

Building Bridges, Winning Hearts and Minds, and Working with Hope

Dr Rosie Travers is Head of the Evidence-Based Practice Team in HMPPS. She is interviewed by Dr Amy Ludlow, Chief Executive of SHiFT, a youth justice charity.

Dr Rosie Travers is a psychologist who has worked in criminal justice since the 1980s. She joined the Prison Service as an Applied Criminological Psychologist and worked at HMP Wandsworth for four years before moving into national research and development roles. Rosie now leads the Evidence-Based Practice Team (EBPT) at HMPPS, having been a member since its inception around ten years ago. Rosie's team sits within the Insights Group in the Strategy, Planning and Performance Directorate at HMPPS. She and her colleagues are responsible for critically evaluating the evidence-base and communicating this to colleagues to inform and direct operational policy and practice. The team is expert in sourcing, synthesising, and translating evidence to shape everyday practice in prisons, probation, and youth custody, and to inform strategic development. Where there are gaps in knowledge or understanding, the team can additionally undertake research.

The interview took place in July 2023.

What does evidence-based practice mean to you and what's your role in it?

I see evidence-based practice more as a process than a thing, and a commitment from all of us that we will endeavour to apply the best learning from a variety of sources to this thing that we're trying to do. Our role in that is to be a bridge between frontline practice and academic research — making sure our colleagues get access to the latest and best scientific knowledge on the work we need to do in ways that are easy to access and apply. There are, of course, different types of evidence; in the past there may have been an unfortunate over-weighting of some evidence sources over others. We are increasingly and rightly understanding that the perspective of staff and people receiving services are significant sources of evidence that bring us such critical insights into how and why some ways of working are more or less successful. We need both qualitative and quantitative appraisals of the work we do, and the issues we need to address. We are also increasingly aware of the importance of diversity within the evidence-base, and the limits to what we can

confidently say is understood, or is applicable for every group of people: characteristics such as gender, age, ethnicity, health, and neurodiversity demand our attention.

And what do those reflections mean for you, Rosie, in your role?

There are two things that I think are important about this for me in my role. The first, is the need to keep signalling, noisily, to colleagues the need for care because we often simply do not know whether this or that practice being proposed might need to look or feel different for one or other group; because too often the evidence, from a diversity perspective, just isn't there to help us yet, or is just too thin. And the second is that when we're asked for learning, we have a duty, I think, to advocate strongly for the work that needs to be done to extend the evidence base, so it is meaningful for people in different groups. Wanting to do the right thing doesn't mean we do not run the risk of getting it wrong — we should always be alert to that, and in our team we can help by making clear the gaps, assumptions, and risks in proceeding where evidence is thin or where there is no strong plan to learn as we go.

Why do we need evidence-based practice?

I would like to frame this positively as being the most reliable route to the outcomes we want, but I think most pressingly, if we don't have evidence-based practice, we risk causing harm and wasting public money. We also risk losing the confidence of the public if we proceed in a way that isn't taking best advantage of all the resources we have to hand; and one of those is an evidence base. Other assets include examples of great leadership and incredible depth of skill and commitment that we have in so many of our colleagues; evidence is just one bit of the puzzle. But when you've got that strong leadership, able colleagues who are well-prepared and supported, buildings and equipment that work, and skilled partners that want to work with you, why wouldn't you also draw on that asset which is both a body of knowledge and people who can enable the best use of that — helping the Service ask the right questions about what that

evidence means and how we can use it to make really good decisions about we do and how.

What excites you about evidence-based practice?

I'm a psychologist by training and I think a key part of the role and identity of a psychologist is to be evidence-based. I guess from that perspective evidence-based practice is at the heart of who I am and what is important to me. Periodically in the team we will talk together about our shared values as a group and that is always such an energising exercise — to connect with what is important to all of us and how we believe we can contribute, committing to high standards and properly inclusive practice.

Many readers will remember Dr Ruth Mann and the work she did to develop our understanding of those everyday prison experiences that create a more positive prison culture. Much of what we do now in the EBP team draws on the evidence-based model she set out and we are so pleased to be continuing to develop that work with colleagues working on culture reform across HMPPS. One of the insights Ruth was so keen to share with colleagues was the power of positive reinforcement in both establishing new ways of working and affirming the progress of the people we work with. 'Catching good' remains a central tenet for our approach in EBPT.

