, which sought to explore the impact and effectiveness of legislation, government policy and actions on charitable sector support services.

The core reasons for the lack of confidence in government actions were based on feeling exploited by the Transforming Rehabilitation initiative and the role of public opinion. The government implement Transforming Rehabilitation with the claim of increasing charitable sector involvement. In reality, private sector organisations dominated Community Rehabilitation Company contracts. Practitioners felt that Transforming Rehabilitation demonstrates how the government prioritises financial savings over supporting the charitable sector and meeting support needs. Yet, while public demand is for punitive measures, the government will continue to react this way. An agreed consensus by all practitioners was the need to tackle the stigma of

offending and mental health. Education is key to encouraging political demand for social equality. Investing in young people to allow equal social opportunities will decrease the likelihood of committing a crime. In the meantime, practitioners expressed a need for more investment in charitable sector services that can offer holistic, tailored support services to meet the complex needs of service users. These findings meet the study's third objective, which aimed to investigate practitioners' recommendations for reforms.

Overall, the research utilised a combination of distinctive theories to underpin this thesis, where first-hand accounts of delivering services in the charitable sector were gathered. This study has generated further understanding of providing public services in a precarious political climate and time of radical change in the probation service. Understanding has been provided through the voice of charitable sector practitioners, a voice that is rarely heard.

Reflection on research design

Chapter five provided a detailed discussion on the use of thematic analysis, but it is essential to reflect and evaluate how the participant's voice has been presented. Significantly, this methodology has helped to give charitable sector practitioners a voice. Limited attention has been shown to practitioners' perspectives in delivering public services in the charitable sector. Using qualitative interviews with open-ended questions has provided participants with an opportunity for their reflections to be made more broadly available to researchers, policymakers, and the wider public domain. The data has provided a first-hand account of delivering public services in the charitable sector during substantial probationary reform implemented through the Transforming Rehabilitation initiative. Alternative methodologies may not have captured charitable sector practitioners' broad context and background. Although it must be acknowledged that specific content of experiences could vary significantly across organisations and individuals, time and place, the themes developed from this study have the potential to be transferable and utilised across other charitable sector organisations delivering public services.

Reflecting on the theoretical framework of this study, a hybrid of theories was utilised to provide a more accurate depiction of how legislation and government policy impact charitable sector public service delivery. Eliding practitioners' perspectives with a hybrid of theories enabled a deeper understanding of delivering support services in the charitable sector during a time of substantial change. The study sought to explore theoretical perspectives already established to rationalise governmental decisions and the charitable sector's role in public service delivery. By applying the concept of governmentality, the study was able to provide a deeper understanding of how and why legislation, policy and government actions can have significant discrepancies in theory and practice. Other research projects have utilised a governmentality framework. However, this study does so from the perspectives of charitable sector practitioners and alongside other theories. Using stigma theories to understand the harm caused by stigmatisation to minority groups has helped to consider how current government policy severely impacts offenders and individuals whom the criminal justice system deems at risk of offending. Lastly, voluntary and government failure theories enabled the thesis to represent the contributions of the charitable sector in delivering public services at a time when its involvement is ever-increasing. Overall, the study provides a theoretical framework that enables a comprehensive exploration of mental health and well-being services in the charitable sector during political turmoil.

Limitations and future research opportunities

The substantial changes made since this research was conducted emphasise the importance of this topic; it clarifies why this is an area worthy of investigation. Although this research aimed to capture a specific point in time, probationary changes made since the data was collected are still relevant and provide an opportunity for future research. This thesis begins a series of research that provides the foundations for future studies to build upon. This thesis captured early perspectives that can provide a base for a longitudinal piece of research. Since the interviews were conducted, the National Audit Office heavily scrutinised the Transforming Rehabilitation initiative (Ministry of Justice, Probation Service & HM Prison & Probation Service, 2018; National Audit Office, 2019). The government

recognised several issues with the initiative including poor performance, lack of accountability and fragmentation of services (HM Inspectorate of Probation, 2019a; Ministry of Justice, 2019a; Ministry of Justice, 2019b). Originally, the Ministry of Justice announced in 2018 that Community Rehabilitation Company contracts would end early but the probation split would remain with low and medium risk offenders continuing to be supervised by Community Rehabilitation Companies (Ministry of Justice, 2018). The following year, changes were made again when the Ministry of Justice announced that the National Probation Service would take back control of the supervision of all offenders and Community Rehabilitation Companies would now only be able to bid for accredited programmes and unpaid work (Ministry of Justice, 2019b). However, by 2020 the Ministry of Justice changed the probation model again and stated that all probation services would return under public management (Russell Webster, 2020). With multiple changes occurring since the original Transforming Rehabilitation initiative was implemented, and since this research was conducted, returning to the same organisations and interviewing the same participants would be insightful to critically explore Transforming Rehabilitation in the current context. This provides an opportunity to analyse how perspectives on Transforming Rehabilitation have changed over time and how charitable sector organisations have come to navigate the probationary reforms since the Transforming Rehabilitation was initially introduced. As charitable sector organisations become more involved in public service delivery, its practitioners' voices become more important. Thus, it is becoming increasingly valuable for research to provide a voice to charitable sector practitioners.

Government decisions and actions have come under scrutiny by participants in this study, yet their personal views have not been expressed. Likewise, participants have made comparisons between delivering services in different sectors; however, the perspectives of statutory and private sector practitioners were not gathered. Researching to analyse the impact of the Transforming Rehabilitation initiatives on the workers in all sectors would be interesting. As part of the implementation of Transforming Rehabilitation, some probation workers were forced to transfer from a statutory organisation to a private organisation. Previous research shows that this was particularly difficult for this group of workers; adapting to this transition was

found to impact their worker identity, and such changes impeded workplace relationships (Colley, 2012; Deering & Feilzer, 2017; Mawby & Worrall, 2013; Walker et al., 2019). Thus, future research could explore this in more detail. There is potential to analyse career choices and evaluate whether perspectives on their chosen career have altered since the risk of risk management, austerity, increased privatisation and Transforming Rehabilitation. These are reasonable avenues to pursue in the future that would provide a balance to academic debates on legislation and government policy and the impact this has on those delivering public services.

At the time of writing this thesis, the economy is in the early stages of recovering from the Covid-19 pandemic and has entered a cost-of-living crisis. Such events have significantly impacted the British economy and caused an extended period of austerity (Arrieta, 2022; Oxfam, 2021). Thus, the future of the quantity and quality of support services continues to be in jeopardy (Arrieta, 2022). This research has identified some of the extensive consequences of austerity, yet Oxfam (2021) and Arrieta (2022) have envisaged that more severe cuts are still to come. Future research could assess the impact of the current living conditions on vulnerable populations at a time when support services continue to decline. Previous research has identified how the pandemic and lockdowns have caused considerable harm to the mental health and well-being of many individuals and increased social inequalities (Oxfam, 2021). The harm has been particularly damaging for prisoners; lockdowns and restrictions have been longer in prisons in a bid to control the physical spread of Covid-19. However, research has already highlighted the extensive consequences of this on an already vulnerable population (Arrieta, 2022; Durcan, 2021; Prison Reform Trust, 2022). Forthcoming studies could analyse the impact of Covid-19 restrictions on people's mental health and well-being, especially prisoners, and assess if this has caused a greater demand for support services. Additionally, evaluating the impact of Covid-19 on the charitable sector, Clinks (2022) has already reported a significant rise in the demand for criminal justice charitable sector services while funding and the number of volunteers continue to decrease. Thus, researching how the charitable sector has managed the extra challenges caused by the pandemic would help to provide a more current experience of the sector. This study contributed to charitable sector practitioners' experiences

during the initial stages of the Transforming Rehabilitation implementation. Research on the impacts of Covid-19 could provide further contributions to the experiences of the charitable sector.

