Evaluating personalisation programmes: early findings and methodological challenges

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Abstract

This paper reports on an evaluation of a complex personalisation programme implemented in the criminal justice system. The 'personalisation' of public services is a key theme in current social policy reform in the UK. 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 personalised offender rehabilitation in 5 of the 21 newly formed Community Rehabilitation Companies (CRCs) that deliver probation services in England and Wales. We have identified learning from the design and implementation of personalisation in the UK social care sector and used this to specify a project to pilot personalisation in the English probation sector. However, a short-coming of personalisation in social care has been the lack rigorous impact evaluation. In this paper we describe the personalisation project that we have developed, how we are evaluating it and early findings from the evaluation.

While personalisation is a concept used widely in the social care sector, it remains under-evaluated. In this paper we discuss the evaluation approach we are adopting. Too often, pilots in the criminal justice system have been implemented prematurely with insufficient time and resource put into first developing a sound theory of change and then testing key elements prior to a larger pilot. We are therefore following an adapted version of the model of piloting set out by the Education Endowment Foundation (2015). This specifies three types of trial conducted in sequence in the development and testing of new interventions. These are pilot, efficacy and effectiveness trials. Pilot trials are early stage studies conducted in a small number of sites to develop and refine the approach and test the feasibility of an intervention).

Key words

1. Introduction

This paper reports some early findings from a project undertaken in collaboration with and partially funded by Interserve Ltd to develop a 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 new 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 prison under license. Twenty one CRCs work on a regional basis

across England and Wales with a newly created National Probation Service responsible for high-risk offenders. In its bids and in its early communications Interserve promoted a service delivery model, Interchange, which explicitly draws on asset-based approaches to working with service users, as opposed to a Risk, Needs, Responsivity model of offender management (Andrews and Bonta 2006), which is often characterized as a deficit-based model (Ward and Maruna 2007). Interserve has also committed to a pilot of a more radical personalised approach to working with offenders, referred to as service users. A working assumption for the pilot project is that developing more personalised ways to work with service users will improve individual outcomes, and in turn, necessitate greater emphasis on community capacity building and market development involving voluntary sector organisations.

Aims of the paper

This paper starts with a short assessment of whether personalisation of offender rehabilitation has potential as a mechanism for operationalizing the concept of desistance. We examine the use of personalisation in the English social care system and identify learning from the design and implementation of personalisation 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 personalisation in the English probation sector. An evaluation design is outlined and some early findings are discussed.

2. Learning from the social care sector

Whilst not drawing exact comparisons, there are similar themes and trends in service provision between the sectors. In previous papers (Fox et al. 2013 and Fox and Marsh 2016a) we 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 (Fox et al. 2013) although this is not without challenges (Fox and Grimm 2015, Fox and Marsh 2016b). Service users in both sectors share similar needs and, in some cases, are actually the same people (those with learning disabilities, those with mental health or substance misuse problems, and older people). In the remainder of this section we summarise these arguments.

Similarities between social care and criminal justice

The social care sector used to rely heavily on institutional settings; the criminal justice sector still does. Whilst care homes will remain appropriate for the very frail, especially older people, in neither sector are institutional settings particularly effective at promoting resilience and independence. In the criminal justice sector the prison population on the 7th October 2016 remained close to an all time high at 85,754 (National Offender Management Service 2016) while re-offending rates remain high (Ministry of Justice 2016).

As Fox et al. (2013) note, before 'self-directed support' became the dominant narrative within the social care sector, a medical model of disability and ageing prevailed that saw disability as an inevitable aspect of certain physical or cognitive impairments, carrying with it low expectations, exemplifying the institutionalised approach of 'warehousing' people (Fox 2012). This meant that until the 1970s, adult social care support was provided through long stay hospitals and care homes, with very limited practical support at home. The whole principle of disabled and mentally ill people being incarcerated in large institutions, with the commensurate lack of dignity, autonomy or opportunity to pursue an 'ordinary' life, was ultimately rejected in policy documents (for example, The National Health Service and Community Care Act, 1990), which saw 'community care' as integral to people being treated as individuals.

The Risk, Need and Responsivity (RNR) principles (National Offender Management Service 2010, Andrews

and Bonta 2006) that are highly influential in UK criminal justice policy and practice 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 and Maruna 2007). Motivating offenders to change by concentrating on eliminating or modifying their various dynamic risk factors is extremely difficult:

> "An important component of living an offence-free life appears to be viewing oneself as a different person with the capabilities and opportunities to achieve personally endorsed goals, yet this "whole person" perspective is downplayed in the risk framework." (Ward and Maruna 2007: 22–23).

