

PRISON SERVICE JOURNAL

March 2024 No 271

Evidence
Based
Practice

Contents

Jon Yates is the Executive Director of the Youth Endowment Fund, a charity with a £200m endowment that exists to find what works to reduce violence committed by young people.

Flora Fitzalan Howard is a researcher and registered forensic psychologist based in HMPPS' Evidence-Based Practice Team, and co-editor of the *Prison Service Journal*.

Georgia Barnett (Forensic Psychologist) and **Dr Helen Wakeling** (Research Psychologist) are both Senior Evidence Leads in the Evidence-Based Practice Team in HMPPS. **Lisa Short** is the Young Adults Lead for Public Sector Prisons, HMPPS.

Jo Voisey is the Prototyping Lead in the Evaluation & Prototyping Hub of the Ministry of Justice's Data & Analysis Directorate.

Editorial

- 3** **Reducing Knife Crime: We need to ask 'What Works?'**
Jon Yates
- 9** **Implementing Evidence-Based Practice: A Synthesis of the Evidence**
Flora Fitzalan Howard
- 17** **Bringing evidence into practice: The story of the work to improve outcomes for young adults in prison and probation.**
Georgia Barnett , Dr Helen Wakeling and Lisa Short
- 26** **If a picture is worth 1,000 words, a prototype is worth 1,000 meetings. Why prototyping will help you get better results.**
Jo Voisey

Editorial Board

Dr Ruth Armstrong
University of Cambridge
Dr Rachel Bell
HMPPS Send
Professor Alyson Brown
Edge Hill University
Gareth Evans
Independent
Dr Sacha Darke
University of Westminster
David Redhouse
HMPPS
Dr Kate Gooch
University of Bath
Dr Darren Woodward
Arden University
Professor Anne-Marie McAlinden
Queen's University, Belfast
Alice Ievins
University of Liverpool
Dr Helen Wakeling
HMPPS
Rachael Mason
University of Lincoln

Flora Fitzalan Howard (Editor)
HMPPS
Dr Marcia Morgan (Editor)
HMPPS
Dr Rachel Gibson (Editor)
HMPPS
Dr Helen Nichols (Book Reviews Editor)
University of Hull
Professor Karen Harrison
University of Lincoln
Dr Jamie Bennett
Youth Justice Board
Dr Helen Johnston
University of Hull
Dr Bill Davies
Leeds Beckett University
Martin Kettle
HM Inspectorate of Prisons
Keely Wilkinson
HMPPS
Steve Hall
Independent
Dr Amy Ludlow
ShiFT
Dr David Maguire
Prison Reform Trust

Dr Susie Hulley
University of Cambridge
William Payne
Independent
Elizabeth Allen
HMPPS
Julia Anderson
Ministry of Justice
Christopher Stacey
Clinks
Ray Taylor
HMPPS
Mike Wheatley
HMPPS
Richard Garside
Centre for Crime and Justice Studies
Dr Lynn Saunders
University of Derby
Dr Rosie Travers
HMPPS
Dr Matt Maycock
Monash University
Dr Munazzah Choudhary
HMPPS
Jackson Joseph
HMP Leyhill

March 2024

- 34 **Applying evidence-based practice in custody PIPEs and using early evidence to inform the development of Theory of Change**
Nicole Webster, Lucinda Bolger and Dr Carine Lewis
- 43 **Getting the message about evidence-based practice directly to people in prison**
Dr Rachel A. Gibson, Kate Netten, Thomas Bonser, Andrew Wilkie and James Adamson
- 48 **What Works Centre for Crime Reduction: How to find out more about what works to reduce reoffending**
Dr Jo Wilkinson
- 54 **Building Bridges, Winning Hearts and Minds, and Working with Hope**
Dr Rosie Travers interviewed by Dr Amy Ludlow
- 60 **The Importance of Evidence-based Practice in HM Inspectorate of Probation**
Dr Robin Moore interviewed by Dr Darren Woodward
- 64 **Evidence-Based Practice at the Youth Justice Board**
Dr Hannah Collyer interviewed by Dr Rachel Bell
- 64 **(How) Can prisons be run using the principles of evidence-based practice?**
Ian Bickers and Prof. Rob Briner are interviewed by Dr Ruth Armstrong

*Nicole Webster is a HMPPS Evidence Specialist within the Offender Personality Disorder (OPD) Pathway Data and Evaluation Team. **Lucinda Bolger** is a Clinical and Forensic Psychologist and the PIPEs National Clinical Lead for the OPD Pathway in HMPPS. **Dr Carine Lewis** is the Data and Research Lead for the OPD Pathway in HMPPS.*

***Dr Rachel A. Gibson** and **Kate Netten** are part of the Evidence-Based Practice Team in HM Prison and Probation Service (HMPPS). **Thomas Bonser** is part of Psychology Services Group in HMPPS. **Andrew Wilkie** is the Deputy Chief Executive of the Prison Radio Association. **James Adamson** is a Senior Manager in the HMPPS Health and Social Care Team and leads on Mental Health.*

***Dr Jo Wilkinson** is a What Works Impact Manager at the College of Policing.*

***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 Robin Moore** is the Head of Research for HM Inspectorate of Probation. He is interviewed by **Dr Darren Woodward** who is a senior lecturer in the School of Criminal Justice at Arden University.*

***Dr Hannah Collyer** is the Head of Evidence and Insights at the Youth Justice Board (YJB) for England and Wales. She is interviewed by **Dr Rachel Bell** who is an Operational Manager currently seconded to the Women's Operational Policy and Strategy Team in His Majesty's Prison and Probation Service (HMPPS).*

***Ian Bickers** was the Prison Group Director for London prisons. **Prof Rob Briner** is a Professor of Organisational Psychology at Queen Mary University of London. **Dr Ruth Armstrong** is a Doctor of Criminology at the University of Cambridge.*

The Editorial Board wishes to make clear that the views expressed by contributors are their own and do not necessarily reflect the official views or policies of the Prison Service.

Printed at HMP Leyhill on 115 gsm and 200 gsm Galerie Art Satin

Set in 10 on 13 pt Frutiger Light

Circulation approx 6,500

ISSN 0300-3558

© Crown Copyright 2022

Editorial

This special edition of the Prison Service Journal is dedicated to the subject of Evidence-Based Practice (EBP) in criminal justice settings. EBP involves the conscientious, explicit, and judicious use of the best available evidence when making decisions. This involves integrating multiple sources of evidence in a structured approach, combining research evidence, clinical expertise, and operational insights in the context of user characteristics, culture, and preferences.

We start the edition with a passionate call to arms by Jon Yates, Executive Director of the Youth Endowment Fund, discussing the importance of EBP in tackling knife crime. The article provides a clear reminder for us all in the criminal justice sector to remember that our work is about people, not statistics, and that we have a duty to ensure that what we implement is based on more than strong belief or unflawed arguments. We follow this with an article by the Editor, Flora Fitzalan Howard, synthesising the evidence on implementing EBP. Despite EBP being an eminently sensible approach to take, the absence of this is common in many sectors of society. One complicating factor is that although EBP is simple in theory, there is currently a troubling lack of hard evidence about how to actually implement this effectively. The author summarises the approaches and interventions that appear promising for doing EBP.

The next few articles provide case studies of implementing EBP in His Majesty's Prison and Probation Service (HMPPS). In the first of these, Georgia Barnett, Dr Helen Wakeling, and Lisa Short utilise the stages of EBP (outlined in the previous article) to illustrate how they have brought evidence about young adults into real-world practice. Their work demonstrates the significant time and resource that this has required and highlights the next steps for this work within the Service. In the next article Jo Voisey, Prototyping Lead in the Evaluation and Prototyping Hub of the Ministry of Justice, discusses the importance of prototyping — a way of developing, testing, and improving ideas at an early stage which is low cost and low risk, prior to traditional piloting or evaluation. Utilising several real-world examples, she illustrates how this approach has been used in practice on several different issues — improving attendance of prisoners for education, skills, and work

activities, improving safety in prisons (focussing on sleep quality), and embedding procedural justice in responses to prisoner complaints. Following this, Nicole Webster, Lucinda Bolger, and Dr Carine Lewis, from the Offender Personality Disorder Pathway Data and Evaluation Team in HMPPS, discuss the evidence base which has informed the Service's Psychologically Informed Planned Environments (PIPEs), and their more recent work developing a Theory of Change for PIPEs within custody, which itself will be used to inform future evaluations and further development of EBP in this area.

The final two articles describe different ways of bringing evidence to end-users, so that it can be understood and utilised in their own practice. Based on a collaboration between several teams in HMPPS and the Prison Radio Association, Dr Rachel Gibson, Kate Netten, Thomas Bonser, Andrew Wilkie, and James Adamson, present recent and innovative approaches taken to use Prison Radio to communicate evidence-based tips and suggestions to people in prison, focused on promoting positive psychological wellbeing. Following this, Dr Jo Wilkinson from the College of Policing, outlines the work and approaches taken by the What Works Centre for Crime Reduction to synthesise the best-available evaluation evidence, generate more of this evidence, and encourage and enable its use in others' policy and practice decision-making.

We then include four interviews in this special edition, all with leaders who strive to develop EBP in criminal justice. First, with Dr Rosie Travers, who leads HMPPS' Evidence-Based Practice Team; second, with Dr Robin Moore, Head of Research for HM Inspectorate of Probation; third, with Dr Hannah Collyer, Head of Evidence and Insights at the Youth Justice Board; and fourth, with Ian Bickers, who at the time of the interview was Prison Group Director for the London prison group, and Rob Briner, Professor of Organisational Psychology.

We end this edition with the announcement of the 2023 winner of The Bennett Award for Outstanding Article, which was awarded to Scarlett Thomas for her article 'Feeling Safe in an Unsafe Place. Improving wellbeing through the use of Trauma-Informed spaces', which was published in edition 266.

Reducing Knife Crime: We need to ask ‘What Works?’

Jon Yates is the Executive Director of the Youth Endowment Fund, a charity with a £200m endowment that exists to find what works to reduce violence committed by young people.

In 2019, the government gave the charity that I lead — the Youth Endowment Fund — £200m of taxpayers’ hard-earned money. Why? Because they were worried about knife crime. They wanted to know what works and what doesn’t to

prevent this violence, and so, they asked us to start summarising the best available evidence. You can find it online for yourself here: www.youthendowmentfund.org.uk/toolkit.

Figure 1. Summary of the evidence of What Works to prevent Violence committed by young people

Estimated Impact	Approaches	Evidence Quality
HIGH (30%+ less violence)	• Focused deterrence	🔍🔍🔍🔍🔍
	• Social skills training	🔍🔍🔍🔍🔍
	• Cognitive behavioural therapy	🔍🔍🔍🔍🔍
	• Sports programmes	🔍🔍🔍🔍🔍
	• Trauma-specific therapies	🔍🔍🔍🔍🔍
	• A&E navigators	🔍🔍🔍🔍🔍
MODERATE (10-30% less violence)	• Pre-court diversion	🔍🔍🔍🔍🔍
	• Relationship violence prevention	🔍🔍🔍🔍🔍
	• Hot spots policing	🔍🔍🔍🔍🔍
	• Restorative justice	🔍🔍🔍🔍🔍
	• Mentoring	🔍🔍🔍🔍🔍
	• Multi-systemic therapy	🔍🔍🔍🔍🔍
	• Bystander interventions	🔍🔍🔍🔍🔍
• Functional Family Therapy	🔍🔍🔍🔍🔍	
LOW (2-9% less violence)	• After-school programmes	🔍🔍🔍🔍🔍
	• Interventions to prevent school exclusion	🔍🔍🔍🔍🔍
	• Parenting programmes	🔍🔍🔍🔍🔍
	• Adventure and wilderness therapy	🔍🔍🔍🔍🔍
	• Anti-bullying programmes	🔍🔍🔍🔍🔍
	• CCTV	🔍🔍🔍🔍🔍
NO EFFECT	• Street lighting	🔍🔍🔍🔍🔍
NO CLEAR EVIDENCE	• Knife crime education programmes	🔍🔍🔍🔍🔍
	• Police in schools	🔍🔍🔍🔍🔍
	• Trauma-informed training	🔍🔍🔍🔍🔍
	• Media campaigns	🔍🔍🔍🔍🔍
HARMFUL	• Knife surrender schemes	🔍🔍🔍🔍🔍
	• Boot camps	🔍🔍🔍🔍🔍
	• Prison awareness programmes	🔍🔍🔍🔍🔍

I want to tell you why this work matters so much and how — working together — we can make this country safer for our children. But first I need to tell you about Child C.¹

The most important thing about Child C is that he was a child. Born in 2004 in Leicester, he was never old enough to vote, never old enough to drive, never old enough to watch a 15 at the cinema. He liked playing football, enjoyed taking his uncle’s dog — Benji — for

walks in the park and told friends he wanted to become an entrepreneur when he was older. He once persuaded his mum to buy gloves for those sleeping rough in the city centre of Nottingham, the place where he grew up.

The ambulance arrived while he was still breathing but it was too late to save him. Five hundred children die every year because of accidents, but this wasn’t an accident. Child C was hunted down. He was struck head-on by a stolen Mercedes. Lying on the ground, he

¹ <https://www.chscp.org.uk/portfolio/child-c/>

was not helped. He was attacked. Those who killed him had been looking for him. The pathologist's report says that he was stabbed nine times.

His life had been far from easy. He was five when his father was sent to prison and six when he was deported. You could say that as he grew up, he got into the wrong crowd. He was arrested aged 13 for carrying a knife, moved to live with his grandmother in London to get out of trouble in Nottingham — where he slept on her couch. He was arrested again aged 13 when police in Bournemouth raided a house used for drug dealing and found him forced to work in the house. Excluded from school aged 14, he found himself in the middle of a conflict between two gangs of children that ultimately led to his death. His killer — who's own father had been murdered and who's stepfather had abused him — was just 18. Some people will say that what happened to Child C was inevitable. It wasn't. There were clear moments that could have changed everything. Moments when the emergency bell should have rung so loudly that we adults should have intervened. That first arrest. Clang. The move to London. Clang. Finding him in the drug house. Clang. The long-term absence from school. Clang. The lack of housing. Clang. The exclusion. Clang. Each bell said the same thing. This. Was. A. Child. Who. Needed. Help.

He was not alone. Over the last five years, over 100 children have died from knife violence.² Over 100 lives cut short. That's a powerful statistic. But unfortunately, it faces the problem that many statistics face. They go to the wrong place in our head. They sit in the part of our brain that stores, or forgets, numbers. And so, this statistic sits there passively alongside other statistics. It nestles beside the 8 minutes it takes light to reach us from the sun, the 180 degrees that the oven should be set to, and the 195 countries that make up the world. It's the wrong place.

This fact shouldn't be in the file for *statistics*. It should be in the file for *children*. The file where new CBeebies shows go, where BMX bikes and nerf gun fights are placed, where stories at night-time rest, and where we remember cuddles and tantrums. In that file

Over the last five years, over 100 children have died from knife violence. Over 100 lives cut short. That's a powerful statistic.

needs to rest this fact: 100 children died in our country because of street violence. It should stand out. It should look ugly and unwelcome amongst the rest of the file. It should scream 'something is not right'. 100 children died in our country because of street violence and Child C was just one of them.

Here's the other problem with statistics. As they colour in bar charts and soak into pie charts, they seem inevitable. How far is it from London to Paris: 213 miles. How tall is Nelson's column: 52 metres. How hot is the sun: 15 million Celsius. These are facts. They don't change. They are inevitable; they couldn't have been different. The number of children who die on our streets isn't like that. It is not inevitable. It's tragic.

And these children are just a part of the story. For every child that died, there are hundreds more injured. In the last year, over 1000 children and young people arrived in A&E for emergency treatment after being stabbed.³ When surveyed, 1 in 7 teenagers told pollsters that they had been physically assaulted in the last year, 1 in 13 teenage girls said they had been sexually assaulted, four in ten teenage children said they had either been assaulted or witnessed violence.⁴ These are not inevitable numbers. They are children.

As you hear these words, what do you feel? Revulsed, ill, angry? I hear a small quiet voice. Seven simple words. Words that haunt me when I feel I am making no difference and drive me when I feel I can do more. They simply say this, 'it doesn't have to be this way'.

