

**CONTEXTUALISING TRANSFORMING REHABILITATION:  
SUPPORTING SHORT SENTENCED OFFENDERS WITH  
COMPLEX NEEDS IN A TIME OF POLICY CHANGE**

By

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## **Abstract**

This thesis presents the findings of a qualitative exploration of the concept of effective rehabilitation within *Transforming Rehabilitation* (TR) – a programme implemented in 2015 to review the way offenders are rehabilitated in England and Wales.

The study focuses on the programme's radical changes to the commissioning, delivery and payment of rehabilitation services i.e. Payment by Results (PbR) and the mechanisms - as framed by Pawson and Tilley (1997)'s realist approach - through which it influenced the provision of effective rehabilitation in the community, especially to short-sentenced offenders with complex needs.

Policy documents are examined to establish the theory behind TR. Interview data from service providers (including private and third sector organisations) and service users, across England, is used to explore the implications of TR on the ground and effective rehabilitation from their perspectives.

This work suggests that PbR as designed under TR works against the principles of effective rehabilitation, which were found to be rooted in the mental health of the offenders. A theoretical perspective on how effective rehabilitation could be achieved and appropriately funded is proposed. The study recommends the adoption of a public health approach to addressing re-offending, with mental health at the forefront of the design of policies concerning offender rehabilitation.

## **DEDICATION**

To my parents, Berthe and Damien Atangana and my siblings Dido, Roger and Josy

Thank you for your continued and unconditional support.

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## List of Terms

<b>Term</b>	<b>Definition</b>	<b>Explained or presented in the thesis</b>
Context	The social, historical, political features of the programme that are required to enable or constrain the intended mechanisms (Pawson and Tilley, 1997).	Section 3.6.1
Context, Mechanism, and Outcome (CMO) configuration	The basic realist formula that expresses the assumption that lies in the expectation that similar outcomes occur if specific contexts triggering specific mechanisms are similar (Pawson and Tilley, 2004). This thesis focuses more on the M and O in this formula.	Section 3.6.1
Initial programme theory	The innate logic within a programme that suggests how the programme is intended to work (Pawson and Tilley, 2004). A realist research starts with an initial programme theory that is revised throughout the process of the research through data collection and analysis.	Section 3.5
Mechanism	This consists of how those involved in the programme respond to the resources introduced by the programme, and which lead to consistent patterns of social behaviour (Pawson and Tilley, 1997).	Section 3.6.1

Outcome	The patterns of results, impacts and effects that occur following the combination of mechanisms and contexts (Pawson and Tilley, 1997). They can be intended or unintended, as well as proximal, intermediate, or final (Jagosh <i>et al</i> , 2014).	Section 3.6.1
Programme	In realist research, this is an intervention or policy that introduces resources aiming at influencing the way people do things. The programme that is the focus of the study is Transforming Rehabilitation (TR) and the Payment by Results (PbR) scheme within it.	Section 3.2
Programme architects	They are the designers of the programme. They have an understanding of a problem, theorise on how the patterns leading to that problem can be changed, and then design new or modified patterns by bringing in renewed inputs with the aim of resolving the problem.	Section 3.7
Programme Theory	A theory that reflects how a programme is intended to work. In realist research, such programme would be more robust than the initial programme theory, as it would have been revised using relevant data (Pawson and Tilley, 2004).	Sections 3.5 and 3.6.2
Realist methodology	A theory-driven approach to examine complex programmes, and that focuses on ‘what works, how, for whom, in what circumstances and to what extent’ (Pawson and Tilley, 2004).	Section 3.2

Realist evaluation	A realist methodology that uses primary data to examine how social initiatives or programmes work.	Section 3.2
Resource	The opportunity introduced by the programme with the objective that it will help lead to intended outcome.	Section 3.6.1
Response	The way people respond to the resources introduced by the programme.	Section 3.6.1
Short-sentenced offenders	In this thesis, this group refers to people released from prison after a sentence of less than 12 months. Various terms are used throughout the thesis to identify the people in this group: offender, client, service user.	Section 1.5.1
Statutory, Statutory sector/Statutory organisation	Statutory also refers to as Public, indicates what is established by the Government. Hence, the statutory sector and the organisations within it are the responsibility of the Government	Sections 2.2, 2.3, and 2.10
Third Sector Organisations	Organisations known to be neither part of the public sector nor the private sector. Rather than to seek profit, they are often driven by their desire to tackle social issues like homelessness, addiction, or mental health and wellbeing	Section 5.3.1

## List of Abbreviations

C	Context
CJS	Criminal Justice System
CMO configuration	Context, Mechanism, Outcome Configuration
CRC	Community Rehabilitation Companies
HMPPS	Her Majesty's Prison and Probation Service
M	Mechanism (see also CMO configuration)
MoJ	Ministry of Justice
NCVO	National Council for Voluntary Organisations
NHS	National Health Service
NOMS	National Offender Management Service (replaced by HMPPS in 2017)
NPS	National Probation Service
O	Outcome
PbR	Payment by Results
TR	Transforming Rehabilitation
TSO	Third Sector Organisation
UK	United Kingdom

**SECTION A: INTRODUCTION, BACKGROUND, AND  
RESEARCH METHODOLOGY AND METHODS**



# CHAPTER 1: INTRODUCTION

*“Our strategy for reform includes a strong National Probation Service tasked with protecting the public from the most dangerous offenders; a new mix of providers equipped with the flexibility and the right incentives to reduce reoffending; and some important systemic changes to **provide effective rehabilitation to those who need it most, and when they need it most, during that crucial transition from custody to community.**”*

Chris Grayling - Secretary of State for Justice (2012-2015)

(Ministry of Justice, 2013f, p.4)

## 1.1 Chapter overview

This research explores the implementation of the 2013 Ministry of Justice programme of reforms in England and Wales - *Transforming Rehabilitation* – and how the changes might have affected the wellbeing of offenders in the community and the efforts of organisations within the Criminal Justice System to provide effective rehabilitation and reduce re-offending. Specifically, the research focuses on offenders released after a short prison sentence (less than 12 months). Informed by realist evaluation principles, the research comprised a review of policy documents to ascertain the Government’s assumptions on how *Transforming Rehabilitation* would achieve these goals (i.e. provide effective rehabilitation and reduce re-offending), and an analysis of secondary and primary data informed by those assumptions. Secondary and primary data involved service providers and service users’ experiences of providing and receiving rehabilitation support.

Given that my own experience is relevant to the work presented in this thesis, this chapter starts with a reflection on my time as a volunteer mental health mentor supporting offenders in the

community, up until this doctoral study (see 1.2). The chapter then sets out a timeline highlighting the significant stages in the development and critique of *Transforming Rehabilitation* from its inception in 2013 to present day, 2019 (see 1.3), and the Government's strategy for the future of offender management (see 1.4). The following section then introduces the literature related to short sentenced offenders (who they are, their core challenges, and the problem of how to support them after prison release and reduce their risks of re-offending). Thereafter, it provides the aim and raison d'être for this study by drawing particular attention to the issues with existing offender management and links these to the aim of this doctoral research (see 1.5). The chapter then gives an overview of the theoretical orientation of the study (see 1.6) and ends with a summary of the structure of the thesis (see 1.7).

## **1.2 From supporting offenders in their rehabilitation to conducting a doctoral study**

In 2010, while enrolled in a Public Health course, I decided to train as a drug worker with the Westminster Drug Project (WDP) to strengthen my understanding of public health challenges like drug and alcohol additions. The WDP is charitable organisation based in England that supports individuals and communities affected by addiction and mental health problems. My apprenticeship in this organisation constituted the start of my involvement in work related to offenders that subsequently led to me becoming a volunteer mental health mentor supporting offenders in their rehabilitation, enrolling in an MSc by Research project on the subject (in 2014), followed by this doctoral study.

Between 2010 and 2013, in my role as mental health mentor, I often travelled across the county of Essex, to meet and provide support to my clients, aiming to bring about positive change in their lives, i.e. to re-integrate into society and avoid offending behaviours. This position involved addressing the needs of the offenders by providing support with daily tasks (such as

finding accommodation), tackling behaviours associated with crime (such as drug use) in collaboration with specialist agencies, and addressing issues regarding self-esteem, social skills and social re-integration. Typically, my role consisted of meeting the offender a few days prior to their release for an introductory meeting led by the case manager. During such meetings, I often received a briefing on the anticipated needs of the given offender once released into the community (e.g. finding accommodation). The next task was then to meet the offender at the prison gate on the day of their release and take them to their first appointment (ranging from probation services to specialist agencies like drug rehabilitation centres) or to an identified accommodation (e.g. bail hostel). The remainder of the mentor-mentee relationship involved weekly meetings, phone calls, and text messages, to assist my mentee with daily tasks such as attending health and probation appointments, finding jobs and accommodation, as well as engaging in social activities with other people in the community. It quickly became apparent that as well as assistance in searching and applying for jobs and accommodation, my clients relied on me to help build their confidence in achieving such tasks, to reassure them when things did not go as they had hoped, and to lend them an ear when they expressed the need to talk to someone. Focusing on such relational supports appeared to benefit my clients because it seemed to improve their engagement in the support I provided and consequently limit their involvement in criminal behaviours. This is exemplified in the work undertaken by a number of academics and researchers (Skeem and Loudon, 2006, Skeem et al., 2009, Wolff et al., 2013).

Positive results from evaluation studies such as that of Lewis et al. (2007) highlighted the importance of interventions that address the emotional needs (e.g. thinking, attitude, and motivation problems) in the successful rehabilitation of offenders. However, despite the efforts of supporting organisations to help offenders stay clear of crime through programmes like mentoring, the majority of those released from prison were found to re-offend within a year

(Craig et al., 2013). To gain a better understanding of the effectiveness of community rehabilitation programmes and identify areas requiring improvement, I conducted a primary qualitative study for my Master by Research between 2014 and 2015. That study engaged with the work of Third Sector Organisations (TSOs) in the Criminal Justice System in England to explore their experiences of, and perspectives on, supporting individuals after a prison release. It became clear from interviews with the TSO workers who took part in the study that Mental Health and Wellbeing is of central importance to how their service users engage with and respond to the support they receive. The literature has long suggested that issues around mental health are significant risk factors associated with re-offending (Guse and Hudson, 2014) which was also a core finding in my Master's research. Hence, I argue that while it is essential to provide services that meet the rehabilitation needs of offenders; improving their mental health and wellbeing is equally important to achieve effective rehabilitation. Current gaps in offender rehabilitation seem to arise from the fact that mental health and wellbeing are not sufficiently included in the design of policies on offender management.

The end of my Master's programme coincided with the full on-the-ground implementation of *Transforming Rehabilitation*. In their effort to reduce re-offending, the Government made radical changes to the commissioning, delivery and payment of rehabilitation services by contracting more than half of essential probation work to providers within the third and private sectors. For instance, Community Rehabilitation Companies (CRCs) were created and contracted, through a Payment by Results funding model, to provide support to those leaving prison after a short sentence (less than 12 months) – who had not been supported by probation services before *Transforming Rehabilitation* (Newburn, 2013). The rate of re-offending for this group was consistently high despite a series of measures undertaken by the Government, such as the Reducing Re-offending National Action Plan (Home Office, 2004) to tackle the issue.

Re-offending rates were reported as 54.3 per cent in 2000 (Ministry of Justice, 2012), 57.3 per cent in 2012 (Ministry of Justice, 2014a), and 59.8 per cent between April 2013 and March 2014 (Ministry of Justice, 2016).

Payment by Results funding schemes, unlike the focus on mental health and wellbeing recommended in my Master's dissertation, encourage service providers to focus on commissioned outcomes (e.g. the service user did not re-offend) rather than activities (e.g. addressing everyday needs such as the need for the service user to have someone to talk to). Within such a scheme, contract payments are partly or entirely dependent on the achievement of these outcomes (Webster, 2016). At the early discussion stage for *Transforming Rehabilitation*, academics such as Mills et al. (2011), predicted that with the Government involving service providers in commercial contracts, organisations supporting offenders might end up losing their primary mission in favour of focusing on contract terms. This point was reinforced by Hylton (2013) who predicted that although *Transforming Rehabilitation* would introduce positive aspects such as the supervision of short-term prisoners after release, the introduction of Payment by Results, would impact the practice and quality of services as the focus would now be put on outcomes rather than activities, which would jeopardise the effective rehabilitation of offenders. These predictions (which a report from the House of Commons Justice Committee (2018) has now found to be correct ) and the findings from my Master's project prompted me to develop this doctoral thesis.

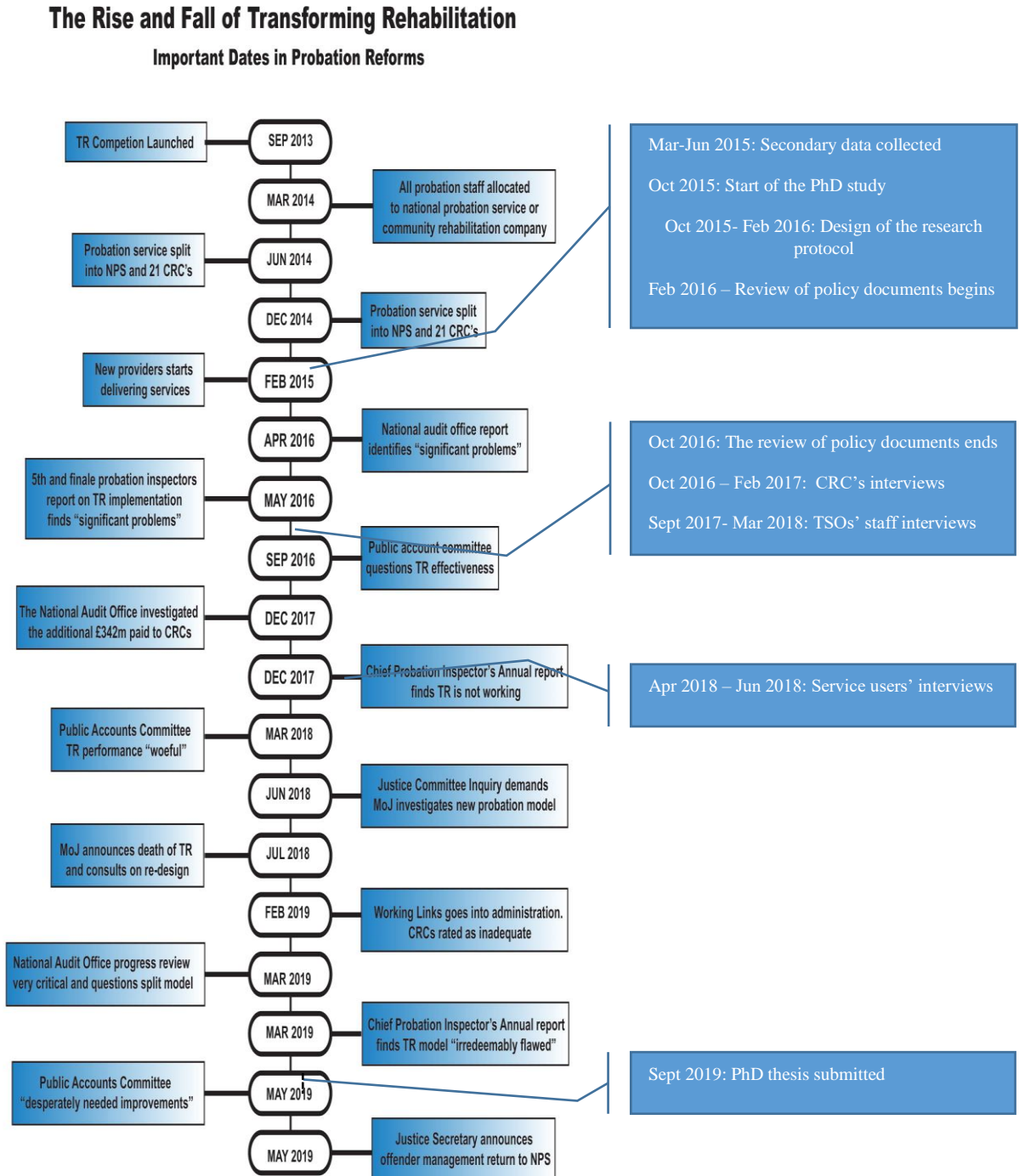
### **1.3 The Transforming Rehabilitation timeline**

As indicated previously in sections 1.1 and 1.2, *Transforming Rehabilitation* was fully implemented in early 2015 with the management of most of the offenders in the community transferred to Community Rehabilitation Companies (CRCs) formed by a range of

rehabilitation providers from the private and third sector. Moreover, the support provided by CRCs covered offenders released from sentences of less than 12 months and contracts operated under a Payment by Results funding model. The contracts were to run from 2014-2015 to 2021-2022 (House of Commons Committee of Public Accounts, 2019).

However, as early as 2016, publications of various reports – including that of the National Audit Office (2016) and the National Audit Office (2017) – were already strongly criticising *Transforming Rehabilitation* and expressing concerns over the quality of services provided and delivered by Community Rehabilitation Companies (e.g. offenders’ needs not being met and the average number of re-offences per offender increasing by 22 per cent). In the summer of 2018, the Ministry of Justice (2018b) acknowledged that there were issues in the design of *Transforming Rehabilitation* (e.g. challenges in ensuring innovation in the delivery of services using a Payment by Results scheme), and announced the decision to cut short the end date of its agreements with the Community Rehabilitation Companies from 2021-2022 to 2020-2021. Figure 1 presents some key dates in the *Transforming Rehabilitation* reforms.

**Figure 1: Transforming Rehabilitation Timeline adapted from Webster (2009) in line with the PhD Timeline**



The latest report to point out the flaws of *Transforming Rehabilitation* is that of Dame Glenys Stacey, as chief probation inspector (Her Majesty's Inspectorate of Probation, 2019). A key aspect in the report is its emphasis on the fact that prior to Payment by Results probation staff achieved success in their work thanks to their skills and experience, focusing on relationships with those they supervised. However, Dame Glenys Stacey argues that under *Transforming Rehabilitation*, the qualified and skilled professionals have been lost; hence, a shift away from the evidence-informed probation practice has occurred. From the late 1990s and throughout the 2000s, evidence had been used to support and develop probation practices in order to reduce re-offending (Raynor, 2018). For instance, the *Reasoning and Rehabilitation programme* (Ross et al., 1988) tested and introduced in Canada, and the United Kingdom (UK) was found to be effective at reducing re-offending by 14 per cent using cognitive-behavioural treatment programmes (Joy Tong and Farrington, 2006). However, as pointed out by Dame Glenys Stacey in her report, such approaches to rehabilitation were neglected under the new reforms.

As of Summer 2019, the design process of the (partial) re-nationalisation of probation is underway to improve the future delivery of services (Her Majesty's Prison & Probation Service, 2019) (see Figure 2).



*Figure 2: Procurement Timeline*



Adapted from Webster (2019)

## **1.4 The future for support services and offenders in the Criminal Justice System**

In its June 2019 draft for a proposed future model for probation, Her Majesty's Prison & Probation Service (2019) highlights that although the management of offenders in England and Wales will now return to the National Probation Service, service provision and delivery will still involve private and third sector organisations. Although not clear on what will become of the mandatory supervision of offenders post-release, the proposed future model states that efforts will be made to ensure that those prone to short prison sentences, in particular, receive support for effective rehabilitation.

*“Wherever possible, we want rehabilitation to happen in the community. We know that community sentences, in certain circumstances, are more effective than short custodial sentences in reducing reoffending. Short periods spent in prison disrupt lives – often resulting in the loss of employment, accommodation and family relationships. These factors can contribute to poorer reoffending outcomes”.*

(Her Majesty's Prison & Probation Service, 2019, p.13)

This proposal seems to indicate that there would be a particular focus on addressing issues such as unemployment, homelessness, and dysfunctional relationships to achieve effective rehabilitation in the future. While there is no mention of a Payment by Results scheme in the future probation model, the proposed blueprint stresses that there would still be forms of financial incentive to drive providers to the provision of support for effective rehabilitation.

*“The future design of rehabilitative interventions seeks to ensure that offenders receive appropriately targeted, quality interventions that maximise their chances of leading crime-free lives. To help achieve this, the performance framework will emphasise outcomes and focus on the quality of delivery. The payment mechanism will secure average payments for delivery of rehabilitative interventions.”*

(Her Majesty's Prison & Probation Service, 2019, p.44)

As the government is still in the process of redesigning its strategy for the provision of effective rehabilitation support for offenders, having a close look at *Transforming Rehabilitation* and exploring its impact on the support provided to offenders released from short prison sentences (less than 12 months) is a unique opportunity to learn and not repeat the same mistakes.

## **1.5 The raison d'être and aim for this research study**

### **1.5.1 Defining the problem: Short-sentenced offenders and effective rehabilitation**

With 25 per cent of the population affected by mental health problems, the World Health Organization (2015) recognises mental ill-health as one of the top public health challenges in Europe. Evidence suggests that, in comparison to those in the community, people in prison bear a higher burden of mental health issues (National Audit Office, 2017). These issues include increased rates of common mental health problems such as anxiety, depression, and self-harm and suicidal behaviours (Baker, 2017, Lennox et al., 2018, Byng et al., 2019). For instance, Clinks, a community agency that supports third sector organisations involved in the Criminal Justice System in England and Wales, reported that *self-inflicted deaths* are five times more likely to occur in prison, and the rate of self-harm in women is five times higher than that of men among those incarcerated (Clinks, 2018b). Moreover, probation services found that 70 per cent of those in prison who died by suicide from 2012 to 2014 required mental health support (Sirdifield and Brooker, 2017).

The mental health of prisoners and offenders is a substantial public health problem as, the prison population in England and Wales, although reasonably constant over the past five years is high in comparison to other Western European countries (Banks, 2018). The annual average was around 85,700 in 2017 (Sturge, 2018). Prison population figures are reported each week, and on 23<sup>rd</sup> August 2019 for instance, there were 84,589 prisoners in England at Wales (Ministry

of Justice, 2019a). According to the Prison Reform Trust (2018), about 65,000 people were sentenced to prison in 2017, and more than half received a sentence of less than 12 months. Although fewer people received a prison sentence in 2018 (nearly 59,000), those on short sentences accounted for 63 per cent (Prison Reform Trust, 2019). This group is often referred to as short-sentenced offenders. In comparison to those serving longer sentences, they have a very high re-offending rate, with more than 65% re-offending within a year of their release (Ministry of Justice, 2018a, Ministry of Justice, 2019b). Moreover, research indicates that short sentenced offenders hold more previous convictions than other offenders do – an average of 15 or more (Lievesley et al., 2018). For the people within this group, the transition between prison and the community is particularly problematic because, although health care and other services are generally available, their prison stay is often not long enough to conduct a proper assessment and ensure follow up in the community (Anderson and Cairns, 2011). Therefore, their potential mental health issues may be compounded by social problems such as homelessness, unemployment, and addiction; all of which are risk factors for repeat offending behaviours (Bramley et al., 2017, Willey et al., 2016, Pierce et al., 2015). This social deprivation could constitute a tipping or aggravating factor for mental health problems (Yoshikawa et al., 2012).

Short-sentenced offenders have the highest level of resettlement needs (Lievesley et al., 2018), and those needs are multiple and complex. Following the Exclusion Unit (2002) report, the *Reducing Reoffending National Action Plan* was introduced to fulfil the Government's pledge to reduce re-offending. The strategy was to deter individuals from re-offending by addressing following resettlement key areas: accommodation, educational and employment skills, mental and physical health, substance misuse, children and family relationships, thinking and attitudes, and finance. However, such initiatives were not offered to those released on short sentences until the introduction of *Transforming Rehabilitation*. Based on its gathering and analysis of re-

offending figures, the Ministry of Justice acknowledged that high levels in re-offending rates were the result of the lack of management of this group of offenders once released in the community (Ministry of Justice, 2013a). In 2014, Under *Transforming Rehabilitation*, legislation was passed in the form of the Offender Rehabilitation Act (2014), which came into effect in 2015. This Act instigated the compulsory supervision of all short sentenced offenders for a minimum of 12 months post-release (UK Parliament, 2015). Precisely, the management of this group was placed under Community Rehabilitation Companies (further details on the role of Community Rehabilitation Companies are provided in Chapter 2.).

Under these reforms, the Ministry of Justice (2013f) described effective rehabilitation as a composite of four key features:

- The consistent supervision of the offenders, requiring offender managers to develop empathic, motivational, and non-judgmental relationships with their supervisees that encourage anti-criminal behaviours
- The ability for support services to assess and address the multiple needs of offenders associated with their re-offending through the sequencing of support ( e.g. addressing an offender’s addiction problem before assisting him or her in getting into employment) and continuity of support (e.g. provision of support from prison to the community)
- The involvement of multiple and diverse organisations (e.g. from both the private and third sectors ) organisations in the management of offenders to address their complex needs and reduce re-offending and,
- The delivery of the programme as per the way it was designed to be delivered and meet the desired outcome (e.g. face-to-face supervision and development of relationships).

However, these points do not acknowledge the tensions associated with the provision of support to offenders, especially those with complex needs. For instance, tension often exists between engaging offenders and fulfilling the service requirements (Hughes, 2012), and between addressing the offenders' complex needs and managing limited resources (Barry and McIvor, 2010).

Thus far, this section has shown that the provision of support to short sentenced offenders entails managing the offenders' multiple and complex needs and that this group is also known to have the highest re-offending rate (in comparison to those on sentences longer than 12 months) and to be more burdened by mental health disorders. Thus, there is a need to explore the influence of introducing a Payment by Results scheme in a complex system that includes public, private and voluntary organisations to provide support for effective rehabilitation to this client group, i.e. to address the factors associated with their re-offending and improve their mental health and wellbeing. This population group, which is vulnerable to mental health problems, presents a special challenge because it is missed by both the justice system and health services. Therefore, learning from the failures of TR seems to be an opportunity to bridge that gap. This thesis, then, uses qualitative methodology informed by realist principles to answer the following questions:

- How does Payment by Results influence the support provided to address the complex needs of those released from prison after a short sentence?
- How do support services within the Criminal Justice System contribute to the mental health and wellbeing of service users in the community, and what are the existing barriers and facilitators to this work under a Payment by Results scheme?

### **1.5.2 Aims and objectives of the research**

This thesis aims to provide and interpret in-depth data on how Payment by Results, as part of *Transforming Rehabilitation*, impacted on services in their efforts to provide effective rehabilitation in England and Wales. Specifically, the study focuses on the views and perspectives of Community Rehabilitation Companies (CRCs) and Third Sector Organisations (TSOs) on the support they provide to offenders in the community and those of service users on the support they receive after a prison release. Hence, by exploring the concept of effective rehabilitation, the thesis:

- Describes the policymakers' expectations of how Payment by Results would lead to successful rehabilitation (Objective 1).
- Examines how Community Rehabilitation Companies have responded to Payment by Results on the ground and outline the impact on the mental health and wellbeing of service users (Objective 2).
- Explores in detail the work done by Third Sector Organisations as well as their perspectives on the changes within the Criminal Justice System, and the impact on services users (Objective 3).
- Explores the concept of effective rehabilitation, from accounts of service users (Objective 4).
- Synthesises the findings to build a theoretical perspective on how effective rehabilitation could be achieved and appropriately funded (Objective 5).

*A brief note on some of the terms used in this thesis:*

Various terms are used to identify *a person that has left prison and is being supported in the community*. While the term *offender* is often used in probation service and policy documents, the words *service user* and *client* are used to emphasise the fact that the individual is receiving support from an organisation. Some would use the term *ex-offender* to highlight that the person has been released from prison and for that reason has already paid for the crime committed.

In this thesis I use the term *offender* as I discuss and analyse policy documents and some of the data from Community Rehabilitation Companies (CRCs). As I move towards the analysis of data from the Third Sector Organisations (TSOs), I mostly use the terms *service user* and *client*. The focus of this doctoral research is on the provision of effective rehabilitation, and how it is perceived and approached across the Criminal Justice System by policymakers, as well as service providers and the people who receive their services. Hence, the language used throughout the dissertation is often a reflection of the different perspectives involved.

## **1.6 Overview of the theoretical orientation**

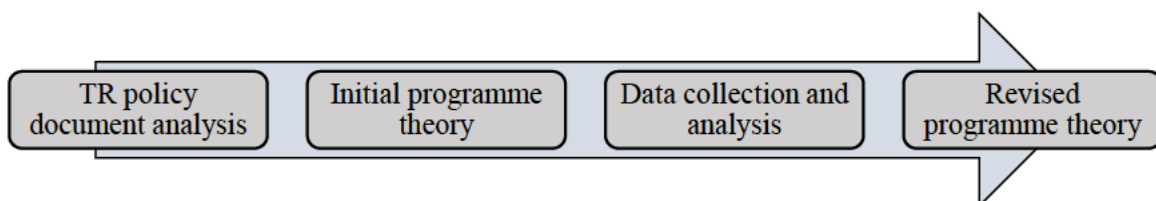
This thesis, focusing on effective rehabilitation, takes a pragmatic approach to a realist orientation (ontology) with constructivist and interpretivist perspectives (epistemology) (Morgan, 2014, Saunders et al., 2015), by analysing policy documents and interviewing stakeholders. Hence, the focus on service providers (Community Rehabilitation Companies and Third Sector Organisations) and pathways of the provision of support, including individual (policy architects, staff, and service users) perspectives. The design, analysis and synthesis of the findings have been guided by the Realist evaluation methodology (Pawson and Tilley, 1997) which is a theory-based approach. This framework assumes that a programme or intervention introduced in particular contexts triggers specific mechanisms that generate particular



outcomes. For instance, it can be theorised that, by introducing money as an incentive within the concept of offender rehabilitation, service providers will focus more on getting paid.

The study centres on the development of a *programme theory* on how effective rehabilitation could be achieved under a Payment by Results scheme. An initial theory was developed based on the analysis of *Transforming Rehabilitation* policy documents, using a logic model to identify and present the core components within the programme and understand how these components operate, and the interactions between them (Pawson, 2013). The initial programme theory informed the collection and analysis of further data. While this process looked at the *Transforming Rehabilitation* reforms, in developing the initial programme theory, this PhD study focused on *Payment by Results* as the funding model that shaped the way services are provided. Using a descriptive qualitative approach, the data collected in this research led to the development of a revised programme theory informed by evidence to contribute to the discussion on how policies on offender management could be improved to achieve effective rehabilitation and subsequently reduce re-offending (this process is detailed in Chapter 3). An overview of the process of developing the programme theory is presented in Figure 3.

**Figure 3: Programme theory development process**



## **1.7 Overview of the thesis**

The thesis is organised into three sections (A, B, and C), with six chapters.

*Table 1: Thesis overview*

<b>Chapters</b>		<b>Content</b>
<b>Section A) Introduction, Background, and Methodology and Methods</b>		
Chapter 1	Introduction	This chapter introduces the research
Chapter 2	Research Context	This chapter defines the setting in which the research was conducted (Criminal Justice System, Third Sector, Government policy on offender management), as well as the concepts of Health and wellbeing, demonstrating how each of these operates in the context of the rehabilitation of offenders drawing on relevant literature.
Chapter 3	Research Methodology and Methods	This chapter introduces the different approaches used in this study and the rationale behind them, as well as describing the methods of data collection and analysis. It explains why these different approaches were appropriate for answering the research question and outlines how these different types of data have been integrated.
<b>Section B) Findings</b>		
Chapter 4	Review of the policy documents	This chapter details the review of policy documents and presents the initial programme theory for the effective rehabilitation of offenders with complex needs, under a Payment by Results approach.

Chapter 5	Empirical data	<p>This chapter refines the initial programme theory into an evidence-informed programme theory by</p> <ol style="list-style-type: none"> <li>(1) Examining how services providers, i.e. Community Rehabilitation Companies, have responded to payment by results</li> <li>(2) Reporting the findings of a thematic analysis of the interviews conducted with staff to explore in detail the work done by Third Sector Organisations as well as their perspectives on the changes within the Criminal Justice System, and the impact on services users if any</li> <li>(3) Examining primary data from service users, focusing on service users' needs concerning their rehabilitation, and their experiences of receiving help from supporting services.</li> </ol>
<b>Section C) Discussion and Conclusion</b>		
Chapter 6	Discussion and Conclusion	<p>This chapter summarises the key findings of the research and presents a theoretical perspective on how effective rehabilitation could be achieved and appropriately funded. The chapter also contextualises the findings in the literature, presents the strengths and limitations of the study, elaborates on the implications of the research for policy and practice, and makes recommendations for future research. The chapter ends with concluding remarks</p>

The references and appendices can be found at the end of the thesis.

This concludes the introduction of the research. The chapter that follows sets out the context for the research, by defining allied settings and concepts. It draws on literature, policy documents, and other evidence-based informed knowledge on the subject.

## **CHAPTER 2: SETTING OUT THE CONTEXT OF THE RESEARCH**

### **2.1 Chapter overview**

This chapter explores the concept of rehabilitation by defining and giving an understanding of the setting in which the research was conducted. On the one hand, the Criminal Justice System is in charge of managing offenders and reducing re-offending (see 2.2) and on the other TSOs with a long history of providing services to the vulnerable and disadvantaged, which include people in prison or who have served a prison sentence (see 2.3). After reflecting on what rehabilitation means (see 2.4), the chapter engages with the concepts of mental health and Wellbeing (see 2.5) as well as the social determinants of mental health (see 2.6), demonstrating how each of these operates in the context of the rehabilitation in the Criminal Justice System. The notion of rehabilitation is further explored looking at the contrast between the Risk Needs Responsivity model and the Good Lives model (see 2.7). While the *Transforming Rehabilitation* programme is detailed in section 2.8, an examination into Payment by Results schemes and their standard features is presented in section 2.9. The chapter concludes with a summary (see 2.10).

### **2.2 The Criminal Justice System (CJS) in England and Wales**

The Criminal Justice System (CJS) in England and Wales consists of the Ministry of Justice (MoJ) and the probation service formerly called National Offender Management Service (NOMS) - now called Her Majesty's Prison and Probation Service (HMPPS) - in charge of preventing crime, managing offenders, and reducing re-offending (Wong, 2013). However, with the implementation of *Transforming Rehabilitation* in 2015, the task of reducing re-offending came to involve Community Rehabilitation Companies (CRCs) (Clinks, 2016).

According to the Justice Secretary at the time, Chris Grayling, the main reason for this change was the fact that, despite the determination and efforts on the part of the Government over the years, the level of recidivism was higher than before. For instance, probation reports between 2014 and 2015 found the re-offending rate to have increased by up to 58 per cent in those sentenced for less than 12 months (Prison Reform Trust, 2015). This increase in the re-offending rate over the years led to another issue, which is overcrowding (Heidari et al., 2014). Knowing that most prisoners will leave prison at a given moment, and their likelihood of re-offending, ensuring that they receive adequate support to prevent them from returning to prison seems to be the solution. This was reflected in Grayling (2014)'s plan to transform rehabilitation -"*No new offender will be left stranded with no help when they leave prison. Virtually every offender leaving prison will receive 12 months of guidance and support, as well as the statutory supervision required by the Courts*"(para.12). This was part of the Government's *Transforming Rehabilitation* agenda, which is discussed throughout this thesis.

As per the *Transforming Rehabilitation* arrangements, the state enlisted the assistance of the private and Third Sector Organisations to extend community supervision to those who have served sentences of less than 12 months. As a result, the number of offenders under supervision was boosted to approximately 50,000 (Annison et al., 2014). Before *Transforming Rehabilitation*, regular supervision for this specific group had been voluntary but attending support services is now a compulsory requirement upon release; meaning there will be repercussions for those offenders who do not comply. This reaffirms the Government's resolution to use the absence of reconviction as a measure of success in offender rehabilitation (Hedderman, 2013). According to Wong (2013), while the aim of *Transforming Rehabilitation* itself did not bring cause for concern, the Ministry of Justice's new standard of measuring success was challenging in particular for TSOs. Third Sector Organisations, unlike the state,

are known to base the success of their support to offenders on the individual's circumstances and personal achievements (e.g. reduction in substance use, or in the process of getting accommodation (Gavrielides, 2013); which is consistent with the findings of my Master's research.

### **2.3 Third Sector Organisations (TSOs)**

Organisations in the Third Sector have a long history of providing services that may otherwise not be available to the vulnerable and disadvantaged (Marples, 2013). Since the 19th century, these organisations have been supporting offenders as well as their families (Mills et al., 2011). As further elaborated in this chapter (see section 2.4 on Rehabilitation), such support focused on the individual and sought to reduce criminal activities by appealing to humanitarian values (e.g. encouraging the individual to change his or her patterns of behaviour) rather than harsh and physical punishments (Shichor, 1992). With the growth of the welfare state (Garland, 1985), the state started to expand its reach concerning social work, including a lot of the services up to that time provided by third sector organisations. It was understood that third sector organisations should not disappear; instead, they were expected to supplement the work of the state (Barman, 2007). These organisations were known to run locally, independently of the state, and mostly funded through fundraising activities, sales of goods and services, or through grants (Mills at al., 2011). These characteristics of the third sector constituted an advantage because it gave them credibility with the people they supported and facilitated the building and maintenance of trust in their relationships with offenders. According to Macadam (1934), it was the task of these organisations to act as the *eyes and fingers* of the public authority and as a watchdog that protects the interests of vulnerable groups.

In the 1970s, third sector organisations expanded their activities by addressing growing social issues such as economic inequalities, gender-related issues, and substance abuse (Bryans et al., 2002). Consequently, by the 1990s, successive government reforms gradually moved the third sector into a more prominent role in the criminal justice system by developing a partnership approach between statutory and third sector organisations (Morison, 2000). However, this new approach to cooperation and complementary practice involved an element of competition. The government vision was to create a tripartite market structure of service delivery that involves not only statutory and third sector organisations, but also private organisations (Tomczak, 2014, Corcoran, 2009). Although this seemed to constitute an opportunity to intensify the involvement of third sector organisation in the delivery of services, such a move from the traditional model to a more market-based approach raised considerable challenges. In fact, as observed by Corcoran (2009), unlike the private sector, the ethos of the third sector is one that is embedded in altruism rather than profit.

The period between 1997 and 2010 saw considerable changes and development in penal policies, which had a significant impact on the third sector (Corcoran, 2011). At the request of the Government, a review on a strategy to improve cost-effectiveness in the criminal justice system was carried out and published in 2003 by Lord Carter, a businessman who had created Westminster Health Care, one of the biggest private healthcare providers in the United Kingdom (Benson and Hedge, 2009). Following Carter's findings and recommendations, Jack Straw, the Justice Secretary at the time, undertook the task to end the probation service as a separate entity and create a partnership between statutory and non-statutory agencies to assist in the successful rehabilitation of offenders (Dobson, 2004). In his review, Carter put forward the concept of *contestability*, which was based on the principle that services within the criminal justice system could be delivered by entities from the public, private, or third sectors as long as



they were cost effective (Dobson, 2004). In this model, whilst the public sector i.e. the probation service would retain the responsibility to supervise offenders, it would negotiate contracts with competing organisations from either the private or the third sector for the delivery of services to those offenders (Burke and Collett, 2014). In other words, the public sector would be in control of the market and aim to offer contracts to providers with the most cost-effective services irrespective of the sector. However, following the Offender Management Act 2007, the Government enabled the privatisation of Probation Trusts that were believed to be failing, and outsourced their work to the private and third sector.

In operating in such quasi-market environment, third sector organisations involved have had to become more competitive in order to secure contracts, hence potentially compromising their distinctive social mission. As noted by Lewis (2005), the major challenge for the third sector as provider under contract has been to preserve its independence. In fact, although the Government has recognised the importance of the third sector, and has advocated more and more for its involvement in the delivery of public services since the late 1990s (Lewis, 2005), the opportunity for such involvement is offered with terms and conditions. According to Benson and Hedge (2009), the pressure to conform to these changes in policy and practices fragmented the third sector into three distinct segments:

- Community organisations without the capability to get involved in the marketised environment because of a lack of resources, hence marginalised;
- Locally-based organisations yielding to Government pressure to adapt and reinvent themselves in the hope of winning contracts, hence losing their original purpose;
- and larger organisation with more resources becoming ambitious and transforming into private organisations *look-alikes*, hence having better chances to compete and thrive in the new environment.

In 2009, in what seemed like an attempt to scale up the operation of the third sector in the criminal justice system, an announcement from the Ministry of Justice revealed that third sector organisations, exclusively, would be eligible to bid to run selected prisons found to perform poorly (Little, 2009). However, it is fair to assume that such initiatives would further accentuate the dependence of the third sector on government contracts, hence threatening the distinctive mission of each organisation and their freedom of action (Tomczak, 2017). According to Carmel and Harlock (2008), with the consecutive changes in penal policies, the third sector was shifting towards a more homogenised service, and as a result could lose its diversity. This continuous restructuring and change in the management of offenders was carried over by the next government following the May 2010 general election.

The formation of the Coalition government in 2010, brought forward the development of the *Big Society* which was a concept implying that in comparison to the public sector, the third sector would be more effective and efficient (Painter, 2012). However, this approach to the relationship between the public and third sector was also driven by a government in financial difficulties aiming to use the sector's voluntarism and altruistic ethos as a mean to provide public services at a reduced cost (Norman, 2010). In their *Successful Commissioning Toolkit*, the National Audit Office (2010) stated that: “*Third sector organisations generally are value-driven. This means they are motivated by the desire to achieve social goals (for example, improving public welfare, the environment or economic well-being) rather than the desire to distribute profit*” (para.2).

Hence, this period was marked by the continuation of a marketised criminal justice system. As a result, the Green Paper on penal reform *Breaking the Cycle: Effective punishment, rehabilitation and sentencing of offenders* (Ministry of Justice, 2010) was published, putting at its centre a strategy of reform that would help reduce re-offending at no cost.

*“we will introduce a ‘rehabilitation revolution that will pay independent providers to reduce reoffending, paid for by the savings this new approach will generate within the criminal justice system” (Cabinet Office, 2010).*

The idea, here, was not only to continue to rely on the private and third sectors for the provision of public services in this field, but also to introduce a *payment by result* funding mechanism by the year 2015, to ensure that providers are paid for their effectiveness in reducing re-offending. This new strategy at tackling the issue of rehabilitation is outlined in sections 2.8 and 2.9 of this thesis.

Regardless of the measures put in place to provide support to those leaving prison and the continuous push for more marketisation and cost reduction, successful rehabilitation is still a significant issue; and organisations within this sector have continued their work in supporting offenders effectively in prison and in the community (Johnston and Godfrey, 2013). Clinks (2018a), estimated that 1,750 organisations primarily delivered services to individuals in England and Wales (in prison or the community), close to but relatively independent from the Criminal Justice System and mostly using volunteers. The approach to rehabilitation used by the Third Sector is focused on cost-effectiveness (Mills and Meek, 2016).

The work carried out by these organisations often centres around the nine pathways of resettlement (Accommodation, Education, training and employment, Health, Drugs and alcohol, Finance, benefit and debt, Children and families, Attitudes, thinking and behaviour, Abuse, and Prostitution) identified by the Resettlement and Care for Older ex-Offenders and Prisoners (RECOOP, 2014). In addition to such rehabilitation and resettlement services, they provide wide-ranging services from peer mentoring schemes to spiritual guidance and legal advice (Clinks, 2020). In some cases, the organisation is targeted at specific groups such as

women, ethnic minorities, refugees, young people, or short sentenced offenders (Clinks, 2020). The third sector organisations operating in the criminal justice system are a blend of organisations that support exclusively offenders, those that extend that support to the offenders' families, and organisations that support offenders as part of their vulnerable client groups. For instance, organisations that direct their support to the homeless and people suffering from drugs and alcohol related issues, would most likely have offenders as part of their service users.

In an attempt to establish the extent of the criminal justice work carried out by organisations within the third sector, Gojkovic et al. (2011) stated that although only 200 organisations identified themselves as working with offenders, a search of the Charity Commission data set using the key words prison, offence, and offender, revealed that 750 organisations provided services to offenders. This finding outlines the fact that offenders are supported by a multitude and variety of organisations whether these identify themselves as part of the penal system or not. A recent search of the directory of offender services in Clinks (2020) website revealed that whilst 71 third sector organisations identified themselves as working in the field of offender management, 333 were found to provide resettlement services to offenders ranging from housing, employment, and personal development, to drugs and alcohol, health, and wellbeing.

Mills et al. (2011) have argued that all these abovementioned characteristics of third sector organisations may contribute to the sector's diversity and innovation in the provision as well as the delivery of services more suitable to the needs of offenders. Also, these offenders are more likely to trust and engage with the staff within Third Sector Organisations, in comparison to staff within the statutory organisations (e.g. probation services) (Mills et al., 2012). The Third Sector and the Criminal Justice System have always worked hand in hand, suggesting that neither has complete control over effective rehabilitation (Frazer et al., 2014). It is then to be

expected that the latest changes in penal services in England and Wales have highlighted the importance of TSOs. Notable examples are policies such as the *Breaking the Cycle Green Paper* (Ministry of Justice, 2010) and *Transforming Rehabilitation: A Strategy for Reform* (Ministry of Justice, 2013f), with the latter being the core subject of this thesis.

The Third Sector has a history of using the same organisations to carry out work both inside prisons and in the community (e.g. the organisation known as Catch 22 has a history that can be traced back to The Philanthropic Society formed in 1788). For that reason, this sector has for a long time occupied a position that enables and facilitates continuity in services for offenders both before and after prison release (Tomczak and Albertson, 2016). A specific example is that of services for offenders with mental health problems; although prisons do their best in providing support and treatment to this group, the continuity of support and treatment is crucial to recovery when making the transition from prison to the community. According to Kirkpatrick et al. (2018), ensuring such continuity of care to offenders for issues like anxiety, depression, and post-traumatic stress disorder will improve rehabilitation outcomes. Therefore, there is a need for an in-depth understanding of the role of health in achieving effective rehabilitation.

## **2.4 What is rehabilitation?**

From the generic definition of rehabilitation in the Oxford English Dictionary (2009), the action of restoring a person to a previous proper condition or status, it is understood that rehabilitation is a process which involves returning (something or someone) to a former (better) state (Raynor and Robinson, 2009). This suggests that rehabilitation is always positive, and the targeted subject is one that would have drifted from what is considered the norm (e.g. restoring a person to health after an illness or to 'normal' life after prison). For instance, in a medical context,

rehabilitation would often indicate the process of restoring optimal functionality, high quality of life, and mental ability after an illness or injury (Meyer et al., 2011). This conveys similar concepts to those included in the World Health Organization (2018)'s definition of rehabilitation, as a process that enables people with disabilities to attain and retain their ideal physical, intellectual, sensory, psychological and social functional levels. This acknowledges that returning to former levels of functioning may not be possible, which is an important development of the concept of rehabilitation.

Although most of the definitions of rehabilitation, in the medical context, do not mention specific approaches by which the rehabilitation is achieved, it is assumed that, argue Raynor and Robinson (2009), appropriate medical experts would act to ensure the patient's recovery. However, rehabilitation in the context of offending comprises a number of different meanings, hence, it is complex (Allen, 1959, Ward, 2012, Karthaus et al., 2019). Researchers claim that this complexity is attributed to contentious concerns such as the outcome (reducing in re-offending or making the offender *better and happier*), the intervening variable (e.g. gender, age, behaviour patterns, or motivation), and the intervention (e.g. punishment approach versus welfare approach) (Sechrest et al., 1979, Rotman, 1990). Raynor and Robinson (2009) noted that despite the persistence of the concept of rehabilitation as a strategy, academics and policymakers often fail to provide a straightforward or clear definition of the term. For instance, approaches to rehabilitating offenders continually oscillate between removing the desire to engage in criminal behaviours and aiding reintegration into society (Ogloff and Davis, 2004). Differing terminology is used seemingly interchangeably, such as resettlement and rehabilitation, reform and rehabilitation, reintegration and rehabilitation, or recovery and rehabilitation (Ward and Maruna, 2007). The concept of recovery is further discussed in section 2.5.

According to Vanstone (2004), the idea of rehabilitation in the penal system can be traced back to the Victorian age during which it was driven by humanist and Christian values where the offender was predominantly recognised as one that had sinned and needed saving. Then came the early 20th century with what Garland (1985) described as the "penal-welfare" complex with the idea that rehabilitation is not to be limited to the offender's welfare, but that of the society as well. In other words, it was recommended that rehabilitation entailed improving the life of the offender (e.g. getting a job) but also that of others (e.g. reducing re-offending). This notion of *utilitarian rehabilitation* sparked a debate on the effectiveness of rehabilitation, i.e. does it work or not (Ward and Maruna, 2007), to which scholars and experts have attempted to provide an answer ever since. The advocates of the utilitarian approach to rehabilitation assert that the individual (offender) has identifiable problems that prompt him or her to commit a crime and that these problems can be fixed. Hence, reducing re-offending can be achieved by providing the individual with education and skills that would enable him or her to stay away from future criminal acts (Frase, 2005, Hessick and Berman, 2016). In other words, the goal is to enable the individual to live independently and participate actively and positively in civic life. Frequent drug use, for instance, is known to have severe implications for a user's wellbeing and is often linked to a state of depression and a generalised dissatisfaction with life (Chandler et al., 2009). However, Godlee (2011) recognises that Wellbeing is difficult to achieve because it is dependent on people's circumstances and the context in which they are at a given point in their lives.

Other scholars, such as Gavrielides (2013), have argued that factors such as the lack of accommodation, unemployment, substance abuse, and mental health problems can constitute a barrier to the rehabilitation of most offenders and in some cases can lead to community backlash as well as making it difficult for offenders to engage with support services. Hence, the

importance of considering these factors when establishing positive outcome measures concerning the management of offenders in prison and the community. Addressing offenders' health needs, in particular, after discharge from prison was found to be a strategic approach for successful rehabilitation and social reintegration (Wilson, 2007). To improve offenders' health, In their paper published by the Probation Service, Sirdifield and Brooker (2017) stress that one principle the Criminal Justice System and Health agencies must adhere to mainly is to train their staff to identify and address mental health issues in this population, given that many offenders experience such problems (see section 1.5.1). Despite the acknowledgement from the Government that, focusing on offenders' mental health is beneficial to their rehabilitation, national guidance states that the mental health needs of offenders in and outside prison are still not properly addressed (Brooker et al., 2017).

## **2.5 The concepts of Mental Health and Wellbeing**

As aforementioned, mental health is associated with successful rehabilitation. As pointed out by Chandler et al. (2009), disruption to an individual's wellbeing often leads to their inability to control strong emotions and desires which in turn increases the chances of poor decisions that can harm his or her recovery and rehabilitation. Therefore, there is a need for an in-depth understanding of the role of mental health and wellbeing in achieving effective rehabilitation.

Wellbeing is a growing area of research, and just like Health, it is not tangible thus tricky to define and even harder to measure (Dodge et al., 2012). However, Dodge et al. (2012) conclude that wellbeing is achieved when an individual has the psychological, social and physical resources they need to meet a particular challenge. In other words, wellbeing is the sense of balance between the individual's resources and the challenges he or she has to deal with. It can be seen that wellbeing, as discussed above, is subjective (Veenhoven, 2008). However, the way



people understand wellbeing might differ depending on the context. Therefore, it is difficult to come to a consensus on what wellbeing is, because an objective definition cannot take into account everyone's view or context (White, 2008). It then becomes clear that wellbeing cannot be limited to the subjective dimension of personal perception and level of satisfaction; it is culturally and socially constructed with interdependence between the various aspects. White (2008) has concluded that wellbeing is not merely a state of what people do or experience. It is, instead, a process dependent on how people define their lives. It is about the individual's desires, their standard of living or social expectations and their interactions with others and society as a whole.

Mental health, on the other hand, is, according to the World Health Organization (2013), a fundamental part of an individual's ability to live a satisfying life, with the capacity to form and maintain relationships, to work, and make everyday decisions regarding housing, employment, education and other choices. Mental health is a part of the broad concept of wellbeing and therefore, any disruptions to the individual's wellbeing can weaken the capacity of functioning at not only the individual level but also extend to broader welfare losses for the household and society as a whole. It has previously been documented that Mental Health is central to everything we do and can affect our most basic political values of equality, liberty and citizenship (O'Brien et al., 2015).

