

**Innovation in Community Rehabilitation – Desistance
through Personalization: Early Findings**

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Abstract

This article describes the early stages of a socially innovative project to develop and implement a personalized approach to offender rehabilitation in the probation sector in England, drawing on the concept of ‘desistance’. The Policy Evaluation and Research Unit at Manchester Metropolitan University has been working in collaboration with Interserve Ltd to develop and evaluate a model of personalized offender rehabilitation in 5 of the 21 Community Rehabilitation Companies (CRCs) that

deliver probation services in England and Wales. We have identified learning from personalization in the UK social care sector and used this to specify a pilot project.

Key words

Desistance, personalization, co-production, rehabilitation, evaluation

Introduction

This article describes a pilot project undertaken in collaboration with and partially funded by Interserve Ltd to develop an innovative model of offender rehabilitation that operationalizes the concept of desistance. The project is set in the English criminal justice system where Interserve, through its controlling share in Purple Futures, has responsibility for five of the Community Rehabilitation Companies (CRCs) that were created as part of the UK government's 'Transforming Rehabilitation' strategy (Ministry of Justice 2013). These companies are responsible for managing low and medium risk offenders subject to community sentences or who are released from prison under license. Twenty-one CRCs work on a regional basis across England and Wales with a National Probation Service responsible for high-risk offenders. Interserve has developed a service delivery model, Interchange, which explicitly draws on asset-based approaches to working with service users, as opposed to a Risk, Needs, Responsibility

model of offender management (Andrews & Bonta 2006), which is often characterized as a deficit-based model (Ward & Maruna 2007). Interserve has also committed to a pilot of a more innovative personalized approach to working with offenders, whom they refer to as service users. A working assumption for the pilot project is that developing more personalized ways to work with service users will improve individual outcomes in relation to their rehabilitation, and in turn, necessitate greater emphasis on community capacity building and market development involving voluntary sector organizations.

Innovation in offender management

As Fox and Grimm (2014) note, at first glance the criminal justice system might not seem a promising sector for social innovation. The requirements of justice evoke concepts such as certainty, control, consistency and adherence to well-defined processes that are not necessarily compatible with innovation. Nevertheless there is a rich tradition of social innovation in the criminal justice system that embodies many key dimensions of ‘social’ innovations such as the Restorative Justice movement for example Mulgan, G., Tucker, S., Ali, R. and Sanders, B. (2007). Circles of Support, Community Justice and Justice Reinvestment, particularly in its early forms as advocated by Tucker & Cadora (2003), might also be characterized as forms of social innovation.

Key to social innovation are new processes that make use of social relations. In relation to re-offending, the desistance literature has emphasized the importance of human relationships both between workers and offenders and between offenders and those who matter to them (McNeill, F., Farrall, S., Lightowler, C. and Maruna, S. 2012). Drawing on experience of increasing choice and control of care and support through the use of personal budgets from the social care sector (Fox, A., Fox, C. and Marsh, C. (2013) a new model is being developed for more personalized approaches to offender rehabilitation. Co-production will be key to this, although negotiating meaningful co-production in the criminal justice system presents many challenges (Weaver 2011). This requires new approaches to assessment and sentence planning, new training for staff and rethinking the language of practice (McNeill et al., 2012).

We examine the use of personalization in the English social care system and identify learning from the design and implementation of personalization in social care that might be applied to the criminal justice sector. We then describe the project we have developed in partnership with Interserve to pilot personalization in the English probation sector and some early findings are discussed.

Learning from the social care sector

(Fox et al., 2013 and Fox & Marsh 2016a) have argued that the criminal justice sector could learn from social care when considering the challenge of reforming the criminal justice system and developing innovative approaches to offender rehabilitation although this is not without challenges (Fox & Grimm 2015, Fox & Marsh 2016b).