It doesn't.

When giving birth was more dangerous than going to war

In Vienna in the 1840s, becoming pregnant was a dangerous thing to do. At the highly prestigious research hospital, where doctors saw you rather than less well-trained midwives, only 9 out of 10 women left the maternity ward alive.⁵ Women in labour were known to try to give birth on the street rather than end up in the ward. If 40 babies were born on an average day, four women would have died. By the end of the

2. ONS. (2023). *Homicides by a sharp instrument of under 18-year-olds 2016-2021*. Retrieved from: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/appendixableshomicideinenglandandwales>
3. ONS. (2023). *NHS admissions for assault with sharp objects by age group, England and Wales*. Retrieved from <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/adhocs/15498nhsadmissionsforassaultwithsharpobjectsbyagegroupenglandandwales>
4. Youth Endowment Fund (2022). *Children, Violence and Vulnerability Annual Report*. Retrieved from: <https://youthendowmentfund.org.uk/reports/children-violence-and-vulnerability-2022/>
5. Loudon, I. (2013). Ignaz Phillip Semmelweis' studies of death in childbirth. *Journal of the Royal Society of Medicine*, 106(11), 461–463.

week, twenty women would be dead. Estimates suggest that annually, 2000 women were losing their lives. You had more chance of surviving being called to the front during the First World War than you did being called to give birth in Vienna's doctor-led maternity ward. The situation was intolerable and yet it was tolerated. Why? Because it was seen as simply inevitable.

Apart from to one doctor working on the ward, Doctor Ignaz Semmelweis. Semmelweis could not tolerate the loss of life. And so, he set about systematically testing what could be causing it. Step by step, he tried everything — birthing positions, ventilation, diet, and even the way laundry was done. In each case, he worked as a scientist. He would change one thing and keep everything else the same. Confident that one day things would improve, and he would know which thing had been the cause. Except nothing worked. Until he left. Called to visit another hospital, he found on his return that death rates had plummeted while he was away. Semmelweis was a leading surgeon in the hospital. When he wasn't treating patients, he researched and taught other doctors by operating on dead bodies. When a pregnant woman needed him, he would drop his research and head over to the ward. It is

obvious to us now what was happening. His hands were covered in germs and infections as he delivered the babies. He — and the other researching doctors — were killing the patients. We hear the story and stand amazed that they could not see it. But they couldn't. This was 20 years before Pasteur proved that tiny invisible particles — called germs — existed, and that infection could be spread by unclean hands, rather than nasty smells (the prevailing view at the time).

Semmelweis spread the word around the ward. Doctors must wash their hands, their clothes, their tools. Everything must be cleaned thoroughly before moving from research to delivering babies. The result? Transformational. The death rate fell from 1 in 10 to 1 in 100. What was seen as inevitable was proved to be anything but. Today — informed by the research of Ignaz Semmelweis — mortality rates of mothers in

childbirth have improved a further 900-fold.⁶ What our ancestors saw as unavoidable, we now see as inconceivable.

But — I hear you say — we are not talking about hospital-based medicine. We are talking about reducing violence. It's totally different. Violence is not predictable, amenable, nor susceptible to change in the way that a hospital can deliver for its patients. Violence is built into human nature. You can't make changes to reduce it, like you can women dying in childbirth. Except you can. The murder rate in England is lower today than it was 500 years ago, 200 years ago and even 20 years ago.^{7,8} Like the doctors in Vienna, what we do makes a difference, whether we believe it does or not.

You had more chance of surviving being called to the front during the First World War than you did being called to give birth in Vienna's doctor-led maternity ward.

Don't believe me? Let me share two stories

Story 1: In Glasgow, police officers Karyn McClusky and John Carnoghan had had enough. Glasgow's murder rate was the highest in the country. They decided to try a new programme — that had worked in the US. It was called Focused Deterrence. First, you identified the people causing the violence and invited them to a meeting. Then you gathered together members of the community who wanted the violence to stop and got them to make their case. Mothers shared

stories of losing sons, ex-gang members spoke of how they had turned their lives around, surgeons spoke of having to operate on children who had been stabbed. Then the young men (they were nearly always young men) were made an offer. Each youngster was given a card with a number on it. If they wanted to move away from the violence, all they had to do was call the number and ask for help. When they called, you had to then move heaven and earth to provide what was needed: whether a new job, a training programme, a chance to move to a new part of town. The young men could also choose not to call and to continue with the violence. In this case, the police would do everything they could — within the law — to make their lives difficult. Focused Deterrence seemed to have reduced violence everywhere it had been tried,⁹ and so Karyn and John brought it to Glasgow.

6. <https://www.npeu.ox.ac.uk/mbrace-uk/data-brief/maternal-mortality-2019-2021>

7. Eisner, M. (2003). Long-term historical trends in violent crime. *Crime and Justice*, 30, 83-142;

8. ONS (2023). *Homicide in England and Wales: year ending March 2022*. Retrieved from: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/homicideinenglandandwales/march2022#:~:text=London%20term%20trends%20in%20homicide,the%20year%20ending%20March%202022>.

9. <https://youthendowmentfund.org.uk/toolkit/focused-deterrence/>

Story 2: Oscar winners don't normally show you how to reduce violence. But the 1978 best documentary winner was unusual. It told the story of Rahway Prison in New Jersey, home to some of the most violent offenders — most notably the 'lifers group'. In the 1970s, Rahway Prison started opening its doors to young people who had started getting into trouble at school and with the law. Not as inmates, but as visitors. The prisoners — desperate for their mistakes not to be repeated — would share their stories with the visitors. Interviews with the children involved many years later showed the impact it had on them with children saying that it had changed their views for good.¹⁰

Surely — this is what we need. We should be funding these programmes, expanding these programmes, using all our collective efforts to spread these programmes. Except we shouldn't. Because there's a problem.

These two programmes are not alike. One of them doesn't actually reduce violence or cut crime. In fact, it has the exact opposite effect. The children going into Rahway Prison became more likely to harm someone, more likely to get arrested and more likely to end up in prison.

We have a problem. Both programmes had great stories to share, both had founders who can tell you why they work, both can find participants who believe it made a difference to their lives, and both have articles written by journalists on how life-changing the programme is. But the fact is, one of them significantly reduced violence and the other made it worse. We have to be better at telling the difference.

Let's return to Vienna. Doctor Semmelweis tried and tested a whole set of different solutions. He ran experiments. Birthing positions, ventilation, diet, the way laundry was done, hand washing. Each time, he tried one approach and measured carefully, scientifically, what the impact was. He carefully recorded the number of deaths over a period of time until he saw the truth. One of his changes was not like the other. Deaths fell. How do we know that one of these violence reduction programmes doesn't work? How do we know that it increases crime in the local area by 26 per cent, when the others reduce violence by more than that amount? Because we learnt from Doctor Semmelweis.

For each of those programmes: Focused Deterrence and the Rahway Prison programme an

independent organisation was paid to see if they worked. How did they do this? Simple. For every child supported by Focused Deterrence there was another child — with the same background — that was not put on the programme. And they checked if there was a difference. This is the exact way that we know the Covid vaccines work. People volunteered to receive the unproven jab. Half received the real thing and half received nothing. Those with the jab did better.

This is how we know the truth. It was through careful work like this — sometimes called a Randomised Controlled Trial — that we know that the children sent into prisons by Scared Straight became more likely to end up in prison. Consider the horror of this for a moment. Over 50 years, thousands of children were taken into prisons, scared and made more likely to commit crime. Taxes were taken from local families and spent on making their neighbourhood less safe.

Imagine if your child was one of these children. Imagine if you were one of the families living in the area.

What do you feel hearing this? My view is simple: This is not ok.

It's not ok for adults to invent programmes with taxpayers hard-earned money and then run them — unchecked — on children. It's not ok for us to say that something 'works' simply because there is a glossy website, a compelling speech, a

moving visit, or a powerful anecdote. Thousands of children were sent to visit those prisons. Thousands. It is not good enough.

'But I know what I am doing definitely works.'

Sadly, today, there are adults who oppose proper checking of whether programmes are helping or harming children. What does that mean in practice? It means that they defend the status quo — that adults should be able to invent a programme and just keep experimenting on children without proper checks as to whether it is doing harm. Adults are in fact remarkably good for arguing that their programmes should be delivered without rigorous proof that it is helping. Three arguments crop up.

First, we have the 'no-one must miss out' argument. Here, we adults object to the idea of some children — the control group — not receiving the unproven, potentially harmful programme that they

The children going into Rahway Prison became more likely to harm someone, more likely to get arrested and more likely to end up in prison.

10. <https://jjie.org/2011/02/01/scared-straight-graduate-plays-starring-role/>

have designed as it is so clearly effective (despite it not being properly assessed).

Second, we have the 'children are not guinea pigs' argument. Here, we adults perform remarkable logical gymnastics. We object to the idea of assessing what we are doing as it amounts to 'running an experiment on children who are not guinea pigs'. We seem to miss the irony here. By not testing the impact of our programme, we become the ones treating children like guinea pigs in an experiment with no control group where we never know the consequences.

Third, we have the 'my programme is too complex' argument. Let me share a quote with you from an organisation that makes this argument: Our programme 'is a holistic system ... that focuses on the unique situation of each individual'. It is not suited to randomised trials because they 'focus on isolated ... conditions without considering the overall health of the individual 's overall health.'¹¹ What programme is it that is so holistic and complex that a proper assessment can't be used? It's the art of putting incredibly small doses of medicine in water, otherwise known as homeopathy. It's an unconvincing argument in this case, it's an unconvincing argument in almost any case.

Finally, we have the 'people are not numbers' argument. This comes from a good place. Here, we argue that 'These evaluations are about numbers. Our work isn't about numbers, it's about individual children. It's about compassion. You can't reduce our work to numbers.' This sounds very convincing at first until we consider what those numbers are measuring. They are normally the number of children who end up in prison, or the number who commit acts of violence, or the number who become victims of homicide. How can we suggest these numbers don't matter? If we care — truly care — about individual, unique, precious children, we must care about these numbers. It doesn't sound very compassionate to suggest that these numbers don't matter. In fact, if my programme exists to improve the lives of children but it actually makes a large number of their lives worse, I would suggest that it's not ok to simply for me to say that 'I'm not about the numbers'.

Children deserve better than that. Victims deserve better than that. As professionals, you deserve better than that. You have dedicated your professional lives to

make lives better. You deserve to be treated as professionals. You deserve proper researched information on what works. You deserve to do work that we have properly tested.

So, what do we do?

First, we must know what works. I am impatient with adults telling me that they care about children too much to support a proper test of whether something hurts or harms them, by having a proper control group. I am impatient with adults telling me, 'Oh you just couldn't test what we do — it's special.' Human ingenuity has found ways to test the impact of tutoring programmes, policing reforms, home visits for pregnant women, text messaging parents of children missing from school, family therapy, and after-school clubs. I simply don't believe that it can't test whether our programmes harm or help children.

I have noticed, incidentally, how adults who make these arguments are very much in favour of someone testing the safety of the things that impact them. I have started considering bringing some items with me when I meet with those opposed to assessing the impact of programmes on children. I will bring a bottle of slightly green water and a container of slightly odd smelling biscuits. I will admit

that the water has come from a spring near our house that may have bacteria — I haven't had the water supply tested — and the oven I baked the biscuits in may have a mould problem, I haven't got round to checking. I have a suspicion that those with strong anti-evaluation views may soften as I pour out the water and hand out the biscuits.

Enough argument by anecdote. Here's the thing: it is not acceptable for us adults to deliver untested, unproven programmes to vulnerable children. It is unacceptable for us adults to argue against proper evaluation of our programmes. Just as in Vienna, death is not inevitable. Just as in Vienna, proper evaluation can show us how to save lives. But one thing needs to be very different from what happened in Vienna...

What really happened in Vienna

I didn't tell you the full story about Vienna. I told you that Doctor Semmelweis had proved hand washing

We object to the idea of assessing what we are doing as it amounts to 'running an experiment on children who are not guinea pigs'.

11. Dr K. Dhawale, homeopathic practitioner, quoted in Outlook India, Feb 4th 2022; Retrieved from <https://www.outlookindia.com/website/story/in-defense-of-homeopathy/294001>

would save hundreds of Viennese lives. I told you that 200 years later, the truth that he had discovered had transformed medicine, saving millions of lives. I didn't tell you about what happened in between.

Perhaps you can imagine. Semmelweis is lauded for his discovery. Hospitals start competing on cleanliness with doctors outdoing each other to have the most pristine surgeries. Survival rates soar within months across Europe and medicine is transformed. Not quite.

Semmelweis did travel to spread his ideas. He moved to a hospital in Pest in Hungary. His work saved hundreds of women's lives in that hospital as the mortality rate fell just as it had in Vienna.¹² But back in Vienna, his colleagues gave up on the handwashing. Their hands hurt from the chemicals. Their egos hurt from believing they were the ones spreading the disease. Their professional reputation hurt from the accusation that they had given up on proper doctoring, the sort of doctoring that knew fine well that disease was spread by bad smells not invisible 'particles' on your hands and clothes. And so, they turned their back on the evidence and — by doing so — they turned their back on the women of Vienna. They returned to 'proper doctoring', the sort of doctoring that condemned thousands of women to unnecessary deaths. Within in a few years, the mortality rate rose back to 1 in 10.

Semmelweis couldn't believe it. He wrote a book desperately making the case for what he had proven.¹³ He spoke at the Vienna Medical Society laying out what he had found. He wrote letter and letter calling on the profession to do what worked. No-one seemed to care. After his research was ignored, he had a nervous breakdown, and was sent to an asylum. He would die soon after — aged just 47 from an infection that he probably wouldn't have suffered if people had followed his research.

It would take years for things to change. It took two decades for Louis Pasteur to prove that tiny transferable germs were causing infection not bad smells. Still things didn't change. Doctors made token nods towards hand washing but up until the end of the 19th Century — fifty years after Semmelweis — they continued to wear blood-covered black coats as they operated — the proud uniform of men doing battle with disease. Even then the ideas weren't fully embraced. It was not until the 1980s that the US government issued doctors with official hand hygiene guidance.¹⁴

From 1846, we knew what worked. We had clear evidence of how to reduce maternal deaths. And yet we did not change what we did. And thousands of women died. Thousands of babies grew up without their mothers. Thousands of people lost loved ones. All entirely unnecessarily. Why? Because we didn't like the idea of changing what we did to fit the evidence.

We mustn't let history repeat itself.

What happened in Vienna is hard to hear. For at least fifty years, professionals knew how to save women's lives and did nothing. It should be hard for us to hear this. And hear it we must because we mustn't let this appalling history repeat itself.

We have evidence today on what works to reduce violence on our streets. It tells us that we need more Focused Deterrence, and much less of scaring children into good behaviour. It tells us that high quality sessions in school on violence in relationships can reduce violence against women and girls by almost twenty per cent,¹⁵ that giving young people at risk a trained mentor can reduce violence by twenty-one per cent,¹⁶ and that there is no clear evidence in favour of putting police in schools,¹⁷ knife bins in our communities,¹⁸ hard hitting anti-knife campaigns in our communities,¹⁹ or providing short training sessions on trauma.²⁰

We have a choice. We can be like the doctors in Vienna and simply ignore the evidence. We can wait until someone insists that we do what works. Or we can get on the side of the children and do what works as soon as possible. This isn't easy. Sometimes doing what the evidence suggests is annoying — like washing your hands all the time — or awkward — like going against the prevailing view amongst your colleagues. But the rewards are so huge: the personal satisfaction from being a true professional. The sense of relief from doing what is most likely to save lives. And that's before we talk about the benefit to children. Children like Child C. His life was only just beginning. He deserved the best evidence-based response to the crisis he was facing. He didn't get it.

It doesn't have to be that way. Together we can change it.

You can find the evidence on what works to prevent violence committed by children at the YEF Toolkit here: <https://youthendowmentfund.org.uk/toolkit/>

12. Semmelweis, I. (1983). *Etiology, Concept and Prophylaxis of Childbed Fever* (translated by K. Codell Carter). University of Wisconsin Press.

