



This analysis looked at the re-offending behaviour of 32 people who completed a Mental Health Treatment Requirement with St Andrew's Healthcare after receiving a community sentence. The overall results show that more people would need to be analysed in order to determine the way in which the programme affects a person's re-offending behaviour, but this should not be taken to mean that the programme fails to affect it.

The St Andrew's Healthcare psychological treatment programme is an intervention for adult offenders who receive a Mental Health Treatment Requirement as part of a community sentence. The programme consists of up to 12 sessions of cognitive behavioural therapy per participant.


This analysis of the St Andrew's psychological treatment programme measured proven re-offences in a one-year period for a 'treatment group' of 32 offenders who completed the programme and a much larger 'comparison group' of similar offenders who did not take part in it. These measurements were used to estimate the impact that the programme would be expected to have on the re-offending behaviour of any people who are similar to those in the analysis.

The 32 people who were eligible to be included in the main analysis were from a group of 48 records submitted to the Justice Data Lab. The effects of the programme on those who were not analysed may be different to the effects on those who were.


Overall measurements of the treatment and comparison groups

For any **100** typical people in the **treatment** group:

For any **100** typical people in the **comparison** group:

 **44** of the 100 people committed a proven re-offence within a one-year period (a rate of 44%), **3 people more** than in the comparison group

41 of the 100 people committed a proven re-offence within a one-year period (a rate of 41%)

 **144** proven re-offences were committed by these 100 people during the year (a frequency of 1.4 offences per person), **9 offences fewer than** the comparison group


153 proven re-offences were committed by these 100 people during the year (a frequency of 1.5 offences per person)

 **155** days was the average time before a re-offender committed their first proven re-offence, **27 days later** than in the comparison group


129 days was the average time before a re-offender committed their first proven re-offence

Overall estimates of the impact of the intervention

For any **100** typical people who receive the intervention, compared with any **100** similar people who do not receive it:

 The number of people who commit a proven re-offence during one year after release could be **lower by as many as 15 people, or higher by as many as 21 people.**

 The number of proven re-offences committed during the year could be **lower by as many as 90 offences, or greater by as many as 71 offences.**

 On average, the time before a re-offender committed their first proven re-offence could be **shorter by as many as 29 days, or longer by as many as 82 days.**

More people would need to be analysed in order to determine the directions of these differences. For the re-offending rate, it is estimated that a treatment group of 5,661 people would be needed.

Please note: totals may not appear to equal the sum of the component parts, due to rounding.

What you can say about the one-year re-offending rate:

✓ "This analysis provides evidence that, for every 100 participants, the St Andrew's Healthcare psychological treatment programme may decrease the number of proven re-offenders during a one-year period by up to 15 people, or may increase it by up to 21 people."

What you cannot say about the one-year re-offending rate:

✗ "This analysis shows that the St Andrew's Healthcare psychological treatment programme increases/decreases/has no effect on the one-year proven re-offending rate of its participants."

What you can say about the one-year re-offending frequency:

✓ "This analysis provides evidence that, for every 100 participants, the St Andrew's Healthcare psychological treatment programme may decrease the number of proven re-offences during a one-year period by up to 90 offences, or may increase it by up to 71 offences."

What you cannot say about the one-year re-offending frequency:

✗ "This analysis shows that the St Andrew's Healthcare psychological treatment programme increases/decreases/has no effect on the one-year proven re-offending frequency of its participants."

What you can say about the time to first re-offence:

✓ "This analysis provides evidence that, for participants who re-offend during a one-year period, the St Andrew's Healthcare psychological treatment programme may shorten the average time to first proven re-offence by up to 29 days, or may lengthen it by up to 82 days."