The social care sector used to rely heavily on institutional settings; the criminal justice sector still does - the UK prison population in August 2017 remained close to an-all time high at 86,237 (UK Ministry of Justice 2017). As Fox et al., (2013) note, before 'self-directed support' became the dominant narrative within the social care sector, a 'one size fits all' model of centrally planned and organized services prevailed, with little individual or family control. This homogenous approach compares with the standardized delivery models for criminal justice interventions such as accredited programmes and National Offender Management Model. As Fox et al. (2013) have described, social care was characterised by a medical model of disability and low expectations of people with long term health conditions, disability or ageing. We see comparison with the Risk, Need and Responsivity (RNR) principles (Andrews & Bonta, 2006, National Offender Management Service, 2010,) that are highly influential in UK criminal justice policy and practice. They have a strong focus

on managing criminogenic risks and, it has been argued, are based on a rather restricted and passive view of human nature (Ward & Maruna, 2007).

In social care personalization reforms have taken ‘strengths’ based approaches that emphasize people’s self-determination and strengths to move away from a focus only on what is lacking, personal shortcomings, ‘deficits’ and ‘need’. In the criminal justice sector the literature on desistance (Maruna, 2001; McNeill, 2006; Ward & Maruna, 2007; McNeill & Weaver, 2010; McNeill et al., 2012) has many parallels and points of intersection with asset-based and personalized models of social care. These include: recognizing that rehabilitation is a process; focusing on positive human change and avoiding negative labeling; recognizing the importance of offender agency, recognizing the importance of offender relationships (professional and personal); and developing offenders’ social capital.

Comparing reforms across the two sectors, we see further parallels. In both there have been attempts to diversify the provider-base using commissioning strategies such as the introduction of market testing (Fox et al. 2013). In both sectors there is debate about community-based services and the relationship between service users and their communities.

Personalization

Personalization can mean many things (Needham, 2011). Most simply, personalization means that public services respond to the needs of clients, rather than offering a standardised service. Pearson, C., Ridley, J., and Hunter, S. (2014) identify three levels of personalization: prevention, participation and choice. First, personalization can be seen as a means of *prevention*, designed to build an individual's capacity to manage their own lives. Secondly, 'co-production' is a means of allowing people with complex needs to *participate* in shaping and delivering their service solutions. This involves "the reciprocal relationships that build trust, peer support and social activism with communities" Pearson et al. (2014 p.18): Thirdly, personalization embeds consumer *choice* linked to a broader discourse that emphasizes the potential of personalization to transform relationships between the state, service providers and service users (Pearson et al., 2014, Vallely & Manthorpe, 2009).

A widely known aspect of personalization in social care is the attempt to give people greater choice and more control over services through direct control of the money allocated to their support through a personal budget based on individual care needs. This has enabled over 500,000 adults to have Local Authority social care personal budgets in 2014-5 (National

Audit Office, 2016). However, implementation is not uniformly successful and Pearson et al., conclude that, in social care:

“Offering people an individual budgetary allocation and giving them the opportunity to say how this should be spent to meet their care needs may seem simple but is a radical departure from traditional service culture”. (Pearson et al., 2014: p. 42)

Implementation of personal budgets without other key changes has been shown to result in limited positive change (Fox, 2012). (Fox, 2012; Morris & Gilchrist 2011; NAAPS, Centre for Inclusive Futures, Community Catalysts, New Economics Foundation, KeyRing, CSV and Gillespie, (2011) have emphasized its lack of focus upon relationships, community life and responsibilities. The version of personalization set out in the Department of Health’s (2012) Care and Support White Paper had a stronger focus on these elements and recent critiques of personalization (Fox, 2012) highlight examples of collaborative uses of personal budgets that exemplify this more rounded approach.

Local Government Authorities struggle to manage and support the local care market and this has led to less choice in some areas (National Audit Office, 2016). There is growing realization in the social care sector that personal budgets are

most effective in reshaping provision when coupled with commissioning activity which helps providers to better understand how to provide more personalized services. This can include efforts to promote and support the development of start-ups and micro-enterprises (Fox et al., 2013, Fox & Marsh, 2016a).

