Operationalising desistance through personalisation

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Abstract

This paper reports on the early stages of a project to develop a model of offender rehabilitation that operationalizes the concept of desistance. The concept of desistance is influential but operationalising it remains a challenge. The aim of this paper is to assess whether personalisation of offender rehabilitation has potential as a mechanism for operationalizing the concept of desistance. We identify learning from the design and implementation of personalisation in social care, but challenges including the roll out of personal budgets, developing a local market to support consumer choice and the limited evidence base on the effectiveness of personalisation. We specify a project to pilot personalisation in the English probation sector that tests concepts relating both to the design and commissioning of personalised services, including community capacity building to support the supply of personalised services at the local or even micro level. A project evaluation design is also outlined.

Key words

1. Introduction

This paper reports on the early stages of a project undertaken in collaboration with and partially funded by Interserve Ltd to develop a model of offender rehabilitation that operationalizes the concept of desistance. The project is set in the English criminal justice system where Interserve, through its controlling share in Purple Futures, has responsibility for five of the new Community Rehabilitation Companies (CRCs) that were created as part of the UK government's 'Transforming Rehabilitation' strategy (Ministry of Justice 2013). These companies are responsible for managing low and medium risk offenders subject to community sentences or who are released prison under license. Twenty one CRCs work on a regional basis across England and Wales with a newly created National Probation Service responsible for high-risk offenders. In its bids and in its early communications Interserve has promoted a service delivery model, Interchange, which explicitly draws on asset-based approaches to working with service users, as opposed to a Risk, Needs, Responsivity model of offender management (Andrews and Bonta 2006), which is often characterized as a deficit-based model (Ward and Maruna 2007). Interserve has also committed to a pilot of a more radical personalised approach to working with offenders, referred to as service users. A working assumption for the pilot project is that developing more personalised ways to work with service users will improve individual outcomes, and in turn, necessitate greater emphasis on community capacity building and market development involving voluntary sector organisations.

Transforming Rehabilitation: a contested reform

The project we describe is taking place in a sector subject to rapid change and where ideological assumptions underpinning that change are contested. Under the UK Coalition Government (2010-2015) the government's preferred strategy for reducing re-offending while also reducing costs was a combination of market testing, commissioning strategies that focus on payment by results and a diversification of the supplier base (Bannister et al. 2016). The intention was to create a 'rehabilitation revolution' with payment by results a key driver of change (HM Government 2010). Providing opportunities for innovation, particularly from non-traditional service providers was one of the early stated aims of the reforms:

> "Rather than operating under close central control, we want to unlock the professionalism, innovation and passion of experts from all walks of life who want to make their streets safer and their towns and cities better places in which to live." (Ministry of Justice, 2010: 9)

However, proposed reforms went through a number of iterations (see for instance Bannister et al. 2016). The final reform package set out in *Transforming Rehabilitation: A Strategy for Reform* (Ministry of Justice 2013) involved a payment by results model that has generally favoured large, private sector organisations able to make the long-term financial commitments required. Only one CRC is led by a consortium in which the main contractor or 'prime' is a not-for-profit organisation. Social innovations often emerge bottom-up from front-line service delivery staff, service users or communities (Murray et al. 2010). Yet employee-led mutuals or staff Community Interest Companies were part of only 7 out of 21 winning bids to run CRCs although 20 of the 21 CRCs were run by partnerships that involved charities and other not-for-profit organisations and around 75 percent of the 300 subcontractors named in successful bids were voluntary sector or mutual organisations (Ministry of Justice 2014).

In the UK there has always been a mixed economy in the provision of 'public services' in terms of the balance between public and private provision, finance and control (Hills 2011), but many commentators have seen the 'marketisation' of probation services as part of a wider ideological project characterised by the extension of neo-liberalism into the criminal justice system (see for instance Bell 2011 and Albertson and Fox 2014 in relation to criminal justice and Lowe and Wilson (2016) in relation to the wider use of Payment by Results by the UK government).

Aims of the paper

The aim of this paper is to assess whether personalisation of offender rehabilitation has potential as a mechanism for operationalizing the concept of desistance. We do this by first examining the use of personalisation in the English social care system. We identify learning from the design and implementation of personalisation in social care that might be applied to the criminal justice sector. In doing so we also identify challenges that have emerged in social care including the difficulties in rolling out the use of personal budgets, developing a local market to support consumer choice and the limited evidence base on the effectiveness of personalisation. We next discuss the implications of the social care experience for the criminal justice sector before going on to specify a project to pilot personalisation in the English probation sector. The authors are working with Interserve to implement and evaluate the pilot specified in this paper and we describe, briefly, how this pilot has been designed. We finish with a broader discussion of the ideological issues raised by introducing greater personalisation into the criminal justice sector.

2. Learning from the social care sector

Whilst not drawing exact comparisons, there are similar themes and trends in service provision between the sectors. It is suggested that the criminal justice sector could learn from social care when considering the challenge of reforming the criminal justice system and developing innovative approaches to offender rehabilitation (Fox et al. 2013) although this is not without challenges (Fox and Grimm 2015, Fox and Marsh 2016). Service users in both sectors share similar needs and, in some cases, are actually the same people (those with learning disabilities, those with mental health or substance misuse problems, and older people). A more detailed comparison of the criminal justice system over the last few years and the health and social care sector prior to the move to personalisation reveals further similarities.