APPENDIX A
CONSENT FORM



University of
Chester

Research Consent Form

Mental Health, Well-being and Criminal Justice: An exploratory study from the perspective of charitable sector 'partners'

Emma Price

- | | | Please tick the box |
|----|--|----------------------------|
| 1. | I confirm that I have read and understand the participant information sheet for the above study and I have had the opportunity to ask questions. | <input type="checkbox"/> |
| 2. | I understand that my participation is voluntary and that I am free to withdraw up until the point of analysis, without giving any reason. | <input type="checkbox"/> |
| 3. | I understand that the above researcher has access to my personal details. | <input type="checkbox"/> |
| 4. | I understand that any data or information used in any publications, which arise from this study, will be anonymised. | <input type="checkbox"/> |
| 5. | I understand that all data will be stored securely and is covered by the Data Protection Act. | <input type="checkbox"/> |
| 6. | I understand that any audiotape material of me will be used solely for research purposes and will be destroyed on completion of the research. | <input type="checkbox"/> |
| 7. | I agree to take part in the above study. | <input type="checkbox"/> |

Name of Participant	Date	Signature
Name of Researcher	Date	Signature

APPENDIX B

PARTICIPANT INFORMATION SHEET



Participant Information Sheet

Mental Health, Well-being, and Criminal Justice: An exploratory study from the perspective of charitable sector 'partners'

Emma Price

Purpose of the study

The purpose of this study is to critically explore community-based services provided to individuals with mental illness, disorder or distress and have had contact with the criminal justice system, from the perspective of charitable sector practitioners. The research is specifically focused on charitable sector organisations that provide services to generally improve the mental health and well-being of people who have had contact with the criminal justice system. This research study is not funded by your employer or a government department or agency. This research forms the basis of doctoral study for University of Chester student, Emma Price.

Participant selection

You have been invited to take part in this research study because you work or volunteer within a charitable sector organisation, who offer services to support the mental health and well-being of individuals who have had contact with the criminal justice system and/or those at risk of offending within the community. The researcher believes your existing knowledge and experience will be of great significance to this study.

Participant requirement

If you agree to take part in this research study, you will be required to undertake a face-to-face semi-structured interview, that will be audio recorded, where the researcher will have a rough schedule of topics to adhere to, but the basis of the interview will also be defined by yourself.

Time commitment

The researcher envisages that each interview will last no longer than one hour and thirty minutes, which will include time to read the participant information sheet and consent form, to ensure you fully understand the study and have the chance to ask any questions.

Voluntary participation

Participation in this study is entirely voluntary and if you do not wish to take part there will be no negative judgements or penalties for this decision.

Right to withdraw

You have the right to withdraw from this study up until the point of analysis (the researcher will email you two weeks prior to this point), and you can do so without any explanation or fear of reprisal. If you do wish to withdraw, any data you have provided will not be used in the study and will be destroyed immediately.

Confidentiality and anonymity

All data collected from this study will be kept confidential and only a brief description of your job role will be mentioned (for example, 'mental health worker'). All hard copies of data will be stored in a locked cabinet and all electronic copies will be secured under password protected devices (laptop and memory pen). Also, in accordance with the Data Protection Act (1998), all data will be destroyed after five years of completion of the degree award. To ensure you are anonymised you will be given a pseudonym to represent yourself, which will be used when the research is written up. Although the researcher will take every possible step to ensure anonymity, it is important to note that under exceptional cases anonymity may not be maintained. For example, despite the use of pseudonyms, another staff member may be able to deduce who participated due to the uniqueness of responses to interview questions (e.g. if the organisation has one specialist and they discuss aspects highly particular to their role). It is also important to mention that confidentiality and anonymity will not remain if you breach professional boundaries by disclosing involvement with any behaviour or conduct that causes harm to yourself, your co-workers, or your clients in any such way.

Risks

Although no harm is anticipated to be caused to participants, you can contact the Samaritans helpline on 116123, if emotional distress occurs during the course of this study. In the unlikely event that a participant is harmed during the study, there are no special compensation agreements. The main disadvantage to taking part in this study is the time taken for the interview but the inconvenience of this is minimised because it will be scheduled at a time and place that is most convenient for you.

Right to raise concerns

You have the right to raise any concerns or complaints at any time during or after the study. You can contact Paul Taylor, who is the researcher's supervisor, at p.taylor@chester.ac.uk or alternatively you can contact David Balsamo at d.balsamo@chester.ac.uk who is the Dean of the Faculty of Science at the University of Chester.

Benefits

There are no intended direct benefits from taking part in this study, but it is anticipated that the findings will offer useful information about the support services

provided in the community to those with a mental health disorder, illness or vulnerability who have had contact with the criminal justice system. Participants will also be given a summary report of the findings of the study, if they wish to have one.

Further information

If you have any further questions, please do not hesitate to email the researcher at *<researcher's email>*

APPENDIX C
GATEKEEPER EMAIL

Dear <contact's name>,

My name is Emma Price, and I am a PhD student at the University of Chester in the Department of Social and Political Science. I am undertaking a research study that explores the delivery of community services available to people with mental illness, disorder, or distress and who have been in contact with the criminal justice system, from the perspective of staff and volunteers within charitable sector organisations.

I am enquiring to see if you would be willing to consider allowing access to your organisation in principle. The research would involve conducting interviews with those in the organisation that both deliver services and those involved in managing services. Disruption would be kept to a minimum, and the costs involved would amount to the time involvement of those taking part. I am more than happy to provide further information about my research and would like to discuss this further with you if possible.

In addition, please be assured that if this research was something that you envisage to be possible in your organisation, before any research is collected, full ethical approval will have been granted by the University of Chester's ethics committee. All participants will also receive a consent form and participant information sheet, which outlines the details of the study, which can be forwarded to yourself if you would like to see these documents.

I would like to take this opportunity to thank you for taking the time to read my email and look forward to hearing from you.

Yours sincerely,

Emma Price

APPENDIX D
RECRUITMENT POSTER

CALLING ALL PEOPLE
INVOLVED IN THE
<*project name*>

Research study looking at charitable sector services to help improve the mental health and well-being of individuals who have been in contact with the criminal justice system

**Face-to-face interviews
30 minutes – 1.5 hours**

If interested, please email me at <*researcher's email address*>

ALL HELP WOULD BE GREATLY APPRECIATED



University of
Chester

**APPENDIX D
RECRUITMENT FLYER**

**CALLING ALL PEOPLE
INVOLVED IN THE *<project
name>***

Research study looking at charitable sector services to help improve the mental health and well-being of individuals who have been in contact with the criminal justice system

**Face-to-face interviews
30 minutes – 1.5 hours**

If interested please email me at *<researcher's email>* by *<3 weeks>*

ALL HELP WOULD BE GREATLY APPRECIATED

 **University of
Chester**

APPENDIX E

PARTICIPANT PROFILES

Table 3 outlines the details of the 8 organisations where the researcher conducted interviews. The interview numbers align with the order in which interviews were conducted but multiple interviews done in the same organisation were not always carried out at the same time. Pseudonyms are used for the names of the participants and descriptions about the organisation and the geographical location are kept brief to ensure anonymity is kept for each organisation.

