

Policy briefing

Personalisation in the criminal justice system: what is the potential?

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About the Criminal Justice Alliance

The Criminal Justice Alliance is a coalition of 74 organisations – including campaigning charities, voluntary sector service providers, research institutions, staff associations and trade unions – involved in policy and practice across the criminal justice system.

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Introduction

The criminal justice sector has never achieved rates of re-offending with which the public and policy makers are satisfied. Recent attempts to address this have included the use of payment by results for private prison providers, organised through large contracts. In many ways though, the criminal justice sector remains unreformed: still heavily reliant upon institutions recognisable from many years ago and caught between the aims of rehabilitation and punishment.

Adult social care reforms have been more dramatic and arguably more successful. Recent scandals involving home care and care homes for older people stand out as rarities in a sector which has rapidly de-institutionalised. This has partly arisen due to the introduction of personal budgets, of which more later.

Can the criminal justice sector learn from a programme of reform which promotes individual choice and control, given the need for deprivation of choice implicit in the very concept of punishment? Whilst personal budgets are the more widely recognised aspects of personalisation, in the social care sector the recent White Paper and Bill have stressed the importance of deeper culture change, away from an exclusive focus upon individual needs and service solutions, towards the promotion of well-being, defined holistically to include active citizenship, family life and opportunities to pursue training and employment. There are clear synergies between this formulation of personalisation and criminal justice ideas of ‘desistance’ and the Good Lives Model. With so many offenders having learning disabilities, mental health problems and other social care needs, including dementia in an ageing prison population, there has never been a more urgent need nor greater opportunity for the two sectors to align their visions and approaches.

Recent interest in personalisation has focussed on how personal budgets can promote market diversification to increase competition on price and quality, or individual tailoring of service responses. Like criminal justice, the adult social care sector has made increasing use of non-state providers, but there is a greater presence of small and voluntary sector providers. Personal budgets are only part of diversifying markets, and need matching with investment in new forms of supply to avoid a market in which large, generic ones thrive at the expense of tailored, niche and third sector providers. With Transforming Rehabilitation – a process to open the Probation Service for all but high risk offenders to competition – the opportunities are potentially there for new providers, including new entrants and the voluntary sector, SMEs and mutuals to develop a more personalised approach to work with offenders. The Ministry of Justice states that innovation will be rewarded, and that the system will give rehabilitation providers the flexibility to do what works to reduce reoffending.

We first describe some of the similarities between the two sectors and then what personalisation in social care looks like. We move on to describe how greater ‘personalisation’ in the criminal justice sector might bring together a number of research and policy themes within criminal justice, giving criminal justice reform a new direction and impetus.

Learning from social care

Fox *et al.* (2013) have argued that the criminal justice system could learn from reforms to the social care sector in which personalisation has been central. Why should the criminal justice sector look to the social care sector for ideas on how to reform the criminal justice system? One obvious reason is that many offenders have multiple and complex needs that are shared by people who use social care services. But perhaps an even more compelling reason to take note of the social care experience is that the social care sector used to rely heavily on institutional settings, while the criminal justice sector still does. We don’t have room here for a detailed description of the reforms that have taken place in the social care sector (see Fox 2012 and Fox *et al.* 2013 for a more detailed description), suffice to say that during the 1970s, activism by disabled people and their families grew and through the 1980s 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 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. Use of community living arrangements grew. These changes are less advanced in the care home reliant older people’s sector.

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; the development of inclusive and supportive communities; investment in preventative services; and greater individual choice and control through the introduction of personal budgets. Someone receiving a personal budget is told how much money has been allocated to their care and given choice in spending it. There are various ways of taking a personal budget, with varying degrees of individual control and commensurate legal responsibility. Direct payments are the ‘purest’ and earliest form, with direct control over money. Perhaps due to the responsibilities inherent in this model, such as becoming an employer of a ‘personal assistant’, growth in take up has not been rapid (In Control 2011).