Similarities between social care and criminal justice

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

As Fox et al. (2013) note, before 'self-directed support' became the dominant narrative within the social care sector, a medical model of disability and ageing prevailed that saw disability as an inevitable aspect of certain physical or cognitive impairments, carrying with it low expectations, exemplifying the institutionalised approach of 'warehousing' people (Fox 2012). This meant that until the 1970s, adult social care support was provided through long stay hospitals and care homes, with very limited practical support at home. The whole principle of disabled and mentally ill people being incarcerated in large institutions, with the commensurate lack of dignity, autonomy or opportunity to pursue an 'ordinary' life, was ultimately rejected in policy documents (Department for Health 1989; The National Health Service and Community Care Act, 1990), which saw 'community care' as integral to people being treated as individuals.

The Risk, Need and Responsivity (RNR) principles (National Offender Management Service 2010, Andrews and Bonta 2006) that are highly influential in UK criminal justice policy and practice have a strong focus on managing criminogenic risks and, it has been argued is based on a rather restricted and passive view of human nature (Ward and Maruna 2007). Motivating offenders to change by concentrating on eliminating or modifying their various dynamic risk factors is extremely difficult. They suggest that:

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

Just as a model of social care was reframed to move away from dependency and focus on disability to support people to optimise their abilities, and co-produce their support in the context of their specific circumstances and ambitions for their life, there is opportunity to explore these themes through a more personalised approach in criminal justice with service users as active participants in their own rehabilitation. This is not to suggest that the social model can be transposed directly; rather a new model needs to be developed that starts from these principles, and takes account of similar themes and trends.

In the social care sector 'personalisation' reforms have taken an 'assets'- or 'strengths'-based approach to understanding what relationship people want to achieve with services and are trying to move away from a

focus only on 'deficits' and 'need'. The term, 'asset-based', refers to approaches which look for people's gifts, skills and resources first, rather than their needs and vulnerability. As Pearson et al. (2014: 1) describe:

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

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

When we compare reforms in social care with reforms in criminal justice, we see further parallels. So, for example, in both sectors there have been attempts to diversify the provider-base using commissioning strategies such as the introduction of market testing (Fox et al. 2013). In both sectors there is debate about community-based services and the relationship between service users and the communities within which they live.

However, there are also differences. For state social care services, a 'one size fits all' approach prevailed during the era of dominance of the institutional model, but now there is a more person centred approach, supported by local commissioning. While Transforming Rehabilitation, ongoing reform of the prison sector and the wider devolution agenda (eg devolved criminal justice in Greater Manchester) are reducing centralisation, the criminal justice system retains strong centralising tendencies. For example, the break up of local Probation Trusts resulted in a National Probation Service and the central procurement of Community Rehabilitation Companies that were larger than the old Trusts (Fox and Grimm 2015).

Personalisation in social care

Personalisation can mean many things (Needham 2011). Most simply, personalisation means that public services respond to the needs of clients, rather than offering a standardised service. This was argued as responding to the end of the age of deference, increasing customisation available in consumer goods and the idea that by designing services for the average, they end up fitting no-one (Prime Minister's Strategy Unit 2007, Rose 2016). Change in this direction has been most obvious in adult social care. The narrative of personalisation has since travelled across a range of policy areas including welfare-to-work programmes (see blow). Across these areas, personalisation encompasses a range of new ways of designing services, which can provide both what Leadbeater (2004) describes as 'shallow' and 'deep' approaches. It can include 'providing people with a more customer-friendly interface', 'giving users more say in navigating their way through services', 'giving users more direct say over how money is spent', users being 'co-producers of a service', and self-organisation (Leadbeater 2004, p. 21-24). Thus, this could also imply a range of providers, perhaps in competition, 'a flexible suite of measures, not a set menu where customers

are effectively fitted to the provision available' (Stafford and Kellard, 2007), or personalisation in a given encounter such that the public sector professional is able to go 'off script'.

Putting People First (Department of Health 2007) set out a comprehensive vision for 'personalising' social care, including a universal offer of advice and information to help people make informed choices and access universal services; the development of inclusive and supportive communities; investment in preventative services; and greater individual choice and control through the introduction of personal budgets.

Personal budgets

One of the most widely known aspects of personalisation is the attempt to give people a wider choice of services and more control over those services through individual control of the money allocated to their support. Personal budgets means that everyone needing council support for care is told how much money the council allocates for their care and given choice in spending this. The National Audit Office (2016) reports that there were about 500,000 adults whose social care services were paid for through local authority personal budgets in 2014-5. Pearson et al. (2014) note that Direct Payments and Personal Budgets have often been assumed to be the same thing. Drawing on previous research (eg Beresford 2009) they distinguish two distinct underpinning ideologies:

- Originally, Direct Payments were a grassroots development emerging from the disability movement with a focus on equality and independent living. They are based on a social model of disability and a philosophy of independent living that contrasted with disabled people being passive recipients of state-funded care, delivered on the state's terms (see Dickinson and Glasby 2010). The intention of reformers was that Direct Payments would be set at a level that would enable independent living as an alternative to residential care (Pearson et al 2014). These were funded by the Independent Living Fund.

- Personal Budgets were driven largely by professionals critical of the welfare state and its ability to promote independent living. They are an element of a broader 'personalisation' drive inspired by the independent living movement and influenced by a model developed by *In Control* alongside people with learning difficulties. Pearson et al. note a range of commentaries (Beresford 2013, Routstone and Morgan 2009, Ferguson 2007) that argue that the shift from ILF funded Direct Payments to a local authority led personalisation approach, where direct payments are now only one way of receiving a personal budget, has broken the link with the independent living movement. In contrast to ILF funded Direct Payments, personal budgets have tended to be set on the basis of available funding (Pearson et al 2014).