It is acknowledged that the evidence base to support better outcomes through personalization in social care is limited and based on personal narratives. The National Audit Office, (2016) found that while user-level data indicate that personal budgets benefit most users, when these data are aggregated, there is no association between higher proportions of users on personal budgets and overall user satisfaction or other outcomes.

Implications for criminal justice

It is not suggested that the social care model can be transposed directly; rather a new model needs to be developed that starts from these principles, and takes account of similar themes and trends. Fox and Marsh, (2016a) argue that key considerations include: developing a culture of person centred support; increasing access to community based services to increase social inclusion; developing appropriate choice and flexibility about how interventions are delivered; ensuring that a wide range of interventions is available; and providing access to

enabling resources based on individual needs for support, whether this is through a personal budget or other means.

Compared to social care, the criminal justice system presents additional challenges in terms of the need to manage risk of harm to protect the public and to punish as well as reform through delivering the sentence of the court, and where interactions between clients and agencies are mandated. The UK government has been clear that community sentences should provide robust and credible punishment, and this has informed policy since 2012. (Home Office and Ministry of Justice (2015)) Managing risk in more personalized interventions will be key. A critical task is to manage the balance between promoting the ‘good life’ and reducing risk (Ward & Maruna, (2007).)

Testing elements of personalization in the criminal justice system

A multi-phase personalization pilot has been commenced within the five Interserve CRCs. Pilots in the criminal justice system have often been implemented prematurely without first developing a sound theory of change (Weiss, 1997) and then testing key elements prior to a larger pilot. In this project we are therefore following an adapted version of the model of piloting set out by the Education Endowment Foundation

(Education Endowment Foundation, 2015). The remainder of this article reports on our progress to date in the pilot trials.

Piloting five concepts of personalization

The first three concepts that we will be piloting concentrate on the operationalization of personalization and, as such, seek to challenge the orthodoxy of the dominant approach to rehabilitation of risk, needs, and responsivity (Andrews & Bonta, 2006). The ‘risk principle’ assumes that higher risk offenders have a broader range of problems and these tend to be deeper rooted so they should receive a higher and more intense ‘dose’ of treatment than lower risk offenders. Risk factors are viewed as discrete, quantifiable characteristics of individuals and their environments that can be identified and measured (Ward & Maruna, 2007). The ‘need principle’ assumes that treatment has larger effects if it addresses the criminogenic needs of the offender. Responsivity is concerned with how an individual interacts with the treatment environment - effective treatment can bring about change in the targeted criminogenic needs when it is responsive to the learning styles and characteristics of the offenders treated (Lipsey & Cullen, 2007).

This model is influential in the England and Wales and has led to increasing ‘standardization’ of rehabilitation interventions. It seems to contradict research and theory about why and how

people stop offending that suggests a more personalized approach to working with offenders is required. Of particular importance in relation to this point is the literature on desistance (for example, Farrall, 2004, Maruna, 2001, McNeill, 2006). Maruna (2001) describes the importance of offenders' internal 'narratives' in supporting either continued offending or desistance. In his research with ex-offenders he found that individuals needed to establish an alternative, coherent and pro-social identity in order to justify and maintain their desistance from crime (Ward & Maruna, 2007). Maguire & Raynor, 2006, p. 24) note that, "Desistance is a difficult and often lengthy process, not an 'event', and reversals and relapses are common." McNeill (2009, p. 28) asserts that in this context "One-size-fits-all processes and interventions will not work."

In the first three proof of concept pilots set out below we concentrate on personalization at the level of individual probation practice. These aim to develop approaches where tailored life plans that recognize an offender's assets as well as their deficits (criminogenic risk factors) are central (McNeill, 2009). Drawing on experience of the social care sector we also explore how different approaches to using a form of personal budget might support person centred practice.