Table 3

<i>Participant profiles</i>			
Interview numbers	Participants	Overview of the organisation	Location
1, 2 and 3	Emily (project manager), Olivia (project co-ordinator), and Oliver (project director)	A large charitable sector organisation that offers accommodation in shared houses to over 80 homeless men and women, including individuals being released from prison or have an offending history. A key ethos of the organisation is to encourage residents to take responsibility of their own lives by allowing them to make key decisions about their life and home. With help and support from staff, all residents are also required to get a job or become involved in one of the purposeful activity projects ran by the charity for at least three days a week.	East of England
4 and 5	Jack (manager) and Charlie (manager)	A small ¹ charitable sector organisation that helps create employment opportunities for repeat offenders who are dedicated to living a crime-free life. Employment opportunities are created for service users by staff at the organisation building trusted connections with local companies who are willing to take on ex-offenders. The charity also has well established relationships with several community agencies, including probation, resettlement services, mental health, and drug/alcohol support services, to ensure each service user receives	Yorkshire, England

¹ A small charitable sector organisation is classified as an organisation with 20 or less workers including paid staff, volunteers, full-time and part-time workers

		appropriate support in all areas, which will further help them within employment.	
6, 7 and 8	Sophie (part-time volunteer), Isabella (part-time volunteer), and Harry (project director)	A small charitable sector organisation that aims to reduce reoffending rates by offering specialist support services and projects to offenders, those with an offending history and individuals at risk of offending. All projects are based around supporting service users in a range of areas including education, employment, housing, finances, mental health and/or addictions. They work with low, medium, and high-risk offenders and offer services that are specifically designed for high-risk sex offenders. The organisation also has a specific focus on partnership working where they build strong connections with other community services to ensure individuals get the tailored, holistic support that they need.	North-west England
9, 10 and 11	Oscar (project director), Ethan (project director), and Jacob (project director)	A large ¹ charitable sector organisation that offers sports-based programmes for people with multiple and complex needs, including offenders and those with an offending history. The organisation uses sport to help reintegrate service users back into society by developing their interpersonal skills, which can then benefit with employment opportunities. Physical activities are used to challenge the attitudes and behaviour of their service users to aid with rehabilitation and to support these individuals in living a crime free life.	Lancashire, England

¹ A large charitable sector organisation is classified as organisations with 21 or more workers including paid staff, volunteers, full-time and part-time workers

12, 14 and 15	Evie (part-time volunteer), Ayva (project director) and Chlöe (project director)	A large charitable sector organisation that offers a range of support services and projects for over 400 women, including offenders, those with a history of offending and individuals at risk of offending. Information, advice, and support is given about education and employment opportunities, accommodation and financial guidance and health-related issues. Many of the projects ran by the organisation aim to build the social networks of their service users, as well as providing them with skills and aspirations to live a happy and fulfilled life. The organisation also has a key emphasis on partnership working and works closely with other community services to provide service users with a multi-agency approach to ensure all their needs are being met.	North Wales
13 and 22	Thomas (manager) and James (employee)	A small charitable sector organisation that provides accommodation and support services for vulnerable adults including offenders and people with an offending history. Short-term and long-term accommodation is offered with resettlement support services to help service users organise their own place to live. The organisation also offers support services in education and employment skills, psychological therapy to address abusive pasts and specific services for women only.	West Midlands, England
16, 18 and 19	Amelia (employee), Jessica (employee), Charlotte (project director), and Alice (project director)	A small charitable sector organisation that offers multiple support services to women and their children, including women who have offended or are at risk of offending. Many of their services are specifically for women who have been involved with the criminal justice system and include rehabilitation work, prison outreach teams and mental health services. The organisation also works closely with probation services to ensure women are diverted from the criminal justice system whenever possible. All services aim to improve the lives of women, and subsequently their children, by meeting their complex and multiple needs.	West Midlands, England

20, 23 24	21, and	Lily (employee), George (employee), Poppy (employee), and Lucy (employee)	A small charitable sector organisation that offers a wide range of services including a specific rehabilitation project that is based in the community for individuals being released from prison. This project offers a through-the-gate service to help prepare individuals for their release from prison and support them with reintegrating back into society. The organisation works alongside other community organisations, including services for addictions, help with accommodation and mental health issues, to ensure service users have all their needs met after they are released from prison.	Lancashire, England
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APPENDIX F

INTERVIEW GUIDE

Introductory statement

- Outline the purpose of the research
- Confidentiality and anonymity
- The right to withdraw or stop at any time, without fear of reprisal
- Answer each question in as much detail as you like
- There may be some overlaps of questions
- Tell me if I have missed something that you think is important to the research
- There will be time at the end to ask questions about the research
- The duration of the interview will be approximately one hour
- Do you have any questions before we begin?

Career

- 1) What is your job role/position with this organisation?
- 2) How long have you worked for this organisation?
- 3) Do you have any previous experience working with individuals who have been in contact with the criminal justice system and/or with individuals who have a mental health disorder or mental health vulnerability?
- 4) How did you come to be working within this organisation?
 - Did you choose specifically to work for a charitable sector organisation?
 - How do you feel about working here?
 - In your opinion, are there any differences between working for a charitable sector organisation and a public or private sector organisation?

Your services

- 1) What services do you provide to offenders, ex-offenders or those deemed to be at risk of offending?
- 2) How do your services improve the mental health and well-being of service users?
- 3) Are there any other benefits of your services?
- 4) What factors influence your services?
 - In a positive and/or negative way
- 5) Does your organisation face any issues, which may affect the quality of the services you provide?
- 6) Do you provide specialised services based on variables such as age and gender?
- 7) What are your views and opinions on how much geographical location impacts the services provided to individuals who have had contact with the criminal justice system, to improve their mental health and well-being?
 - Are there any discrepancies between large cities and small towns?
 - If there are differences, why do you think this is the case?

Government approaches

- 1) What are your views and opinions on the government's different approaches to crime control and punishment in general?
- 2) How do you think these different approaches have impacted upon individuals who have had contact with the criminal justice system who may need help with their mental health and general well-being?
- 3) Are there any specific approaches (past or present) that you think have particularly helped or hindered the mental health and well-being of those who have had contact with the criminal justice system?

Policy and legislation

- 1) In your opinion, are there any discrepancies in the theory behind policies and legislation and how these work in practice? If so, can you give some examples?
- 2) Are there any certain policies, pieces of legislation or specific criminal justice reforms (past or present) you think provided particularly more or less support for the mental health and well-being of individuals who have had contact with the criminal justice system?
- 3) What recommendations would you suggest for policies and/or legislation to improve the mental health and wellbeing of individuals who have contact with the criminal justice system?