As Fox et al. (2013) note, some councils appear reluctant to cede genuine budgetary control to individuals. Some systems exclude, or do not sufficiently resource the support needed to make informed choices (Department of Health 2008, and National Audit Office 2016). People in some areas report they are unaware of their supposed allocation of personal budget (Daly and Woolham 2010). Other areas have constructed long, bureaucratic allocation and sign-off processes (Think Local, Act Personal 2011, Prabhakar et al. 2011, Holloway et al. 2011, Pearson et al. 2014) or appeals processes as the only way to challenge professionally-led estimates of resources needed. Pearson et al. conclude that, in social care:

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

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

Communities, relationships, social capital

Recent critiques of personalisation (Fox 2012, Morris and Gilchrist 2011, Princess Royal Trust for Carers 2009; NAAPS *et al.* 2011) have emphasised its lack of focus upon relationships, community life and responsibilities. Fox (2012) highlights examples of collaborative uses of personal budgets which point towards a version of personalisation described in the 2012 *Care and Support* white paper (Department of Health 2012) where there is an increased focus on the role of inclusive and involved communities and on building a diverse market of providers.

There is promising evidence of improved outcomes and savings from approaches combining personal choice and control with a focus on social productivity (Pearson et al. 2014). For instance, Shared Lives Plus, in which adults are matched with registered Shared Lives Plus carers and their families, with participants sharing family and community life in relationships which can be lifelong, consistently outperformed other forms of regulated care (Care Quality Commission 2011), realising significant savings (Association of Supported Living 2011) even for people who have previously been supported in much more expensive secure institutional care.

Reforming the supply side

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

Fox et al. (2013) and Fox (2012) note that whilst the introduction of Direct Payments has created one entirely new market of care provision, in the form of Personal Assistants providing personal care, there has not been the explosion of other forms of non-traditional care provision that was expected. Individual control over resources, in most cases, elevates the status of the individual from passive care recipient to consumer, but consumers are not necessarily empowered to shape services. Many consumers of care services are isolated, vulnerable or have communication challenges. Some have little experience of a wide range of service options and many achieve eligibility for social care through being in a crisis, thus needing to make a rapid purchase under stress. These flaws in the implementation of personal budgets suggest that there are ways in which self-directed support could be made more accessible, less bureaucratic and more genuinely user-led. But this will not necessarily improve supply. For example, many older people purchase their own care home place or home care, but recent reports into both sectors have found widespread failings and high rates of poor care.

There is growing realisation in the social care sector that personal budgets are most effective in reshaping provision when coupled with commissioning activity which helps current and potential providers to better understand how to provide more personalised services and to promote and support the development of start-ups and micro-enterprises. Small and niche providers often struggle to survive the transition from grant-funding to the 'free market' of personal budget funding. Start-ups face commissioning and regulatory challenges (Shared Lives Plus 2011), whilst large, generic providers have resources to market their services and participate in complex framework-agreement commissioning processes. Matching the transformation of provision with gradual and uneven take up of personal budgets creates the challenge of running two kinds of provision, or battles over closures of 'outdated' building-based services still valued by users or commissioners (Department of Health 2009). If they are to strengthen a council's market-shaping role, individuals need support to coordinate their purchasing, to build alliances with community organisations or to pool budgets. An evaluation of micro-enterprises supported by an organisation set up for that purpose, Community Catalysts, which has worked with around 600 of them, found that whilst the expected rate of failure for micro-enterprises is 90 per cent per annum, only 17 per cent of those receiving specialist support failed over three years (Manchester Metropolitan University 2012).

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

The evidence-base in social care

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

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

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

- Staff skills development

- Designing appropriate resource allocation systems

- Developing appropriate financial management systems

- Effective local authority leadership

- Developing new partnerships

- Focusing on early intervention and/or prevention

- Supporting users and carers

4. Implications for criminal justice

The key learning for developing personalisation in the criminal justice sector seem to be developing a culture of person centred support; increasing access to community based services to increase social inclusion; developing appropriate choice and flexibility about how interventions are delivered, and the range of interventions available, and providing access to enabling resources based on individual needs for support, whether this is through a personal budget or other means. In this section we set out some of the key issues such an approach raises within the criminal justice system

Culture change

Some social care leaders argue that the greatest potential for reform which results in people with support needs leading inclusive as well as independent lives and relying less upon state services, lies in the shift of focus underlying personalisation from being upon people's needs or deficits towards their strengths and assets, and the assets and resilience of their community. The limitations of reforms may be linked to the difficulties in making that shift within current service culture and societal norms (Fox et al. 2013). The importance of the right front line culture of personalisation is made very strongly by the National Audit Office (2016) and personal budgets in themselves do not necessarily lead to better outcomes or service user satisfaction. Transforming culture in the criminal justice system is likely to be the most significant challenge. Experience in social care suggests it will be necessary to take a whole-system perspective on transformation in which the impacts of the introduction of positively disruptive approaches such as personal budgets, co-production, community budgeting and micro-scale interventions are understood, and where possible coordinated, with the focus remaining upon outcomes rather than process. This involves the managed transfer of power from professionals to end users and requires trust to be built in users' abilities to manage those resources effectively.

Different models of implementation

Within this broad framework of 'personalisation' there are different models of personalisation that the criminal justice sector might pursue. Economists and policy reformers in the neo-liberal tradition tend to place great emphasis on 'choice' leading to more efficient services and might be attracted by the concept of personal budgets. Leaving aside the difficulties of political presentation, they could argue that giving an offender access to a personal budget should, if basic economic theory holds, allow the offender to find the most efficient means of leading their version of the 'Good Life'. Further, a move away from 'one size fits all' offender programmes towards direct cash transfers could reduce system transaction costs. However, as discussed above, the experience of social care shows that introducing personal budgets has not always led to greater efficiency but instead to overly defensive and bureaucratic approaches to assessing need and

calculating indicative personal budgets (Think Local, Act Personal 2011). An alternative perspective to the economic one – an asset-based approach - begins with a holistic discussion about the assets available to the individual in their own (potential) capabilities, in their families, networks and community.