Just as a model of social care was reframed to move away from dependency and focus on disability to support people to optimise their abilities, and co-produce their support in the context of their specific circumstances and ambitions for their life, there is opportunity to explore these themes through a more personalised approach in criminal justice with service users as active participants in their own rehabilitation. This is not to suggest that the social 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.

In the social care sector 'personalisation' reforms have taken an 'assets'- or 'strengths'-based approach to understanding what relationship people want to achieve with services and are trying to move away from a focus only on 'deficits' and 'need'. The term, 'asset-based', refers to approaches which look for people's gifts, skills and resources first, rather than their needs and vulnerability. As Pearson et al. (2014: 1) describe:

> "Over the past thirty years, there has been a gradual shift in social care provision towards an increasingly personalised framework of support, whereby individual users are more involved in the choice of services they are assessed as needing."

This links with attempts to embed 'co-production': the principle that people using or affected by interventions have the opportunity to work alongside professionals in designing them. These principles extend to communities as well as individuals. Social care increasingly recognises that the changes people seek are only achievable through their relationships with others, not their relationships with services. In the criminal justice sector the emerging literature on desistance (Maruna 2001, McNeill 2006, Ward and Maruna 2007, McNeill and Weaver 2010, McNeill et al. 2012) has many parallels and points of intersection with asset-based and personalised models of social care. These include: recognizing that rehabilitation is a process; focusing on positive human change and avoiding negative labelling; recognizing the importance of recognizing offender agency, recognizing the importance of offender relationships (professional and personal); and developing offenders' social capital.

When we compare reforms in social care with reforms in criminal justice, we see further parallels. So, for example, in both sectors 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 the communities within which they live.

However, there are also differences. For state social care services, a 'one size fits all' approach prevailed during the era of dominance of the institutional model, but now there is a more person centred approach, supported by local commissioning. While Transforming Rehabilitation, ongoing reform of the prison sector and the wider devolution agenda (eg devolved criminal justice in Greater Manchester) are reducing centralisation, the criminal justice system retains strong centralising tendencies. For example, the break up

of local Probation Trusts resulted in a National Probation Service and the central procurement of Community Rehabilitation Companies that were larger than the old Trusts (Fox and Grimm 2015).

Personalisation in social care

Personalisation can mean many things (Needham 2011). Most simply, personalisation means that public services respond to the needs of clients, rather than offering a standardised service. Change in this direction has been most obvious in adult social care. The narrative of personalisation has since travelled across a range of policy areas. Across these areas, personalisation encompasses a range of new ways of designing services, which can provide both what Leadbeater (2004) describes as 'shallow' and 'deep' approaches. It can include 'providing people with a more customer-friendly interface', 'giving users more say in navigating their way through services', 'giving users more direct say over how money is spent', users being 'co-producers of a service', and self-organisation (Leadbeater 2004). Thus, this could also imply a range of providers, perhaps in competition, 'a flexible suite of measures, not a set menu where customers are effectively fitted to the provision available' (Stafford and Kellard, 2007), or personalisation in a given encounter such that the public sector professional is able to go 'off script'.

Drawing on a range of sources including Leadbetter's work and a Scottish Executive policy document Pearson et al. (2014) identify three levels of personalisation (discussed in more detail in Fox and Marsh 2016a): prevention, participation and choice.

First, personalisation can be seen as a means of *prevention*, designed to build an individual's capacity to manage their own lives. Secondly, personalisation and particularly 'co-production' as an element of personalisation is a means of allowing people with complex needs to *participate* in shaping and delivering their service solutions. Drawing on earlier works, Pearson et al. (2014: 18) suggest that "co-production describes a particular approach to partnership between people who rely on services and the people and agencies providing these services." This raises important questions in a criminal justice context where interactions between clients and agencies are mandated. Participation also has a social dimension. For Pearson and colleagues (ibid.):

> "Over and above the focus on enhanced individual support, classic co-production relates to the generation of social capital – the reciprocal relationships that build trust, peer support and social activism with communities.