1. Person Centred Practice: Person centred practices are adopted by selected and trained staff and managers within a single team managing a mixed caseload. A strong emphasis is placed on

staff and service users co-producing a rehabilitation plan and professional discretion to tailor supervision to the holistic needs of the service user. The pilot will explore the effect of person-centred practice on the process of co-production of rehabilitation plans for service users as well as on staff in the CRC. Whilst a consistent assessment process still needs to be followed, the way that staff work with service users is different, and a deliberate attempt to move away from the ‘one size fits all’ approach criticized above. Staff are using a selection of tools in their supervision sessions with service users to initiate a range of conversations. For example, this can include what makes a ‘good’ day and ‘bad’ day for the service user; what their broad aspirations are, whom do they get support from; as well as reinforcing service user responsibilities whilst on probation. The use of these tools is not prescriptive; they are available to use depending on what will best lead to a co-produced enabling plan to support rehabilitation. This does include managing risk – the thinking is that a better understanding of the service user as an individual and a constructive relationship between staff and service user will enable honest and direct discussion of what is likely to trigger further offending and how to reduce risk of harm. These tools have been developed in social care, but adapted for use in probation by Interserve working with and external training provider.

2. Person Centred Practice with access to an Enabling Fund: In addition to the model of person-centred practice implemented above this pilot will also include an enabling fund. The enabling fund will support rehabilitative goals that cannot be progressed through current traditional avenues such as accredited or non-accredited programmes, welfare payments or referrals to other services. The pilot will explore the effect of person-centred-practice and access to a form of personal budget on the process of co-production for staff and service users.
3. Person Centred Practice and an enabling fund for women delivered by a third party Women's Centre: In this pilot we are exploring what impact a person-centred approach, supported by access to a form of personal budget has on co-production for a service user group with distinct and complex needs and whether delivery by a third party leads to distinct processes of co-production.

Proof of concept pilots 4 and 5 concentrate on the social aspects of desistance thinking. Weaver and McNeill (2014) draw on empirical data to describe individual, relational, and structural contributions to the desistance process. In the men they studied social relations including friendship groups, intimate relationships, families of formation, employment, and religious communities all contribute to change over the life course. Thus, whereas offending-related approaches concentrate on targeting offender deficits, desistance-focused

approaches promote offender strengths or assets – for example, strong social bonds, pro-social involvements and social capital (Farrall, 2004, Ward & Maruna, 2007,). There is a clearly stated community dimension within the associated Good Lives Model of offender rehabilitation:

“ . . . instead ask *what the individual can contribute to his or her family, community and society*. [emphasis added]. How can their life become useful and purposeful . . . “ (Ward & Maruna 2007, p. 23)

4. Service User Grants: Service users who have a collective interest are being supported to design and direct innovative services for their own and other’s benefit. A shared grant fund is available to support them. This model is based on the principles of asset based community development (McKnight, 1995), and is in part inspired by the Small Sparks programme managed by The Barnwood Trust (2014). This pilot is exploring how personalization can be delivered in group settings and whether the model is an effective way to foster peer support and develop social networks.
5. Navigation and Access to Community Networks: Probation staff are working with a small group of service users to develop access to community based activities and support networks that extends beyond the services that they would traditionally access. Service users are encouraged to use their knowledge to map local, community organizations, explore how to better

access such organizations, how to support them through volunteering and, where there are gaps in provision, how to develop new services. This model aims to bring to life the Good Lives model dimension quoted by Ward and Maruna (2007) above and is based on the principles of asset based community development, and is in part inspired by the Head, Hands Heart: Asset Based Approaches in Health Care (Hopkins & Rippon, 2015), as well as consideration of Local Area Coordination approaches set out by Broad and Clark (2011) and Circles of Support. This pilot will test how using asset based community development principles can increase engagement with and extend the range of services in a local area thereby increasing the range of community-based services that can support personalized rehabilitation plans.