Groups of budget holders

If provision of 'personal budgets' for offenders is perceived as too politically risky, experience from social care shows that personalisation does not have to take such an individualistic direction. As Fox (2012) describes, some of the most exciting recent developments in personalisation in social care have been the move from entirely individual budget control, towards helping budget holders come together and act as a group, becoming commissioners with service-shaping power and in some cases co-designing and mutually owning small or micro-scale enterprises. In social care, some communities (often incorporating service users) have established social enterprises that deliver services to older people as alternatives to traditional care. We see examples such as Neighbourhood Networks in Leeds bringing together personal budget allocations of local willing participants, in order to find more effective – and hopefully cheaper – ways of meeting those individuals' needs, with greater use of volunteers and other community resources (Fox 2012). Following the social care experience we might envisage situations where willing offenders with appropriate support could construct micro-scale initiatives which could provide a route for employment and/or voluntary action, without the barriers to employment caused by the stigma attached to a history of offending (Fox et al. 2013). Alternatively a community development model that developed reintegrative opportunities might be envisaged. Weaver's (2016) ongoing work on the role of social cooperative structures of employment is highly relevant here. Weaver is examining how social co-operatives in Italy and Sweden have encouraged prisoner rehabilitation. Weaver's early findings suggest that social co-operatives can provide a route into employment and provide "holistic and individualized resettlement support for both former/prisoners and their family" (Weaver 2016: 22). They provide a protected environment that puts people before profit and "In this vein, the cooperative culture, the relational environment, is as important as the provision of paid work in contributing to the outcomes" (ibid.)

Developing the supply side

We need to be mindful that personalisation operates across a whole system of people, organisations and community groups, and that if these are developed without consideration of each other, or in a sequence that does not support personalisation, success will be limited. One lesson for any sector considering introducing a more 'assets-based' and co-productive approach to support is that giving individuals control of money makes little impact upon choice without intensive work to develop a market of small and large providers. It is clear that widening choice requires an equal focus upon demand and supply. Key to this will be to widen the supplier base and create a genuinely mixed economy in which the advantages of public, private and not-for-profit organisations can all play a part.

Meeting the needs of justice

Compared to social care, the criminal justice system presents additional challenges in terms of the need to manage risk of harm to protect the public and to punish as well as reform through delivering the sentence of the court, and to address the stigma that many offenders carry with them. However, there are examples within criminal justice of such changes taking place. Within the social innovation literature, an example often cited is the Restorative Justice movement (for example Mulgan et al. 2007). This has moved from the

periphery of the criminal justice system in the UK to take on a much more prominent role and feature in many aspects of mainstream service provision. Interestingly Restorative Justice is a co-produced approach to delivering justice (Weaver 2011) and relies upon a degree of personalisation. Perhaps this example provides hope for the development of personalised criminal justice services and shows how social innovation can help to deliver it. Section 15 of the Offender Rehabilitation Act 2014 introduced the Rehabilitation Activity Requirement (RAR) for Community Orders and Suspended Sentence Orders. While the court decides on the length of the RAR and the number of days (intensity), the CRC determines the most appropriate interventions to deliver. The RAR enables the case manager and service user to determine specific rehabilitative activities, which can extend beyond the traditional reducing reoffending pathways and be more aligned to the goal of desistance. However, the existing performance management system might be counter-productive. An over-emphasis on process and targets can detract from more holistic approaches and deter front-line staff from investing time in building relationships with service users that could save time in the long run

Public perception

A further consideration is what might the public make of a more personalised approach in probation? When personal budgets were introduced in social care, there were a number of concerns about misuse of funds, and service user lack of competence and knowledge to manage their own support. More creative expenditure on support outside mainstream services was feared to be subject to negative media and public perception. In reality, those concerns were largely unfounded, even with service users who have similar issues to those in the criminal justice system. The public does of course expect probation to punish as well as rehabilitate, and whilst it should be clear that enabling personal solutions lies entirely in rehabilitation – this is a dilemma that social care does not have to face, and therefore public perception may be mixed. Like social care, many people do not have great awareness or understanding of probation unless they have direct experience of the system. IPSOS MORI research (2008) suggests that public confidence in the use of community penalties increases the more the public know about them. Personalisation approaches that involve community engagement may well drive more positive perceptions. The success of Restorative Justice suggests that community engagement in progressive criminal justice initiatives can be positive. Such community-based approaches would not necessarily preclude particular groups of offenders from participation in personalisation. Another approach, also used in social care as well as criminal justice is the Circles of Support programme[1]. This was developed in Canada where a group of volunteers forms into a community around a sex offender and seems to be a sustainable model.

4. Testing elements of personalisation in the criminal justice system

A multi phase personalisation personalisation pilot has been commenced within the five Interserve CRCs. Too often, pilots in the criminal justice system have been implemented prematurely with insufficient time and resource put into first developing a sound theory of change (Weiss 1997) and then testing key elements prior to a larger pilot. We will therefore follow an adapted version of the model of piloting set out by the Education Endowment Foundation in its guidance (Education Endowment Foundation 2015). This specifies three types of trial conducted in sequence in the development and testing of new interventions. These are pilot, efficacy and effectiveness trials. Pilot trials are early stage studies conducted in a small