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. The version of personalisation set out in the Department of Health's 2012 *Care and Support* White Paper has 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. This theme is taken up by the recent Care Bill (Department of Health 2013). Fox (2013) argues that the bill sets out a radical goal for social care: supporting people to achieve wellbeing and that "Wellbeing does not just mean physical and mental health: it means being an active citizen, being able to pursue employment, being a family member." Fox highlights the radical nature of these goals: "These are goals which even well-funded and well-organised services cannot deliver on their own." (ibid) Instead, what is implied is that social care services reframe their role and their relationship with citizens and communities (ibid). The Care Minister has suggested the well-being goal forms a model for all public services (Lamb 2013).

There is promising evidence of improved outcomes and savings from approaches combining personal choice and control with a focus on social productivity. One example is Asset-Based Community Development (ABCD) which is well developed in North America and elsewhere (McKnight 1995). The term, 'asset-based', refers to approaches which look for people's gifts, skills and resources first, rather than their needs and vulnerability. This strength-based approach rejects labelling people according to their health condition or patient group and refuses assumptions about people's potential to contribute or to develop expertise in their own lives. Asset-based thinking sees connectedness to family and community as a crucial part of their ability to making and sustaining change. 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.

Shared Lives for Offenders

In the 'Shared Lives' model, people from all kinds of backgrounds are recruited, trained and approved by a local Shared Lives scheme and then matched with an adult with social care needs, with whom they share their family and community life.

Two Shared Lives carers in London supported 'Chris', a man with learning disabilities and a history of offending, for three years very successfully. Whereas before Chris lived on his own and was isolated, he had the security of support from his carers, who helped him to avoid risky situations and to understand boundaries, within the setting of their ordinary family home. Chris enrolled at college and now does some voluntary work. As well as his assessed social care needs being met, Chris made new friends and felt part of community life.

For more information go to: <http://www.sharedlivesplus.org.uk/information-and-guidance/research/35-research/england-research/45-young-offenders-research>

Before we leave the social care sector there is one other important lesson that we can take from it. Whilst the introduction of direct payments has created one entirely new market of care provision, in the form of personal assistants directly employed by individuals with direct payments, 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. Recently, there is growing realisation in social care that personal budgets are most effective in reshaping provision when coupled with commissioning activity which understands local people's needs and wishes. Support for start-ups, grassroots organisations (including those struggling to adapt from grant funding to the personal budget 'free market') and micro-enterprises has resulted in innovation, where commissioning and regulatory challenges have been tackled (Shared Lives Plus 2011). Service users need support to coordinate their purchasing, to build alliances with community organisations and to pool budgets. Collaborative uses of personal budgets alongside community resources reflect the Department of Health's White Paper's (2012) vision for personalisation described above.

Personalisation and offender rehabilitation: the theory

What theory best explains how personalisation might work in the criminal justice system? Fox et al. (2013) and Fox and Albertson (2014) argue that there are clear links between personalisation and desistance theory. However, while desistance theory and the associated Good Lives Model of offender rehabilitation is gaining in influence it is not the dominant approach to offender rehabilitation in the UK. The criminal justice system in England and Wales has been redesigned over recent years so programmes follow the Risk, Need and Responsivity (RNR) principles (National Offender Management Service 2010, Andrews and Bonta 2006). We therefore first look at the potential for personalisation to be built into this model before turning to the desistance literature.

In the RNR model higher-risk offenders have a broader range of problems that tend to be more deep rooted, so receiving a higher and more intense 'dose' of treatment than lower risk offenders (National Offender Management Service 2010). This is the 'risk principle'. Treatment has larger effects if it addresses the criminogenic needs of the offender. These are dynamic risk factors that predict subsequent offending behaviour and include antisocial attitudes and peer associations, lack of self control and self-management skills, and drug

dependency (Lipsey and Cullen 2007). This is the ‘needs principle’. Research also suggests to maximise the offender’s ability to learn from a rehabilitative intervention treatment should generally be cognitive behavioral treatment and tailored to the learning style, motivation, abilities, and strengths of the offender (Andrews *et al.* 2011).