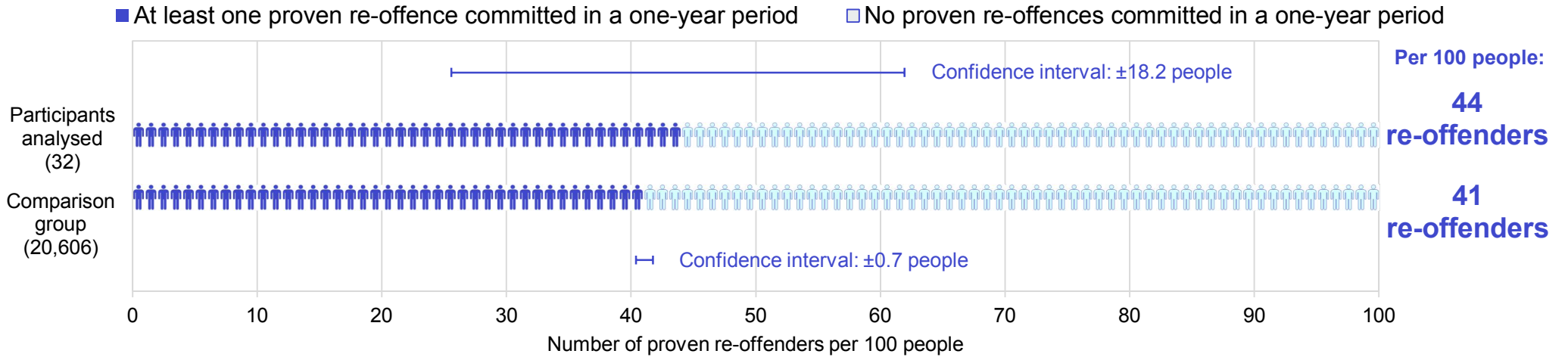
What you cannot say about the time to first re-offence:

✗ "This analysis shows that the St Andrew's Healthcare psychological treatment programme increases/decreases/has no effect on the average time to first re-offence among its participants."

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One-year proven re-offending rate after participation in St Andrew's Healthcare psychological treatment programme



Non-significant difference between groups

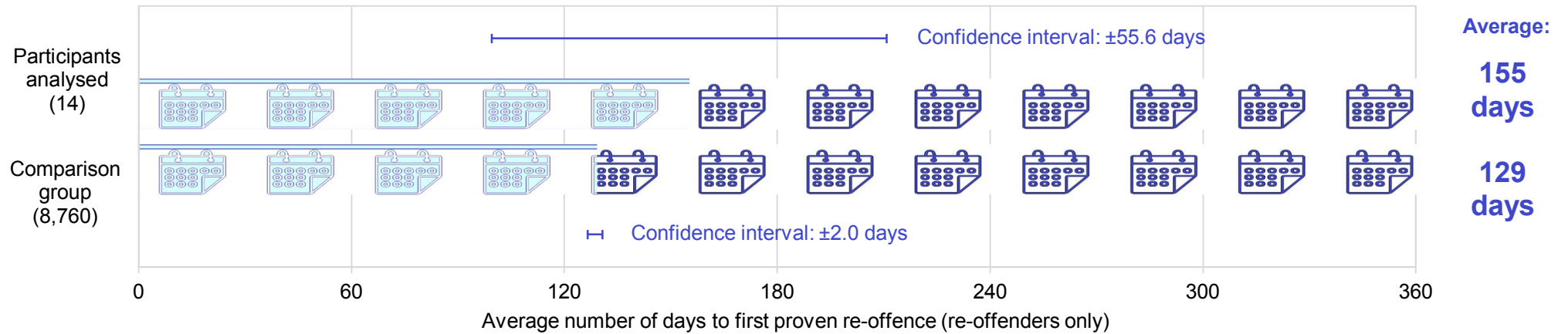
One-year proven re-offending frequency after participation in St Andrew's Healthcare psychological treatment programme



Non-significant difference between groups

Average time to first proven re-offence after participation in St Andrew's Healthcare psychological treatment programme

□ Time before first proven re-offence committed in a one-year period ■ Time after first proven re-offence committed in a one-year period



Non-significant difference between groups

St Andrew's Healthcare psychological treatment programme: in their own words

“ This programme is a joint venture between Thames Valley Probation Service and the charities People Potential Possibilities and St Andrew's Healthcare. It is delivered by St Andrew's Healthcare in the Thames Valley area, and concurrently addresses re-offending, mental health and social care issues.