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[1] http://www.circles-uk.org.uk/

number of schools with the objective to "develop and refine the approach and test [an interventions] feasibility (Education Endowment Foundation 2015: 3). Qualitative research is expected to be the predominant data collection methodology. The idea is to test whether a new intervention has potential, where this has yet to be ascertained. In our scenario we will test a number of 'personalisation' concepts (described below). Each concept will be piloted with a small number of cases (defined variously as service users, case managers or probation teams) selected purposively to allow testing of key theoretical constructs. Emphasis will be placed on implementation evaluation, including the issue of implementing models of personalisation in a criminal justice setting where culture change will be key. Following analysis of results we will draw together effective concepts into a single model of personalisation and conduct an efficacy trial. The objective of an efficacy trial is to explore whether an intervention can work under conditions specified and controlled by intervention developers. In other words, it is conceived of as a test in conditions that are arranged such that the chances of observing an impact are maximized. Such trials comprise both a quantitative impact evaluation as well as mixed methods process evaluation. According to EEF guidance (Education Endowment Foundation 2015), the role of process evaluation within efficacy trials is to assess elements of effective practice. It is likely that our efficacy trial will be multi-site, piloting a model of personalisation in more than one CRC. Finally, and depending on the results from the efficacy trial we will move to an effectiveness trial to test whether the personalisation model works at scale in circumstances where the developers are no longer solely responsible for implementation and delivery. Evaluation will ideally involve both a randomised trial component and process evaluation.

Testing different concepts of personalisation

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

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

The concept of responsivity is concerned with how an individual interacts with the treatment environment. The 'responsivity principle' says that effective treatment can bring about change in the targeted criminogenic needs when it is responsive to the learning styles and characteristics of the offenders treated (Lipsey and Cullen 2007).

The increasing 'standardisation' of rehabilitation over recent years as the Risk, Needs, Responsivity model has become influential in the English and Welsh criminal justice system seems to contradict research and

theory that suggests a more personalised approach to working with offenders is required. Of particular importance is the emerging literature on desistance. There is now a well-developed literature on the concept of 'desistance' from offending (for example, Maruna 2001, Farrall 2004, McNeill 2006) and a number of commentaries that discuss how an understanding of desistance might inform policy and practice (for example, Ward and Maruna 2007, McNeill and Weaver 2010). Maruna (2001) describes the importance of offenders' internal 'narratives' in supporting either continued offending or desistance. In his research with ex-offenders he found that individuals needed to establish an alternative, coherent and pro-social identity in order to justify and maintain their desistance from crime (Ward and Maruna 2007). Maguire and Raynor (2006: 24) note that, 'Desistance is a difficult and often lengthy process, not an 'event', and reversals and relapses are common.' When contrasting the desistance movement with more traditional approaches to offender resettlement, they note that 'Agency is as important – if not more important than – structure in promoting or inhibiting desistance' (*ibid.*: 24). Therefore:

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

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

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

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

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

2. Person Centred Practice with access to an Enabling Fund: In addition to the model of person-centred practice implemented in the pilot described above this pilot will also include an enabling fund. The enabling fund will support rehabilitative goals that cannot be progressed through current traditional avenues such as accredited or non-accredited programmes, welfare payments or referrals to other services. As such the enabling fund might be used to purchase goods or services. The pilot will explore the effect of person-centred-practice and access to a form of personal budget on the process of co-production for staff and clients. To help explore

how service users respond to the process of linking needs to a level of funding some of the service users offered an enabling fund will be told how much funding they can access and some will not.

3. Person Centred Practice and an enabling fund for women delivered by a third party: It is widely accepted that women service users have distinct and often complex needs. Women's centres offer long term support to women service users. In this pilot person-centred practices will be adopted by selected staff and managers within a women's centre. Training in person-centred practice will be developed and delivered to staff prior to work with service users. An enabling fund will support rehabilitative goals that cannot be progressed through current traditional avenues. In this pilot we will explore what impact a person-centred approach, supported by access to a form of personal budget has on co-production for a service user group with distinct and complex needs and whether delivery by a third party leads to distinct processes of co-production.

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

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

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

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

4. Service User Grants: Service users who have a collective interest will be supported to design and direct innovative services for their own and other's benefit. A shared grant fund will be available to support them. This model will be based on the principles of asset based community development (McKnight 1995), and is in part inspired by the Small Sparks programme[2]. This pilot will explore how personalisation can be delivered in group settings and whether such a model is an effective way to foster peer support and develop social networks.

5. Navigation and Access to Community Networks: Probation staff trained in person-centred practices will work with small groups of service users to develop service user access to community based activities and support networks that extends beyond the public or not-for-profit services that service users in an area would traditionally access. Service users will be encouraged to use their knowledge to map local, community organisations, explore how to better access such organisations, how to support them through volunteering and, where there are gaps in provision, how to develop new services. This model will be based on the principles of asset based community development, and is in part inspired by the Head, Hands Heart: Asset Based Approaches in Health Care (Hopkins and Rippon 2015), as well as consideration of Local Area Coordination approaches[3] and Circles of Support. This pilot will test how using asset based community development principles can increase engagement with and extend the range of services in a local area thereby increasing the range of community-based services that can support personalised rehabilitation plans.

5. Discussion

The concept of 'personalisation' and the experience of its use in social care provide useful lessons for operationalizing desistance thinking in the criminal justice system. The pilot we describe above will test different approaches to personalisation in a criminal justice setting. However, the development of personalisation in the criminal justice system also raises ideological questions. Drawing on a range of sources including Leadbetter's work and a Scottish Executive policy document Pearson et al. (2014) identify three levels of personalisation: prevention, participation and choice. Applied to criminal justice these raise interesting questions about the relationships between the State, the offender and the community.