13. Semmelweis, I. (1983). *Etiology, Concept and Prophylaxis of Childbed Fever* (translated by K. Codell Carter). University of Wisconsin Press.

14. World Health Organisation (2009). *WHO Guidelines on Hand Hygiene in Health Care: First Global Patient Safety Challenge Clean Care Is Safer Care*. Retrieved from: <https://www.ncbi.nlm.nih.gov/books/NBK144018/>

15. <https://youthendowmentfund.org.uk/toolkit/dating-and-relationship-violence-prevention/>

16. <https://youthendowmentfund.org.uk/toolkit/mentoring-2/>

17. <https://youthendowmentfund.org.uk/toolkit/police-in-schools/>

18. <https://youthendowmentfund.org.uk/toolkit/knife-surrender-schemes/>

19. <https://youthendowmentfund.org.uk/toolkit/media-campaigns/>

20. <https://youthendowmentfund.org.uk/toolkit/trauma-informed-training-and-service-redesign/>

Implementing Evidence-Based Practice: A Synthesis of the Evidence

Flora Fitzalan Howard is a researcher and registered forensic psychologist based in HMPPS' Evidence-Based Practice Team, and co-editor of the *Prison Service Journal*.

Evidence-based practice (EBP) involves the conscientious, explicit, and judicious use of the best available evidence when making decisions.^{1,2} This involves integrating multiple sources of evidence in a structured approach, combining research evidence, clinical expertise, and operational insights in the context of user characteristics, culture, and preferences.³ The three main benefits of, or reasons for doing, EBP are:

1. *To give us the best chance of improving outcomes;* all interventions, treatments, activities, policy decisions and so on can a) achieve the intended (improved) outcome, b) make no difference/have no impact, or c) backfire and make things worse. Using the best available evidence gives us the best chance that what we put in motion will 'work' as hoped, bring better outcomes, and not cause unintended harm.
2. *To help us to use money and resources wisely;* for example, helping an organisation to choose from a range of potential activities the one that has the greatest impact, or the one that works equally well as others but for less cost.
3. *To ensure that practitioners, decision-makers, and organisations continue to learn and grow;* integrating new, more credible, and trustworthy evidence into decisions routinely, so that new learning can be mobilised, and existing practices adapted in light of this.

EBP is eminently sensible; after all, why would a person or organisation do something that the evidence says is ineffective, or could even backfire and make

things worse? Why would a person make decisions about investment without first looking to the evidence to see if this is likely to work? And yet this is not uncommon. In correctional services around the world, 'common sense' is still often used as a powerful rationale for implementing programmes that have no basis in scientific evidence and virtually no hope of being effective.⁴ It can be very tempting to 'go with our gut' and trust our personal beliefs about what works or what is best when making decisions. We will all have heard people say they 'just know' that an activity will work or not, or that the solution is 'obvious' or a 'no brainer', and yet sometimes they struggle to back up this judgement with much, if any, evidence.

This happens in other areas of society too, of course, but this intuitive practice appears especially prevalent in corrections, and was described quite eloquently by an eminent scholar in this field: "*if I studied quantum physics, few people would offer their opinions about how I should go about my business, but because I study criminal behaviour and corrections, everyone offers me advice*".⁵

In the field of corrections around the world, there are several examples of interventions or projects where policy makers and practitioners believed strongly that they would work, but research went on to show that they were ineffective or actually increased reoffending.⁶ These sorts of unsuccessful initiatives teach us to be cautious about assuming our intuition or 'common sense' is correct, and instead we are encouraged to look to the conscientious, explicit, and judicious use of the best available evidence when making decisions.

This article synthesises available evidence on how to implement EBP and draws together suggestions on how organisations can develop in this area.

-
1. Being conscientious means making a concerted effort to gather and use evidence, committing effort and resources to do this, rather than relying on what is to hand or what we can easily access. Being explicit means spelling out and describing the evidence on which we base claims or decisions, so that it is open to scrutiny. Being judicious means focusing on the most reliable and trustworthy evidence, identified through critical appraisal.
 2. Sackett, D. L. (2000). *Evidence-based medicine*. New York: John Wiley.
 3. American Psychological Association. (2006). Evidence-based practice in psychology. *American Psychologist*, 61(4), 271-285.
 4. Cullen, F. T., Blevins, K. R. Trager, J. S., & Gendreau, P. (2005). The rise and fall of boot camps: a case study in common sense corrections. *Journal of Offender Rehabilitation*, 40, 53-70.
 5. Latessa, E. J. (2004). The challenge of change: correctional programs and evidence-based practice. *Criminology & Public Policy*, 3, 547-560.
 6. Barnett, G., & 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(2), 111-129.

What is 'Evidence' and What Counts as 'Good' Evidence?

There are four main types of evidence that contribute to EBP. Determining the best available evidence for EBP requires a careful assessment of the relevance and reliability of each source to determine how confident we can be in the findings, their relevance to the particular context or problem, and what weight they should be given when informing decision-making and practice.

1. Scientific research evidence:

When available, scientific research evidence is a critical contributor to EBP. This is prized because compared with other types of evidence it tends to have greater rigour, relevance, and independence. There are many types of research designs and methodologies, each of which is suited to answering different types of questions, and each has strengths and limitations. The 'right' or 'best' methodology therefore depends on the nature of the research question. Not all research is conducted with equal rigour and not all reports (such as in newspapers) referring to research can always be trusted as giving the whole picture. There exist well-established approaches and universally agreed standards and hierarchies for critiquing the quality and rigour of much scientific evidence which are valuable in enabling us to assign the appropriate level of confidence in the evidence reported.⁷

2. Clinical/professional expertise:

A further source of evidence comes from professional practice and the knowledge of staff working in the area of interest. This feedback is

essential for identifying and integrating research evidence with other forms of data relating to everyday practice and the service context. The voice of experience can be very persuasive for practitioners. However, even experienced staff (including people with scientific training) are not infallible. Levels of experience and sources of knowledge can vary, and our thinking often suffers from unconscious biases and errors; we are rarely as dispassionately rational when we consider evidence and data as we would like to think.⁸ For example, it is well established that human beings tend to pay more attention and give more weight to information that fits with our preconceived views, and typically ignore or play down evidence that might conflict (known as confirmation bias); this can make it difficult to recognise when our actions and beliefs are contrary to good evidence.⁹

There are many types of research designs and methodologies, each of which is suited to answering different types of questions, and each has strengths and limitations.

When using practitioner experience and knowledge it is very important that this is subjected to analysis and critique before informing decisions.¹⁰ Ideally data relating to staff expertise and experience will be subject to critical reflection and carefully articulated to allow for debate, cross-checking, validation and verification, perhaps using other data too.^{11 12} This helps to increase the validity, reliability, and credibility of this type of evidence, and its value in EBP. The interaction between research insights and practical

know-how is not straightforward or linear, and there is much still to learn about how to do this effectively.

3. Knowledge from stakeholders:

This includes the experiences and views of service users, such as clients, patients, people living in prison or under supervision in the community, their families and partner agencies in the sector. Involvement of

7. Breckon, J. (ND). *Using research evidence: a practice guide*. Alliance for Useful Evidence; Puttick, R. (2018). *Mapping the Standards of Evidence Used in UK Social Policy*. Alliance for Useful Evidence; HM Treasury. (2020). *Magenta Book. Central Government guidance on evaluation*. London; HM Treasury. (2012). *Quality in qualitative evaluation: A framework for assessing research*. London; Nutley, S., Powell, A., & Davies, H. (2013). *What counts as good evidence*. Alliance for Useful Evidence.
8. See footnote 7: Breckon, J. (ND); Levant, R. F. (2005). *Report on the 2005 Presidential Task Force on Evidence-Based Practice*. American Psychological Association.
9. Ross, L., & Anderson, C. A. (1982). Shortcomings in the attribution process: on the origins and maintenance of erroneous social assessments. In Kahneman, D., Slovic, P., & Tversky, A. (Eds.), *Judgment under Uncertainty: Heuristics and Biases*. New York: Cambridge University Press.
10. Rycroft-Malone, J., et al. (2004). What counts as evidence in evidence-based practice? *Journal of Advanced Nursing*, 47(1), 81-90.
11. Stetler, C. B., et al. (1998). Evidence based practice and the role of nursing leadership. *Journal of Nursing Administration*, 8, 45-53; Eraut, M. (2000). Non-formal learning and tacit knowledge in professional work. *British Journal of Educational Psychology*, 70, 113-136.
12. Reflecting on one's own experience, knowledge, hypotheses, inferences, emotional reactions, and behaviours, and using this to modify one's practices accordingly. This includes an awareness of the limits of one's knowledge and skills, and recognising biases that can affect judgement, and taking explicit action to limit the effect of these.

stakeholders in EBP could include groups or communities being involved in planning service delivery or sharing their previous experiences or encounters with different services.¹³

This kind of knowledge can shed light on individual, social, and cultural differences that may impact on the effectiveness of approaches or interventions, or prompt consideration of additional objectives of a project or task.¹⁴ However, while asking people about their feelings, attitudes, opinions, and knowledge can be really valuable, the same is not the case for asking about outcomes (e.g., asking users to assess whether they benefitted from a programme has limited value while asking them whether the service content met their immediate needs or circumstances, and felt tailored to their situation, will be critical in designing a responsive service). A robust body of evidence has suggested that asking service recipients about the impact on outcomes does not produce particularly reliable evidence.¹⁵

Gathering and incorporating individuals' values, experiences, and preferences into EBP is complex and requires expertise. Mixing scientific evidence with personal accounts is particularly challenging when these do not appear to fit well together, and not enough is yet known about how to combine these to best effect.

4. Organisational and local data:

The local setting or organisation itself provides information that can be incorporated into EBP, such as audit and performance data, knowledge about the culture, social and professional networks, local and national policy, and situational constraints (such as resources and time). A key concern when considering use of these for EBP is how to ensure that it is systematically collected and critically appraised. More needs to be understood about how to do this; little consensus currently exists on the quality criteria to apply to local, operational evidence, in contrast to the quality standards and appraisal process for scientific research.¹⁶ That said, such data can also be used by researchers in a different way - to determine outcomes to study and as ways to possibly measure impact – so good partnership between groups can be useful.

Evidence-Based Practice Steps

There are several models of EBP, but in summary the following are the commonly identified stages that appear critical in bringing better outcomes; 1) identifying the problem, 2) knowledge acquisition, evaluation, and distillation, 3) knowledge dissemination and diffusion, 4) application, and 5) assessment and evaluation.¹⁷

Identifying the problem

This entails translating a practice issue or problem and turning it into an answerable question. For example, 'what effectively reduces violence in custody?' or 'what is the impact of education on employment rates?' or 'is this service better provided by peer workers or staff in professional roles?'. The process of asking these types of questions helps us to recognise if we have enough evidence already, or if a search for more is needed.

Knowledge acquisition, evaluation, and distillation

This involves systematically and comprehensively searching for and retrieving evidence, critically appraising this for quality, trustworthiness, and relevance, and then aggregating this by weighing each piece and synthesising it into a

comprehensible and useable narrative.

Knowledge dissemination and diffusion

This involves sharing the evidence in different ways with the right people which can then prompt action. This might involve mass communication or more targeted dissemination, and the use of multiple methods and channels to make this accessible and practically useable.

Application

This means incorporating the evidence into real-world decision-making and practice. People need to know what the evidence says, but more importantly, how to use it (e.g., what behaviours or activities should they be doing more or less of, with who, when, and how).

A robust body of evidence has suggested that asking service recipients about the impact on outcomes does not produce particularly reliable evidence.

13. Farrell, C. & Gilbert, H. (1996). *Health care Partnerships*. London: Kings Fund.

14. Heath, D., & Heath, D. (2012). *Decisive: how to make better decisions in life and work*. New York: Crown.

15. Nickerson, R. S. (1998). Confirmation bias: A ubiquitous phenomenon in many guises. *Review of General Psychology*, 2(2), 175-220.

16. Rousseau, D. M. & Gunia, B. C. (2015). *Evidence-based practice: the psychology of EBP implementation*. Annual review of Psychology.

17. Briner, R. (2019). *The basics of evidence-based practice*. Society for Human Resource Management.

Assessment and evaluation

These allow us to understand the impact of the EBP decisions or actions taken and learn from these to further inform future practice and decision-making. Good evaluation needs to be prepared in advance, with careful thought given to the design, the outcomes of interest, and how to measure them reliably. With new evidence available, decisions about practices or policies can be revised. New initiatives can fail and learning from those can be as helpful as from those that appear to be more immediately successful; but if we don't monitor and review then we won't ever know.

What Works to Implement EBP Effectively?

EBP is simple in theory and yet despite many efforts, for many decades, and across many areas of society, there is a troubling lack of hard evidence about

how to actually implement this effectively, i.e., what specific activities or tasks get good evidence to decision-makers and frontline staff and help them to use it effectively.¹⁸ There are plenty of 'good practice guides' and advice, but most of it seems to be based on expert opinion, rather than scientific evidence. The challenge of bridging the 'evidence-practice gap' is considerable; in healthcare it has been estimated to take 17 years on average to incorporate evidence-based practices into routine practice (and many never actually reach widespread clinical use).¹⁹ Work in that same field has investigated behavioural barriers and facilitators of the uptake of evidence-based practice in routine practice; a recent systematic review has suggested that interventions should focus on physical and social opportunities, and psychological capability, as outlined in Table 1.²⁰

Table 1. Barriers and facilitators to the implementation of EBP

Behavioural construct	Barriers	Facilitators
Psychological capability: <i>knowledge or psychological skills, strength, or stamina to engage in the necessary mental processes</i>	Knowledge gaps.	Adequate knowledge and education.
Physical opportunity: <i>opportunity afforded by the environment involving time, resources, locations, cues, physical affordance</i>	Time constraints and inadequate staffing.	Well-designed strategies, protocols, and resources.
	Cost and lack of resources.	Adequate services, resources, and time.
	Resident complexity.	
	Compromised communication and information flow.	Innovative environmental modifications.
	Staff turnover.	
	Competing priorities.	
Social opportunity: <i>opportunity afforded by the interpersonal influences, social cues and cultural norms that influence the way that we think about things</i>	Guideline complexity and associated workload.	
	Impractical guidelines.	
	Lack of teamwork.	Leadership and champions.
	Lack of organisational support.	Support and coordination among staff.
	Inconsistent practices.	Involving residents and families.
	Reactive approach.	Good communication and information flow.

18. A field called 'implementation science' studies methods to promote the adoption and integration of evidence-based practices, interventions, and policies.

19. Morris, Z., Wooding, S., & Grant, J. (2011) The answer is 17 years, what is the question: Understanding time lags in translational research. *Journal of the Royal Society of Medicine*, 104, 510-20.

20. McArthur, C., Bai, Y., Hewston, P., Giangregorio, L., Straus, S., & Papaioannou, A. (2021). Barriers and facilitators to implementing evidence-based guidelines in long-term care: A qualitative evidence synthesis. *Implementation Science*, 16, 70-95.

The Alliance for Useful Evidence, alongside other organisations committed to EBP, have comprehensively reviewed the evidence on what works to enable the ready use of research evidence.²¹ They looked at more than 150 different types of interventions, but despite this, they were clear that we do not currently have a concrete evidence-base for what works for each stage of achieving EBP, and more research is needed to build our confidence in the right ways of working in this area. Overall, the following activities, based on the review's findings, should be considered 'promising'.

Building awareness and positive attitudes towards evidence use:

No firm conclusions could be drawn on the effectiveness of 'awareness building' because it hasn't been researched enough and usually happens alongside other activities so it's hard to separate out the impact of just this activity. The following might be promising though:

- ❑ 'Marketing for good', where the value of evidence for a specific context or group is communicated/tailored to be meaningful for them.
- ❑ Making evidence the norm, where thinking about research becomes part of day-to-day work, and is seen as intrinsic to being a member of that profession.
- ❑ Prizes and professional recognition, which can include awards, celebration, and peer recognition, for research use and EBP.
- ❑ Focussing on what people care about, and how evidence can help with this, and doing this in an interesting and emotive way that people can connect with and remember.