This point has been made in previous years by Veenhoven (2008), who argues that mental health is a crucial determinant of social behaviour. The healthier people are, the better they are as citizens and contribute positively to civil action, as per society's standards (Lyubomirsky et al., 2005); therefore it is essential to preserve or maintain people's wellbeing. Mental Health, for instance, when at a crisis stage, can displace people's sense of who they are and how they appear to others. Re-establishing positive individual and social identities are believed to be a

crucial part of recovery (Tew et al., 2011). Authors such as Pearson et al. (2015), Stone et al. (2015), and Kirkpatrick et al. (2018), have underlined the associations of mental health problems like anxiety and depression with deviant behaviours in early adolescence. Hence, there is a need for support services in the Criminal Justice System to address mental health and its allied issues to contribute to the effective rehabilitation of offenders.

Returning to the subject of recovery, it is a concept that has long been associated with mental health (Rose, 2014), but is now more broadly used in the sphere of the criminal justice to denote offenders' rehabilitation (Draine et al., 2005). However, Psychologists such as Deegan (1988) have stated that recovery differs from rehabilitation in the fact that recovery is a process that is without an end state, and in which an individual aspires to belong and feel valuable to a community. This definition of recovery agrees with Repper and Perkins (2009) assertion that recovery positively promotes mental health and wellbeing, as it supports people to live the lives they wish to have. Although rehabilitation services can be delivered to individuals, to ensure that they do not re-offend for example, Deegan (1988) argues that there is no such thing as *being rehabilitated*. Unlike cars or televisions which *are repaired*, people are not passive to the rehabilitation services they receive (Deegan, 1988). Hence, one would argue that more than merely the idea of not re-offending, people must be able to take the step necessary (e.g. partake into everyday activities, overcome the fear of not succeeding) that would enable them not to re-offend; which could refer to recovery.

Despite the tensions in the use of the two terms, rehabilitation and recovery, (Ward and Maruna, 2007) argue that the spillover in the use of the term recovery from mental health services to the Criminal Justice System does not come as a surprise because the majority of offenders, struggle with mental health problems. It is recognised that such mental health issues along with several common mental disorders are shaped by social conditions like homelessness, unemployment,

or difficulties in accessing healthcare (Allen et al., 2014), that are common in short-sentenced offenders. According to Compton and Shim (2015), the issues around mental health (as discussed in this thesis) can best be addressed through public policies that prioritise and promote better mental health for all, including disadvantaged groups like short-sentenced offenders.

## **2.6 The social determinants of mental health**

Beyond biological and genetic factors, mental health problems (e.g. depression and anxiety) are strongly associated with social inequalities pertaining to factors such as people's living conditions, working circumstances, social protection and supports, and sudden life events (Elliott, 2016). Although all members of society are affected to a certain extent, it was found that the mental health of populations made vulnerable by these socioeconomic factors is considerably exacerbated (Allen et al., 2014). For instance, a 2014 morbidity survey on mental health and wellbeing in England, established that men at working age (between 16 and 64 years) who did not earn an income reported higher percentages of suicidal thoughts, suicide attempts and self-harm. About 66.4 per cent of people receiving Employment and Support Allowance (ESA) had thought of suicide, 43.2 per cent had attempted suicide, and 33.5 per cent reported to have self-harmed (McManus et al., 2016). More specifically, the survey reported higher rates of post-traumatic stress disorder in unemployed men and women on benefits (25.2 per cent and 45.9 per cent) than those not receiving benefits (3.6 per cent and 4.9 per cent) (Fear et al., 2016). A prospective cross-sectional analysis of general practice records in the UK from 1994 to 2009 showed that women from more socioeconomically deprived areas are at higher risks of developing perinatal mental illnesses, compared to those in less deprived areas (Ban et al., 2012).

To maintain and improve people's health, several scholars have developed perspectives promoting social inclusion and access to economic resources for all. As early as 1942, the Liberal economist Sir William Beveridge made recommendations for policies to tackle homelessness, unemployment, cost of childcare, and issues such as malnutrition as an approach to maintaining and improving health in Britain (Beveridge, 1942). This approach was further complemented by the work of scholars like Sen (1985), who affirmed that people's opportunity and ability to have what they need (e.g. good health and the safety of a home ) is a matter of social equity and justice as it allows them to make better choices and live better lives.

With a higher percentage of mental health problems in the prison population, the difficulties and discrimination that people face in securing accommodation and employment upon release create further barriers to them accessing the treatment and support that they need, which perpetuate the cycle of re-offence (Bowen and Walton, 2015). Offenders often have complex needs when released from prison, which means that they experience a combination of social disadvantages (homelessness, unemployment, substance use problems, and mental health disorders) (see Chapter 1). This multiplicity in disadvantages is strongly associated with offenders who commit offences like shoplifting and theft involving low monetary value, which often result in them serving short prison sentences (Bramley et al., 2015). In addition to promoting the mental health of vulnerable populations such as refugees (Goodkind et al., 2014), researchers recognise that delivering programmes that address psychosocial stressors helps to tackle associated issues like offending behaviours (Elliott, 2016). For instance, providing accessibility to appropriate maternal services and advice on parenting strategies tailored to parental circumstances was found to promote the mental health of both the mother and the child (Goff et al., 2013, Baker-Henningham et al., 2005). In addition, the ability to access such

services was found to increase employment, reduce benefits reliance, as well as reduce re-offending by 61 per cent in the mothers (Parsonage et al., 2014).

As much as socioeconomic factors influence the mental health of vulnerable and marginalised groups, according to Goodkind et al. (2014), cultural and political factors are equally important as all these factors are not mutually exclusive. While poorly developed policies can create unequal power distribution, and lead to the vulnerability of certain groups within the population, discordance between the social norms established by a group and the behaviour of others in the group can lead to feelings of social exclusion (Mathieson et al., 2008). Hence, programmes must be designed to target social issues using a holistic approach, with the potentiality to reduce the burden of mental health problems in vulnerable populations.

## **2.7 The Risk Need Responsivity Model of Offender Rehabilitation vs The Good Lives Model**

In recent years, there has been a paradigm shift on offender rehabilitation, from one primarily focused on risk management (e.g. The Risk Need Responsivity Model (Andrews et al., 2011)), to one that unequivocally reflects the person and the goals they wish to achieve or the needs they wish to address (e.g. The Good Lives Model (Laws and Ward, 2011)).

### **2.7.1 The Risk Need Responsivity Model**

In the Risk, Need, and Responsivity model, Andrews et al. (2011) assert that with regards to the concept of risk, the intervention must match to the level of the offender's risk to re-offend. In other words, the service delivered should be targeted at higher risk groups, whilst low-risk offenders receive no support to minimal support (Van Damme et al., 2017). Need refers to risk factors directly associated with the individual risk of re-offending (e.g. substance abuse,

antisocial behaviour, or homelessness) which must be assessed and addressed (Andrews and Bonta, 2010). The responsivity aspect is comprised of two features which are general and specific responsivity. Whilst the general responsivity highlights the importance of interventions based on cognitive social learning to influence the individual's behaviour, specific responsivity advocates for the use of interventions that match the individual's attributes and circumstances (e.g. mental status, personality, demographics), in addition to the factors associated with criminal behaviour (Andrews et al., 2011, Andrews et al., 1990a). In comparison to interventions that do not take into consideration the risk, need, and responsivity principles, research has demonstrated that those that do are more effective in reducing re-offending in men and women (Andrews et al., 1990b, Dowden and Andrews, 1999), in violent offenders (Dowden and Andrews, 2000) and sexual offenders (Hanson et al., 2009). This suggests that the Risk, Need, and Responsivity approach to offender rehabilitation applies equally and is successful in most types of offenders.

However, the Risk, Need, and Responsivity model has been criticised as of late by authors such as Ward (2012), Laws and Ward (2011), and Ward and Stewart (2003). These authors argue that because this approach to offender rehabilitation focuses more on the risks posed by the offender and the needs associated with those risks, the personal needs of the offender are dismissed. Hence, Ward and Stewart (2003) put forward a model of offender rehabilitation that encourages the development of the individual's strengths, skills, and abilities as a way of promoting a *good life* rather than the suppression of negative behaviour. Such an approach is known as the Good Lives Model. The supporters of Good Lives Model do not dismiss the Risk, Need, and Responsivity model. Rather, they argue that the Good Lives Model augments and builds upon it by bringing more focus on the positive traits of the offender.

## 2.7.2 The Good Lives Model

Central to the Good Lives Model is the idea that the success of rehabilitation relies on the offender's ability to pursue and obtain primary goods (Laws and Ward, 2011). According to Ward and Maruna (2007), these goods are intrinsic to human nature and are part of people's potential to establish strong social connections, survive, and procreate. Hence, within this rehabilitation model, the goal is to point the offender towards leading a more fulfilling life i.e. one that is goal-directed with respect to who they want to be or what they want to achieve. (Willis et al., 2013) highlight eleven primary goods that are essential to humans: life (healthy living and optimal physical functioning, sexual satisfaction); knowledge, excellence in work (including mastery experiences); excellence in play (including mastery experiences); excellence in agency (autonomy and self-directedness); inner peace (freedom from emotional turmoil and stress); relatedness (intimate, romantic and family relationships); community; spirituality (finding meaning and purpose in life); happiness; and creativity.

For the offender to acquire a given primary good, the appropriate means of reaching that good, which is often referred to as secondary goods, must be identified and addressed (Ward and Brown, 2004). For instance, to meet the primary good of relatedness, a secondary good such as having someone to talk to or engaging in social activities with others must be achieved. Therefore, in relation to the Risk, Need, and Responsivity model, the secondary good in the Good Lives Model may refer to the risk factor associated with offending behaviours. However, in contrast to the Risk, Need, and Responsivity model, the Good Lives Model promotes a collaborative approach (between the service provider and the service user) to addressing the issue of rehabilitation where the goals of the offender are identified and the strategies to attain those goals are designed. From the Good Lives Model perspective, people participate in criminal activities when they are oblivious of the acceptable ways in which they can reach their

goals, and their failure to understand their actions and the consequences of those actions (Ward and Marshall, 2004). Here, rehabilitation involves the enhancement of the offender's positive attributes to promote desired goods which in turn minimises risk factors and the design of interventions that respond to the specific needs of each offender (Laws and Ward, 2011).

Although the Good Lives Model may be viewed as an alternative to the Risk, Need, and Responsivity model, evidence supporting the effectiveness of the latter is greater than it is for the former with regards to reducing re-offending (Looman and Abracen, 2013). Despite the extensive literature in support of the success of the Risk, Need, and Responsivity model, Looman and Abracen (2013) recognise that this approach fails to include key issues such as trauma and mental health disorders, that are proven to be associated with re-offending. The authors then recommend that the above-mentioned issues be considered for the design of a revised approach to rehabilitation. However, it could be argued this is similar to what is already advocated by the Good Lives Model. As a matter of fact, in a detailed evaluation study conducted in the United States, the use of the Good Lives Model in practice demonstrated that this approach particularly enhances the engagement of offenders with mental health disorders with service providers (Willis et al., 2014). According to this study by Willis et al. (2014), the principles associated with the Good Lives Model help the offender to cope with social isolation and address their emotional needs. Also, an earlier study by Simons et al. (2006) showed that offenders who received interventions based on the principles of the Good Lives Model approach were more likely to stay engaged with support services and complete their rehabilitative activities successfully. Despite limited evidence linking the Good Lives Model directly to reduced re-offending, the material given in the studies above suggests that a close interpretation of this approach would result in better outcomes in the field of offender rehabilitation.



## **2.8 Transforming Rehabilitation (TR)**

The launch of Transforming Rehabilitation (TR), as outlined in Chapter 1, aimed to address the problem of re-offending and at a reduced cost. By 2010, the prison population had reached an all-time high (Ministry of Justice, 2013e) and the annual cost to the Criminal Justice System of dealing with recidivism was valued at 9.5 to 13 billion pounds (Shonin et al., 2013). The Ministry of Justice first discussed TR in their Green Paper *Breaking the Cycle* (Ministry of Justice, 2010) suggesting the implementation of a Payment by Results model (further presented in this thesis in section 2.8.), which entailed service providers to be paid according to their success at reducing the re-offending rate. Following a series of consultations on and revisions to the payment mechanisms, TR was launched in 2013 by the Secretary of Justice at the time, Chris Grayling (Ministry of Justice, 2013f).

According to the Ministry of Justice (2013f), TR was designed with the idea that success in reducing the re-offending rate will depend on the support given by service providers to their clients (e.g. to tackle mental health issues and ensure the wellbeing of service users). In *Transforming Rehabilitation: A Strategy For Reform* (Ministry of Justice, 2013f), the aims were outlined as follows:

To ensure that offenders released in the community receive appropriate support and the re-offending rate is reduced, the reforms were designed to centre on:

- (a) Extending mandatory supervision to all those leaving prison after a short prison sentence (less than 12 months);
- (b) Ensuring continued and consistent support of offenders before and after prison release;
- (c) Opening service delivery to a market-based system to encourage private, national and local organisations of all sizes to work on improving the rates of re-offending;

(d) Linking providers' performances to payment incentives – this was intended to allow providers to focus on the rehabilitation their clients as well as allowing enough freedom and flexibility for service providers to design and customise services to their clients' needs. (Ministry of Justice, 2013f).

As anticipated by Hedderman (2013), the quantification and monetisation of desired outcomes (PbR) resulted in an influx of new providers to the field of offender management. Over 700 companies from around the world, along with existing providers of public services in England and Wales, such as Serco and G4S, expressed their interest (Calder and Goodman, 2013). Maguire (2012) predicted that with the involvement of such large organisations in the sector, charitable and local organisations would be unable to compete. Another prediction made by Mills et al. (2011) (introduced previously in this thesis) at the early discussion stage for TR was that with the Government now involving probation service providers in commercial contracts, organisations supporting offenders might end up losing their primary mission in favour of focusing on contract terms.

### **2.8.1 The acquisition processes**

TR led to the part-privatisation of probation services, with the transfer of around 80 per cent of the work done by the public service to contracted providers from the private and third sector (National Audit Office, 2016). In September 2013, 32 organisations entered the competition in an attempt to win Government contracts to manage offenders in England and Wales. By October 2014, the Ministry of Justice announced eight providers to manage the Community Rehabilitation Companies (CRCs). These included organisations from the private sector, some in collaboration with third sector organisations, tasked to run 21 identified regional contract package areas (Nellis, 2014). Some examples of providers are MTCNovo in Greater London,

Sodexo in Northumbria, and Purple Futures in West Yorkshire (Kirton and Guillaume, 2015). (See the geographical map in Appendix A).

### **2.8.2 Offender Management under TR**

Before offenders are sentenced, probation services advise the court on sentencing options as part of a pre-sentence report focusing on the offenders' needs and risks of re-offending. Under TR, offender management as a whole is overseen by probation services with a significant focus on High-Risk offenders (registered sex offenders, violent and other types of sexual offenders, and offenders who pose a severe risk of harm to the public). Offenders who present a low to Medium Risk of serious harm, often receiving short sentences, are supported by CRCs.

### **2.8.3 What is expected of Community Rehabilitation Companies (CRCs)**

In *Transforming Rehabilitation: A Strategy for Reform* (2013f) the Government set out its objective to put into effect nationwide rehabilitation services which work *through the gate*. In other words, under TR, the same CRC should support the induction of an individual into prison, address their resettlement needs before release, meet them at the prison gate when they are released and continue to work with them in the community. The current thesis focuses primarily on services that manage and support short sentenced offenders in the community.

As stated above, probation services allocate an offender to a CRC after an assessment is carried out concerning the likelihood of the offender committing a seriously harmful offence (e.g. sexual offence, domestic violence, murder) (Phillips et al., 2016) within a year. The designated CRC will then be responsible for delivering the requirements of the community order, licence or supervision period. These would range from, for example, a single prohibited activity (e.g. non-consumption of drug or alcohol) to a set of core offender management activities (e.g. attending probation supervision, as well as engage in rehabilitative activities such as unpaid

community work or attending drug treatments). The CRC will also be expected to carry out activities about risk management and enforcement. For instance, a plan must be set for each offender to identify the offender's risk of serious harm, his/her needs as well as the likelihood of re-offending; and set out how they would, in turn, manage or diminish the risk of harm and reduce the likelihood of re-offending. The information on the assessment, allocation, risk management for low to medium risk offenders and enforcement activities is presented on a diagram in Appendix B.

## **2.9 Payment by Results (PbR)**

An essential component of the reforms is the Payment by Results model. The Ministry of Justice made it clear that as reducing re-offending is the primary purpose of TR, organisations (e.g. CRCs) working to rehabilitate formerly incarcerated persons receive a financial reward for supporting their clients effectively. According to the Ministry of Justice, the model of incentives follows two design features, *fee for service* and *payment by results*. However, because both features entail providers being commissioned on an outcomes-based approach, the payment model in this thesis will be referred to as Payment by Results (PbR). In a 2015's report on Outcome-based payment schemes for the National Audit Office, Morse (2015a), specifies that in the United Kingdom public sector, PbR schemes are outcome-based, however in some models (e.g. PbR within TR), payments such as fee for service are included in the payment mechanism to attract providers. This suggests that such schemes are not always *pure* PbR. PbR, as a commissioning model, has become increasingly popular, and this resulted in various approaches to describe such schemes (Crowe et al., 2014). The different terms used in the literature by both researchers and policy architects include Pay-for-performance, outcome-based payment schemes, financial incentives, outcome commissioning, performance contracting, pay for success, and prospective reimbursement (Webster, 2016).

Following the PbR funding model, within TR, providers (e.g. CRCs) were tasked to achieve both an agreed reduction in the number of people who re-offend and a reduction in the number of offences within the cohort of offenders under their responsibility; as well as provide supervision and services such as drug testing. Within this marketised context, which is TR, money acts as an incentive for service providers (e.g. CRCs) to motivate them into acting efficiently to deter and rehabilitate their service users. Precisely, CRCs receive payment for managing offenders assigned to them (e.g. offenders released after a short prison sentence). Some of the payment is at risk and reliant on the performance, which means that it includes penalties for services not delivered to time or quality as per the contract's requirements.

The Ministry of Justice and other advocates of PbR have attributed benefits to such payment models because they were found to drive to innovation in substance misuse services (McLellan et al., 2008), create greater efficiency (Werner et al., 2011) and improve the quality (Petersen et al., 2006) in health services . However, there has been extensive criticism of PbR both in the sphere of Criminal Justice System and elsewhere, which needs to be taken into consideration. Evidence from previous PbR schemes suggests that these funding models work more effectively when outcomes are simple and easy to measure, achievable within a short term, and when outcomes are closely linked to given activities (Crowe et al., 2014). Therefore, applying PbR to services working with people with complex needs (e.g. short sentenced offenders) and achieving a reduction in re-offending might be very challenging. PbR within TR is discussed and elaborated further in Chapter 4 of this thesis.

### **2.9.1 Characteristics of Payment by Results (PbR)**

In its 2010 Green Paper titled “*Breaking the Cycle: Effective Punishment, Rehabilitation and Sentencing of Offenders*”, the Ministry of Justice committed to the commissioning of two PbR

pilot projects (in Peterborough and Doncaster prisons) to test the effectiveness of the funding model in improving service delivery and reducing reoffending in short sentenced offenders. Prisoners released from these two prisons voluntarily received rehabilitation support from Third Sector Organisations in the community. However, the PbR schemes in these pilots differed from the TR model. For instance, the Peterborough model was a Social Impact Bond (supported by philanthropic investors, and service providers are protected from financial risk and focus more on service delivery) and both schemes did not involve private companies. Moreover, although they were supposed to run for three to four years, the projects were terminated after two years when the Government decided to move forward with its *Transforming Rehabilitation* initiative (Webster, 2016). Hence, there was a lack of credible evidence to inform the use of a PbR scheme in programmes in a Criminal Justice context such as TR (Morse, 2015a).

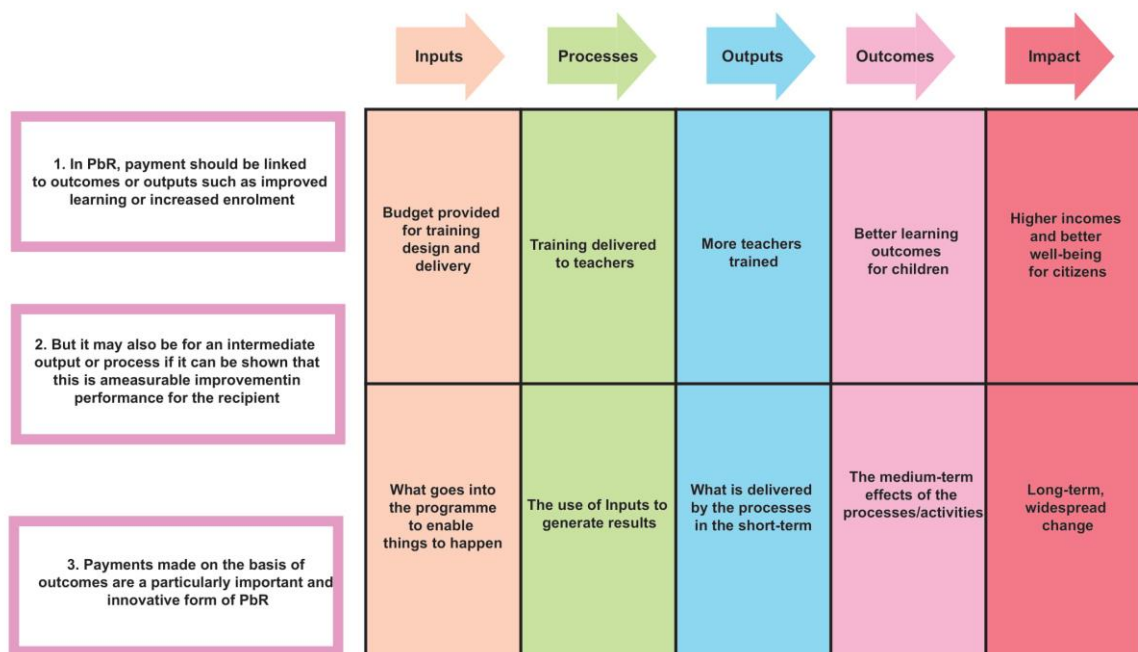
Moving on now to consider PbR schemes outside of the Criminal Justice context, the literature suggests that before the Department of Justice, other public service agencies in England and Wales have used PbR schemes. For instance, the Department for International Development (a British governmental agency supporting the end of extreme poverty in the world) uses PbR extensively across its operations (Morse, 2015a). With 71 per cent of their contracts services operating on PbR, the Department for International Development (2014) recognises that a successful PbR must be designed around the following characteristics:

- The level of payment on delivery. Full payments are made once pre-agreed results have been achieved; payments may also be made to providers for measurable process or intermediate output that can improve or facilitate the delivery of the expected results (e.g. after reduction in reoffending rate is achieved, or for intermediate activities such as supervision or drug test attendance)

- The type of organisation receiving payment. Programmes need to take into consideration the level of influence of the service providers in the delivery of the results (e.g. how skilled or experienced are service providers in supporting offenders successfully)

- The type of results the payment is linked to. In the PbR scheme, what constitutes a result may vary depending on the context of implementation. Hence, payment must be made for measurable improvements. The strategy within the DFID's PbR model sets out the different stages of a 'results chain' between inputs, outputs and outcomes which are presented in a logic model format to explain and illustrate the pattern of association between these stages (see Figure 4). In this example, the resulting chain is detailed following examples from the education sector (DFID, 2014).

**Figure 4: Results chain diagram**



Adapted from the Department for International Development, *sharpening incentives to perform DFID's Strategy for Payment by Results*, June 2014, Figure 1

As seen in Figure 4, the mapping out of PbR in a logical process captures how the work that is done leads to outcomes. In the context of TR and offenders' rehabilitation, the outcome of interest is reducing re-offending. However, because the re-offending rate cannot be tracked and measured within the scope of this doctoral research, the outcome of interest in this thesis is the effective rehabilitation of short-sentenced offenders (less than 12 months), which assumes that there is provision of support tailored to the rehabilitation needs of all offenders, and the offenders' mental health and wellbeing is improved.

### **2.9.2 Payment by Results schemes in the Criminal Justice System and international literature**

The pilot prevention programme to reduce re-offending among short sentenced offenders in Peterborough prison in 2010, established the UK as the world leader in the introduction of a PbR scheme in the Criminal Justice System (Fox and Albertson, 2011). In fact, although the concept of performance-based contracts has long and widely been used over the world in this sector (Heumann and Church, 1990) , the idea was solely to incentivise service providers with the objective to achieve a specified result. For instance, in the 1980s, the Speedy Disposition Program was designed and implemented, to tackle the issue of prison overcrowding in New York City (USA). The strategy in this programme was to provide District attorneys' offices with financial rewards for accelerating the handling of the cases of those offenders that had been detained the longest while waiting for trial (Hillsman and Johnston, 1986). Despite the programme's success in motivating service providers, it failed to address the issue of overcrowding (Heumann and Church, 1987).

One of the first PbR arrangements, outside of the UK, designed to address the issue of re-offending, was the 2012 Adolescent Behavioral Learning Experience Program at Rikers Island prison in New York City (USA). The programme intended to break the cycle of re-offending



amongst young people through the provision of a set of activities focused on improving their social skills and process of decision making, and inculcating personal responsibility whilst saving public money (Parsons et al., 2016). Unlike the performance-based contracts previously implemented in the country, here, the government would only make the payment if there was evidence of reduced re-offending by a set percentage (Vera Institute of Justice, 2015). Similarly, to the TR PbR scheme, the Adolescent Behavioral Learning Experience Program involved private capital, with private companies set to make a profit if the objectives of the programme were attained (Myers and Goddard, 2018). The programme was, however, terminated in 2015 as it failed to achieve its goal of reducing re-offending, which in turn led to the private companies involved losing money (Lantz et al., 2016). Another PbR initiative targeted at reducing re-offending was implemented by the US government in 2014 in Boston, Massachusetts. Unlike the 2012 scheme, the ongoing Massachusetts Juvenile Justice initiative is a seven-year programme that rewards outcomes such as the reduction in the number of days that the participants spend in prison, readiness for employment, and increased in employment (Fischer and Richter, 2017).

In 2016, the Australian government followed in the steps of the UK and US, by launching its own PbR scheme, On TRACC (Transition Reintegration and Community Connection), a five-year project aimed at reducing re-offending in selected areas in Sydney, by providing enhanced and intensive support to offenders for up to 12 months post-released (Ramsay and Tan, 2018). An additional PbR scheme was implemented in 2017, Youth Choices, to run over the course of five years, with the objective to reduce re-offending among 16 to 16 years old in North and South Brisbane (Queensland Treasury, 2018). These programmes are currently underway, and evaluations are yet to be carried out or published.

Over the past decade, there seem to have been a growing interest from Governments around the world to develop PbR schemes in the sphere of criminal justice to tackle the issue of re-offending. As the UK appears to be a step ahead, by offering an in-depth investigation into TR and its PbR arrangements, this thesis will contribute to the better understanding of these types of outcome-based funding with regards to reducing re-offending.

## **2.10 Summary**

The statutory sector and the third sector have a long history of working together to provide effective rehabilitation to offenders. Although working towards the same goal – effective rehabilitation – they adopt different approaches. While the third sector places greater emphasis on welfare, i.e. it provides offenders with the tools that allow them to improve their lives and make better choices than before, such as not engaging in activities that put them at risk of re-offending, the statutory sector is leaning more and more towards punishment (Garland, 2001). In fact, in England and Wales, the Government has responded to the incessant increase in re-offending rates with the implementation of more stringent policies.

Consequently, TR was put forward (2013) then implemented (2015) and intended to ensure that all offenders are assisted in turning away from crime after serving their sentences, and punished at the same time (Newburn, 2013). However, predictions that followed the introduction of the reforms argued that *Transforming Rehabilitation* would constitute a threat to the rehabilitation approach used by Third Sector Organisations (Tomczak, 2015), because the intention behind the reforms was to not only rehabilitate and reduce the re-offending rate but also to do it at a reduced cost (Phillips, 2014), through its PbR scheme. Hence, the argument that under TR, the mental health and wellbeing of offenders with complex needs would be

overlooked as providers focus will be on getting paid rather than meeting the needs of the offenders.

This concludes the scoping and framing of the research. Before setting out the details of the PbR scheme within TR, and how, according to policy documents, it is expected to lead to the outcomes (effective rehabilitation then a reduction in re-offending) (see Chapter 4) and exploring its impact across the statutory sector and the third sector (see Chapter 5), the next chapter addresses the research methodology of this study.

## CHAPTER 3: RESEARCH METHODOLOGY AND METHODS

### 3.1 Chapter overview

This chapter describes the research methodology and methods used to explore the concept of effective rehabilitation through the impact of *Transforming Rehabilitation* (TR) on short sentenced offenders and the organisations that support them after prison release, i.e. Community Rehabilitation Companies (CRCs) and Third Sector Organisations (TSOs). Although not a full evaluation of the TR programme, this exploration is underpinned by qualitative and realist evaluation principles - focused on the exploration of the concept of *Mechanism* as defined by Pawson and Tilley (1997) (see section 3.6.1) - in order to generate explanations of how the programme, through its Payment by Results (PbR) scheme, may contribute to effective rehabilitation. In other words, the study focuses on exploring and providing data on how CRCs and TSOs manage the support of offenders in the community under TR and how that influences those offenders.

The chapter begins by demonstrating how the realist methodology, in comparison with other approaches, is appropriate for studying complex programmes (see 3.2). It then goes on to outline the philosophical framework of the research (see 3.3 and 3.4) and explains Realist Evaluation and its key features (see 3.5 and 3.6) and the pragmatic approach taken in this thesis (see 3.7). The process employed to elicit the programme theory is then summarised and illustrated (see 3.8). The chapter ends by describing the methods of data collection and analysis for developing (see 3.9) and refining the initial programme theory (see 3.10).

### **3.2 Realist methodology and complex programmes**

According to Pawson and Tilley (1997), realist methodology is a framework that guides researchers in the understanding and assessment of how complex programmes work on the ground to achieve outcomes. In realist evaluations, programmes are interventions or policies that introduce resources aiming at influencing the way people do things (Pawson, 2006). Programmes are often characterised as complex because they contain a high number of interconnected components targeting individuals, communities, or populations, which makes it difficult to predict outcomes (Mehdipanah et al., 2015). As further stated by Mehdipanah et al. (2015), in most cases, these programmes are designed to tackle complex problems such as addiction, obesity, or smoking; the complexity of the problem here is reflected by the fact that it has several causes operating at individual and social levels. Hence, the realist methodology supports the evaluation of such programmes to identify what makes them successful or not (Blamey and Mackenzie, 2007). For instance, the use of realist evaluation has helped to improve practice and service delivery in the fields of public health and healthcare (Wand et al., 2010), and social policy (Pawson and Tilley, 1997), where programmes evaluated by researchers are complex (Craig et al., 2008).

In their *New Medical Research Council guidance*, Senn et al. (2013) suggest that when it comes to simple and complex interventions, there is no sharp boundary, with only a few interventions being truly simple. Public health interventions are often complex interventions, as they aim to maintain and improve health at a population level (Ravishankar and Nair, 2016). One example is the *Sure Start* intervention, put in place in the United Kingdom to promote the health and development of young children and their families in deprived areas, which was evaluated by Belsky et al. (2006). Evaluating complex interventions is subject to various challenges for the evaluator (outlined below).

When establishing the effectiveness of an intervention in medicine, randomised controlled trials (RCTs) are known to study the implementation, receipt, and setting of the intervention and help to explain the outcome results (Oakley et al., 2006). Also, they are primarily used to limit selection and allocation bias in participants when they are randomly assigned to a specific intervention (Stolberg et al., 2004). Although research has suggested that when assessing cost-effectiveness, RCTs are the ultimate scientific method for establishing a cause-effect relation between interventions and outcomes (Sibbald and Roland, 1998), they do not provide conclusive information on how interventions could be replicated in a specific context or whether test outcomes will be repeated (Moore et al., 2015). According to Mehdipanah et al. (2015), success in complex programmes is often subject to both an individual's response to the programme and the wider contexts in which they find themselves. A likely explanation is that programmes do not in themselves produce outcomes; they rather offer resources from which outcomes will emerge depending on how recipients act in response to those resources (Randell et al., 2015) — this is known as the programme *Mechanism*, which is the realist component that is the focus of this thesis and is further developed throughout. As a result, one way of dealing with complex programmes mentioned above is to adopt an approach that addresses these concerns which is known as realist evaluation. In exploring TR (the programme) and how it had been projected to lead to reducing reoffending, this thesis outlines how the people involved responded to the different features of the programme's funding model – PbR — (resources) and how this might influence the provision of effective rehabilitation (the thesis outcome of interest as defined in section 1.5).

### **3.3 Ontology**

Ontology is the branch of philosophy that explores the nature of reality, as we know it (Morgan, 2014). In contrast to traditional evaluation methodologies, realist evaluation has a more explicit

ontological foundation that lies in the philosophical definition of *realism* (Tilley, 2000). Wong et al. (2012), defines realism as the philosophy of science situated between the notion that “*there is a real-world which we can apprehend directly through observation*” and the idea that “*given that all we can know has been interpreted through human senses and the human brain, we cannot know for sure what the nature of reality is*” (p.91). In other words, realism recognises that our knowledge of social reality is shaped by our experiences, and our responses to the social world often reflect our personal, social, and cultural contexts. Consequently, different people will respond differently to the same experience. Realism, as defined above, is, therefore, different from the extreme form of realism that supports the positivist philosophy, i.e. the notion that there is a single reality, which is measurable and known through our senses (Patel, 2015). While the latter is sometimes referred to as direct, or *naïve* realism, the former is known as critical realism (Saunders et al., 2015).

The ontological standpoint of this research is critical realism in that I recognise that, in contrast to relativism where there is no single reality, an objective social reality exists independent of individuals’ cognition. However, such reality can only be accessed through underlying structures (e.g. mental processing) that shape observable events (Saunders et al., 2015). Although a *real world* exists, it is perceived and interpreted through human processing. Hence, reality constantly changes with regards to social settings (Greenhalgh et al., 2011). In this thesis, the reality examined pertains to how PbR impacts on effective rehabilitation, through the actions of the service providers (CRCs and TSOs) and the events that result from those actions (i.e. the impact on the provision of appropriate support and the mental health and wellbeing of service users). The research participants’ views and perspectives on the notion of effective rehabilitation are also considered in this study.

Looking at reality in relation to the implementation of a programme, Merton (1949) emphasises that there are often intended and unintended consequences as in society, processes can be dysfunctional, and nothing works always according to plan. Hence, developing evidenced hypotheses that might explain how a programme works or not is valuable to draw wider inferences from those hypotheses (Merton, 1949).

Returning to the example of TR as a complex programme, at its inception, the policymakers anticipated the course of the programme using PbR as a strategy. However, the programme did not reach its targeted objectives (effective rehabilitation and reduction in re-offending). To establish the reality of what went wrong in the implementation of TR on the ground, there is a need to engage with the accounts and experiences of individuals involved at each level of the implementation chain (CRCs, TSOs, and offenders) to be able to learn from these experiences.

### **3.4 Epistemology**

Epistemology refers to knowledge and the way by which it is acquired (Reed, 2005). The epistemological approach in realist methodology is subjectivist. This means that, as opposed to the view that knowledge can be accessed objectively, social reality is constructed through the perceptions and resulting actions of social actors (e.g. individuals) and that as the researcher my view of the world might influence the research process (Saunders et al., 2015). Hence, my quest to minimise such biases by being as reflexive as possible. Pawson and Tilley (1997) recommend that because programmes are complex, a realist evaluation of such programmes must include participants with a range of expertise and experience in the research subject to offer differing insights that would facilitate the evaluation of the programme.

In this study, individuals and organisations engaged across the diverse and complex system of offender rehabilitation describe and share different experiences of the same phenomenon,



making the assumptions and interpretations of reality (how effective rehabilitation is provided or not) explicit. Hence, such an epistemological approach often requires a joined-up and iterative process of data gathering and analysis as an attempt to access reality (Westhorp et al., 2011). This is described in detail in section 3.7 of this chapter.

### **3.5 Realist evaluation as a methodological approach**

Realist evaluation, a methodology drawn from Pawson and Tilley (1997) influential work in criminology, and later applied to a broader context within social sciences, is becoming increasingly popular, especially in health services research (Mehdipanah et al., 2015). This evaluation approach is based on the definitions developed by Campbell and Russo (1999) and Popper (1945). Popper established that evaluation is a means of testing and developing social theory; Campbell and Russo then developed Popper's ideas with regards to how theories can be interpreted and applied. Both Popper (1945) and Campbell and Russo (1999) argued that social science makes a crucial contribution to social policy and practice by testing out the effectiveness of interventions designed to deal with specific problems before the implementation stage. Pawson and Tilley argue that these definitions imply that evaluation research consists of the investigation and development of social theories to inform the development of policy and practice (see Tilley (2000)). Mehdipanah et al. (2015) argue that the likelihood of success of an intervention directed at improving health outcomes is based on the different people involved, the different contexts and even on different timings within the same context. More importantly, it addresses the question *What works for whom in what circumstances and in what respects?* (Pawson et al., 2005) rather than solely *does it work?* When it comes to defining *what works*, different participants may have opposing opinions or assessments; hence, to answer these questions, the researcher must recognise underlying mechanisms of change that explain *how* an intervention generates its outcomes, as well as the

influence of context (Vareilles et al., 2015). Hence the equation: Context + Mechanism = Outcome (Pawson and Tilley, 1997) which is further explored in section 3.6.

In offering a more explanatory analogy, Emmel and Greenhalgh (2015) state that realist evaluation focuses on opening up the black box between cause and effect to find out *what works, for whom, in what circumstances and why*. As noted earlier, realist evaluation focuses on the principle that it is the recipients' responses to an intervention or a programme that decides how that specific intervention or programme works. The processes by which these programme resources are capable of influencing individual or group responses are known as mechanisms – in this thesis, this process is explored by looking at how the people involved in the implementation process of TR responded to PbR. Additionally, people's responses to interventions may also be inhibited or reinforced by the contexts they happen to be in, whether social, cultural, or economic. According to Emmel and Greenhalgh (2015), reflecting on context is crucial to a realist evaluation as these contexts, which can also find themselves changed by intervention, can operate at various and inter-related levels (individual, interpersonal, institutional, or infrastructural). However, as later explained in section 3.6.1, this doctoral research does not explore context in all its detail.

A foremost characteristic of realist evaluation is that its evaluation approaches are *theories incarnate* (Wong et al., 2016). This suggests that each programme designed and implemented is *wired* by one initial theory or more. In other words, it is assumed that a programme that is implemented tests a theory about what *might work* regardless of whether or not that theory is explicit or not (Mehdipanah et al., 2015). A theory might be held *implicitly* by those conceiving and implementing the programme, and also those involved in the programme may have different understandings of *what works*. For a realist evaluation of the programme, initial theories must then be developed focused on what might work, for whom, and in what

circumstances. The initial theories can arise from various sources, including previous research, literature, knowledge, experience, documents, as well as the assumptions of the policymakers with regards to how the intervention *might work* (Pawson and Tilley, 1997). In this thesis, policy documents are used to draw out the assumptions on how the programme (here *Transforming Rehabilitation*) is supposed to work, hence creating a model of key aspects of the programme (Pawson, 2006). According to Coles et al. (2015), this initial immersion in the policy documents allows the researcher to gain an understanding of the research problem but above all serves to facilitate the identification of how the programme is supposed to work in order to produce its desired outcomes.

This research is framed around Pawson and Tilley (1997)'s concept of Mechanism in realist evaluation (as further explained in sections 3.6.1 and 3.7) as TR is a complex programme that encompasses diverse organisations (public, private, and not for profit) from a wide range of disciplines (criminal justice, health, and social care), that interact with each other and with those they provide support to in and outside prison. As re-offending is a complex problem associated with diverse factors (e.g. mental health, homelessness, addiction), and given that TR did not carry out its promises and is currently under revision, there is a need to understand what worked or not, and how such a programme could be improved to ensure effective rehabilitation.

### **3.6 Key features**

As highlighted in previous sections of this chapter, realist evaluation is focused on the ways through which events are triggered and the development of theory to explain those occurrences. Thus, it is important to establish the understanding and interpretation of the related terminology used in this research, such as Mechanism (M) and Programme theory.

### 3.6.1 The Context Mechanism and Outcome (CMO) configuration

Pawson (2006) explains that,

*“Interventions offer resources which trigger choice mechanisms (M), which are taken up selectively according to the characteristics and circumstances of subjects (C), resulting in a varied pattern of impact (O). These three locations are the key sources of evidence”* (p.25).

Hence, in an attempt to explain the success or failure of a programme or intervention, these elements (C, M, and O) must be identified in the programme theory (Pawson, 2006).

- **Contexts (C):** These are the social, historical, political features of the programme that are required to enable or constrain the intended mechanisms (Pawson and Tilley, 1997). Pawson (2006) assembles contexts into four levels: the individual, interpersonal, institutional and infrastructural. Given that the process of recruitment for the participants in this PhD was reflective of the diversity in the different actors involved in the criminal justice system ( e.g. private organisations, partnerships between private and third sector organisations, faith based organisations, and women centered organisations), an in-depth exploration of the concept of Context was beyond the scope of this PhD study. Data collection was not restricted to a specific location in England and Wales, the type or size of the organisation, or the type of support the organisation provided to the offender. Hence, the task of finding evidence for the social relationships, rules, and norms that constituted these different settings, people, and institutions, their interactions at each level (the individual, interpersonal, institutional and infrastructural), and how they trigger specific mechanisms fell outside the remit of this doctoral thesis.
- **Mechanisms (M):** These constitute the focus in this thesis, and are defined as how those involved in the programme respond to the resources introduced by the programme, and

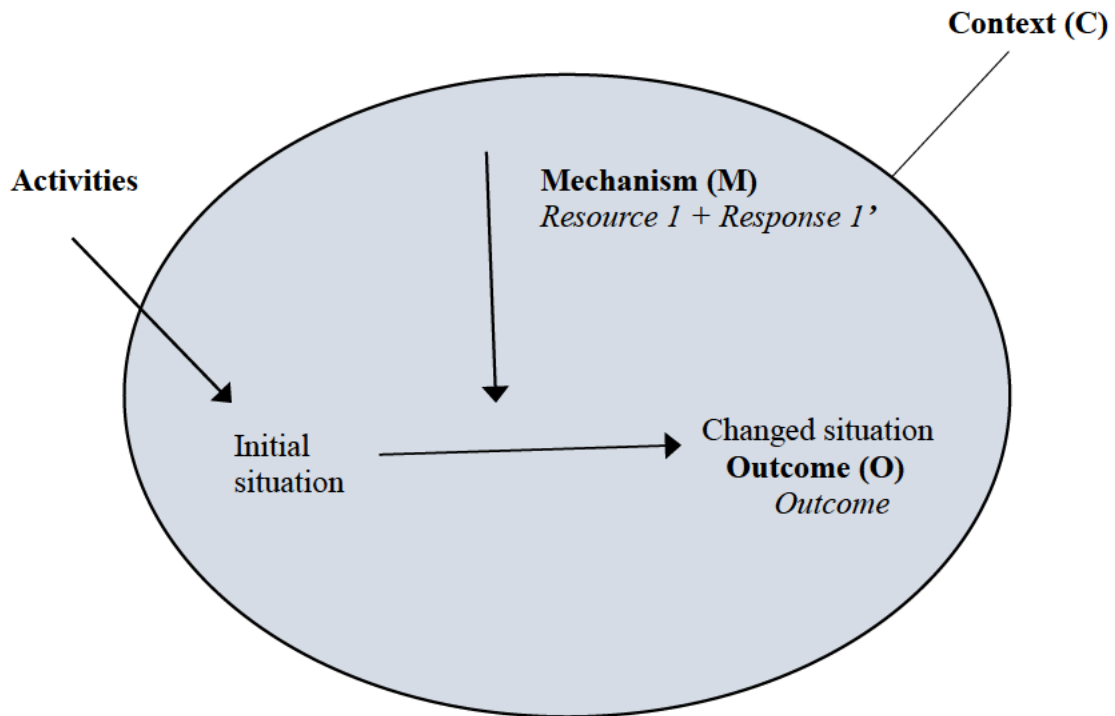
which lead to consistent patterns of social behaviour (Pawson and Tilley, 1997). They are only triggered in specific contexts and offer an insight into the reasoning and behaviours of the subjects of the programme, in relation to the resources presented by the programme (Pawson and Tilley, 2004).

- **Outcomes (O):** These are the patterns of results that occur following the combination of specific mechanisms and contexts (Pawson and Tilley, 2004). According to Jagosh et al. (2014), outcomes can be anticipated or unanticipated, as well as proximal, intermediate, or final.

As presented in Figure 5, a programme operates within a context by introducing new resources to which people respond. While the **context** determines how people respond to the resource, an identified resource (e.g. *resource 1*) and the response to that resource (e.g. *response 1'*) form a **mechanism**, which contributes to the **outcome**. In this thesis, the prime symbol (') represents a response created by a given resource (e.g. resource 1 and response 1'). For each response triggered by that resource, an additional prime symbol is added, leading to a double (''), triple (''''), or quadruple ('''') prime symbol to illustrate each response (see Figure 5 and section 3.7 for illustration).

The realist assumption lies in the expectation that similar outcomes occur if specific contexts triggering specific mechanisms are similar, which translates into a given CMO configuration (Pawson and Tilley, 2004). This means that once identified a CMO configuration is potentially transferable to a different programme. In realist methodology, such a CMO configuration constitutes a middle-range theory, which is a theory that is not abstract and can be tested against observable data (Pawson, 2006). This means that once identified, this theory is potentially transferrable to similar programmes.

*Figure 5: Realist CMO configuration*



Adapted from Pawson and Tilley (1997)

### 3.6.2 Programme theory

The realist approach assumes that each programme has an innate theory known as initial theory (Pawson and Tilley, 2004). Such theory is often indicative of the programme mechanisms and how they lead to the outcome and can be generated through if-then statements (Pawson, 2013). For example, if money is offered (**resource**) to providers for specific services, then they will be more involved in the delivery of those services (**response**) and the recipient of those services will be effectively rehabilitated and not reoffend. The innate theory of TR is expressed in the policy documents that detail how the designers of the programme planned to achieve the provision of effective rehabilitation. As explained by Mukumbang et al. (2018), in order to obtain relevant information on a given programme (e.g. the mechanisms that operate within the programme, the actors involved, outcomes of interests), realist researchers would typically

review the programme materials such as policy documents. The information gathered is used to develop the initial theory about the phenomenon of interest (Pawson, 2006), which in this thesis is the provision of effective rehabilitation. The document review also helps the researcher to understand the operation of the programme as envisioned by its architects and provides information that may serve as pointers to the areas that demand more probing when discussing and interviewing participants later in the research process (Mukumbang et al., 2016). In their paper discussing a theory-driven approach to the evaluation of public health programmes, Pawson and Sridharan (2010) say the following about programme theories:

*“They spark into life in the heads of policy architects, pass into the hands of practitioners and, hopefully, into the hearts and minds of programme subjects. That journey is an ‘if-then’ proposition.”* (p.2)

In other words, at its inception a programme theory is constituted of hypotheses that may turn out to be true or not, hence the relevance to investigate these eventualities. The research must begin by the eliciting of the key assumptions in the design of the programme (review of policy documents) followed by the testing of their accuracy by investigating what happens in practice (empirical work) (Pawson and Sridharan, 2010). As explained by the authors, in carrying out this exercise, the objective is to uncover where prior expectations have proven correct and where they have not, and why; which provides a better understanding of how the programme really works. Hence, to arrive to a better understanding of how PbR influenced the provision of effective rehabilitation within TR, beginning the research process with the review of TR policy documents was central to the study (see sections 3.7, 3.9 and 3.9.4 for details on how the initial programme theory was developed, and Table 2 for information on the policy documents reviewed).

The initial programme theory that is developed at the start of a realist evaluation is often revised through collecting and analysing data to determine how the theory works or not; and this results

in a revised programme theory. According to Pawson and Tilley (2004), the process of refinement from the initial programme to the revised programme theory is achieved by using the data to question not, “*does this programme work?*” but “*what works for whom in what circumstances and in what respects, and how?*” (p.2). Hence, realist evaluation aims to bring to light the hidden mechanisms within the programme and their related contexts. With the Government’s preferred outcome metric for *Transforming Rehabilitation* (i.e. to reduce reoffending) being in the future (at the time of this research) therefore impossible to quantify, the programme theory in this thesis will focus on the detailed examination of the mechanisms (resources + responses) through which PbR influenced the provision of effective rehabilitation (as defined in section 1.5): which is the outcome of interest in the thesis. In other words, throughout this thesis, the programme theory will be presented as a Mechanism (M) and Outcome (O) configuration. See section 3.7 for further details.

### **3.7 Realist evaluation in this research**

This doctoral thesis aims to analyse the Transforming Rehabilitation programme and what worked (or not) in achieving effective rehabilitation for short sentenced offenders after prison, and, more specifically, to identify the oversights that should not be repeated in the design of such programmes. As outlined in chapter 1 of this thesis, TR was put in place in 2015 and led to the part-privatisation of the work of probation services, with the transfer of responsibility for most offenders to contracted providers, the CRCs. The reforms initiated radical changes to the commissioning, delivery and payment of rehabilitation services. For instance, the provision of supervision of short sentence prisoners – who were not supervised by probation services before TR – as well as the introduction of a payment by results (PbR) system where payment is made only when previously set objectives attained. However, after extensive reports on the limitations of TR and its ineffectiveness, the Department of Justice announced its intention to revise the



programme to implement new changes in 2021. Therefore, this thesis is an opportunity to learn from what did not work and identify gaps in the TR programme.

According to Pawson (2013), when it comes to complex programmes, it is vital that the researcher recognise and understand this complexity. Complex programmes have previously been defined as programmes with numerous interacting components (Mehdipanah et al., 2015), and this is very much the case in the programme that is the subject of this research project, TR. To ensure that those who leave prison after short sentences are successfully rehabilitated, the help of both the private and third sectors is enlisted. The work carried out by organisations within the criminal justice system includes different components such as alcohol programmes, mental health support, employment and housing advice, and more. It is worth pointing out that people within the criminal justice system are well known to be individuals with complex needs, who often need help with issues ranging from unemployment or homelessness to addiction or mental health. These factors constitute a big challenge for these individuals when it comes to complying with and responding to the interventions they receive (McSweeney and Hough, 2006, Fitzpatrick et al., 2013). TR tackles the various components revolving around the concept of offender management and rehabilitation; hence, it is a complex programme. Also, the setting in which the programme is implemented is itself complex, with a different range of people (e.g. alcohol/drug workers, caseworkers, mental health mentors, peer mentors) using various approaches to assess, monitor, police, as well as support the individual. The challenge here is therefore to design a methodology that will take into account these various levels of needs and support in offenders' rehabilitation, to figure out whether or not the programme can be *effective*; hence, the adoption of the realist evaluation framework - focused on the concept of Mechanism. The research is focused on programme architects' assumption that effective rehabilitation will be achieved if the performance of service providers is attached to monetary incentives – which

is fully detailed in TR policy documents. Within the realist evaluation framework, programme architects are the designers of the programme. They have an understanding of a problem, theorise on how the patterns leading to that problem can be changed, and then design new or modified patterns by bringing in renewed inputs with the aim of resolving the problem (Pawson and Tilley, 2004). Focusing on the realist evaluation key component of a Mechanism (Resource + response), this study aimed to develop and explain the mechanisms by which TR, through its PbR scheme, could lead to effective rehabilitation or not. This means that the theory developed in this thesis focuses on the identification of mechanisms (M) and how they lead to the provision of effective rehabilitation which is the thesis' outcome of interest (O), rather than seeking to establish the causal path between specified contexts, mechanisms, and outcomes as explained by Pawson (2006).