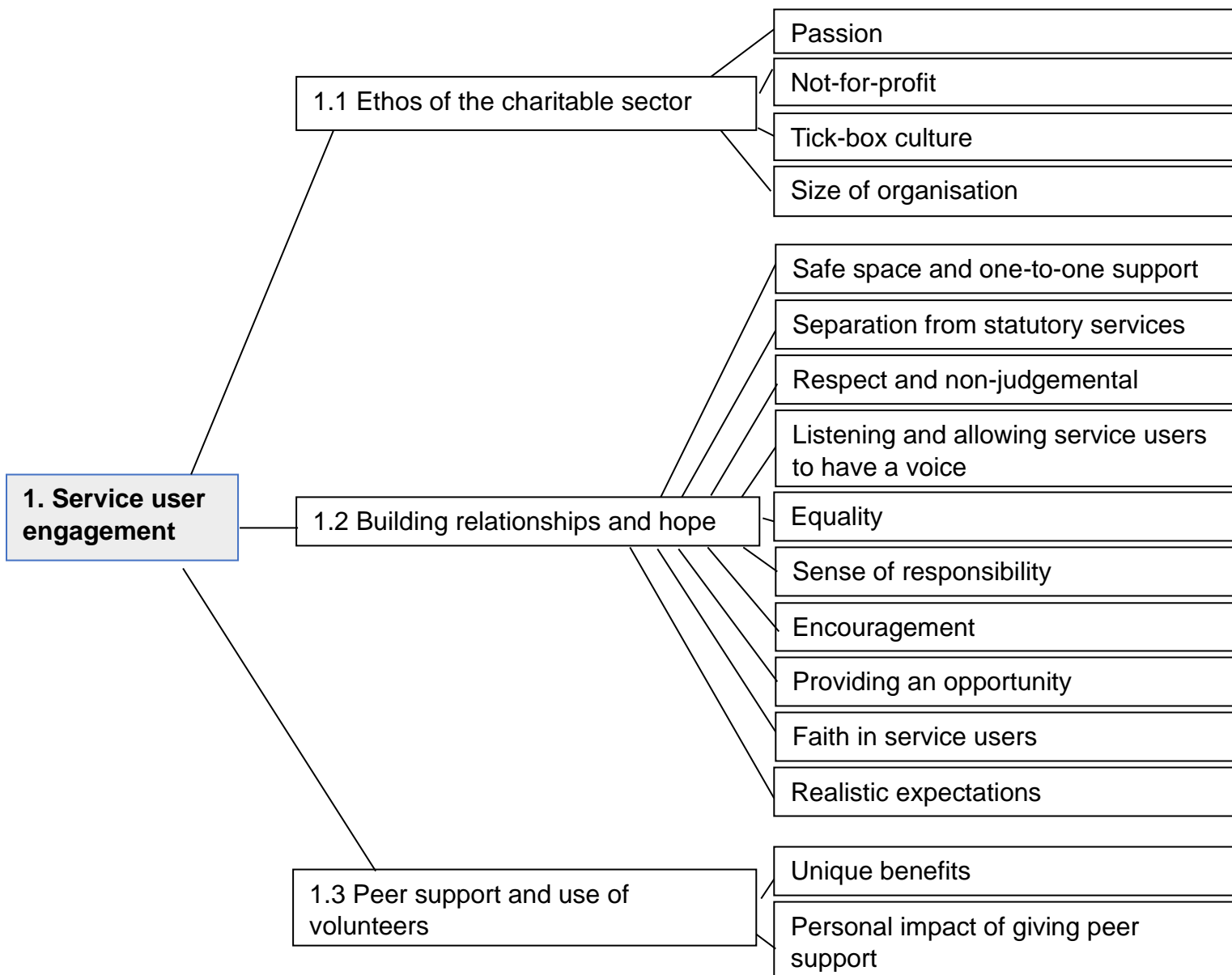
APPENDIX G

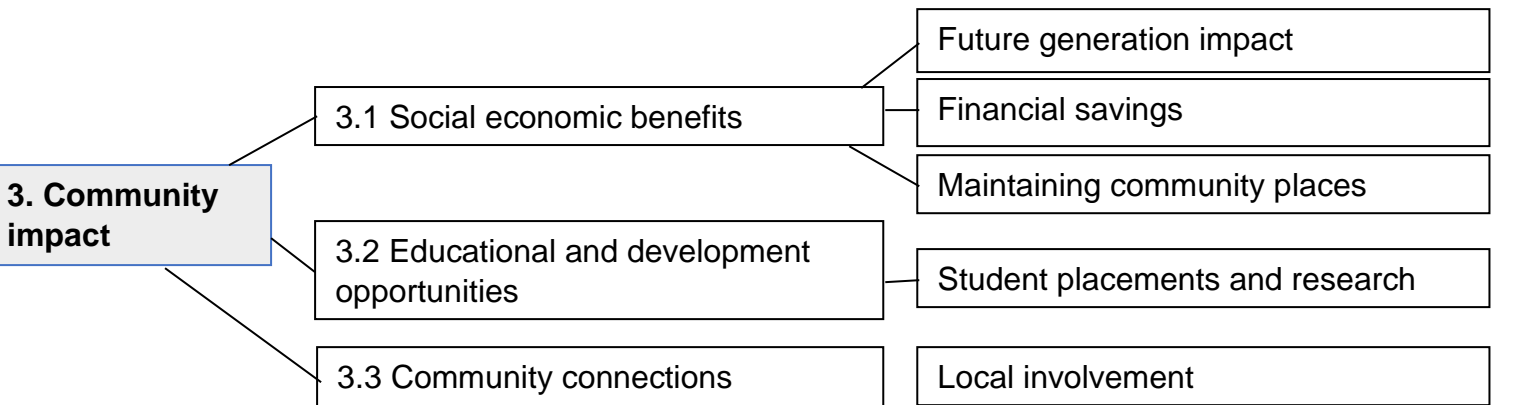
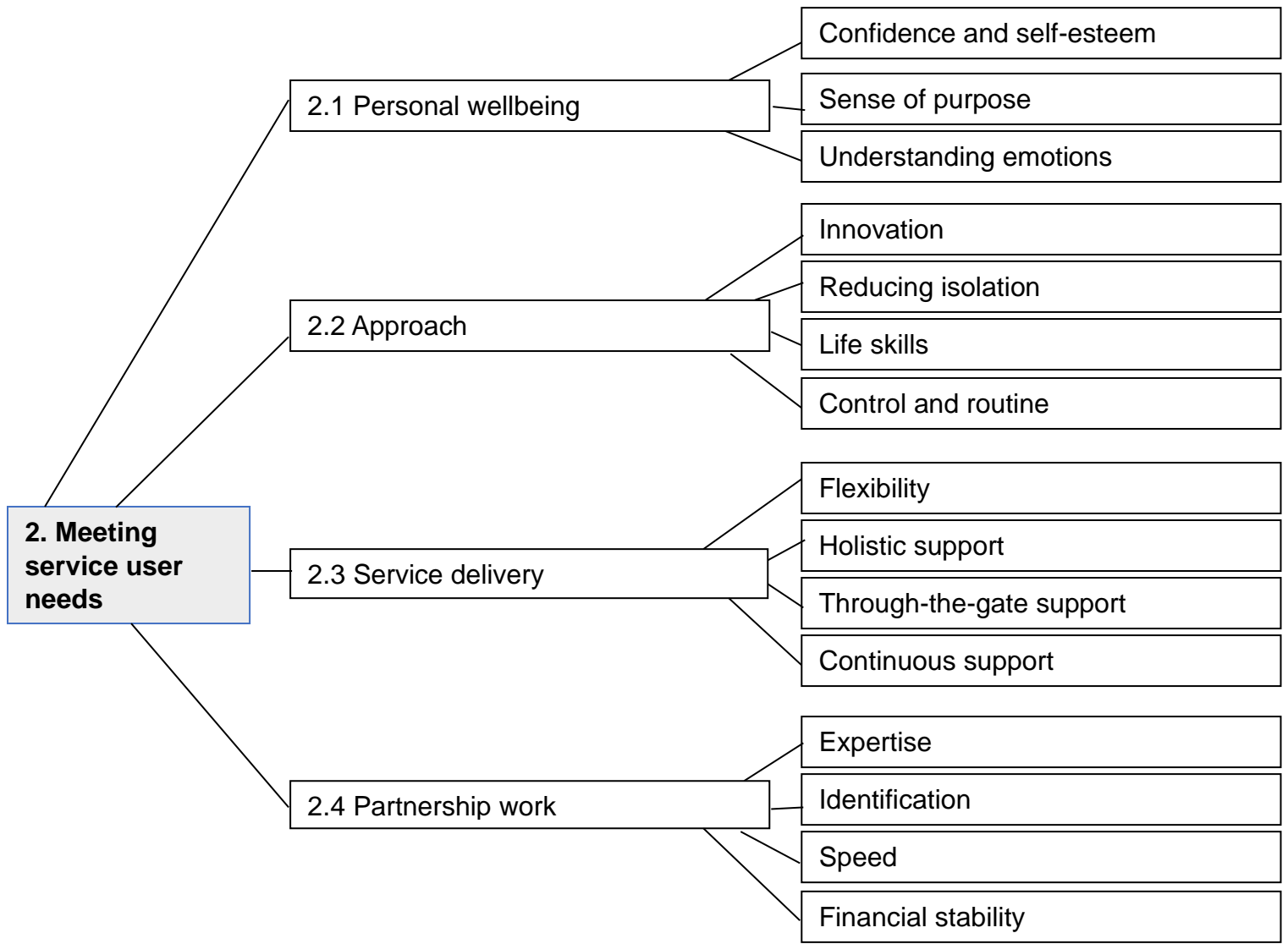
TRANSCRIPT SYMBOLS