That is another benefit of EBP — creating a bank of enduring insights to which we can draw colleagues' attention; that positive reinforcement brings more enduring behaviour change than does punishment alone; that fairness matters; that confirmation bias makes it hard for all of us to take on new information that challenges our existing position; that respect, hope, and agency are critical features of more positive custody; that it is largely through our relationships that we affect change; that we reduce prejudice by creating opportunities for people to work constructively alongside one another. And so it goes on; we have a store of well-evidenced insights that help steer us all in the right direction.

One of the bright moments for me is when I have the opportunity to say to a colleague — especially one in frontline practice — 'what you're doing there is exactly in line with what the evidence on best practice tells us' and you can see relief and pride and hope. It's such a privilege to be able to reinforce their insightful

and thoughtful practice. Another magic moment is when we can meet a real thirst for evidence; when people come to us and say, 'we've got this issue, we really want to fix it, can you help us with that' — those moments of working alongside each other, recognising we each bring different expertise to the table, but that we're all in this together and when we are properly collaborative we can do so much better. And I think that's really what gets me out of bed in the morning — I genuinely believe that what we do as an Evidence-Based Practice Team does have the potential to make things better — for our colleagues, and for people in prison or on probation, and for the public.

We'll reflect throughout on some of the challenges of developing evidence that makes a difference to practice, but off the bat, is there a key challenge that springs to mind?

To connect with what is important to all of us and how we believe we can contribute, committing to high standards and properly inclusive practice.

A key challenge I think is how we describe what is known in a way that is accessible, constructive, and leads people to consider what it might mean for their own practice or programme. We need to express this in ways that aren't so dreary about the 'limitations' of the evidence-base that you lose your listener early on, but still have integrity in being clear about what is and isn't known, and for whom. We try to avoid the ubiquitous 'more research is

needed' and will aim to focus on what is known and what that means — noting of course the gaps and how much better it would be for our planning and practice if we knew more about x, y, or z. There is challenge enough protecting time for operational colleagues to reflect on the evidence, so when we have their attention, we need to be creative and constructive — with absolute integrity — in drawing their attention to the evidence in this or related fields to help us make a defensible decision here and now on next steps. One current example relates to prison officer supervision — not a new idea but given fresh attention recently. Our evidence review identified that there has been little strong research on supervision for prison officers, but there is evidence about the supervision of people in allied professional groups. So, a member of the team has been considering what we can reasonably read across from that evidence to generate a potential model for prison officers that we can then trial and assess; intelligently applying a related evidence base to the task in hand.

What are the areas where you think evidence-based practice has made greatest impact within HMPPS?

I think it's important to recognise here that although the framing of evidence work, and the focus of the Evidence-Based Practice Team within HMPPS has changed over time — at first our focus was solely on how evidence should inform the commissioning of services — there is now a much more apparent and widespread commitment to evidence positioned close to practice across the Service. That's a really promising position for the EBPT to be in, and I think we've got there because we have demonstrated our worth both by delivering things — doing bits of work — that have made a difference and been useful, and because of how we've worked, which I think is with a real commitment to being collaborative, accessible, and human, which I believe people appreciate.

I feel so privileged to lead a team of people who are really very talented in terms of their research and evidence expertise and are gifted in how they communicate and collaborate so that colleagues are encouraged to come back for more. Our commitment to collaboration extends not just to working with operational colleagues, but to shared projects with Ministry of Justice (MoJ) analysts and with people in prison (we recently co-created a Prison Radio wellbeing campaign).¹ I am proud and encouraged that the One HMPPS restructuring currently underway has identified that a leaner HQ still has need for a national Evidence Team.

And then within that wider context, when I think about some of the specific work we've done that's really made a difference, I think one of those areas has to be procedural justice (PJ) — a topic where I think the EBPT's work in appraising the evidence, translating it, and then really pushing at some of the 'so what' for people all across the Service has been outstanding. When you look in general terms at models of evidence-based practice, they describe identifying the problem, synthesising the existing evidence, broadcasting what

the evidence says, engaging people with what that might mean to practice, implementing change, and then evaluating what difference it makes. To be honest our work has often been weighted more at the earlier stages of that model — identifying the problem and synthesising the relevant evidence — and then we send out lovely materials on 'this is what the evidence says' and 'here are some things you could do more or less of' for colleagues to read and apply where they can. Only less often do we get the chance to work through those later application and evaluation stages of EBP.