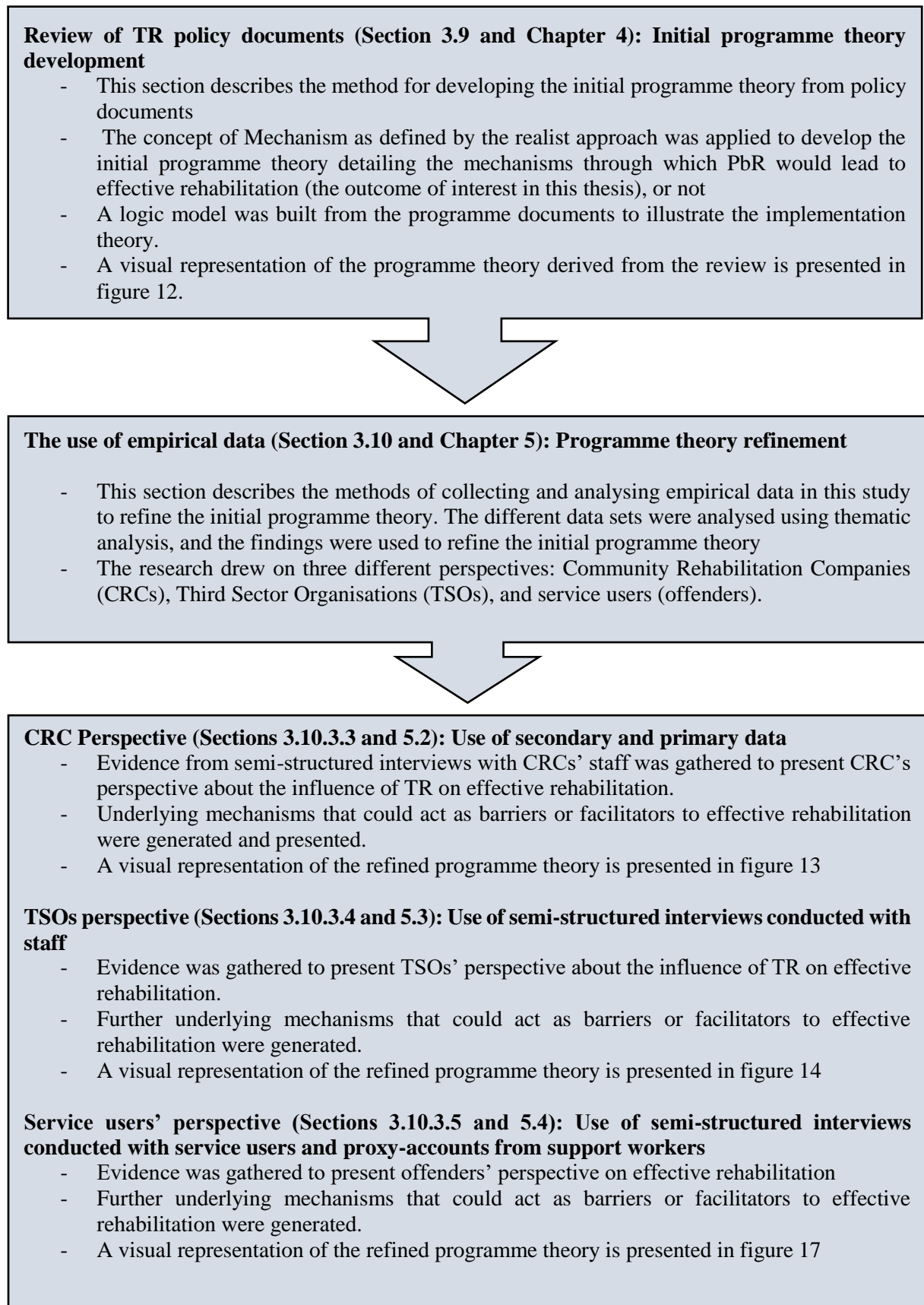
As in all research, in a Realist Evaluation, the choice of data collection and analysis methods is guided by what is needed to answer the research questions. Thus, both qualitative and, or quantitative data can be used (Westhorp, 2014). The approach adopted in this study was qualitative, as the aim and objectives of the study centre around the exploration of a phenomenon, that is, effective rehabilitation, through the process of the implementation of TR and the mechanisms by which its PbR strategy leads to outcomes. According to Westhorp et al. (2011), in realist evaluation, while the use of quantitative methods often focuses on Context (C) and (Outcome), the use of qualitative methods is beneficial when exploring developing hypotheses, examining mechanisms (M), and attempting to uncover unanticipated contexts and outcomes. In particular, the qualitative data can help to explore the reasoning of those involved in a programme in response to the resources introduced in that programme. Hence, Mechanism = Resource introduced in the programme + Subjects' response to the resource (Pawson and Tilley, 1997).

This research, therefore, is a qualitative study that has aimed to develop a programme theory for effective rehabilitation by establishing its progress towards set goals through the gathering of the views and perspectives of stakeholders on the subject. The objective was to present the logic of how TR was expected to work and explore its impact on the support provided to service users after their release from prison.

### **3.8 The programme theory and relationship between the research data sets**

This section of the research methodology summarises the pragmatic approach taken to elicit the programme theory. Each step of the process employed and its relationship between the data used are summarised in Figure 6.

*Figure 6: Steps employed to elicit the final theory and relationship between data sets*



The task consisted of developing an initial programme theory through the analysis of TR policy documents to identify and define how through PbR the support given to offenders was anticipated to help in reducing reoffending, or not. According to Weiss (1997), such theory often comprises two layers, one that focuses on how the programme is supposed to work –as planned by the architects of the programme ( the implementation theory, see sections 3.9.3 and 4.1.2 ) – and another that highlights the participants’ responses to the programme resources (M) once the programme has been implemented (see sections 3.9.4 and 4.1.3) . In other words, the initial theory is a representation of an ideal (which is what projected in the programme documentation i.e. policy documents) and a reality (which is what may or may not happen on the ground i.e. how the people involved may actually respond to the programme’s resources). Hence, to develop the initial programme theory in this research, I first identified the theory that illustrates according to the programme architects, how TR through PbR is expected to work in relation to effective rehabilitation using a logic model. Although logic models are not usually part of realist evaluation, they depict a visual and simplified relationship between the components in a complex programme, and help to identify and better understand the contexts, mechanisms, and outcomes and how they are intended to produce change (Ebenso et al., 2016, Ebenso et al., 2019). I then proceeded to identify and theorise on how the people involved in the programme are expected and might respond to the programme resources. This constituted the development of the initial programme theory (see section 3.9 and chapter 4).

The next stage of the investigation consisted of establishing the progress of the programme towards set goals by gathering the views and perspectives of key informants. The objective here was to refine the initial programme theory into an evidence-informed theory by exploring the mechanisms (M) by which PbR as part of TR could impact on effective rehabilitation. Firstly, the study comprised an examination of the work of CRC staff by analysing both primary and

secondary data. I then focused on TSOs because of their long and established experience in supporting offenders inside and outside of prison. I conducted interviews with staff and volunteers within supporting organisations. Finally, I interviewed service users; namely, offenders released in the community. These findings are presented in chapter 5 of this thesis.

When using qualitative methods of data collection such as interviews to test and refine the programme theory, Pawson and Tilley (1997) advocate the use of a realist interview approach. In this, the interviewer presents and explains the initial CMO configurations to the interviewees to get their thoughts about the programme theory being presented. The intention is for the interviewer to use the information gathered, to refine the CMO configuration. According to Pawson (1996), this interview approach helps to validate and modify the hypotheses about how the programme work.

Upon reflecting on realist interviewing and testing it, I concluded that such an interviewing approach would not benefit this study. During the first interview (with a CRC staff member), the participant seemed at ease when asked open-ended questions about their experience. However, any attempt to get the participant to comment on the initial programme theory and link it to their experience was met with confusion and resistance, with the interviewee giving only 'yes or no' answers. To re-establish a good rapport with the participant and ensure the gathering of valuable data, I reverted to asking open-ended questions as per my interview schedule (see Appendix C). As a result, I decided to use semi-structured interviews for the rest of the research. It appeared to me that given the politically contentious nature of TR, presenting my theory to the participants came with the risk that they might be reluctant to openly criticise the programme. Another possibility is that they might not be used to thinking about programmes in a theoretical way.

The analytic approach, therefore, combined principles of the Realist Evaluation of Pawson and Tilley (1997) and that of the thematic analysis of (Braun and Clarke, 2006) as this was more appropriate to the semi-structured interview format. Thematic analysis can be used for both data-driven and theory-driven analyses, and to capture explicit and underlying meaning within the data (Terry et al., 2017). This flexibility made it possible to adapt thematic analysis to the realist methodological approach to exploring mechanism only, which is adopted in this study.

As outlined above, by engaging with CRCs and third sector organisations, the study examined the views and perspectives of key informants on the effect of TR on the support provided to service users. Also, it highlighted the contribution of the third sector in supporting offenders in their rehabilitation after a prison sentence. From the service user perspective, the study explored the impact of TR on the rehabilitation of service users. The findings at each stage of the research-informed one another to create an integrative approach. The data sets above were integrated to carry out the analyses, as further described in the data analysis sections in this chapter. Figure 6 offers an overview of the research process and shows the relationship between the data sets, how the data were examined, and the different steps involved in answering the research questions.

While the details on how the TR policy documents were analysed and how the initial programme theory was developed are presented in chapter 4 of the thesis, the details on the data collection and analysis methods of the empirical data are given in chapter 5.

### **3.9 Methods for review of policy documents: Initial Programme theory**

#### **3.9.1 Overview**

This section describes the method for developing the initial programme theory for effective rehabilitation from TR policy documents, which is the first step in the overall theoretical framework of the research. This step of the research was informed by a logic model (see 3.9.3) that was developed through a review of TR policy documents. This represented how, according to the programme architects, TR, through its PbR scheme, would lead to effective rehabilitation.

The design of the logic model was overseen by Dr Pam Oliver, who acted as my mentor through the Emerging Evaluators Mentoring Program with the European Evaluation Society (EES). The mentoring sessions took place from September 2016 to June 2017 and were conducted via skype as Dr Oliver was based in New Zealand. I then applied realist lenses to scrutinise the programme architects' assumptions of TR and to theorise on alternative hypotheses. This exercise was carried out based on my knowledge and understanding of the field of offender management, and my discussions with Russell Webster, a criminal justice consultant who shared his expertise in PbR and extensive knowledge of the British CJS. The actions outlined above led to the development of the initial programme theory describing the ways by which PbR could influence effective rehabilitation. Dr Justin Jagosh, who coached me through a one-to-one realist methodology tutoring service with the Centre for Advancement in Realist Evaluation and Synthesis (CARES), oversaw the development of this initial theory. As Dr Jagosh resided in Canada, the consultation was conducted online via GoToTraining, which allowed screen sharing for the work in progress to be examined, discussed, and revised. These sessions were spaced out throughout the development of the programme theory and often involved Dr Antje Lindenmeyer (my lead supervisor).



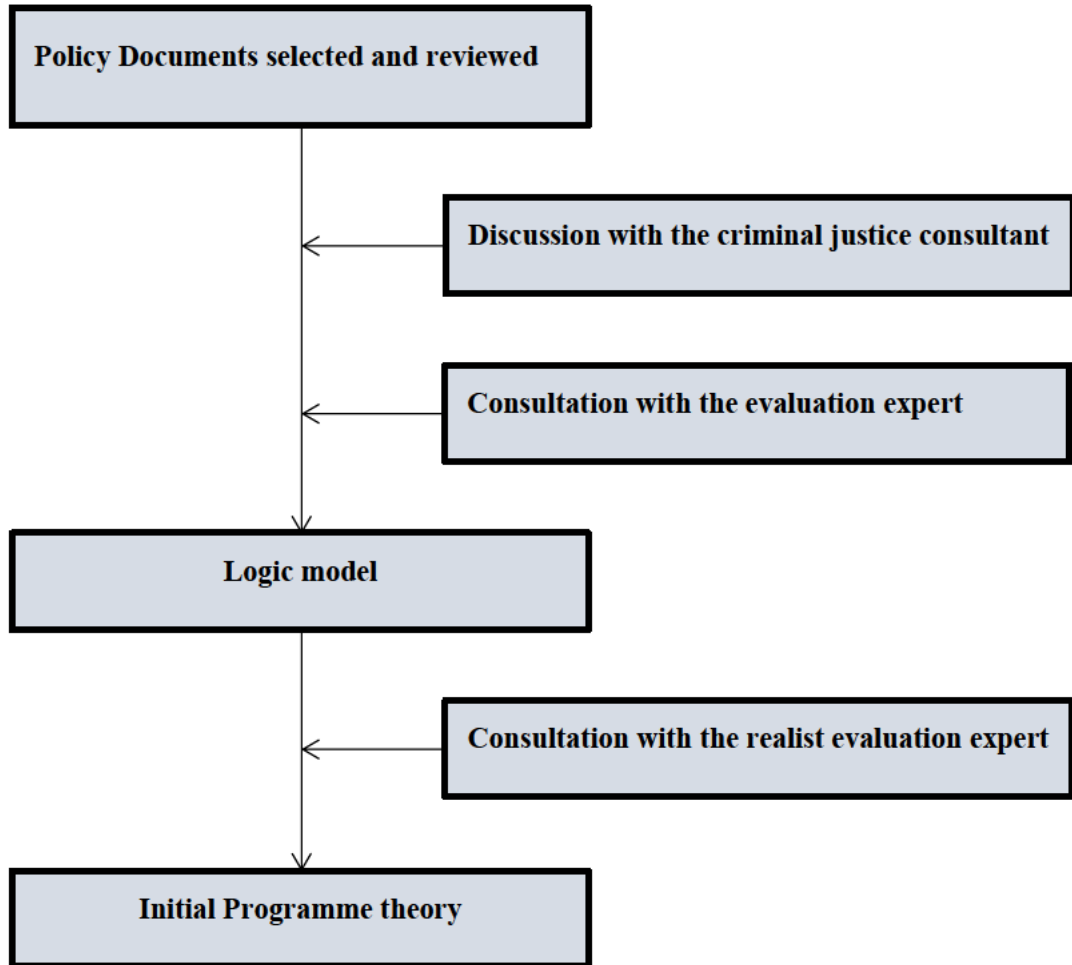
### **3.9.2 Gathering the data**

To draw out the programme theory, data collection was conducted in two interrelated stages (see figure 7):

- Review of TR policy documents
- Discussion with an expert: independent researcher, evaluator, and consultant with extensive knowledge and experience in the Criminal Justice System (CJS) in England and Wales, and expertise in Payment by Results (PbR).

These two sources of data were chosen because, on the one hand, the policy documents define what should work in terms of reducing reoffending according to the programme architects, and how TR is expected to help achieve that. On the other hand, the expert had significant insight into TR because he had worked in the CJS and had been conducting research in the area of offender management for over 30 years.

*Figure 7: Process for eliciting the initial programme theory*



### **3.9.3 Building a TR logic model**

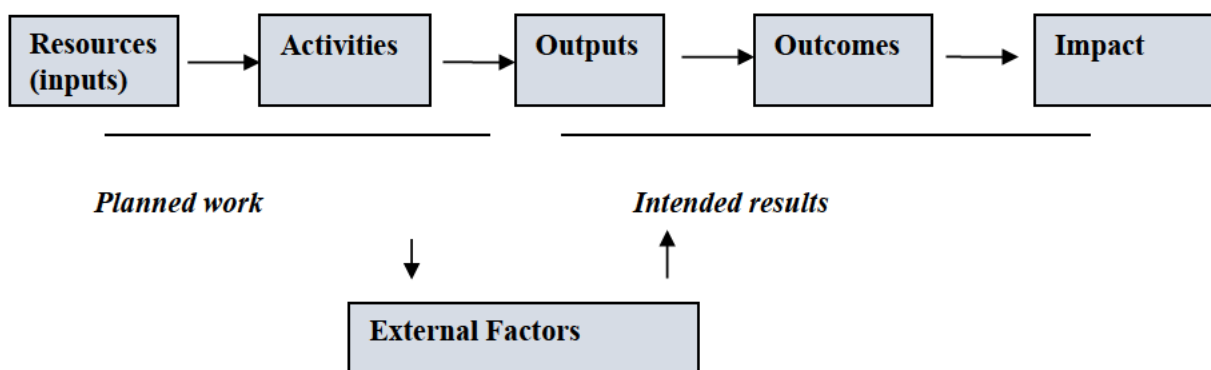
#### **3.9.3.1 The logic model**

To identify the hypotheses and initial working theories of how TR is intended to produce the desired outcomes- i.e. improving supporting services, improving service users' engagement, reducing reoffending – a logic model was created. As defined by Bickman (1987), a logic model is a credible and practical tool that clearly illustrates how a programme is expected to work to

solve specific problems or demonstrates its progress towards set goals. The objective here is to explain the elements of the programme and present the logic of how the programme works.

As illustrated by McLaughlin and Jordan (1999), creating a logic model will take into account specific elements that will help in gathering the required information. *Resources* represent all that is needed (individuals, groups, or organisations) to achieve the set of activities leading to the realisation of the programme. *Activities* include the actions that will be carried out to address the aims and objectives of the programme; *Outputs* characterise what is expected once the activities are completed. *Outcomes* (immediate and intermediate) are the changes in knowledge, skills, and behaviours, resulting from the activities and outputs. *Impacts* considered long-term outcomes are the changes in service, at an organisation or community levels (see Figure 8).

**Figure 8: Elements of the Logic Model by McLaughlin and Jordan (1999)**



### 3.9.3.2 The TR logic model

Before commencing the review, the documents about *Transforming Rehabilitation* (TR) (see Table 2) were acquired from the Ministry of Justice’s website to stay true to the logic of the intervention as much as possible. This review established the basic idea on which the programme is based, its core components; and how they are expected to contribute to change (see section 4.1.2).

Relevant policy documents were identified and selected first by searching the UK public sector information website, GOV.UK. The search was conducted on the website using the terms *transforming rehabilitation* and *payment by results*. The search was limited to the topic of Crime, Justice and Law, in the policy papers and consultations category, and to documents that had been updated before February 2015 (which constitutes the time of the full implementation of TR). Additional documents were identified through them being referred to in previously identified documents. I was in charge of conducting the search, screening, and review of the documents. The titles and descriptions of the documents were screened for relevance to the objective of the review. Identified documents were further screened and those that did not provide information on PbR were excluded.

Following the review and the extraction of the different features of PbR (e.g. resource 1) introduced by the programme and people responses to them (e.g. response 1', response 1'' etc.), a TR logic model was developed inspired by the logic model of McLaughlin and Jordan (1999). This tool aimed to gather and organise the elements of TR as well as presenting the thought behind it in terms of how it is expected to work about the provision of effective rehabilitation and reducing reoffending (see Figures 9 and 10 in Chapter 4).

*Table 2: Table comparing TR policy documents*

<b>Title</b>	<b>Author and Year</b>	<b>Document Type</b>	<b>Description</b>
<b>Transforming Rehabilitation: A revolution in the way we manage offenders</b>	(Ministry of Justice, 2013e)	Government Policy document	This consultation paper on <i>Transforming Rehabilitation</i> was launched in January 2013 and describes the Government's intended approach to tackle the rate of re-offending and manage offenders in the community, at an improved value for the taxpayer.
<b>Transforming Rehabilitation: A Strategy for Reform</b>	(Ministry of Justice, 2013f)	Government Policy document	Published in May 2013 as a conclusion to the consultation paper, this white paper is the central document that sets out the evidence and vision behind <i>Transforming Rehabilitation</i> .
<b>Rehabilitation Programme Market Engagement: Payment Mechanism Straw Man<sup>1</sup></b>	(Ministry of Justice, 2013c)	Government Policy document	This discussion paper issued alongside <i>Transforming Rehabilitation: A Strategy for Reform</i> , details the key features of the payment mechanism within the reducing reoffending contracts with service providers (e.g. CRCs).
<b>Transforming Rehabilitation Programme - Payment Mechanism: Market Feedback and Development Considerations</b>	(Ministry of Justice, 2013d)	Government Policy document	This paper summarises some of the concerns raised following the 'Straw Man', and the possible refinements considered by the Government.
<b>Transforming Rehabilitation Programme Payment Mechanism</b>	(Ministry of Justice, 2014c)	Government Policy document	This document published in March 2014, is not legally binding and acts as an explanatory note for the parliament on how the Ministry of Justice will deliver its PbR scheme under <i>Transforming Rehabilitation</i> .
<b>Transforming Rehabilitation: Summary of evidence on reducing reoffending (second edition)</b>	(Ministry of Justice, 2014d)	Government Policy document	This evidence summary published in April 2014, offers an overview of factors associated with re-offending and reducing re-offending in adult offenders. This is an updated version of the first one published in September 2013. The updates include up to date statistics on re-offending and findings from evaluation studies on re-offending.
<b>Target Operating Model: Version 3 Rehabilitation Programme</b>	(Ministry of Justice, 2014b)	Government Policy document	This Target Operating Model published in May 2014, describes the system designed to change the way offenders will be rehabilitated under TR, and which will lead to a reduction in re-offending. This version is a replacement for the initial Target Operating Model published in September 2013 and version 2 published in February 2014. Updates include further details on the design of the model, such as the allocation and risk management of the offenders.

<sup>1</sup> A *straw man* is a rough proposal designed to trigger discussions and feedback for the design of a better and improved proposal (Palese and Crane, 2002).

### 3.9.4 The initial programme theory

The TR logic model developed was used to draft a rough sketch of the programme theory focused on PbR. The goal at this point was to review TR policy documents critically, by asking *why* and *how* questions until a coherent and plausible set of theories arose. It was a continual exercise of *if X is put in place Y will follow* in which focus was put on what the programme architects had said but also failed to say about how X related to Y (Wong et al., 2013). This constituted the basis of the initial programme theory (see section 4.1.3). According to Pearson et al. (2013), expressing what they referred to as *if...then* propositions, facilitates the process of understanding how the programme (here TR) was built, and tabulating the development of thoughts behind it.

***Formulating the first set of hypotheses: “if...then” statements:*** Following the implementation chain of TR (see Figures 9 and 10), **if...then** statements (see section 4.1.2) were formulated by linking aspects of key components within the programme. These hypotheses were a clear reflection of the assumptions behind TR, according to the programme architects: “If this is done, then we will get this”.

***Formulating the second set of hypotheses: “if...then” statements:*** A realist approach at this point was used to explore what in the chain could go wrong. Additional **if...then** statements were then developed, with the same components as the logic behind the government idea but depicting a contrasting scenario with a different causal pattern and alternative route (see section 4.1.3)

***Discussion with the expert:*** After developing the programme logic model, a discussion was conducted with an eminent expert in the field who had an in-depth knowledge of the transforming rehabilitation reforms. The objective here was to corroborate and complement the examination of the policy documents but also to theorise on what would work or not. The

discussion centred on the expert's knowledge of TR, the assumption behind the launch of the programme and its anticipated outcomes, intended or unintended.

This step gave an idea of the conditions that could influence (constructively or not) the way the programme mechanisms would be triggered, as well as any contributing factors generated following specific activities within specific contexts. From the information gathered from the expert and the logic model, the initial programme theory was framed, which in turn suggested areas to probe during interviews with key informants.

### **3.10 Methods for empirical data**

#### **3.10.1 Overview**

This section describes the empirical data gathered for this study and explains the process of data collection and analysis and refining the initial programme theory. I conducted semi-structured interviews with CRC staff (secondary and primary data), TSO staff and volunteers (primary data) and service users (primary data). By combining secondary and primary data, this study was able to assess the trend in CRC staff's response to TR, over time. In using secondary qualitative data in this way, an advantage is that it reduces the research resources such as time while multiplying my access to data, as the primary researcher in this doctoral research (Ziebland and Hunt, 2014). The findings at each stage of the research-informed one another for an integrative approach. The section starts by pointing out the ethical considerations for this study (see 3.10.2), then details the process of recruitment and data collection (see 3.10.3) and analysis (see 3.10.4). The approach to revising to programme theory is presented in section 3.10.5 to conclude the chapter.

#### **3.10.2 Ethical considerations and good practice**

Keeping the researcher and the participants safe is an important ethical consideration. Hence, physical and emotional safety must be ensured for everyone involved in the study (Miller et

al., 2012). A request for ethical approval was submitted and granted following minor amendments, by the University of Birmingham Ethics Committee in 2016. The organisations that participated in the research were satisfied upon presentation of the approval above (see Appendix E). The next essential points to consider were confidentiality and risks of harm, informed consent, and anonymity.

To address potential risks that could arise during the research for both myself (as the researcher) and participants, in-person interviews were held on the premises of the participating organisations or public spaces, as per the university's Lone Worker Policy. Confidentiality was observed, and participants could stop the interview at any time; they were also allowed to contact the researcher and request for the removal of their data from the study for up to 14 days after the interview. It was anticipated that in a case of distress during the interview, the participant (e.g. service user) would be asked if they wish to continue or stop the interview. In situations where the participant might have expressed an imminent danger of harm to himself/herself or others, confidentiality would be broken. That this would happen in such an eventuality was made clear to the participant before the interview. I would seek help or link the interviewee back to the support organisation in case of distressing experience. As the interviews of service users involved their experience of receiving support, rather than their offences, it was assumed that it would be unlikely that they share information about unknown criminal activities. This was proved to be the case during the fieldwork.

Before agreeing to take part, the participants received the Participant Information Sheet and the consent form that informed them on the purpose and scope of the study, how the data would be collected and managed, and their choice to participate in the research or withdraw. Because the participants were recruited through the organisation they worked for or were supported by, there was a concern that they would feel obligated to take part in the research. For instance, service users may have wanted to please service providers and mentors may have felt they had



to take part if their managers suggested it. It was then crucial to provide them with constant reminders that their participation was voluntary, and that they could opt out without consequences on their job (e.g. support workers) or the support they received (e.g. service users). The Participant Information Sheet was presented again on the day of the interview. This was followed by the signing of the consent form when participants were ready. Consent was verbally reconfirmed at the end of the interview after the recorder had been switched off.

To preserve participants' anonymity, CRCs' interviewees were identified based on their job descriptions and the data set they belonged to (e.g. secondary data or primary data). The secondary data did not include information about the gender, age, class, and ethnicity of the participants; hence, I chose to keep the CRC primary data neutral to match the secondary data. On the other hand, the staff and mentors at TSOs and the service users were given gender specific pseudonyms. For those providing the services, the pseudonyms were selected on the basis that they were English names and felt right as a swap for how the participants presented themselves. For the two service users interviewed for this research, the pseudonyms Jane (female) and John (male) were chosen based on the participants' gender (Lancaster et al., 2015). The anonymity of the participants was also kept through the redaction of place names such as cities or counties in which the organisations were based. However, a broad description of the reach of work of each TSO is provided to give credit to the managers, staff, mentors, and service users in those areas, who supported the fieldwork for this research.

Data were kept securely (i.e. electronic data was password-protected and stored in my personal space on the university server, consent forms and transcripts are locked in a filing cabinet in the researcher's office). Only members of the project team have access to the data. The Information Security Policy, associated codes of practices and the University General Conditions of Use of Computing and Network Facilities were by the researcher. Data will

remain securely stored for ten years in line with the University of Birmingham's policy, after which they will be destroyed.

### **3.10.3 Recruitment and Data Collection**

#### **3.10.3.1 Selecting a sample**

To develop a programme theory informed by the key people involved in the management of offenders in the community, sampling aimed to include providers from the private and the third sector as well as service users. Given that the value of this research focuses on the deep understanding of the matter investigated (i.e. effective rehabilitation), adopting a purposeful sampling process allowed to have broad coverage of different types of perspectives related to the subject being investigated (Sandelowski, 1995). The process of sampling service providers took into account the main types of personnel often employed within such organisations, which are commonly case managers, caseworkers, support workers, mentors, and volunteer coordinators. As for service users, the aim was to recruit a range of participants including demographic variation (e.g. age, gender, and ethnicity) and variation in experience (e.g. having a mentor, length of prison sentence) (Sandelowski, 1995).

This research started (October 2015), a few months into the transfer of the management of CRCs from the public to private companies (February 2015). These companies were encouraged to purchase services from other providers (e.g. TSOs) to meet the needs of their service users as well as the requirements of their commercial contracts (as detailed in Chapter 4). In order to recruit the participants for the research, initial approval was required from CRCs and TSOs. Hence, it was anticipated that recruitment would be challenging because most CRCs and the TSOs they had contracted would be controlled by private companies. Besides, the TSOs left out of the supply chain might have closed or scaled-down as observed during the fieldwork for my Master's research and echoed by Maguire (2016). The anticipation of these challenges meant that limited participant engagement was also anticipated, which in turn affected the issue

of reaching saturation. Saturation is achieved when the collection of additional data adds nothing new to the theory being developed (Corbin and Strauss, 2015).

In this research, sampling was carried out on the basis that the participants had the knowledge and experience relevant to the research questions, which means that it was also driven by the initial programme theory developed in Chapter 4 (Emmel, 2013). Rather than to generalise the findings from sample to a population, the research intended to describe, explain, and interpret data in relation to effective rehabilitation. Consequently, priority was given to the quality and richness of the sample rather than its size (Mason, 2010, Emmel, 2013). Moreover, Manzano (2016) explains that in realist research, the focus is not on *how many* were interviewed but on *who, why* and *how*. Hence, Manzano (2016) recommends a flexible approach in this type of research that includes the collection of both primary and secondary data (as it is in this PhD). Ultimately, my approach to sampling was pragmatic and focused on the building and aggregation of data (here mechanisms of action) for wider usefulness in similar or different settings (Morse, 2015b). In realist research, there is not an expectation that saturation will be achieved, because research always generates partial knowledge upon which further inquiry can be built on (Pawson, 2013).

Data collection comprised the following perspectives:

- The CRC's perspective – Semi-structured interviews with three key informants with in-depth knowledge of TR (primary data) and 36 transcripts from semi-structured interviews conducted by Millings, Burke, and Robinson's (2016) in for their project exploring the impact on probation staff of the changes in relation to TR;
- The third sector's perspective – 11 semi-structured interviews with managers, coordinators, support workers, and mentors within three organisations;

- The service user’s perspective – Two semi-structured interviews with service users, as well as support workers’ accounts of specific cases they have worked on.

A summary of the characteristics of the research participants is presented in tables 3, 4 and 5.

**Table 3: The characteristics of service providers: CRCs**

<b>Data source</b>	<b>CRC partnership</b>	<b>Grade of participants</b>	<b>Number of participants</b>	<b>Number of transcripts</b>	<b>Time interviews were conducted</b>
Secondary	Multinational corporation + Charities and social enterprises	Senior Managers	8	36 transcripts selected*	March 2015 – June 2015
		Middle managers	14		
		Other staff	9		
Primary	Private company + Charities	Senior Manager	1	3 transcripts produced	January - February 2017
		Senior Probation officer/Team Lead	1		
		Programme coordinator	1		
<b>Total</b>			34	39	

\* Although there were 31 participants for the transcripts selected in the secondary data source, five of the eight senior managers were interviewed twice between March 2015 and June 2015. Hence, 36 transcripts selected.

**Table 4: The characteristics of service providers: TSOs**

<b>Organisation Type</b>	<b>Region covered</b>	<b>Type of participants</b>	<b>Pseudonyms</b>
Community development organisation	South London	Support worker	Phoebe
Women organisation	England	Coordinator 1	Eve
		Coordinator 2	Ethel
		Manager	Elsie
Christian organisation	The Midlands	Community chaplain	Charles
		Chair/Mentor 1*	Margaret
		Mentor 2	Harry
		Former community chaplain/Mentor 3	William
		Mentor 4	Timothy
		Mentor 5	Andrew

\*Margaret was interviewed twice, the first time as the chair of the organisation and the second time as a mentor.

**Table 5: The characteristics of service users**

<b>Gender</b>	<b>Race/ Ethnic Origin</b>	<b>Age</b>	<b>Pseudonym</b>	<b>Support organisation</b>
Female	White: British	Mid 20s –mid30s	Jane	Christian organisation
Male	White: British	Mid 20s – mid 30s	John	Christian organisation

### **3.10.3.2 Interviewing for the research**

In this study, the participants constituted one of the data sources. Hence, to meet the objectives of the research, semi-structured interviews were found to be an obvious choice for generating the data. Semi-structured interviews allowed an in-depth exploration of the participants' experiences and perceptions of effective rehabilitation under TR. The interviews were scheduled and conducted individually at the participants' convenience. However, providers were given the option to be interviewed in pairs if they wanted to (joint interviews). The advantage in conducting joint interviews is that the interaction between the interviewees enables data to be generated (like in focus groups) and gives each participant the opportunity to provide detailed narratives (unlike in focus groups) (Polak and Green, 2016). In addition to interviews and focus groups, qualitative research in criminal justice often involves observations and immersion in settings (Tewksbury, 2009). However, due to time and resource constraints, I did not include these methods of data collection in this study. As the focus of this research was on the experience of effective rehabilitation, semi-structured interviews were appropriate (Mason, 2017).

According to Brinkmann and Kvale (2015), semi-structured interviews are often seen as the most effective and suitable tool for information gathering. The authors explain that, in addition

to helping the interviewer obtain the interviewee's description and interpretation of the phenomena of interest, these types of interviews provide the interviewer with the flexibility to redirect or change the sequence or line of questioning in order to inform the research. This constituted another reason why semi-structured interviews were chosen for this PhD study. Not only did they allow me to adapt the style and pace in my line of questioning to still focus on the exploration of the initial programme, but they also enabled the interviewees to answer the questions in their own terms. This proved to be particularly valuable as it permitted the testing of the initial programme theory, without engaging in the realist interviewing, as previously explained in this thesis (see section 3.8).

The literature on qualitative interviewing has established that there is not a single way of wording questions that would necessarily work over another. Hence, in order to get the best possible answers, the challenge for the interviewer lies in their ability to efficiently set the interview and use different styles of questioning throughout the interview to invite different style of answers from the interviewee – from descriptive, behavioural, and experiential to emotional, cognitive, and evaluative (Brinkmann and Kvale, 2015, Qu and Dumay, 2011). Drawing on Brinkmann and Kvale (2015)'s proposition on the typography of questions and relevant context, an overview of the styles of questioning I used during field interviewing and the way it which it was integrated in the refinement of the initial programme theory – i.e. through the exploration of resources and responses as part of the Mechanism, as explained in 3.6 - is outlined in table 6.

**Table 6: Types of interview Questions**

Types of Questions	Purpose of questions	Some examples
Introductory Questions	To kick start the interview and give the interviewee the opportunity to share their experience in relation to the subject of offender rehabilitation	<p>“Can you tell me about your role in this organisation?”</p> <p>“Tell me about the support that you receive”</p>
Follow-up Questions	<p>To bring the focus on what has been said and is of relevance to the exploration of the programme theory.</p> <p>Here, an emphasis is put on the resources of the programme and the exploration of how those delivering and receiving the programme respond to those resources.</p>	<p>“Tell me about your experience of providing support”</p> <p>“You mentioned a change in your role, how what ways has it changed?” (Question to a service provider)</p> <p>“You mentioned having a mentor, how is it different from other forms of support?” (Question to a service user)</p>
Probing Questions	To pursue answers regarding a statement of interest i.e. in relation to the participants’ responses to the resources of the programme. initial programme (e.g. in relation to resources highlighted in the initial programme theory,	<p>“You mentioned that you have to prioritise cases, can you elaborate on that?” (Question to a service provider)</p>
Specifying Questions	To elaborate on a general statement of interest made by the interviewee. This provides an opportunity for an in-depth exploration of resources relevant to the programme, and the responses of the people involved.	<p>“How important is it to provide the service user with that role model you talked about? ” (Question to a service provider)</p> <p>“What makes you say that your mentor helps you when you feel low and have those feelings of anxiety?” (Question to a service user)</p>
Direct Questions	To prompt a direct response. This is the opportunity to gather the participants’ direct views on specific elements of the programme theory.	<p>“Have your members of staff been impacted in any way by those changes?... What about your service users?”</p>



		“Do you think every offender need that one to one support?”
Indirect Questions	To ask projective questions. This helps to gather information on how the other people involved in the programme respond to it.	“How do you feel others perceive these recent changes”
Structuring Questions	To close off an area of inquiry and open up another	“Having talked about the impact on the organisation, I would like to explore the potential impact on service users”
Silence	To allow the interviewee to reflect and collect their ideas	(...)
Interpreting Questions	To clarify and interpret information by rephrasing the interviewee’s answer	“If I understand clearly, what you are saying is...”

Adapted from Brinkmann and Kvale, 2015, pp160-162, Box 7.1 Types of Interview Questions

Following these types of interview questions helped to still focus on exploring the programme theory without using explicitly realist interviewing questions. In addition, the style of interviewing used helped to maintain the pace of the interview, build and maintain good rapport with the interviewee, and reduce risk of bias from both the interviewer and the interviewee. These characteristics have been found to lead to a good quality interview (Schensul et al., 1999). Whilst conducting the interviews during the fieldwork, I maintained the flow of the interview by allowing moments of silence to avoid disrupting the interviewees’ reflection and by probing to redirect the narrating when necessary, i.e. to explore details relevant to the programme theory. I maintained a good rapport with the interview participants by avoiding to show any indication of surprise and shock, or of approval or disapproval regarding the answers they had provided. In given circumstances, the use of indirect questions helped to gather information relevant to the attitude of others (e.g. service providers and service users), without

directly involving the participant's own attitude. This not only helped maintain a good rapport with the interviewee, but also helped avoid asking leading questions. With all these aspects of interviewing in place, risks of bias were also minimised.

The interviews were conducted following the safety procedure within each organisation. Through my two years' experience working as a mental health mentor and experience in conducting interviews in similar settings, I was familiar with working in such circumstances. This meant that I started my fieldwork with some of the skills required for qualitative interviewing. For instance, I knew how to structure the interaction with the interviewees, establish rapport, listen carefully without interrupting, probe when necessary, and remain aware of the interviewees' body language and emotional state (King and Wincup, 2008). Also, the research I conducted during my Master allowed me to develop my interview skills as a researcher. While mentoring focuses on providing support to the interviewee, research interviewing aims at gaining an insight into the interviewee's perspective and gathering data that cannot easily be observed (Hughes, 2016). These two experiences provided me with the necessary skills needed to facilitate the gathering of relevant data for the research, and to act accordingly if an interviewee (e.g. service user ) required immediate support. The challenge, therefore, is to identify when it is appropriate to switch from one role to the other. On one occasion, I responded to a participant as a mentor rather than as research. The participant, here a service user, commented on his likelihood of going back to prison and I replied with words of encouragement to reinforce positive attitudes rather than attempting to explore the participant's comment.

More details on the recruitment and data collection process for each participant group is provided in the next sub-sections ( 3.10.3.3, 3.10.3.4, and 3.10.3.5 ).

### **3.10.3.3 Community Rehabilitation Company (CRC) Perspective**

This section reports on existing transcripts from Millings, Burke, and Robinson's ESRC funded project which explored TR and the experience of staff during the early development of CRCs (from March 2014 until June 2015), alongside the semi-structured interviews I conducted with CRC staff between October 2016 and February 2017. Hence, this data set comprised of secondary and primary data (see Table 3).

#### **3.10.3.3.1 Secondary data**

As already established, this doctoral research included secondary data. The secondary data set used was identified through a search of the national centre of expertise in data archiving in the UK (the UK Data Service), using *Transforming Rehabilitation* as the search term. This process led to data from Millings, Burke, and Robinson's project, *Devolving Probation Services: An ethnographic study of the implementation of the Transforming Rehabilitation agenda* (Ref: ES/M000028).

Millings, Burke, and Robinson (2016)'s study involved researchers from Liverpool John Moores University and was supported by the Economic and Social Research Council (ESRC)'s pilot Urgency Grants Mechanism. The research tracked the original implementation of TR in 2014 up to 2015 and provided a depiction of the changes in offender management and, more broadly, the process of contracting out a public service. The project involved an ethnographic case study, in one municipality, transitioning from the public Probation Service to a CRC. In addition to observing and being present at management meetings, collecting and analysing policy documents, the researchers conducted repeated interviews with staff at all levels within the CRC. One hundred and ten (110) interview transcripts from the research were obtained from the UK Data Service, a national centre of expertise in data archiving which is part of the UK Data Archive (UKDA). The interviews were conducted from March 2014 to June 2015

and included eight senior managers, twenty (20) middle managers, and 38 other members of staff (e.g. Probation officers and programme tutors). Four rounds of interviews were conducted with the participants to coincide with key moments in the probation reforms (see Figure 1 on the TR timeline):

- From April to June 2014 (**All probation staff had been allocated to either the NPS or the CRC**): the participants were asked about their role within the organisation, the events preceding TR, and how they felt about moving into the CRC.
- From September to November 2014 (**The probation service had been split into NPS and 21 CRCs**): at this stage, the participants were asked about changes that might have occurred, in their roles, in the relationships with other organisations, in their working practice. The participants were also asked about their possible challenges moving forward.
- From December to January 2015 (**The management of the CRCs had been transferred to private organisations**): here, the interviewees were asked about their attitudes towards the new owners of the CRC and their thoughts on the future of the CRC.
- From March to April 2015 (**The new providers had started to deliver services**): in this last round of interviews, the participants reflected on the process of changes they have been through since the launch of TR, their new chapter as a CRC, the impact on their probation practice and personal lives, and their feelings for the future.

In their project, Millings et al. (2016) found that throughout the transition from the public sector to the private sector, although most of their research participants were keen to preserve a notion of *public service*, the CRC had progressively become infused by commercial thinking. As a

result, the researchers in one of their publications (Burke et al., 2017) echoed the concern raised by previous academics that, as the CRCs develop and enact their operational models, commercial requirements would take priorities. Although the project reported on the threat that the TR market-driven logic constituted to the *probation ethos* it did not provide information on PbR, the TR funding model, which is an essential part of my PhD.

Given that CRCs began to deliver the TR programme in February of 2015, I recognised that interviews conducted by Millings et al. (2016) between March 2015 and June 2015 would most likely cover the questions that are core to my PhD thesis. Hence, I selected the transcripts from that round of interviews as part of my data analysis, to further develop and inform the initial programme theory I developed and outlined in chapter 4.

### **3.10.3.3.2 Primary data**

To maximise the engagement of CRCs in the study, the providers covering all 21 CRCs were contacted repetitively via their respective general enquiries email addresses. Upon receiving an affirmative reply to my inquiry, the identified contact was sent an invitation to participate in the study as well as the participant's information sheet. In only CRC to express interest in the study (in this study, one CRC expressed interest), the recruitment process was conducted as follows: firstly, I organised a meeting during which I gave a PowerPoint presentation to my point of contact at the CRC. The presentation highlighted my knowledge and experience in the field, the objectives of my study, and the contribution I hoped the CRC could bring to the study. After I had given my pitch and answered questions to the satisfaction of my contact at the CRC, my research idea was brought at the team meeting in the CRC where potential participants were identified at the discretion of the CRC. My point of contact then emailed me with the contact of four potential participants. I then followed up by contacting the CRC professionals directly by email. In the email, I introduced myself and gave a brief description of the research, and

how the importance of their contribution to its objectives. The emails also included copies of the participant information sheet and the consent form. Following repetitive contacts made with the four identified individuals, three responded and were subsequently interviewed for the study.

The primary data was collected through face-to-face semi-structured interviews that examined the knowledge of staff members on TR, their thoughts and views on the reforms. Also, it gathered their perspectives on how the changes in policy might have influenced the support given to service users. Although an interview guide (see Appendix C) was used to guide the discussion, prompts were used where necessary to bring the discussion back to focus on the research interest and to explore emerging points regarded as relevant in informing the programme theory. Because the three participants occupied different managerial positions within the CRC (a service designer, a service coordinator, and a project manager), the content of the interview was also informed by the accounts of previous interviewees to further examine particular points of interest.

#### **3.10.3.4 Third Sector Organisations' (TSOs) perspectives**

This section reports the method of recruitment and data collection in service providers within the third sector (see Table 4). The evidence of the impact of TR on the support given to service users, from a third sector perspective, its contribution to the service users' rehabilitation and healthcare and the details on barriers and facilitators to this work are presented in section 5.3.

This study aimed to include any TSO focused on supporting people who had been released from prison, as well as TSOs supporting this group of people as one part of a wider remit. For instance, an organisation delivering housing services would have a wide range of clients, predominantly from the most deprived communities or whom mainstream services fail to reach and these often include people who had been released from prison. Although the recruitment

was restricted to the West Midlands at the start of the fieldwork (to reduce the cost), this scope was later widened to England and Wales to increase the chances of participation in the study.

Contact was made with a range of organisations, through the contact page of their websites, by attending various events and workshops - targeted at the rehabilitation of offenders - as well as seminars organised by the Academy for Social Justice Commissioning. Significant organisations and people in the field were also identified online through blogs and various social media platforms (namely Twitter, LinkedIn, and UK criminal justice blogs) for interviews. The policy team at *Clinks* - the main dedicated body for organisations working within the criminal justice system- was contacted on numerous occasions and signposted me to third sector organisations they thought could be useful and responsive to the rest of the research. The study included any TSOs supporting offenders and excluded those fully contracted by Her Majesty's Prison and Probation Service (see Table 8).

The initial contact consisted of introducing myself and explaining the purpose of the research and how they –the organisation- could contribute. A meeting or phone call was then arranged with the receptive organisation or person for a further discussion. Copies of the Invitation to participate and Participant Information sheets were sent to the point of contact before the meeting or phone call. The next step was for the contact point to identify suitable participants for the research and in some cases, hand their contact details over to the researcher who would then contact them. In other cases, the point of contact forwarded the information about the research to potential participants or shared the information at meetings and newsletters. It was then up to those interested in taking part in the research to contact the researcher.

Semi-structured interviews were conducted with a range of stakeholders of participating organisations in the third sector. The face-to-face interviews were held in the organisation premises or quiet cafés. When this was not possible, the interviews were carried out over the

phone. The interviews focused on what services the organisations delivered to offenders to assist in their rehabilitation, to whom and how they provided those services, and whether or not they had experienced a shift in their efforts to provide rehabilitation support to their service users since the implementation of TR. (See Appendix C for interview guide)

At this stage of the research, 11 interviews were conducted.

**Table 7: Composition of the sample**

<b>Organisation Type</b>	<b>Region covered</b>	<b>Nature of Contact</b>
Community development charity	London	One phone interview
Women's organisation	England	Two face to face interviews One phone interview
Christian organisation	The Midlands	Seven face to face interviews

**Table 8: Inclusion and exclusion criteria**

<b>Inclusion criteria</b>	<b>Exclusion criteria</b>
Any Third Sector Organisations supporting people who had been released from prison	Any Third Sector Organisation fully contracted by a CRC and requiring NOMS approval



### **3.10.3.5 The service users' perspective**

This section reports the method of recruitment and data collection of service users (see Table 5). As described and discussed throughout this thesis, this participants group present with a multitude of physical and mental health care needs, and are often subject to stigmatisation and marginalisation. The ethical conduct of research regarding the vulnerability of this population has previously been detailed in section 3.10.2. However, as much as the people in this group are considered vulnerable, they have also, in the past, committed a crime. I judged that participants were unlikely to discuss crimes that their supporting organisation was unaware of because the interviews focused on their experiences of receiving support rather than their offences. However, in consultation with my supervisors, it was decided that the participants would be informed that any criminal activity they disclosed would be reported to relevant authorities if judged to constitute harm or a risk of harm to others. As envisioned, the interviewees did not talk about their criminal activities.

Because of the complexity in the approval processes for research involving offenders that are under the supervision of CRCs and given the limited time of this doctoral research the recruitment of participants was done outside the formal remit of CRCs (as detailed in table 9). This allowed me to focus on offenders falling through the net of the overall support provided by CRCs. The participants were recruited through TSOs, and the process was similar to that of TSO staff. However, in the case of this participant group, once the TSO had identified potential participants, I composed a text message that my point of contact at the TSO proceeded to forward to the identified individuals. The text message gave concise information on the objectives of the research and expectations from service users in lay terms. I then contacted those who had expressed an interest in participating in the research for possible interviews.

Semi-structured interviews were conducted with two participants, one male and one female. The participants were asked to share their experiences of receiving support from the TSO in

general and a mentor in particular. The objective here was to identify information relevant to bring the voice of the service user in the programme theory.

**Table 9: Inclusion and exclusion criteria**

<b>Inclusion criteria</b>	<b>Exclusion criteria</b>
Any offender supported by a Third Sector Organisation	Offenders within the remit of a CRC

### 3.10.4 Data analysis

For this study, I analysed 52 interview transcripts (16 from primary sources and 36 from secondary sources). The approach to data analysis adopted was a thematic analysis following the framework developed by Braun and Clarke (2006). As previously detailed in Section 3.8, the reasoning behind the choice of using thematic analysis was justified by its flexibility in data driven and theory driven analysis, and its ability to uncover underlying meaning within the data (Terry et al., 2017).

In the research process, I transcribed the interviews verbatim using the software *Inqscribe* installed on my personal university computer. The interview transcripts were then sent back to the participants for member-checking (Houghton et al., 2013). This step allowed the participant to feel part of the research by giving feedback, validating the transcript, and having control over the authenticity of what was said and transcribed. I carried out the analysis of transcripts both manually and using the NVivo 11 qualitative data management software as further detailed in the thematic analysis process. Each step of the process of the data analysis which was overseen by the thesis supervisors is described in the next pages, accompanied with tables illustrating this process across the data set (see tables 10, 11, 12, and 13).

**Table 10: The steps of the thematic analysis.**

<b>Steps</b>	<b>Description</b>
<b>Familiarise yourself with the data</b>	Reading the transcripts repeatedly while taking notes of ideas relevant to the research
<b>Start to generate codes</b>	Highlighting features of interest within the transcripts and attribute labels
<b>Search and Develop themes</b>	Grouping codes and identifying potential themes
<b>Revise the themes</b>	Reviewing the identified themes associated with the entire data set
<b>Identify the final themes</b>	Defining and refining the themes following the previous phase of the analysis
<b>Write the report</b>	Presenting the findings to highlight the quality and strength of the analysis

(Braun and Clarke, 2006)

**Step 1 Familiarising myself with my data:** As the sole researcher in this study, I had an advantage in the fact that I designed the study, recruited and conducted interviews with the participants, and transcribed the interviews. This allowed me to be familiar with the primary data before the analysis was carried out. I listened to the audio recording of the interviews to repeatedly before, during, and after transcription. This process gave me a better understanding

and perspective of the participants' accounts and allowed me to start identifying meanings and patterns in the data.

*Supervisors' involvement:* At the start of each stages of data collection for service providers (CRCs' and TSOs data), the first round of audio files and full interview transcripts were shared with my thesis supervisors. For the service users' data, the two audio files and full transcripts were listened to, and read by the supervisors. This allowed the supervisors to have an overview of the data and have an informed discussion of coding and analysis steps.

***Step 2 Starting to generate codes:*** Using a highlighter pen, I read each transcript while highlighting blocks of texts relevant to the research questions. I gave another round of reading to the transcript focusing on the blocks of text highlighted, and labels, i.e. codes were assigned to identify evident statements that conveyed interesting thoughts and processes. I then imported the transcripts into Nvivo where codes were replicated, for easier management of the data.

*Supervisors' involvement:* At this point, the codes generated were exported from Nvivo onto a word document that was shared, discussed, and reviewed with the supervisors, along with the text extracts from which the codes were generated (see Table 11).