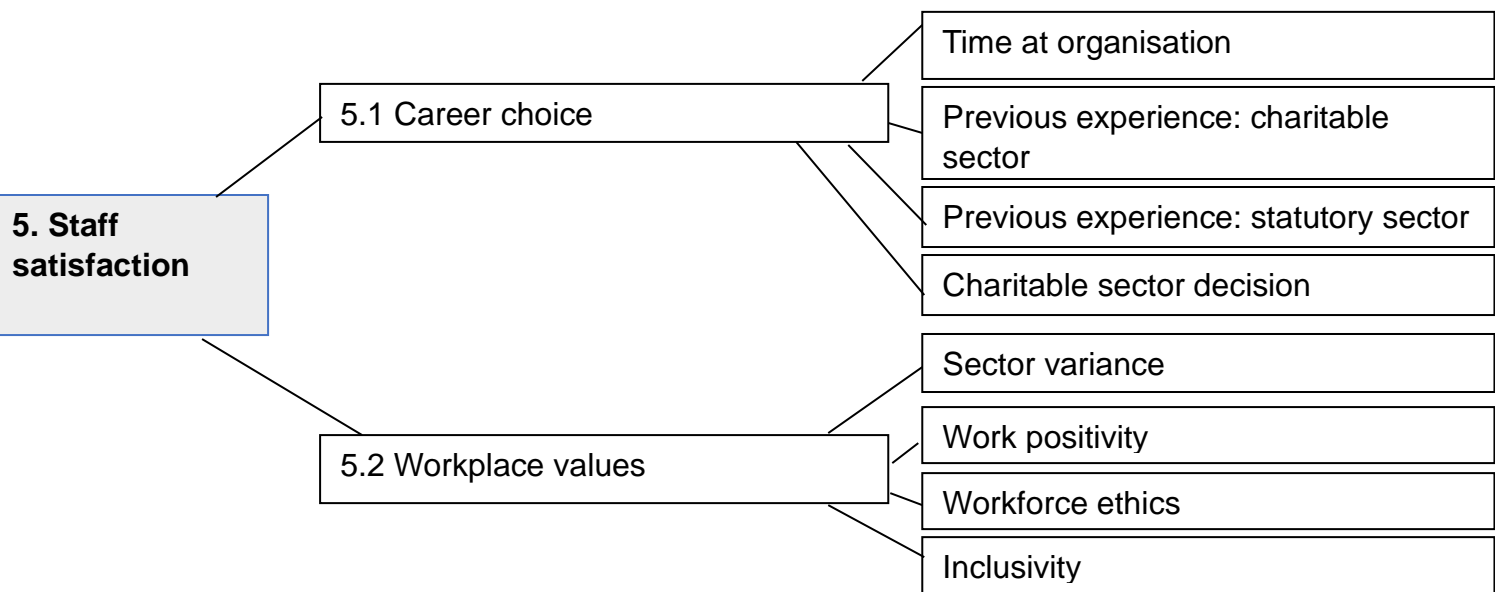
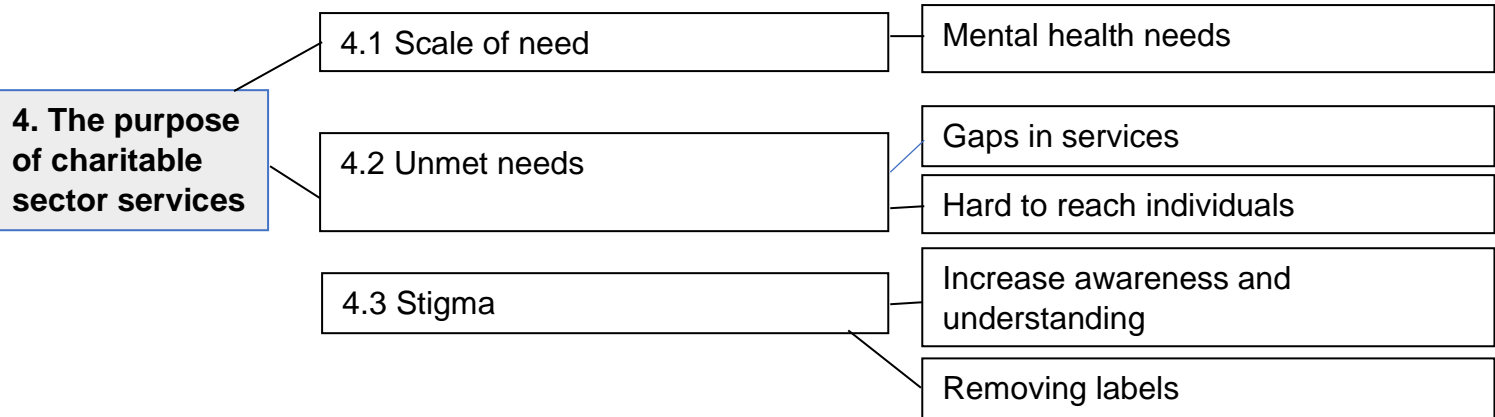
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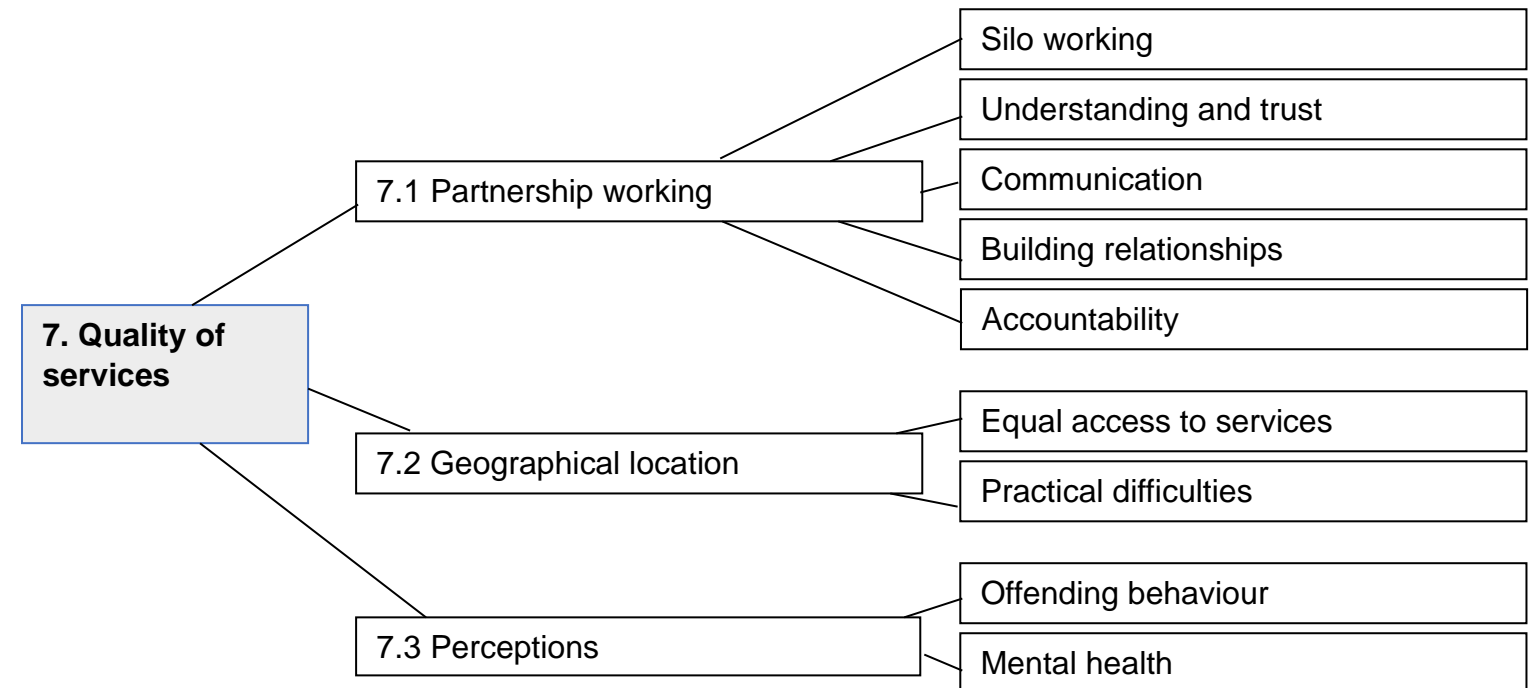
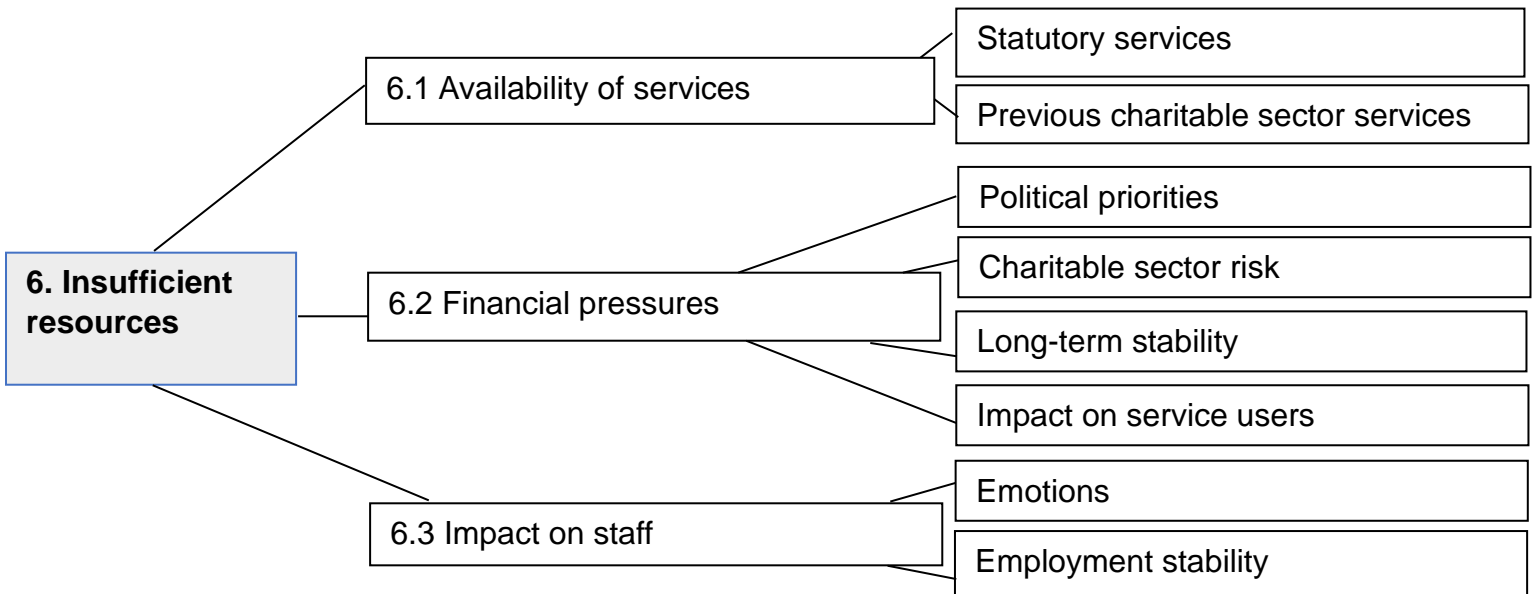
Symbol	What the symbol means
I:	The interviewer is speaking
P:	The participant is speaking
<u>Underlining</u>	Emphasis on a particular word by a change in amplitude and/or pitch. The short underscore indicates only a small emphasis on the word.
<u>Underlining</u>	Emphasis on a particular word by a change in amplitude and/or pitch. The long underscore indicates a lot of emphasis was put on this word
UPPERCASE	A word or phrase is spoken in a louder voice
(.)	A short pause of less than a second
(..)	A longer pause of more than a second
"Quotation marks"	Quoting another person's speech
(coughs) (laughs)	Other noises