Personalisation can be seen as a means of *prevention*, designed to build an individual's capacity to manage their own lives. There are similarities with the European concept of social investment as the basis for welfare policy. The European Commission argues that '[S]ocial investment policies reinforce social policies that protect and stabilise by addressing some of the causes of disadvantage and giving people tools with which to improve their social situations.' (European Commission 2013: 3). They do this by strengthening people's skills and capacities, to prepare them for confronting or preventing risks over the life course and improving their future prospects. The emerging social investment paradigm focuses on active labour market policies, education and the 'new social risks' that people face in the course of their lives because of the challenges of post-industrial societies – for example aging society, changing household structures, transition to a knowledge-based economy. In particular, participation in the labour market, social cohesion and stability are the targets of social expenditure (Taylor-Gooby 2004, Hemerijck 2012). Social investment is perhaps best described as an emerging rather than a fully formed paradigm or perspective (Morel et al. 2012).

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

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

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

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

Recent thinking work on desistance has sought to bridge explanations of desistance that err towards structure and those that err towards agency. For example, Weaver (2012) advances a relational explanation of desistance in which 'reflexivity' and 'reciprocity' are key concepts to understanding how desistance is co-produced. Emphasising the relational context within which desistance is co-produced leads Weaver to argue that correctional interventions must progress beyond a focus on the individual to a focus on generating social capital and that social capital exists within social networks shared by people in reciprocal relations. Therefore, Weaver (2012: 12) envisages criminal justice interventions that "focus less on the structural outcomes derived from participation in a given network and more on the connection between people and on fostering the reflexivity of the individual who is being connected by the good of the relationship" . This could be interpreted as a call to think in terms of, and invest in, social innovation where there is a rich literature to draw on describing how to support the generation and implementation of new ideas that help people to organise interpersonal activities or social interactions to meet one or more common goals (Mumford, 2002) such that innovations are social in both their means and their ends (Murray et. al. 2010). Whatever form service commissioning takes, managing risk in co-produced interventions will be key. Ward and Maruna (2007) suggest that in asset-based, co-produced approaches to rehabilitation where people are conceptualised to be part of complex systems, risk is viewed as multi-faceted rather than purely individualistic. A critical task is to manage the balance between promoting the 'good life' and reducing risk:

> "Simply seeking to increase the well-being of a prisoner or a probationer without regard for his or her level of risk may result in a happy but dangerous individual. Alternatively, attempting to manage an individual's risk without concern for goods promotion or well-being could lead to punitive practices a defiant disengaged client." (Ward and Maruna 2007: 125)

Those working within the criminal justice system might see prevention and participation as concepts that carry relatively little ideological baggage. However, personalisation is sometimes also portrayed as a means of embedding consumer *choice* linked to a broader discourse which emphasises the potential of personalisation to transform relationships between the state, service providers and service users (Pearson et al. 2014, Vallelly and Manthorpe 2009). In debates about public service reform 'choice' tends to be much more ideologically loaded. Two versions of this narrative can be distinguished. One of these has links to the concept of New Public Management, (NPM) a broad set of governance and managerial public sector reforms often associated with 'New Right' governments since the 1980s (Hood and Peters, 2004) and as an offshoot of 'neo-liberalism' (de Vries, 2010). Reforms associated with NPM have been pursued by both Conservative and Labour governments since 1979, and indeed arguably reached a peak under the 1997-2010 Labour government (Wallace, 2013). Critics of this view of 'personalisation and choice' are concerned

that personalisation may turn out to be a 'fig leaf' for an extension of the neo-liberal project. For example, Weaver argues that while personalisation purports to increase choice and control for service users:

> 'the underpinning rationale is unmistakably economic, and the approach is consistent with, if not a progression of, the neo-liberal drive towards the retreat of state provision of services and the marketization of social work services' (Weaver 2011: 3).

There is also a broadly left-of-centre version of the narrative of personalisation and choice that also draws on the concept of co-production and argues that:

> … public leadership is not the technical task of delivering 'outcomes'. It's the moral practice of getting people together. It's about unlocking the capacity we all have to work collectively for the common good. It's the same at every level, from the Prime Minister to the teacher in a primary school. It's about relationships and reciprocity. (Cruddas 2012: unnumbered)

The emerging concept of the 'relational state' captures the essence of this perspective. The relational state is a model that has developed by the Left as a critique of the new public management approach (Cooke and Muir 2012). It recognizes:

> the need for human relationships to be given greater priority as a goal of policy and in the design and operation of public services, which challenges a strict adherence to egalitarian goals and state-led agency (Cooke and Muir 2012: 8).

This implies service designs which involve a wider range of stakeholders, which are more localised and seeking to capitalise on the resources the service user brings to the table:

> Rather than attempting to engineer outcomes through 'command and control', governments should focus on crafting the conditions for a variety of agents involved in a given problem to solve it themselves. This suggests a greater priority for experimentation, decentralisation and institution-building. (Cooke and Muir 2012: 6).

In contrast to the neo-liberal state, the relational state is an inclusive construct with an emphasis on the creation of social capacity at the local level. In the context of criminal justice it draws attention to the community dimensions of desistance. Some versions of Justice Reinvestment, particularly those that emphasise 'social justice' might well provide a framework for applying these ideas to the design and commissioning of a desistance-focused criminal justice system (Albertson and Fox 2014). Current debates in England and Wales about justice devolution (see for example, Lockyer and Heys 2016) are also highly relevant.

6. Conclusion

The desistance literature has been highly influential in the English and Welsh criminal justice system. Operationalising it remains a challenge. The challenge is multi-faceted. One issue is how to develop practices consistent with desistance within the context of a risk-centred system where the requirements of justice trump individual needs. While some progress on this has been made (for example, McNeill and Weaver 2010) the cultural challenges remain significant. Another issue to which relatively little attention has been given is how to commission desistance focused services (Fox et al. 2013). The personalisation project described in this paper is testing concepts that relate both to the design and commissioning of personalised services, including community capacity building to support the supply of personalised services at the local or even micro level. The project also includes extensive evaluation, utilising a framework that recognises the reality of project development and the importance of early theory development.