Recent thinking work on desistance from offending has sought to bridge explanations of desistance that err towards structure and those that err towards agency. For example, Weaver (2012) advances a relational explanation of desistance in which 'reflexivity' and 'reciprocity' are key concepts to understanding how desistance is co-produced. Whatever form service commissioning takes, managing risk in co-produced interventions will be key. Ward and Maruna (2007) suggest that in asset-based, co-produced approaches to rehabilitation where people are conceptualised to be part of complex systems, risk is viewed as multi-faceted rather than purely individualistic. A critical task is to manage the balance between promoting the 'good life' and reducing risk (ibid.)

Thirdly, personalisation is sometimes also portrayed as a means of embedding consumer *choice* linked to a broader discourse which emphasises the potential of personalisation to transform relationships between the state, service providers and service users (Pearson et al. 2014, Vallelly and Manthorpe 2009).

Personal budgets

One of the most widely known aspects of personalisation is the attempt to give people a wider choice of services and more control over those services through individual control of the money allocated to their support. Personal budgets means that everyone needing council support for care is told how much money the council allocates for their care and given choice in spending this. The National Audit Office (2016) reports that there were about 500,000 adults whose social care services were paid for through local authority personal budgets in 2014-5. As Fox et al. (2013) note, some councils appear reluctant to cede genuine budgetary control to individuals. Some systems exclude, or do not sufficiently resource the support needed to make informed choices (Department of Health 2008, and National Audit Office 2016). 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: 42)

Whilst personalisation is often understood only in terms of personal budgets, this was not the intention, and implementation of personal budgets without other key changes has been shown to result in limited positive change (Fox 2012). The version of personalisation set out in the Department of Health's (2012) *Care and Support* White Paper had a stronger focus on relationships, communities and responsibility and it is this more rounded version of personalisation which may be of most interest to those developing policy and practice in the criminal justice sector. The Care Act 2014 embedded personalisation into the legal framework for social care, and mandated adult's involvement in planning their care. It required Local Authorities to give all eligible users a personal budget.

Communities, relationships, social capital

Recent critiques of personalisation (Fox 2012, Morris and Gilchrist 2011; NAAPS *et al.* 2011) have emphasised its lack of focus upon relationships, community life and responsibilities. Fox (2012) highlights examples of collaborative uses of personal budgets which point towards a version of personalisation described in the 2012 *Care and Support* white paper (Department of Health 2012) where there is an increased focus on the role of inclusive and involved communities and on building a diverse market of providers.

Reforming the supply side

The National Audit Office (2016) noted that whilst the Department of Health defines value for money in terms of achieving better outcomes, most Local Authorities see personalised commissioning as a means of reducing overall spending. Local Authorities are struggling to manage and support the local care market and this has led to less, rather than more choice in some areas (National Audit Office 2016).

There is growing realisation in the social care sector that personal budgets are most effective in reshaping provision when coupled with commissioning activity which helps current and potential providers to better understand how to provide more personalised services and to promote and support the development of start-ups and micro-enterprises (Fox et al. 2013, Fox and Marsh 2016a). Small and niche providers often struggle to survive the transition from grant-funding to the 'free market' of personal budget funding. Start-ups face commissioning and regulatory challenges (Shared Lives Plus 2011), whilst large, generic providers

have resources to market their services and participate in complex framework-agreement commissioning processes. Matching the transformation of provision with gradual and uneven take up of personal budgets creates the challenge of running two kinds of provision, or battles over closures of 'outdated' building-based services still valued by users or commissioners (Department of Health 2009). If they are to strengthen a council's market-shaping role, individuals need support to coordinate their purchasing, to build alliances with community organisations or to pool budgets. An evaluation of micro-enterprises supported by an organisation set up for that purpose, Community Catalysts, which has worked with around 600 of them, found that whilst the expected rate of failure for micro-enterprises is 90 per cent per annum, only 17 per cent of those receiving specialist support failed over three years (Manchester Metropolitan University 2012).

The National Audit Office (2016) suggest there are four main approaches to developing personalised commissioning: increasing the variety of services to choose from; aligning services more closely with service user led outcomes; building on service user's existing capacities; and, enabling service users to have more control over their care. It found that there has been variable take up of personal budget across the country, with a higher take up among younger adults with support needs around physical or learning disabilities. A critical factor to achieving better outcomes was in the way that the personal budget is implemented including providing adequate support and information and aligning the budget to a service user's circumstances. The result should be that the budget is an enabler of personalised care, rather than an end in itself.