With procedural justice we have kept pushing on with those later stages. So, what's emerged through this work are materials that do a beautiful job of properly taking evidence into practice at the frontline. With help from our operational colleagues, the team has produced very practical materials around, for example, how you might search a cell in a way that feels more procedurally just, or how you might handle a complaint from a prisoner, or a grievance from a colleague, in a way that's going to help them feel like they've been heard, the process is respectful, trustworthy motives are at play, and there is real transparency. In addition, there is a growing network of colleagues trained in PJ who can then cascade these insights further in their areas of work. We are asked also to advise on how this

evidence relates to new areas of policy or practice guidance. The team have just completed a randomised control trial (with qualitative data collection alongside) of a new complaints process working alongside our Data and Analysis colleagues in the MoJ.² We've also created a new measure of PJ from the Measuring the Quality of Prison Life and Staff Quality of Life surveys,³ and Probations' Your Views Matter survey.⁴

So yes, procedural justice is an area where I think we've got a tick on every level of the evidence-based practice model, and it's been textbook in terms of grabbing every opportunity for making a difference in practice. And again, I want to touch on the importance not only of what we do, but how we do it. Flora Fitzalan Howard, who has led this work for the EBPT,

Engaging people with what that might mean to practice, implementing change, and then evaluating what difference it makes.

1. This work is described further in another article within this PSJ special edition on EBP.
2. Fitzalan Howard, F., Voisey, J., Cunningham, N., & Wakeling, H. (2023). *Increasing Procedural Justice Practice in Complaints Handling. A Randomised Controlled Trial and Process Evaluation*. Ministry of Justice.
3. Fitzalan Howard, F., & Wakeling, H. (2020). People in prison's perceptions of procedural justice in England and Wales. *Criminal Justice and Behavior*, 47, 1654-1676; Wakeling, H., & Fitzalan Howard, F. (2021). Prison staff's perceptions of procedural justice in English and Welsh prisons: A quantitative study. *Howard Journal of Crime and Justice*, 61, 185-202.
4. Fitzalan Howard, F., Box, G., & Wakeling, H. (2023). *Examining Procedural Justice Perceptions in Probation in England and Wales*. Ministry of Justice.

really wins hearts and minds. You can imagine with a topic like PJ that, although it is thoroughly human for us not always to use our authority fully well, no-one really wants to be told that 'you're not doing this in a way that feels very fair' or that 'there's more for you to do here for your authority to come across in a way that feels legitimate'. I think Flora has done an exceptional job of enabling people to see the potential of changing their practice in a way that doesn't lay blame or raise defensiveness. Consequently, the team has been able to get alongside colleagues in ways that create a readiness to learn that feels safe and constructive.

What do you see as the other key ingredients that have enabled procedural justice to take off and have impact in the ways that it has within HMPPS?

Our focus on procedural justice came at a time when we were seeing increasing levels of self-harm and violence in prisons, making it a much harder place for people to live and to work. In that context, PJ brought hope that even in these difficult conditions, there is action you can take which is low or negligible cost that promotes a sense of fairness and respect and brings real gains. I think it came at a time when people were so concerned at the direction of safety and wellbeing for staff and prisoners, and procedural justice was seen as a tangible, feasible way to improve those things — demonstrated by the wider academic evidence and from in our own system.

Further, we know that if we are serious about rehabilitation, we need to pay attention to procedural justice; the evidence is clear that staff hold more rehabilitative attitudes to people in their care when they in turn feel the organisation is taking care of them. So, PJ chimes with our common values and objectives. There's something also that relates to PJ in the work we did with prison safety colleagues to understand the extraordinary experience of the early Covid-19 lockdowns: what came through there was that prisoners felt less stressed when there was frequent, clear communication, when there was opportunity for voice, when they trusted people were doing the best they could — all key components of procedural justice. Similarly for staff, when their managers were out and about, checking in with them, taking time to listen, explain and understand, their experience of lockdown was less stressful.

I guess what I'm saying is that there has been something that's been really practical and hope-giving about procedural justice as an evidence-based practice approach — that there are things we can do, that are in our gift even when staffing and budgets are tight. How we do the everyday makes a huge difference — the little things really matter. Evidence and practice have come together, enabled by the right skill and expertise

and commitment, at the right time to really make the most of this to do good across our service. I am so proud of how frequently we hear 'procedural justice' now in many different contexts in our system.

Rosie, what do you do when evaluation doesn't give people the answers that perhaps they want?