A more personalised approach to offender management and rehabilitation might be developed within the RNR model. For example, if we look at the extended set of 18 principles that underpin the Risk, Needs, Responsivity model (Andrews *et al.*, 2011: 738) we see that the first principle is “Respect for the person” whereby “Services are provided in an ethical, legal, just, moral, humane, and decent manner”. Looking in more detail at the ‘responsivity principle’ it has two dimensions, the second of which seems to imply a degree of personalisation in asserting that practitioners should “Modify strategies in accordance with the strengths, motivations, readiness to change, personality, mental status, learning ability, learning style, circumstances, and demographics of individual cases” (ibid). The thirteenth principle also hints at personalisation. It is the principle of ‘relationship skills’ whereby “Relationship skills include warmth, respect, and being collaborative” (ibid). Moreover, the architects of the RNR model have argued that “RNR is about building on strengths and rewarding non-criminal alternatives to the risk factors that are favouring criminal activity” (Andrews *et al.* 2011: 742). However, the predominant focus on criminogenic need ultimately limits the potential for genuinely personalised approaches.

By concentrating on criminogenic needs Ward and Maruna (2007) argue that the RNR model is associated with a rather restricted and passive view of human nature and that 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)

A move to a more personalised approach to offender rehabilitation seems to find more natural theoretical support in desistance theory and the associated Good Lives Model of offender rehabilitation. ‘Desistance’ is an increasingly influential concept within criminal justice practice. Ward and Maruna (2007) citing earlier research note that around 85% of repeat offenders desist from offending by age 28. They suggest that:

‘Unless this is completely random, some things must be helpful in making this transition. To deny this is to deny everything most of us believe about the social world.’ (Ward and Maruna 2007: 13)

Desistance research explores the psychology of the offender. Thus an offender’s future offending will be influenced by their thinking as well as their circumstances. 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).

The desistance literature implies that the process of rehabilitation is a long and complicated one. Maguire and Raynor (2006: 24) note that, “Desistance is a difficult and often lengthy process, not an ‘event’, and reversals and relapses are common.” If this is the case then personalised approaches offer a model of working potentially well-suited to the desistance process:

“[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.” (McNeil 2009: 28)

Personalisation and offender rehabilitation: the practice

We now consider how a personalised approach to offender rehabilitation would look in practice. Just as the desistance literature provides a useful theoretical underpinning for personalisation so the associated Good Lives Model of offender rehabilitation that is often associated with the desistance literature (Ward and Maruna 2007) can help explain what a personalised approach to offender management and rehabilitation might look like.

Co-production

The Good Lives Model builds on principles of positive psychology and is based on two therapeutic aims: to promote human goods and to reduce risk (Ward and Maruna 2007, McNeil 2009). This represents a significant departure from the RNR model:

“... 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 ...” (Ward and Maruna 2007: 23)

An approach to offender management and rehabilitation based on the Good Lives Model will look very different. As a starting point the labels ‘offender manager’ and ‘offender’ would be inconsistent with a ‘strengths-based’ approach in which an individual’s needs are understood not just in terms of managing their criminogenic needs, but in terms of helping them pursue primary human needs (Ward and Maruna 2007).

The assessment process will also be different. Assessment will be an extended process in which developing a ‘Life Plan’ that addresses the individual’s needs, broadly defined, will be an end in itself, not just simply a means to access interventions or services necessary to manage risk. Instead a life plan will take into account the individual’s strengths or ‘assets’. Within this process of life planning it will be important to respect the individual’s capacity to make certain decisions for themselves (Ward and Maruna 2007). This does not, of course, mean that managing risk does not remain important. As Ward and Maruna note in relation to the Good Lives Model concentrating too much on improving the well-being of the individual without regard for their level of risk may result in a happy but dangerous individual, while concentrating on risk with out concern for promoting their well-being could lead to a defiant or disengaged client.

This different approach, in turn has clear implications for the relationship between ‘offenders’ and ‘offender managers’:

‘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.’ (McNeil 2009: 27)

Co-production will be key to this process, although negotiating meaningful co-production in the criminal justice system presents many challenges (Weaver 2011). Nevertheless, there are examples of personalised approaches to offender management and rehabilitation that follow this model emerging in the criminal justice system.