References

Albertson, K. and Fox, C. (2014) *Justice, with Reason: Rethinking the Economics of Crime and Justice*, ICCJ Monograph No.9. London: NAPO

Andrews, D.A. and Bonta, J. (2006) *The Psychology of Criminal Conduct*. Newark, NJ: Lexis/Nexis

Association of Supported Living (2011) *There is an alternative*. London: ASL

Bannister, J., Fox, C. and Miszczak, P. (2016) 'The 2010-2015 Coalition and criminal justice: Continuities and Contradictions', *Safer Communities* Vol. 15(2) pp.110 – 120

Bell, E. (2011) *Criminal Justice and Neoliberalism,* London: Palgrave Macmillan

Beresford, P. (2009) *Whose Personalisation?* Think Pieces No.47 London: Compass

Beresford (2013) *Personalisation,* Bristol: Policy Press

Care Quality Commission (2011) The state of health care and adult social care in England 2009/10, London: QCC.

Cooke, G. and Muir, R. (2012) *The Relational State: How recognising the importance of human relationships could revolutionise the role of the state*, London: IPPR

Cruddas, J. (2012) Lecture on The Role of the State in the Good Society delivered to the Centre for Social Justice and reproduced in the *New Statesman* 13th December 2012

Daly, G. and Woolham, J. (2010) *Do personal budgets lead to personalisation?* York: UK Social Policy Association.

De Vries, J. (2010) Is New Public Management really dead? *OECD Journal on Budgeting*, 2010/1, pp.87-92

Department of Health (2007) *Putting People First: A shared vision and commitment to the transformation of Adult Social Care,* London: Department of Health.

Department of Health (2008) *Evaluation of individual budgets pilots programme*, London: Department of Health.

Department of Health (2012) *Caring for our future: reforming care and support*. Cm 8378 London: Department of Health.

Dickinson H. and Glasby J. (2010) *The personalisation agenda: implications for the Third Sector*. Third Sector Research Centre, Birmingham

Education Endowment Foundaton (2015) *EEF evaluation: A cumulative approach*. London: EEF

European Commission (2013a) Evidence on Demographic and Social Trends, Social Policies' Contribution to Inclusion, Employment and the Economy. SWD(2013) 38 final.

Farrall, S. (2004) 'Social capital and offender reintegration: Making probation desistance focussed'. In Maruna, S. and Immarigeon, R. (eds.) *After Crime and Punishment: Pathways to Offender Reintegration*. Cullompton: Willan.

Ferguson, I. (2007) 'Increasing user choice or privatising risk?: The antinomies of personalisation?' *British Journal of Social Work,* Vol.37(3) pp387 - 403

Fox, A. (2012) *Personalisation: Lessons from Social Care*, London: RSA.

Fox, A., Fox, C. and Marsh, C. (2013) 'Could personalisation reduce re-offending? Reflections on potential lessons from British social care reform for the British criminal justice system,' *Journal of Social Policy* Vol.42(4) pp. 721 - 741

Fox, C. and Grimm, R. (2015) 'The role of social innovation in criminal justice reform and the risk posed by proposed reforms in England and Wales', *Criminology and Criminal Justice* Vol.15(1) 63–82

Fox, C. and Marsh, C. (2016) ' 'Personalisation': Is social innovation possible under Transforming Rehabilitation?' The Probation Journal Vol. 63(2) pp.169–181

Health and Social Care Information Centre (2015) Personal Social Services Adult Social Care Survey, England 2014-15, London: HSCIC

Hemerijck, A. (2012a) Changing Welfare States. Oxford: University Press.

Her Majesty's Government (2010) *The Coalition: our programme for government*. London: Cabinet Office.

Hills, J. (2011) 'The changing architecture of the UK welfare state'. *Oxford Review of Economic Policy*, Vol.27(4) pp. 589–607

Holloway, S., Neville, S. and Watts, R. (2011) *Longitudinal study of cash payments for Adult Social Care in Essex*, London: OPM and ECDP.

Hood, C. and Peters, G. (2004) 'The middle ageing of New Public management: into the age of paradox?' *Journal of Public Administration Research and Theory*, Vol.14(3) pp.267-282

Hopkins. T, and Rippon, S. (2015) *Head, hands and heart: asset-based approaches in health care A review of the conceptual evidence and case studies of asset-based approaches in health, care and wellbeing,* London: The Health Foundation

In Control (2015) *Third National Personal Budget Survey,* London: Think Local, Act Personal

Leadbetter, C. (2004) *Personalisation through Participation: A New Script for Public Services,* London: Demos

IPSOS MORI (2008) *Closing the Gaps, Crime and Public Perceptions*. London: IPSOS MORI

Leadbetter, C. (2008) *We Think: Mass Innovation Not Mass Production*, London: Profile Books

Lipsey, M.W. and Cullen, F.T. (2007) 'The Effectiveness of Correctional Rehabilitation: A Review of Systematic Reviews', *Annual Review of Law and Social Science*, 3: 297–320.

Lockyer, K and Heys, R. (2016) Local commissioning, local solutions: devolving offender management, London: Reform

Lowe, T and Wilson, R (2015) 'Playing the game of out-comes-based performance management: is gamesmanship inevitable? Evidence from theory and practice', *Social Policy and Administration*,

Maguire, M. and Raynor, P. (2006) 'How the resettlement of prisoners promotes desistance from crime: Or does it?' *Criminology and Criminal Justice*, 6(1): 19–38

Manchester Metropolitan University (2012, unpublished) *Evaluation of the effectiveness of a micro-enterprise support project*, Manchester: Unpublished early findings

Maruna, S. (2001) *Making Good*. Washington, DC: American Psychological Association Books.