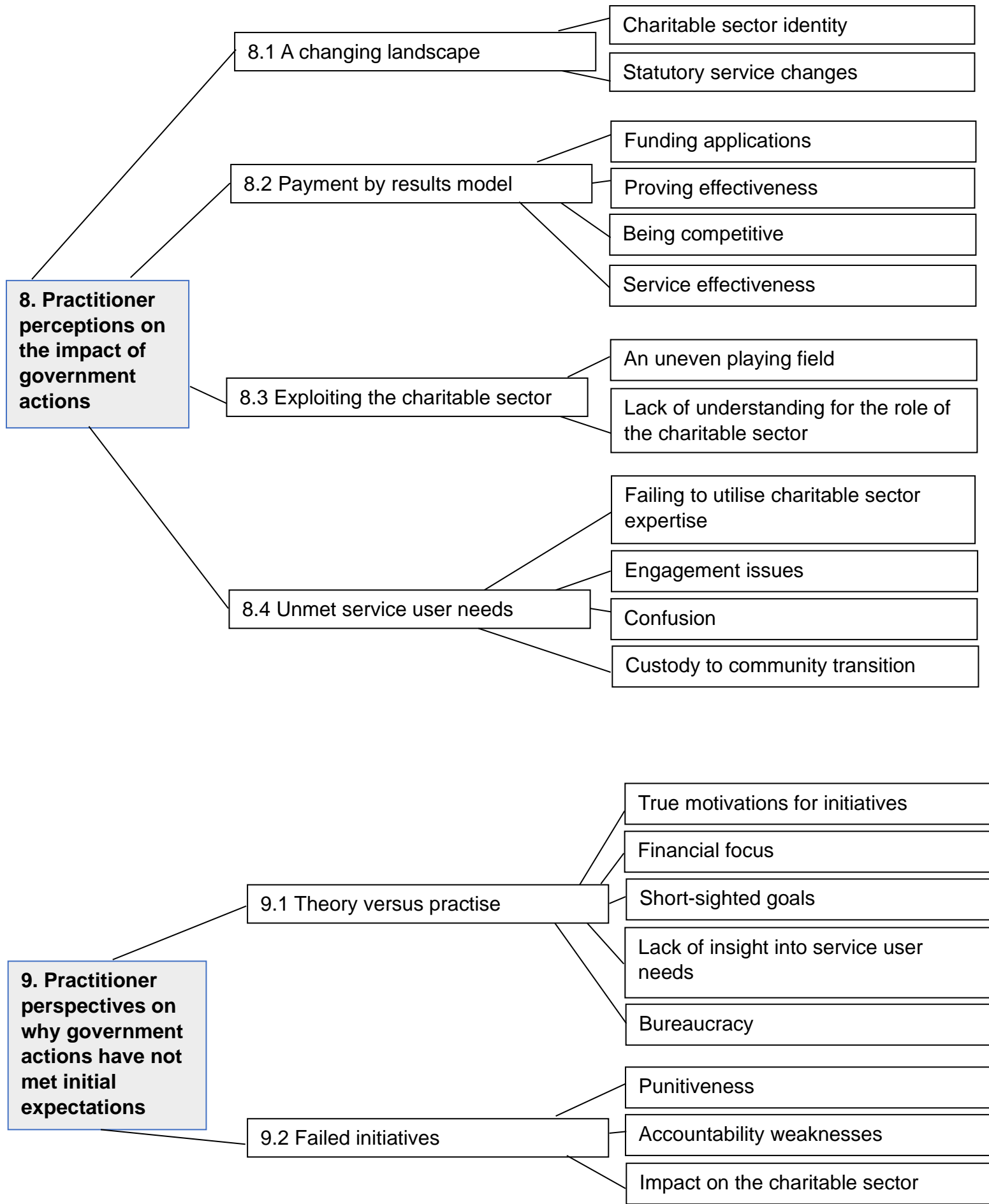
**APPENDIX H
THEMATIC MAP**

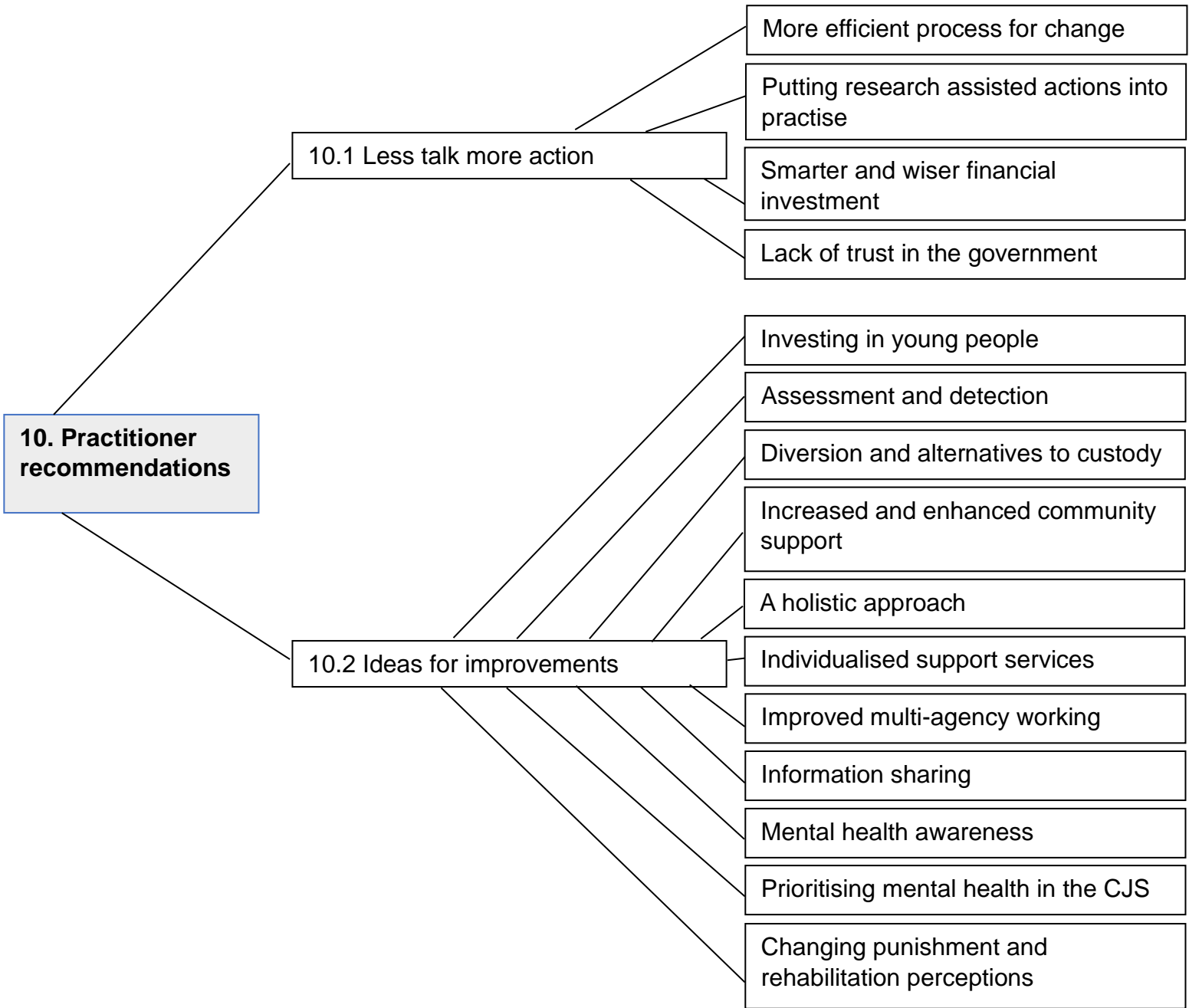












10. Practitioner recommendations

10.1 Less talk more action

More efficient process for change

Putting research assisted actions into practise

Smarter and wiser financial investment

Lack of trust in the government

10.2 Ideas for improvements

Investing in young people

Assessment and detection

Diversion and alternatives to custody

Increased and enhanced community support

A holistic approach

Individualised support services

Improved multi-agency working

Information sharing

Mental health awareness

Prioritising mental health in the CJS

Changing punishment and rehabilitation perceptions

The thematic map outlines the thought process of how themes were developed. Table 4 provides further detail about how information collated on the thematic map relates to the data presented throughout chapter six, which outlined themes of the charitable sector's distinctiveness from practitioners' perspectives.

Table 4

Using my thematic map to present my data: chapter six

Subheading title	Thematic map codes	Explanation for presenting data
The role of the charitable sector: Meeting the needs neglected by statutory services	<ul style="list-style-type: none"> • 4.1 Scale of need • 4.2 Unmet needs • 6.1 Availability of services • 10.2 Ideas for improvement 	These codes all discuss the reasons for why organisations choose to provide mental health services. The sub-heading was inspired by the core reason given to fill the gaps of statutory services.
Profit: The non-profit complexity conundrum	<ul style="list-style-type: none"> • 1.1 Ethos of the charitable sector • 3.1 Social economic benefits • 3.2 Educational and development opportunities • 3.3 Community connections • 6.2 Financial pressures • 6.3 Impact on staff 	These codes all explore the unique benefits of being non-profit but also the complexities associated with this.
Stigmatising labels: Embracing difference to break stigma	<ul style="list-style-type: none"> • 1.2 Building relationships and hope • 4.3 Stigma • 7.3 Perceptions • 10.2 Ideas for improvement 	A separate subheading was used to discuss the role of stigma because practitioners expressed the importance of removing labels due to the extensive impact they can have on individuals.