**Table 11: Data extract and examples of codes generated**

<b>Participants groups</b>	<b>Data extract</b>	<b>Examples of codes generated</b>
<b>CRCs' staff</b>	<p><i>"I introduced and looked at the performance board and the impact if we didn't reach our service level agreements. People were just astounded that such amounts of money are actually involved".</i>                      Middle Manager13, Interview 1, secondary data</p> <p><i>"It's not because we don't want to do a better job...you know...we just haven't got our house in order really to deliver the things that should be there for the short termers that are coming in"</i>                      Programme coordinator, primary data</p>	<p>Giving priority to money</p> <p>Fearing to lose money</p> <p>Coming to term with the changes in the sector</p> <p>Facing a dilemma</p> <p>Adjusting to the changes</p> <p>Prioritising some service users over others</p>
<b>TSOs' staff</b>	<p><i>"One recurring thing that I had would be women that are completely stuck in a loop and would use our weekly session to sort of just vent about something that was really upsetting them. We are still available for that but being able to say look we've only got 12 sessions ...this is really upsetting...let's talk about this on the bus back...you remember...about the housing...then we will finish the session with...the loop thing that is going on."</i></p> <p>Phoebe, Support worker, Community development organisation</p>	<p>Providing practical support</p> <p>Providing emotional support</p> <p>Prioritising</p> <p>Make time to listen and talk to service users</p> <p>Service users are stuck in a loop</p>
<b>Service users</b>	<p><i>"I said I don't really have family support at the moment or anything or sisters, that come to take you out, and do normal things. My mentor is kind of like that for me. she knows that I might not like it so she finds a quieter place for us to go but if it wasn't for her I wouldn't do it at all so when I go out with her and we have good conversation I talk about things that I need to get out of my chest like everybody does sometimes"</i></p> <p>Jane, Female service user</p>	<p>Feeling isolated</p> <p>Lacking close relationships</p> <p>Needing someone to talk to</p> <p>Experiencing anxiety</p> <p>Wanting to feel and do like everybody else</p>

**Step 3 Developing themes:** I scrutinised the codes to capture and clarify their meanings. They were then grouped following their similarities and later identified as probable then identified themes.

*Supervisors' involvement:* A table presenting selected text extracts, their corresponding codes and themes was shared and discussed with the supervisors to scrutinise and sort the identified themes (see Table 12).

**Table 12: Examples of themes identified**

<b>Participants groups</b>	<b>Examples of themes identified</b>
<b>CRC staff</b>	Giving in to the business side of things Providers are losing their identity Using resources wisely by prioritising cases
<b>TSO staff</b>	Meeting the needs of service users while using resources wisely Providing a safe environment Building relationships
<b>Service users</b>	Needing to form relationships Needing to feel like any other member of society Needing someone to trust

**Step 4 Revising the themes:** Following scrutiny, I broke the themes identified in the previous stage into new separated themes or merged them to form a single theme. Themes with no link to the rest of the data set were dropped, and attempts were carried out to develop new themes from the data extracts of those themes. The process of coding and producing themes was stopped when the themes developed were conformed to the overall data set.

*Supervisors' involvement:* A table presenting the newly identified themes was shared with the supervisors for the sorting out of the themes (see Table 13)

*Table 13: Examples of potential and revised themes*

<b>Participants groups</b>	<b>Examples of potential themes</b>	<b>Examples of revised themes</b>
<b>CRC staff</b>	Being pressurised into meeting the targets	Putting on a business hat
<b>TSO staff</b>	Maintaining a person-centred approach to support	Keeping the service user afloat
<b>Service users</b>	Feeling vulnerable	Needing a support system

*Step 5 identifying the final themes:* I drew a narrative account from each theme focusing on their particularities and how they linked to questions. For themes with complex ideas, I developed sub-themes to simplify and clarify the meanings behind them.

*Supervisors' involvement:* A table presenting the themes and sub-themes along with their narrative accounts was shared with the supervisors for the discussion and validation of each theme (see Table 14).

**Table 14: Examples of final themes and sub-themes**

<b>Participants groups</b>	<b>Examples of final themes</b>	<b>Examples of sub-themes</b>
<b>CRC staff</b>	Hitting the targets but missing the point?	Make money through saving money  The monetary value of time
<b>TSO staff</b>	Building and maintaining relationships	
<b>Service users</b>	Needing to feel safe	Being in safe and stable living conditions  Building confidence

**Step 6 Writing up of the report:** With all the themes in place, the story behind the data was presented highlighting the quality and strengths of the analysis. The themes identified contributed to the construction of *Mechanisms* for the refinement of the programme theory by generating explanation of how effective rehabilitation might be achieved.

### **3.10.5 Approach to data integration: Revising the programme theory**

The sections presented above outline the individual constituents of the research study. The findings from each section stand-alone and address the research objectives (see Chapter 1). Nevertheless, the final stage of the analysis brought together the findings from each constituent part of the study to answer the following research questions:



- How does Payment by Results influence the support provided to address the complex needs of those released from prison after a short sentence?
- How do support services within the Criminal Justice System contribute to the mental health and wellbeing of service users in the community, and what are the existing barriers and facilitators to this work under a Payment by Results scheme?

These two research questions address the aim of providing and interpreting in-depth data on how Payment by Results, as part of *Transforming Rehabilitation*, impacted on supporting services in their efforts to attend to the offenders' needs – after prison release in England and Wales.

## **SECTION B: FINDINGS**

## **CHAPTER 4: REVIEW OF POLICY DOCUMENTS: INITIAL PROGRAMME THEORY**

### **4.1 Findings of the review and presentation of the initial programme theory**

After discussing the process of gathering and analysing the policy documents selected for the review, this section aims to formulate the initial programme theory for effective rehabilitation. This is done by explicating the mechanisms (M: Resource +Response) of PbR in terms of resources and responses, in addition to how they create outcomes (O).

This section starts by revisiting the research questions (see section 4.1.1). Then, through a review of the selected policy documents, it outlines the mechanisms of PbR by which TR is expected to work (this constitutes the implementation theory) (see section 4.1.2, Figures 9 and 10). Then the next section challenges the implementation theory by reflecting on the logic behind the chain of implementation, and by exploring the points in the planned sequence of events at risk of going wrong. This process will result in a programme theory which will not be strictly realist as it will not incorporate context. The intention, however, is to refine the implementation theory into a programme theory that will include and explore the mechanisms through which TR did or did not work as expected (see section 4.1.3, Figures 11 and 12). The concept of programme theory adopted in this thesis leans towards the broader definition of programme theory as the overarching theory that is specific to a programme and that sets out the rationale and assumptions about how the programme's intended outcomes are achieved, and what the unintended outcomes might be (Davidoff et al., 2015).

Although there are various approaches to programme theory, e.g. Theory of Change (Weiss, 1997) and Normalisation Process Theory (May et al., 2009), the common fundamental idea is that all social programmes include implicit assumptions about how and why those delivering

the programme as well as its recipients will respond to the programme. Therefore, empirical research to develop a programme theory often explores how these assumptions and the actual responses of those delivering and receiving the programme can contribute to an outcome of interest (e.g. effective rehabilitation). What distinguishes the programme theory in this thesis from a stricter realist approach is that it clearly identifies the mechanisms which generate the outcomes of interest but does not include context (as detailed in section 3.6). The knowledge acquired from developing such a programme theory can provide a deeper understanding of how the programme works and how it could be improved. Hence, the building of the programme theory in this thesis focuses on drawing out and testing the assumptions underpinning *Transforming Rehabilitation* by examining the mechanisms of PbR through which the outcome of interest was intended to be achieved.

#### **4.1.1 Revisiting the research questions**

As stated in Chapter 1, the research questions for this study were set out as:

- How does the Payment by Results influence the support provided to address the complex needs of those released from prison after a short sentence?
- How do support services within the Criminal Justice System contribute to the mental health and wellbeing of service users in the community, and what are the existing barriers and facilitators to this work under a Payment by Results scheme?

This chapter sets out the initial programme theory for effective rehabilitation, explains the mechanisms (M: Resource +Response) by which it generates outcomes (O), and anticipates the impact on service users' mental health and wellbeing.

#### 4.1.2 The implementation theory for effective rehabilitation

The policy documents selected for the review detailed the programme architects' logic behind TR and the specifics of how PbR was expected to lead to the programme's wanted outcomes. As detailed in Table 2, the period of consultation on the Transforming Rehabilitation reforms started with the publication of *Transforming Rehabilitation: A revolution in the way we manage offenders* and concluded with *Transforming Rehabilitation: A Strategy for Reform*. In the strategy document, the Ministry of Justice confirmed its plan to involve providers from both the private and third sectors in the management of offenders, the mandatory supervision of prisoners released from short sentences, and the use of PbR as a funding model for services. The Ministry of Justice argued that these initiatives would promote creativity in services at a better value for money than previous approaches.

*“By making changes to our current delivery arrangements, we can bring in a more diverse range of providers to help tackle reoffending, can use innovative new payment mechanisms to incentivise a focus on reducing reoffending, and can achieve efficiency savings to allow us to extend rehabilitation support to more offenders.”*

(Ministry of Justice, 2013f, p.25)

While *Rehabilitation Programme Payment-Mechanism Straw Man* (2013) indicated the Ministry of Justice's intentions regarding the structure of its PbR scheme, *Transforming Rehabilitation Programme - Payment Mechanism: Market Feedback Development Considerations* published a couple of months later addressed the feedback received following the publication of the straw man. Lastly, *Transforming Rehabilitation Programme Payment Mechanism*, issued in 2014, served as the explanatory note of the refined PbR scheme. The Ministry of Justice (2014c) stated that this final document on PbR was not legally binding. This means that, although it did not give the specifics within the contracts signed with each CRCs,

it gave an idea of what they included. Although the details of the CRC contracts were not in the public domain, data gathered from the interviews with CRCs staff in this study (see Chapter 5) served to complement the information provided by the aforementioned policy document.

The rest of the selected documents, which discussed the overall TR programme, outlined how PbR related to the other components of the reforms.

As detailed in Chapter 1 of this thesis, by 2013, the Ministry of Justice had recognised that despite all their efforts (mainly financial), re-offending rate had increased by over 3.9 percentage points since 2000 (Ministry of Justice, 2013b). In his Ministerial Foreword within 2013's TR central policy document - *Transforming Rehabilitation: A Strategy for Reform* - the Lord Chancellor and Secretary of State Justice at the time, Chris Grayling, acknowledged that success in reducing reoffending is dependent on the rehabilitation support that offenders receive (e.g. housing, employment advice, wellbeing and mental health support). As a result, TR was proposed and In *Transforming Rehabilitation: A Summary of Evidence on Reducing Reoffending (second edition)*, Jeremy Wright, the Parliamentary Under-Secretary of State in the Ministry of Justice at the time stated:

*“Our reforms will put in place a system that encourages innovation to improve outcomes. We are introducing new payment incentives for market providers to focus relentlessly on reforming offenders, giving providers the flexibility to do what works and freedom from bureaucracy, but only paying them in full for real reductions in reoffending.”*

(Ministry of Justice, 2014d, Ministerial foreword, para.5)

In a marketised probation service, this TR proposition emphasised providers' accountability in reforming offenders and earning money for the organisation at the same time. It is theorised by the policy architects that offenders would most likely receive appropriate support because services providers' performance would be tied to payment incentives. In other words, the

government's hypothesis was that money would be the **resource** that would act as an incentive (PbR) to the service providers' **response**, which is the providers' motivation to deliver support that is appropriate to the rehabilitative needs of the service users, hence deterring them from reoffending (Outcome). Precisely, CRCs would receive payment for managing offenders assigned to them, as per contract requirements, and for *real* reduction in re-offending. These specifications constituted the basis in the design of the two key features of the payment structure.

(1)

*“Payment for mandated activities that deliver through the gate services, the sentence of the court and licence conditions to time and quality.”*

(Ministry of Justice, 2013c, p.2)

Through The Gate services are contractual obligations for CRCs to attend to the resettlement needs of short sentenced offenders (e.g. drug and mental health treatments, housing, employment) from prison reception, stay, and within 12 months of release (Ministry of Justice, 2013f). In addition to attendance at drug and mental health treatments, sentences of the court and licence conditions can include requirements such as the offender's involvement in unpaid work and probation supervision in the community (Ministry of Justice, 2014b). According to the programme architects, these activities would translate to monetary payment only when they are completed as per time and quality in contractual agreements.

(2)

*“Pay the provider the profit component of their total cost model only where they achieve significant improvements in reoffending rates.”*

(Ministry of Justice, 2013c, p.7)

In this strategy paper, the programme architects stated that by this second feature, payment is made to providers based on the percentage of offenders that re-offend or not within 12 months

(binary metric) and the rate of re-offences in a cohort within 12 months (frequency metric). According to the Ministry of Justice (2013c), these metrics would serve to incentivise providers to continuously work at improving performance. However, the programme architects set their priorities on the binary measure as they emphasise that:

*“To receive any frequency payment, a provider will have to have reached the binary hurdle (...) regardless of performance against the frequency metric.”*

(Ministry of Justice, 2014c, p.13)

In other words, providers do not receive the full payment if they do not meet the binary targets. Also, failure to meet these agreed targets in both payment’s structure would lead to financial deductions.

*“Payments will be made along a continuous upward-sloping straight line. This means that providers would be rewarded if there is any reduction in reoffending (...) and likewise, financial deductions made to the fee-for-services for any increase in re-offending.”*

(Ministry of Justice, 2014c, p.16)

Throughout its strategy papers, the Ministry of Justice affirms its commitment to ensuring that the providers’ pay matches their efforts in the provision of support that would lead to effective rehabilitation and reducing re-offending.

The next section carefully examines the specifics of the resources within the government’s PbR scheme, and the assumed responses of service providers regarding the provision of support for effective rehabilitation to their service users. The elements of TR related to payment incentives were gathered in terms of resources and responses (see section 4.1.2.1) and organised into a logic model (see Figures 9 and 10). This allowed a visual representation of the reasoning by which these elements were expected to lead the outcome of interest in this PhD research study (see definition of Outcome in Chapter 3) – and ultimately reduce re-offending. This thesis focuses on effective rehabilitation, i.e. the providers deliver support tailored to the



rehabilitation needs of all offenders, and the offenders' mental health and wellbeing is improved.

#### **4.1.2.1 The mechanisms of PbR (M= resource + response)**

According to the programme architects, under this PbR scheme, providers would only be paid based on what they had achieved with regards to the rehabilitation of their service users. On the one hand, part payments were attached to the delivery of activities and services mandated by the court (e.g. offenders' supervision, the delivery of activities targeted at addressing the needs of offenders with complex needs like women, or the delivery of interventions supporting mental health treatment). Although there was payment for services delivered, providers were required not only to deliver activities for those services within a specified timeframe and to the specified quality, but also to have supplied an indicated volume (fixed before the start of the contract) of rehabilitation activities, to avoid losing part of the money.

*“Fee for service covers the delivery of sentence requirements (...) Providers will bid against a predicted annual volume range (...) with a retrospective payment or deduction applied if the actual Weighted Annual Volume (WAV) is shown to have been outside of a set tolerance range around the predicted WAV.”*

(Ministry of Justice, 2014c, p.2)

On the other hand, payment was dependent on the percentage of service users who re-offended and the rate at which service users within a cohort reoffended, within a year. In the structure of its PbR scheme, the Government introduced a system of reward for specified achievements (*resource 1*), and penalties for failure to attain defined goals (*resource 2*).

According to the authors of the document, implementing these payment arrangements would motivate service providers to deliver their services to all those in need of it (including short sentenced offenders), when they needed it, and to the quality standards defined in the contract

*(response)*). It was not clear, from the policy document, what specific resource (*1 or 2*) would trigger this response. Hence, the response was identified as follows: [*(response 1') (response 2')*].

*“The central focus is the quality of service and the likelihood of reductions in reoffending. It will be important for providers to run an efficient service, particularly in order to extend rehabilitation services to those released from short sentences (...) We will operate an incentive model where providers have maximum freedom to determine how they will rehabilitate offenders, and where a proportion of their payment depends on their success in doing so.”*

(Ministry of Justice, 2014b, p.3)

Here, however, it is assumed that by given providers the freedom to choose the way they work (*resource 3*) it will trigger the delivery of innovative services (*response*) focused on what works in reducing re-offending. Hence, the response identified as: [*(response 3')*].

It was also the government's expectation that the payment arrangements they set out would encourage the development of partnerships [*(response 1') (response 2')*] between CRCs and local organisations with expertise in the delivery of more specialised services (e.g. women services, mental health services).

*“We are firmly of the view that to reform offenders and contribute to public protection, providers will need to engage with statutory and non-statutory local strategic and delivery partnerships. Paying them according to their results in reducing reoffending will incentivise them to establish these links.”*

(Ministry of Justice, 2013f, p.29)

To be precise,

*“Providers will have an element of their funding at risk, with full payment dependent on their success at reducing reoffending. It will be in their interests to nurture local partnerships and to make use of services commissioned by other organisations that help to deliver these results.”*

(Ministry of Justice, 2013e, p.26)

While discussing women offenders, the Ministry of Justice stated:

*“The introduction of post-release supervision for short sentenced prisoners should provide huge benefits for women offenders. They will receive support in the community, geared towards addressing the factors associated with their offending. Payment by results will encourage providers to work in partnership with other public services to ensure that the broader life management issues associated with their offending – such as drug misuse, domestic violence and sexual abuse – are addressed.”*

(Ministry of Justice, 2013f, p.16)

These documents implied that, for providers to ensure that their service users did not re-offend within a year of release and that they – the providers (CRCs) – receive full payment for the services delivered, they would develop partnerships with local organisations with established experience in supporting offenders successfully in tackling re-offending factors such as homelessness, alcohol, drug and mental health issues. The Ministry of Justice, explained that in supporting offenders in the community, CRCs would only be paid for the delivery of sentences of the court but would still have the responsibility to take adequate action in addressing any other re-offending factors where necessary (e.g. housing, healthcare, employment, education, mental health treatment) (Ministry of Justice, 2014b). For instance, for the provision of services such as health and accommodation that are at the discretion of local authorities and Clinical Commissioning Groups, CRCs are advised to build relationships with those bodies to ensure that offenders meet the requirements of their supervision period (at least 12 months) and do not re-offend. It appears that part of the money of the PbR scheme would be dependent on the number of requirements imposed by the court. The higher the number of court orders completed to time and quality set in the contracts, the higher the payment, which means that that payment would also decrease with the number of court orders completed to contracts’ standards. As presented in table 15, the court sentences are a mix of

disciplinary and treatment measures that are targeted at reducing the risks of re-offending behaviours.

**Table 15: Conditions for Community Orders or Suspended Sentence Orders (p.15) and Supervision period (p.19), (Ministry of Justice, 2014b)**

<p>A <b>Community Order</b> or <b>Suspended Sentenced Order</b> from the court often includes one or more of the following:</p>	<p>During the <b>supervision period</b>, it is envisioned that the majority of offenders would be imposed the following supervision requirements:</p>
<ul style="list-style-type: none"> <li>• Unpaid work (known as Community Payback)</li> <li>• Curfew</li> <li>• Rehabilitation activity</li> <li>• A course addressing specific offending behaviour)</li> <li>• Mental health treatment</li> <li>• Drug rehabilitation</li> <li>• Alcohol treatment</li> <li>• Prohibited activity</li> <li>• Exclusion (being banned from entering a specific place)</li> <li>• Residence (a requirement to live at a specified address)</li> <li>• Attendance Centre (Under 25s only)</li> <li>• Restrictions on travel abroad</li> </ul>	<ul style="list-style-type: none"> <li>• Be of good behaviour and not to behave in a way which undermines the purpose of the supervision period</li> <li>• Not to commit any offence</li> <li>• Keep in touch with the supervisor in accordance with instructions given by the supervisor</li> <li>• Receive visits from the supervisor in accordance with instructions given by the supervisor</li> <li>• Reside permanently at an address approved by the supervisor</li> <li>• Not to undertake work, or a particular type of work, unless it is approved by the supervisor</li> <li>• Not to travel outside the British Islands, except with the prior permission of the supervisor</li> <li>• Participate in activities in accordance with any instructions given by the supervisor</li> </ul>

In these policy documents, the Government made it clear that the TR reforms were mainly targeted at the management of short sentenced offenders after prison. Hence, its decision to

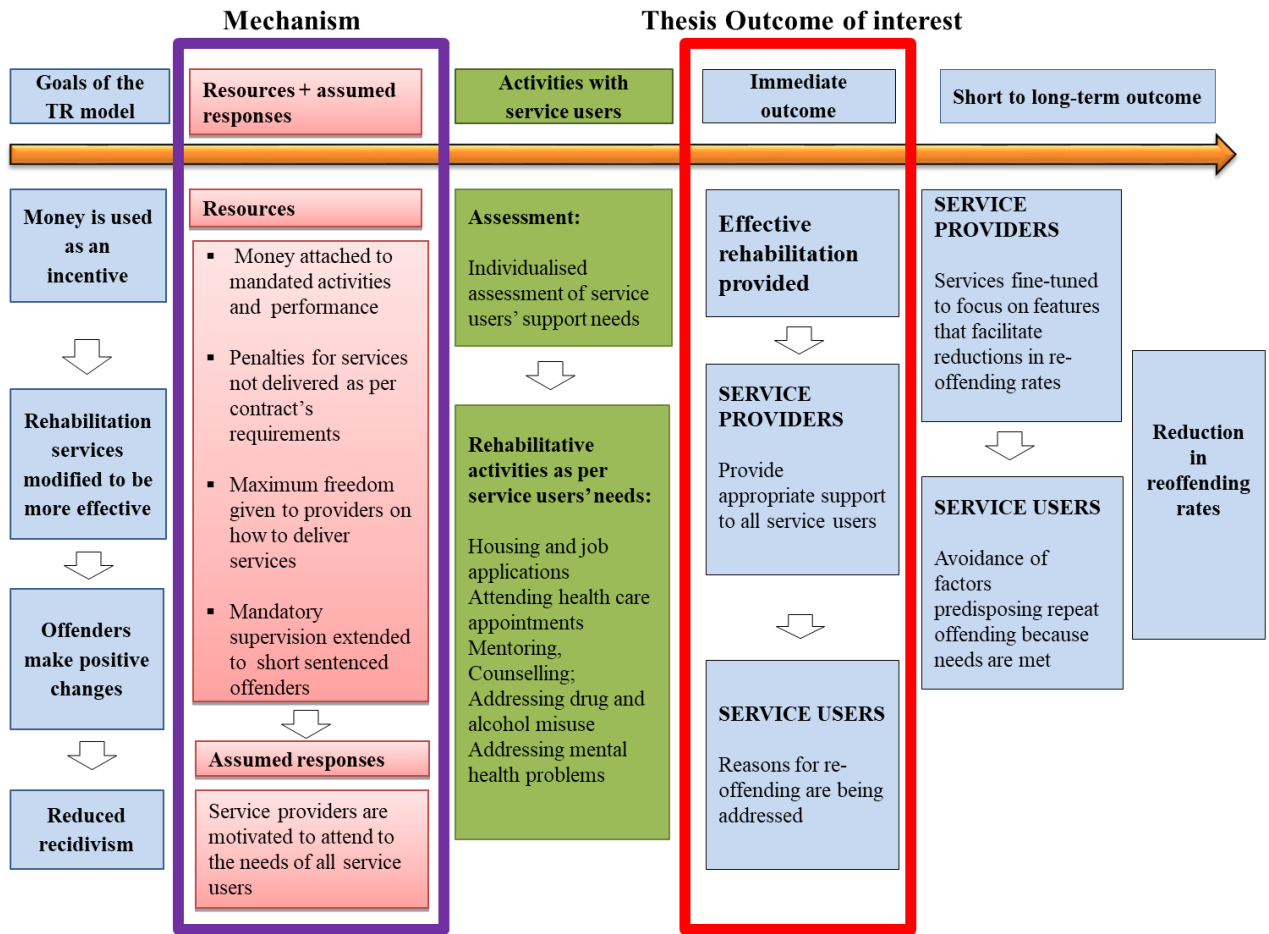
extend the mandatory post-release supervision for this group (*resource 4*) as a strategy to guarantee that all offenders engage in rehabilitative activities [*(response 4')*].

*“The system will give CRCs the combination of “grip”, or control, over offenders and flexibility to deliver appropriate rehabilitative services. CRCs will have the freedom to design the services which they believe will be most effective in reducing reoffending. They will be able to compel offenders to engage in activity which falls within the sentence of the court, and some types of sentence will give them considerable scope to require offenders to engage in rehabilitative activity.”*

(Ministry of Justice, 2014b, p.11)

The implementation theory, which reflects the policy architects’ logic on how PbR would lead to effective rehabilitation and subsequently, reduce re-offending, is presented in Figures 9 and 10. To facilitate the process of visualisation and enhance my ability to communicate the findings as they linked to PbR, the data was displayed using a consistent colour-coded organisational system. This system is explained throughout as the theory is being refined. Within the purple outline, the Mechanism (resources + responses) – as anticipated by the programme architects - is illustrated in the coral boxes and within the red outline the thesis outcome of interest – as intended by the programme architects - is illustrated in the blue boxes.

**Figure 9: The implementation theory for effective rehabilitation**



Following Figure 9, statement was formulated to express the implementation theory: Money (gaining or losing it) is the strategy that creates an incentive leading service providers to a feeling of motivation to make persistent efforts to attend to the needs of all service users (M: Resource + Response), thereby leading to effective rehabilitation (O).

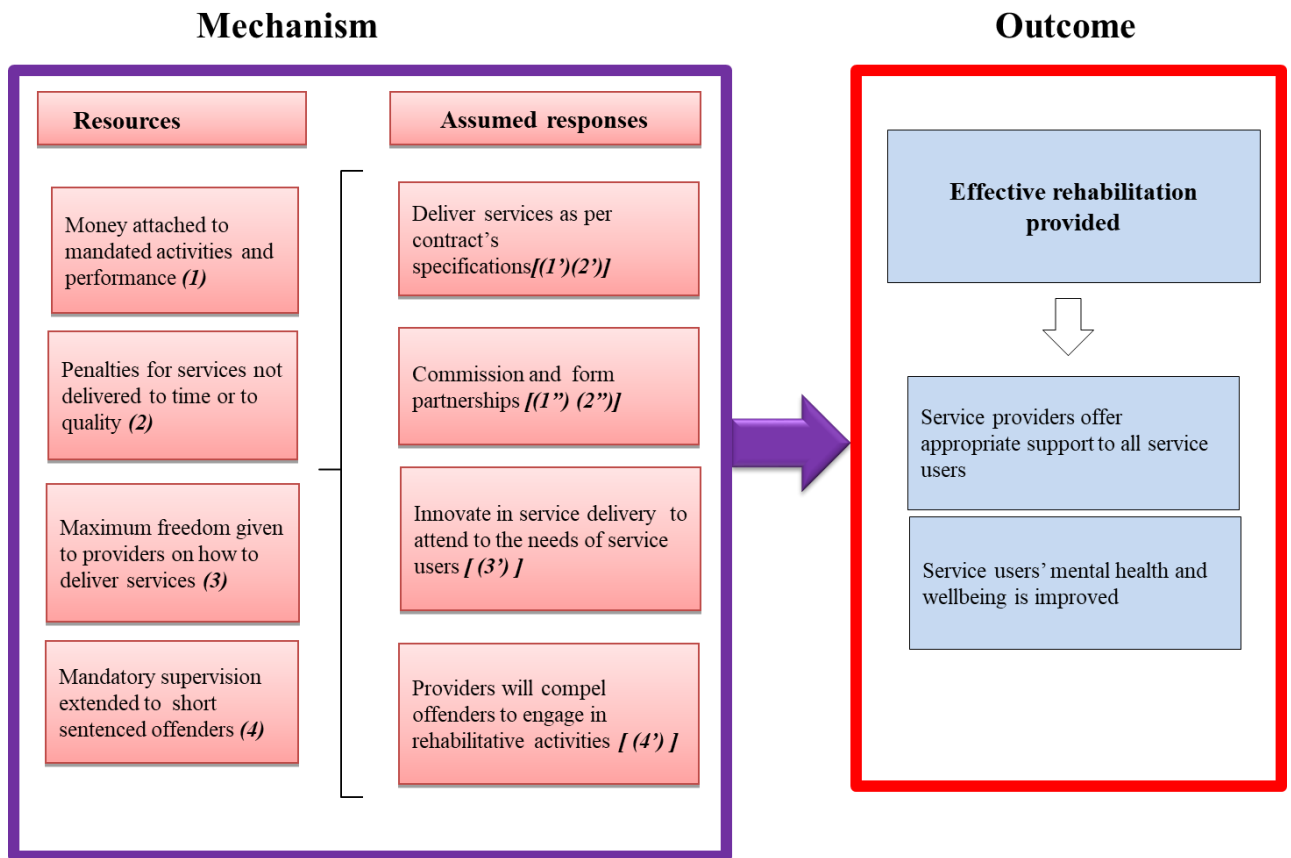
Based on the definition of Mechanism (see Chapter 3), the **M** component of the implementation theory was explicated as follows:

When a system of monetary rewards (1) and monetary penalties (2) is set out, with enough freedom given to providers in the services that they deliver (3) and service users are required to engage in rehabilitation (4), service providers change practice by:

- Providing rehabilitation support to quality standards set out in the contract [(1') (2')]. This means that in practice:
  - o service providers will be required to deliver a range of services and meet set targets to receive payment
- Forming partnerships that provide services tailored to services users' needs [(1'') (2'')]. This means that in practice:
  - o service providers still need to develop partnerships with local/specialised organisations to meet the needs of services users with complex needs, e.g. female offenders
- Customising the delivery of services to the needs of all service users [(3')]. This means that in practice:
  - o service providers will focus their efforts on what works in reducing reoffending (e.g. housing support, drug and alcohol treatment, and treatment mental health support)
- Compelling service users to engage in rehabilitative activities [(4')]. This means that in practice:
  - o short sentenced offenders receive the services that they need (e.g. housing support, and treatment mental health support).

(See Figure 10).

**Figure 10: The implementation: Mechanism and Outcome examined in this thesis**



### 4.1.3 The initial programme theory for effective rehabilitation

Before this point, the theory for effective rehabilitation, as illustrated in Figures 9 and 10 was a clear reflection of how the programme would work according to the programme architects. This section explores what in the chain of implementation could fail, which initiates the integration of the realist approach into the process of developing the programme theory. Although the Department of Justice has control over the resources they introduce into a programme, they cannot guarantee that service providers' responses to those resources will be the same as the assumed responses set out in the policy documents. For instance, the government anticipates that a system of monetary rewards (*resource 1*) and penalties (*resource 2*) will lead service providers to deliver their services to all those who need these within the



time frame agreed in their contract. Although this seems adequate in theory, it may not prove to be in reality because meeting the contracts' specifications does not necessarily indicate that all service users have received appropriate support. There is a risk that service providers may deliver services, not to all those who need it, but to those with better chances of doing well in time for the providers to meet their target performances *[(1'') (2'')]* and receive payment for the work achieved. Hence, in addition to the mechanisms and the outcome previously highlighted by the implementation theory, the initial programme theory will include alternative mechanisms and outcomes that may arise (see Figures 11 and 12). The initial programme theory for effective rehabilitation within the context of TR would then read as follows:

The provision of money is the strategy that creates an incentive leading to a feeling of motivation to make persistent efforts to rehabilitate all service users (M), thereby leading to the provision of support effective rehabilitation support (O); or a feeling of pressure to meet targets (M), thereby reducing the provision of support for effective rehabilitation (alternative O). Based on the definition of Mechanism (see Chapter 3), the **M** component of the initial programme theory was explicated as follows:

When a system of monetary rewards (1) and monetary penalties (2) is set out, with enough freedom given to providers in the services that they deliver (3) and service users are required to engage in rehabilitation (4), service providers change practice by:

- Providing rehabilitation support to quality standards set out in the contract *[(1') (2')]* or to quality standards focusing on service users that do not require extensive support *[(1'') (2'')]*. This means that in practice:
  - o service providers will be required to deliver a range of services and meet set targets to receive payment

- Forming partnerships with specialised organisations (e.g. organisations providing rehabilitation programmes to women, or mentoring services) that provide services tailored to either the service users' needs [(1'') (2'')] or the monetary profits for the organisation [(1''') (2''')]. This means that in practice:
  - o CRCs will develop the partnerships that they can afford or those that benefit them monetarily, i.e. saving money or at free cost
- Customising the delivery of services to the needs of all service users [(3'')] or the needs to meet monetary targets [(3'')]. This means that in practice:
  - o services providers will face several challenges to balance their resources between meeting services users' needs and meeting targets required by commissioners
- Compelling service users to engage in rehabilitative activities [(4'')] or failing to engage service users [(4'')]. This means that in practice:
  - o services providers will struggle to meet the demands of their service users.

See figures 11 and 12.

At this stage, the visualisation of the programme theory includes an additional colour-coding. The possible responses (as part of the Mechanism) that policy architects failed to anticipate are illustrated in yellow boxes. The resulting unintended outcome -in relation to the thesis outcome of interest- is also illustrated in yellow boxes.

Figure 11: The initial programme theory for effective rehabilitation

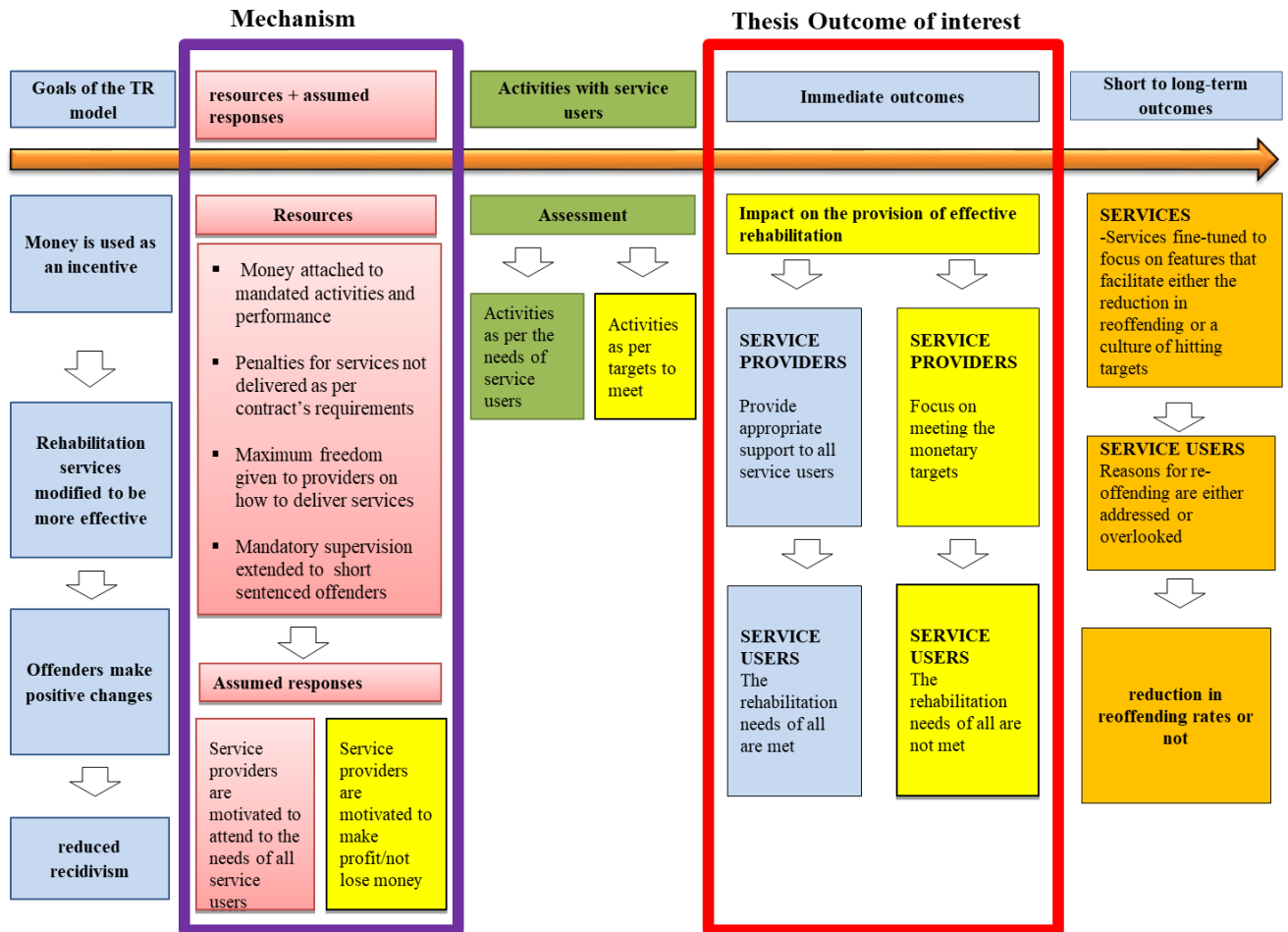
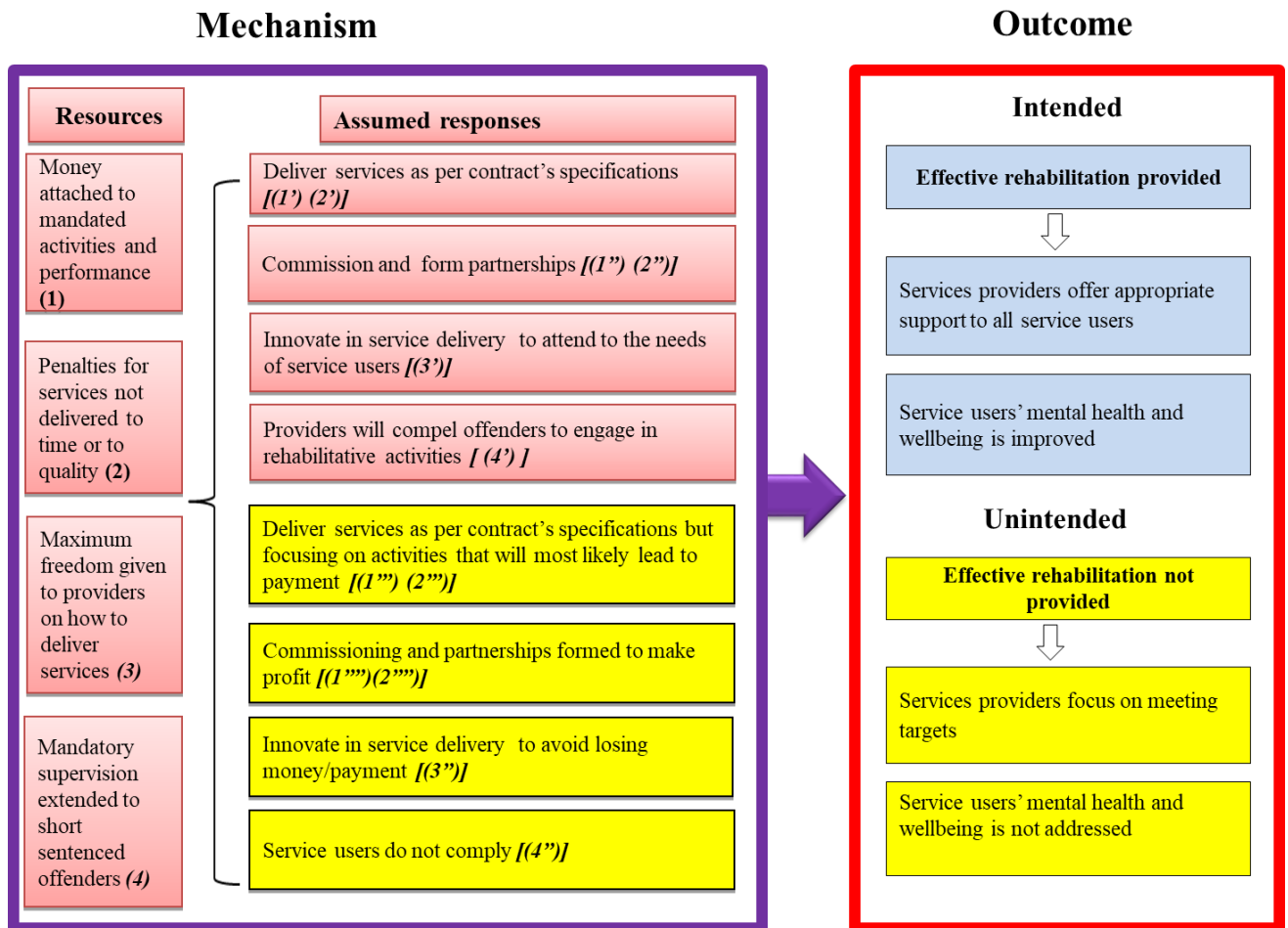


Figure 12: Programme theory: Mechanism and Outcome examined in this thesis



With the details of the programme theory for effective rehabilitation in place (see Figures 11 and 12), the next stage is to investigate if any of the mechanisms explicated in theory are supported by empirical data. This will start the process of laying out evidence-informed configurations for the mechanisms of PbR, and how they could lead to the provision of effective rehabilitation or not.

## CHAPTER 5: EMPIRICAL DATA

### 5.1 Overview

Having developed an initial programme theory for effective rehabilitation, this chapter presents the findings of the analysis of the empirical data gathered for this study (see 5.2, 5.3, and 5.4) and subsequently the refined programme theory (Figures 13, 14, and 17).

The findings of the thematic analysis of the data helped to identify themes and subthemes that were classified as responses to the programme's resources, hence contributing to the construction of the *Mechanism* and development of the programme theory at the level of service providers (CRCs and TSOs) and service users. In other words, themes and subthemes identified at each stage of the analysis process provided understanding and knowledge of how within TR, effective rehabilitation can be achieved or not.

### 5.2 Generating the evidence-informed theory for effective rehabilitation TR: CRCs' experience

This section established a programme theory (as defined in section 4.1, P.108) for effective rehabilitation of offenders by explicating the core PbR mechanisms (M) and theorising how they might influence the outcome (O) of interest of this thesis (the provision of effective rehabilitation). The aim was then to refine the initial programme theory presented in Chapter 4, into an evidence-informed theory by examining how services providers, i.e. CRCs, have responded to PbR. This was used to outline the anticipated impact of PbR on the mental health and wellbeing of service users.

As outlined above, this section details the findings from two sets of data: secondary data from the study of the implementation of the *Transforming Rehabilitation* programme and primary data from semi-structured interviews with people with in-depth knowledge of TR, based on the initial theory (see Chapter 4). Data collection took place during the following periods: March

2015 to June 2015 (secondary data) and October 2016 to February 2017 (primary data), and captured the experience of staff working within CRCs under TR at different stages of the implementation of the reforms. Looking across the two sets of data helped not only to follow the developments of the reforms over time but also to refine the initial programme theory to an evidence-informed programme theory and to explore the impact of the TR agenda on the wellbeing of offenders- here service users.

### **5.2.1 Introduction to the next stage**

As described in previous chapters, there are different actors involved in the rehabilitation of offenders in the community, from statutory services to the third sector and community organisations. Despite the structural differences and the various remits of these organisations, they work together to provide the best support to the people they work with. In response to the TR programme, new providers (private organisations) entered the scene, some joining forces with existing organisations to operate as CRCs, and under a new funding arrangement, which comprises PbR (as explained in previous chapters). With new providers and new alliances in play, it was important in this PhD study to highlight the characteristics of the organisations and participants included in this study (e.g. who they are and what they value) in an attempt to gain a better insight into how PbR influenced them as service providers.

In the following pages, I will

- Present some of the characteristics of participants (5.2.2)
- Set out the findings from the analysis of CRC primary and secondary analysis about how service providers have responded to the PbR scheme (5.2.3 and 5.2.4)
- Propose evidence-informed mechanisms that might influence the outcomes for effective rehabilitation (5.2.5).

## **5.2.2 The CRCs' participants**

As well as any other CRC contracted by the Ministry of Justice, the CRCs involved in this study are responsible for delivering local probation and rehabilitation services. These services comprise the supervision of offenders in the community, the delivery of programmes that prevent re-offending behaviours, and rehabilitative initiatives such as help in finding accommodation, employment, training etc. As detailed in previous chapters, the major partners in most CRCs are private, or large corporations and their partners are often third sector organisations with years of experience in a wide range of services targeting rehabilitative needs like housing, health and wellbeing as well as particular needs of specific groups, e.g. women.

### **5.2.2.1 Participants' professional background**

The secondary dataset consisted of senior managers, middle managers, and other members of staff. The other member of staff group comprised of probation officers, programme tutors and support staff. The primary data, on the other hand, included interviews with a senior manager, a senior probation officer, and a programme coordinator.

To recruit these participants, CRCs were contacted via their respective general enquiries email addresses, and participants identified by the CRC were sent a participant information sheet and a consent form to sign prior to the interview. While the secondary data gave an insight into CRCs at the starting point of the implementation, interviewees' responses in the primary data-informed on what happened further down the line.

All CRCs included in this PhD study were partnerships between private and third sector organisations. To preserve anonymity, no specific details on these CRCs were disclosed. Also, interviewees had all worked for probation services prior to the TR reforms. As explained by a senior manager:

*“the staff was either split into the national probation service which means public sector or to a CRC which when we first moved over to CRC it was just a holding company...so it was still government ran but within hum...6 months or so it had been sold through the competition to the new providers. Most of which are the private sector.”*

Senior Manager, Primary data

In fact, with TR, the split of probation services into two entities, a public sector (NPS) and a private sector (CRCs) meant that ‘original’ probation staff transferred to one of the two bodies.

The transfer to the CRC was described as a choice by some:

*“I came over out of choice. I could see the potential for innovation, the potential to improve our services for service users. And, having worked under the public hat for so long, the restrictions that bring, I wanted to see what the other side was offering really.”*

Senior Probation officer/Team lead, Primary data

For others, it seemed that that move was already decided based on the specific skills they had developed while working in the public sector:

*“I’ve done women before, I enjoy working with the women, but I felt it was because I was doing that that I ended up in the CRC.”*

Other staff 25, Interview 3, secondary data

From the participants’ accounts, CRCs were comprised of people not only with the motivation both to be innovative but also of those with the knowledge and expertise needed (e.g. work with women) to guarantee they would provide effective rehabilitation to their services users.

### **5.2.2.2 Participants’ perspective on the reasoning behind TR**

As explained and detailed previously (see Chapter 4), the programme architects’ reasoning for TR was to reduce the reoffending rate. Very few of the participants included in this PhD study shared that view. Some attributed its inception to a political move, expressing that government policies around offender management are heavily influenced by political rhetoric.



*“I'm not sure about the longevity of this kind of private model... so I've got a little suspicion that...in the future it might not be this way...it might turn back to a public...but again this is underpinned by politics heavily...so yeah.”*

Programme coordinator, Primary data

In the years preceding TR, plans had been drawn up in favour of cuts across public services in England and Wales (Evans et al., 2011, Ridge, 2013, Phillimore and McCabe, 2015), and probation services had not been an exception. Unsurprisingly, the opinion widely held by the CRC staff was that the idea behind TR was money - mostly about saving it. For instance, early in the implementation stages of the reforms, when asked about their perspectives on what the reforms were all about, a participant replied:

*“Saving money. I don't think it was anything about tackling crime, rehabilitation or anything like that.”*

Other staff 38, Interview 1, Secondary data

In fact, given that TR's primary objective as stated by the programme architects was to tackle the reoffending rate, the shared sentiment two years after the implementation was that, rather than the marketisation of the sector, extending mandatory supervision to those released after short sentences would have been a simple solution. A respondent interviewed during the fieldwork stated:

*“The bit that was widely welcomed was that they were going to bring short term prisoners under the supervision of probation service. That was always the gap so that was always welcomed. But the bit that is a bit controversial was that they intend to privatise probation in order to do that because they didn't have to do both.”*

Senior Manager, Primary data

However, other participants felt that this idea of mandatory supervision constituted a burden for supporting services:

*“I think that some of these people who are actually on short sentences...don't necessarily need probation support. So we've got people here who somebody else decided that they need support, when really when you get down to the bones of it they need employment. (...) For me, we need to kind of think about why we are doing that and how we are doing it...rather than saying, we are doing it.”*

Programme coordinator, Primary data

The majority of participants included at this stage of the PhD study were not particularly in favour of the TR reforms. They felt that the primary objective of the reforms was not really about offender rehabilitation but saving money. In the next sub-sections, I provide a detailed account and analysis of how the participants and CRCs included in this study responded to PbR and its influence on effective rehabilitation. Subsequently I discuss the following themes:

- Customising the delivery of services: Hitting the targets but missing the point
- Forming relationships: the traditional ways of working are challenged

### **5.2.3 Customising the delivery of services: Hitting the targets but missing the point**

In adopting a PbR scheme in the TR reforms, one objective was that it would drive CRCs' focus on being innovative in designing services that attend to the needs of their service users. However, for the participants in this study, it appeared that meeting the financial needs of the CRC had become more important than meeting those of their service users.

#### **5.2.3.1 Make money through saving money**

As outlined above, the government's reasoning behind TR was to encourage providers to develop better ways to reduce reoffending. To achieve that, a PbR funding model was implemented with the idea that it would lead providers to focus on the core aim of reducing reoffending. However, very few of the participants included in this study shared that view. Instead, more than half suggested that their job now centred on making money for the

organisation. For instance, a few months into the implementation of TR, when asked about their perspectives on what the reforms were all about, a participant replied:

*“There’s no getting away from the fact that we now are all about making money and saving money (...) we are answerable to our shareholders. We’re here to deliver the same services, rehabilitation etc. but that’s with an agenda to make money for the shareholder”.*

Other staff 37, Interview 1, Secondary data

Participants felt that the job itself seemed not to have changed substantially. They were still expected to support their clients to meet specific targets - e.g. completing rehabilitative activities such as attending drug and /or alcohol, and mental health treatments; accessing housing, employment, or education support - that would contribute to their turning their lives around and not re-offend. However, it appeared that with PbR as a funding model, money as a defined value was explicitly attached to a number of those same expectations and targets. An interviewee expressed their opinion on the subject as follows:

*“What we would have called an underspend before and now all of a sudden we are calling it a profit”*

Senior manager 1, Interview 5, Secondary data

This change in language likely illustrates the government’s aim, which was for service providers to be more accountable in their work, as a way of encouraging them to concentrate their efforts on developing tools and intervention programmes to support their service users more effectively as discussed in the review of policy documents (see Chapter 4). At first glance, things seemed to have worked in that direction because some service providers proudly highlighted the fact that in their given CRCs, they felt encouraged and had worked at designing new programmes and intervention approaches for their service users, based on what works in reducing reoffending. For example, a senior member of staff at one of the CRCs pointed out the following:

*“Within the CRC, I have had some experience of being able to be more creative and innovative and design things the way we think they should be designed ...you know in line with all the research evidence...hum, so we have seen some evidence of that...so that's good from my expertise.”*

Senior Manager, Primary data

Although participants across the data sets, felt excited about the opportunity to bring their creativity and passion forward to innovate the services, they also seemed to think that meeting the targets would take priority over attending to the needs of service users. Early in the implementation, while discussing the potential for innovation in services, a participant made the following statement:

*“At the minute I think people are focusing on, ‘Let’s get these targets right. Let’s get these performance figures right.”*

Senior manager 8, Interview 5, Secondary data

Here, the CRC senior manager did not mention meeting service users’ needs. Instead, the focus was on targets and performance figures. One might argue that targets and performances are representative of the rehabilitative activities completed with the service user. However, it is important to note that, as explained in previous chapters, under TR, not all activities completed with service users translate into money, and the target performances can vary in nature. When talking about their contractual obligations, a member of staff explained:

*“A lot the performances stuff is linked to us recording things. So if we are not recording things correctly, we are not evidencing that we are doing it, that's where we lose money whereas I guess before we were not in a position where we had to evidence that we were doing that work.”*

Senior Probation officer/Team lead, Primary data

Here, the participant not only highlighted the fact that they received payment for a wide range of targets and performances, but also that most of the incentive money is linked to targets that do not involve the service users directly- i.e. paperwork. Here, it appears to be more of payment

by recording rather than actual results. Hence the risk for the profit motive to shift the dynamic; rather than being more creative in meeting the needs of service users, the focus was on either saving money or trying not to lose it. A participant described the changes brought in by PbR as *a massive shock to the system*.