The evidence-base in social care

Given the importance that the English criminal justice system places on evidence-based policy and practice the limited evidence base to support personalisation is worth a brief discussion. Pearson et al. (2014) note that early advocacy for personalisation by Leadbetter (2004, 2008) drew on personal narratives rather than research evidence and that the move to implement personalisation policies has not been based in a strong evidence base. Surveys (eg Health and Social Care Information Centre 2015 and In Control 2015) report high levels of satisfaction with social care services and personal budgets reported by service users. But the National Audit Office (2016) found that while user-level data indicate that personal budgets benefit most users, when these data are aggregated at the local authority level, there is no association between higher proportions of users on personal budgets and overall user satisfaction or other outcomes. They conclude that the central government's monitoring regime "does not enable it to understand how personal budgets improve outcomes." (National Audit Office 2016: 8)

While evidence on the outcomes of personalisation is very limited, evidence on the process implementing personalisation is stronger. For example, Pearson et al. (2014) draw on a range of studies, including evaluations of three local Self-Directed Support sites in Scotland, to identify several challenges to implementing personalised models of care including:

- Staff reluctance and/or opposition to new ways of working

- Staff skills development

- Designing appropriate resource allocation systems

- Developing appropriate financial management systems

- Effective local authority leadership

- Developing new partnerships

- Focusing on early intervention and/or prevention

- Supporting users and carers

Implications for criminal justice

Fox and Marsh (2016a) discuss how this learning from social care can be applied when developing personalisation in the criminal justice sector. They 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. Of these culture change is perhaps the most challenging. The importance of the right front line culture of personalisation is made very strongly by the National Audit Office (2016) and personal budgets in themselves do not necessarily lead to better outcomes or service user satisfaction. Transforming culture in the criminal justice system is likely to be the most significant challenge. Experience in social care suggests it will be necessary to take a whole-system perspective on transformation in which the impacts of the introduction of positively disruptive approaches such as personal budgets, co-production, community budgeting and micro-scale interventions are understood, and where possible coordinated, with the focus remaining upon outcomes rather than process. This involves the managed transfer of power from professionals to end users and requires trust to be built in users' abilities to manage those resources effectively.

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 to address the stigma that many offenders carry with them. However, there are examples within criminal justice of such changes taking place. Within the social innovation literature, an example often cited is the Restorative Justice movement (for example Mulgan et al. 2007). This has moved from the periphery of the criminal justice system in the UK to take on a much more prominent role and feature in many aspects of mainstream service provision. Interestingly Restorative Justice is a co-produced approach to delivering justice (Weaver 2011) and relies upon a degree of personalisation. Perhaps this example provides hope for the development of personalised criminal justice services and shows how social innovation can help to deliver it.

A further consideration is what might the public make of a more personalised approach in probation? When personal budgets were introduced in social care, there were a number of concerns about misuse of funds, and service user lack of competence and knowledge to manage their own support. More creative expenditure on support outside mainstream services was feared to be subject to negative media and public perception. In reality, those concerns were largely unfounded, even with service users who have similar issues to those in the criminal justice system.

4. Testing elements of personalisation in the criminal justice system

A multi phase personalisation personalisation pilot has been commenced within the five Interserve CRCs. In this section we describe some of the methodological challenges and how they have been addressed.

Too often, pilots in the criminal justice system have been implemented prematurely with insufficient time and resource put into first developing a sound theory of change (Weiss 1997) and then testing key

elements prior to a larger pilot. In this project we are following an adapted version of the model of piloting set out by the Education Endowment Foundation in its guidance (Education Endowment Foundation 2015). This specifies three types of trial conducted in sequence in the development and testing of new interventions. These are pilot, efficacy and effectiveness trials. This paper reports on our progress to date in the pilot trials.

Pilot trials

Pilot trials are early stage studies conducted in a small number of sites with the objective to develop and refine the approach and test an intervention's feasibility (Education Endowment Foundation 2015). Qualitative research is expected to be the predominant data collection methodology. The idea is to test whether a new intervention has potential, where this has yet to be ascertained. In our project we are testing a number of 'personalisation' concepts (described below). Each concept is being piloted with a small number of cases (defined variously as service users, case managers or probation teams) selected purposively to allow testing of key theoretical constructs. After extensive work to develop a theory of change (Weiss 1997) emphasis is then placed on implementation evaluation using a range of data collection strategies including one-to-one interviews with staff, volunteers and clients involved in each pilot, observations of one-to-one and group sessions, short self-completion psychometrics and analysis of probation case file data.