Inside Out HMP Preston

Inside Out started in April 2011 and works with prisoners released from HMP Preston who are serving sentences of less than 12 months. Enhanced resettlement work commenced in the prison is continued after the prisoner has been released into the community.

The cohort is all prisoners who have been designated as part of the Integrated Offender Management cohort (referred to in Lancashire as 'Revolution'). Most offenders will have an index offence of serious acquisitive crime. Generally a short-term prisoner will not have an offender supervisor, however an Inside Out prisoner does have an offender supervisor who works with them in prison to develop a Life Plan. A community volunteer then supports the offender in the community and some discretionary funding in the form of an 'enabling fund' is available to implement the Life Plan. Thus, a strong element of personalisation is introduced into the offender resettlement process.

An interim evaluation (Fox et al. 2012) found that as a result of the Inside Out project a group of prisoners serving short sentences have been given an enhanced resettlement service in prison and resettlement support in the community. However, maintaining the engagement of this group of offenders after they leave custody is challenging and there is a relatively high rate of disengagement from the community-based elements of the project.

For more information go to:

<http://www.mmuperu.co.uk/projects/evaluation-of-inside-out-at-hmp-preston>

HMP Everthorpe

The project targeted offenders serving sentences in HMP Everthorpe with common mental health and multiple problems, whose needs are not historically met through traditional services and whose outcomes typically remain poor. It involved a partnership between the Goodwin Trust, the prison, Hull City Council and In Control.

The pilot aimed to put offenders at the centre of their resettlement plans by involving them in the development of a 'personalised' service. This might involve assisting offenders to access less traditional services in an attempt to improve their health, social functioning and wellbeing. In the development phase, a programme of action research was undertaken with a small group of offenders within HMP Everthorpe to ascertain, from their perspective, what a personalised service might look like and how their needs could be better met.

Following this research, stakeholders developed a service model that was piloted within HMP Everthorpe, with a local organisation commissioned to deliver this service to a small group of prisoners. The project worker offered support to participants in both the prison and in the community, and assisted them in developing personalised resettlement plans. Those who showed commitment to the project and desisting from offending were able to make applications to a beneficiary fund to aid resettlement – e.g. for the deposit on a flat. The project was focused on giving the prisoner choice and control over their lives in return for them taking responsibility.

For more information go to:

<http://www.revolving-doors.org.uk/partnerships--development/projects/personalisation-at-hmp-everthorpe/>

Community

As discussed above, in the social care sector there is a growing realisation that supporting people to achieve wellbeing must encompass supporting them to be active citizens (Fox 2013). The same will be true of personalised approaches in the criminal justice sector and this is recognised in the desistance literature and Good Lives Model. Thus, while desistance implies a close working relationship between supervisor and offender, one in which hope is fostered and nourishes a new, positive narrative (McNeil and Weaver 2010), desistance also has a social context and 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 not just with criminal justice practitioners but with the offender’s family and community. This is an important element of emerging desistance literature. McNeil 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. 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.’

Developing a sense of responsibility to others is clearly in opposition to harming others through offending. The ‘flipside’ of the offender achieving well-being is his or her responsibility to society. Albertson and Fox (2014) demonstrate that for the individual to claim that they have human needs that should be addressed, they must also recognise the needs of others. Thus, with rights come responsibilities best summed up in the concept of ‘reciprocity’ (ibid).

Justice reinvestment

Fox *et al.* (2013) and Albertson and Fox (2014) argue that ‘justice reinvestment’ provides a useful framework for thinking about the ‘social’ dimension of personalisation. 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. Whether or not one supports such a radical stance, the intersection between personalisation, the desistance paradigm and justice reinvestment is clear.