Achieving consensus on the right questions to ask and the evidence needed to answer them:

It is suggested that mutual dialogue between researchers and professionals works better than a 'we know what research is best for you' type of approach. Unfortunately, even though there is lots of discussion in the literature on this, the review identified no evidence for the impact of this on its own. The following consensus-building activities might have some promise though:

- ❑ Using journal clubs to facilitate regular conversation with peers about research. This could help professionals define what kind of evidence they need, how to use evidence in

practice, developing knowledge and reinforcing the use of evidence.

- ❑ Using Delphi panels to create an agreed view on appropriate evidence,²² which is more robust and transparent because of the structured approach taken.

Communicating about, and providing access to, evidence:

The evidence suggests that we need to think more like 'marketeers'. We need to look at audience segmentation, personalised and tailored messages, and user-friendly design. There is also a wealth of existing evidence on how to change people's behaviour through communication and persuasion.²³ The following activities were suggested by the review (the first eight are more strongly supported by evidence than the last three):

- ❑ Giving people what they need through tailored and targeted messages, making this concrete, topical, and locally specific.
- ❑ Hotlines and helpdesks to answer specific questions, provide information and support on subjects.
- ❑ Framing evidence so the format has impact, such as how much people gain or lose. Psychologically, losses loom larger than gains, so sometimes it might be more powerful to frame the evidence in terms of how it prevents or helps avoid bad things from happening.
- ❑ Communicating uncertainty in way that doesn't put people off the evidence by being too vague.²⁴
- ❑ Telling stories to communicate research, and forging emotional connections to the evidence through narratives and metaphors can help with people's understanding and engagement.
- ❑ Social and online media can be used to reach large and widespread audiences and make evidence findings more convenient to access.
- ❑ Creating a recognisable and respected brand as positive images can be powerful and foster faith in your evidence.
- ❑ Reminders (such as by email, posters, or Tweets) are a simple but effective marketing strategy and can alert people to new evidence available or to refresh knowledge on something. It is also very cheap to do – but

21. Breckon, J. & Dodson, J. (2016). *Using evidence: what works? A discussion paper*. London: Alliance for Useful Evidence.

22. Delphi panels are a tried-and-tested way to reach a consensus. They use a series of questionnaires to collect data from the panel. These go through a number of rounds, and are analysed and refined, so that the group starts to converge on an agreed decision.

23. For example: Behavioural Insights Team (2014). *EAST: Four Simple Ways to Apply Behavioural Insights*.

24. Rarely is research black and white. Uncertainty can put people off research evidence. It is vital to report on uncertainty and not distort the evidence though, but how this is done is important.

we need to be mindful of equal access to different technologies.

- ❑ Getting the timing right by seizing opportunities for when audiences might be more open to the message.
- ❑ User-friendly design and layout of evidence and data visualisation.
- ❑ Mixing a cocktail of communication strategies rather than using only one.

Facilitating interactions between decision-makers and researchers:

Included here are activities labelled 'collaboration', 'co-production', or 'cooperative inquiry', which feel intuitively to be a good idea. Unfortunately, the review could find no evidence to support this, partly because 'interaction' is such a vague term, and it almost always occurs alongside other activities, so it is not possible to detect the impact of this alone. The research is generally mixed, unclear, or non-existent. But one thing stood out: social influence evidence shows how important leaders are to making a difference.

- ❑ We need evidence champions, role models, 'change agents', and evidence messengers. These leaders don't always have to be senior people in the organisation, as peer influence is powerful too.

Supporting decision-makers in developing the skills to access and make sense of evidence:

The studies reviewed suggest that skills and training initiatives are effective, with research particularly supporting the value of training in critical appraisal, university level courses, and continuing professional development. Training is more effective when delivered by people who motivate and inspire learners. The best approaches seem to be:

- ❑ Accelerated learning, coaching, guided design, and just-in-time training. Training in the office/on-site can be effective as learning can be immediately applied.
- ❑ Mentoring and supervision in the workplace can be effective, allowing more adult peer-to-peer support, enabling self-direction, and fostering motivation.
- ❑ Online learning can deliver results and means a vast amount of information can be accessed at a convenient time. Digital learning allows for the tracking of results, so learning can be tailored, and further support offered.

Influencing decision-making structures and processes:

Evidence needs to be hardwired into everyday decisions or EBP will always be a struggle for organisations and individuals. The evidence on systems to embed EBP in this way is difficult to interpret however, as such systems are usually combined with other activities meaning effects are hard to disentangle, and the research in this area is in its infancy. Providing practical resources to help people incorporate research seem promising, the strongest evidence supports:

- ❑ Providing practical assistance such as tools, protocols, and committees charged with thinking about evidence. Decision-aid tools can be effective in helping people to consider all available options and the right evidence to use.
- ❑ Rewarding staff for their efforts to apply evidence, and auditing and feedback can also be effective.
- ❑ Making evidence an institution by having standalone organisations or teams who fight the corner of evidence and can influence policy.

Implications for Organisational EBP Development

EBP is an important goal for HMPPS, as it is for many other organisations, to ensure that what we do is effective, involves wise decisions about our use of resources, and enables us to learn and flex our practices and policies as new evidence becomes available. At both individual and organisational levels, it is good practice for us all to question why we do or think the things that we do, on what basis we make our decisions, how open we are to reconsider decisions or views, and whether we have looked to the evidence to inform them or if these are based on intuition, personal preference, tradition, or because we believe it is 'common sense'. Drawing together the evidence around promising approaches for EBP, and the wider literature about human behaviour change, we can start to identify that as an organisation wanting to develop EBP we will want to focus on the following:

Improving research creation.^{25 26}

Developing a culture where science is valued and seen to be at the heart of what the organisation does, could help to speed the growth of scientific knowledge that can be used for EBP. Prison- and probation-based research currently falls well behind some other fields in terms of investment and speed of

25. Rynes, S. L., Colbert, A. E., & O'Boyle, E. H. (2018). When the "Best Available Evidence" Doesn't Win: How Doubts About Science and Scientists Threaten the Future of Evidence-Based Management. *Journal of Management*, 44(8), 2995-3010.

26. Bieri, D. M. & Mann, R. E. (2017). The history and future of prison psychology. *Psychology, Public Policy & Law*, 23(4), 478-489.

progress.²⁷ We need to make sure that the research that is undertaken focuses on the most important or pressing problems and involves more stakeholders in determining areas of study. Fostering relationships between researchers and practitioners, as well as collaboration on research projects, may also help to bridge that gap, develop trust and perceptions of credibility, as well as produce research findings that are relevant and translatable for real-world practice. This may also make it easier to plan good evaluation, from project conception stage, rather than come to this too late and hindering the quality of study. Finally, increasing the quality, replicability, and transparency of research can help to avoid later criticism and negative publicity, and build trust in research.

Improving research dissemination.^{28 29 30}

Communicating research in ways that are interesting, and easy for audiences with varying degrees of prior knowledge to access, interpret, and apply is important. This includes using a range of writing styles, and methods or channels of presentation and dissemination (such as written summaries, infographics, videos, podcasts, and alternative media). Persuasive arguments and presentation of research is especially important when the message might provoke strong views, and we need to anticipate and aim to address potential resistance or reactance to scientific findings.³¹ Research findings need to be framed according to the end-user's interests and needs. We need to spell out what this evidence means for them, with specific recommendations for practice, and what benefits there might be for them in adopting these. Practical resources, such as toolkits, protocols, and decision-aids that help people to think about and integrate evidence in decisions are also recommended.

Communicating research in ways that are interesting, and easy for audiences with varying degrees of prior knowledge to access, interpret, and apply is important.

Leadership is important so that EBP is promoted and supported from the top of the organisation and by managers throughout. Organisations can set and promote professional standards which include EBP,³² and when guidance, standards, and policies are based on evidence, the practices shaped by these are more likely to be evidence-based and thus effective. This includes assurance and audit activities that are focussed on those practice features that the evidence supports. When time is built into the early stages of projects and policy creation for reviewing and considering the available evidence, then initiatives are likely to be easier to implement and ultimately more successful.

Developing training, learning, and networks.³³

Helping all staff to critically engage with and use evidence requires investment in training and skill development. For example, the College of Policing provides a bursary scheme for staff to develop skills, knowledge, and expertise in the use of evidence. Organisations can also use courses, distance learning, symposia, and conferences to share and spread evidence and to help people to use this in their practice. Getting people involved in conducting research can be a way of helping them develop in this area, as would providing them with tools that can help them critically reflect on the evidence they come across.

Networks can provide a platform for learning and sharing evidence throughout an organisation, and on-the-job coaching, supervision, and mentoring in the use of evidence is also recommended. Further, supporting teams or individuals in the early stages of project or policy development to consider the underlying rationale for their proposals and expected impact, by developing a good theory of change and

27. Bierie and Mann (2017), see footnote 26, provide this useful comparison: Prison Services to Marriott hotels. Both are multi-billion-dollar agencies, with hundreds of residents and staff at each location. They both operate 24 hours a day, 7 days a week. Both are responsible for offering safe housing, preventing disease from spreading, finding ways to feed and protect and communicate with a diverse range of demanding residents. Both must maintain control and policy adherence across multiple sites and broad geography, and both must comply with countless regulations. In contrast with many Prison Services, however, Marriott employs over 1,000 data scientists who churn out scientific discoveries, programme evaluations, innovations, and statistical tests.

28. See footnote 25: Rynes, S. L., et al. (2018).

29. Medical Research Council (2013). *Developing and evaluating complex interventions: new guidance.*

30. Breckon, J., Mthiyane, H., & Shephard, J. (2019). *Bodies of evidence: how professional organisations in health, education and policing champion the use of research.* Alliance for Useful Evidence.

31. See footnote 25: Rynes, S. L., et al. (2018).

32. See footnote 30: Breckon, et al. (2019).

33. See footnote 30: Breckon, et al. (2019).

using this to shape decisions early on, is recommended.³⁴

Incentivising and reinforcing EBP.³⁵

People need to feel motivated to use research, and so professional recognition and rewards for EBP, or contributions to this could be considered. The wider evidence base on reinforcement shows this to be a powerful way to shape human behaviour. Behavioural research also shows that human beings are heavily influenced by what people around us do and say, and we follow like-minded individuals and social norms.³⁶ As such, networks, promotion of evidence from senior leaders, and engaging staff at all levels in EBP may help people to feel properly involved, and promote a culture where EBP is seen as the norm and something we all promote and sustain.

Evaluating and learning from strategies to promote and embed EBP.

Given the limited evidence base for how to effectively implement EBP, strategies used to promote and facilitate EBP need to be trialled and tested across

functions and staffing groups. Learning from such testing can then be used to develop an organisational model to support EBP.

Conclusion

Despite the concept of EBP existing since the 1980s, and concerted efforts across the world and in different domains of society to adopt this, there are real challenges with the evidence on how to do this well. There is good agreement about what EBP is and its value. There are well-established standards for how to produce and rigorously assess robust *scientific evidence*. However, we cannot say the same for other forms of evidence that can contribute to EBP, or how to best integrate different types of evidence to inform decisions. Activities and approaches purporting to help people apply evidence in shaping practice and policy are plentiful, however, many of these have not been rigorously evaluated to confidently determine their impact. Currently, we mainly have ideas about promising approaches rather than a concrete, rigorous evidence-base for doing EBP.

34. Theory of Change is essentially a comprehensive description and illustration of how and why a desired change is expected to happen in a particular context. It is focused in particular on mapping out or “filling in” what has been described as the “missing middle” between what a program or change initiative does (its activities or interventions) and how these lead to desired goals being achieved. It does this by first identifying the desired long-term goals and then works back from these to identify all the conditions (outcomes) that must be in place (and how these related to one another causally) for the goals to occur.

35. See footnote 30: Breckon, et al. (2019).

36. See footnote 23: Behavioural Insights Team. (2014).

Bringing evidence into practice: The story of the work to improve outcomes for young adults in prison and probation.

Georgia Barnett (Forensic Psychologist) and **Dr Helen Wakeling** (Research Psychologist) are both Senior Evidence Leads in the Evidence-Based Practice Team in HMPPS. **Lisa Short** is the Young Adults Lead for Public Sector Prisons, HMPPS.

Researchers suggest that in industrialised countries, the late teens to mid-twenties can be thought of as a period of emerging adulthood.¹ This is a time when people start to become more self-sufficient, explore their identity and consider and test different possibilities for their futures, before fully committing to adult roles and responsibilities, or making enduring choices. It is also a time of psychosocial maturation, when people change and mature in the way they make decisions and relate to themselves and others.²

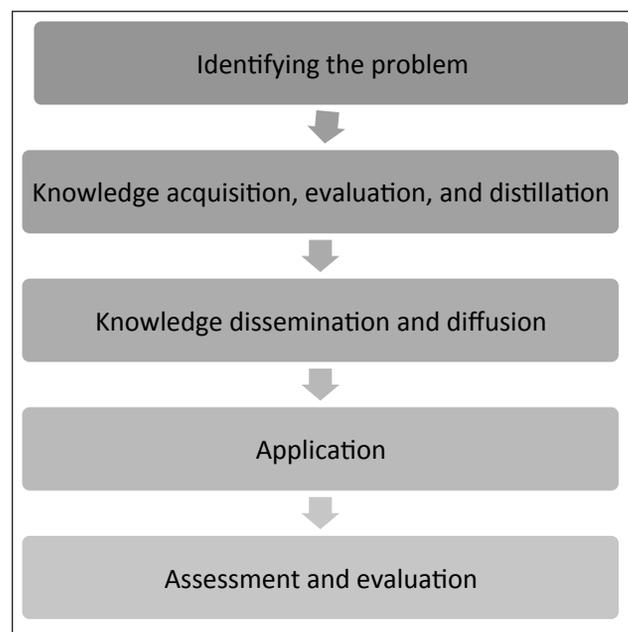
Young adults (18–25-year-olds) make up just under 10% of the population of the UK,³ while 14% of the prison population comprises those aged 18–24.⁴ As well as being overrepresented in our prisons, young adults fare worse in custody than older adults. Being younger is associated with a greater risk of being violent (and being a victim of violence) in prison, engaging in self-harm, as well as with higher rates of recall or breach of licence conditions in the community, and more frequent (proven) reoffending.⁵ This article describes how His Majesty's Prison and Probation Service (HMPPS) has used research, expertise, and data to shape its approach to improving outcomes for young adults serving sentences in custody or in the community.

The steps of evidence-based practice

Evidence-based practice requires the explicit and conscientious use of evidence when making decisions.⁶

To illustrate our approach to bringing the evidence on young adults into the practice of HMPPS, we use a generic set of steps to evidence-based practice, based on the numerous models of EBP that have been put forward (Figure 1).⁷

Figure 1. Common features of models of evidence-based practice



Step 1: Identifying the Problem

The first step of evidence-based practice involves identifying the issue to be resolved and turning it into a

1. Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55, 469–80.
2. Steinberg, L. & Cauffman, E. (1996). Maturity of judgment in adolescence: Psychosocial factors in adolescent decision making. *Law and Human Behavior* 20, 249–272.
3. Office for National Statistics (2023). *Population and Household Estimates, England and Wales: Census 2021, Unrounded Data*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationandhouseholdestimatesenglandandwales/census2021unroundeddata>
4. Prison Reform Trust (2023). *Bromley Briefings Prison Factfile: Summer 2023*. prison_the_facts_2023.pdf (prisonreformtrust.org.uk).
5. HM Inspectorate of Prisons (2021). *Outcomes for Young Adults in Custody*. London: HM Stationery Office; Prison Reform Trust (2023). *Bromley Briefings Prison Factfile: Summer 2023*. prison_the_facts_2023.pdf (prisonreformtrust.org.uk).
6. Sackett, D. L. (2000). *Evidence-Based medicine*. New York: John Wiley.
7. Fitzalan Howard, F. (2023). Implementing evidence-based practice: A synthesis of the evidence. *Prison Service Journal*, this issue.

question. This is a necessary step that enables identification of the relevant knowledge base(s), sources of information, and data, that could help answer that question and expose gaps in knowledge.⁸ In order to do this we synthesised the findings from several Government reviews on young adults in the justice system, as well as research into the period of emerging adulthood and neuroscientific insights into the process of brain maturation.^{9 10 11}

Evidence tells us young adults have distinct needs

As noted above, official statistics and accounts from young adults and those who work with them in the justice system indicate that they fare worse in many ways than older adults. The key questions to answer then, are why young adults have poorer outcomes than older adults in prisons and under probation supervision, and what is likely, or is evidenced, to improve the situation? All three government reviews were persuaded by a strong body of evidence regarding the young adult brain, that in their response to this group, criminal justice services were failing to take proper account of young adults' level of maturity. Research shows that the brain continues to develop after the age of 18, reaching maturation at around the age of 25.¹² Young adults are still maturing in important ways – psychologically and socially – during this period of brain development. Changes in the brain in adolescence and young adulthood mean that during this period, younger people are more likely to take risks and seek reward, to prioritise impressing their peers when making decisions in the presence of

friends and are more susceptible to peer influence, than at any other time in life.¹³ While there are important differences between individuals at this time in their lives, as a group, young adults also feel stress more keenly, have greater problems understanding others, and find it more difficult to manage their emotions and impulses when under pressure, than older adults.¹⁴

This type of maturity has been called psychosocial maturity. Psychosocial maturity is made up of three components: temperance, perspective and responsibility.¹⁵ People who lack temperance find it hard to hold back from acting on their impulses and emotions. People who have difficulties with perspective find it hard to take into consideration others' views, to think about and plan for the future, or to see the bigger picture when making decisions. People who lack a mature sense of responsibility are not wholly self-sufficient, do not have a strong and stable sense of who they are and might find it hard to resist peer influence.