Early signs of impact

Where possible we are also looking for early signs of impact. Measuring reductions in re-offending would not be appropriate because of the timescales required. Instead we are concentrating on intermediate outcomes such as engagement and compliance with the community sentence. Because each concept is only being tested with a small number of cases 'traditional' impact methodologies involving a counterfactual (for instance, see Shadish et al. 2002) that require a substantial number of cases are not appropriate. Instead we are exploring the use of 'small n' impact evaluation designs (Stern et al. 2012, White and Phillips 2012). These relatively recent methodologies for systematic causal analysis using case designs can be distinguished from traditional understandings of 'case studies' (Stern et al. 2012). By contrast new approaches to case are interested in generalising beyond a single case but distinguish 'generalising' from 'universalizing' (Byrne 2009). Cases are generally seen as complex systems where:

> "[T]rajectories and transformations depend on all of the whole, the parts, the interactions among parts and whole, and the interactions of any system with other complex systems among which it is nested and with which it intersects." (Byrne 2009: 2)

Therefore, a key distinction between case-based approaches and experimental designs is the rejection of analysis based on variables (Byrne 2009). Advocates of case-based approaches reject the "disembodied variable" (Byrne 2009: 4). The case is a complex entity in which multiple causes interact:

> It is how these causes interact as a set that allows an understanding of cases . . . . This view does not ignore individual causes of variables but examines them as 'configurations' or 'sets' in their context. (Stern et al. 2009: 31)

White and Phillips (2012) outline a number of approaches that have in common the specification of a theory of change together with a number of further alternative causal hypotheses. They divide these into two groups. Group I approaches explicitly set out to address the attribution of cause and effect beyond reasonable doubt, whereas Group II approaches are less concerned with attribution and more concerned

with stakeholder participation (White and Phillips 2012). The examples of the Group I approach that White and Phillips describe are scientific realism, General Elimination Methodology (GEM), Process Tracing and Contribution Analysis. We are exploring the use of Process Tracing and General Elimination Methodology.

Following analysis of results we will draw together effective concepts into a single model of personalisation and conduct an efficacy trial. The objective of an efficacy trial is to explore whether an intervention can work under conditions specified and controlled by intervention developers. In other words, it is conceived of as a test in conditions that are arranged such that the chances of observing an impact are maximized. Such trials comprise both a quantitative impact evaluation as well as mixed methods process evaluation. According to EEF guidance (Education Endowment Foundation 2015), the role of process evaluation within efficacy trials is to assess elements of effective practice. It is likely that our efficacy trial will be multi-site, piloting a model of personalisation in more than one CRC. Finally, and depending on the results from the efficacy trial we will move to an effectiveness trial to test whether the personalisation model works at scale in circumstances where the developers are no longer solely responsible for implementation and delivery. Evaluation will ideally involve both a randomised trial component and process evaluation.

Piloting five concepts of personalisation

The first three concepts that we will be piloting concentrate on the operationalization of personalisation and, as such, seek to challenge the orthodoxy of the dominant approach to rehabilitation in England and Wales in the last decade or so, which has been the Risk Needs, Responsivity (Andrews and Bonta 2006). The 'risk principle' says that higher risk offenders have a broader range of problems and these tend to be more deep 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 and Maruna 2007). For Ward and Maruna (2007) an implication of the risk principle is that the primary aim of offender rehabilitation is to reduce the amount of harm inflicted upon society – considerations of the offender's welfare are secondary to this, although not assumed to be unimportant. The 'need principle' says that treatment has larger effects if it addresses the criminogenic needs of the offender. Ward and Maruna argue that this is to overly concentrate on deficits:

> "Proponents of the RNR model of rehabilitation define needs . . . as personal deficits, but argue that only certain of these deficits or shortcomings are related to offending." (Ward and Maruna 2007: 48)

The concept of responsivity is concerned with how an individual interacts with the treatment environment. The 'responsivity principle' says that 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 and Cullen 2007).