*“So when you are part of an organisation for a long time especially public sector you develop a culture over that period of time...and I think it's been a massive shock to the system to then think about things from a private sector point of view and absolutely demonstrating that we are hitting the targets... to get a payment that we need to kind of develop the business.”*

Programme coordinator, Primary data

This quote highlights the idea that PbR constituted a threat to the staff's ethos, as they felt the pressure to move towards *a private sector point of view*.

### **5.2.3.2 Time is a valuable resource: ticking the box**

It was explained by participants in both secondary and primary data sets that there was an expectation from commissioners that assessment of service users, paperwork, and specified rehabilitative activities would be completed by staff within a fixed amount of time. Failure to do so would result in fear of losing money or not being paid. This feature of PbR did not seem to serve its intended purpose (which was for providers to focus on meeting the needs of their service users) because time quickly became a valuable resource for service providers to not put to waste. As foreseen by an interviewee in the secondary data set:

*“ Having an extra half hour with a body in this room, talking about what's going on in their life and giving them the opportunity to open up to you and tell you things they've never told anyone else before: that's what I think makes a difference. I really don't think we're going to have time for that anymore.”*

Other staff 38, Interview 1, Secondary data

The accounts from participants across both secondary and primary data suggested that the CRCs lacked the means to manage workloads and employees were overworked.

*“I’ve said that to HR, I’ve said that at leadership forums, I’ve said it to my line manager, I’ve said it across the board, it doesn’t make any difference. The next time there is a resource issue, it is pushed to us, to manage, and it’s not possible, and I don’t have the time or the energy to do it.”*

Middle manager 8, Interview 3, Secondary data

The balance between the amount of resources available to providers and the work they had to achieve did not seem to be right. As a result, participants expressed that, they felt the need to prioritise cases in terms of service delivery given the circumstances and use their resources strategically, which seemed to have particularly impacted the support provided to short-sentenced offenders.

*“I think that it's not because we don't want to do a better job...you know...we just haven't got our house in order really to deliver the things that should be there for the short-termers that are coming in”*

Programme coordinator, Primary data

This participant revealed that, in their CRC, not all in need of probation supervision were supervised in person; instead, their attendance at an intervention programme or receiving a phone call from a CRC staff counted as supervision. It is important to stress that this participant recognised that this is not good practice and that under different circumstances, things would have been done differently, i.e. appropriately. He explained:

*“ If I was a manager on a case I would only step down to that degree when I’m confident that this person is kind of on the right track and if they need more support maybe engage them with another partnership agency or attending like an anger management group or whatever that might be. But yeah you have to kind of like...keep that with your availability and stuff like that... and obviously the expectations of ...our leaders.”*

Programme coordinator, Primary data

It appears that under this PbR scheme, there was a continual push for staff to meet targets – mostly targets that translated into payment – for the organisations, to get paid on the one hand, and not lose money on the other. What strongly came from the participants’ accounts is that the availability of resources is crucial in order to meet the objectives set by TR.

*“To encourage people to be innovative you need to give them that space from their everyday role to do just that.”*

Middle manager10, interview 2, Secondary data

Most thought that with TR, the number of performance measures had increased, and completing them appeared to be very demanding in terms of resources (e.g. time and staff). A senior manager said:

*“We thought that maybe there will be less performance measures because you have to put a lot of energy into matching performance, but actually we’ve got more performance measures now than we did into trusts.”*

Senior manager, Primary data

Not only did the number of performance measures increase, but completing them also appeared to be very demanding in terms of resources (e.g. time). In other words, services lacked time to provide adequate support to all users. Hence the needs of service users were most likely unmet.

Given that service users often have complex needs and are known to not engage easily with support services, attaching money to a time by which some of the rehabilitative activities should be done could make things more challenging for providers. While completion or not of an activity can easily be defined or indeed quantified, the point by which that activity should be completed cannot.

In addition to performance measures such as the time of completion of rehabilitative activities by the service user over a specific period of time, the volume of activities completed relied on payment. According to the same senior manager, this is more of a ‘Payment by volume’ system:

*“We have to have X percentage of completion it's usually up to 90% (...) We get paid by volume...we get paid by volume...we get paid by results as well...but actually largely volumes (...) we get a penalty if we drop below a certain level.”*

Senior manager, Primary data

With providers also being paid based on the volume of rehabilitative activities completed by service users, this might justify why providers focus their resources on service users with a better chance of completing those activities in a short period of time. With the addition of an element of a penalty when volumes are not met, it is safe to assume that this gave providers another strong enough reason to prioritise meeting the targets, even at the expense of meeting the needs of other service users. This then raised questions regarding the binary outcomes of PbR, i.e. the yes or no indicator of whether service users have re-offended or not, which was also linked to payment or not depending on the outcome. While discussing the private companies in charge of managing the CRCs and their expectations from the staff, an interviewee at the earlier stages of the full implementation of TR expressed the following concern:

*“They’ve got to make their money somewhere. And that’s the bit that worries me and are we going to be able to do what they think we’re going to be able to do. Are we going to be able to reduce reoffending rates...?”*

Middle manager 15, Interview 1, Secondary data

At the time the primary data was collected, although it had been about two years since the launch of TR, it seemed that CRCs were still struggling to find stability.

*“...I think we are still in that position of turmoil at the moment.”*

Senior Probation officer/Team lead, Primary data

As a result, there was still uncertainty within CRC staff regarding their ability to achieve the goal of reducing re-offending, under the new reforms:



*“All that we can do in that kind of time period is make sure that we are trying to do things like address mental health get people into employment you know...by doing all of that ...by the cause and effect thing...we know that will reduce reoffending but we don't actually get to find out until later.”*

Senior manager, Primary data

### **5.2.3.3 Summary**

From the accounts of the participants in my research study, although they had the will and skills to develop new and innovative ways to meet the needs of their service users, they did not feel that they had the flexibility to do so. Instead, providers were driven to concentrate most of their efforts in developing ways of saving or not losing money and using resources strategically, to meet their performance targets. Staff felt that there was too much accountability, which resulted in limited flexibility to do what works in reducing reoffending; especially for offenders with complex needs.

### **5.2.4 Forming relationships: the traditional ways of working are challenged**

Participants across the data sets (secondary and primary) expressed concerns with PbR, noting that it could lead to a shift in the ethos of their work. Providers admitted that they found themselves having to start thinking with a business head in order to be paid and minimise potential job and money loss. As a result, their relationships with other organisations within the criminal justice system were jeopardised, and they struggled to engage their service users effectively.

#### **5.2.4.1 Challenges in maintaining and developing the right partnerships**

With PbR, a further government objective was to encourage partnerships between the various organisations and agencies working in the sphere of the CJS. The idea here was that in order to be paid in full and minimise their risk of losing money, CRCs would develop partnerships with specialised organisations, mainly within the third sector, to meet the needs of all of their

service users. CRCs appeared to have received the message and put it into practice because when questioned on the effect of PbR on their CRC, a participant stated:

*“I think as a CRC we've been more focused on particular elements. We've set up like special services for women. We've commissioned out a housing and welfare team...so we are focusing on that, I think that's one of the positive. So we have been able to set those teams up and specialise in those areas. We, as a CRC, have been able to set things up differently so that we can focus on core elements that we know are a problem for our service users.”*

Senior probation officer/Team lead, Primary data

The monetary incentive of the reforms led this particular CRC to seek various partnerships to meet the specific needs of their service users, rather than trying to provide all services themselves. For example, they commissioned services for women, who are known to potentially have very complex needs and often require tailored support. The participants included in this study stressed the importance of partner agencies in the work that they do. Although the idea behind the partnerships has always been about providing the best support to the service users, it appeared that under TR, the motive behind the partnerships was also tied to resources. A participant said:

*“The other message that's gone out is a recognition that we will be doing more with fewer resources. What we need to do is harness other resources, i.e. some of the partner organisations that we work with and we have to find better ways of working.”*

Senior manager 1, Interview 4, Secondary data

From this quote, it seems that CRCs saw partnerships not only as a means of providing tailored support to their service users but also as a way of capitalising on resources. Moreover, with a commercial aspect to the work around supporting offenders, the dynamic between existing and potential partner agencies, in the CJS, had changed. Prior to TR, the priorities of partners were aligned; they worked together as a way of supporting each other to provide the best help to their service users. However, with TR, there appears to have been a shift in priorities. With

PbR in place, CRC staff considered themselves to be working as businesses because they felt compelled to save or make money. Participants discussed the state of their relationships with existing partners early in the implementation of TR. A senior member of staff said:

*“We’ve worked with the police really closely around integrated offender management, and worked solidly with them, and they mentioned about their staff getting access to motivational interviewing, I said, “Well yes, we could look at that; we’ve got trainers in-house” and blah, blah, this type of thing. That conversation was pre the sale share<sup>2</sup>, and [Redacted] picked it up post-sale share, so he went into the meeting with this police officer and said, “Yes we can do it, but it will cost you.” And there was deadly silence... Previously we would have said, “Oh yes, of course, we will” and that’s the way it played out; it was all done on that free will.”*

Senior manager 2, Interview 5, Secondary data

The Integrated Offender Management (IOM) (Annison et al., 2015) is a set of arrangements between various agencies (Police, Probation, Prisons, and key statutory and third sector organisations) engaged in partnerships to ensure continuity and effective support for repeat offenders. Clearly, as a part of such arrangements, partner organisations had developed a culture of exchanging services for free. However, with some of the organisations in play now private, CRCs expected to be paid for any services they delivered. As illustrated in the previous extract, the police made a request to probation services concerning motivational interviewing, which is a counselling technique that would help police staff to engage offenders more effectively (Feldstein and Ginsburg, 2006, Zalmanowitz et al., 2013). While probation might have provided this service free of charge pre TR, this was no longer case, to their partner’s surprise. Evidently, there seemed to be an erosion in the relationships between agencies. As much as CRCs felt the need to emphasise charging for their services, other agencies felt that

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<sup>2</sup> The participant refers to the CRCs’ contracts between the Ministry of Justice and the private companies

they could no longer share information with CRCs. A CRC member of staff shared the following interaction with the police force with whom they had worked in partnership:

*“Nobody is really sure who we are or what we do. People are backing out ...I mean, an example would be trying to get information from the police regarding one of my cases, and speaking to a couple of people who passed me around. Then, I was told by somebody that we didn’t have a service level agreement and they didn’t have anything that said they could talk to me as a Community Rehabilitation Company employee, which, to me, is ridiculous, because we’re all part of the criminal justice service.”*

Other staff 38, Interview 1, Secondary data

In order for a partnership to be successful, there seems to be a need for a certain level of trust. With CRCs mostly owned by private companies, other agencies questioned their motives. It appeared that these relationships did not improve with time because, about two years down the line (from the time the secondary data was collected to when primary data was collected), while discussing a meeting they had had with a partner agency a member of staff at a CRC discussed the following:

*“Just yesterday, I was with a couple of people from [Redacted], and we were talking. We were basically chatting about at a number of different things, and towards the end of the conversation I think because we had a very good conversation and we’ve been talking about all sort of things...they actually said: “In [redacted] we’ve been really quite suspicious of you as an organisation because you are private now.”*

Senior manager, Primary data

Across the two time periods that the interviews were conducted, most partnerships or partner agencies mentioned by participants were other statutory organisations. It seemed at that point that there was not much involvement from third sector organisations. However, it should be noted that although private companies mostly own CRCs, the other partners in the CRC are often third sector organisations with experience of working in the CJS. This reaffirmed that

CRCs themselves have various skills in-house. A senior probation officer interviewed particularly found that to be a great positive:

*“We have a specialist team with our partner organisation [name of the CRC partner redacted]. They are able to bring in that expertise, bring in their experience in getting people into [service redacted] and really help us to make a change, a difference to our service users...all of that kind of stuff. The stuff that we would have probably reached out someone like [name of the CRC partner redacted] before, we now because they are one of the organisations that own us, are able to sort of tap into their resources more.”*

Senior Probation officer/Team lead, Primary data

However, because the needs of offenders are complex and vary extensively, there is a need to involve even more specialised organisations, which are often local and smaller third sector organisations. A participant acknowledged that, although they still work with some charities, the relationship has changed:

*“The motivation to provide services at a lower cost or at no cost, that's changed a little bit now. Because if I'm gonna interact with you and you are not a public sector but you are a public business that's gonna be making profits and dividends, then surely if you are gonna engage with our services you need to pay some of that. So I think the dynamic has changed a little bit in terms of how we work with voluntary agencies.”*

Programme coordinator - Primary data

As envisioned by the TR reforms, this particular CRC contracted the service of a third sector organisation. However, as explained by another staff member within the CRC, there was a uniqueness to the way that contract came about:

*“Well, so...one of our owners is [name of the owner redacted] which is a [service redacted] provider and so [name of the TSO redacted] is a subsidiary of our owners. So they are a partner of one of our owners...and no doubt that's had some influence...about their suitability to deliver community volunteering services on behalf on CRC.”*

Programme coordinator, Primary data

Clearly, with money now involved in the field of offender management, all contributing agencies (statutory and non-statutory) expect to receive payment for their services. However, this was not always the case because the coordinator added the following:

*“We do work with some charities like [redacted], but it’s not a monetary contract. So for example, where we have our resettlement team in a custodial environment and [name of the third sector organisation redacted] kind of delivers the same service that we do, where we can’t deliver a service, then we signpost [same third sector organisation redacted] to deliver that service. So, at the heart of it, the service user doesn’t miss out on the support that they need, but there is no monetary contractual relationship there. It’s literally an act of good faith kind of thing.”*

In fact, because CRCs do not have the resources to deliver services to all offenders, they signpost those they cannot support to local charities, despite not having contracts in place with them. In other words, under TR, there is still the expectation that TSOs will work based on altruistic motives.

#### **5.2.4.2 Knock-on effect on service users**

Participant across the data voiced that they felt a responsibility to provide service users with the help that they need. However, early in the implementation of TR, they expressed their fears about the programme and how it would impact on their relationships with service users and their ability to meet their needs.

*“I think it would be such a shame to lose all of the commitment, enthusiasm and passion for this work. It would be such a huge waste if it was decided that we were a luxury, because we are changing people’s lives (...) them just having somebody to listen to, encouraging people to open the masses of debt letters that they get that they just put in a drawer, and to have somebody to sit with them and say, “Come on, let’s do this. Let’s have a go”.*

Middle manager 7, Interview 3, Secondary data

This participant seemed to anticipate that under TR there would be a limit to the time they allocate to each service user, which was contrary to what the Ministry of Justice had promoted

in their policy documents. The concerns voiced by the manager were echoed by one of his colleagues who explained:

*“For a high risk offender, a tier four<sup>3</sup>, you had 15 days to do the ISP<sup>4</sup>, 20 days for the tier three/tier two, and tier ones never had one (...) in this contract now it’s gone from 20 days to 10. They have halved it. Now, if we struggled doing it in 20 how the bloody hell do you expect me to do the ISP in 10 days? Because I’ve probably only met you once. How am I going to do it? What’s it going to be based on?”*

Middle manager 9, Interview 3, Secondary data

However, they also admitted that since TR, supporting their clients effectively had been a challenge as explained by this participant:

*“With the changes to the funding and staffing levels and so forth it’s not always been possible to achieve what we’ve set out to achieve, or it’s taking us longer to achieve what we want to achieve.”*

Senior Probation officer/Team lead, Primary data

In fact, with the challenges associated with the reduced number of staff, lack of time, and the pressure to meet targets, providers found that they were not able to engage and support service users as much as they would have liked to. Despite their skills and motivation, providers did not feel they had sufficient flexibility to engage with service users effectively. The caseload per member of staff was seen as too high, and most staff found it very hard to cope. As a result, people were going off sick; which compounded issues around the shortage of staff. Hence, the risk that service users will not be supported appropriately was seen to be increased.

*“While I was off another member of staff also went off sick, so out of five people, four of them were off. I mean, some of my cases were transferred to new officers,*

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<sup>3</sup> Before TR, the probation service set out four tiers to represent the different levels of intervention for offenders released in the community, according to their risks, needs, and circumstances. Tier 1 = to punish, Tier 2 = to punish and help; Tier 3 = to punish, help, and change, and Tier 4 = to punish and help, change, and control. The lowest risk offenders = Tier 1 and the highest risk offenders = Tier 4 (Knight and Stout, 2009).

<sup>4</sup> The Intense Supervised Probation (ISP) is a form that comprise the conditions of release for an offender into the community, e.g. maintaining employment, drug testing, education programme (Moore, 2013).

*because they needed to be dealt with while I was off, and some of those, I haven't taken back."*

Other Staff 7, Interview 1, Secondary data

Hence, the risk that service users will not be supported appropriately was seen to be increased.

*"The other thing is that we are dealing with high level of staff sickness... so when your officer is off sick you are going to get a different officer...potentially as duty officer...so I think they would have noticed ...and there is also a move towards group work rather than one to one which obviously would have a direct impact on our service users."*

Senior Probation officer/Team lead, Primary data

With the support provided being dependant on the time that providers had available, it was, therefore, less likely that the aim of helping service users turn their lives around would be fulfilled, especially those with complex needs who might need more support. For example, while discussing the nature of the cases they got to work with and the resources needed to support those cases, a participant described the following situation:

*"If you've got someone who is having a serious breakdown of a kind...There was one last week, well, the PSO was with them for about two to three hours trying to get them calmed down. Then, there was talk about whether they would get the ambulance or not. It was a whole multiagency approach, but you've got 104 cases up there, and you don't want to be there for three hours. Well, you do, but you don't, so you're squeezed."*

Other staff 3, Interview 4, secondary data

This statement is a clear reflection of some of the complex cases support services have to work with, and the amount of time and resources that can be required to handle only one of those cases. With not much time available a high volume of cases to handle, and targets to meet, this type of situations is not ideal.



Given all the challenges faced by providers, participants were asked if they had noticed a change in the service since TR was introduced, regarding the support delivered to service users.

A senior manager at a CRC answered as followed:

*“The best way I can describe that is...I’ve seen the impact...the disruptive impact TR had on staff, and of course, our staff are the ones that support offenders...erm...and so it has a knock-on disruptive effect on our offenders.”*

Senior manager, primary data

If the staff at CRCs feel under pressure and are not able to carry out their job to the best of their abilities, the effects of that pressure might be detrimental to the way they engage with people they support. Noticeably, the challenges brought in by PbT often led to disruptions not only to services but also in relationships between providers and users. For example, in the following statement, a member of staff at a CRC said:

*“I was explaining to a case that I would have to move him to a colleague; he got really upset. He said, “Well, I’m not going to talk them, then. You might as well send me back to effing prison because you’re just dumping me on someone else.” Consequently, I’ve kept that case, and I think he spoke to a couple of his mates on unpaid work who all came in and went, “You’re not interested in me,” blah-blah-blah.”*

Other staff 38, Interview 1, secondary data

As seen in this interview extract, service users appeared to be fully aware that things were changing within the services, were not necessarily pleased with the way they were being affected and were possibly discussing the situation with one another, as reflected on above by the member of staff. It appears that some service users became uncooperative and threatened not to engage anymore, making things even harder for those supporting them. Among the service users affected by the disruptions in the service, those known to have complex needs and need more support - e.g. women - were no exception. A participant recounted a situation

they had had to deal with because of the lack of female Probation Officers (PO) to support female services users:

*“So, I’ve done three ways, saying to these ladies, “Oh, you’re going to [name redacted], this is where you’re at,” then next week they come in, and they get me again. I just think we look unprofessional and stupid. One of the ladies went, “Another PO, another manager.” I said, “Yes, you’re right.” I can’t offer a good explanation for that other than our incompetence and our staffing issues or whatever word you want to use, to be honest. I just think, you know, you say to management, “It’s unworkable and unmanageable, the workload,” and you get, “I know, but here’s a new case anyway. Now do this in ten days.”*

Other staff 25, Interview 3, Secondary data

The Providers found it hard to engage service users effectively, especially those who needed the most help. This was because they did not have much time available, and they felt that their time was wasted on activities that did not necessarily have a substantive relationship to reducing reoffending. As a result, the support was disrupted, which decreased the chances of providers and users developing and maintaining relationships essential to service users’ rehabilitation.

#### **5.2.4.3 Summary**

Developing partnerships was confirmed to be crucial in this line of work. Participants found that partnerships were a means not only to bringing in a range of skills essential to meeting the various needs of their service users but also to maximising resources. However, because CRCs were headed by private companies that were perceived to be motivated by profit, partnerships weakened, and a lack of trust developed between agencies. CRCs appeared to have developed very few monetary contracts with third sector organisations but still expected them to do some of the work free of charge. The extension of statutory supervision to all short-sentenced offenders was found to constitute a burden for CRCs. Staff did not feel that they had enough resources (time or staff) to attend to the needs of this groups, especially those with complex

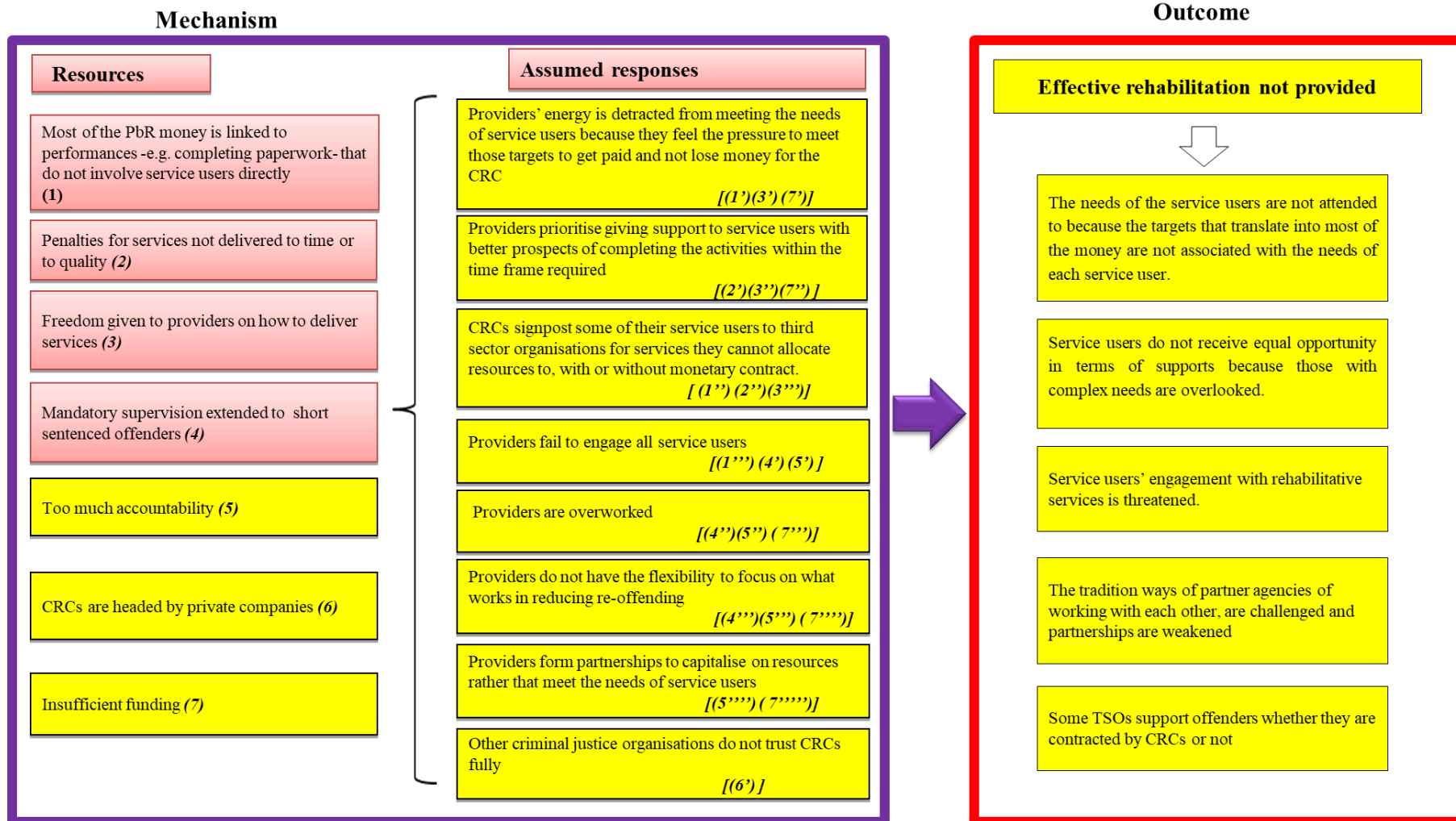
needs. As a result, continuity in service was not guaranteed and one might assume the chances for this group of offenders to re-offend to be high. At this stage, although there was no sufficient evidence to determine whether or not service users wanted to comply with the terms of their supervisions, it was found that the disruptions within the CRCs did not facilitate their engagement in rehabilitative activities.

### **5.2.5 The evidence-informed programme theory related to staff experience at CRCs**

This section illustrates how PbR influences the quality of services. As established in the review of TR policy documents, innovation in service provision by frontline staff and organisations driven by PbR was at the heart of the reforms. The innovation advocated by the reforms is one that is mostly about addressing offenders' rehabilitation needs, hence facilitating the provision of effective rehabilitation and eventually reducing reoffending rates. As intended by the reforms, CRC providers were motivated to innovate in the services they delivered to their service users. However, that feeling of motivation eventually dissipated because as feared by many, PbR also led to the prioritisation of cases. CRCs were affected by financial issues that drove them to focus more on immediate and substantial sources of payment, which impeded in their ability to provide meaningful support that address the needs of their service users. Despite their efforts in focusing on what works in reducing reoffending, CRCs found themselves with very limited resources and under pressure to hit targets and make money rather than attend to the needs of the service users. As a result, they could not engage effectively with their service users, and their relationships with other organisations in the sector (mainly local third sector organisations) were limited. The effective support of service users was not ensured, and many were still in need of adequate support, especially those with even more complex needs who required tailored support. The testing of the initial theory at this stage of the research revealed that PbR was not successful in achieving the provision of effective rehabilitation and offered an explanation on the reasons why (see Figure 13). For instance, it was found that most of the

PbR money was linked to completing paperwork, rather than activities involving service users (resource). Hence, providers efforts were detracted from meeting the needs of their service users. As they felt pressured to meet other targets (response). In addition to providing more information on the programme resources and the participants' responses, the exploration of the data also helped uncover new resources. These new resources further contributed to the way CRC staff responded to the programme on the ground. For instance, providers expressed that the partnerships they formed were primarily to capitalise on resources and not to meet the needs of their service users necessarily (response). This was found to be in response of insufficient funding (resource). Not only was the PbR money not directed towards the right targets, it was also insufficient. In figure 13, the new resources are illustrated in yellow boxes, as well as the associated responses and the thesis outcome of interest.

Figure 13: Evidence-informed programme theory: the mechanisms and outcomes for effective rehabilitation (first level)



The use of the realist approach at this stage of the PhD helped to illustrate the different changes brought about by the PbR model under TR, and explore the mechanisms by which those changes (outcomes) might have been brought to light. In other words, the realist approach did not solely outline what did not work, but also the dynamic that led to the outcomes.

In light of the findings presented in this section, the next stage aimed to take a closer look into third sector organisations and their working experiences at this time of policy change.

### **5.3 Third Sector Organisations (TSO)'s experiences**

This section reports the findings of a thematic analysis of the interviews conducted with staff to explore in detail the work done by Third Sector Organisations as well as their perspectives on the changes within the Criminal Justice System, and the impact on services users if any. The findings are also used to refine the programme theory.

#### **5.3.1 Who are TSOs?**

As discussed in Chapter 2, TSOs are organisations known to be neither part of the public sector nor the private sector. Rather than to seek profit, they are often driven by their desire to tackle social issues like homelessness, addiction, or mental health and wellbeing. In this respect, among the various groups that they support, they also support offenders in prison and the community. Because of how diverse these organisations are, (e.g. in size, location, reach, beliefs, affiliations) the third sector as a whole (voluntary and community organisations, social enterprises, and co-operatives) has an array of specialised skills to offer for the effective rehabilitation of those with complex needs (National Audit Office, 2016). The National Audit Office (2016) emphasises that, in addition to their skills, TSOs are important assets for commissioners because they are driven by values rather than commercial aims.

### 5.3.2 The TSOs included in this PhD study

Here, I outline the main attributes of the TSOs and staff that contributed to the study. This includes the organisations' aims, structures and target population. A brief description of workers' main activities (*what workers do*) is also provided.

**A Women's organisation**, a third sector organisation that provides specialised support to women with complex needs in prison and the community. As part of their services, the organisation offers practical, emotional and social support to their service users – e.g. education, mental health support, guidance in relation to housing, and social services.

*“We work with women within the prison and then we follow that up and work with them when they come out. The other thing we started doing this year is offering a particular service<sup>5</sup> in the community so that, women that are not engaging in mainstream services, we are connecting with them and offering them a very, very specialist type of service education.”*

Elsie, Manager, Women's organisation

At the time of the fieldwork, the organisation which was fairly small was run by less than ten paid members of staff, three of whom were interviewed for this study.

**A Community development organisation**, an organisation started by local churches, which now runs various projects to address the needs of those who are disadvantaged. One of the projects focuses on young adult women leaving prison. The support provided within this project targets issues around the nine resettlement pathways which include: mental health, homelessness, drug and alcohol misuse, unemployment, support with parenting, domestic violence, prostitution, thinking and behaviours, and finance (Kerr, 2014).

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<sup>5</sup> The type of service provided was redacted to preserve the anonymity of the organisation

*“We work with women as they leave prison, and we offer them 12 supporting sessions, mainly around their resettlements needs. So if someone identifies a particular goal but not directly related to not reoffending we wouldn’t dismiss it but we would try and sort of focus on things that are going to help them not re-offend, so that would be around the nine resettlement pathways”*

Phoebe, Support worker, Community development organisation

At the time of data collection, the project was a very small team of people, who were all contacted (face-to-face and through emails) and invited to take part in the study. However, only one participant was available for interview.

**A Christian organisation**, that provides services to men and women released from prison. The organisation employs both paid staff and volunteers. Interviews were conducted with the chair of the organisation, the community chaplain, and five volunteer mentors.

The community chaplain meets and assesses potential service users, then matches service users with a mentor who works directly with the service user in the community. The mentor requires the skills to provide practical and emotional support to the mentee to aid them on their journey towards rehabilitation.

*“Mentors are of all shapes and sizes ... men and women. All our mentoring is one to one, adults, in the community. We are always looking for people with very particular skills. A lot of it is about being able to build a rapport very quickly with somebody and a lot of it is about having lived a life actually, often a lived experience is really helpful.”*

Margaret, Chair/ Mentor 1, Christian organisation

Unlike the two other TSOs include in this this study, this organisation provides services for a CRC under a PbR contract. However, this contract is a clearly delineated small proportion of the work that they do. The requirements of the contract were for the TSO to work with service users for three weeks (one pre-release visit, one pick-up and three meetings in the community). However, the TSO implemented a mentoring programme, funded through other means, to continue working with those service users after the three weeks contracted by the CRC.



### 5.3.3 What do TSOs do?

Similar to the CRC staff included in this study, the participants at the TSOs expressed their desire to help the service users in successfully completing their rehabilitation. The findings at this stage of the research suggested that, unlike the CRCs, TSOs had more flexibility in their role because of their position within the criminal justice system. Nevertheless, it was identified that the work of TSOs had also been affected by the TR agenda.

#### 5.3.3.1 Sitting outside the system

In this study, the main reason given by the participants from the three TSOs when asked why they were in this line of work - supporting offenders - was that they wanted to help. Their enthusiasm and commitment were found to have various foundations. For some, it was from personal life experience. For instance, this mentor explained:

*“I’ve got a lot of friends who have been to custody or been on a Probation Order, and I also know of a lot of people. So, you know what? I know that there’s not a lot of support for offenders and, and I just feel with the right support, they have the chance to change and stop re-offending. So, the main reason for me mentoring is to help them with all their issues because I just feel if they’ve got issues resolved, it will stop them from re-offending.”*

Harry, Mentor 2, Christian organisation

For others, it was because of previous experience in working in the field. The community chaplain at one of the organisations, in particular, described the situation that had led him to make a move from the public sector to the third sector:

*“I worked in police custody, so I’d see the same faces week in, week out and you’d obviously get talking to them, build a rapport with them, and it was, it kind of started winding me up that these people weren’t getting the help that they can get so, when the job came up I applied for it, I just thought it was a no brainer to help, you know instead of taking their finger prints and DNA for the tenth time in a year to help them try and break that cycle of offending. So, that was my motivation.”*

Charles, Community chaplain, Christian organisation

It appears that for this community chaplain, in order to help offenders more effectively, it was important that he left the statutory agency he was employed with, for a TSO. In this particular type of Christian organisation, the first point of contact for services users is a community chaplain who is then in charge of matching them to volunteer mentors, based on how well both parties can work together (this is explained further on in the chapter when discussing the relationship between mentors and services users). This participant seemed to have the confidence that by getting involved with the third sector, he would do a better job in helping services users. Having a more direct involvement in supporting services users in their rehabilitation journey was found to be very important to participants. This is echoed in a statement by another participant, who had left her career in law to support women in the CJS:

*“My background was in law. I’ve always supported women – always, directly and indirectly through research but most directly these days. I see myself as someone who is sort of a help-, - a helper – a helping professional but that sits outside the system.”*

Eve, Coordinator 1, Women’s organisation

Other than this participant’s motivation for being in this line of work, what emerges from this statement is her emphasis on the fact that she sees herself as someone who sits outside the system. This highlights the point that although they work in the CJS, TSO workers do not necessarily see themselves as part of the CJS in the sense that they are not governed by any statutory organisations or agencies in the CJS. This aspect seems to constitute a strength for these organisations because, while discussing PbR, a project manager at one of the TSOs said:

*“We, obviously as a charity, don’t work by payment by results, we are completely driven by making lives better and empowering women and supporting women who are highly disadvantaged, none of us are driven by you know, by payment by results obviously in any way. I guess we, you know, that all of my colleagues we all just have that kind of deep feeling of wanting to help someone who is often in absolutely awful circumstances.”*

Elsie, Manager, Women’s organisation

It seems that sitting, at least partially, *outside the system* allowed these organisations to remain motivated and continue to help their service users despite the several challenges associated with the reduction in funding that they faced. Even when participants seemed to express their frustrations about PbR, they reiterated that the priority remained to focus on helping the service users. Andrew, for instance said:

*“My motivation will always be a feeling of wanting to help clients ...financial issues are irrelevant really so ...I have to put behind me the fact that other people are actually trying to make money out of this process.”*

Andrew, Mentor 5, Christian organisation

For the participants, helping service users meant that they delivered services that specifically targeted their needs. While discussing the ways in which they support their service users, a coordinator at one of the TSOs explained:

*“We support in a very individualised way and it’s always tailored to the woman and her needs. Largely, it comes down to social support and the emotional support that we offer. I think women perceive us as being a safe service. Women that have had negative experiences, relationships with mainstream, you know, public funded services, they recognise that actually, we are separate to that.”*

Eve, Coordinator 1, Women organisation

Here, the participant put an emphasis on the fact that social and emotional support play an important role in the support that they deliver and that their position in the sector (i.e. *outside the system*) facilitated the service users’ engagement with their services because they were seen as *a safe service*. Safety was a recurrent subject amongst the participants because they all highlighted that one of the particularities is that, unlike some of the mainstream services in the community, they provide their service users with an environment within which they feel safe. For a particular participant, a prison she worked at was a safer environment for women than a probation office. She said:

*“I don't know if you've been to a probation office they are quite intimidating places in a way that prison aren't you know. My impression of [a particular women's prison] is that it's actually a safe and nurturing place; it's quite quiet and people talk respectfully to each other. In the probation office it will be like, you walk in, there is a big glass screen, you can't talk to the people, you have to press a button. And now if you are a girl, it's a room full of men, I never seen another woman in there in that probation office a part from the women that I am meeting there...you know they are quite hostile environments.”*

Phoebe, Support worker, Community development organisation

The participants revealed that most of their service users had experienced traumatic events and often felt isolated and vulnerable. Hence, their services mostly focused at targeting those feelings of isolation and vulnerability. Eve explained:

*“We are literally a hand holding organisation, we are there to hold the hand of the women who are in desperate need of emotional support (...) So it's not just about [providing practical support]<sup>6</sup> it's about them not feeling alone not feeling frighten and minimising fear.”*

Eve, Coordinator 1, Women organisation

The third sector interviewees noted that the service users usually required extensive support to tackle their issues and improve their general functioning. It was identified that, TSOs typically engaged their clients in working towards short-term goals that necessitate daily effort (e.g. getting out of the house or going for a walk) as they found that achieving those goals was crucial in helping the service users to ultimately reach other goals such getting a job or completing a training programme. As described by a mentor:

*“It's like eating an elephant one mouth full at a time you know (...) So, there is a long term goal but if you are going from here to Scotland you don't turn up*

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<sup>6</sup> The examples of practical support mentioned by the participant were redacted to preserve the anonymity of the organisation.

*in [Dudley]<sup>7</sup> looking for a signpost saying Scotland. What we do is we need to set those sign posts up, those medium terms and short terms goals to achieve.”*

Timothy, Mentor 4, Christian organisation

As the participants discussed the work that they do and how they were able to work successfully with their clients, they stressed that this success was based on the relationships they developed with the service users.

*“I think the relationships that we form with the women is really key to our way of working, and so I suppose I’m a Relationship-based Helping Professional.”*

Eve, Coordinator 1, Women organisation

Eve seems to suggest that, in order to support their services users effectively, i.e. offering them the help that they need, building relationships with those service users is fundamental.

### **5.3.3.2 Building and maintaining relationships with service users**

All participants suggested that when it comes to the rehabilitation of service users, relationships are what most likely leads to the desired outcomes (e.g. providing effective rehabilitation, reducing reoffending). When asked how important it was for service providers to build and maintain those relationships with the service user, Andrew said:

*“I think it sets up a level of trust. Certainly, from the client point of view and the mentor, we have to trust the client. I think to go by and showing that you believe in them, getting that trust will give them some confidence to go forward.”*

Andrew, Mentor 5, Christian organisation

Here, the mentor voices the importance of trust in the relationships that they develop with their clients. As some participants, like Andrew, expressed that those providing services need to trust the service users, others pointed out that it is also crucial that service users trust the service

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<sup>7</sup> The name of the city was changed to preserve the anonymity of the organisation

providers for the relationships to be successful. When discussing the women that she supports, Ethel, one of the coordinators interviewed explained:

*“The women we work with, distrust the way society works, the way they've been let down before and the way that they've not been listen to. They really find it hard to move past that and accept support. That's an obstacle that we often have to overcome when we first meet women. The first few times we meet with some women they don't say anything they sit there looking really angry they don't want to tell you anything about themselves.”*

Ethel, Coordinator 2, Women organisation

The interviewees recognise that engaging service users is a challenge and they put forward the argument that, for the service users to make positive change – e.g. engage in rehabilitative activities – their relationship with the service providers must be one that is based on trust. During an interview at another organisation, a participant presented the circumstances of one of their service users, a young mother who had lost custody of her child, and whose immediate target was to secure accommodation.

*“I've got a client who if you look at her housing situation, it's been really really precarious (...) she's not with an immediate family (...) She is a care leaver as well as a prison leaver (...) growing up in care basically (...) she is now I think sleeping on a sofa.”*

Phoebe, Support worker, Community development organisation

However, due to several factors, securing accommodation had been a challenge, and the service provider had had to find other ways to keep the service user engaged with their services by working on other aspects of her life while sorting out the issue around accommodation.

*“The goal is to get her housing, and we have not succeeded in that...but in the other hand, she was able to take advantage of the housing that she's got and hold down a job. We are having a lot of conversation about what is working in this situation, having this structure, being in a house where everyone works, and where you are loved, and people are interested in you...you know...she has a chance to reflect on actually what a functional household looks like and she has not had that experience before...”*

The interviewee continued:

*“so it's really quite subtle...and maybe although it is not a straight payment by the result...maybe on paper one of her goals was getting housing and it looks like we might not succeed in that, but we've also done a lot of work in housing and growth...and...it's A battle...”*

Here, the interviewee introduced the contentious discussion regarding which outcome(s) should matter when attempting to evaluate the services involved in offender rehabilitation. The participant highlighted the fact that, on paper, the goal for her client was to secure a house. However, it had been very challenging to accomplish that goal. Although they were still working on the housing issue, the support worker had helped the service user towards completing several other activities that had contributed to her not reoffending. The support worker, Phoebe, considered this successful in achieving the goal that was on paper but pointed out that it would not have been the case under a PbR scheme. It seems that PbR works against what TSOs aim for. When discussing PbR and how it might influence the services, Andrew shared:

*“It's seen as a number a box ticking exercise doesn't it? And that doesn't make a thing because it is down to relationships.”*

Andrew, Mentor 5, Christian organisation

For the participants, such a model of funding reduces the opportunities for service providers to build trust in their relationships with service users.

*“This payment by results is crazy because to me if I was sitting there and it's payment by results I know I'd only pick up cases that I know would have a good ending do you know what I mean. Why would I pick up a character that you are 80% certain is going to finish up back inside, why would I pick him up you know so off you go, mate.”*

William, Former community chaplain/Mentor 3, Christian organisation

Here, the mentor suggests that had he been subject to PbR, he would have needed to shift his focus to hitting targets. This statement is a reflection of what has been extensively discussed in

section 5.2; with PbR it is not about allowing the service user to get a ‘good’ outcome, it is about whether or not he or she can reach the target. However, with regards to what is known about people with complex needs (e.g. offenders), it is not always about reaching those set targets, especially at a given time. The mentor continues in his reflection:

*“(...) Actually that guy I’ve just turned around and said no to, you know, this could be the one time he’s been in prison, learned his lesson and with a bit of support, he could turn his life around you know. It’s a really tough environment for offenders.”*

William, Former community chaplain/Mentor 3, Christian organisation

In fact, knowing what the person is actually going through until they open up can be very challenging because, for someone with complex needs, things are not always clear-cut. Hence the importance for those supporting this group, to build and maintain strong relationships with them. However, the participants emphasised that their success in building and maintaining those relationships was dependent on their service users’ motivation to change. On talking about the service users they were supporting under their CRC contract and for whom supervision was mandatory, Andrew said:

*“... It is more difficult because you haven't got the same motivation from the client that you might have from someone that is more committed”*

Andrew, Mentor 5, Christian organisation

Timothy echoed Andrew’s statement as he said the following about service users:

*“It's no good telling them what you want then to do that's never gonna work. I just think that the worst thing you can do is tell somebody you will do this this and this, and they will never do it unless they want to.”*

Timothy, Mentor 4, Christian organisation

The concerns raised by Andrew and Timothy appeared to be supported by Harry as he discussed a client who had refused to attend a scheduled meeting with him:



*“I got to the legal visit and he refused to come down and his words were, “I can’t be arsed”.”*

Harry, Mentor 2, Christian organisation

The situation then led Harry to reflect on the subject of mandatory supervision for all offenders released in the community, introduced by the TR agenda.

*“I am in two minds whether the support should be mandatory. It does work better when they engage on a voluntary basis, you know, it’s a more relaxed atmosphere. However, I feel, at the same time that, they need that support; they have to have that support in order to fix their issues. So, that’s the flip side of making it mandatory. So, you know, I’m 50/50, although I feel that they do require that support in order to stop their re-offending.”*

Trust was found to be key in building and maintain the relationships between service providers and service users. According to TSOs, those relationships constituted the foundation of their work. However, it seemed that the clients’ choice to engage with support services or not was equally important to the development of those relationships.

### **5.3.4 Impact of TR on TSOs**

Although TSOs were seen as *sitting outside the system*, it was found that they had also been affected by the TR agenda. Similar to CRCs, they had to use their resources strategically; and in accordance with the findings in chapter 4, they delivered services where CRCs had failed to do so.

#### **5.3.4.1 Focus service delivery to the resources available: scaling down, using resources strategically**

At the time of the fieldwork, two of the three TSOs included in this study expressed that they had recently experienced a significant loss of or reduction in funding. All three organisations involved in this study seemed to suggest that this was due to the change that had occurred in the policy landscape – especially TR. For instance, the chair of one of the organisations said:

*“So in 2015 what happened is all our other funders stepped back, and they all said, “Oh yippee so the government’s gonna fund you, this is marvellous” and Chris Grayling came out and said, ‘Oh we’re gonna fund you’ and we all went, ‘Marvellous’ and no funding came.”*

Margaret Chair/mentor 1, Christian organisation

The impact on two of the three organisations was particularly substantial. In one, they had to scale down and limit their services from two counties (before TR) to only one county (post-TR), because of the lack of funding.

*“Around 2013 or so, one of our two branches lost a lot of its funding, and so didn’t fare as well under the Transforming Rehabilitation as we did in the second branch and so the first branch side of things closed down so, there’s no work in that region now at all, so all our work is now in the region where our second branch is located.”*

Margaret Chair/mentor 1, Christian organisation

Although the reason why this organisation had not lost funding in the second county is not apparent, it could be theorised that their contract with the CRC might have helped in sustaining their work in that county. In the second organisation, participants seemed to also hold TR responsible for their loss in funding.

*“We were funded by [funding body redacted] ...and so we were able to work really quite intensively with women and we basically offered support work for a year, and when the [funding body redacted] funding came to an end, and it coincided...it probably wasn't a coincidence...with the Transforming Rehabilitation thing...we were unable...to sort of... to offer women ongoing support because the funding would have dried up.”*

Phoebe, Support worker, Community development organisation

When asked to discuss the challenges associated with the loss of funding and how they had coped as an organisation, Phoebe explained how they managed to keep their service going and not close down.

*“We were offering a year of support... We wanted to keep working in the sector, we knew that what we had done up until this point offering support had been really successful and useful...the question of looking at what we had offered and how we could reoffer that in a form that we could deliver so even if the funding you know did dry up we hadn't told people that we were gonna be with them for a year. When we looked at what had worked really well, there had been cases where we've been able to identify goals with women and support them in reaching those goals...so you know...so we had done some training as part of being support workers...so we fine-tuned that...and that's what we deliver from now.”*

Phoebe, Support worker, Community development organisation

Rather than closing down or stopping their work with their service users, this organisation came up with a different way to support them within their new means. In other words, they had to figure out how to do their job with fewer resources. They did not want to give up on their service users, so in order to keep providing their services, they refined their former approach to service delivery to one which, according to the participant, is less demanding of resources (e.g. time). In explaining what this new approach entailed and how it was different from what they were doing before, Phoebe went on to explain:

*“One recurring thing that I had and we also had in the project would be women that are completely stuck in a loop and would use our weekly session to sort of just vent about something that was really upsetting them or...we are still available for that but being able to say ‘look we've only got 12 sessions ...this is really upsetting...let's talk about this on the bus back or whatever...do you remember last week when you spoke to someone at housing and you were waiting for them to get back to you...did you write that email?...do you want me to give you their email address?...were you able to talk to so and so?’ And then we will finish the session with...the loop thing that is going on...but it has been really really been helpful on sort of terms of focusing.”*

From this participant's account, in their new approach to providing support, they have had to cut down on time spent with their service users from weekly sessions over a year, to 12 sessions. This seems to be the best they could do given the restrictions in funding and the fact

that they did not want to give their service users false promises, e.g. offering a year's support when they could no longer afford to do so. The organisations have to be realistic in what they can offer, and service users have to be realistic in terms of their expectations of service providers.

As opposed to the two organisations mentioned above, the impact on the third organisation did not seem as extensive. Their manager said:

*“It’s not like we were given service and they cut it, we always, you know, needed to raise that money ourselves. We have a lot of you know, organisations that fund us. We’ve never got, to my knowledge, anything statutory...so I guess what I’m saying is that we didn’t see a change. It’s not like we lost money, erm, we were still able to continue but it does make times harder, definitely feels like times are hard in terms of you know, more people are applying for the same pots of money and so it feels really difficult. So in terms of losing money, we weren’t an organisation that was affected to my knowledge.”*

Elsie, Manager, Women’s organisation

Unlike the other two organisations, this specific one did not face any major challenges associated with funding, post-TR. However, it should be noted that this organisation is unique in the sense that they are particularly supporting vulnerable women with very complex needs and because of the nature of what they do, they can access other sources of funding that many other organisations in the criminal justice system cannot. Nevertheless, it is clear that despite their organisation not losing money per se, this manager noted that, applying for funding might have become very competitive because more and more organisations are now applying to the same funding sources. In addition, her colleague mentioned that since TR, it was more difficult for their service users to access support in various services, as it was limited.

*“I feel that there is a definite deficit of support to women, they don’t have the same breadth of services (...) There is a clear shift in that depth and breadth of service and so we are less able to potentially link women with services that they might otherwise had.”*

Ethel, Coordinator 2, Women organisation

Two of the three TSOs included in this research explained that under the TR agenda, they had experienced great loss not only in funding, but also in the reach of their work, and their ethos to a certain extent. This seems to be a very important point as the subject matter had also been heavily emphasised by CRC staff when discussing the impact of TR in general, and PbR in particular, on their work (see section 5.2). Although the women's organisation had not experience major lost in their funding, the staff explained that it was harder for their service users to access services as resources were limited across the sector.

#### **5.3.4.2 The double-edged relationship between CRCs and TSOs: Working for a fee and working for free**

Two out of the three organisations in this research study stated that in addition to their main sources of funding, they had at least one contract with a CRC, which involved paid services.

One research participant explained:

*“There is a separate way we work with CRC, and that's if some probation officers can spot purchase support for their clients via us and that is called gripping the offender.”*

Phoebe, Support worker, Community development organisation

In fact, in this case, there was a possibility for the CRC to ensure that specific service users – namely those in need of more or tailored support – receive the support that they needed by contracting an organisation with specialised services. This organisation had a project targeted specifically at women offenders. This also constituted a way for the CRC to ensure that those specific service users stayed engaged with rehabilitative services in the hope that they would not re-offend. The contract with the CRC sometimes had an element of PbR to it. This participant in another organisation explained:

*“The CRC money is contracted through that meet and mentor programme, and so that has a degree of payment by results attached to it... But as far as the*

*payment by results is concerned I mean our compliance is actually fairly easy to manage because ours is about attendance and nothing else so, they only monitor us on whether the guy and it's mostly the men who are under that programme turn up."*

Margaret Chair/mentor 1, Christian organisation

As explained by the chair, the PbR aspect of their contract was different from the one CRCs are subject to, in the sense that, here it is fully and only attached to a single and easily measurable outcome – attending the programme or not. When asked whether they felt any kind of pressure from the expectations of their contract in terms of meeting targets, the chair of the organisation replied:

*"I don't think we've experienced that. No, our targets, we have negotiated very hard for very realistic targets erm, and we exceed those targets and have exceeded them for the past two years. So, I don't think we have this issue erm, and I think part of that is because we were very established and had been doing the work for a very long time. When they came and said, 'We'll do it at this level' we said, 'actually that's unrealistic, you can do it at this level', and they agreed. So, I think in that respect our CRC contract is a manageable contract."*

Margaret Chair/mentor 1, Christian organisation

It seems that this organisation was able to negotiate their CRC contract on their own terms, which allowed them the freedom and flexibility to provide effective rehabilitation to the services users. Although TSO could make money through their contracts with CRCs, it was found that that income was very small and not always consistent.