Justice reinvestment seeks to reduce the cost of crime in the most efficient way possible; at its base is consideration of criminal justice as a resource allocation problem. It proposes moving funds spent on punishment of offenders to programmes designed to tackle the underlying problems that gave rise to the criminal behaviour (Allen 2008). It is not a single strategy, project or intervention. It is a multi-stage process providing a framework for local agencies to work together to identify and reduce the drivers of criminal justice costs (La Vigne *et al.* 2010). The pioneers of justice reinvestment in the US, Tucker and Cadora (2003), proposed a radical re-imagining of the aims and scope of the criminal justice system locating the delivery of criminal justice within a wider set of social policies focused on communities which generate a high proportion of prisoners. This model of justice reinvestment is inextricably linked to the delivery of social justice, although over time a narrower, more managerialist version has emerged (Fox *et al.* 2013). Nevertheless, sticking with the original and more radical model, justice reinvestment can be helpful in establishing the broader framework within which to develop local personalisation. It is based on localism and the idea that criminal justice policy needs to be tailored to local areas with a greater role for communities in responding to crime and offending. Discussing the US, Tucker and Cadora argued that:

‘... with justice reinvestment the role of the formerly incarcerated will change. As utopian as it may sound, the cycle of incarceration can be broken. Residents of low-income communities of color, now relegated to permanent consumers of correctional services, can – through public reinvestment in individual capacity and community institutions – become builders and restorers of healthy, safe communities.’ (Tucker and Cadora 2003: 5)

Thus, 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.

Personalisation and offender rehabilitation: the policy

In this section we consider the policy conditions that are most likely to be favourable to the implementation of personalisation in the criminal justice system and ask whether the current reforms are likely to help or hinder personalisation.

Supply side reform

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*. 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).

Others would dispute this view of the underpinning values of personalisation, but plurality and marketisation are undoubtedly a facet of any system which gives individuals more purchasing choice. There is a potential tension between the community development aspects of personalisation and a consumerist use of personal budgets by individuals, particularly if they feel in competition for limited resources. This has been addressed in social care through the promotion of personal budget pooling and of supporting small groups to co-produce micro-scale social enterprises.

Some aspects of current reform to the criminal justice system could help to establish the conditions for greater personalisation to be implemented. In its Green Paper on criminal justice reform the coalition government sets out an agenda designed to challenge: ‘A “Whitehall knows best” approach [which] has stifled innovation both at national and local level’ (Ministry of Justice 2010: 6). Key to the ‘rehabilitation revolution’ is Payment by Results (PbR) which ‘will link payment to the outcomes achieved, rather than the inputs, outputs or processes of a service’ (Cabinet Office 2011: 9). Proponents of PbR argue that it drives greater efficiency, innovation and impact in tackling social problems while also reducing risk for government (Fox and Albertson 2011) by, for example, focusing reward on outcomes, and providing minimal prescription as to how these should be achieved. Proponents also argue ‘freeing up’ providers to deliver services in different ways encourages greater innovation.

Social innovation.

Personalisation in public services is a form of social innovation (Fox *et al.* 2013b). The Young Foundation understands social innovation as those ‘new ideas that work in meeting social goals’ (Young Foundation, 2007).

Elements of the current criminal justice reforms might help create the conditions for a social innovation. The announcement outlining plans to open a wide range of probation services to competition (Ministry of Justice 2012) is a clear signal of how government intends to address this. A key element to the new approach *could be* decentralisation: Thus the Ministry of Justice has argued for:

‘... a move away from centrally controlled services dominated by the public sector, towards a more competitive system that draws on the knowledge, expertise and innovation of a much broader set of organisations from all sectors.’ (Ministry of Justice 2010: 8)

On paper this approach fits well with the promotion of social innovation including personalisation. Further a number of employer-led mutuals and partnerships between the private and voluntary sectors have progressed through the first stage of the bidding process (Ministry of Justice 2013a). However, there is a risk that new market entrants, whether drawn from the private or not-for-profit sectors, will tend to be large, commercially-driven organisations. Only large organisations with substantial capital reserves or access to substantial flows of credit can take on the risk of payments for reductions in 12 month re-offending rates that will take longer still to be proven (Fox and Albertson 2011). Furthermore, the intention of using a national commissioning model for awarding contracts to run the 21 Community Rehabilitation Companies that will deliver the bulk of offender rehabilitation services (Ministry of Justice 2013b) might further hamper social innovation, which tends to be led by service users, community groups or front-line service delivery (Mulgan *et al.* 2007). At the very least it places the responsibility for social innovation very much in the hands of the big, private sector ‘primes’ who are likely to win the bulk of contracts. This mirrors the tension noted (above) in social care between encouraging competition and encouraging collaboration, as contrasting routes to innovation.