People who lack temperance find it hard to hold back from acting on their impulses and emotions.

Research has linked lower levels of psychosocial maturity to anti-social decision making,¹⁶ while higher levels have been associated with desistance from crime.¹⁷ Psychosocial maturity is also likely to affect the way younger adults serving sentences in prison or in the community respond to sanctions and interventions. There is some

evidence that incarceration can inhibit maturation, possibly as a result of limiting opportunities to take on responsibilities, build relevant skills and develop prosocial relationships.¹⁸ At the most basic level, incarceration disrupts the normal process of socialisation in adolescence and early adulthood. These are times when social, especially peer, influence on thinking and behaviour is heightened.^{19 20} In prison,

8. See footnote 7, Fitzalan Howard (2023).
9. Harris, T. (2015). *Changing Prisons, Saving Lives: Report of the Independent Review into Self-inflicted Deaths in Custody of 18-24 year olds*. Available at: Harris Review: self-inflicted deaths in custody - GOV.UK (www.gov.uk)
10. Justice Committee (2016). *The Treatment of Young Adults in the Criminal Justice System; Seventh Report of Session 2016-17, HC 169*. <https://publications.parliament.uk/pa/cm201617/cmselect/cmjust/169/169.pdf>
11. Lammy, D. (2017). *A Review of Race in the Criminal Justice System*. The Lammy Review (publishing.service.gov.uk)
12. Prior, D., Farrow, K., Hughes, N., Kelly, G., Manders, G., White, S., & Wilkinson, B. (2011). *Maturity, Young Adults and Criminal Justice: A Literature Review*. Birmingham-University-Maturity-final-literature-review-report.pdf (t2a.org.uk)
13. Casey, B. J. (2013). The teenage brain: An overview. *Current Directions in Psychological Science*, 22, 80-81.
14. Steinberg, L. (2008). A social neuroscience perspective on adolescent risk-taking. *Developmental Review*, 28, 78– 106.
15. Steinberg, L. & Cauffman, E. (1996). Maturity of judgment in adolescence: Psychosocial factors in adolescent decision-making. *Law and Human Behavior*, 20, 249-272.
16. Cauffman, E. & Steinberg, L. (2012). Emerging Findings from Research on Adolescent Development and Juvenile Justice. *Victims and Offenders*, 7, 428-449
17. Monahan, K. C., Steinberg, L. Cauffman, E., & Mulvey, E. P. (2009). Trajectories of antisocial behavior and psychosocial maturity from adolescence to young adulthood. *Developmental Psychology*, 45, 1654-1668.
18. Dmitrieva, J., Monahan, K. C., Cauffman, E., & Steinberg, L. (2012). Arrested development: The effects of incarceration on the development of psychosocial maturity. *Development and Psychopathology*, 24, 1073-1090.
19. Sommerville, L. H. (2013). The teenage brain: Sensitivity to social evaluation. *Current Directions in Psychological Science*, 22, 121-127.
20. Chein, J., Albert, D., O'Brien, L., Uckert, K., & Steinberg, L. (2011). Peers increase adolescent risk taking by enhancing activity in the brain's reward circuitry. *Developmental Science*, 14, 1-10.

access to prosocial peers and networks is severely constrained; prisoners are surrounded by antisocial peers. Life inside prison is characterised by rigid rules and is highly repetitive and routinised, limiting opportunities to learn how to manage a life in the community which lacks the same rigid structure and requires self-motivation, and flexibility and persistence. Similarly, opportunities to become self-sufficient, to exercise autonomy, and to take on social roles that demand increasing levels of responsibility, are restricted in prisons.

Step 2: Knowledge Acquisition, Evaluation, and Distillation

The second step of evidence-based practice is the acquisition and critical appraisal of relevant evidence through systematic and comprehensive searches and review. In this step the evidence is scrutinised for its relevance and quality, weighted accordingly, and brought together to provide a meaningful overview of the findings.

In this step we set about searching for knowledge that would help us understand how we could do better for young adults in prisons. HMPPS (then the National Offender Management Service; NOMS), completed an in-house review of data and published research into the characteristics and needs of young adults, and commissioned a rapid evidence review of the effectiveness of interventions to reduce reoffending among 18-25 year olds.²¹ This culminated in the publication of a set of principles for commissioning services for young adult men, on whom most of the available research was based.²²

Opportunities to become self-sufficient, to exercise autonomy, and to take on social roles that demand increasing levels of responsibility, are restricted in prisons.

Achieving better outcomes for young adult men

The Achieving Better Outcomes for Young Adult Men document identified six priority outcomes for young adult men, based on the evidence that psychosocial maturation continues until at least age 25:

- ❑ Developing a stable, prosocial identity,²³
- ❑ Building resistance to peer influence,²⁴
- ❑ Gaining greater self-sufficiency and independence,²⁵
- ❑ Building skills in managing emotions and impulses,²⁶
- ❑ Increasing engagement with and planning for their futures (future orientation),²⁷ and
- ❑ Strengthening bonds with family and in other close relationships.²⁸

To address these six priority needs, Achieving Better Outcomes recommended seven interventions, services, and approaches to reduce reoffending and promote desistance from crime in young adults:

1) Structured programmes that build skills in thinking and emotional management.

The rapid evidence assessment of interventions to reduce reoffending among young adults concluded that there is good evidence for the effectiveness of structured interventions such as cognitive skills and anger

management programmes in prisons.²⁹ For those serving sentences for acquisitive offences research also suggests that addressing any substance misuse problems should be a priority.³⁰ Such programmes target important components of psychosocial maturity, teaching skills linked to temperance and perspective, as

-
21. McGuire, J. (2015). *What works in reducing reoffending in young adults? A rapid evidence assessment*. Ministry of Justice Analytical Summary, MoJ, London: England
22. National Offender Management Service (2015). *Achieving Better Outcomes for Young Adult Men: Evidence-Based Commissioning Principles*. Available at: 2 (publishing.service.gov.uk)
23. Wilson, T. D. (2011). *Redirect: Changing the Stories we Live by*. London, U.K: Penguin.
24. Albert, D., Chein, J., & Steinberg, L. (2013). The teenage brain: Peer influences on adolescent decision-making. *Current Directions in Psychological Science*, 22, 114-120.
25. Steinberg, L., Cauffman, E., & Monahan, K. (2015). *Psychosocial Maturity and Desistance From Crime in a Sample of Serious Juvenile Offenders*. Psychosocial maturity and Desistance from Crime in a Sample of Serious Juvenile Offenders.pdf (pitt.edu)
26. Steinberg, L., Albert, D., Cauffman, E., Graham, M., Banich, S., & Woolard, J. (2008). Age differences in sensation-seeking and impulsivity as indexed by behaviour and self-report: Evidence for a dual systems model. *Developmental Psychology*, 44, 1764-1778
27. Walters, G. D. (2019). Maturing out of delinquency: unpacking the effects of identity achievement and future orientation on crime desistance. *Self and Identity*, 18, 267-283
28. Salvatore, C. & Taniguchi, T. A. (2012). Do social bonds matter for emerging adults? *Deviant Behavior*, 33, 738-756.
29. See footnote 21, McGuire, J. (2015).
30. Mulvey, E. P. & Schubert, C. A. (2012). Some initial findings and policy implications of the pathways to desistance study. *Victims and Offenders*, 7, 407-427

well as helping participants engage with and plan for their future.

2) Re-entry schemes that help prisoners resettle into the community. There is good evidence that highly structured, rehabilitative programmes or schemes that help young adults integrate into the community on release from prison by helping ready them for and access secure housing, employment, training, or education and building life skills and networks of prosocial support, can reduce rates of recidivism.³¹ Early research suggests that such programmes might help reduce recidivism by building self-sufficiency and responsibility through financial independence.³²

3) Interventions to build resilience/stress management. As well as being more receptive to stress, many teenagers and young adults are not yet fully equipped to deal with strain adaptively.³³ Those in contact with the criminal justice system may suffer as a result and have limited role models or support on which to draw to help manage these challenges. There is insufficient evidence to establish whether resilience-building and stress management interventions affect the recidivism of young adults.³⁴ However, recent meta-analyses and systematic reviews of psychological therapies for people in prison conclude that cognitive behavioural treatment and mindfulness-based therapies have a moderate impact in the short-term on depression, anxiety, and stress on adults in prison.^{35 36}

4) Education, employment training and help finding a job. Providing young adults with engaging opportunities to increase their educational achievements and develop new work skills could be a good way to help them build independence and self-sufficiency, to develop prosocial networks and

contribute to a more prosocial identity.³⁷ Research suggests that education and training is more likely to lead to reduced reoffending if accompanied by help to get a job.³⁸

5) Activities and interventions that build psychosocial maturity. Given that research identified a risk that incarceration, and to a lesser extent, the restrictions placed on young adults serving sentences in the community, can disrupt normal developmental and socialisation processes, young adults in prison and on probation should have the opportunity to engage in activities that support psychosocial maturation.³⁹ In addition to activities to build independence and impulse and emotion management, activities should aim to build all aspects of psychosocial maturity, including i) prosocial identity, ii) resistance to peer influence, iii) perspective taking, and iv) future orientation.⁴⁰

6) Services that help young adults build or maintain healthy relationships with family and significant others. Research with prisoners in the U.K. found that young men were less likely than their older counterparts to maintain relationships with family members or significant others while inside.⁴¹ Internationally, research suggests that better social bonds, in particular family and intimate relationships, can act as a protective factor for those in emerging adulthood and this has been linked to lower rates of reoffending among young adults.⁴² Family support has also been implicated in prison safety for young adults. The Harris Review of deaths in custody of 18–24-year-olds emphasised the important role of families in supporting and being involved in decision-making for young adults at risk of suicide.⁴³

7) Building positive relationships and engaging with young adults. Finally, given the

31. See footnote 21, McGuire, J. (2015).

32. Hill, J. M., Van der Geest, V. R. and Blokland, A. A. J. (2017). Leaving the Bank of Mum and Dad: Financial Independence and Delinquency Desistance in Emerging Adulthood. *Journal of Deviant Life Course Criminology*, 3, 419–439.

33. Romeo, R. D. (2013). The teenage brain: The stress response and the adolescent brain. *Current Directions in Psychological Science*, 22, 140–145.

34. Hodgkinson, R., Beattie, S., Roberts, R., et al. (2021). Psychological resilience interventions to reduce recidivism in young people: A systematic review. *Adolescent Res Rev*, 6, 333–357.

35. Per, M., Spinelli, C., Sadowski, I., Schmelefske, E., Anand, L., & Khoury, B. (2020). Evaluating the effectiveness of mindfulness-based interventions in incarcerated populations: A meta-analysis. *Criminal Justice and Behavior*, 47(3), 310–330

36. Yoon, I. A., Slade, K., & Fazel, S. (2017). Outcomes of psychological therapies for prisoners with mental health problems: A systematic review and meta-analysis. *Journal of Consulting and Clinical Psychology*. Advance online publication. <http://dx.doi.org/10.1037/ccp000021> (18) (PDF) *Outcomes of Psychological Therapies for Prisoners With Mental Health Problems: A Systematic Review and Meta-Analysis*. Available from: https://www.researchgate.net/publication/317297890_Outcomes_of_Psychological_Therapies_for_Prisoners_With_Mental_Health_Problems_A_Systematic_Review_and_Meta-Analysis [accessed May 17 2023].

37. Barnett, G. D., Boduszek, D., & Willmott, D. (2021). What works to change identity: a rapid evidence assessment of identity intervention. *Journal of Applied Social Psychology*, 51, 698–719.

38. Visher, C. A., Winterfield, L., & Coggeshall, M. B. (2006). Systematic review of non-custodial employment programs: impact on recidivism rates of ex-offenders. *Campbell Systematic Reviews*, 2006, 1.

39. See footnote 18, Dmitrieva et al. (2012).

40. See footnote 17, Monahan et al. (2009).

41. Spark Inside. (2023). *Being Well, Being Equal: Prioritising the wellbeing of young men and young Black men in the criminal justice system*. Barrow Cadbury Trust. Available at: <https://barrowcadbury.org.uk/wp-content/uploads/2023/02/BWBE-Report-Final-V.2-DIGITAL-Spreads-REDUCED-21-02-1.pdf>

42. See footnote 28, Salvatore & Taniguchi (2012).

43. See footnote 9, Harris (2015).

higher rates of violence and proven reoffending associated with young adults, there is work to do to challenge the stigma or stereotypes that many young adults feel staff apply to them, and to help staff to see the person and the needs behind challenging behaviour. This is a persistent problem. A recent thematic report on young adults in prison by HM Inspectorate of Prisons highlighted that they reported poorer relationships with staff and felt less able to access support for mental health, rehabilitation, and resettlement, than older prisoners.⁴⁴ Improving relationships between staff and young adults opens up opportunities to help this group see their worth as people who can contribute to their community and other people, for staff to act as role models and to coach and build skills in emotion management, self-sufficiency and independence, and to communicate hope for young adults' future.

In addition to identifying evidence-based interventions and services for young adults, the Better Outcomes review also concluded that as a service, HMPPS should have a way of identifying those who need most help with maturation, and that there should be a co-ordinated, strategic, operational response to improving the outcomes of young adults in prisons and probation.

Step 3: Knowledge Dissemination and Diffusion

The third step of evidence-based practice is dissemination and diffusion of the evidence; getting the right evidence to the right people at the right time, in ways that make it easy for them to know what to do and act on it. We were keen to hear from frontline staff about their preferred methods of learning and receiving information, so the Young Adults' Team developed and distributed a survey to this effect. The responses helped shape the subsequent communications, which have taken the form of a Knowledge Hub for staff working with young adults (a 'one-stop-shop' for staff who need to access information to support their work), and commissioned training, learning, and development products. The Young Adults' Team also collaborated with the Evidence-Based Practice Team and a range of other colleagues to deliver a variety of in-person and online awareness events over the last six years. These

They reported poorer relationships with staff and felt less able to access support for mental health, rehabilitation, and resettlement, than older prisoners.

have included: the Young Adults' Conference in 2018 at which a maturity screening tool and resource pack for working with young adults were launched (see step 4), and a subsequent re-launch event in September 2022 which attracted over 500 participants, Young Adults' Awareness week for prison and probation in February 2022, and a series of events covering the launch of the Transitions Policy Framework,⁴⁵ Young Adult Strategy, and Young Adults Model of Operational Delivery. Other bespoke workshops for staff have been delivered to prison Neurodiversity Support Managers, and senior leaders such as Prison Group Directors, Governors, the Safety Programme Board and Safety Learning Group, Use of Force Committee and the Use of Force Ethics committee, and others. A Young Adults summit was held at HMP Winchester for the South-Central Prison Group in November 2022.