The increasing 'standardisation' of rehabilitation over recent years as the Risk, Needs, Responsivity model has become influential in the English and Welsh criminal justice system seems to contradict research and theory that suggests a more personalised approach to working with offenders is required. Of particular importance is the emerging literature on desistance. There is now a well-developed literature on the concept of 'desistance' from offending (for example, Maruna 2001, Farrall 2004, McNeill 2006) and a number of commentaries that discuss how an understanding of desistance might inform policy and practice (for example, Ward and Maruna 2007, McNeill and Weaver 2010). 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 and Maruna 2007). Maguire and Raynor (2006: 24) note that, 'Desistance is a difficult and often lengthy process, not an 'event', and reversals and relapses are common.' When contrasting the desistance movement with more traditional approaches to offender resettlement, they note that 'Agency is as important – if not more important than – structure in promoting or inhibiting desistance' (*ibid.*: 24). Therefore:

> '[I]f desistance is an inherently individualized and subjective process, then we need to make sure that offender management processes can accommodate and exploit issues of identity and diversity. One-size-fits-all processes and interventions will not work.' (McNeill 2009: 28)

However, a challenge posed by desistance research is that it is 'not readily translated into straightforward prescriptions for practice" (McNeill and Weaver 2010: 6). This is not necessarily problematic, because developing a prescriptive model of practice would undermine personalisation (ibid.). Nevertheless there is work to do to develop practical approaches to personalisation in the criminal justice system. In the first three proof of concept pilots we concentrate on personalisation at the level of individual probation practice and assume that probation practice is informed by an understanding of desistance:

> 'The practitioner has to create a human relationship in which the individual offender is valued and respected and through which interventions can be properly tailored in line with particular life plans and their associated risk factors.' (McNeill 2009: 27)

Therefore more personalised approaches are required where tailored life plans that recognize an offender's assets as well as their deficits (criminogenic risk factors) are central (McNeill 2009). Co-production is key to this process, although negotiating meaningful co-production in the criminal justice system presents many challenges (Weaver 2011). Drawing on the experience of the social care sector we also explore how different approaches to using a form of personal budget might support person centred practice. The first three concepts we will test are therefore as follows:

1. Person Centred Practice: Person centred practices will be adopted by selected staff and managers within a single team managing a mixed caseload. Training in person-centred practice will be developed and delivered to staff prior to work with service users. A strong emphasis will be placed on staff and service users co-producing a rehabilitation plan and professional discretion to tailor assessments, planning and supervision to the holistic needs of the service user will be provided. The pilot will explore the effect of person-centred practice on the process of co-production for service users as well as on staff in the CRC.

2. Person Centred Practice with access to an Enabling Fund: In addition to the model of person-centred practice implemented in the pilot described 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. As such the enabling fund might be used to purchase goods or 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 clients. To help explore how service users respond to the process of linking needs to a level of funding some of the service users offered an enabling fund will be told how much funding they can access and some will not.

3. Person Centred Practice and an enabling fund for women delivered by a third party: It is widely accepted that women service users have distinct and often complex needs. Women's centres offer long term support to women service users. In this pilot person-centred practices will be adopted by selected staff and managers within a women's centre. Training in person-centred practice will be developed and delivered to staff prior to work with service users. An enabling fund will support rehabilitative goals that cannot be progressed

through current traditional avenues. In this pilot we will explore 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.

The next two concepts that we will pilot concentrate on the social aspects of desistance thinking. While desistance implies a close working relationship between supervisor and service user, one in which hope is fostered and nourishes a new, positive narrative (McNeill and Weaver 2010), desistance also has a social context. Weaver and McNeill (2014) draw on empirical data to describe individual, relational, and structural contributions to the desistance process. In the men they study social relations including friendship groups, intimate relationships, families of formation, employment, and religious communities all contribute to change over the life course (ibid.). For Maguire and Raynor (2006: 25), 'While overcoming social problems is often insufficient on its own to promote desistance, it may be a necessary condition for further progress.' Solutions that draw on social and human capital will therefore need to be co-produced (McNeill and Weaver 2010). This is an important element of desistance literature. McNeill and Weaver (2010) note that ongoing studies of desistance suggest the importance of links with parent and families in the desistance process and Weaver (2011) is clear that the process of co-production should include offenders, victims and communities. 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 (Ward and Maruna 2007, Farrall 2004). As Maruna (2010: 81) argues, 'Increasingly . . . the desistance paradigm understands rehabilitation as a relational process best achieved in the context of relationships with others.' There are clear parallels here with asset-based approaches in social care that see people's connectedness to their family and community as a crucial part of their ability to make and sustain changes in their lives. There is a strong fit between 'asset-based' and public health/self-management approaches that encourage people to feel more responsible for their own health or recovery (Fox et al. 2013).