Yes, this is a thought that came to me just before coming to speak with you, exactly that, that there is a potential tension because what we aim to do is drum up enthusiasm in people to demonstrate that the thing that they are doing is making a difference. But of course, people are invested in making the positive difference they thought their plan would bring — that's why they're doing it. Helping people understand that what we learn might mean our plans require some modification, that feels quite an important role for us. That being committed to evidence doesn't mean you're committed to good news; the good news is that you want to learn — whatever the answer is. And that's difficult and part of the cultural challenge for evidence-based practice. Such extraordinary demands are put on colleagues, both in the frontline where life can be so challenging — but there are pressures, too, on colleagues in national programmes tasked with helping to find solutions, often on very tight timescales. People will be invested in demonstrating value, so it is not always easy to create a safe space in which to fail, which is what we need if we are to try new ideas. Helping colleagues understand that actually the pilot might not go as planned, or there might be more things to do, or revise, or stop, yes, that can be hard. What helps is that we are a values-driven Service and we all share a commitment to the same outcomes for colleagues and the people in our care.

Yes, because being open to learning might, from one perspective, sound somewhat indulgent. Being open to learning requires you to stop, and think, and have space, time, money...

I think there is something here about what we really mean about being open to learning and if we're serious about it, what would we see in how our organisation does its work that demonstrates that. Personally, I don't doubt that the people running prisons and probation and youth custody are really committed to drawing on the best evidence; I don't doubt that, and I'm proud of it, I'm proud to work in an organisation where I know there is that commitment. But translating that commitment at every level and making it routine and unavoidable is still something that needs attention, particularly when people are under such pressure, with so many competing priorities. I know no-one would say 'no we don't want to learn about this' but when our prisons are full or

understaffed finding those opportunities can be that much harder. Nonetheless, even in times of crisis, I see so many colleagues reach for evidence-based solutions.

We need to consider how we can be pacy and responsive with what we can bring to people at the right point. I think it's fair to say that culturally within HMPPS there's quite a strong action orientation, and of course there is because of the very real and constant demands on us. But that energy and pace can mean that we can sometimes miss opportunities to bring evidence into the design or set the learning in train that will tell a reliable story on impact. We will rarely be able to tell you that you made a difference once you have already set out doing that new thing — you need to be thinking about how to evaluate from the off. Building the evidence on what we do doesn't need to be expensive or difficult, but it does need to be well planned and considered early on. We can help colleagues consider the risks of proceeding without a well-evidenced design or an appropriate evaluation strategy, proportionate to the risks and costs in play.

Is there also a question about risk and learning or innovation, and whether it's possible to feel safe within HMPPS to take risks and learn?

Yes, absolutely. Wouldn't it be great if we were to say explicitly when people are set a task 'learning what doesn't work will be just as valuable as learning what does'. We did a great piece of work in the team that looked not at what works in reducing reoffending but at what doesn't.⁵ It was such a neat exposition of those common errors we all make, including that rushing to action, overlooking evidence in our design, and not anticipating the challenges of real-life, large-scale implementation. That is another challenge for evidence-based practice I think, in that we're often looking at evidence of initiatives that are implemented in their golden form — a shiny prototype of the thing that is very well implemented and supported and we see evidence that it works. What we are less good at, I think, is knowing how you sustain the good practice and take that to scale while keeping the quality that matters. What sustains evidence-based

practice is something that we need to better understand.

There has to be a place for learning as much from what didn't go so well as from our successes. I think we need to do more to notice and praise when people have embarked on an idea, undertaken decent evaluation, not seen the desired outcomes, and stopped or changed the initiative as a result. That positive recognition of people who commit to being led by the evidence will encourage others to do the same. My colleagues in Insights group have done a great job facilitating learning events where colleagues can share these experiences and that makes such a healthy contribution to creating the culture we want around evidence-based practice — lots of different perspectives from colleagues, partners, academics, and people with lived experience.⁶

In making the case for evidence-based practice, there's almost a risk sometimes that something becomes so embedded and commonplace that people forget that there was a time when actually no-one understood why a rehabilitative culture matters, or why we should attend to psychosocial maturity, or when our decisions are more vulnerable to bias, or how procedural justice builds trust and calm. It's almost like evidence-based practice, when it's done brilliantly, can become a victim of its own success in simply

becoming our everyday practice. Which seems an odd thing to be complaining about!

Isn't potentially one of the most glowing endorsements of evidence-based practice where it's absorbed as business as usual? I know you've talked about the 'risks' of that from one perspective but...