Finally, The Evidence-Based Practice Team has written and disseminated evidence summaries on the young adult brain, and most recently on research focussed on young adults in prisons or on probation. The latter, a compendium of young adults' evidence, is to be disseminated over the next six months in a series of smaller, bite-sized, evidence resources, targeted at different staff groups.

Together, these learning events and products cover a range of issues pertinent to young adults, including neurodivergent conditions and traumatic experiences which are so prevalent in this group. They aim to help staff manage their interpretation of challenging behaviour, counter negative stereotypes of young adults, and respond to this group's needs more effectively.

Step 4: Application

The fourth step is application of the evidence to practice; incorporating evidence into decision-making and behaviour, facilitated by step three. In order to apply the knowledge from the evidence on young adults to both policy and practice, HMPPS appointed an Executive Director as operational lead for Young Adults, who established and chairs the Young Adults' Board, as well as a principal psychologist as clinical lead for Young Adults in the Directorate of Security. These

44. HMIP (2021). *Outcomes for Young Adults in Custody: A Thematic Review*. A short thematic report by HM Inspectorate of Prisons: Outcomes for young adults in custody: A thematic review by HM Inspectorate of Prisons January 2021 ([justiceinspectorates.gov.uk](https://www.justiceinspectorates.gov.uk))

45. Transition of Young People from the Children and Young People Secure Estate to Adult Custody Policy Framework - GOV.UK (www.gov.uk)

posts aim to ensure that the latest and best evidence on young adults is translated into practice, securing a focus on the needs and outcomes of young adults in prisons. As well as establishing the YA Board, HMPPS has developed a screening tool and resource pack to help identify and support young adults with maturity needs, and published a Young Adults' Custodial Strategy, Model of Operational Delivery and Transitions Policy Framework, to set out how the learning from research on young adults should be put into practice to improve outcomes for this group.

Young Adults' Board

In December 2018, the Young Adults' Board was established, to bring together people across HMPPS and the Ministry of Justice, professional partners, academics, external partners, and charitable organisations conducting research and delivering interventions and services for this group. The objective was to have a co-ordinated programme of work to directly understand and address the needs of young adults in custody, and to improve the understanding and skills of the staff working with them, thereby improving the custodial experience and outcomes for this group. This board routinely uses data and evidence to inform further research and projects to achieve the desired outcomes. The diverse membership encourages greater awareness and consistency of approaches, facilitates the sharing of good practice and research, and encourages collaborative working, reducing the likelihood of duplication and increasing the likely success of work with young adults by ensuring this is based on the latest and best evidence.

Maturity screening tool and Choices and Changes resource pack

In July 2019, HMPPS launched the Maturity Screening Tool (MST) and Choices and Changes

resource pack. The MST has two main aims; to establish likely demand for services and interventions which could support young adults' maturation, and to help practitioners identify those young men who need most support in this area, a recommendation of the Harris Review.⁴⁶ The tool uses information from ten items in the standard HMPPS risk and need assessment (thereby requiring no extra data gathering), identified through research as meaningful markers of psychosocial maturity.⁴⁷ Tests suggest that the tool is both a reliable and valid screen for psychosocial maturity for young adult men convicted of crime, providing meaningful risk-related information beyond that gleaned from someone's age alone.⁴⁸

Tests suggest that the tool is both a reliable and valid screen for psychosocial maturity for young adult men convicted of crime, providing meaningful risk-related information beyond that gleaned from someone's age alone.

To respond to the needs of those identified by the MST as having lower levels of psychosocial maturity, HMPPS developed Choices and Changes. Available across custody and community settings, this resource pack was designed to be used primarily on a one-to-one basis to promote conversations supporting pro-social choices and behaviour change, and provide opportunities for young adults to build skills in the six priority areas identified by a review of research in the Better Outcomes document.⁴⁹ It consists of structured exercises that can be used by a range of staff, allowing flexibility and enabling sites to tailor the work to fit with their local practices and resources. Choices and Changes can be used with young adults who have

no access to accredited interventions, who need further support following participation in an accredited intervention, or who are not yet ready to engage with an accredited programme, due to issues with maturation.⁵⁰

Following the introduction of the MST and the Choices and Changes resource pack, HMPPS has been continually monitoring uptake and use of the tools to inform and target efforts to implement these consistently across the estate. Despite a slow start, which was compounded by the impact of COVID-19, the latest (2023) data indicate that 81% of all prisons are using the

46. See footnote 9, Harris (2015).

47. Wakeling, H. & Barnett, G. (2017). *Development and Validation of a Screening Assessment of Psychosocial Maturity for Adult Males Convicted of Crime: Analytical Summary*. Retrieved from: <https://www.gov.uk/government/publications/development-and-validation-of-a-screening-assessment-of-psychosocial-maturity-for-adult-males-convicted-of-crime>

48. See footnote 47, Wakeling & Barnett (2017).

49. See footnote 22, National Offender Management Service (2015).

50. Developing maturity before engaging with an accredited programme may increase chances of successful completion.

screening tool and 58% of prisons are using Choices and Changes to support their young adults.

Transitions Policy Framework

The Transitions Policy Framework was developed jointly by Public Sector Prisons (PSP) and the Youth Custody Service (YCS), in response to findings from six months of fieldwork commissioned by the Young Adults' Board. The fieldwork highlighted a range of problems in the process of young people's transition from the Children & Young People's Secure Estate (CYPSE) to the adult prison estate. Prisoners are at increased risk of harming themselves and others during the early days of custody,⁵¹ and fieldwork indicated that this is exaggerated for young people who had both no experience of the adult estate, and who were still maturing in ways that affected how they coped with this strain. This, coupled with the 'cliff edge' that young people and adults described existing between CYPSE and the adult estate in the level of support, intervention, and resource available, meant improvements to the transitions process were a priority.

The Transitions Framework introduced a number of measures to improve the timeliness, co-ordination, consistency, and comprehensiveness of transitions planning between the CYPSE and Public Sector Prisons (PSP). These included the introduction of a Central Management Team (CMT) in YCS who oversee the transition process for all young people, and a Transitions Board which brings together several prospective prisons to discuss and collaboratively decide the best location for the individual based on their distinct needs, as well as ensuring timely decision making and a comprehensive handover of information to the adult prison. Additionally, materials providing information for young people prior to transfer, presented in a variety of formats including pictures and videos, were devised to make the process and transition more predictable, reduce anxiety, and avoid re-traumatisation, all of which have the potential to influence violence, self-harming behaviours, or suicidal ideation.

The Transitions Policy Framework was launched in 2023 via a series of communications, including a national online event. This process is now being implemented across the prison estate, and a series of evaluations to review its effectiveness are underway.

Young adults' Custodial Strategy and Model for Operational Delivery

In 2020, the Young Adults Custodial Strategy was commissioned with a view to supporting more prisons across the estate to meet the specific needs of this cohort.⁵² The strategy set out evidence-informed principles that aim to improve young adults' safety,

wellbeing and relationships, sentence planning and continuity of care, as well as to provide more effective and bespoke training for staff, and build on the evidence base by testing out new initiatives to identify what works to produce positive outcomes. A range of evidence was used to develop this strategy, including extensive stakeholder engagement and input from across HMPPS and MoJ, professionals and academics, third sector partners, charities, and organisations. Listening to and understanding the lived experience of young adults in prisons was also key in informing this work. The Young Adult Model for Operational Delivery (YA MOD) was developed as an evidence-based guide on how to

The Young Adult Model for Operational Delivery (YA MOD) was developed as an evidence-based guide on how to practically apply the evidence base to deliver the desired outcomes identified in the strategy.

practically apply the evidence base to deliver the desired outcomes identified in the strategy. The YA MOD was updated in 2021, in response to changes in process and policy, and to incorporate the most current research and evidence, and examples of good practice. A 'What Good Looks Like' survey was distributed to prisons across the estate holding young adults to ask for examples of good practice. Several of these were referenced in the MOD to signpost prisons to suggestions that might suit their own strategic approach and local delivery plans.

Both the YA strategy and the MOD were officially launched in 2022 via a series of communications and a national online event. This included presentations from three different prisons who gave their own accounts of how they had used both documents to inform their

51. Slade, K., Edelmann, R., Worrall, M., Bray, D. (2012). Applying the Cry of Pain Model as a predictor of deliberate self-harm in an early-stage adult male prison population. *Legal and Criminological Psychology*, 19(1), 131-146.

52. The Probation Service has also published a policy framework for young adults, available at: Young Adults Policy Framework

own local strategies for working more effectively with their young adults, all of which were unique. The Young Adults' Team now works with prisons across the estate to provide advice and guidance for prisons developing their own local approaches, to ensure that these are in line with the best evidence.

Pilot site projects

HMPPS made a commitment in the YA Custodial strategy to continue to improve the evidence base for working more effectively with young adults. With additional requests from prison leaders for examples of good practice, a series of pilot site projects were launched, aiming to test new initiatives to meet the needs of young adults in prison that generated positive outcomes, and to improve our organisational learning. Each of the five projects were designed to build upon existing evidence:

- ❑ HMP Portland collaborated with the 100 and First Foundation to implement a rugby academy, using sport as the mechanism to promote trusting relationships and team working, perspective taking, challenge negative perceptions and stereotypes, and develop positive self-identity.
- ❑ HMP Wandsworth responded to the high levels of force being used on young adults by developing an enhanced Control & Restraint Refresher training package for staff which incorporated learning about the specific needs of young adults and included scenario-based approaches for practicing de-escalation techniques, as well as improved interpersonal skills.
- ❑ HMP Nottingham are in the process of developing a dedicated young adult wing to help understand the costs and benefits of holding young adults together, or whether to co-locate them with older prisoners. Current evidence on this matter is inconclusive.
- ❑ HMP Berwyn created an additional training package for new prison officer apprentices to improve their awareness of the needs of young adults.
- ❑ Finally, HMP Deerbolt developed a bespoke transitions unit to provide enhanced support to young adults coming from the CYPSE, with a view to reducing the 'cliff edge' of support experienced that can contribute to increased levels of violence and/or self-harm.

All pilot site projects have been allocated a psychologist to conduct an evaluation; these pieces of work are currently at differing stages of completion.

Step 5: Assessment and Evaluation

The final step is evaluation of the evidence-based changes or actions, determining their effect (good, bad, or null), and reasons for that effect, to add to the evidence base and shape future practice. A vital part of the work in improving outcomes for young adults in HMPPS is monitoring data, research, and evaluation. Evidence has informed the approaches HMPPS is taking to better respond to the needs of this group, but there are important gaps in our understanding of what works in practice in prisons, for whom, under what conditions, and how. Evaluation is at the heart of the young adult pilots, to enable HMPPS to learn from attempts to achieve better outcomes for this group. The young adults evidence reviews have also highlighted a number of gaps in the evidence base (e.g., how maturity is demonstrated specifically with young adult women, and the specific needs of young adults from ethnic minorities), which the YA Board will use to direct future research commissions. Finally, HMPPS continually monitor data around the use of the maturity screening tool and resource pack in order to assess and improve usage and uptake of available resources.

Conclusion

The efforts to deliver evidence-based practice for young adults has taken both time and significant resource, and there is still a way to go. Whilst significant progress has been achieved within all five steps of the evidence-based practice model, step 5 (assessment and evaluation) probably needs most focus now, to determine whether the changes HMPPS have introduced are having the desired impacts. However, all five steps need continued focus to ensure that knowledge continues to be built and shared, and practice continues to be shaped in line with the evidence. Furthermore, there have been significant challenges and barriers to application of evidence in practice with young adults. These will undoubtedly need to be continually addressed. Specifically, the two major challenges have been resistance to change, and the significant lack of resource currently in prisons.

Resistance to change has been evidenced by the slow uptake of the new tools and an apparent reluctance to take on board some of the messages around being more responsive to the needs of young adult men (or having negative attitudes towards young adults). Culture change, or new ways of working, can be difficult to introduce, but change is needed to improve practice, to be open to learning, and adapt to new evidence. The significant lack of resource in prisons has compounded difficulties in achieving

change. Whilst trying to embed the screening tool and resource pack, for example, many prisons at first indicated that they couldn't take this work on due to lack of staff and resourcing pressures. The resourcing issues (along with other problems with accessing data) have also hindered the evaluation work to date.

Whilst issues of resourcing will continue to be problematic, we will proceed with attempting to move forward and overcome issues in achieving evidence-based change by:

- ❑ Building momentum for change over time by communicating clearly and widely about why the changes are needed, and consistently using evidence and data to make the case for change to build motivation and support for change.
- ❑ Building people's capability to apply evidence in their practice by providing them with the right knowledge and the right tools, and reducing friction in applying evidence to practice, making it as easy as possible for colleagues to engage in the change.
- ❑ Involving as many people as possible in developing new strategies and evaluating services, and in sharing evidence and good practice. Co-production and engagement are critical when trying to embed evidence into practice and getting people on board with change, as is highlighting the benefits of the work.
- ❑ Evaluating the work we do as a service in this area as robustly as possible, and emphasising the importance of evaluation, to further learn and adapt where needed. This contributes to an open learning culture and a desire to strive to better understand 'what works' with this group.

If a picture is worth 1,000 words, a prototype is worth 1,000 meetings.¹ Why prototyping will help you get better results.

Jo Voisey is the Prototyping Lead in the Evaluation & Prototyping Hub of the Ministry of Justice's Data & Analysis Directorate.²

The goal of intervention design is to deliver services that are wanted, that work and that will scale. If people do not need what you are delivering or don't respond in the way you expect, then your intervention will fail. If you are not delivering the change that is expected by government, then your intervention is wasting public money. If your intervention can't practically be delivered or scaled up, then it is not delivering public value.

In a climate of constrained public spending, getting better at intervention and policy design is critical. The economic climate is unlikely to improve in the short term and if we are to deliver better services then we need to tap into our collective wisdom and improve how we work.

The MoJ has just published its first 'Evaluation and Prototyping Strategy'³ with a simple message: better evidence enables better decision-making which delivers better outcomes. To deliver at pace, we need to build learning more effectively into what we do. We often start with the assumption that a new intervention is better than 'business as usual' but this often isn't the case. For example, in the world of medicine, even among the most promising new drugs for cancer, only 4 in 10 are found to improve outcomes.⁴ Building in effective learning so we can stop things that don't work is essential for delivering value for money. And even the 'best' idea won't work straight away in complex and chaotic environments, so we need to purposefully build

in learning loops to refine and optimise any intervention.

Prototyping is a way of developing, testing, and improving ideas at an early stage which is low cost and low risk.⁵ It comes before traditional piloting or evaluation and, whilst it hasn't been used routinely in justice settings, it is a methodology which has been extensively utilised in engineering, product development, and digital service design. For example, Government Digital Service mandates the use of an agile approach to build and run government digital services.⁶ Agile delivery has five stages: discovery, alpha, beta, live, retirement. Prototyping is like discovery and alpha whereas evaluation happens during the equivalent beta and live stages.

In addition to digital services, prototyping is also increasingly being used by governments around the world in the development of public services.^{7 8} Prototyping places greater emphasis on the quick, iterative testing of ideas to generate insight and to use this learning to inform intervention development at an early stage.

This article sets out why prototyping gets better results and provides a framework for how to embed prototyping in your work. Prototyping is an early first step in developing evidence-based policy that will deliver better justice outcomes. If it is done well, prototyping means that your intervention will be refined and optimised prior to more robust evaluation.

-
1. Quote from Tom and David Kelley, Founders of IDEO
 2. If you need more information or want to talk about anything that is included in this article, please contact me at EvaluationPrototypingHub@justice.gov.uk
 3. MOJ Evaluation and Prototyping Strategy - GOV.UK (www.gov.uk)
 4. Djulbegovic, B., Kuma, A., Soares, H., Hozo, I., Bepko, G., Clarke, M., & Bennett, C. (2008). Treatment success in cancer: new cancer treatment successes identified in phase 3 randomised controlled trials conducted by the National Cancer Institute. *Arch Intern Med*, 168, 632-42.
 5. Nesta (2011). Prototyping Public Services: An introduction to using prototyping in the development of public services.
 6. <https://www.gov.uk/service-manual/agile-delivery>
 7. McGann, M., Blomkamp, E., & Lewis, J. (2018). The rise of public sector innovation labs: experiments in design thinking for policy. *Policy Sciences*, 51, 249-267.
 8. Mintrom, M., & Luejens, J. (2016). Design Thinking in Policymaking Processes: Opportunities and Challenges. *Australian Journal of Public Administration*, 75, 391-402.