Prior to sentencing, individuals are screened for psychological distress using psychometric assessments and a clinical and motivational interview by St Andrew's Healthcare. Those assessed as suitable and motivated are recommended, via a written report, to be suitable for a Mental Health Treatment Requirement (MHTR). Participants in the St Andrew's programme are those who receive an MHTR as part of a community sentence.

The programme is a rapid response mental health assessment and treatment programme, designed for those who suffer from a personality disorder, depression and anxiety. The majority of participants also have a substance use problem. Each participant is offered up to 12 sessions of cognitive behavioural therapy, either on 'Dealing with Feelings' or 'Social Problem Solving' or a combination of both.

Collaborative working with the probation service and the link worker services was used to improve treatment engagement and compliance. Participants who failed to attend two consecutive agreed appointments for therapy were regarded as having breached their MHTR, and these people were excluded from the data sent to the Justice Data Lab. Everyone in this analysis completed the programme in 2014-2015. Clinical outcomes are post-treatment, and follow-up showed clinically significant improvements in anxiety, depression, self-efficacy and in work and social adjustment.

St Andrew's Healthcare is an independent provider of mental health care, and People Potential Possibilities (P3) provides social, educational, vocational and practical support for different groups of people including offenders. ”

St Andrew's Healthcare response to the Justice Data Lab analysis

“ Current results are highly likely to reflect the small sample size and accordingly do not allow robust conclusions about re-offending rates and severity of crime to be drawn. Accordingly, we would look to a further evaluation with larger numbers of treatment completers and an additional comparison group that most closely resembles treatment completers: those who were given a Mental Health Treatment Requirement but who did not complete treatment. ”

The results in detail

Four analyses were conducted in total. Each analysis controlled for offender demographics and criminal history. In addition, the complex analyses controlled for the following risks and needs: employment status, relationships, drug and alcohol use, mental health and attitudes towards offending.

National analyses

1. **National complex analysis:** treatment group matched to offenders across England and Wales using demographics, criminal history and individual risks and needs.
2. **National standard analysis:** treatment group matched to offenders across England and Wales using demographics and criminal history only.

Regional analyses

3. **Regional complex analysis:** treatment group matched to offenders in south-east England using demographics, criminal history and individual risks and needs.
4. **Regional standard analysis:** treatment group matched to offenders in south-east England using demographics and criminal history only.

The headline results in this report refer to the **national complex analysis**

Size of treatment and comparison groups for re-offending rate and frequency analyses provided below (the 'time to first re-offence' analyses focus on those who re-offend only):

Analysis		Controlled for region	Controlled for risks and needs	Treatment Group Size	Comparison Group Size
National	Complex		X	32	20,606
	Standard			32	73,322
Regional	Complex	X	X	32	1,621
	Standard	X		32	8,691

In each analysis, the **three headline measures** of one-year re-offending were analysed (see results in Tables 1-3):

1. Rate of re-offending
2. Frequency of re-offending
3. Time to first re-offence

There were no significant results from any of the measures.

Further measures regarding the severity of re-offending and of re-offences resulting in custody have not been included in this report. This is because the numbers within each category were too small to make reliable estimates for these measures.

Tables 1-3 show the overall measures of re-offending. Rates are expressed as percentages and frequencies are expressed per person. The average time to first re-offence includes reoffenders only.

Table 1: Proportion of people who committed a proven re-offence in a one-year period after completing the St Andrew's Healthcare psychological treatment programme, compared with matched comparison groups

Analysis	Number in treatment group	Number in comparison group	One-year proven re-offending rate				
			Treatment group rate (%)	Comparison group rate (%)	Estimated difference (% points)	Significant difference?	p-value
National							
Complex	32	20,606	43.8	41.1	-15 to +21	No	0.76
Standard	32	73,322	43.8	39.5	-14 to +22	No	0.63
Regional							
Complex	32	1,621	43.8	39.7	-14 to +22	No	0.65
Standard	32	8,691	43.8	39.7	-14 to +22	No	0.66

Table 2: Number of proven re-offences committed in a one-year period by people who completed the St Andrew's Healthcare psychological treatment programme, compared with matched comparison groups