Oh yes, absolutely, our ambition is that these positive practices are taken up, absorbed, and become business as usual. Just sometimes we may need to remind colleagues of those links to the evidence and of those roots to make sure we win and sustain the case for evidence-based practice, and for the necessary time and resources to keep that going. But above all, yes, I want the Evidence-Based Practice Team to do such

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5. Barnett, G. D., & Fitzalan Howard, F. (2018). What doesn't work to reduce reoffending? A review of reviews of ineffective interventions for adults convicted of crimes. *European Psychologist*, 23, 111-129.

6. HMPPS Insights: <https://hmppsinsights.service.justice.gov.uk/>

terrific collaborative work alongside the frontline that evidence is routinely being used in all aspects of everyday work in prisons, probation, and youth custody.

If you had a magic wand, what changes would you make to accelerate the potential of evidence-based practice within HMPPS?

One wish would be to relieve some of the extraordinary operational pressures on leadership at every level to allow them a bit more headspace for reflecting on where they are at, identifying where they'd like things to change or improve, and think about opportunities for drawing on evidence to make progress. There is still so much excellent practice and people trying new ideas all over the Service, but current ways of working for so many colleagues are such that there may not be enough opportunity for that.

I'd love to make EBP questions absolutely routine and automatic; 'are we all agreed on what this problem actually is?', 'have we done all we can to hear from everybody involved so we have a really rounded picture of this thing?', 'has anyone looked at the academic research on this — is there any that helps us understand where this thing has come from, what have other people tried before and what difference that made?', 'what are our options?', 'are we being inclusive?', 'are there some potential unintended consequences here we need to think about?', 'how will we know this works?', and 'have we identified that point in the future where we make a decision about whether we continue with this thing or not on the basis of what we're learning?'. If we mean it — if we really mean our commitment to evidence-based practice — then asking those questions routinely is part of what that would look like. My magic wand is also going to enable colleagues all over the place to feel confident about asking those questions. It's alright for colleagues to say, 'I don't know what the evidence is here, so can someone tell me?'. And 'I don't get the chance to read a lot, can someone tell me what the gist is and what our options are?' That confidence and openness are so important for an evidence-informed service — everyone needs to feel like they have a part to play. In EBP, we need to help by making being evidence-informed attractive and easy.

If I pushed you to think about the current operational context and strategic direction, are we heading in a direction that makes that magic wand vision more or less likely?

I think there are opportunities coming. We're got new Directors, and there will be a new tier of leadership to hear from and engage with. We mustn't be too

passive as an Evidence-Based Practice Team; what we need to do for our organisation is keep our eyes open and anticipate and start corralling evidence around emerging issues. Procedural justice is an example of where we did just that. Nobody came to us and said 'can you tell us what procedural justice is and whether we should be paying attention to it?'. That whole initiative grew from our own curiosity and commitment to helping colleagues find evidence-based solutions to the challenges they were facing. We need to pursue opportunities for engagement with evidence early enough to make a real difference. I know many colleagues are committed to being evidence-led but may not always feel they have the opportunity, skills, or confidence. My hope is that is where we can, we step in to help, and in time EBP becomes the norm.

Is there anything specifically about the One HMPPS restructuring that might be relevant to this?

Yes I think one of the positive aspects of the new structure is that it is encouraging us to reflect on what we do, and how, and part of that has been to more explicitly recognise that there are lots of people involved in appraising, applying, and developing the evidence base within HMPPS and the MoJ, and I feel really hopeful that this reorganisation means we use all that talent and commitment to best effect. I can see opportunity for more collaboration; we have great relationships with different teams, but I think there may be something more holistic to flow from this restructuring that takes best advantage of all the skills and expertise we have across the organisation. There's more for us to do with our partners in universities and other research organisations; there are impressive individual examples of collaboration but what would an Agency look like that's working really well with external partners in relation to building the evidence base?

Thanks Rosie. To finish, if there's one thing you'd like people reading this interview to take away with them about evidence-based practice, encapsulated in one or two sentences, what would it be?

I think commitment to evidence is a very hopeful stance. It prompts us to be properly humble about the complexity of the work we are asked to do but is an extraordinary asset for us to call on. None of us has all the answers but, goodness, when we draw together what we know from different perspectives we can be so much more confident in the next steps we take. Building the evidence on how best to do our work may take time and effort but it is undoubtedly worth it — for everyone's sake.