Fox *et al.* (2013) argue that what is therefore required is a strategy that goes much further towards creating the conditions for genuine social innovation. A criminal justice strategy for social innovation would combine a mixture of top-down strategies that facilitate greater social innovation with scope for local, bottom-up development. In social care, top-down stimulus has involved reviewing regulatory and legislative barriers that hamper micro-enterprises and

discouraging exclusive use of commissioning approaches such as ‘Preferred Provider’ lists which are inimical to innovative organisations, micro-enterprises and start-ups. Bottom-up development might be encouraged by making closer links between, for example, programmes addressing education, training and employment for offenders, their families who will often have complex needs and the communities they live in which will often experience economic marginalisation.

Personal budgets?

Within a broad framework of market-testing designed to support social innovations 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, 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 should 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 asset-based approach should begin with a holistic discussion about the assets available to the individual in their own (potential) capabilities, in their families, networks and community.

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. The success of restorative justice suggests that communities can be positive about progressive criminal justice initiatives, but the community must feel genuinely engaged in co-producing them.

Conclusion

There is clearly a need for new radical approaches to the design and delivery of criminal justice services. In social care, we find an example of a sector that, when faced with some similar challenges, implemented a set of reforms that are now, 20 to 30 years later, well on the way to delivering decarceration from large long-stay hospitals and a different understanding of the needs and potential of a group that experience some of the same needs and stigmatisation as offenders. In social care the idea of decarceration from long stay hospitals would have been hard to envisage in the 1970s, but, by and large, it has been achieved. Changes such as community care, self-directed support and personalisation have resulted in the near eradication of inappropriate long-term, institutional care for disabled people. Increasing satisfaction of the majority of users and families and examples of a more plural and creative market has been accompanied by effective cost management. In the criminal justice world in the 1970s prison growth of the kind we have seen would have been hard to envisage. In the USA of the late 1970's, *A World Without Prisons* was envisaged by Dodge (1979) among others. Since then there have been many calls and some policy initiatives to reduce the use of prison in the UK and the US. Many have come to nothing and the tendency in the UK in particular has been for '... a political arms race in the field of crime and punishment' (Justice Committee 2009: 92).

If policy-makers and practitioners in the criminal justice system find the possibility of decarceration hard to imagine, personalisation nevertheless deserves careful consideration as a strategy for implementing key ideas within the desistance literature and the Good Lives Model. Here again some of the parallels between the social care and criminal justice sectors are of great interest. The provisional analysis set out in this paper suggests that criminal justice reformers can learn from the social care experience, especially when some of the people the two systems work with have similar needs and assets and, in some cases, are actually the same people.

Transforming culture in the criminal justice system is the most significant challenge. Experience in social care suggests it will be necessary to design a whole-system transformation in which the introduction of positively disruptive approaches such as personal budgets, co-production, community budgeting and micro-scale interventions are co-ordinated, with the focus remaining upon outcomes rather than process. This involves the managed transfer of power from monolithic state organisations to professionals and then on to end users and requires trust to be built in users' abilities to manage those resources effectively.

Compared to social care, the criminal justice system presents additional challenges in terms of the need to manage risk, to punish as well as reform, 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.

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This briefing is the first in a series which explores different policy ideas to make the criminal justice system more effective. This paper discusses whether criminal justice can learn from the concept of personalisation, which has led a programme of reform within the health sector. Many offenders have multiple and complex needs which are characteristics shared by those who use social care. Similarly, the social care sector used to rely heavily on institutional settings which the criminal justice system still does. This report considers whether the personalisation agenda can be linked to ideas of desistance and justice reinvestment, and whether rethinking budget allocations could bring change to offender rehabilitation within criminal justice.

Criminal Justice Alliance

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