Early Findings

In this section we set out some early findings drawn from field notes from early site visits. Specifically we have interviewed staff managing the pilot, the person centred practice trainer and reviewed early interviews with staff and service users engaged in the pilot to gather some insights into emerging findings and early experiences. We have also shared early progress on implementing the pilots with subject matter experts in the areas of personalization and /or desistance more broadly at a Round Table event held in January 2017 to help us identify strengths, challenges and opportunities to resolve issues. This has also

proved very valuable to help us take stock and consider emerging implementation issues and future implications.

Implementation and Operational context

It is important to understand the context in which the pilot is set. There is a turbulent operating environment within CRCs with IT system change, a tough financial climate, new organisational structures and a new Professional Support Centre bedding in. These pose very real issues for operational staff and managers that could inhibit their ability to implement changed approaches and innovation. The Probation Inspectorate in February 2017 also identified high levels of sickness and high caseloads and commented in its quality and impact inspection on the effectiveness of probation services in one of Interserve CRCs that

“Purple Futures is applying the same innovative operating model in each of the five CRCs it owns. Cheshire & Greater Manchester CRC leaders see it as the heart and soul of the organisation. It is based on solid desistance research and so one would expect it to be embraced by staff, but leaders are nevertheless finding it hard to embed. Other issues have perhaps clouded the picture for leaders and staff alike” (HM Inspectorate of Probation, 2017, p. 4)

Service users perspective

Service users typically have a wide range of issues to deal with as well as their probation order. One case manager indicated that the people on her caseload often have issues with homelessness, mental health problems and substance misuse is prevalent. They do not have a great deal of protective factors, particularly those being released from custody, and tend to have low motivation to engage with services or change. The pilot can be seen as an opportunity for probation staff to change their practice, with a more holistic appreciation of the service user's circumstances. For example one service user was pleased that his case manager was:

“...Asking me what I wanted for myself and others; where I wanted to be in five years time ... I hadn't really opened myself up to these thoughts and it did my head in initially as I had so much to think about and so much to sort out... my relationship [with case manager] so far is putting me on the right path... If this is how I feel now, I am really interested to see where I will be at the end of the Order. It's looking really good”. (Interview with service user)

Service users report feeling more included in the probation process and are positive about being asked about issues that have not been previously raised. The time that needs to be invested in working with service users is considerable, and has been underestimated in setting the pilots up. This is in relation

to one to one work and particularly the group based networking pilot 5 that involved former service users to support design and implementation. The project leads for pilot 5 have found that the former service users bring a wealth of assets to the pilot as they are genuinely very motivated to make reparation, and bring empathy and understanding of the service user experience that staff generally do not have, as well as practical skills. The desire to engage with the local community has also been demonstrated in this networking pilot. Service users approached a wide range of local organizations, including retail outlets, housing providers, voluntary support groups, and statutory agencies to invite them to an event to discuss how they could build and maintain connections. This included developing opportunities for them and other service users to volunteer their time to these organizations as well as participating in local activities.

Staff perspective

Staff reported that using person centred practice tools had enhanced their broader practice and that they are thinking in a more “personalized” way and thinking about desistance strategies. They are finding that using these tools has led to an improvement in the officers planning for sessions, and led to more structured recording. Some person centred thinking tools such as Good day/bad day, Aspirations, and Sorting important to and important for are proving very popular, and are being

used appropriately. Staff find that the tools support improved professional judgement as they facilitate better understanding of service user motivations, aspirations, support networks and triggers for risky behaviour. They find that the tools are very useful at the beginning of the order to build a relationship and ways of working with the service user. Staff also appreciate the flexibility to use their discretion about what tools to use, and how to use them. They are finding that the approach is useful to set boundaries and expectations with service users as well as identify their personal strengths and assets. All of this informs the assessment and sentence plan which is produced more collaboratively than previously. However, the approach needs longer appointments with service users than usual, and sometimes the administration required of some court orders must take priority in sessions. Staff are aware that the tools need to be relevant to risk factors and that risk management plans are adhered to, though this is causing some anxiety about the compatibility of the approach with risk management. The feasibility of adopting person centred practice within the constraints of delivering the order of the court and the need to manage risk of harm and re-offending, which may require enforcement action is something that needs to be kept under review, and has potential to create tension as pilots are rolled out. However, staff do report that despite having initial reservations about whether the approach would support