*"So, whilst we have a contract we have a very small contract, that contract has been cut financially so in the first year we were given X amount of pounds, it's been cut by just under, 75% of it has gone. So, we're now running the same project but on 25% of the original contract value so, that's a huge loss. What we're now having to do is try and get all our original grant funders back on board by saying, 'Actually look the government didn't come up with money, they came up with all the agenda, but they didn't come up with the money', and the client group hasn't changed the volume of the clients hasn't changed."*

Margaret, Chair/mentor 1, Christian organisation

As discussed earlier in this section, because of the monetary contracts promised to TSOs with the arrival of TR, most had lost their original funders. With CRCs appearing to mostly focus on saving money, those promises were not kept as they had developed monetary partnerships with very few TSOs (see section 5.2). As a result, TSOs had to look for alternative funding to keep going because while the money had reduced, the volume of service users under the CRC contract had not changed, as well as their needs. It looks as if for the TSOs, contracts with CRCs always came with more expectations than what they had signed up for.

*“In theory, CRC will refer people to us but because they are under time pressure in a sort of trying to catch up with everyone before they leave-prison-, we also... my manager... she has a NOMS login<sup>8</sup>; she will go into prison, highlighting the ones whose the date of birth is appropriate and then she would double check to see who is coming back to [name of the city redacted]...so we actually ....we don't rely on CRCs we do it ourselves.”*

Phoebe, Support worker, Community development organisation

This statement highlights the struggle of CRCs to attend to the needs of the people they are required to support and the repercussion on TSOs. CRCs seemed to rely on these organisations to assist them. Despite the challenges that came with these arrangements, TSOs appeared to address what it takes to overcome those challenges, whether by seeking extra funding elsewhere or putting in more work. This was highlighted by a former community chaplain, now turned mentor, who explained:

*“Now I think we're just another arm of probation you know they're not resourced enough in probation, so we almost become a quasi-probation in the community.”*

William, Former community chaplain/Mentor 3, Christian organisation

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<sup>8</sup> Digital access to the web portal of the National Offender Management Service (NOMS), known as Her Majesty's Prison and Probation Service (HMPPS) since 2017.

The 'extra' involvement of TSOs in probation work was not limited to those in higher positions within the TSO, such as managers or paid staff. At times, it also involved volunteers.

*“There was a girl I worked with last year, she'd had one hell of a past, and so she was being heavily watched by probation but then after a while because they knew us, they knew me, and the meeting with me would count as a probation meeting do you know what I mean.”*

William, Former community chaplain/Mentor 3, Christian organisation

While reflecting further on the situation, mentor 3 said:

*“Once I'd met with the client I'd have to send in a report to probation to say that I'd met with the client, actually isn't that probation's job you know what I mean. And suddenly the onus is on me you know, and I'd found that quite difficult because you know again I had a really good relationship with the girl and, she would tell me everything, she would tell me if she'd been using drugs that week or you know things that you know you have to treat in confidentiality of the client and mentor relationship. ..So it puts the mentor in quite a dilemma, you want to support the client. Actually, it's quite a thin line between supporting the guy and actually tipping it over the edge and saying, actually as soon as I'm writing this report the police are going to be knocking on their door.”*

From William's account, it seems that the line between being part of the probation service and being part of the third sector is getting very fine, if not blurry. There seems to be a tension between the role of non-judgmental listener and that of rule enforcer. With staff – paid or unpaid- workers from the third sector now acting as quasi-probation workers, the ethos of TSOs is once again threatened; hence, their relationships with service users are threatened. This highlights yet again the impact of TR on services providers and services users, and the various relationships in the sector.

With the support provided to offenders now underpinned by PbR, the chair of trustees who happened to also be a mentor stated the following:



*“As a volunteer - I mean I’m a slightly unusual volunteer in as much as I’m also chair of trustees - but as a mentor I don’t have anything to do with that payment by results thing all I know is one of the community chaplains will match me to one of their clients because they think that I have some skills or some personality qualities that will mean that I’m a good match for that person.”*

Margaret, Chair/ Mentor 1, Christian organisation

As expressed in this statement, one might assume that PbR would not have an influence on an unpaid member staff such as a volunteer mentor. However, a participant particularly felt that the situation was unfair to the third sector. In reflecting on the government idea that PbR will motivate CRCs in supporting service users effectively, the mentor said:

*“There is a dichotomy there really...erm...something I feel really strongly about, we are basically working free of charge to make profit for another organisation which I think is wrong.”*

Andrew, Mentor 5, Christian organisation

In fact, although CRCs relied on the work of TSO, there was not always a payment attached to it. A participant explained the following:

*“We have a service level agreement with both NPS and with CRC. Erm sort of, not with national probation service at the minute and national probation service aren’t funding us so we have a very complicated service level agreement with them which means that we are taking their referrals at the minute under what we call our core mentoring scheme but that is not funded by them so, we rely on public money or grants or individual donors to fund that.”*

Margaret, Chair/mentor 1, Christian organisation

In this case, it seemed that although there was a form of agreement with the CRC to support some of their service users, it was an agreement that did not involve any fees, and the specifics of such arrangements were not disclosed by the interviewee.

### 5.3.5 Summary

Under TR, TSOs experienced a significant reduction in their funding sources. As a result, most had to scale down and review the services they could provide based on the resources they had available. According to participants in this research, this offered the only way that they could keep working in the sector, and not have to close down or turn service users away. Also, CRCs and TSOs found themselves having to work together as they could rely on each other. TSOs saw CRCs as a monetary source as they could provide their services to CRCs in exchange for payment. This seemed to be a win-win situation as CRCs struggled to cover the work at hand because they were understaffed. Unlike CRCs, it seemed that some TSOs were able to negotiate contracts with CRCs on their terms when PbR was involved. In order to ensure that service users would receive effective support, TSOs had to step in because CRCs did not always have the means to provide adequate support to all those that needed it. In addition to doing probation work, TSOs had to work in securing additional funding elsewhere, to continue providing support to service of their clients, beyond the specifications of the contracts with CRCs. Although TSOs appeared to be resilient, only focusing on doing what it takes to provide their services, there was the sentiment that they often were working for CRCs free of charge. Also, because the work of CRCs and that of TSO had become entangled, the uniqueness of the relationship between TSO workers and service users was threatened at times. The ability of TSOs to adapt showed that they seemed to have more flexibility in what they can do when compared to CRCs.

The exploration of the data at this stage of the research suggests that to achieve the provision of effective rehabilitation under PbR, the following must be taken into consideration:

- A more flexible commissioning model where providers are able to negotiate the PbR specifications in their contracts, depending on the nature of the needs of client groups. This would help providers to bring their focus and concentrate their efforts at ensuring

that is necessary to meet the needs of all their service users, even those with complex needs is in place (e.g. tailored support, right partnerships ).

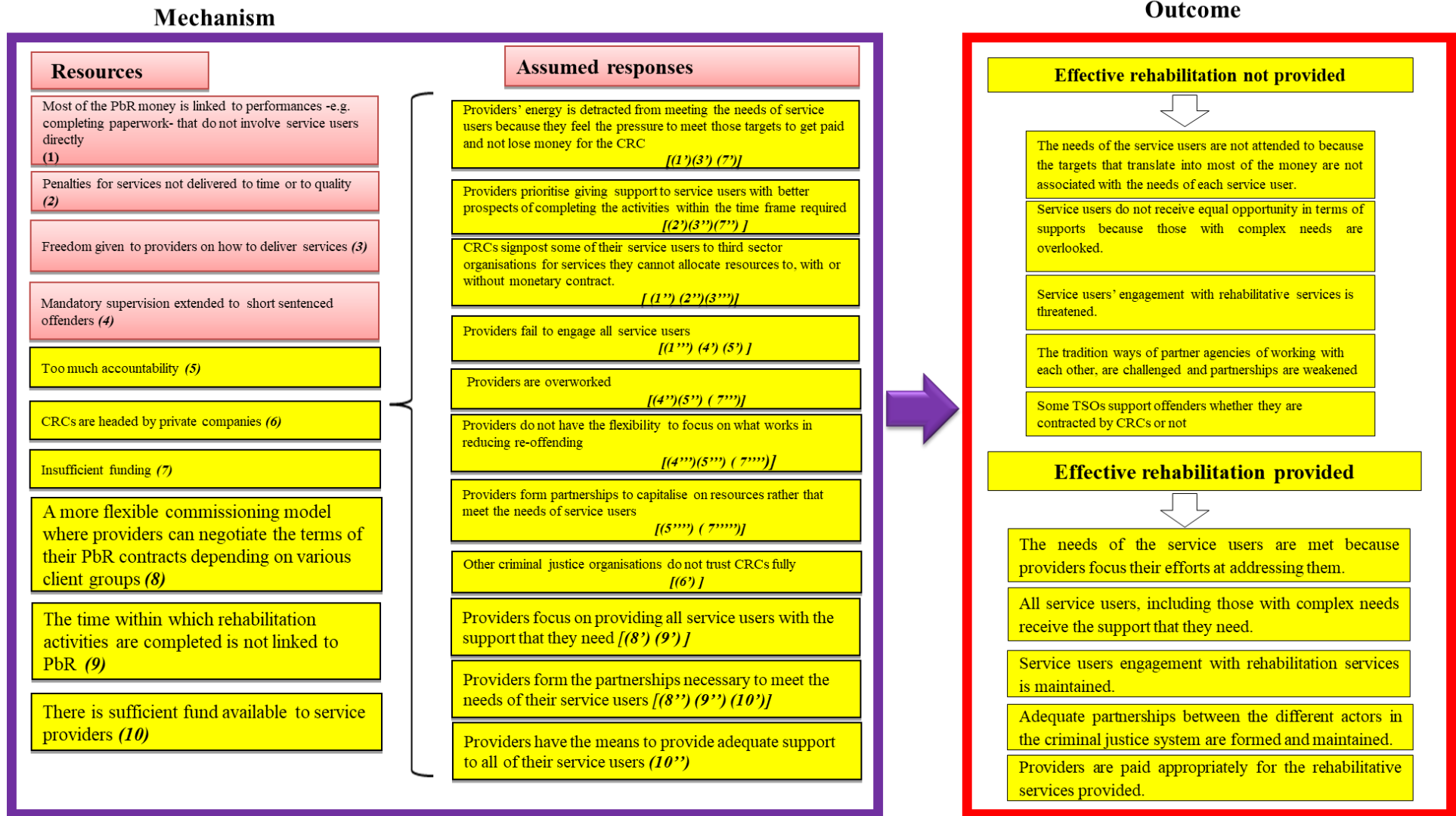
- The time within which services users complete rehabilitative activities is not specified by PbR. It was found that because services users' circumstances are different, some may require more extensive support than others, especially if they have multiple and complex needs. Hence, it is crucial to give services providers the freedom to allocate the time necessary to each service user for the provision of effective rehabilitation.
- Sufficient funds must be available to service providers to endure that they have the means to provide services users with the right support.

The data gathered allowed the further refinement of the programme theory, as illustrated in Figure 14, see **Resources (8), (9), and (10)** and associated **Responses**. These resources and responses, as well as the thesis outcome of interest are illustrated in the yellow boxes.

Effective rehabilitation is provided because relationships between service providers and service users are maintained, the needs of all service users are met, included those with complex needs.

This is further explored in this chapter, from the perspective of service users.

Figure 14: Evidence-informed programme theory: the mechanisms and outcomes for effective rehabilitation (Second level)



## **5.4 Exploring service users' experience of receiving support**

Over the following pages, I continue to explore the concept of effective rehabilitation for offenders in the community, before subsequently refining the programme theory in relation to that concept. This section focuses on service users' needs concerning their rehabilitation, and their experiences of receiving help from support services (here, TSOs). The findings presented draw on semi-structured interviews conducted with two service users, and proxy-reports from eleven staff and volunteer mentors in TSOs to complement the service users' own accounts. In this research, support workers were considered appropriate proxy respondents to provide information about offenders' experiences of rehabilitation. For offenders engaged with support services, support workers such as mentors are often major actors in their rehabilitation process (see Appendix F for an extract of a proxy-report). The interviews were structured around the services users' individual circumstances, which included the challenges they experienced after prison, and their reasons and expectations for engaging with support services.

The next pages highlight the characteristics of the two service user interviewees (see 5.4.1), and present the findings from the analysis of service users' own accounts and proxy-accounts from mentors (see 5.4.2), and provide a summary to conclude the section (see 5.4.3)

### **5.4.1 The service user interviewees' characteristics**

This section assesses the service users' demographics and typicality to contextualise their experiences of engaging with support services, regarding their rehabilitation. The process for recruiting service users for the research was set out in chapter 3.

The service users interviewed were one male and one female, respectively identified by pseudonyms John and Jane. As shown in Figure 15, both participants were white British, in their mid-20s to mid-30s at the time they were interviewed, and both lived in supported accommodation. Similarly to the majority of people leaving prison (as highlighted earlier in

Chapter 2 of this thesis), both service users reported issues with their mental health. Whilst Jane had a clinical diagnosis of anxiety and depression, John reported that he sometimes experiences feelings of self-harm and low mood.

Also, John was in part-time employment and educational training; Jane, on the other hand, was unemployed and had children who were not currently in her care. It is worth noting that, although John was not explicit on whether he was a parent or not; it is a subject that he did not mention in his interview. Jane, on the contrary, talked extensively about her children. This is congruent with existing data that show that six in ten incarcerated women are mothers of children under the age of 18 (Prison Reform Trust, 2017). These reports also state that mothers are more likely to be primary carers for the children, and are therefore less likely to have someone to care for those children when they are incarcerated (Beresford, 2018). Hence, most women in prison will have their children placed into care (e.g. foster care) during their sentence. In the case of Jane, she was fortunate to have had her children placed in the care of her mother. However, at the time of the interview Jane did not have a good relationship with her mother and children. Talking about her mother, Jane explained:

*“My mum can't let go of what I've done, my mum's held on to it and still punishes me for it now but we will never move on from that if we can't put it behind us...it will always be there and I know that I've messed up, but I've paid for that now more than once, 10 times probably very erm do you know what I mean and if she just holds on it will just fester there and it will just ruin the rest of the good life we could potentially have.”*

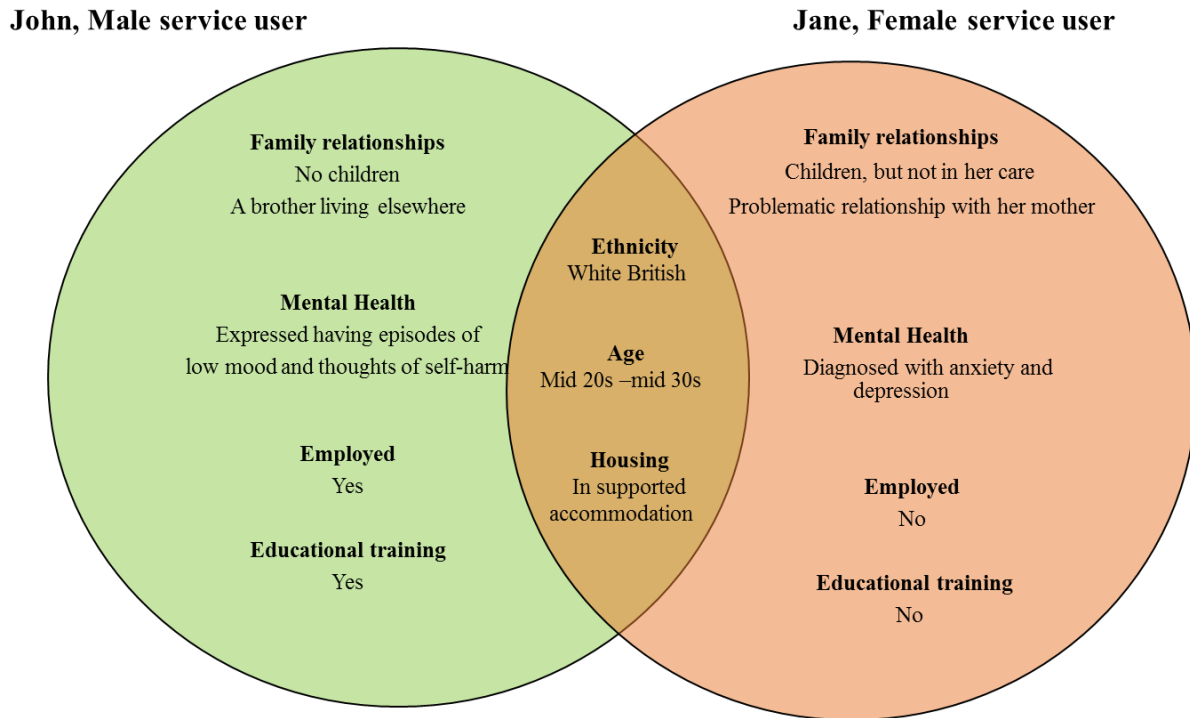
Jane, Female service user

About her children, she said:

*“Due to my depression and stuff, when I came out jail my children didn't want me to do anything for them or they didn't want me in my mom's house and...it was actually making me more ill, staying there and then I wouldn't have been any good for anybody because emotionally I was unstable.”*

John, on the other hand, seemed to have a supportive family, however they lived miles away from him.

**Figure 15: Contextual data: service users**



Data from these two service users indicate that the longer they received one-to-one support (e.g. a couple of months) and the closer they came to a sense of stability (e.g. in adequate accommodation, stable employment, or/and education), the less they were reliant on support services. Table 16 shows that Jane (who was in her seventh week post-release and unemployed) and her mentor had met a least once a week since her release and exchanged phone calls and text messages regularly. On the other hand, John (who had been released just over five months prior and was in an adequate housing, employed, and engaged in educational training) relied less on supporting services and only made contact when he needed help to deal with particular situations (e.g. when he experienced feelings of sadness or worry). The network of

relationships between service users and their environment (e.g. mentors, other support workers, support services, family and friends) are discussed in more detailed in section 5.4.2.

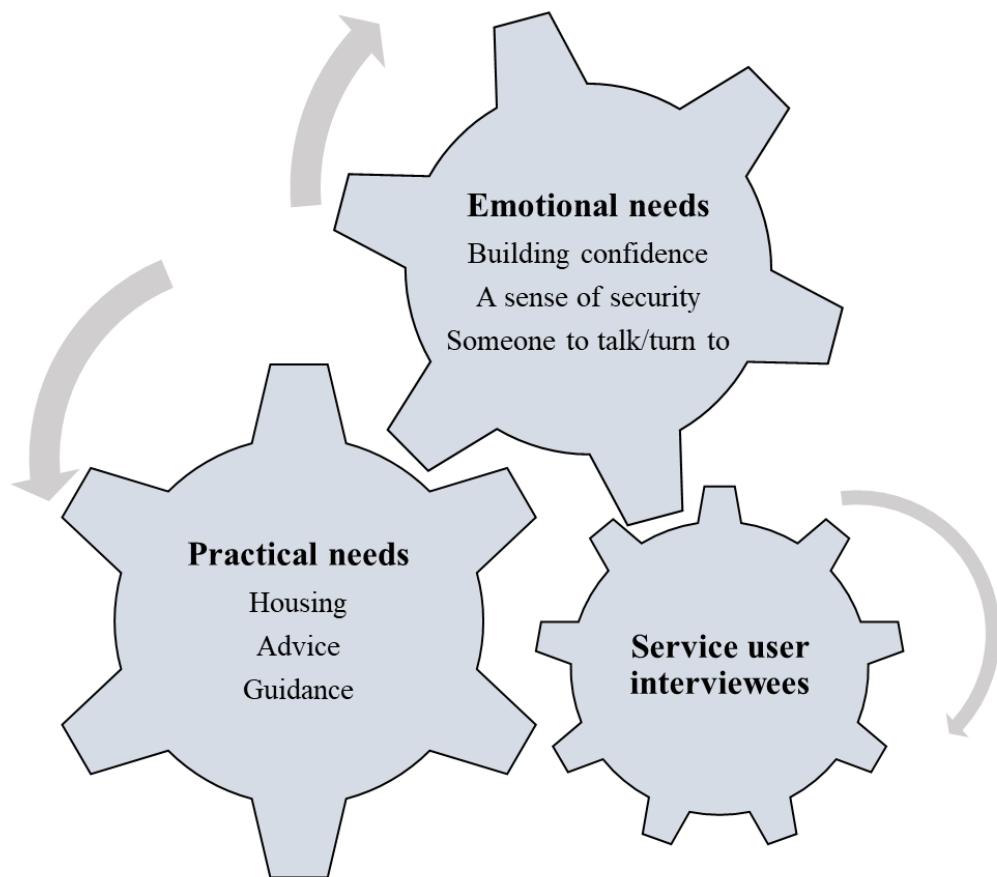
**Table 16: Nature and frequency of contact with support services at the time of the interview**

<b>Contact with support services at the time of the interview</b>	<b>Nature of contact</b>	<b>Average frequency of contact with support services</b>
John, Male service user  (Released 5 months prior to the interview)	Phone calls to mentor or organisation	Whenever he feels the need to, e.g. <i>'if I'm feeling low in mood or anything I could just pick up the phone, phone them up'</i>
	Check up call/ text from the organisation	Once in a while, e.g. <i>'when it goes too long of a time they could, after a couple of weeks they drop me text asking, is everything okay, we are still here'</i>
Jane, Female service user  (Released 7 weeks prior to the interview)	Face to face meetings with mentor	Once a week <i>'I have weekly meetings with my mentor, it's normally a Tuesday or a Wednesday depending on either of us'</i>
	Phone calls and text messages to mentor	Regularly <i>'I text her (the mentor) regularly...'</i>
	Check up call/ text from the mentor	From time to time, e.g. <i>'she (the mentor) rings me some evenings just to make sure that I'm okay'</i>

In accordance with the accounts of CRC staff (see section 5.2) and support workers in TSOs (see section 5.3), the service users interviewed in this study emphasised their need not only for practical support (e.g. housing) but also for emotional support (e.g. building their confidence) (see Figure 16).



*Figure 16: Examples of needs highlighted by service users as part of their rehabilitation*



Having contextualised the participants' circumstances after prison, which included their living conditions, the state of their mental health, and their involvement with support services, it is apparent that both service users regarded these components as important to their rehabilitation. This lays the foundations for the subsequent examination of the service users' perception of effective rehabilitation, and the contribution of support services to that process, discussed in the following section of this chapter.

## **5.4.2 Exploring the data: How do service users feel support services contribute to their effective rehabilitation?**

As discussed in sections 5.2 and 5.3 of this Chapter, with TR in place, support services (both CRCs and TSOs) found it more challenging to attend to the needs of their service users and ensure the provision of effective rehabilitation under TR.

Hence this section examines what service users see as crucial to their effective rehabilitation, by gaining an insight into their lives after prison, and their experiences of engaging with support services. The sections to follow depict what service users in this study felt must be addressed to ensure their effective rehabilitation.

### **5.4.2.1 The need to feel safe**

Regarding service users' needs when leaving prison, it was observed that for them, finding stability was important to their rehabilitation as it provided them with a sense of safety. Such longing for safety related to both their environments and their interpersonal relationships, these being the elements that the service users associated with feeling safe. Below, the notion of safety is discussed in relation to their living conditions, as well as their ability to develop self-confidence and build trusting relationships.

#### **5.4.2.1.1 Being in safe and stable living conditions**

As displayed throughout this section, both service user interviewees talked extensively about their concerns around housing upon their release from prison, whilst outside prison, and what they hoped for in the long term with regards to their living conditions. At the time of the interviews, Jane and John were in supported accommodation. Having a place to stay or to go to when leaving prison, seemed to constitute the start to rehabilitation. In fact, it emerged from support workers' descriptions of their clients' experiences after prison that they had needed to support most of them with securing adequate housing. In fact, when discussing the expectations of service users when engaging with their services, one of the TSO staff interviewees stated:

*“The first question they ask you is ‘can you do housing? Can you help with housing?’”*

Phoebe, Support worker, Community development organisation

Similarly, housing had been Jane’s immediate concern when leaving prison. Like John, she had been offered a place in a bail hostel. Whereas John accepted the temporary solution, Jane opted to sleep on a sofa in her family’s house, despite it being overcrowded and her not being on good terms with most of her family members. She justified her choice not to stay in a hostel as follows:

*“They (hostels) are not really nice places to go...and the way I was feeling I was worried if I would start drinking... you know because my life isn't going perfectly, you know I'm not a drink or drug taker but if it's around me all the time and I'm in a bad space I just didn't want that in my area... I see how some people just go downhill and I just didn't want to do that.”*

Jane, Female service user

For Jane, being in a hostel was not a safe choice with regards to her rehabilitation, because she feared any involvement in behaviours (e.g. drinking) that could contribute to a risk of her returning to prison. Both she and John stressed that for various reasons, the living environment contributes to perpetuating of the cycle of reoffending. Most of the service users discussed in this thesis (including those mentioned in the proxy narratives), were offered bail hostels upon their release from prison as temporary accommodation or in some instances shared accommodation. Although some, like John, agreed to stay in bail hostels, others were very adamant that they would not stay in bail hostels or share accommodation with people they did not know. For instance, Phoebe who is a support worker at a Community development organisation explained the following when discussing a young mother whom she was helping to get accommodation:

*“The council has offered her money for shared housing, but she said I'm not. So, that was a bit interesting!”*

To Phoebe's astonishment, this young mother was resigned to sleeping on a sofa in an overcrowded house (similar to Jane) and was ready to reject all options other than the one of having a place of her own. Both of my service user interviewees mentioned that they found it challenging to interact with people they did not know. John said:

*“You can imagine you know, you are literally stuck in a compound where you don't see anyone else, you see the same people, now out in the community, you are meeting new people you see new people every day.”*

John, Male service user

Hence, this is a possible reason to explain why the young mother mentioned by Phoebe was not willing to move into shared accommodation. In continuing her reflection on hostels, Jane explained that the stigma attached to hostels constituted another challenge that she feared, in relation to her rehabilitation journey especially given her emotional state.

*“A hostel environment wouldn't have been good for me because of my anxiety problems. They have a bad name in the town so if you are known that you live there you are tarnished with the same brush than everybody else that lives there so I already worry about what people think.”*

Jane, Female service user

It then appears that a safe and stable environment is not solely one that limits the risk of falling back into bad habits (e.g. drinking, taking drugs) but also one that has a positive impact on mental wellbeing (e.g. improved self-esteem, reduced anxiety), which was found to be very important to service users. Describing how she felt about her accommodation at the time of the interview, which was a self-contained flat she was able to finally secure, Jane said:

*“I'm over the moon I'm now starting to decorate. For a long time I had a cell, and then at my mom's house I was on her sofa. So for the first couple of weeks (In her self-contained flat), I would find myself walking around there because I*

*had a bedroom I had a kitchen I had a living room and it was a lot to take in (...) it's nice to have a little bit of privacy."*

Jane, Female service user

Jane seemed not only to have found a sense of security in her new living conditions but she also showed excitement at being able to decorate and having what seemed like a lot of space. John also expressed feelings of contentment when talking about himself living in his own flat at the time he was interviewed, in comparison to his time at the bail hostel. He said:

*"I have now moved out of the bail hostel into a supported accommodation, which is a bit more freedom. I don't have to be there at a certain time I can go out anytime that I like (...) I literally have everything that I need in there to live and to you know...I have a freezer and a fridge, little things like that."*

John, Male service user

Just like Jane, John seemed very pleased and more fulfilled in his new living conditions. Although both service users voiced their contentment with being in supported accommodation, both also specified that in the long term, they would want to secure a tenancy of their own. Jane expressed this aspiration as follows:

*"I'm making myself better and bettering myself to get a tenancy of my own."*

Jane, Female service user

Arguably, housing stability appears to be a crucial element in the service users' rehabilitation. In fact, for service users in this study, achieving stable accommodation and having more control over their surroundings (e.g. decorating, coming and going freely, having everything they need in their own space) provide them with a sense of safety, which seems to contribute positively to their mental health and ultimately also reduce their risk of reoffending. This is in line with the argument that stable housing improves mental health in vulnerable populations, such as those in transit between prison and the community (Chen et al., 2013), and also contributes to the reduction in reoffending (O'Leary, 2013).

#### 5.4.2.1.2 Building confidence

Although addressing service users' need for safe and stable housing was a recurrent theme in this study and was found to be key to effective rehabilitation in the views of service users and staff at TSOs, the participants' accounts suggest that it is also about the symbolic value of a 'place of one's own'. While safe and stable housing contributed to increased wellbeing and confidence, service users needed and expected face-to-face support to help them further build the confidence to construct a life for themselves. From the support workers' accounts (see section 5.3) and from the interviews conducted with service users, it was found that mentors and other support workers carried out a variety of activities with their clients and mentees. In addition to advising on housing, education, and employment, these activities ranged from weekly meetings for a chat and a coffee, to driving to and/or attending doctor's appointments with the service users, as well as discussing ways of coping with issues they might be facing.

When discussing his hopes and expectations regarding supporting services John said:

*“Erm hopes were getting out of prison staying out of prison and you know just trying to live a purposeful life where I will just...not go back to prison that sort of things and you know, get a job get a place of my own and move forward with my life.”*

John, Male service user

As discussed before, some of John's objectives were to get a job and have his own place to live in. However, it is important to mention that he first expressed his need to stay out of prison and have as he mentioned in the quote above, *a purposeful life*. When asked to elaborate on what he had believed the TSO he was working with could help with when he first got in contact with them, he stated:

*“Erm ongoing support, erm peer to peer support mainly so...I was nervous I was really shy you know especially with the amount of time I was inside (...) I had to build from scratch. Basically, I had to start from you know like I was a new born but an adult so just go from there, and give me the confidence to*

*being able to walk out from the prison you know go home, at the time it was at a bail hostel.”*

John, Male service user

From this statement, it appears that John perceived life outside of prison as uncertain. Although an adult, he compared himself to a newborn baby; which draws attention to the extent of his feelings of vulnerability and lack of independence at that point in time. As a result, he was in need of a peer, i.e. not necessarily someone that has been incarcerated, but someone who could understand what he was going through, and who could support him with his fears and worries and help him build the confidence to move forward. This echoes Repper and Carter (2011)’s findings on peer support in mental health services; they list empowerment, social support and social functioning, hope, reduced stigma, continuing recovery as some of the elements that consumers ( i.e. users of the services) could benefit from peer support. Although the peers discussed in Repper and Carter (2011)’s study would have been in the same situation as those they supported, the peers mentioned by the participants in my study referred to people they could relate to (because of similar interests or similar family circumstances) or they could rely on (because of particular skills that they had). Margaret, who was a chair at one of the TSOs and a mentor, explained:

*“A lot of our clients want to know that you get the journey they have been on, you get the difficulties, so to be able to empathise, at the very least to have some sympathy.”*

Margaret Chair/mentor 1, Christian organisation

Jane, for instance, seemed to be in search of empathy from others as she expressed a need for help with social functioning. When asked about what she needed from support services, she made the following statement:

*“I'm in a position in my life now where I'm not very good with people erm so I'm always very anxious if they will be judgmental of what I've done or what I have going on; they will think badly of me.”*

Jane, Female service user

Once more, this statement highlights service users' desire for a 'normal' life, one where they can do what others –people in the community- might take for granted, such as having a coffee in a public place. This is emphasised in the following statement she made:

*“I don't really have family support at the moment or anything or sisters or whatever that come to take you out, and do normal things. (Mentor's name redacted) is kind of like that for me.”*

From the mentors' perspective, service users often needed their ongoing support to, eventually be able to do this:

*“It was a guy who had PTSD, he wouldn't go out anywhere, and he was completely reclusive. So, we started with him coming to the office and we will have a cup of coffee then we started to gradually say, “Well what about we go over to (café redacted)?” So, we went every week, same time, same place, sat in the same chairs, same café, for weeks and weeks. And we moved to a different table in the same cafe and then one day I said, “what about a different café?” Then we got to the point where I was meeting him at the café rather than him coming to the office; then we got to the point where he was ordering the coffees and now occasionally, we meet from time to time now. I'll say, “where do you want to meet and I will be there” ... so he goes on a bus and I meet him in a café somewhere.”*

Margaret, Chair/ Mentor, Christian organisation

Furthermore, this quote also highlights the importance of the gradual building of confidence for service users, as it empowers them to do the things that others might take for granted (e.g. go into a coffee shop and order a drink).

Also, Jane credited being in regular contact with her mentor through text messages and phone calls as the thing that helped her to deal with some of the effects she attributed to her mental health issues.



*“I suffer some mental health issues at the moment and I generally don’t like to go out of my house, I prefer to stay inside. I had a meeting and she rang me and said, ‘you know we are supposed to meet up today’ (...) the support I get from my mentor actually gives me the motivation to get up and do things.”*

Jane, Female service user

From the service users’ own narratives and the mentors’ proxy-accounts, it appears that most service users in this study came out of prison with a range of mental health issues (e.g. anxiety, depression, and feelings of self-harm as described by Jane and John; and others like PTSD as described by mentors), and were heavily dependent on the support they received to enable and give them the confidence to partake in everyday activities and so function as a member of society. As a matter of fact, in reference to our meeting for the interview Jane admitted that although she had been gaining in confidence, she had almost left the café as soon as she had arrived:

*“I’m getting more confident with where we are today talking here erm I reached here and I wanted to go because it was lunch time and the place was very busy.”*

This suggests that she was still very dependent on the support she was receiving at the time, in terms of building her confidence and combating her feelings of anxiety.

John on the other hand, said that he no longer felt the need for weekly face-to-face meetings with his mentor. However, he had maintained contact with his mentor and the TSO:

*“The main bit of support that I get from them is, if I’m feeling low in mood or anything I could just pick up the phone, phone them up arrange a meeting. Or if they can’t get me down on that particular day or they can’t meet me, if they are with someone they will say can I phone you back when I’m free? So you know, so just being able to have that other person or that person to reach out to in times when I feel low or when I’m struggling with something or need advice or something, they’ve always been there.”*

John, Male service user

John, despite being in what he considered ‘a good place’- having a job, a place to live, being fairly independent – still sought support from the TSO at times, specifically emotional support.

He felt more secure knowing that the support would always be there for him whenever he needed it. This brings out the notion of a continuum of support that is detailed further in section 5.4.2.2.

In reflecting on what he valued most of the support he had received from the TSO he was engaged with (at the time the fieldwork was conducted), John went on to say:

*“My biggest challenge was confidence; they helped me with my confidence. Erm just being able to meet with someone that I've never met before, being able to meet that person and go and have a cup of coffee you know. Or just being out with the general public whereas before I was quite nervous, it was nerve-racking.”*

It is then understandable that beyond the practical support that they might receive from supporting services, emotional support is equally important to an offender's effective rehabilitation. Practical as well as emotional support provided service users with a sense of safety, and seemed to give them the confidence to gradually become effective functional individuals; which was identified by the World Health Organisation (2014) to be a determinant of mental health.

#### **5.4.2.1.3 Developing trusting relationships**

As found in this thesis and highlighted in the literature, trusting relationships are known to be key in order to engage service users effectively in the criminal justice system (Maguire, 2012, Maguire, 2016). Accounts from mentors and service users demonstrate the network of relationships around service users to be one of the crucial elements for a successful rehabilitation. Being able to establish a connection with the mentor was found to be crucial for the service user. Jane described her mentor as follows:

*“She’s a very really welcoming calming lady and very easy to talk... she makes me feel comfortable and it's given me the extra confidence to be able to continue to progress with being around lots of people.”*

Jane, Female service user

These attributes of the mentor put forward by Jane seemed to constitute a positive factor in building their relationship. John who was equally happy with his own mentor, used similar words when describing his mentor:

*“The one that I've got is very calm and collected. She does whatever she can to help. Every time I ask something, it's a case of...if she doesn't know it she will ask someone else that will know the answer so...their knowledge on a lot of stuff is quite vast.”*

John, Male service user

In addition to her calm and collected attitude, both service users seemed to appreciate the fact that their mentors made them feel comfortable and were willing to go to great lengths to help, suggesting the mentors were caring and they, as service users, could trust them to provide them with the support that they needed for their rehabilitation. This fits neatly with Mechanic and Meyer (2000) 's concepts of trust in healthcare in which it was found that patients relied mostly on their doctors' interpersonal skills (e.g. warmth and empathy) to evaluate the competence of the care providers.

Relationships between service users and the people in their lives (e.g. friends and families) were also found to be important to the service users' rehabilitation. In fact, in the example of Jane, disruptions in such relationships influenced her greatly. As discussed in a previous quote, after she was released from prison, her children (who lived with her mother) did not want to have contact with her, which, she said, was detrimental to her already fragile emotional state.

In this situation, Jane resorted to moving out of her mother's house to get away from an environment that she felt was a threat to her wellbeing, and potentially a threat to her

rehabilitation. Similarly, being involved with the ‘wrong’ crowd was reported by support workers and service users themselves as one of the avenues by which people often ended up re-engaging with activities associated with offending behaviours (e.g. involvement in drugs, theft). For example, whilst detailing a situation involving one of his clients, Andrew, a mentor shared the following:

*“He [service user] is 40 years old and he is a vulnerable person with learning difficulties, so people took advantage of him. He’s got a council flat that he’s living in but frequently he will clear out the valuables, items in the kitchen, and either sell them or they would steal them from him just to get money to pay for drugs and drinks and that’s the cycle that’s been going on for many, many years.”*

Andrew, Mentor 5, Christian organisation

Whilst the service users in this study have discussed the importance of being in independent housing to staying away from people and behaviours that could put them at risk of returning to prison, the quote above indicates that this is not a guarantee; especially with service users that are more vulnerable (e.g. those with learning difficulties).

The service users interviewed stressed that the relationships that they had developed with their mentors had helped them to overcome difficult situations by keeping them afloat i.e. providing the stability essential to their rehabilitation. For instance, John emphasised that during the first months following his prison release, he had managed to stay out of trouble and secure employment despite living in a bail hostel. He attributed this achievement to the support that he had received from the TSO:

*“It was alright there (at the bail hostel), they (TSO) helped me settle in, helped with information, with support and gave me the courage to actually move on with my life, get a job and so on. With their support I managed to land a job within retail.”*

John, Male service user

In the same way, it was also found from support workers’ accounts that, although reaching a specified goal (e.g. stable accommodation or stable job) is often a requirement for effective rehabilitation, the quality of the relationship that is built between the service user and the mentor/support work is often what matters the most to the service users. For instance, when presenting the situation of a young mother (with a son in care) for whom she was having difficulties finding adequate accommodation, a TSO staff member said:

*“(…) of course the goal is to get her housing and we have not succeeded in that...but on the other hand she was able to take advantage of the housing that she's got and hold down a job, have driving lessons (...) maybe on paper one of her goals was getting housing and it looks like we might not succeed in that, but we've also done a lot of work in housing and growth...and...it's a battle.”*

Phoebe, Support worker, Community development organisation

This extract stresses the argument that getting housing or getting into employment (which often constitute a tick in the box) does not always or necessarily constitute an indicative measure for effective rehabilitation. Instead, the provision of practical support coupled with resourceful relationships between mentors/support workers and service users, were seen as more likely to create conditions in which service users could feel stable and confident enough to stay clear of behaviours that might compromise their rehabilitation. Positive relationships between mentor/support workers and service users were found to be based on trust. In fact, when they felt the need to, service users often (re)turned to their mentors for practical support as they trusted them to have the right information or to point them to the right direction. For instance, a mentor interviewed described himself as follows,

*“I know a little bit about a lot, I’m kind of like a Citizen Advice on wheels. So, I know how and where to signpost people.”*

Harry, Mentor 2, Christian organisation

In the same way, service users (re)turned to their mentors for emotional support as they believed them to have their wellbeing at heart. For instance, one mentor talked about a client he had finished mentoring a year prior, but who had got back in contact upon receiving inconclusive results following a test for HIV. The mentor recounted the circumstances:

*“I was actually in the office and I heard somebody running up the stairs and, he came running up and I said what’s the trouble, he said I’ve had some really bad news I’ve got HIV. And I said, are you sure? He said well no, the test was unclear but the machine is broken and I can’t go back until two days’ time. I’m sweating, I’ve got all the signs, I’ve got HIV my life is coming to an end. For two days I had to spend time with him on the phone just keeping him afloat.”*

William, Former community chaplain/Mentor 3, Christian organisation

Although this service user ultimately tested negative for HIV a couple of days later, he went, according to his mentor, through a period of distress while waiting for the final result and he relied solely on his former mentor for support during that time.

As much as mentors and other support workers were found to always show care and empathy to their service users (see section 5.3) it appeared that service users did not want to disappoint their mentors and the TSO:

*“I know I’ve made them proud with what I’ve done so far, I’ve got a job, I’ve got a place you know I’m living a life. I’m going to further trainings as well and they support me with that.”*

John, Male service user

In a sense, service users sought validation from those supporting them.

*“Those dreams and goals and aspirations that I had are still there and I do want to meet all of them. My mentor believes me, that I can do it and I need that a lot in my life at the moment, because sometimes I don’t believe in myself so to have somebody who isn’t a relative or who isn’t a friend that would just agree with*

*everything that you say to have somebody that I see believes in me and knows that if I put my mind to it I can do it it's also a great confidence boost you know, I need that."*

Jane, Female service user

This may be due to the fact that service users needed to feel that they were supported in their rehabilitation. As discussed in this section, the trust between service users and service providers (e.g. mentors) was found to be a key element in the ability of service users to engage with support services and gradually build the confidence to lead a purposeful life. As much as service users felt that they could turn to service providers at any time for help, service providers ensured that the support was available when needed.

#### **5.4.2.2 The need for a continuum of support**

The data indicate that service users are likely to require varied support, depending on where they are in their rehabilitation process (e.g. when leaving prison, when engaged with health or/and social services, when in/out of employment, when in need of adequate housing, when in need of someone to talk to...). This can be compared to the concept of a 'continuum of care' that Taxman (2002) applied to reduce reoffending, and defined as support provided over a period of time, either by one person or a team of people, and which is being adjusted every step of the way based on a service user's progress.

Whilst service user interviewees discussed their current need for support, they were aware that the mentor-mentee relationship was not going to continue forever, and they seemed to understand this.

*"I don't want to be greedy because there could be somebody else like myself that needs (mentor's name redacted) time more than me eventually."*

Jane, Female service user

Jane seemed to not only accept that at a specific point in time someone else, just like her at the moment she was being interviewed, would require more help than her, but also recognised that resources – here mentors’ time- must not be abused. This sentiment was echoed by John.

*“I don't want to take too much time from them, especially knowing that there are certain people that need their time as well. Erm and they are volunteers, so they have a life of their own.”*

John, Male service user

#### **5.4.2.2.1 Having a safety net**

However, they – service users- found that being able to still have access to the support whenever the need arose was crucial to their journey. John explained:

*“It gives me that reassurance; it feels like there is a natural safety net there you know. If something happens outside that I've got someone I can turn to.”*

Overall, Jane and John’s accounts suggest that knowing that the support is always there and that they could access it at any time, made it more likely for service users to seek help when they needed it, i.e. on encountering circumstances that could be detrimental to their rehabilitation. For instance, John evoked a particular situation the TSO had helped him with, although his engagement with their services was limited (at the time of the interview):

*“You know when I was feeling low when I was feeling really low in mood with thoughts of self-harm and so on erm just talking to someone brought me out of it. I've got someone there that is willing to do that extra, or to help me or to do that extra bit so...it is mainly that that I've got that person or there are people there that I can turn to if I need to.”*

John, Male service user

This extract indicates that the ability of John to stay in touch with the TSO contributed greatly to his wellbeing. He seemed to have developed a trusting and strong relationship with this particular TSO, which he felt he could rely on to help him when he faced difficult times. This



resonates with an account, from one of the support workers interviewed, concerning a client she had supported until her relocation to an area the organisation did not cover. In fact, although they had not been in contact for some time, and despite the distance, the client sought help from the TSO when she ran into trouble, as recounted by the support worker:

*“She was not in our area, but she rang me to say that her child’s been taken away from her and she was obviously very distressed. We then spent quite an extensive period of time working with her through the family court to try and support her as she applied for custody of her child.”*

Ethel, Coordinator 2, Women organisation

For Ethel, this is a reflection of the type of relationships they want to build with the service users. She went on to explain:

*“The success in there is that she built a relationship of trust with us and it enabled her to feel comfortable enough to continue to engage with us and trust us enough.”*

It was also found in this research that support services often ensured that the contact with their mentees was maintained by, for instance, guaranteeing that they could always be reached when needed or checking on the service users regularly. This likely served as a reminder to service users that the support was always available if needed:

*“I tend to have my phone on 24/7 and if my client’s got an issue I just tell them to ring me.”*

William, Former community chaplain/Mentor 3, Christian organisation

Although this appeared to be positive for the service user it raises questions regarding safe boundaries in the relationship between service users and those who support them. Whilst some support workers such as William did not hesitate to make themselves available as much as possible, others used different approaches. For instance, Jane explained the following when talking about her mentor:

*“She rings me some evenings just to make sure that I'm okay, how my day's gone or if she knows that I've had an appointment she might call me on that evening to know, ‘how did it go down? Did you go?’ so yes it's not just that one day I probably speak to her several times throughout the week even if it's a 30 second phone call she will ring me and say, ‘I'm just checking up on you, are you alright?’ It's like I have a friend then.”*

Jane, Female service user

Noticeably, for service users, their mentors became a part of their social network whilst they worked on their rehabilitation. However, John and Jane seemed to understand that although the mentor could be seen as ‘like’ a friend, he or she was not really a friend. This is interesting because it resonates with the concept of synthetic social support put forward by Gale et al. (2018) to distinguish the work of non-professional health workers and peer supporters from that of health professionals on the one hand and the social support that comes from friends and family on the other. According to Gale et al. (2018), unlike their other relationships (e.g. friend and family) connections with lay and peer supporters are created for a specific purpose and are time-limited and non-reciprocal. In fact, such support provides service users with better relationships that could contribute positively to what they wanted to achieve (e.g. better health). However, the concept of synthetic social support as defined by Gale et al. (2018) is a little different from what was observed in my study. In fact, although the relationships such as that of mentor-mentee were considered to be time-limited, service users could still access support from the TSO at any time. This form of continuity in access to support appears to be significant in the service users’ effective rehabilitation because one of the CRC staff interviewed voiced that the gap in their service lies on the fact that service users cannot access it at any time.

*“When somebody finishes an order or licence and we wave goodbye to them, 9 times out of 10 that need for support still lies within that individual but we can't support them anymore because they are non-statutory. So I think that we need to think more about stopping the revolving door by continuing to provide support to those that want it, not in a statutory way. So that those that still need*

*support can still access it despite not being on an order or licence. I think that's where we need to throw in some weight because that's what we are missing it."*

Programme coordinator, CRC, Primary data

The CRC interviewee emphasised that, while the support provided is often restricted by time, the service users are still in need of support even after its provision has ended. Mentors and the TSOs often went as far as checking on those who needed less direct support, as well as tracking those who had returned to prison to provide them with any support they might need. Of a time when he had been sent back to prison a few months into a previous prison release, John called to mind the following:

*"They stayed in contact with me you know when I was in prison they actually came and visited and everything you know. It's that ongoing support even then so that made a lot a difference erm when I got attacked when I was in prison and that, I received support from my mentor then...my mentor then actually meant more to me than someone that I actually knew from previous."*

John, Male service user

As described by John, the support that he received from his mentor had such an impact on him that he considered that relationship stronger and more valuable than some that he had had for a very long time. Here, it appears that the concept of synthetic social support goes hand in hand with that of a continuum of support that can be linked back to the *Through the Gate* scheme introduced as part of the government TR agenda (see Chapter 2). It is then safe to assume that having support always available either at the forefront or in the background of service users' rehabilitation, contributed to the reinforcement of the mentor-mentee relationship. TSOs remained in the background every step of the way, acting as a safety net.

#### 5.4.2.2.2 Help with making links to with other support services

Due to their multiple and complex needs, service users were found to be involved with various other support services at any given time (e.g. GP practices, Social Services, or more specialised TSOs). Margaret, a chair and mentor for a TSO, shared the following about their service users:

*“I think most of our clients have organised appointments with professionals between Monday and Friday between 9 and 5 and where our mentors come in is that they fill the gaps and they will have them...you have to come and see a professional.”*

Margaret, Chair/ Mentor, Christian organisation

Here Margaret not only highlighted the fact that service users are often required to engage with a number of services at once, but also that fulfilling those requirements was challenging for the clients. Hence, they relied on their mentors to help. Service users interviewed for this study recognised the mentor as the person who facilitated their contact with other services. Jane, for instance, explained that she relied on her mentor to keep up with her weekly appointments. She said:

*“She's been to the job centre with me before. I may have an appointment, she will drive there with me...she has come to my meetings with me before.”*

Jane, Female service user

It appears that mentors did not solely ensure that the clients attend their appointments; they also attended meetings with them when needed. Support workers said that providing such help to their clients was common:

*“One of the guys I worked with, my main job was to make sure that he would turn up once every month or two weeks or whatever it was down at the doctor's to make sure he had his injection to actually keep him you know mentally stable.”*

William, Former community chaplain/Mentor 3, Christian organisation

Some service users who did not require support workers to drive or attend appointments with them still relied on them to remind them of their appointments. According to William: *'I was almost his conscience, don't forget you've got doctor's appointment'*. It appears that having a mentor contributed to the continuity of the support received by service users within those services, which contributed positively to their rehabilitation. This continuity of support was also maintained by signposting service users to services where they could receive more specialised or extra help. When discussing the support that they provided to their clients, Elsie, a manager at the Women's organisation explained the procedure when supporting a client who needed more specialist support:

*"We would try and do is we would try and signpost to other agencies that would be able to support her with things like housing, because we are not specialists."*

Service users like John seemed to find it to be valuable to their rehabilitation. He recalled a previous interaction with a particular TSO:

*"I've worked with one a few years ago before I knew [current TSO]. 'Can you help me with this? No we can't... Do you know anyone else? No.' Okay fair enough...So then I completely avoided them then because they didn't help me the way they could have."*

John, Male service user

For John, this negative experience seems to have not only prevented him from accessing the extra support he needed at the time, but it also contributed to him disengaging from the support he was already receiving. In fact, John had been in and out of prison for a number of years but felt more confident in succeeding in his rehabilitation this time around. He explained that, as part of the support that he had received from his current TSO (at the time of the interview), he had learned that there were other services out there he could engage with for extra support if needed:

*“(The TSO) has taught me, that there are charities that will help you know...there are more specialised charities out there. So, what I’ve learned is that I manage to access other ones if I need to for other areas, there are support workers there. I’m getting support from them, council tax, housing benefits, things like that, they help me with that. I’m doing all sort of different things and the charities that help me with keeping my time busy.”*

John, Male service user.

According to John, his ability to access the services that he needed was also an opportunity to keep himself busy. In fact, as discussed in earlier sections of this chapter, keeping busy (whether through employment, going out for a coffee, or having a trusting person to talk to when needed) was found to provide a structure to service users’ lives, which increased their likelihood of not engaging in re-offending behaviours.

### **5.4.2.3 Having goals to meet**

From the time they are released from prison, offenders often embark on a process that is designed to enable them to stay out of trouble. Although the ultimate goal is to not re-offend, it was clear from the service users included in this study that they had their own intermediate goals that they saw as important aspects of their rehabilitation, and which they were determined to achieve. The participants (service users and support workers) acknowledged the importance of service users and service providers working collaboratively in pursuit of those goals, which included securing a tenancy of their own or reuniting with their children. In addition, they all agreed that this could only be possible if service users were ready to engage with the support they received.