There is a clearly stated community dimension within the associated Good Lives Model of offender rehabilitation:

> '. . . strengths-based approaches shift the focus away from criminogenic needs and other deficits and instead ask *what the individual can contribute to his or her family, community and society*. How can their life become useful and purposeful . . . ' (emphasis added) (Ward and Maruna 2007: 23)

Maruna (2010) notes that some advocate devolving rehabilitation work from the state on to families and communities in a process akin to justice reinvestment. Maruna (2007, 2010) has gone as far as to argue that, by its very nature, reintegration should belong to communities and ex-prisoners, and that it has been 'stolen' away by the state. Weaver's (2016) recent work on social cooperatives and rehabilitation builds on desistance research that recognises the relationship between participation in employment, the accumulation of human and social capital and desistance. In concentrating on the social aspects of desistance we also address the experience in social care of developing the 'supply-side' of delivering personalised services.

4. Service User Grants: Service users who have a collective interest will be supported to design and direct innovative services for their own and other's benefit. A shared grant fund will be available to support them. This model will be based on the principles of asset based community development (McKnight 1995), and is in part inspired by the Small Sparks programme[1]. This pilot will explore how personalisation can be delivered in

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[1] http://www.barnwoodtrust.org/news/article/small_sparks_could_be_ignited_in_your_community

group settings and whether such a model is an effective way to foster peer support and develop social networks.

5. Navigation and Access to Community Networks: Probation staff trained in person-centred practices will work with small groups of service users to develop service user access to community based activities and support networks that extends beyond the public or not-for-profit services that service users in an area would traditionally access. Service users will be encouraged to use their knowledge to map local, community organisations, explore how to better access such organisations, how to support them through volunteering and, where there are gaps in provision, how to develop new services. This model will be 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 and Rippon 2015), as well as consideration of Local Area Coordination approaches[2] 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 personalised rehabilitation plans.

5. Early Findings

At the time of writing a first set of interviews with staff, volunteers and clients had been undertaken. Where consent was forthcoming interviews were recorded to aid detailed note-taking. Detailed notes were inputted to a qualitative analysis software package for coding and analysis. Detailed analysis has not yet been undertaken because a second round of interviews, observations and case file analysis are also underway and will all contribute to the final analysis of the pilots.

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 personalisation 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 (2017) has commented in its recent 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".

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[2] Local area co-ordination - http://lacnetwork.org/local-area-coordination/what-is-local-area-coordination/

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 to change, with a more holistic appreciation of the service user circumstances - one service user indicated that had been in and out of the criminal justice system for most of his life but felt that at his age he should start growing up a bit more as he was conscious that his daughter would not have wanted to have a father who is in and out of prison. Another 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)

The time that needs to be invested in working with service users is considerable, and has been underestimated in setting the pilots up, though it is clearly adding value to pilot design and implementation. This is felt very strongly by the project leads who identify that the former service users bring a wealth of assets to the project. 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.

Staff perspective

Staff are finding that using these tools had really enhanced their broader practice and that they are thinking in a more "personalised" way and thinking about desistance strategies. They are finding that having these tools and the expectations that we have made around using them has led to an enhancement in the officers planning for sessions, and led to more structured recording. Some tools are proving very popular, and are being used appropriately. However, the approach needs longer appointments with service users than usual, and sometimes the administration required of some court orders has to 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.

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 personalisation means to them. This is also reflected in the third party Women's Centre provider where a key worker said:

> "I'm a very independent worker and feel empowered to take ownership and responsibility for my own work. What is lovely is the team work ethos at (the provider), we all have each other's backs and we look out for each other, there is always someone to ask for support". (staff interview)

6. Conclusion

The desistance literature has been highly influential in the English and Welsh criminal justice system. Operationalising it remains a challenge. The challenge is multi-faceted. 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 and Weaver 2010) the cultural challenges remain significant. Another issue to which relatively little attention has been given is how to commission desistance focused services (Fox et al. 2013). Changing culture within the criminal justice system remains perhaps the biggest challenge. Our early fieldwork suggests that there are a number of leadership and culture. In the social care sector it is still an ongoing challenge to sustain 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. Leaders in the Community Rehabilitation Company will need to champion personalisation, 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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