Analysis	Number in treatment group	Number in comparison group	One-year proven re-offending frequency (offences per person)				
			Treatment group frequency	Comparison group frequency	Estimated difference	Significant difference?	p-value
National							
Complex	32	20,606	1.4	1.5	-0.9 to +0.7	No	0.81
Standard	32	73,322	1.4	1.4	-0.8 to +0.8	No	0.93
Regional							
Complex	32	1,621	1.4	1.5	-0.9 to +0.8	No	0.90
Standard	32	8,691	1.4	1.7	-1.1 to +0.5	No	0.44

Table 3: Average time to first proven re-offence in a one-year period for people who completed the St Andrew's Healthcare psychological treatment programme and who committed a proven re-offence, compared with matched comparison groups

Area	Number in treatment group	Number in comparison group	Average time to first proven re-offence within a one-year period, for re-offenders only (days)				
			Treatment group time	Comparison group time	Estimated difference	Significant difference?	p-value
National							
Complex	14	8,760	155.2	128.7	-29 to +82	No	0.32
Standard	14	29,183	155.2	131.4	-32 to +79	No	0.37
Regional							
Complex	14	687	155.2	124.7	-25 to +87	No	0.26
Standard	14	3,354	155.2	123.7	-24 to +87	No	0.24

Profile of the treatment group

The St Andrew's Healthcare psychological treatment programme is delivered to offenders who receive a Mental Health Treatment Requirement as part of a community sentence. All the participants whose details were submitted to the Justice Data Lab had completed the programme, with those who failed to complete it being excluded.

The 32 people in the treatment groups all began their one-year re-offending period in 2014. They were aged between 18 and 46 years old at the beginning of the period, with an average age of 30. 75% were male, and, by ethnicity, 94% were white, 3% were black and 3% were Asian. Looking at their sentence types, 72% had received a community order, 25% had received a suspended sentence order and 3% had received another community sentence.

By comparison, 13 people who could not be included in the analysis (for whom sufficient information was available) were 69% male and 92% white.

Information on individual risks and needs was available for all 32 people in the treatment groups, recorded near to the time of their original conviction. Among these people, it is estimated that:

- 91% had some or severe psychological problems
- 66% had some or severe substance misuse problems
- 59% had some or severe problems with motivation to address their offending behaviour
- 19% were unemployed at the time of conviction (the definition of employment includes full-time, part-time, temporary and casual employment)

Matching the treatment and comparison groups

Each of the four analyses matched a comparison group to the relevant treatment group. A summary of the matching quality is as follows:

- In both of the complex analyses, most variables were well matched. A small number of variables were reasonably well matched, including Copas rate in the regional complex analysis (Copas rate measures the rate at which an offender has accumulated criminal convictions).
- The matching quality was similar in the regional standard analysis, with the majority of characteristics being well matched and a small number of variables being reasonably well matched, including the numbers of previous convictions for some specific types of offence.
- The matching quality was slightly lower in the national standard analysis, with a higher number of variables being reasonably well matched, including the number of previous convictions. A small number of variables were poorly matched.

Further details of group characteristics and matching quality, including risks and needs recorded by the Offender Assessment System (OASys), can be found in the Excel annex accompanying this report.

This report is also supplemented by a general annex, which answers frequently asked questions about Justice Data Lab analyses and explains the caveats associated with them.

Numbers of people in the treatment and comparison groups

48 records were submitted for analysis, corresponding to 48 participants in the St Andrew's Healthcare psychological treatment programme. Details of all 48 participants were found on the Police National Computer.



48

14 people (29%) were excluded because they did not have a record in the re-offending database that corresponded to their time period of participation in the programme. This may be because less than one year had elapsed since their original sentence at the time the latest re-offending information was recorded.



34

1 person (2%) was excluded because they had committed at least one proven sexual offence before starting the programme. They were removed because the offending patterns of sex offenders are generally very different to those of non-sex offenders.



33

One person (2%) was excluded from all the analyses because they could not be matched to any individuals in the control groups. The treatment groups contained 67% of the participants originally submitted.



32

**National complex
treatment group**

(Comparison group:
20,606 records)



32

**National standard
treatment group**

(Comparison group:
73,322 records)



32

**Regional complex
treatment group**

(Comparison group:
1,621 records)



32

**Regional standard
treatment group**

(Comparison group:
8,691 records)

Contact points

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