#### **5.4.2.3.1 Being willing to accept or receive support**

Both service users interviewed were of the opinion that, although the support they received was crucial to their rehabilitation, their willingness to accept or receive that support was an important intermediate goal:

*“I say 50/50, you need to have support to be able to receive that support. If you don't want the support you are going to go along with your eyes closed. But if you are willing to receive that support and they are willing to give that support, that's what makes it work. It's like that old saying erm you can bring a horse near to the water but you can't make it drink”*

John, Male service user

John's opinion is in agreement with a statement made by Harry, one the mentors interviewed:

*“It doesn't matter how much work you've put in as a mentor, it depends on the individual and whether they're ready for that change. They've got to want to accept it.”*

Harry, Mentor 2, Christian organisation

In fact, it appeared that although TSOs were committed to support their clients, engaging the client constituted a major challenge. While discussing a service user he had picked up from prison and with whom he was trying to set up a second meeting, Timothy, another mentor detailed:

*“He wouldn't give me a date for a second meeting. I left it 2 days and then contacted him and contacted him and contacted him...texted him...I couldn't get hold of him (...) my chaplain came down and said No he'd been rearrested. After he was released, they asked if I would mentor him...so again I phoned and contacted him I phoned I phoned...his phone was always switched off...I couldn't get a hold of him, I talked to my chaplain and he said the police rearrested him...so frustrating.”*

Timothy, Mentor 4, Christian organisation

As important as the service user's motivation was to the initiation of the mentor-mentee relationship, it was equally important for the mentee to retain that motivation throughout the rehabilitation process. For instance, following the case of a client he had been making good progress with, Charles, a chaplain, explained:

*“He gained work, he was managing to back his mum and dad, maintaining his tenancy which he'd failed to do a couple of times in the past but then he got PPI claims and got seven and a half thousand pounds, and not since then nothing.*

*He's not been attending his drug appointments (...) He's probably gone a bit of a drug binge or alcohol binge, which is a shame because again he's done really well to get his job but then you've got to question motivation"*

Charles, Chaplain, Christian organisation

In fact, the sudden influx of money constituted a major hurdle for this service user, as he seemed to have quickly fallen into the temptation to spend it on alcohol and drugs. This led Charles to question this service user's willingness to accept or receive help in the first place.

This resonates with the following comment made by Jane:

*"I say to you that there are a lot of people out there that may need the support but they don't accept it or even abuse the system that is providing that for them. I would like to think that it's a small majority of people because I needed this and I was lucky enough to receive it and it is helping me a great deal."*

Jane, Female service user

Arguably, not everybody who has access to support is guaranteed to succeed in their rehabilitation; in order for the support to be effective, one must want it at the outset. The service user's willingness to accept or receive support had also been identified by providers as key in building and maintain relationships (see section 5.3.3.2).

#### **5.4.2.3.2 Having the determination to reach goals**

Service users suggested that their determination was a factor that contributed greatly to their rehabilitation. For instance, John, who was over five months post release, and felt that he was doing considerably well at the time of the interview (in supported accommodation, in employment, and in education) attributed this mainly to his own determination to get where he wanted to be. He said:

*"My own determination I'd say is a good 95%. The support I got from them (TSO) reassured me. Out of 10, it took my confidence from a 2 to an 8 or 9."*

John, Male service user



John's statement is echoed by Charles, one of the mentors, who detailed the circumstances of a client who had been in and out of prison most of his adult life whom he had supported for about 18 weeks. Charles said:

*"He was motivated to change um and for someone that had been in prison so long it was fantastic. We stopped working with him sort of seven months ago and um I bumped into him, I always bump into him. I just asked him how he's getting on and he said he is still working, he's still doing really well so that's a real positive right?"*

Charles, Chaplain, Christian organisation

In reflecting on what had contributed to this specific service user's determination to succeed, Charles expressed the following opinion: *'The change in him is phenomenal. I think, I would say 70, 80% of that was down to him but 20% input from us.'*

On the subject of defining the source of such determination from service users, Jane emphasised the fact that her driving force was the desire to get her children back. She expressed this as follows:

*"To get my children, to get my children back... I haven't left my children again even though my children like to tell people that (...) I'm making myself better and bettering myself to get a tenancy of my own erm so that there will be a day when I will be back to the normal and have my children back and be able to provide for them in a way that I have planned."*

Jane, Female service user

For service users who were parents and had lost their parental rights as a result of having been incarcerated, their children were often the main reason why they wanted to make a change. For instance, Elsie who had experience in supporting women in their rehabilitation talked about a client for whom she had managed to ensure continuity of support despite serious challenges that she had faced. Among other things (e.g. getting a job), Elsie attributed her client's determination to her aspiration to provide better living conditions for her children:

*“She keeps connected with us so that we can then offer references and more support so that she can actually achieve her goal which is actually getting back into work and staying with her family.”*

Elsie, Manager, Women’s organisation

Although it could be theorised that service users with the same characteristics (e.g. being a mother) would have similar sources of motivation (e.g. children, family), it appeared to vary when looking at other service users. For instance, from support workers’ and mentors’ accounts, there were service users that credited their faith for their determination. Andrew, a mentor, reported what one of his clients had told him:

*“His answer was that he got his help from God. He had turned to his faith which he always knew about even when he was in the middle of drugs. He said he knew this was there and he just pushed it away. He eventually let it in and Jesus Christ came in and he felt he was reformed.”*

Andrew, Mentor 5, Christian organisation

For John on the other hand, it was his fear of failing once again, and his aspiration to live a better life that seemed to drive him. He said:

*“Erm it's mainly the fear of not wanting to mess up again, not wanting to go back inside again. Erm to live a good life rather than any life....I want to be better than what I was.”*

### **5.4.3 Summary**

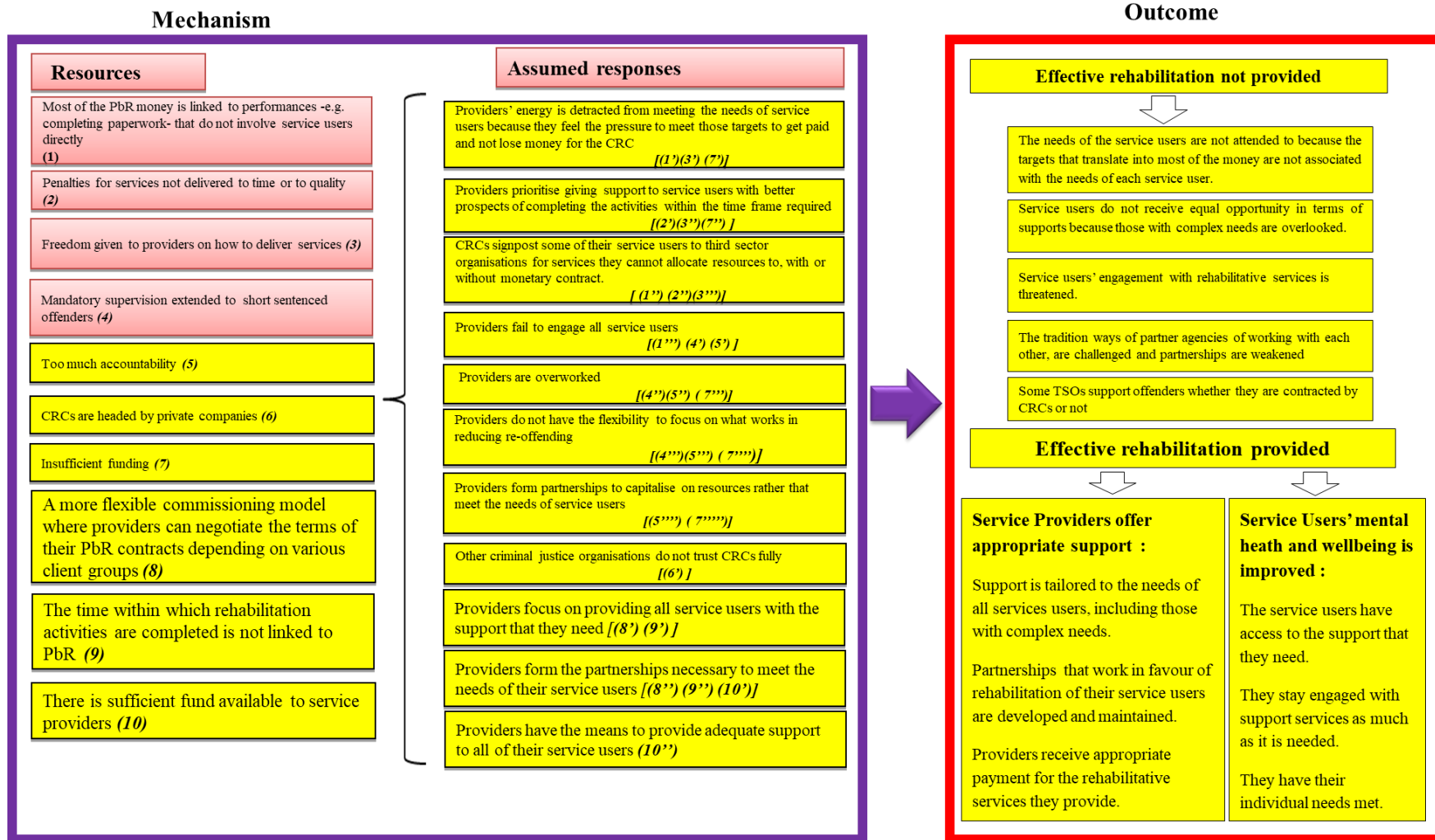
On the surface, although the service users discussed in this study listed various motives for their desire for rehabilitation, it seemed that ultimately they were all in pursuit of a sense of self-sufficiency. In making the decision to change, service users embarked on a process aimed at facilitating their ability to support themselves. As illustrated throughout the chapter, achieving that was not an instantaneous process, and required service users to rely on a support system (including probation services, the third sector, health and social services, and friends and family) designed to gradually lead them to where they wanted to be. In fact, the relationship

between service users and support workers, such as mentors, is defined as one that is without judgment, with mentors empowering their mentees (Taylor et al., 2013). An evaluation conducted by Lewis et al. (2007) established that mentorship contributes to a reduction in reoffending, especially when the mentor-mentee relationship is sustained. However, research such as that of Brown and Ross (2010) found that mentorship was mainly successful for service users who did not face other fundamental issues such as addiction, mental illness or homelessness. Although the service users interviewed for this PhD study were in relatively stable accommodation, and did not report having issues with drugs or/and alcohol, they did both report mental health difficulties, which they felt their mentors had helped with. This was found to be the only disparity between Brown and Ross (2010)'s findings and those in this chapter. The concepts of social synthetic support, benefits of peer support and continuum of support were featured extensively in their paper. The core feature of service users' accounts was that they felt that mentors could help them with anything and that they could turn to the TSOs at any time. In other words, TSOs provided them with holistic and on-going support. In instances where TSOs could not help directly, they referred service users to other organisations that could. This meant that the holistic and on-going support provided to their service users was not limited to one organisation, instead it was collaborative work. Service users believed that although having the help available to them was useful, their willingness to accept and/or receive that help was crucial.

With respect to the programme theory, data at this stage of the research affirm that effective rehabilitation is provided when service users have access to the support that they need, whenever they need it, and subsequently have their individual needs met. To help achieve this, service providers must prioritise the needs of their clients, work in close partnership with other organisations that may contribute to the rehabilitation process of those clients, and ensure that the appropriate support is always available to those that need it. This PhD study suggests that

having the above-mentioned components in place will contribute positively to the mental health and wellbeing of service users, which is essential to effective rehabilitation. A refined programme theory is illustrated in Figure 17.

Figure 17: Evidence-informed programme theory: the mechanisms and outcomes for effective rehabilitation (Third level)



## **SECTION C: DISCUSSION AND CONCLUSION**

## **CHAPTER 6: DISCUSSION AND CONCLUSION**

### **6.1 Overview**

This chapter discusses the knowledge brought about by this research. It begins with a summary of the key findings (6.2). This section includes:

- A synthesis of the findings relating to understanding the mechanisms of PbR when trying to provide effective support to offenders with complex needs,
- A proposed context within which a pathway to the effective rehabilitation for people with complex needs, i.e. offenders, can be achieved,
- The key findings in relation to the research questions.

The chapter then contextualises the findings of the research in the existing literature (see 6.3) and follows with reflections on the strengths and limitations of the study (see 6.4). It then covers the implications for policy and practice (see 6.5), followed by recommendations for future research (see 6.6). The chapter closes with section 6.7, which is the conclusion.

### **6.2 Summary of the key findings**

For a considerable part of the 20<sup>th</sup> century, the British Government subscribed to the approach of promoting equality through the public provision of social services such as education and healthcare (Garland, 2001, Pomfret, 2011), to reduce re-offending. This was because most offenders, once released from prison, faced stigma and difficulties in accessing care, finding stable employment and housing, and forming relationships (Garland, 2013). An increase in the prison population and the number of crimes reported in England and Wales between 1960 and 1979 (Biles, 1983), coupled with the extensive reports on growing economic problems (Whitehead, 2015) resulted in the then Government's decision to adopt policies that favoured punishment and the involvement of private companies in the sector to help reduce public

expenditure. The latest example of such policies came in the name of *Transforming Rehabilitation*, where the management of short-sentenced offenders was transferred to private companies (CRCs) incentivised to provide support for effective rehabilitation through a PbR funding model.

Drawing on the findings of the research I conducted for this thesis, I aimed to develop explanatory accounts of how PbR influenced the ability of service providers to deliver effective rehabilitation to their service users. Through the review of TR policy documents and the perspectives of service providers and service users, the objectives of the study were to:

- Objective 1: Describe the programme architects' expectations of how PbR would lead to the provision of effective rehabilitation
- Objective 2: Examine how CRCs have responded to Payment by Results on the ground and outline how it has influenced the provision of effective rehabilitation
- Objective 3: Explore in detail the work done by Third Sector Organisations (TSOs) as well as their perspectives on the changes within the Criminal Justice System, and the influence on their delivery of effective rehabilitation
- Objective 4: Explore the concept of effective rehabilitation, from accounts of service users
- Objective 5: Synthesise the findings to offer a theoretical perspective on how effective rehabilitation could be achieved and appropriately funded.

In accordance with the objectives of the study as described above, the research began by reviewing policy documents to explain then challenge the mechanisms through which the policy architects hypothesised that PbR would achieve effective rehabilitation (Objective 1; see Chapter 4). These assumptions were evaluated against evidence generated from secondary



data and primary data collected from CRCs on the ground during the implementation of TR, as the actors involved were in charge of the delivery of the programme (Objective 2; see Chapter 5). As this stage, the first research question – “How does Payment by Results influence the support provided to address the complex needs of those released from prison after a short sentence?” - was answered. I found that contrary to what the Ministry of Justice had theorised, CRCs’ responses to PbR suggested that service providers prioritised activities that would lead to payment, without concerns about financial viability outweighing considerations of whether such activities address the need of the service users or not. This effect was amplified by the way that the PbR model within TR was structured, the majority of payment was attached to activities such as the completion of paperwork, which did not involve supporting service users directly. I also found that the money available within this funding model was not sufficient for CRC providers to deliver extensive support, especially to those with complex needs like short-sentenced offenders. Hence, PbR reinforced the inequality in service delivery for short-sentenced offenders who have repeatedly been failed by rehabilitation services because their multiple and complex needs were not always recognised. With PbR, as designed in TR, this group of offenders was further overlooked. For CRCs, attending to the needs of short-sentenced offenders or those of any other offenders with complex needs meant risking not being paid. As a result, service users who required less support were more likely to receive support, as the work of CRCs was focused on quantity of service delivered rather than quality. The findings of this thesis demonstrated that the money available to CRCs through PbR was not enough for CRCs to provide extensive support to their service users. This also meant that they did not have sufficient funds to afford the cost of outsourcing such support to adequate partner organisations. Although, CRCs formed partnerships with other agencies from the public and third sector, those partnerships were more driven by profit (through money-saving) than by what was essential to meet the needs of service users. On the one hand, CRCs relied on other

organisations – mostly TSOs - to provide support to their service users that needed extensive support. On the other hand, they could not always spare the price of the adequate provision of such support. Because of PbR, CRCs were forced to operate their rehabilitation services as businesses in order to survive. Whilst CRCs had changed their approach to service delivery, due to PbR, the other organisations within the sector seemed to have remained the same in their approach which was centred on the service users. This jeopardised the state of the relationships between partners within the sector as the traditional ways of working had shifted.

To explore the provision of support outside of CRCs, interviews were conducted with support workers within various TSOs to investigate their work in detail, as well as their perspectives on TR and the influence on their delivery of effective rehabilitation. Data collection at this stage, also included interviews with service users to further explore the concept of effective rehabilitation (Objectives 3 and 4; see Chapter 5). This helped answer the second research question – “How do support services within the Criminal Justice System contribute to the mental health and wellbeing of service users in the community, and what are the existing barriers and facilitators to this work under a Payment by Results scheme?” The study found that although TSOs continued to deliver services to offenders with complex needs, they often did so without having received payment from CRCs. Instead, they found alternative avenues to secure the necessary funds. However, this meant that more TSOs were in pursuit of the same streams of funding. Study participants emphasised that such streams of funding had become scarce following the government’s decision to direct all governmental funding regarding offender management to CRCs through PbR. When TSOs were not able to secure funding, they had to limit the extent of the support they could offer to service users, downsize, or close down. Hence, as a result of TR and its PbR scheme there was a change in the landscape of TSOs. Similar to the effect on CRCs, PbR had a negative impact on the work of TSOs. This meant

TSOs may have fallen short in providing support to offenders whose needs were even more complex.

Contrary to CRCs, although the TSOs included in this study had needed to review their services, they managed to stay true to their ethos and keep service users at the centre of their work. Both TSO workers and service users highlighted that the relationships between service providers and service users, and those between the organisations involved in the rehabilitation of offenders, are central to the provision of effective rehabilitation. More importantly, trust was found to be key to building and maintaining those relationships. The core feature of service users' accounts was that they felt that mentors would try to help them with anything and that they could go to the TSOs for support at any time. In other words, TSOs provided them with holistic and on-going support. In instances where the TSO could not help directly, they could refer service users to other organisations that could do so while still maintaining contact. This meant that such support was not limited to the TSO; instead it involved collaborative work. Service users were of the opinion that although having the help available to them was useful, their wanting to receive that help was crucial; which reinforced TSO providers' argument that priority must be given to those who want to receive help. Table 17 highlights how each research question has been answered.

*Table 17: Summary of the key findings in relation to the research questions*

Research question	Objective	Data analysed	Findings
<p><i>1. How does Payment by Results influence the support provided to address the complex needs of those released from prison after a short sentence?</i></p>	<p><i>Describe the programme architects' expectations of how PbR would lead to the provision of effective rehabilitation (Objective 1)</i></p> <p><i>Examine how CRCs have responded to Payment by Results on the ground and outline how it has influenced the provision of effective rehabilitation (Objective 2)</i></p>	<p><i>Policy documents</i></p> <p><i>CRC providers' interviews</i></p>	<ul style="list-style-type: none"> <li>• Tension between the providers' duty to meet the requirements of the service and their willingness to address the needs of the service users is reinforced</li> <li>• A holistic and person-centred approach in service delivery is not provided</li> <li>• Support provided is dependent on the providers' availability, which means that the quality of services is likely decreased</li> <li>• There is unequal distribution in the delivery of services; service users with complex needs are overlooked</li> <li>• Links between the different organisations operating in the criminal justice system are weakened, service users fall through the cracks</li> </ul>

<p>2. <i>How do support services within the Criminal Justice System contribute to the mental health and wellbeing of service users in the community? and what are the existing barriers and facilitators to this work under a Payment by Results scheme?</i></p>	<p><i>Explore in detail the work done by Third Sector Organisations (TSOs) as well as their perspectives on the changes within the Criminal Justice System, and the influence on their delivery of effective rehabilitation (Objective 3)</i></p> <p><i>Explore the concept of effective rehabilitation, from accounts of service users (Objective 4)</i></p>	<p><i>TSOs providers' interviews</i></p> <p><i>Service users' interviews</i></p>	<ul style="list-style-type: none"> <li>• <b>Building and maintaining relationships</b> <p><u>Barriers:</u></p> <p>Outcomes of interests are not in line with the needs of the service user (lack of trust)</p> <p>The interval of time over which outcomes are measured is not realistic in relation to the time by which the service user may achieve those outcomes</p> <p><u>Facilitators:</u></p> <p>The service user is willing to engage with rehabilitative activities</p> <p>Service delivery focuses on the wellbeing of the service user</p> <p>Availability of resources (e.g. funding, adequate staff)</p> </li> <li>• <b>Providing a continuum of support</b> <p><u>Barriers:</u></p> <p>Providers lack flexibility to adapt service delivery to the need of the service user</p> <p>Lack of accountability in developing partnerships that benefit the service user</p> <p><u>Facilitators:</u></p> <p>Service users can always access support when they need it</p> <p>Effective collaborative work between the services and organisations across the Criminal Justice System</p> </li> </ul>
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A theoretical perspective on how effective rehabilitation could be achieved and appropriately funded was developed (Objective 5), drawing on analysis of the data from CRCs and TSOs on their rehabilitative work and from service users' own accounts of their rehabilitative needs. The research explored effective rehabilitation within the context of TR, from the perspectives of the different actors involved in the delivery of the programme (service providers) and its recipients (service users). The review of the policy documents helped to provide a clear and detailed description of how, through PbR, TR was intended to achieve effective rehabilitation. The accounts from the participants in this study – from service providers and service users – helped to outline the barriers and facilitators to effective rehabilitation, under TR (Objectives 3 and 4). Furthermore, independently of TR, the research helped to bring a strong focus on what effective rehabilitation really means to the offenders and how best this could be achieved. The field of offender management can change rapidly and significantly depending of the pattern of economic, cultural, and political factors, which shape the interactions between service providers and service users. There are concerns still to be addressed about the policy and practice of effective rehabilitation: for example, developing a system that addresses the dissonance between policy discourse and front-line experience, offers a balanced approach between justice and welfare, and engages service users effectively. Recommendations made later in this thesis set the scope for future research directions to address the challenges above-mentioned.

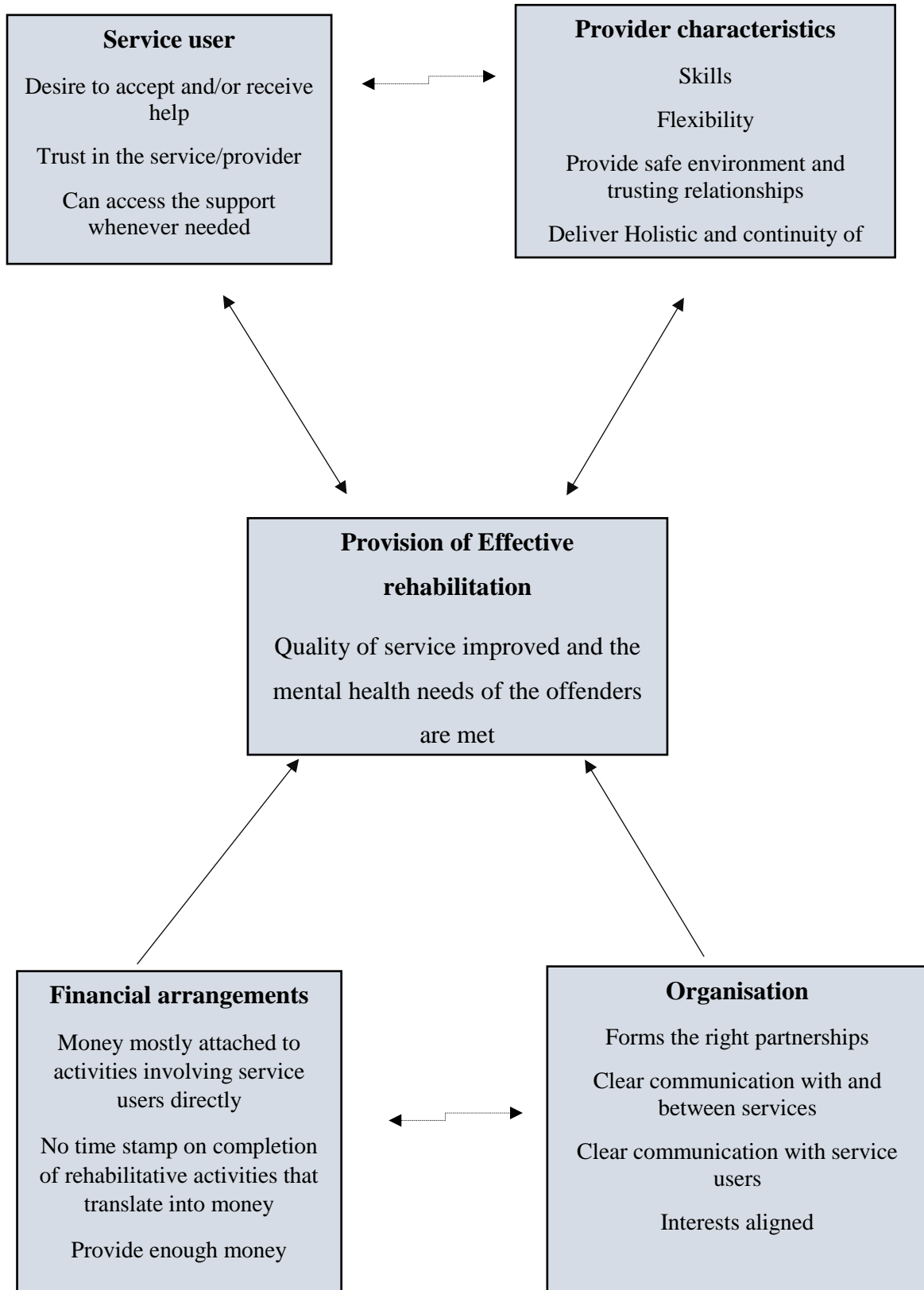
In answering the research questions, I concluded that PbR competes with what is essential to the provision of effective rehabilitation, according to the service users and support workers in this study. PbR seems to have pushed service providers (CRCs and, to a certain extent, TSOs) to focus on meeting monetary targets and preserving their resources rather than meeting the needs of service users. The data examined also suggested that any payment system introduced to replace PbR could achieve the goal of reducing reoffending if there are sufficient funds

available to maintain the services, with payment linked to rehabilitative activities and geared towards rewarding the quality of the support rather than quantity. Although quality is more difficult to evaluate, it would be worth the effort to prioritise quality over quantity as this research suggests that the quality of the support provided is crucial to the delivery of effective rehabilitation. In addition to that, service providers and users identified the following factors as important to effective rehabilitation:

- a) Help is provided to those who want it or have shown readiness to make a change
- b) A trusting relationship is established between service providers and service users
- c) Providers have the flexibility to assist service users whenever they are in need;
- d) Providers can ensure access to holistic and ongoing support either within their services or by working in collaboration with the right partners
- e) All the parties involved (e.g. CRCs, TSOs, and service users) must work towards the same goal.

My data suggests that taking into account the above-mentioned factors may be crucial to the success of any payment system designed to contribute to effective rehabilitation. Figure 18 shows the potential interactions between the factors needed to appropriately fund and facilitate effective rehabilitation, as suggested by the accounts of service providers and service users in this doctoral research. Further research is needed to explore the ways in which this could work in practice (See section 6.6).

*Figure 18: Potential interaction between the components to appropriately fund and achieve effective rehabilitation (Individual and service level)*





### **6.3 Contextualising the findings in the existing literature**

The findings from this doctoral thesis have highlighted, once more, the historical debates and ambiguities surrounding the issue of offender rehabilitation and how to address it effectively. Although there is a consensus on the idea that the offender must be rehabilitated, there is little agreement about what effective rehabilitation means and how best it can be achieved. This study has established that, with the adoption (2013) and implementation (2015) of TR in England and Wales, the government created a criminal justice environment underpinned by a competitive and business-oriented model of service provision for offenders. Within these conditions, the providers' working practices suddenly went against their ethos, therefore, creating a tension between public interest and private motive. Many seemed to resist the motivation to be driven by profit and attempted to get around it, which was proven by this research to be very challenging. The concept of taking a business-like approach to the delivery of services traditionally provided by the government has been around since the 1980s (Matten and Crane, 2005), and over the years has engaged various governmental activities (e.g. education, public health, addressing homelessness) (Scherer and Palazzo, 2011, Baumann-Pauly et al., 2013). For instance, in England and Wales, PbR schemes were introduced in various services such as the National Health Service in the early 2000s (Dusheiko et al., 2008). Although the schemes differed from one another in how they were structured, the principle that payment would be made based on the quantity of services delivered remained. According to Chomsky (1999), the implementation of such policies often gives rise to a culture where profit supersedes people's needs. Whilst supporting the argument put forward by Chomsky, this doctoral research is a timely and original contribution to the debate on offender rehabilitation and knowledge in the area of PbR where there is paucity of clear evidence. As the governments in England and Wales has now recognised the failure of TR and is in the process of redesigning its strategy to rehabilitation, this study offers a unique opportunity to develop a better system

by informing policy and practice on what can be done to meet the needs of service users with complex needs, and arguing for a radical cultural shift in the field of offender management. I will develop further below, by contextualising my findings in the literature and making recommendations.

### **6.3.1 The provision of appropriate support**

In exploring the concept of effective rehabilitation, this thesis brought to the fore the intersection between mental health and wellbeing and offender rehabilitation, especially for those leaving prison after a short sentence (less than 12 months). There was a collective agreement among providers at CRCs and TSOs that although the support they provide to offenders after prison primarily centres on the need for accommodation and employment or the need for drug, alcohol and mental health treatments, and in particular cases the need for parenting and debt advice, service users' core needs often lie elsewhere. In addition to the benefits of practical support (e.g. providing accommodation or employment), this research established that the service users equally require emotional support (e.g. having someone they could talk to, having someone to listen and help address their worries). One of the main findings of this study was that provision of emotional support helped to build and maintain relationships between service providers and service users. In accordance with my findings, authors such as Pettus-Davis et al. (2018) explain that emotional support involves expressions of love, trust, comfort, empathy, and listening; these are known to reduce prejudice that those receiving that support may experience (Barnao et al., 2015). Through the exploration of the work of TSOs and service users' perspectives on effective rehabilitation, I concluded that receiving emotional support led to service users feeling understood and not judged. As a result, they trusted and engaged more with providers that delivered such support. The current literature on offender rehabilitation agrees with this finding because it highlights that emotional support promotes the building and maintenance of trust within the relationships between service providers and

their service users (Ward and Brown, 2004). Ultimately, trust is found to contribute positively to effective rehabilitation both in the literature (Ross et al., 2008) and the evidence generated by this thesis. My research shows that emotional support allows for a better understanding of the service users and their core rehabilitation needs, and this intersects with the principles of the Good Lives Model (Ward et al., 2007). The Good Lives model assumes that individuals engage in offending and re-offending behaviour when they try to satisfy their needs (termed as primary goods in Chapter 2 of this thesis) through means that can be more harmful than helpful (Ward and Stewart, 2003). For instance, the support workers who participated in this thesis recognised that those they support are often in pursuit of any form of emotional connection, whether it be friendship, family or intimate relationships. Ward and Maruna (2007) identified the need for close connections as part of the primary goods described in the Good Lives Model (e.g. relatedness as explained in Chapter 2). As described in the findings of this thesis, in seeking to make emotional connections with others some service users engage in prosocial activities (e.g. joining a community group) while others engage in antisocial ones, known to increase the risks of re-offending (e.g. alcohol or drug abuse). For that reason, the Good Lives Model is valuable as its use can help us to both understand why people engage in re-offending behaviour and guide them in making better choices. The Good Lives Model advocates for the active participation of the offenders in their own rehabilitation, by setting and working towards the goals the offenders wish to achieve. This is known to lead to better engagement with support services and better outcomes (e.g. provision of effective rehabilitation, reducing re-offending) (Gannon et al., 2011). Although my research acknowledges the challenges associated with engaging some service users with complex needs, it corroborates the aforementioned literature. Additionally, I identified that service users are more likely to become active participants when they start the process of rehabilitation as willing participants.

In contrast to the Good Lives Model, rehabilitation approaches that follow models such as the Risk Need Responsivity Model (Andrews and Bonta, 2010), focus on the provision of practical support by eliminating the factors that are directly linked to re-offending (e.g. homelessness, substance abuse). My research has shown that one of the main failures of TR and its PbR scheme was that it led to a reduction in emotional support. Hence, I advocate for an integrated approach taking into account both the Good Lives Model and the Risk Need Responsivity Model. I argue that the two models are not mutually exclusive, and there is a need for a blended approach where the allocation of time, effort, and resources is guided both by the process of assessing the offenders' direct risks of re-offending (which is the focus of the Risk Need Responsivity Model) and the actions that manage such risks i.e. assisting the offenders in achieving primary human needs (which is advocated by the Good Lives Model). For the provision of effective rehabilitation, according to this proposed approach, holistic support must come first. This will help address the issue of re-offending while taking better care of the mental health of offenders with complex needs. In this approach the support provided is targeted at the offenders' goals while addressing the offending behaviour. Therefore, it is important to consider the relevance of the offenders' needs to address the offending behaviours. Although these individuals have broken the law and may have caused harm, they also strive to lead good lives, as anyone else (Barnao et al., 2015).

Providers across the dataset found that their service users often sought someone they could talk to, trust, and contact whenever they needed to. Evidence from previous research has suggested that when such needs are fulfilled by service providers (in addition to their provision of practical support), the risk of offenders with complex needs re-offending decreases (Lewis et al., 2007, Covington, 2002, Tracy et al., 2010). The existing literature also recognises that in populations with complex needs, the provision of emotional support as described above is often associated with improved mental health because of their personal, social, and health-related

issues (Julian et al., 2017). The experiences of John and Jane discussed in this thesis encapsulate the way in which for short-sentenced offenders – who are known to have complex needs - mental health problems would not be detected in prison. Besides, unlike John and Jane most offenders who experience such mental health issues will often not be able to access adequate support after release, even as the offenders experience welfare and punitive interventions (Senior et al., 2017). Short sentenced offenders are known to experience not only higher rates of mental health problems than the general population but also disproportionately low access to the support that they need, including healthcare (Sirdifield et al., 2019). This gap in service provision was found to contribute to re-offending (NHS England, 2016). In a system such as TR, where policies are more encouraging of punishment (e.g. sanctioning non-attendance rather than acknowledging and addressing its reasons), my study identified that this gap in service provision was reinforced. I found that TSOs were often successful at bridging that gap, because they were able to provide a rehabilitation approach that promotes mental health and wellbeing and ensures continuity of support. The literature on offender management specifies that when policies and interventions focus on the provision of support for health improvement for those in contact with the Criminal Justice System, the offenders are less likely to re-offend (Everington, 2013). My findings established that TSOs were more successful in addressing re-offending as, unlike CRCs, they had more flexibility in the way they worked, a different ethos, and the willingness of mentors to volunteer their own time.

This study showed that with PbR, CRC providers concentrated their efforts on the activities that translated into payment. However, most of those activities did involve working with service users directly or meeting their needs. Such activities were mostly focused on the completion of completing paperwork to contract specifications. This meant that in comparison to TSOs, CRCs barely contributed to reducing re-offending because meeting the specifications of their PbR contracts often meant working at the expense of the service users. The general

literature on PbR has highlighted that for a programme to be successful in its implementation of PbR, the targeted payment must be closely aligned with the objective of the programme (Lagarde et al., 2013). The tendency for service providers to focus on areas that are subject to payment at the expense of others has been referred to in the PbR literature in the health system as *tunnel vision* (Greenhalgh et al., 2017).

According to my research, the knock-on-effect of providers' inclination to concentrate their efforts on their commercial interests was that service users requiring extensive support were overlooked. CRC staff revealed that despite their best efforts, they could not provide appropriate services to all offenders, especially short-sentenced offenders, because the money involved in the PbR scheme was not enough which meant that they also lacked resources (e.g. time, staff). Through this research, I established that PbR as it is framed within TR does not give CRCs the flexibility to provide support to those who require extensive support i.e. those who need emotional support. As argued in this study, providing emotional support requires empathy, an understanding of service users and their individual experiences, and providers' active engagement (e.g. having a conversation) whenever service users need it. Thus, effective provision of emotional support can be time and resource intensive; and needs, inherently, to be flexible.

Providers felt that under TR, CRCs could benefit the most from focusing on offenders with better chances of meeting the targets set by contracts, hence leading to payment. The literature on the marketised public services refers to this problem as *creaming and parking* (Greer et al., 2018). According to Carter and Whitworth (2015), this occurs when a PbR structure is dominated by firm performance targets and budgets pressures and involves providers driven by profits, all of which apply to TR. *Creaming* refers to conduct that prioritises supporting offenders with less complex needs who are therefore easier to manage, and also more likely to not re-offend. *Parking*, in contrast, refers to an attitude of knowingly disregarding the needs of

offenders with complex needs because they are considered unlikely to succeed in their rehabilitation. Although not found to be a fully formed attitude, CRC staff included in this research revealed that they felt the pressure and temptation to shift the resources to targets that were more easily achievable, regardless of whether it benefited their service users or not.

A core objective of TR and its PbR scheme was to encourage commercial partnerships between CRCs and third sector organisations. From my findings, I established that although TSOs in the research were still involved in providing services to offenders, most of their work was not contracted by CRCs; which is also linked to the financial issues brought out by PbR. While TSO staff highlighted that they continued to support offenders without receiving payment from CRCs and in some instances acted in place of CRCs, the staff at CRCs indicated that they signposted some of their service users to third sector organisations as they did not always have the resources to provide them with all the services needed. TSOs explained that although their access to funding had been reduced and some had had to downsize their services, they were still able to address the needs of their service users by diversifying their sources of income to fund their projects and supplement the work contracted by CRCs where possible. Most of these findings are also corroborated by the latest report by Clinks and NCVO (2018)<sup>9</sup> that presents detailed information on how third sector organisations have been coping since the implementation of TR. The information collected for this report through surveys and interviews with TSOs revealed that:

- 12 per cent of organisations which specialised in addressing the needs of particular groups reported that they were reducing their services, compared to 4 per cent for other organisations.

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<sup>9</sup> NCVO stands for the National Council for Voluntary Organisations

- TSOs received 48 per cent of their referrals from CRCs, 40 per cent of which did not involve funding
- 64 per cent of organisations that delivered services under a contract or sub-contract subsidise their contracts by using other sources of funding.

Although the Clinks and NCVO report stated that the reasons for TSOs to subsidise their contracts were to achieve full cost recovery, the TSO involved in this research emphasised that their reasons for subsidising their CRC contract were primarily to ensure that their service users received appropriate support. In this particular TSO, the CRC contract required working with service users for three weeks. However, the TSO secured funding through other means, to extend support to this group after the three weeks.

The findings of this research, coupled with the literature on PbR, seem to suggest that there is a lack of positive evidence that PbR, as it is currently structured within TR, could help reduce re-offending. Although it might serve those with less complex needs, it has reinforced the gap in service provision for those in need of more tailored support such as short-sentenced offenders. Authors in the field of offender management have theorised that after years of designing policies based on the evidence of what works in reducing re-offending, politicians are now increasingly looking for evidence that fits their preferred policies whether offenders' needs for rehabilitation are met or not (Raynor, 2018).

### **6.3.2 The case for consideration of mental health and wellbeing in Government policies**

The front-line workers (at CRCs and TSOs) identified that service users often valued emotional support over practical support. There seemed to be a disconnect between meeting the offenders' practical needs and what was going on in their lives. What constituted, on paper, a tick in the box addressing rehabilitative needs did not imply that the needs of the service user were always met. For instance, in the case of Jane, the female offender interviewed in this study, although



she lived in her mother's house and was reunited with her children after leaving prison, it was found to be an emotionally stressful environment for her. In another case, from a proxy-account, attempts to secure a stable accommodation were failing; however, the service user involved had unexpectedly remained out of trouble as she was being supported by the TSO while in poor living conditions. In light of the evidence provided in this thesis, it seems that the provision of effective rehabilitation would be determined by providers' ability to tackle the service users' social, economic, and environmental circumstances because those factors influence individual mental health and wellbeing. This is important as several authors have stated that unlike other personality traits that can be measured, mental health is not static (Schmit and Stanard, 1996). This remark has also been made by authors like Bone et al. (2015) in more recent years. Others have stressed that the mental health of individuals is closely entwined with how they adjust to their circumstances (Annunziato et al. (2012). These statements support the argument of the thesis regarding the importance of including social interventions alongside biological and clinical interventions such as substance abuse treatments to address the mental health issues of offenders and reduce re-offending.

Although effective rehabilitation has often been measured and assessed in terms of re-offending and not re-offending (Ministry of Justice, 2013f), service users interviewed for this study seemed to view having a place of their own as the main indicator of success in their rehabilitation. For John, who was in supported accommodation at the time of the interview following a stay in a bail hostel, the goal was *to get a tenancy of my own and move forward with my life*, as he put it. Beyond having safe and stable accommodation (Wahler, 2015), this research found that having accommodation of their own (i.e. not supported) seemed to be a driving force in the success of their rehabilitation. Similar findings were revealed in a study conducted by Heidemann et al. (2016) in an American study on women offenders.

The data also reflected that service users' long-term goals were to help others in their rehabilitation or give back as a way of repaying the help they had received. This evokes evidence on the benefits of peer support for peer workers. The literature reports that in providing peer support to others, workers often improve their own confidence and feelings of self-esteem (Tracy et al., 2011, Tracy and Wallace, 2016). These elements were heavily featured in this research as they were found to be part of the main reasons why service users engaged and maintained contact with TSOs. It could be suggested that their strong desire to help others in the future is driven by the quest to maintain their confidence and self-esteem.

Though not returning to prison was an important factor, the findings of my research suggest that the service users' perception of effective rehabilitation was associated with a search for freedom and independence away from the labels assigned by the criminal justice system. Service users talked a lot about wanting to live a *meaningful life*. For them, the meaningful life they aspired to seemed to involve taking part in everyday social activities such as going out and having a drink in a coffee shop and, having and maintaining close relationships either with family or other members of the community. In view of the multiplicity of challenges and barriers that this population faces (e.g. social exclusion and inequality in service provision) combined with lasting issues like mental health problems, substance abuse and trauma, a meaningful life seems to be the definitive goal. This research recognised that for service users, rehabilitation is an ongoing process rather than one that has an end, i.e. re-offend or not re-offend. The process, for service users, appears to be more similar to the concept of recovery as defined in mental health. While rehabilitation is about returning to a previous state – which is often expected from offenders – recovery is about adapting to life circumstances (e.g. social, economic, environmental, and political) and is more reflective of what service users try to achieve every day. The challenge is, therefore, to determine how that could be quantified and measured, and how it could fit into a PbR scheme.

Evidence across the board as well as in this study has strongly demonstrated that prison has a considerable impact on the lives of offenders and that of their families, and their communities. Having served a prison sentence limits a person's opportunities for employment and education (Bramley et al., 2017, Willey et al., 2016). Also, it often means that those who depend on the offender prior to prison (e.g. children) lose their primary carer (Beresford, 2018). As discussed throughout this thesis, people who have experienced prison are more likely to have health issues such as mental health problems and have limited access to adequate support to address issues after prison. These health issues are particularly persistent in short sentenced offenders and are known to be aggravated by the social issues they face once released (e.g. homelessness, unemployment, and difficulties reconnecting with family). This thesis presents a unique and original contribution to knowledge in the area offender management, from a health perspective.

Most of the people currently in prison and under any form of criminal justice supervision in the community are known to suffer greatly from physical and mental health issues. Mental health particularly, which is recognised by the World Health Organization (2015) as a public health crisis, is key in addressing the needs of short-sentenced offenders and subsequently reducing re-offending. Hence, the argument that the issue of re-offending is a public health crisis and can be resolved using a public health approach. A similar argument was previously put forward in 2002, when the World Report on Violence and Health published that year identified violence as a public health priority (Krug et al., 2002). Similar to preventing violence, addressing re-offending involves a collective and cooperative action from multiple agencies to improve the health and safety of all individuals by targeting the underlying factors that contribute to their likelihood to re-offending (Neville et al., 2015). Such approach has been described as the public health approach (Scottish Violence Reduction Unit, 2017, World Health Organization, 2010), and was proven successful in Scotland where its introduction in

2005 helped decrease the incidence of violent offences amongst young offenders (Goodall et al., 2019).

### **6.3.3 The public health approach to addressing re-offending**

According to the World Health Organization (2020), a public health approach is one that is focused on a specific issue within a given population - either medical (e.g. an infection) or not (e.g. violence) - and addresses the needs of that population in relation to the issue identified. Hence, taking this approach involves gaining a greater and better understanding of the population being studied, the root of the issue and the factors that increase or decrease the likelihood of the issue to occur. Drawing on the findings of my thesis, taking a public health approach to addressing re-offending would entail tackling the social determinants which are the circumstances underpinning offenders' lives and aggravate their mental health issues. These issues are known to prevent them from accessing the support that they need and contribute to their likelihood to re-offend (see section 2.6).

This research study showed that the course of a person's mental health and that of their offending behaviours are intricately tied to their immediate and extended environments. This takes into account the characteristics of who they are as individuals (e.g. their life goals and aspirations), their relationships with others (e.g. family and friends), their connections with the community and the agencies in charge of their health and social issues (e.g. primary care, employment, and housing), and how their rehabilitation is influenced by governmental policies. Hence, to address the scope and depth of the issue of offender rehabilitation, I advocate for the adoption of a coordinated and collaborative approach that tackles the full spectrum of the causes and consequences of the issue of re-offending. Public health provides a guiding framework for such an approach to rehabilitation in the sense that it would help tackle the collateral consequences associated with an individual being released after serving a prison

sentence. From removing the barriers to housing or employment, to improving the continuity of health and social care and considering changes in policy on offender management. In addition to investigating and understanding the causes and consequences of re-offending, a public health approach would help prevent its occurrence by attempting to bridge the gap between the higher rates of mental health problems in short-sentenced offenders and their disproportional access to support services (Sirdifield et al., 2019). In this approach, social interventions and policies encourage the provision of support targeted at the health improvement of offenders in an effort to reduce re-offending (Everington, 2013). Hence, such a strategy would aim to provide an understanding of the mental health and social needs of the offenders, help identify the factors that serve as facilitator and barrier to re-offending, and encourage a collaborative effort between all sectors (health, social care, and criminal justice) for the delivery of effective rehabilitation.

In line with the literature and policy documents on offender rehabilitation, this thesis recognises that the overall issue of re-offending particularly stems from short-sentenced offenders' challenges in coping with health problems (e.g. mental health) and social problems (e.g. homelessness). In this study, these individual challenges were found to intersect with the broader relationships offenders have, societal factors, and governmental policies. The Scottish Violence Reduction Unit recognised this overlap as having a significant influence on offenders' lives and whether or not they engage in offending or re-offending behaviour (Violence Reduction Unit, 2005). Hence, my push for the adoption of the public health approach to rehabilitation.

## **6.4 Strengths and Limitations of the study**

The main strength of the research lies in the examination of diverse perspectives on effective rehabilitation at multiple levels in the Criminal Justice System (policy architects, private and third sector providers, and service users). The involvement of experts and researchers in PbR, a rigorous realist methodology, and evaluation have also contributed to the strength of the study. The use of realist evaluation principles to conduct the review of policy documents provided the foundation that framed the empirical study. Although Pawson and Tilley (1997) offer the principles that guide a realist evaluation, there is no standardised approach or a firm methodological process to adopt (Byng et al., 2005, Salter and Kothari, 2014). Therefore, the flexibility in this approach constitutes its primary challenge because the responsibility to tailor the methodology to a given study lies with the researcher.

In this section, I present a comprehensive reflection on the strengths and limitations of this study guided by the elements of the Consolidated criteria for reporting qualitative research (Tong et al., 2007) which relates to: my personal characteristics as the researcher and my relationship to the research, the use of a realist approach, and how the review of policy documents and the empirical study were designed and conducted.

### **6.4.1 My relationship to the research and reflexivity**

As previously mentioned in chapter 1, my interest in pursuing this research arose from my own experience as a mental health mentor for offenders. Although I was no longer supporting offenders in their rehabilitation, I came to this research with the knowledge and experience of the criminal justice system in England that I had acquired as a mentor, which made me an *outside insider* (Brown, 1996) i.e. a researcher with considerable experience and personal knowledge that is of particular relevance to the study. Given my engagement with offender rehabilitation, I needed to separate my personal experience from my role as a researcher in an

attempt to limit, if not to avoid, bias (Mason, 2017). For instance, I sought this change in positionality by ending my role of mentor and working on the research full time. Also, I critically examined my assumptions and beliefs of what constitutes effective rehabilitation by reading extensively, participating in academic seminars, and discussing the research with scholars with relevant expertise. My research questions and objectives were developed independently from any organisation within the criminal justice system; however, I acknowledge that a researcher with a background other than mine might have approached the study differently (LaSala, 2003).

During the fieldwork, I found that having that previous experience of being a mentor aided my interactions with most of the organisations and participants that contributed to the study. For example, my impression was that in instances where I had mentioned my background, the mentors felt that I could relate to their experiences and service users felt that they could talk to me in a similar way to as they would with their mentors. Also, my knowledge of the jargon and language used by the participants facilitated the process of collecting, transcribing and analysing the data. Nevertheless, this was a double-edged sword because being viewed as an insider meant that some participants would not necessarily see me as a researcher (Bonner and Tolhurst, 2002). Hence, they (the participants) would likely assume that I already had insider information that they would not have voiced. A practical strategy I used to minimise this possible drawback was to share my experience as a mentor with participants only when judged necessary, i.e. to build a rapport or facilitate the interaction with the interviewee. In fact, Brown (1996) highlights that an *outside insider* can sometimes be regarded as suspicious because of the public nature of research (e.g. publications). Within the first few minutes of a particular interview at a TSO, the participant was reluctant to share their experiences. However, that perspective changed when I shared my own experience of supporting offenders and the reasons that led me to conduct the research. By following the guidelines set out in the documents

submitted for ethical approval, I ensured that formal consent was acquired from each participant before conducting the interviews. The details on the process of obtaining informed consent were presented in section 3.10.2.

In this study, I used the principle of Mechanism as defined by Pawson and Tilley (1997) realist evaluation and modified some of the features to fit the purpose of this research – i.e., the programme theory is presented as a Mechanism (M) and Outcome (O) configuration rather than Context (C), M and O. Although this process is presented in this thesis (see Chapter 3), in reality, it was sometimes a slow and iterative exercise that required me to retrace my steps throughout the process. Given the limitations of my knowledge of realist approaches during the early stages of the research, I met with Professor Nick Emmel, a world-leading realist methodologist based at the University of Leeds, to discuss my research proposal and the use of realist principles. Following the recommendations and encouragement of Professor Emmel, I decided to attend various workshops and conferences run by the Centre for Advancement in Realist Evaluation and Synthesis at Liverpool (CARES) to learn about the principles of the methodology and how to apply these in practice. Building on those foundations, I also participated in mentoring programmes with experts in the field of realist methodology and evaluation throughout the research (this was detailed in chapter 4). In the face of the challenges associated with research, I had to make pragmatic decisions about how best to conduct the study. For instance, following the first interview that I carried out during the fieldwork my reservations about using the realist method of interviewing (see section 3.8) were confirmed when the participant did not engage in the interview when I used this method. I then chose to use semi-structured interviews throughout the research, where the line of questioning was still relevant to the research questions but less direct (this is explained in section 3.10.3.2).

Overall, the final research design that I developed allowed me to explore and detail the impact of PbR on effective rehabilitation from diverse perspectives and explain the processes through



which desired outcomes can be achieved within this complex system, which is that of offender rehabilitation.

#### **6.4.2 Reflections on the use of the realist evaluation approach**

This research aimed to explore the concept of effective rehabilitation within the context of TR. The realist evaluation framework, I believe, encouraged me to involve participants from across the Criminal Justice System which aided me to develop an understanding of how a programme such as TR works not only at the theoretical level but also in practice.

The approach facilitated the identification, evaluation, and refinement of a programme theory which helped to explicate the mechanisms of the PbR scheme, how they influenced the outcomes of the programme and the features of the context that appear to have shaped those mechanisms.

Rather than establishing the causal path between specified contexts, mechanisms, and outcomes as explained by Pawson (2006), this study focused only on understanding the mechanisms of PbR and exploring their links to the outcome of interest, i.e. effective rehabilitation which entailed the provision of appropriate support and the improved mental health and wellbeing of the service users. However, while exploring the qualitative accounts from service providers and users in order to gain an in-depth understanding, I began to uncover some of the contextual factors that may explain why specific mechanisms generated distinctive outcomes (See page 216). I suggest that further research be conducted to explore these factors and their links to the programme theory developed in this thesis (see section 6.6).