Maruna, S. (2010) 'The Desistance Paradigm in Correctional Practice: From Programmes to Lives', in McNeill, F., Raynor, P. and Trotter, C. (eds.) *Offender Supervision: New Directions in Theory, Research and Practice*, Cullompton: Willan.

McKnight, J. (1995) *The Careless Society: Community and its Counterfeits*. Chicago: Basic Books.

McNeill, F. (2006) 'A desistance paradigm for offender management' Criminology and Criminal Justice Vol: 6(1) pp.39–62

McNeill, F. (2009) *Towards Effective Practice in Offender Supervision*, Glasgow: The Scottish Centre for Crime and Justice Research.

McNeill, F. and Weaver, B. (2010) *Changing Lives? Desistance Research and Offender Management*, Glasgow: The Scottish Centre for Crime and Justice Research.

McNeill, F., Farrall, S., Lightowler, C. and Maruna, S. (2012) *How and why people stop offending: discovering desistance*, Glasgow: IRISS

Ministry of Justice (2010) *Breaking the Cycle: Effective Punishment, Rehabilitation and Sentencing of Offenders*, London: Home Office

Ministry of Justice (2013) *Transforming Rehabilitation: A revolution in the way we manage offenders*,

London: Ministry of Justice

Ministry of Justice (2014) *Voluntary sector at forefront of new fight against reoffending*, Press Release, London: Ministry of Justice

Ministry of Justice (2016) *Proven Re-offending Statistics Quarterly Bulletin April 2013 to March 2014,* England and Wales, London: MoJ

Morel, N., Palier, B. and Palme, J. (2012) Towards a Social Investment State? Ideas, Policies and Challenges. Bristol: Policy Press.

Morris, D. and Gilchrist, A. (2011) *Communities Connected: Inclusion, Participation and Common Purpose*, London: RSA.

Mulgan, G., Tucker, S., Ali, R. and Sanders, B. (2007) *Social Innovation: What it is, why it matters and how it can be accelerated*. Said Business School, Oxford.

Mumford, M.D., (2002) 'Social innovation: ten cases from Benjamin Franklin'. *Creativity Research Journal* Vol.14 (2) pp.253-266.

Murray, R., Caulier-Grice, J. and Mulgan, G. (2010) *The open book of social innovation*. The Young Foundation and NESTA.

NAAPS, Centre for Inclusive Futures, Community Catalysts, New Economics Foundation, KeyRing, CSV and John Gillespie (2011) *Creating stronger and more inclusive communities which value everyone's right to contribute,* http://www.csv.org.uk/sites/default/files/Creating-stronger-and-more-inclusive-communities.pdf [Accessed 29th May 2012]

National Audit Office (2016) *Personalised commissioning in adult social care*, London: NAO

National Offender Management Service (2010) *What works in offender rehabilitation?* London: NOMS.

National Offender Management Service (2016) Population and Capacity Briefing for Friday 7th October 2016, available at https://www.gov.uk/government/statistics/prison-population-figures-2016 [accessed 13-10-16]

Needham, C. (2011), *Personalising Public Services. Understanding the Personalisation Narrative*, Bristol, Policy Press.

Pearson, C., Ridley, J., and Hunter, S. (2014) *Self-Directed Support: Personalisation, Choice and Control.* Series: Policy and practice in health and social care, 19. Dunedin Academic Press: Edinburgh

Prabhakar, M., Thom, G. and Johnson, R. (2011) *Individual budgets for families with disabled children – final evaluation report*, London: Department for Education.

Prime Minister's Strategy Unit (2007) Building on Progress: Public Services, London: Cabinet Office

Princess Royal Trust for Carers (2009) Putting People First without Putting Carers Second, London: PRT

Rose, T. (2016) *The End of Average: How We Succeed in a World that Values Sameness,* New York: HarperOne

Routstone, A. and Morgan, H. (2009) 'Neo-liberal individualism or self directed support: Are we all speaking the same language on modernising adult social care?' *Social Policy and Society* Vol.8(3) pp 333-345

Shared Lives Plus (2011) *Map for micro-enterprise in social care*, Liverpool: Shared Lives Plus.

Stafford, B. and Kellard, K (2007) Reforming the public sector: personalised activation services in the UK. In: Making it Personal: Individualising activation services in the EU. Bristol: Policy Press

Taylor-Gooby, P. (2004) New Risks, New Welfare: The Transformation of the European Welfare State. Oxford: University Press.

Think Local, Act Personal (2011) *Taking Stock, Moving Forwards*, London: TLAP.

Vallelly S, Manthorpe J. *The impact of personalisation on older people's housing: Overall project summary*, London: Housing.

Wallace, J. (2013) *The rise of the enabling state: a review of policy and evidence across the UK and Ireland*, CarnegieUK Trust. [Accessed online on 5/5/16]

http://www.carnegieuktrust.org.uk/getattachment/4e46dc7f-cf10-47f9-b770-d50131bd2a39/The-Rise-of-the-Enabling-State.aspx

Ward, T. and Maruna, S. (2007) *Rehabilitation: Beyond the Risk Paradigm*. London. Routledge.

Weaver, B. (2011) Co-producing community justice: the transformative potential of personalisation for penal sanctions. *British Journal of Social Work*. 41(6) pp.1038-1057.

Weaver, B. (2012) 'The Relational Context of Desistance: Some Implications   and Opportunities for Social Policy', Social Policy and Administration, Vol.46(4) pp395-412

Weaver, B. (2016) *Co-producing desistance from crime: The role of social cooperative structures of employment*. The Howard League for Penal Reform, ECAN Bulletin 28 – February 2016

Weiss, C. (1997) Theory-Based Evaluation: Past, Present, and Future. *New Directions for Evaluation*, 41-55.