Prototyping will get you better results

Reason 1: Those close to the problem are closer to the solution

In the 1980s there was a TV programme called 'Back to the Floor'. Owners of failing businesses would spend a few days on the front-line in different parts of their business. Every week it was a different context but with the same underlying problem. A disconnect between what the people in 'the back office' thought was happening and what was happening on the front line. Similarly, a review of government 'blunders' identified operational disconnect between those developing policy and those impacted by it as one of the primary causes.⁹

The further away you are from a problem, the easier it is to fall into the trap of thinking a problem is easier to solve than it really is. As H L Mencken said, "There is always a well-known solution to every human problem – neat, plausible and wrong".¹⁰ The people who know the most about any problem are the people facing it – staff on the front line and service users. But these people often have the least power, influence, and opportunity to change it.

Prototyping changes this power imbalance by making operators and users of a proposed intervention an essential stakeholder. Ideally, they should be central to understanding the problem and co-creating potential solutions. At the very least, their feedback should be sought at the earliest stage to understand if they 'love it', want to 'change it' or think we should 'bin it'.

Reason 2: It prioritises quickly testing and refining your idea in context prior to evaluation

Innovation is critical to tackle social issues; it is central to the process of development. In traditional evaluation, interventions or policies are often designed in isolation and then implemented. The intervention is fixed and does not 'accept' mid-course corrections for the period of the evaluation. Prototyping moves away from this linear mindset and instead approaches design as an iterative, adaptive process.

At its core prototyping accepts that no solution will be designed perfectly at the outset and that for a policy or intervention to achieve its outcomes it is essential to

understand the context in which it is delivered. You'll learn more by testing in context than by sitting around a table listening to 'once removed' opinions to design your intervention.

The sooner people who understand the context can interact with the potential solution the better. It is very difficult for people to interact with abstract ideas that they cannot 'see'. At the beginning a prototype is a basic, inexpensive, and visual representation of a potential solution. This could be a visual pathway, a storyboard, or a mock up video. It forces you to think through how the prototype will deliver change and then test with key stakeholders on the ground who would be involved in delivering it. This may help you to identify critical assumptions and will enable you to refine your prototype to fix obvious flaws. You can also start to understand if there is demand for your intended solution.

At this stage, the feedback is still opinion and some things we can't find out until we give them a go. So, the next step is to test part or all of your prototype in situ to understand what happens during implementation. The focus is on learning why things happen and to refine and optimise your idea as you go. This allows you to quickly change your focus as you spot design flaws that can be costly, even in small scale pilots. You can also test your riskiest assumptions to see if they hold, because if they don't, then you will not achieve the impact you intend.

This approach helps you to see what happens in practice and assumptions that you might need to evaluate on a larger scale. It can also help to build confidence, momentum, and interest in an idea with staff and users.

Reason 3: Prototyping is a framework to build a lasting learning culture

Whilst the evidence on how to change organisational culture is in its infancy and needs development, there are several themes of practice or approaches within the literature that may be useful or are plausible in driving organisational change.¹¹ These include: to be explicit about the nature of the problem, to consider the existing evidence we have on what works, to include people who experience the problem, to have a clear rationale about how the proposed

9. King, A., & Crewe, I. (2014). *The Blunders of our Governments*. Oneworld Publications.

10. Mencken, H. L. (1920). *Prejudices: Second Series, Volume 2*. Creative Media Partners, LLC.

11. For example, see: Barends, E., & Rousseau, D. (2022). *Organisational culture and performance: an evidence review. Scientific summary*. London: Chartered Institute of Personnel and Development; Chartered Institute of Personnel and Development. (2020). *Organisational culture and culture change*; Gifford, J., & Wietrak, E. (2022). *Organisational culture and climate: an evidence review. Practice summary and recommendations*. London: Chartered Institute of Personnel and Development; Li, S-A., Jeffs, L., Barwick, M., & Stevens, B. (2018). Organizational contextual features that influence the implementation of evidence-based practices across healthcare settings: A systematic integrative review. *Systematic Reviews*, 7, 72-91; Rudes, R. S., Portillo, S., & Taxman, F. S. (2021). The Legitimacy of Change: Adopting/Adapting, Implementing and Sustaining Reforms within Community Corrections Agencies. *British Journal of Criminology*, 61, 1665-1683.

solution will bring about change, to be clear on how impact will be measured, by whom, and when learning will be used to determine what happens next. Each of these map onto the three-step prototyping framework discussed below. It is the hypothesis of this author that following the evidence and adopting a prototyping approach will help to improve the organisational learning culture as it provides the practical framework **for how** to change culture.

Prototyping Framework

The Prototyping Framework discussed below aligns with the Double Diamond design process developed by the British Design Council for innovation,¹² and the Open Policy Making toolkit for digital design.¹³

Step 1. Diagnose: Love the problem, not 'your solution'

The focus on delivery, short timelines, and constrained funding cycles means that many teams are pushed to deliver solutions quickly.

Often, information about the problem we are trying to tackle is limited or unknown, and we haven't invested sufficient time to define the core issue. Implementing a solution that tackles symptoms risks just 'papering over the cracks' - a temporary fix that is more likely to fail over time. Implementing a solution that tackles the wrong problem is doomed to failure. As Russell Ackoff says, "Doing the wrong thing right is not nearly as good as doing the right thing wrong."¹⁴ We may think we are moving faster by going straight to a solution, but we can, in fact, be wasting time and energy.

In addition, our need to make sense of the world means that we see problems as more predictable, tidier, and simpler to solve than they are.¹⁵ This means that we can be overconfident and over optimistic that our solution will succeed. We become emotionally attached to the solution because we have advocated for it. In doing so, not only do we become responsible for the

delivery, but we also become responsible for the outcomes. This makes it very difficult to change direction in the face of contradictory feedback or to admit that our proposed solution should be shut down.

Prototyping takes a different approach. It prioritises investing time to develop deep understanding of the problem within the context of where the intervention, service, or policy is to be delivered. The first step is to invest time to understand the system(s), the barriers people face when interacting with the existing system(s), and to understand their needs. This human-centred approach is a fundamental principle to design and achieved through both primary and secondary research.

Primary research could be observation, interviews, or surveys which seek to understand what is happening. Spending time with real people in real environments so you can observe them in the place

where the problem occurs. Your research could be a behavioural diagnosis which identifies barriers or enablers of the desired behaviour, it could be mapping pain points¹⁶ or the amount of 're-work' at various points in the system, it could be a root cause analysis with a diverse group of individuals who are involved in using or delivering the system, or it could be ethnographic research to observe the problem through the eyes of people involved at

Spending time with real people in real environments so you can observe them in the place where the problem occurs.

various steps in the process. Secondary research identifies existing evidence on the topic which could inform the problem. It could also involve using administrative data to quantify the size of the problem, specific cohorts who are impacted, or to understand current activity levels.

This information from step 1 is synthesised into insights that help those involved to understand the main problems that need to be tackled. Synthesising large amounts of data into usable insight is a skill. Insight is only usable if it can be absorbed and used to inform people's thinking. Methods such as 'The Five Whys',¹⁷ a Fishbone Analysis,¹⁸ Problem Trees,¹⁹ Journey Maps,²⁰ System Maps,²¹ or Personas may help.

12. <https://www.designcouncil.org.uk/our-resources/framework-for-innovation/>

13. Open Policy Making toolkit - Guidance - GOV.UK (www.gov.uk)

14. https://ackoffcenter.blogs.com/ackoff_center_weblog/blog_post/

15. Kahneman, D. (2001). *Thinking Fast and Slow*. Penguin Books.

16. Pain points are specific challenges, issues, or problems that customers face in their journey while interacting with a product or service. These points are also an opportunity as they could identify an unmet need.

17. Swanson, R. (1995). *The quality improvement handbook*. Kogan Page

18. Majaro, S. (1988). *The creative gap: Managing ideas for profit*. Longman

19. Chevallier, A. (2016). *Strategic thinking in complex problem solving*. Oxford University Press.

20. Zemke, R., & Bell, C. R. (1989). *Service Wisdom: Creating and Maintaining the Customer Service Edge*

21. Government Office for Science (2022). *Introduction to systems thinking for civil servants*. Systems thinking for civil servants - GOV.UK (www.gov.uk)

From this analysis, you need to decide who you are designing for and redefine problem statements as opportunity statements that invite broad exploration. It is unlikely that you can design one thing for the entire population, as people are not a homogenous group. You may want to define profiles which describe what different groups think, feel, do, and need. This could include the development of 'use cases' that you'd want to test at a later point.

Case Study – Why aren't prisoners signing up or turning up for Education, Skills, and Work (ESW)?

Working with the Reducing Reoffending Business Partnering Team in Data and Analysis and HMPPS

Accelerator Prisons Programme, a behavioural diagnosis was conducted at three prisons to understand why people weren't signing up or turning up at ESW. This used an evidence-based framework called the Behaviour Change Wheel.²²

Researchers spoke to 68 prisoners and 40 staff, and synthesised the data into problem trees, which showed whether the barrier was capability, motivation, or opportunity (see figure 1). Problem trees were produced from the perspective of staff and prisoners. These trees were used to show the breadth of barriers, the range of perspectives, and potential points where the prison could intervene to improve the situation. They were used in a co-creation workshop at each prison.

Figure 1. An example problem tree on why people weren't signing up for ESW



Step 2. Co-Design: Harness diverse viewpoints

Prototyping is predicated on the belief that you get to better solutions if you include diverse perspectives. Putting together a cross functional team to work on co-design will mean that you will gain broader perspectives. In a prison context this should include operational staff, prisoners or people with lived experience, senior leadership, as well as external experts.

In small groups we can be susceptible to the illusion of control and illusion of understanding.²³ We tend to prefer the illusion of certainty than the reality of complexity. This can mean that we emphasise consensus over dissent. Think about the makeup of

teams to include dissenting views. If this is not possible, allocate someone to the role of 'devil's advocate' at different meetings.

If you are designing for a broad range of people, consulting people of different race, ethnicity, gender, age or religion is likely to provide important insight.²⁴ Including minorities in a group causes those in the visible majority to do a better job. The dominant group become more curious. A study that looked at decisions made by ethnically diverse groups of jurors versus white groups of jurors found that diverse groups took longer to consider the situations, examined the evidence more carefully, and made more 'right' decisions.²⁵ In a more diverse jury, white members asked more questions, raised more case facts and introduced fewer

22. <https://implementationscience.biomedcentral.com/articles/10.1186/1748-5908-6-42>

23. Surowiecki, J. (2004). *The Wisdom of Crowds: Why the many are smarter than the few*. Little Brown Book Group.

24. Syed, M. (2019). *Rebel Ideas*. John Murray (Publishers).

25. Sommers, S. R., Warp, L. S., & Mahoney, C. C. (2008). Cognitive effects of racial diversity: White individual's information processing in heterogeneous groups. *Journal of Experimental Social Psychology, 44*, 1129-1136.

inaccuracies. This points to a complex relationship – a visible minority increases positive behaviours such as questioning, listening, and thoughtful reflection in the dominant majority.

Another reason why demographic diversity is key is because it creates ‘cognitive diversity’, differences in thinking, perspectives, and experiences. Including minority groups bring important new perspectives to group decision-making. For example, research with American and Japanese students showed that the two culturally diverse groups direct their attention to different things.²⁶ They were asked to watch videos of underwater scenes and then asked what they saw in the animation. American students described ‘salient objects’ such as the fish whilst the Japanese students described the context – the background, the weeds.

Once you have put your team together, start generating ideas about how you can tackle your problem. You can provide stimulus for the idea generation by looking at what the evidence says from other people in different geographies or in different contexts. There are many different methodologies that you can use. The innovation team in MoJ recommend the CLEAR IDEAs model which provides an easy framework for idea generation.²⁷ There are lots of resources that will help you to start generating ideas, such as Nesta’s DIY Toolkit,²⁸ and This Is Service Design Doing.²⁹

The key point is to not shut down ideas too soon or jump on the first idea that comes along. At the idea generation stage, you want to create lots of different ideas and not be analytical. That comes later. Phrases like “Yes, but”, “That’s not what we do here”, and “We’ve tried that before” should be prohibited. Nothing stops idea generation faster than critical voices. Quantity, not quality, is the aim at this stage.

The output of ideas generation should be some form of paper prototype.³⁰ At this stage, you are still in an exploratory phase. You may have several potentially

viable prototypes that you want to take and test with a wider audience whilst still in a paper format. There is no ‘right way’ to build a paper prototype. The purpose is to make your idea tangible and concrete so that people can interact with it. It could be a storyboard, with the major scenes describing how change will come about, or a process map, which shows how the key groups interact with each other and the system and the steps that they must take to bring about change.

You can start to make decisions about which prototypes would be worth taking forward to the next stage. This is the point where you need to bring your analytical brain to the party. One way to narrow down ideas to take forward is for the design team to independently rate each prototype out of 10 based on feasibility and likely impact. Individual ratings can be aggregated to enable quick decisions to be made on the ‘front runners’.

Case Study – Storyboarding with the Innovation Task Force

The Innovation Taskforce (ITF) wanted to develop interventions to improve safety and reduce suicide, self-harm, and violence in prisons. They conducted ideation sessions with people who live and work in prisons to come up with a wide range of solutions. Storyboarding was employed to investigate the

viability and potential of the top ten ideas. The ITF created a storyboard for each of the ten ideas (see figure 2). Over 12 days, a multidisciplinary team spoke to 80 prisoners and 80 prison staff about the ten ideas. Following each session, the ITF were able to make decisions to discard, modify, and re-test the potential solutions.

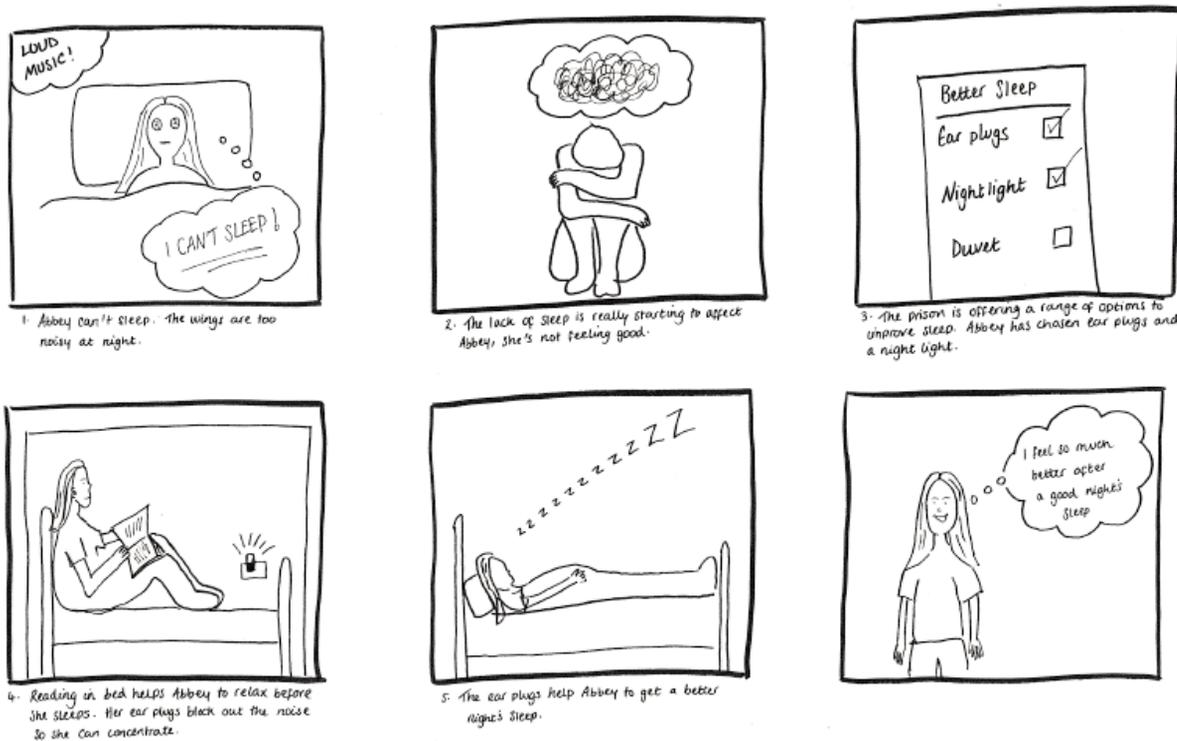
The storyboards provided a simple and accessible model of the ideas which allowed prisoners and staff to identify potential barriers to success. As a result, the ITF discarded 5 ideas and made relevant changes to optimise the remaining interventions.