#### **6.4.3 The review of policy documents and the empirical study**

In Chapter 3 of this thesis, I provided a detailed description of how this study was designed and conducted. I explained how the research design adopted was suitable for answering the research questions and addressing its objectives, presented the practical challenges that were

encountered and how I proceeded to ensure that the study was as rigorous as possible. In this section I reflect on some of methodological strengths and limitations for both the review of policy documents and the empirical study. This is done separately to help with clarity.

#### 6.4.3.1 The review of policy documents

The research was guided by the programme theory identified through the review of policy documents. According to Bowen (2009), an examination of programme documents has both advantages and limitations (see table 18 ).

*Table 18: Bowen’s advantages and limitations to document analysis (Bowen, 2009)*

<b>Advantages</b>	<b>Limitations</b>
Efficient method Availability Cost-effectiveness Lack of obtrusiveness and reactivity Stability Exactness Coverage	Insufficient details Low retrievability Biased selectivity

#### *Data selection and analysis*

In comparison to other methods, document analysis is less time-consuming as it only requires data selection, and there is not a need for data collection (efficient method). Often, the document can easily be obtained in the public domain without permission (availability). Hence it is cheaper than other research methods (cost-effectiveness). In this research, the policy documents selected focused on the rationale behind the PbR scheme and its specifications and were obtained from the Ministry of Justice website. The document selected for the review

highlighted the policy architects' plans for the TR reforms. Although they contributed to the structure of the research process, they were not influenced by it, which counters the research concerns associated with reflexivity (Lack of obtrusiveness and reactivity, stability). Throughout the review process, extracts of the documents and references were presented to illustrate the exact process by which the programme intended to achieve its goal (exactness) (see details in Chapter 4). Moreover, the documents selected cover the period from the introduction of the reforms, their amendment, until implementation (coverage).

Although these documents gave an idea of how the PbR scheme would be structured, the details of negotiations with CRCs were not made public (Insufficient detail). Hence, the information provided only allowed the development of a broad initial programme theory. However, this did not constitute a significant issue because the empirical data from CRC providers served to complement the information gathered from the policy documents; and the programme theory was later revised and improved using empirical data from CRCs (see Chapter 5).

The review did not suffer from low retrievability because all TR policy documents, including consultation papers and responses, were made available by the ministry of justice on their website. Finally, Bowen (2009) emphasises that an additional flaw in document analysis is that in an organisational context, the documents often convey policies and procedures in line with the agenda of the organisation. While this can be seen as biased selectivity, in this research, it constituted an advantage because the objective of the review of TR documents was to illustrate the Government's logic behind TR and how these reforms were expected to lead to a reduction in the re-offending rates.

### *Reporting*

For a clear presentation, the findings of this review were summarised in a logic model to provide a visual and simplified relationship between the resources introduced by the

programme and the responses of those in charge of delivering the programme. This reflected how, as planned by the architects of the programme, TR would reach its objectives (see Chapter 4). I developed an identification system where the resources that I identified within the programme documentations were labelled as *resource 1*, *resource 2*, *resource 3*, etc. The responses generated by each one of those resources were labelled as *response 1'*, *response 2'*, *resource 3'*, etc. Where the same resource had generated multiple responses, additional prime symbols were added (e.g. *response 1'*, *response 1''*, *response 1'''*). See Chapter 4 for a detailed explanation and illustration.

#### **6.4.3.2 The empirical study**

The aim and objectives of the research centre around exploring the concept of effective rehabilitation, through the process of the implementation of TR and the mechanisms by which its PbR strategy led to outcomes. Hence, the adoption of a qualitative approach. According to Pawson and Tilley (1997), the use of qualitative data is favourable when exploring the reasoning of the people involved in the programme as a response to the resources introduced by the programme i.e. Mechanisms (M). In realist evaluation, quantitative methods help to better study the Context (C) and Outcome (O) (Westthorp et al., 2011). This study relied solely on qualitative data, which means that it was not possible to confirm the intended outcome of the programme (reducing re-offending) within the remit of this thesis.

#### ***Methodological considerations***

Some of the methodological strengths of this empirical study are : the study involved participants across the criminal justice system and at various levels of the implementation of TR, semi-structured interviews as the chosen tool to explore the perceptions and views of participants, the skills gained from relevant training ( e.g. NVivo) for the complex management

of data, the thorough and careful process of data analysis, the involvement of the supervisors throughout the coding process (see section 3.10.4), and the attention given to the ethical treatment of the research participants (see section 3.10.2). Alongside the aforementioned strengths, there were a number of limitations to this doctoral research. While some of these limitations were due to my relative inexperience as a researcher, others were the consequences of the fast-changing policy and structures and the limited resources.

### *Recruitment*

I made numerous attempts to recruit participants. These attempts included contacting organisations through email addresses and phone numbers obtained from their websites, identifying and contacting key people involved in the Criminal Justice System on social media (e.g. LinkedIn and Twitter) attending networking events, and securing publications in organisations' newsletters. However, this recruitment process was constrained by my availability, and the ability and willingness of service providers and service users to take part in the study. Furthermore, because of these challenges, there was a low number of participants. and it was not possible to follow the same participant groups throughout the steps of their rehabilitation journey. Hence, the study focused on a proxy outcome, which is the provision of support for effective rehabilitation that could be identified through qualitative data (as explained in Chapter 3 and presented throughout Chapters 4 and 5). I acknowledge that longitudinal research using both qualitative and quantitative data would be beneficial to test the findings of this study further. As stated by Pawson and Tilley (1997), "part of the remit of evaluation must be to take on the task of continual program refinement, which requires going back and back again to puzzle over present findings about the effectiveness of current practices, and then forward to attend to new puzzles which emerge from these deliberations" (p.118). This means that the knowledge generated by any given research is partial, for there is a limit

to the scope within which a study can explore all aspects of a programme (Jagosh, 2019). Thus, the qualitative perspective brought about by this doctoral research could serve as a platform for future research as it furthers knowledge on how a programme such as TR failed in practice.

### *Data collection and analysis*

Data was collected using semi-structured interviews, which were found to be the appropriate form of data collection in this (as explained in sections 3.8 and 3.10.3.2). Of the 14 interviews that I conducted with service providers, 11 were face-to-face interviews and three were phone interviews. I found that because of the absence of visual cues, probing was limited and building a rapport with the interviewee required more time, when compared to face to face interview. Interestingly, I found that with these interviewees (who took part in phone interviews), sharing that I had worked in the sector made the interview more interactive. Hence, doing so at the start of the interview helped to establish trust and better engage the participant. Despite the challenges, the use of phone interviews in this research came with a number of advantages. For instance, it helped me to reduce the cost of traveling to meet the participants – who were recruited across England and Wales – and reach the participants easily. Furthermore, although face to face interviews allow the researcher to see the participants in a natural environment, that did not provide relevant information on this participants' group. Once I had transcribed the interviews, they were sent back to the participants for member-checking (Houghton et al., 2013). This allowed me to validate the transcripts and ensure the authenticity of what the participants had said and what I had transcribed. While most participants agreed with what was transcribed, others only made minor changes. For example, following an interview with a mentor, I had transcribed the following: *“So, I'm currently matched to a chap who is 66 and he wants to go to a retired persons' launch and I knew that there is a retired person launch on a Tuesday somewhere very near where he lives, that's what we did, we went there.”* However,

during the member-checking, the participant changed the word *launch* to *lunch*; which provided clarity and enhanced the accuracy of the transcription.

CRC staff data included secondary and primary data. Both sets of data were collected using semi-structured interviews and explored the responses of CRC staff to TR and how that influenced their work (i.e. providing effective rehabilitation to their service users). Although there were similarities to the two sets of data, there were also differences. For instance, the secondary data gathered the experiences of staff at the launch of PbR and the primary data added the experience of staff over a year into the PbR scheme. However, this also constituted a strength because by using these two data sets, I was able to assess the changes in CRC staff's response to TR, over time. In addition, it increased my access to data while saving resources (e.g. time). Given the complementary nature of the datasets, I was able to analyse them within the same analytical framework; which This facilitated the coding process and the development of themes. Codes and themes were first developed when analysing the primary data, refined when adding the secondary data and refined again when returning to the primary data to identify changes over time

Another difference was that, unlike the primary data, secondary data were generated by researchers other than myself and with more resources (e.g. multiple interviewers). This meant that I had to familiarise myself with a large volume of data (110 interviews), which was intimidating at the beginning. However, the primary research team had also shared supporting documentation detailing the different stages of the interviews and when they took place with regards to the implementation of TR. This helped save time as I was able to identify the transcripts that were likely to be more relevant to my research i.e. could help answer the research questions. Following the thematic analysis, themes were identified both within and across the secondary and primary data sets (see section 3.10.4).

### *Sample size*

The empirical data examined in this study covered a range of participants who were able to provide different perspectives and insights into the concept of effective rehabilitation and how it could be achieved. However, the low participant numbers implies that some participant groups were underrepresented, and therefore, some perspectives might not have been explored.

The recruitment of service providers was particularly challenging because CRCs were going through structural changes, and most of the third sector organisations had downsized. For instance, in one organisation, the project in charge of supporting women in the community after a prison release was comprised of three members of staff. Hence, it was understandable that securing interview time with each member of the team would be a challenge.

Similarly, the recruitment of service users was very challenging. While some service providers felt that their service users were too vulnerable to participate in a research study, others affirmed that their service users did not express interest in the research because they just wanted to move on with their lives. This meant that I could not purposively select participants to ensure that the sample included service users with a broad range of needs and did not include service users for whom rehabilitation had been successful or failed. However, support workers had experience of providing support to offenders with wide-ranging needs and had dealt with both successful and unsuccessful cases. Therefore, accounts of their experiences were used to enhance the programme theory. Proxy reporting is often used when the targeted participants themselves are difficult to contact (Cobb, 2018), are unable to provide the information that is the object of the research, because of chronic illnesses (Roydhouse et al., 2018), or intellectual disability (Cummins, 2002). The use of proxy-reports in this study allowed to save time and resources. Although the sample size for this group was small, it allowed the analysis to be conducted at greater depth for the individual accounts.



## 6.5 Implications for Policy and Practice

As this thesis has shown, although short-sentenced offenders were the main target in implementing TR, it seems that once more, this group was disregarded. While examining where failure has occurred, it is worth bringing to the surface the factors to be taken into consideration to ensure that this group is not failed again. Given that offenders with complex needs have intricate interrelated patterns of re-offending behaviour and mental health problems, the ability to engage them effectively constitutes a significant challenge for support services. Hence, there is a need for a shift in policy as strategies like PbR create tensions in the ability for support services (whether in the public, private, or third sector) to deliver effective rehabilitation. For that shift to take place, I propose the following:

### *Emphasising a provision of support that promotes quality rather than quantity*

This research found that the TR agenda challenged the traditional ways in which service providers worked by introducing a PbR scheme as a funding model to the services. Rather than focusing on meeting the needs of service users, providers' attention was driven to monetary rewards: the needs of service users that required extensive support and specialist services were overlooked, and providers did not develop the necessary partnerships to engage their service users effectively. Hence, TR contributed to reducing the quality of the services delivered as providers felt pressured to prioritise the financial needs of the CRC over the rehabilitative needs of their service users.

In redesigning the policies around offender management, it is essential to make the involvement of specialist organisations mandatory to ensure that services that are vital to effective rehabilitation are delivered and the complex needs of service users are addressed. The idea of having private and third sector organisations compete for contracts and making a profit from supporting people with complex needs must be discarded, as it was found to go against

the principles of rehabilitation. The research identified the importance of designing a system where service users could access support whenever they needed it, and if they wanted it. Keeping the service open for service users to return when they found themselves in a difficult situation was found to contribute positively to the rehabilitation process by preventing them from reentering the cycle of re-offending. The participants in this recognised that the service users' willingness to engage in rehabilitative activities was essential in facilitating the rehabilitation process.

***Making a decisive shift towards a system that promotes a person-centred approach that delivers the appropriate support for effective rehabilitation***

The service users in this research expressed their mistrust of public agencies due to the stigma, discrimination, and negative attitudes towards offenders. Both service providers and service users said that offenders want to be treated as anyone else and lead a normal life. However, because of their multiple and complex needs offenders are not always understood as policies such as TR may perpetuate the stigma.

To gain a better understanding of the underlying cause of offenders' criminal behaviours, there needs to be a more collective and positive approach to addressing the individual needs of all offenders and the resulting impact on their families, their friends, and the wider community. In other words, policies on offender management must focus not solely on the crime, but also on the needs of the offender as a member of the society. Rehabilitation plans must take into consideration the goals and aspiration of the offenders and should be fulfilled by all the agencies (from criminal justice to health and social care) involved in providing support throughout the rehabilitation process. The difference between the proposed approach and the *Through the Gate* scheme - that did not achieve its objective of providing a seamless transition of offenders from prison to the community - heralded as part of TR is that, I advocate for

policies to encourage all the agencies involved in the rehabilitation plans to prioritise a person-centred approach. In doing so, the provision of support will not be fragmented and those who need support will not be overlooked which means that ultimately further risks of re-offending will be minimised.

***Bridging the gap between the provision of support across the multiple agencies involved in the rehabilitation of the offender***

This study established that leaving prison, especially for those who have served sentences less than 12 months, can be a point of crisis and often leads to adverse consequences due to the mental health issues many may have developed in prison or prior. Without the right level of support in the community, these issues will likely be exacerbated as well as the risk of re-offending. Thus, having access to the right support which includes primary health and social care can help reduce re-offending. To ensure the continuity of support in the community, more needs to be done to encourage all the agencies involved in offender rehabilitation to work closely together and put in place a system that provides seamless access and delivery of support to all who need it.

Continuity of support should adopt a positive approach that prioritises the chances of offenders to improve their lives and mental health needs by sustaining their links to healthy relationships, housing and employment opportunities, and better welfare. By covering all aspects of the offender's well-being, there are better chances for policies to influence their mental health care and rehabilitation outcomes, and therefore reduce their risks of re-offending or slipping through the net of rehabilitation programmes.

***Developing and sustaining partnerships that put the needs of the offenders first***

To enhance the ability of support services to provide effective rehabilitation to those with complex and multiple needs, the initiatives of such services must be driven by the necessity to

put the needs of their service users at the forefront of their work. This will guarantee not only continuity of support, but also a better quality of that support. This research has demonstrated that the delivery of support that prioritises a person-centred approach is a more successful one and its effectiveness is optimised when the value of such perspective is shared amongst partner organisations. The study provided strong evidence that unlike TSOs, because of PbR, CRCs were primarily driven by monetary profit. As a result, the services provided by CRCs and the partnerships they formed did not always work in the offenders' best interest, especially when it came to those with multiple and complex needs (e.g. short-sentenced offenders).

Without appropriate consideration and design of a collaborative working approach that prioritises the needs of all offenders, those who are more likely to re-offend may not have equal access to the support that would provide effective rehabilitation. Therefore, policies on offender management must reinforce the need for joint initiatives that are driven by the needs of the service users.

### ***Providing emotional support in a safe environment***

The research identified that as much as addressing the practical needs of service users was an important part of the role of service providers, targeting their emotional needs made a significant difference in their rehabilitation. For TSO providers and the service users that were interviewed, helping with emotional problems aided in their daily functioning which ultimately led them to the achievement of their goals. However, for this to be successful, service users needed to feel safe. In other words, service users would want to feel that they can trust service providers, that they are not being judged and that the circumstances that may have led them to make bad choices are understood. Providers must have enough flexibility to develop and maintain trusting relationships with service users.

Relationships were found to be a key aspect that was negatively affected by the introduction of TR. Building and maintaining all levels of interactions became a challenge for all the parties involved. The contributing factors to this were mainly the unmanageable workloads and the amount of accountability tied to the service requirements. Service providers must maintain strong relationships not only with their service users but also with other agencies operating in the criminal justice system (statutory or non-statutory). Such relationships play a crucial role in maintaining trust in the service which is recognised to encourage service users' engagement and strengthen the network of partnerships between support organisations.

### *Designing policies that are based on evidence and not politically motivated*

The majority of the service providers (CRCs and TSOs) included in this study suggested that TR was driven by a political agenda rather than evidence of what works in reducing re-offending. For the providers, the TR reforms were in line with the government aim at the time to cut public spending, which, as emphasised in this thesis, was proven to be detrimental to the provision of effective rehabilitation.

The findings of this thesis highlight the necessity for policymakers to rely on the evidence that is relevant to the provision of effective rehabilitation, even if it is at odds with their political agenda. This thesis suggests that, by designing programmes that focus on evidence-based practice relevant to what works in reducing re-offending, especially in short sentenced offenders, probation services would be more successful in their mission.

## **6.6 Recommendations for future research**

This doctoral research has afforded insights into the experiences of CRC and TSO providers and service users in the criminal justice in England and Wales, their perspectives and approach to effective rehabilitation under TR, interpreting perceptions on how PbR influenced the support provided to short sentenced offenders with complex needs. Specifically, by using

realist principles, the research offered an alternative pathway to effective rehabilitation for offenders with complex needs under a PbR scheme. The suggested approach to effective rehabilitation presented a more precise understanding of *how* the PbR scheme within TR failed and the conditions within which it could work if revised.

### ***Further developing our understanding of effective rehabilitation***

Despite the limitations of this study, its exploration of how realist evaluation principles can be used to examine a complex programme like TR may contribute to the development and improvement of ways to evaluate programmes targeting effective rehabilitation. As stated by Pawson (2013), in realist research, and as it is in this thesis,

*“The end result will be partial knowledge about partial improvements we can make in the delivery and targeting of social interventions”* (p.112)

Hence, further research using a realist approach is needed to refine the knowledge gathered in this doctoral research and continue to develop our understanding of the mechanisms that contribute to effective rehabilitation. This understanding will guide policies in the development of programmes that bridge the gap in rehabilitative support for short sentenced offenders with complex needs.

### ***Exploring contextual features such as service user engagement that may trigger the mechanisms relevant to effective rehabilitation***

The research identified that, although service users recognised *not re-offending* as part of their rehabilitation, it was often not what constituted the driving force in their desire to be rehabilitated. It is then essential that the motivations driving each service user is identified so that they can be assisted towards achieving effective rehabilitation.

While this research promotes the design of policies more targeted at addressing the needs of service users through the lens of the concept of recovery, further research is needed to explore

how the service users can be successfully involved in research, to gather and include their perspectives on effective rehabilitation in the development of policies. Rather than exploring the contextual features that shaped the failure of TR, this research focused on identifying its key components and explicating the mechanisms through which the programme failed. Hence, an evaluation research is needed to promote the understanding of how hidden contextual factors, as well as those identified in this research (e.g. the service users' willingness to accept or receive support), may trigger mechanisms relevant to effective rehabilitation.

***Further evidence on the pathway of short-sentenced offenders with complex needs through rehabilitation services***

Given that offenders have direct knowledge of the criminal justice system, they are the most valuable resource for commissioners and providers regarding how to improve services and reduce re-offending. To inform policy, further evidence needs to be gathered on offenders with complex needs such as those who have served short sentences, especially on their lived experiences after prison. Given that my research identified significant barriers for this group in accessing appropriate support, more in-depth and extensive qualitative research on access to support for offenders with complex needs is recommended. With the risk of re-offending higher in those released following a sentence under 12 months, this means that there is a need for future research to target that group.

As the Ministry of Justice is intending to implement a new strategy for offender management by 2021, this thesis could constitute a foundation for future research in this field. For instance, an ethnographic study could be designed to evaluate the process of provision of effective rehabilitation within the impending arrangements in a specific setting. Such a study would be an opportunity for researchers to conduct direct observations on the rehabilitation process in order to explore the contexts within which given mechanisms influence the provision of

effective rehabilitation. This would also be important to verify the findings of this doctoral study.

***Implementation and evaluation of programmes targeted at reducing re-offending at a reduced cost***

In the face of TR, some TSOs developed various strategies to still providing appropriate support to their service users despite the lack of adequate funding. For instance, one TSO that participated in this study developed a rehabilitation programme covering 12 sessions with the service users rather than a year of continuous support. Such TSO- led programmes should be monitored and evaluated using mixed methods research. The outcomes from such research must be published, made available to commissioners, and used as best practice for other service providers. This may lead to the better provision of effective rehabilitation without a heavy burden on the taxpayer.

***Exploring the applicability of the public health approach to offender rehabilitation for short-sentenced offenders***

In demonstrating the importance of mental health in the rehabilitation of short-sentenced offenders, this study recognised the issue of re-offending as a public health one. Comprehensive research that explores a public health approach addressing both the factors that perpetuate the cycle of re-offending and its underlying causes is required. This will help shed light on the directive and specific actions necessary to use this as a strategy for reducing re-offending.

***Exploring and further developing an understanding of the factors under which effective rehabilitation could be achieved and appropriately funded***

In this thesis, I have suggested key features that lead to effective rehabilitation (e.g. service providers have the flexibility to assist service users whenever they are in need, service



providers can ensure access to holistic and ongoing support either within their services or by working in collaboration with the right partners, all the parties involved work towards the same goal, and trusting relationships are built and maintained); it may be more appropriate to incentivise service providers to deliver this in an alternative funding system. These key features are what Third Sector service providers and service users described as the most influential factors for success when supporting offenders, more specifically those with complex needs. Taking this as a starting point, an evaluation study could be set up to explore and further develop the process by which accountability and transparency could be introduced into an appropriately funded service. This will need to reflect on how such a service could prioritise quality over quantity.

Although this research study was limited to the criminal justice system, the suggested funding model could be transferred and adapted to other programmes that involve engaging people with complex needs and collaborative action. In doing so, further research would help to generate additional knowledge on the implementation of more appropriate and effective financial arrangements.

### *Application of realist principles in the evaluation of complex programmes*

The research involved the analysis of policy documents in consultation with a criminal justice expert, to assist in the development of the initial programme theory that framed the rest of the research. Where possible, it would be worth involving the programme architects i.e. those who designed the programme, in the development of the initial theory to reduce the risks of interpretation bias. The same procedure must be adopted when other perspectives are brought into the refinement of the programme theory. For instance, in a study such as the one presented in this thesis, the theories developed must be shared with service providers and service users to ensure the accurate representation of their perspectives on the subject that is examined.

However, it is advised that prior to involving stakeholders in the design of the programme theory, they must be given an idea of what is expected from them (e.g. theorising on how specific resources introduced by the programme could lead to specific responses or not) in order to engage them successfully. In this research, the realist approach was adapted to include a logic model, so that the theories of how the programme's architects expected TR to work could be clearly illustrated. Although the development of the logic model required the learning of additional skills, such a tool could be useful when sharing the programme theory with stakeholders. Where the involvement of stakeholders directly into the development of the programme theory is judged to be inappropriate, this research suggests that semi-structured interviews can be used to collect the relevant and theory can subsequently be developed through a thematic analysis such as that of Braun and Clarke (2006).

## **6.7 Conclusion**

This research aimed to explore the concept of effective rehabilitation and how it has been influenced by the introduction of PbR within the context of TR. Subsequent to my experience of supporting offenders and completing primary research on the work of third sector organisations in the Criminal Justice System, my attention was drawn to the place occupied by mental health in the success of rehabilitation and the contribution of support services. The implementation of TR and its PbR scheme accentuated my interest as it raised questions regarding the impact that would be had on the support delivered by service providers and on service users' rehabilitation. As the Ministry of Justice has acknowledged, the quality of service delivered by service providers fell short of the expectations of the programme (Ministry of Justice, 2018) and it is currently working on the redesign of the programme to implement in 2021, the findings of this thesis aspire to contribute to consultations for future programmes. As of the submission of this thesis, the Government plans for offender management still involve private companies, and decisions on the payment model have not been taken.

The research demonstrated that the probation service could not function at its best using a business model. The financial incentives introduced by TR did not aid in supporting the provision of effective rehabilitation for those with complex needs and requiring tailored support. This model does not fit with the nature of the service and the people who receive those services. Instead, efforts must be put towards the development of a continuum of support across the Criminal Justice System to bridge the gap between health, social, criminal justice, and the commissioning of specialist support for offenders with complex needs. The outcome of effective rehabilitation cannot be attributed to CRCs alone, as it is influenced by other services either from the third or statutory sectors. The findings of this study also established that mental health and wellbeing is a determinant piece in the provision of effective rehabilitation. Factors such as independence (e.g. own tenancy); confidence, recovery, self-esteem, and social inclusion constitute important indicators of the state of the individual's mental health and wellbeing, and therefore effective rehabilitation as well.

While the concept of rehabilitation has been explored extensively in the literature, this study has provided a perspective that brings together the views of providers and service users in the current reconfiguration of the Criminal Justice System in England and Wales. The perspective generated from these findings must be subjected to further research. The findings from the empirical work helped gain an insight into how CRCs were responding to PbR and the impact on their provision of effective rehabilitation. This enabled the development of evidence-informed theories on what could work or not. Data from TSOs and their service users provided valuable information on the knock-on-effect of PbR on the third sector and how they adjust to it. It also helped to uncover what effective rehabilitation means to offenders, and how support services could contribute to it.

In this thesis, service users' engagement was identified as a crucial piece in the provision of effective rehabilitation, and recommendations were made for its in-depth exploration. A

number of factors appeared to contribute effectively to the service users' engagement with support services: the service users' motivation (having a driving force), their involvement in *normal* day to day activities (ability to function), and having the opportunity to access support when needed (continuum of support). The combination of these factors would constitute what I envision effective rehabilitation to be, as they would address people's needs for emotional support which in turn would improve the targeted outcomes of practical support.

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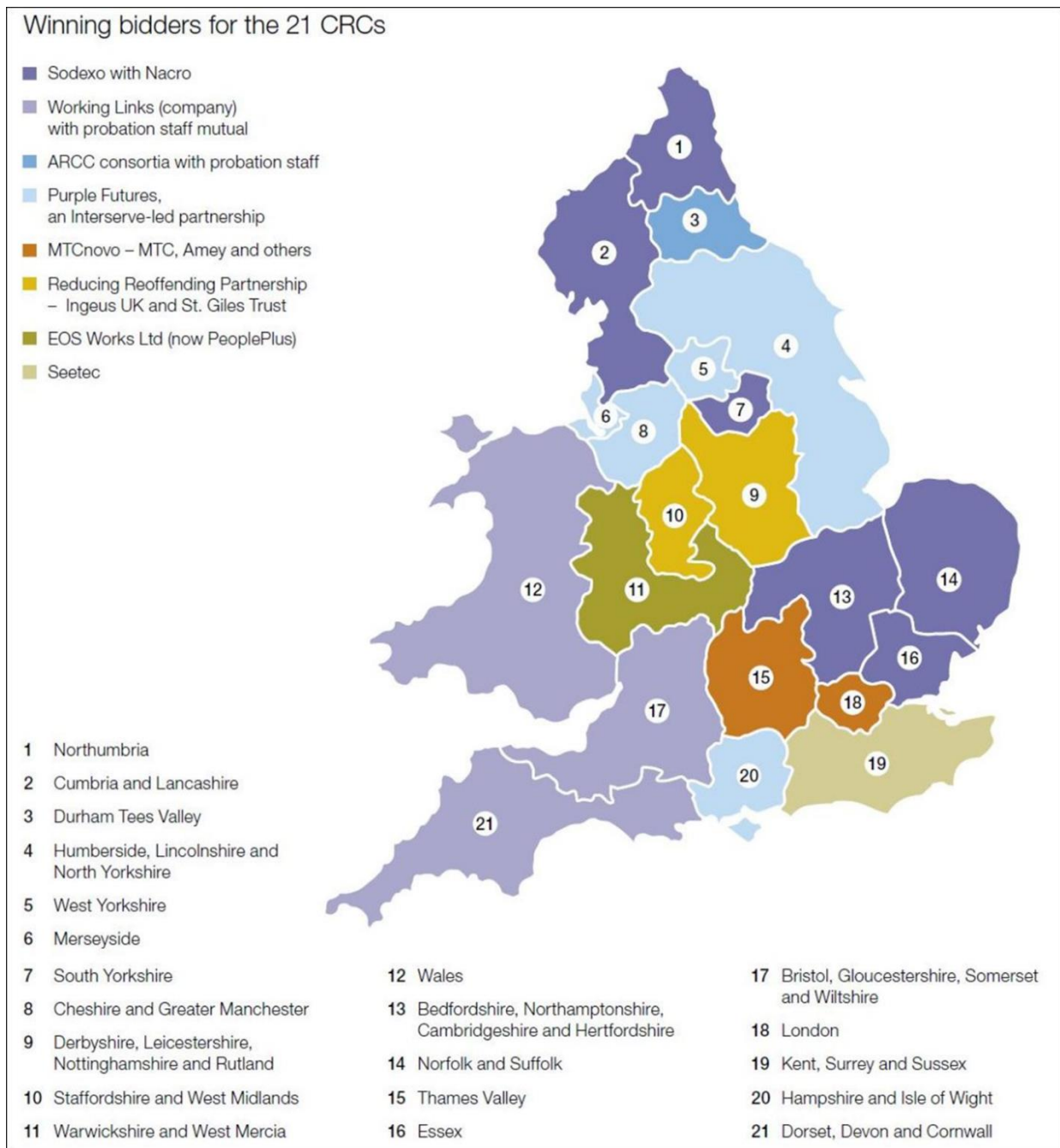
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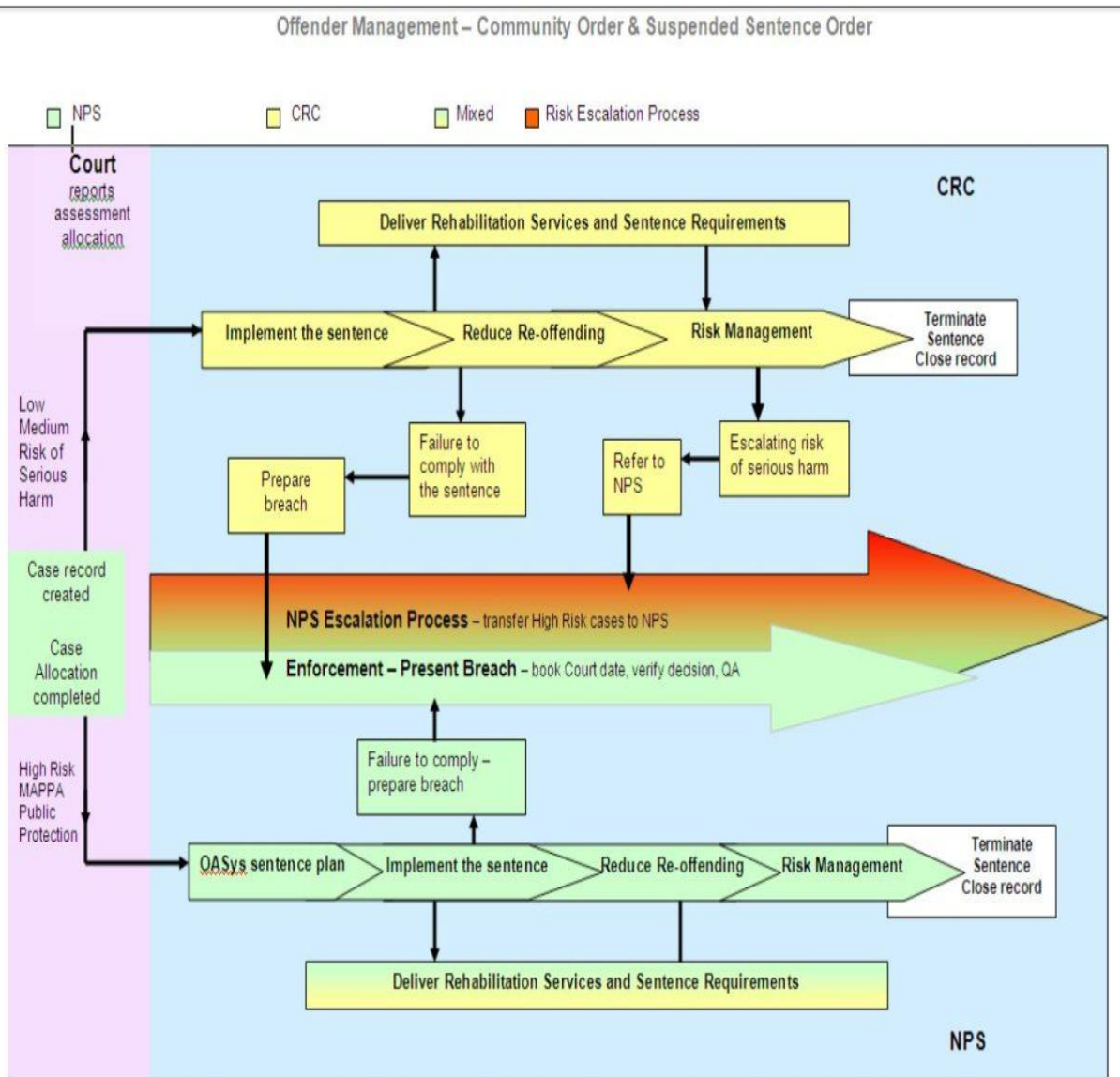
## **APPENDICES**

## Appendix A: Geographical map of CRCs and owners



Source: <http://www.russellwebster.com/transforming-rehabilitation-resource-pack/>

## Appendix B: Process of offender management



(Ministry of Justice, 2014b, p. 22)

## Appendix C: Interview Schedules

### SERVICES PROVIDERS INTERVIEW SCHEDULE (CRCs)

#### Theme:

Contextualising Transforming Rehabilitation: supporting short sentenced offenders with complex needs in a time of policy change

#### Brief introduction

I am a Ph.D. student at the University of Birmingham who is conducting a research study that aims to provide relevant information on how “Transforming Rehabilitation” works on the ground and explore its impact on the mental wellbeing of ex-offenders. Would you mind answering a few questions on your experience? Your answers will be treated with confidentiality among people involved in the research process and in the production of the project report. Would you be agreeable to that?

1. What are the origins of Transforming Rehabilitation? And what are its expected outcomes?
2. How and why will Transforming Rehabilitation bring about the expected outcomes?
3. What can you tell me about the role of the voluntary sector with regards to Transforming Rehabilitation?
4. What key factors might inhibit the performance of Transforming Rehabilitation?
5. What key factors might enable a better performance of Transforming Rehabilitation?
6. So far has there been any change in the way Transforming Rehabilitation is run? Probe: has it been positive? Negative?
7. How would you describe an ideal environment for a successful implementation of Transforming Rehabilitation?
8. In your opinion, what works and what doesn't in terms of reducing reoffending?

*Thank you very much for taking the time to answer my questions.*



## SERVICES PROVIDERS INTERVIEW SCHEDULE (TSOs)

### Theme

Contextualising Transforming Rehabilitation: supporting short sentenced offenders with complex needs in a time of policy change

### Brief introduction

I am a Ph.D. student at the University of Birmingham who is conducting a research study that aims to provide relevant information on how short sentenced offenders are supported by those delivering “Transforming Rehabilitation” and other organisations. Would you mind answering a few questions on your experience? Your answers will be treated with confidentiality among people involved in the research process and in the production of the project report. Would you be agreeable to that?

1. What do you want to achieve when working with your clients?

Probe: “You mentioned..... tell me more about that.”

Probe: what does success mean to you?

2. Are you aware of the new regulations in places in terms of offender management?

If yes, how much information do you have about it?

3. In the past months, have you felt that you had to change the way you work with your clients?

4. What would you say is your biggest challenge at this very moment?

Probe: “It sounds like you are saying...”

5. Can you tell me about your experience dealing with clients with complex needs that are being supported for e.g. addictions, parenting]?

6. Do you think there is enough support out there for ex-offenders?

7. What would you change?

8. Is there anything that I have not asked about that you feel is important and would like to tell me about?

*Thank you very much for taking the time to answer my questions*

## SERVICES' USERS INTERVIEW SCHEDULE

### Theme:

Contextualising *Transforming Rehabilitation*—supporting short sentenced offenders with complex needs in a time of policy change

### Brief introduction

I am a Ph.D. student at the University of Birmingham who is conducting a research study that aims to provide relevant information on how short sentenced offenders are supported by those delivering “Transforming Rehabilitation” and other organisations. Would you mind answering a few questions on your experience?

Your answers will be treated with confidentiality among people involved in the research process and in the production of the project report. Would you be agreeable to that?

9. What do you hope to gain from the support you receive from this organisation?  
Probe: “You mentioned..... tell me more about that.”
10. Are you aware of the new regulations in places in terms of offender management?  
If yes, how much information do you have about it?
11. In the past months have you noticed any changes in the way you are supported?
12. What would you say is your biggest challenge at this very moment?  
Probe: “It sounds like you are saying...”
13. Can you tell me about your experience with regards to the support you receive to help with your [complex need for which they are being supported e.g. addiction, parenting]
14. Do you think there is enough support out there for people like you?
15. What would you change?
16. Is there anything that I have not asked about that you feel is important and would like to tell me about?

*Thank you very much for taking the time to answer my questions.*

# Appendix D: Consent Form



UNIVERSITY OF BIRMINGHAM

## CONSENT FORM

**Project:** Contextualising *Transforming Rehabilitation*: supporting short sentenced offenders with complex needs in a time of policy change

**Investigator:** Bibiane Manga

**Lead Supervisor:** Dr. Antje Lindenmeyer

**Co-supervisors:** Dr. Anna Lavis

**Sponsor:** University of Birmingham

**Course:** Ph.D. (Applied Health Research)

**Please initial box**

1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to stop the interview at any time, without giving a reason.
3. I understand that I can remove my data from the study by notifying the investigator for up to 2 weeks after the interview.
4. I agree to take part in the above study
5. I agree to the interview being audio recorded

_____	_____	_____	_____
Name of Participant	Date	Signature	
_____	_____	_____	_____
Name of Researcher	Date	Signature	

**Contact details:**

Bibiane Manga, Research Student, University of Birmingham at \_\_\_\_\_

Antje Lindenmeyer, Academic Supervisor, University of Birmingham at \_\_\_\_\_ or phone \_\_\_\_\_

**If you would like to be informed of results, write your email address or address here** \_\_\_\_\_

## Appendix E: Ethical Approval

**Bibiane Manga Atangana (PhD Pri Care Clin Sci FT)**

---

**From:** Susan Cottam  
**Sent:** 09 August 2016 16:10  
**To:** Bibiane Manga Atangana  
**Cc:** Antje Lindenmeyer; Anna Lavis; 'james.treadwell@bcu.ac.uk'  
**Subject:** Application for Ethical Review ERN\_16-0518

Dear Miss Atangana

**Re: "Transforming Rehabilitation: The experience of short sentenced offenders with substance misuse problems supported by the voluntary sector after discharge from prison"  
Application for Ethical Review ERN\_16-0518**

Thank you for your application for ethical review for the above project, which was reviewed by the Science, Technology, Engineering and Mathematics Ethical Review Committee.

On behalf of the Committee, I confirm that this study now has full ethical approval.

I would like to remind you that any substantive changes to the nature of the study as described in the Application for Ethical Review, and/or any adverse events occurring during the study should be promptly brought to the Committee's attention by the Principal Investigator and may necessitate further ethical review.

Please also ensure that the relevant requirements within the University's Code of Practice for Research and the information and guidance provided on the University's ethics webpages (available at <https://intranet.birmingham.ac.uk/finance/accounting/Research-Support-Group/Research-Ethics/Links-and-Resources.aspx>) are adhered to and referred to in any future applications for ethical review. It is now a requirement on the revised application form (<https://intranet.birmingham.ac.uk/finance/accounting/Research-Support-Group/Research-Ethics/Ethical-Review-Forms.aspx>) to confirm that this guidance has been consulted and is understood, and that it has been taken into account when completing your application for ethical review.

Please be aware that whilst Health and Safety (H&S) issues may be considered during the ethical review process, you are still required to follow the University's guidance on H&S and to ensure that H&S risk assessments have been carried out as appropriate. For further information about this, please contact your School H&S representative or the University's H&S Unit at [healthandsafety@contacts.bham.ac.uk](mailto:healthandsafety@contacts.bham.ac.uk).

Kind regards

**Susan Cottam**  
Research Ethics Officer  
Research Support Group  
C Block Dome  
Aston Webb Building  
University of Birmingham  
Edgbaston B15 2TT

Web: <https://intranet.birmingham.ac.uk/finance/accounting/research-support-group/Research-Ethics>

Please remember to submit a new Self-Assessment Form for each new project.


## **Appendix F: Extract of Proxy report**

*“There is one woman that we worked with over the last year. She was very quiet and very withdrawn and dealing with a lot... she did not really offer us much information she was in prison for few weeks and then she was released and when she was released she did re-engage with us she wanted to come to our community based XXX group, which she did. But in the community she came out of her shell she was much more vocal much more engaged was much better in articulating her needs. Unfortunately, afterwards we weren't able to support her because she had moved into another area, but she rang me to say that her son had been taken away from her...she was obviously very distress. We didn't know what was going to happen, we then spent quite an extensive period of time working with her through the family court to try and support her as she applied for custody of her child. I went to court with her, I wrote a statement of support for her...she was reunited with her son ultimately and she moved back to our area where we were able to see her in a more regular basis. I think her story is an example of success in different ways because part of the success in there is that she built a relationship of trust with us and it enabled her to feel comfortable enough to continue to engage with us and trust us enough to attend court with her and represent her in her statements. So that was a real sign of our relationship with her developing. I also think that you know the fact that she went through a very traumatic experience, having her baby removed without notice and was able to seek emotional support from us at that time is another example of how it went well. So, and now she is very highly engaged with us still, her son is...you know he will be one soon and she continues to regularly visit our work in the community. She wants to get involved in a project that enables her to train with us. If I look back and think about when I first met her in that prison how she was, how she came across I would never would have expected that a year later she would be in a very very different place. I don't think that's down to us but I think that our support of her has helped her to find her confidence to find her voice and to really fight for her child and you know.to really get to a point of her life where she feels in control again.”*

Elsie, Manager, Women's organisation

## Appendix G: Examples of codes

①

Support around vulnerable needs without dismissing other goals	keeping serv busy working on other thing to keep all stable working on changing behavior, aching as therapist Coaching as therapist
Working along CRC	
Help offender make informed decis <sup>n</sup>	Service use have suffered emotional/trauma resources are tight
Being flexible as much as possible	Different degrees of complexity supporting women
Doing the job of CRC	Dealing with a hostile environment <sup>probab<sup>ly</sup></sup> <sub>out</sub>
building relationship with SU	Feeling safe Giving confidence to SU
what we can do what we can't do	Relationship-based helping professional offering a safe env <sup>ironment</sup>
looking at what SU need	
Covering for CRC	Trying to follow up feeling that prison is the best/safe option offering practical support
Reassuring the service user	
Adapting in light of recent changes	SU are uniquely indiv = do not mix with kick box difficulties for organisat <sup>n</sup> to maintain their independence
not make fake promises, be realistic	<del>SU</del> SU deal with underlying trauma
Use time wisely / stay focussed <sup>as much</sup> as possible	motivati <sup>n</sup> : ⊕ contributi <sup>n</sup> in SU life   Make a diff <sup>erence</sup>
Knowledge of the field	Relationship is key (mentor-mentee)
Identify and encourage to seek specialised support	Difficulties for SU of getting clinical support Help in SU clinical support
Things have changes for SU (life is harder)	

(2)

making women feel safe  
support with practical needs  
these basis  
women offenders have a whole new  
layer to their issues  
SU has to negotiate his way around  
empowering SU  
offer extended support / the extra bit  
signposting  
Acknowledging SU needs  
supporting at every step of the way  
Providing support regardless of where they  
are in their journey  
Keeping connected / maintaining relationship  
Adapting to the change  
Providing ongoing support / creating opportunities  
working to make people's life better  
Working in a person centered way  
PBR = target centered way  
SU are trying to rebuild their lives  
showing SU how they can rebuild their lives  
Rebuilding lives  
Not declining support, sign post instead  
SU have complex needs  
SW are up to the challenge  
SU are uniquely indiv  
support is dependant on either SU wants it  
reaching developing trusting relationships  
keep connected ← barriers  
facilitators  
making SU engage  
helping them govern their chaotic lives

Alleviate their fears  
helping them focus on their wellbeing  
providing feeling of safety  
Today not same breadth of services  
SW want to make ⊕ contribution  
continuity of support  
Need support as indiv  
needing emotional support  
needing for practical support  
making women feel better, safer, empowered  
SU need to be determined  
SU distrust society  
Building trust  
not having to rethink working strategies  
ensuring continuity of support  
working around delays in getting practical support  
working with probat  
limiting support / losing clients (closing some services  
time money geographies)  
closing some of the services  
negotiating contracts on their own terms with probat  
wanting to make ⊕ change  
Having the passion for the work  
strategies on working with less resources  
without affecting quality of the work  
working WITH the client not FOR the client  
including SU in decisions making  
what was there yesterday might not be tomorrow  
Time put in is crucial to success rehab  
creating new avenues of support to ensure  
continuity of support  
signposting and attending meetings with  
clients when needed

There are delays in getting practical support	Helping those who want help ⇒ using resources wise
bad relationships affect rehab ☹️	Acting as the SV conscience / counselor
Need to give practical help	influence of the env
SV find prison to be safe option sometimes	matching (mentor-mentee) is crucial
SV participate in decision making	Relationship is not forced
SV needs constant reassurance	Getting matching right is key
Dealing with frustration — SV	Devel trust
Dealing with change — SW	helping them getting their independence
Helping SV through obstacles/hurdles	helping them moving forward
importance of a support syst	SOMEWHERE TO GO - TO LIVE - SOMEBODY TO LOVE
creating a support syst	Dangers of going back to same <sup>bad</sup> env
SV willingness and determinat <sup>n</sup>	Doing the work of probat <sup>n</sup>
Feeling like 2nd class citizens	Facing a dilemma / dangers to mentor-mentee <sup>n</sup> relationships
ready to support at the moments of weakness	mental health of the mentor
going to the extra bit / extra support	SV feel isolated
Giving a step by step support	Attending hospital appoint <sup>s</sup> with SV
Taking time / importance of time	Keeping SV afloat / doing the extra bit
Support adequate support is time consuming	emphasising on support
Needing a safe env	setting goals
Assisting with appoint <sup>s</sup> to mainstream serv (i.e. hospitals)	going step by step
Needing intense support	putting in the time
Developing partnership (needed)	Giving control to the SV
Dealing with SV not wanting to engage	Some find prison a their best option
Developing trust	helping SV to come out of their shell
Continuity of support / extra bit	Coming out of isolat <sup>n</sup> (helping with that)
Addressing of SV needs	helping to move away from the past
Dealing with frustrat <sup>n</sup>	helping them with their confidence
holding SV hand	feeling like 2nd class citizens
They want to be where they need to be	SV are <del>not</del> indiv
Dealing with disapointments	traumatic backgr
<del>character</del>	influence of the env
	working/assisting help professionals
	Establishing relationship
	Maintaining boundaries



- helping them maintain the right attitude	Developing trusting and viable relationships (4)
Helping them gaining confidence	Sign post
Maintaining the right attitude	work in partnership } Helping with health / mental health
Getting them to the point where they no longer need us	knowing where to find help
Helping them getting through the hurdle	referring SV to wellbeing services
Helping them to manage their lives	holding SV hand then pull away
Prioritizing relationships	"The get on with it bit"
Empower them / guide them to making right choices	Getting them to learn how to behave (socialisat <sup>n</sup> ) is crucial to mental health and wellbeing
Sign posting	Getting them to do what normal straight people do
working together / in partnership	feeling like 2 <sup>nd</sup> class citizen
changing the image of the bad guy (OM)	the extra bit / extra support / going beyond
allowing clients to go on their own pace	Developing trusting and safe relationships
Seeing themselves as 2 <sup>nd</sup> class citizen / underclass	Doing it with the person not for the person
importance of safe/trusting relationship	including SV in decis <sup>n</sup> making
Finding who to love (-G's / GF/BF)	Avoiding dependency
Listening carefully	<del>It</del> is about what the pers wants for their lives
See where they are going => Determine or adapt on how to help	measuring success based on SV criteria
What is happening	SOMEWHERE TO LIVE - SOMETHING TO DO - SOMEONE TO BELONG
Not expecting too much	feeling safe - love - having purpose => criminogenic factors
Adapting to each SV needs / circumstances	Getting them to realise they are not 2 <sup>nd</sup> class citizen
Adapting to the changes	Dealing with stretched resources
Help them feel better about themselves	working on the "get on with it bit"
Help them improve their relationships with others	Having a driving force (=> MOTIVATION)
WHAT WAS THERE YESTERDAY MAY NOT BE THERE TOMORROW	
"THE GET ON WITH IT BIT" is what we deal with	
Building relationship	
Being knowledgeable / know where to get help	
showing SV that you understand their journey (empathy)	
feeling the gaps (job of the mentor)	
Going to SV (within safe guarding rules)	
Dealing with frustration	
Helping them integrate their communities	
Dealing with constant change (be ready to work with that)	
Matching is crucial process	

## Appendix H: Examples of themes

### Providing ongoing support Creating a safe environment

Collaborative work

Doing the extra bit

Always there   
 - Give extra time, not restricted to specific time  
 - even when taking a break

Staying afloat

relationships

Ongoing support   
 - keep things together  
 - gradual progress, takes time

### Creating a safer environment

#### Providing ongoing support

Having that person always there

Building confidence

↳ Collaborative work (e.g. mentor on probation)

Relationships

Having a driving force

↳ Giving reassurance

They gave him the courage/confi

• Having someone to turn to if I need to

• Feeling free

Building life from scratch

### Feeling safe

Having someone always there ⇒ build confidence  
 Help with low mood ⇒ build courage ⇒ securing a job  
 FU always at the other end of the phone.

Lacking confidence

Getting where they need to be

Needing a safe environment

Needing a "safe" relationship

Having a driving force

Seeking validation

Not wanting to disappoint

partnership (between mentor and offender)  
 ↳ relationship

WE ⇔ Empathy ⇔ Togetherness  
 ⇒ we are in this together

The offender and support worker use of WE

The offender switches to I  
 support worker — / — to HE/SHE

- Lacking confidence

Seeking Validation

- Getting where they need to be

Something I want to do  
vs  
Something I need to do

Using proxy report alongside self-report in phenomenology study analysis.

- Needing a safe environm

- Needing "safe" relationships

When offender the offender and support worker of WE (offender support worker) then offender switches to I whilst support worker switches to He/She...

- Having a driving force

~~staying busy / staying afloat~~

Empathy => WE => Togetherness => in it together => when things go wrong because of their relationship, offender does not want to disappoint

Creating

- Needing ongoing support

- Collaborative work
- staying afloat
- relationships

- Extra bit
  - Giving time (less restrict) to specific time -> Always there
- building life from scratch

• Being a better person

• Always there (even when they take a back seat) confidence courage

help with low mood FU is always at the other end of the phone

Providing

Needing a safe car

- Having that person always there
- building confidence
- Collaborative work (e.g. mentor-protégé)
- Getting where they need to be
- relationships
- Having a driving force
- Giving reassurance

they gave him the courage / confi  
• Having someone to turn to if I need to  
• Feeling free

securing a job

Phenomenon => Successful Rehab

After prison, offenders are in need of practical and emotional support  
increased Having a safe envirod is crucial

Self Feeling safe

- safe env
- safe relationships
- Feeling ~~free~~ free
- favour offender engaged
- gives them reassurance
- strengthen relationships
- strengthen confidence
- help building trust
- help with confidence

~~main issues~~  
~~main issues~~

Main issues

- Finance
- Accommodation
- Health | Addiction  
          | mental health

Neuro

~~Neuro~~  
- main issue

another crucial point is the ongoing support

Ongoing support

=> Filling the Gaps

- We ~~are~~ in it together => empathy
- Collaborative work
- Bring the extra bit
- Always there
- Needing to stay afloat until they get where they need to be
- strengthen confidence => gaining control of their lives
- Feeling safe
- help building trust
- Avoiding relapse / maintain motivation