effective risk management, they are finding that person centred practice provides a good basis for discussion with the service user about risk of harm, and how they could reduce this risk. Such discussions generate useful information to produce a risk management plan with greater collaboration with the service user. Staff feel that service users have more ownership of these plans, and have found the process empowering.

Despite the amount of recent change, and reported high caseloads, staff are generally reporting a supportive culture in their team and good relationships with their manager. Most have a positive and informed view about what personalization means to them.

Conclusion

The desistance literature is becoming highly influential in the English and Welsh criminal justice system. Operationalizing it remains a challenge and at this stage of implementation it is acknowledged that data from this innovation in practice are limited. One issue is how to develop practices consistent with desistance within the context of a risk-centred system where the requirements of justice trump individual needs. While some progress on this has been made (for example, McNeill & Weaver, 2010) challenges to practice and organizational culture remain significant. This requires a shift from standardised delivery of processes, supported by leadership that embraces

innovation and practice development as well as person centred probation practice. Another issue to which relatively little attention has been given is how to commission desistance focused services (Fox et al., 2013). Our early fieldwork to evaluate the practice innovations of the pilots suggests that there are a number of leadership and culture challenges. In the social care sector it is still a challenge to sustain organizational and practice cultural change, and we expect that this will take time in probation. It is likely that that staff subject to change may reside in their comfort zones and stick to what they know rather than embrace new ways of working. Co-production at the level being attempted in these pilots is still a relatively new concept in the English and Welsh criminal justice system. Working *with* service users rather than *on* them has the potential to initiate tangible changes, but requires a different relationship to be negotiated between practitioner and service user. However, there is some cause for optimism in that working in a 'desistance paradigm' is an idea that has support among many probation workers and there is senior strategic support to develop and test new concepts of personalization and then scale up those that are successful. Leaders in the Community Rehabilitation Company will need to be willing to learn and adapt; to champion personalization, accepting that it may not run smoothly all the time, and supporting staff to learn from mistakes, encouraging passion and commitment to the

model.

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Chris is Professor of Evaluation at Manchester Metropolitan University and a Governor of the University. He leads the Policy Evaluation and Research Unit (www.mmuperu.co.uk). Chris's work cuts across a number of policy areas including crime and criminal justice and social policy innovation. He has led numerous evaluations in the criminal justice system and he is currently leading large, long-term research and evaluation programmes on reducing re-offending (working in partnership with Interserve PLC) and offender learning (working in partnership with Novus). Chris has been widely published and his most recent book [Justice Reinvestment: Can the Criminal Justice System Deliver More for Less](#) (co-authors: Kevin Albertson and Kevin Wong) was published in 2013 by Routledge.

Caroline Marsh

Caroline is an independent consultant specialising in strategic advisory services to organisations specialising in 'people services' - adult social care, public health, children's services, and justice. She has significant director experience of leading and improving large-scale operations in welfare, care and justice services and strategic commissioning. Previously she

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Kim has over 20 years' operational experience delivering probation services across Kent, Cheshire & Greater Manchester, starting as a Probation Officer and progressing to Head of Operations. Over the course of her career she has been responsible for a wide range of services, including the delivery of accredited programmes and community payback, as well as leading large multi-disciplinary local delivery teams. She also has extensive senior management experience of managing performance, inspection and business change. Kim is currently the Director of Rehabilitation and Professional Practice for Interserve Justice, and is responsible for the transformation, of operational delivery across the Purple Future's Community Rehabilitation Companies; driving quality, excellence and innovation across all aspects of

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