Volunteering: The power of giving and lived experience	<ul style="list-style-type: none"> • 1.3 Peer support and volunteers 	When discussing the unique attributes of the voluntary sector, the significant importance of peer workers and the positive impact they can have on service users was key.
Organisation structure: The difference that flexibility makes	<ul style="list-style-type: none"> • 2.1 Personal wellbeing • 2.2 Approach • 2.3 Service delivery • 10.2 Ideas for improvement 	This subheading explores the reasons given for how charitable sector organisations operate their services differently to statutory and private sector services.
Working within the charitable sector: Passion and drive	<ul style="list-style-type: none"> • 5.1 Career choice • 5.2 workplace values • 6.3 Impact on staff 	These codes were grouped together because they discuss the positives and challenges of being employed in the charitable sector.

Table 5 provides further detail about how information collated on the thematic map relates to the data presented throughout chapter seven, which outlined findings that explore the complexities of charitable sector service provision in a political climate.

Table 5

Using my thematic map to present my data: chapter seven

Subheading title	Thematic map codes	Explanation for presenting data
Charitable sector public service provision: Doing more with less	<ul style="list-style-type: none"> • 6.1 Availability of services • 6.2 Financial pressures • 7.2 Geographical location 	These codes were discussed under the same subheading because they all discuss opinions around the increased pressures on the charitable sector.
The increasing role of the charitable sector: Actions speak louder than words	<ul style="list-style-type: none"> • 6.2 Financial pressures • 9.1 Theory versus practice • 9.2 Failed initiatives • 10.1 Less talk more action • 10.2 Ideas for improvements 	These codes explore opinions about why there is a lack of support services for this population.
Government 'support' for the charitable sector: On paper, yet not in practice	<ul style="list-style-type: none"> • 2.4 Partnership work • 7.1 Partnership working • 8.1 A changing landscape • 8.2 Payment by results model • 8.3 Exploiting the charitable sector • 8.4 Unmet service user needs 	These codes were grouped together because they all address perspectives on the government's support for the charitable sector.

APPENDIX I

THEME AND CODE DESCRIPTIONS

Advantages of the charitable sector

1. Service user engagement: This theme captures the unique ways in which charitable sector organisations work and deliver their services, which aids service user engagement.
 - 1.1 Ethos of the charitable sector: This code includes the reasons given by practitioners which explain how charitable sector organisations differ from statutory and private sector organisations because of the way they operate and their distinct values.
 - 1.2 Building relationships and hope: This code explains how practitioners believe the ability to build a rapport and instil hope in service users is essential to improving their mental health and wellbeing. This code explores the approaches taken by participating organisations to achieve this.
 - 1.3 Peer support and volunteers: This code describes participants' views on the unique benefits of volunteers and offering peer support initiatives.
2. Meeting service user needs: This theme explores the approaches taken by participating organisations to fully meet the needs of every service user.
 - 2.1 Personal wellbeing: This code discusses how in order to improve mental health; it is essential to focus on the general wellbeing of each service user.
 - 2.2 Approach: This code includes the ways in which participating organisations deliver their services in a bid to fully meet the needs of every service user.
 - 2.3 Service delivery: This code explains how the way in which services are delivered by the participating organisations help to meet the needs of their service users.
 - 2.4 Partnership work: This code discusses how the unique ways in which charitable sector organisations operate help to build strong and efficient relationships with other organisations, which ultimately aids the ability to meet service user needs.
3. Community impact: This theme outlines the ways in which the participating organisations have positively impacted their local communities.
 - 3.1 Social economic benefit: This code comprises of the ways in which charitable sector organisations can benefit the economy at the present time and potential future gains.

- 3.2 Educational and development opportunities: This code explains how participating organisations can provide personal development opportunities to local university students.
- 3.3 Community connections: This code looks at the positive impact charitable sector organisations have in relation to the contacts that are established with residents and communities.
4. The purpose of the charitable sector services: This theme provides practitioner insights into how their organisations meet needs that are not met, or not fully met, by current statutory and private sector services.
- 4.1 Scale of need: This code discusses how participatory organisations provide extensive services aimed to improve health the mental health of their service users because of the vast number of individuals who have numerous mental health needs.
- 4.2 Unmet needs: This code explains how practitioners believe services offered by their organisation help to meet the needs that have not been met by other organisations.
- 4.3 Stigma: This code explains the active role participatory organisations have in reducing barriers created by the stigmatisation of mental illness.
5. Staff satisfaction: This theme provides an insight into levels of job satisfaction expressed by participating practitioners.
- 5.1 Career choice: This code explores the reasons to why participating practitioners chose to work for their organisation with a particular focus on making an active decision to work within the charitable sector.
- 5.2 Workplace values: This code describes how individual practitioners feel they benefit from the overall values of the organisation they work for.

Disadvantages of the charitable sector

6. Insufficient resources: This theme explores the ways in which participating organisations are impacted by the general lack of resources allocated to meet the needs of individuals who have been in contact with the criminal justice system.
- 6.1 Availability of services: This code explores how cuts in the number of services available in the community has impacted participating organisations.
- 6.2 Financial pressures: This code outlines the extensive effects caused by reducing financial cuts including the distinctive impacts to the charitable sector.

- 6.3 Impact on staff: This code discusses the knock-on effect of how insufficient resources have impacted participating practitioners.
7. Quality of services: This theme captures the ways in which participating practitioners have said the quality of their services have been hindered.
- 7.1 Partnership working: This code explains how the complexities of multi-agency and cross-sector working have negatively impacted the services they are able to deliver to their service users.
- 7.2 Geographical location: This code shows how the place in which a service user lives can directly impact the support services that are available to them and how likely they are to engage with these services.
- 7.3 Perceptions: This code explores the concepts of stigmatising attitudes towards both criminality and mental health and how these perceptions impact the services delivered by participating organisations.

The impact of government action on service provision

8. Practitioner perceptions on the impact of government actions: This theme combines the opinions expressed by participating practitioners about how they believe government changes and initiatives have impacted their services.
- 8.1 A changing landscape: This code outlines the practical changes that have been made by the government, which have created difficulties within the charitable sector.
- 8.2 Payment by results model: This code explicitly examines the changes made within the Transforming Rehabilitation initiative and how adopting a payment by results model has negatively impacted the involvement from charitable sector services.
- 8.3 Exploiting the charitable sector: This code discusses opinions around how participating practitioners feel government actions have actively discouraged charitable sector involvement in community service provision.
- 8.4 Unmet service user needs: This code explores the arguments put forward by participating practitioners about how and why government actions have led to the needs of service users being increasingly unmet.
9. Practitioner perspectives on why government actions have not met initial expectations: This theme explores explanations put forward by participating practitioners to why government initiatives and policies are not always as successful in practice as envisaged by the government when they initially implement such actions.
- 9.1 Theory versus practice: This code explores why, from the perspective of participating practitioners, there are such large discrepancies between the

theoretical frameworks that underpin government actions and how these actually pan out in reality.

- 9.2 Failed initiatives: This code outlines the reasons discussed by participants to why government initiatives have failed to be successful and the impact of this on the charitable sector.

Improvements for the future

10. Practitioner recommendations: This theme outlines the ideas expressed by participating practitioners to how and in what ways improvements can be made to improve the community support offered to individuals who have been in contact with the criminal justice system.

10.1 Less talk more action: This code captures the suggestions discussed about how the information and research is already known by the government on how to improve the mental health and wellbeing of those who have been in the contact with the criminal justice system, but the issues lie with implementing these efficiently.

10.2 Ideas for improvement: This code explores the specific ways in which participating practitioners recommend are needed to enable the needs of their service users to be more effectively met.

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