The key point is to not shut down ideas too soon or jump on the first idea that comes along. At the idea generation stage, you want to create lots of different ideas and not be analytical.

26. Masuda, R. N. (2001). Attending holistically versus analytically: Comparing the context sensitivity of Japanese and Americans. *Journal of Personality and Social Psychology*, 81, 922-934.
27. Birdi, K. (2021). Insights on impact from the development, delivery, and evaluation of the CLEAR IDEAs innovation training model. *European Journal of Work and Organizational Psychology*, 30, 400-414.
28. DIY Toolkit | Nesta
29. Method Library — This is Service Design Doing
30. Nesta (2011). Prototyping Public Services: An introduction to using prototyping in the development of public services.

Figure 2. An example storyboard

1. Improved Sleep, improve Wellbeing



Step 3. Learn quickly: Test and refine your prototype

Testing prototypes should be quick and iterative. Nesta recommend a period of exploratory testing followed by more developmental testing. It depends how many prototypes you have at this stage. If you have three to five paper prototypes, you need to decide which to take forward and test 'live' in situ. This means that you want to 'bin' some of the prototypes and then refine one or two to get them to the best they can be. The prototype you take forward may be an amalgamation of the first couple you test, taking the best aspects of each to form a better holistic approach. Taking your paper prototypes to different people involved in the front line and asking for their critical feedback and improvements is the fastest way to do this. Front runners quickly emerge.

Developmental prototyping is when you learn in situ in one or two locations. Prior to testing in situ, you should build your paper prototype into a theory of change.³¹ You will have learned a lot from your paper

testing with regards to the context, assumptions, benefits, and potential backfire effects. Giving more thought to the activities, what outputs these will deliver, how these will translate to outcomes and impacts, and what assumptions you are making about how change happens will help you design your testing plan. Describing the context is equally important as this will influence how change happens.

Build a plan for which part of your theory of change you need to learn more about and then implement it in situ and set up feedback loops/measures to look at what happens. For example, you may want to test the mechanism of the prototype to see if change happens the way that you expect. So, imagine your prototype was to improve the healthy eating of families living in poverty, and you wanted to develop a voucher scheme to give people access to fresh produce. Prior to standing up the voucher scheme you may want to test the mechanism that access to more fresh produce translates into increased healthy eating.³² To do this, you might give a cohort of people fresh food for a period and then observe what happens,

31. Anderson, A. (2005). *The Community Builder's Approach to Theory of Change: A Practical Guide to Theory Development*. New York: Aspen Institute Roundtable on Community Change.

32. Ludwig, J., Kling, J. R., & Mullainathan, S. (2011). Mechanism Experiments and Policy Evaluations. *Journal of Economic Perspectives*, 25, 17-38.

get participants to keep a food diary, and consider doing some limited bespoke data collection on changes to health.

You can test different parts of your prototype – it is best to focus on the riskiest part of how change might happen, the assumptions that you need to hold for your theory of change to deliver the outputs and outcomes. In the testing phase you are trying to assess three fundamental questions:

1. **Is there demand?** Assess whether the people who deliver or receive the intervention require it, to avoid rolling out policies with low take-up rates.
2. **Does it show promise?** Learn quickly whether the intervention shows signs of working and identify any potential concerns. At this stage, it is not possible to definitively conclude an intervention works as with traditional evaluation, but it is possible to get a strong signal that the intervention will not plausibly work.
3. **Can it scale?** Prototyping can identify the critical elements of the intervention that would need to be in place for it to be scaled more broadly. Scalability is an important consideration for determining whether an intervention is technically feasible and could represent good value for money.

Linked to point 2 above, prior to testing you need to establish ‘stopping rules’. These are ‘a state’ and ‘a date’ – what do you need to see happen, and by when, to think that this prototype is worth pursuing. You should pre-specify your hypothesis, how you will test it, and what you expect to see. This will mean you are less susceptible to confirmation bias, which is the tendency to look for information that supports, rather than counters, one’s preconceptions.³³ Once we have formed a view, we embrace information that confirms that view while ignoring, rejecting, or applying greater scrutiny to information that casts doubt on it. Confirmation bias suggests that we don’t perceive circumstances objectively. We pick out those bits of data that make us

feel good because they confirm our beliefs. Thus, we become prisoners of our assumptions. Remember ‘feels good’ doesn’t mean ‘does good’.

Fast feedback is the name of the game with developmental prototyping. If things aren’t working on day one or two, change them. Don’t wait for the end of a set period - refine your prototype as you go. You may want more formal learning moments to be built into your testing for more in-depth feedback but take advantage of every learning opportunity to optimise your solution.

At the end of your prototyping period, you have a few options for your next steps:

(1) **Bin it** – if it wasn’t possible to operationalise it, or it didn’t ‘move the needle enough’, (assessed via feedback/monitoring data) in terms of what you expected to achieve then you may think it is not worth pursuing. This is not a failure – it is a win. You have stopped something early, saving future resource costs, and you have learnt why it didn’t work the way that you intended. Write it up as a ‘lessons learned’ and add it to an evidence library.

(2) **Replicate it** – you may want to do a further period of prototyping in a different location to see if the newly optimised prototype shows promise in a different context.

(3) **Evaluate it** – you may need to do more robust evaluation of your prototype. This will depend on what is proportionate. Not everything needs evaluation. If it is a strategic priority, has a high life-time cost, or has a limited existing evidence base, then you probably need to test it more robustly. Check out resources like the Evaluation and Prototyping Strategy for more information.³⁴

Case Study – Embedding procedural justice in complaint responses.

HMP Buckley Hall introduced a new ‘prototype’ to help prison staff incorporate procedural justice (PJ) principles/content in complaint responses.³⁵ It consisted of a reflection workshop, a checklist and template, quality assurance check, and a coaching conversation to aid development if required (see figure 3). The HMPPS Evidence-Based Practice Team (EBPT), working

Confirmation bias suggests that we don’t perceive circumstances objectively. We pick out those bits of data that make us feel good because they confirm our beliefs.

33. Lack, C., & Rousseau, J. (2022). Emerging Issues and Future Directions. In *Comprehensive Clinical Psychology* (2nd ed.). Elsevier Ltd.

34. MOJ Evaluation and Prototyping Strategy - GOV.UK (www.gov.uk)

35. Voisey, J., Fitzalan Howard, F., Wakeling, H., Cunningham, N., Lane, S., & Kirkpatrick, J. (2022). Closing the evidence to practice gap: how can we embed procedural justice principles into complaint responses to prisoners. *Prison Service Journal*, 263, 13-23.

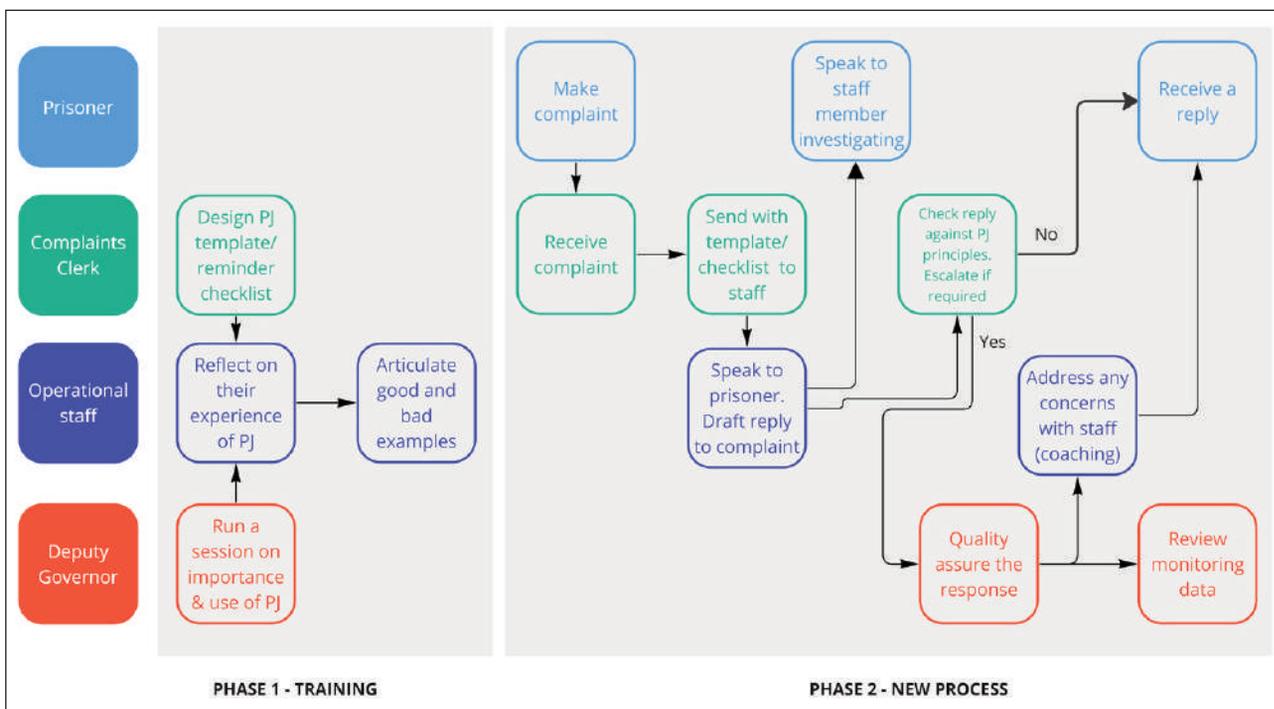
in collaboration with the Evaluation and Prototyping Hub, wanted to know (a) if people used it, (b) if it changed behaviour, and (c) whether it would work in another prison who hadn't developed the prototype.

To answer (a) and get an indication of (b), the team retrospectively sampled complaint responses before and after the new prototype was introduced at Buckley Hall and developed a tool to code the amount of PJ content. People used the prototype, it showed promise in increasing the amount of PJ language but there were concerns about how genuine the response felt. There was also a limited 'voice' from prisoners.

The team updated the prototype and the coding tool and to answer (b) and (c) re-tested in HMP

Featherstone. The team used a randomised control trial which is more robust and included some qualitative research to get feedback from staff and men. This was based on similar rapid cycle testing practice from the US by an organisation called BetaGov who had presented the benefits of this approach to the team.³⁶ As this was a more robust method, the team were able to conclude that the prototype did cause the adoption of PJ content, and this was maintained for over six months. The team included a replication check which meant they were more confident that the prototype caused the change in content. Staff found that the prototype made it easy for them to use more PJ and that it prompted them to talk to men as part of the process.

Figure 3. Prototype from HMP Buckley Hall which was tested at HMP Featherstone



Summary

Prototyping is a great way to bring people together to tackle existing problems. Whilst it is impossible to 'fix' inherently difficult social problems, it is possible to continuously improve what we do to give people better opportunities and outcomes. Prototyping means that risky assumptions are tested

early so things that are not feasible are stopped quickly. Prototyping also optimises interventions prior to robust evaluation, which gives any intervention has a much greater chance of success. Prototyping, together with evaluation, will help maximise our impact, identify innovative evidence-based approaches to improve the justice system and make the best possible use of public money.

36. <https://www.betagov.org/html/trials.html>

Applying evidence-based practice in custody PIPEs and using early evidence to inform the development of Theory of Change

Nicole Webster is a HMPPS Evidence Specialist within the Offender Personality Disorder (OPD) Pathway Data and Evaluation Team. *Lucinda Bolger* is a Clinical and Forensic Psychologist and the PIPEs National Clinical Lead for the OPD Pathway in HMPPS. *Dr Carine Lewis* is the Data and Research Lead for the OPD Pathway in HMPPS.

Established in 2011, Psychologically Informed Planned Environments (PIPEs) form part of the Offender Personality Disorder (OPD) Pathway. The OPD pathway is a jointly commissioned initiative, between His Majesty's Prison and Probation Service (HMPPS) and the National Health Service (NHS) England, that aims to provide a network of psychologically informed services for a highly complex and challenging prisoner group who are likely to have a severe personality disorder and who pose a high risk of harm to others, or a high risk of reoffending in a harmful way. This cohort of prisoners present a particular challenge to the prison estate, likely contributing to the high level of assault rates and general prison disruption, and their complex mental health needs put them at an increased risk of maladaptive coping strategies, such as self-harm.¹ More broadly, self-harm incidents in custody settings have risen in recent years, particularly within the women's prison estate. Prison assaults have also been on the rise since 2012, and following a drop during the COVID-19 pandemic, are increasing again.² Combined with population capacity difficulties within HMPPS, and continued problems with

retaining the workforce, there is an increasing emphasis on system wide change to facilitate the necessary conditions to support behaviour change.³ The focus on the lived environment is particularly important given the evidence that the prison environment may impact a prisoner's quality of life within custody and outcomes post release.⁴

The predecessor to the OPD Pathway — the Dangerous Severe Personality Disorder (DSPD) programme — identified that in the right environmental conditions, it was possible to provide treatment for 'personality disorder' in custodial settings.⁵ The programme however, only provided treatment for a very small cohort of prisoners,⁶ and the benefits of participation were hampered by problems with their transition back to the main prison estate.⁷ Using the learnings from the DSPD programme, along with that of the literature from Therapeutic Communities,⁸ and the findings of the Bradley Report,⁹ the concept of a Psychologically Informed Planned Environment (PIPE) was developed.¹⁰

PIPEs are residential units, designed to address psychological, relational, and risk issues of those whose who are eligible for OPD pathway services.¹¹ A central

1. Fazel, S., Hayes, A. J., Bartellas, K., Clerici, M., & Trestman, R. (2016). Mental health of prisoners: prevalence, adverse outcomes, and interventions. *The Lancet Psychiatry*, 3, 871-81; Favril, L., Yu, R., Hawton, K., & Fazel, S. (2020). Risk factors for self-harm in prison: a systematic review and meta-analysis. *The Lancet Psychiatry*, 7, 682-91.
2. Safety in Custody Statistics Bulletin, England and Wales, Deaths in prison custody to June 2023, Assaults and Self-Harm to March 2023 (publishing.service.gov.uk).
3. Tew, J., Vince, R., & Luther, J. (2015). Prison culture and prison violence. *The Prison Service Journal*, 221, 15-19.
4. Auty, K. M., & Liebling, A. (2019). Exploring the Relationship between Prison Social Climate and Reoffending. *Justice Quarterly*, 37, 358-381.
5. Tyrer, P., Duggan, C., Cooper, S., Tyrer, H., Swinson, N., & Rutter, D. (2015). The lessons and legacy of the programme for dangerous and severe personality disorders. *Personality and Mental Health*, 9, 96-106.
6. Skett, S., & Lewis, C. (2019). Development of the Offender Personality Disorder Pathway: A summary of the underpinning evidence. *Probation Journal*, 66, 167-180.
7. Ramsay, M. (2011). *The early years of the DSPD (Dangerous and Severe Personality Disorder) Programme: results of two process studies*. Ministry of Justice.
8. Haigh, R. (1999). The quintessence of a therapeutic environment. Five universal qualities. In P. Campling & R. Haigh (Eds.), *Therapeutic Communities: Past Present and Future*. Jessica Kingsley Publishers.
9. Department of Health (2009). *The Bradley Report: Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system*. Department of Health.
10. Benefield, N., Turner, K., Bolger, L., & Bainbridge, C. (2018). Psychologically Informed Planned Environments: A new optimism for criminal justice provision. In G. Akerman, A. Needs & C. Bainbridge (Eds.), *Transforming Environments and Rehabilitation: A guide for practitioners in forensic settings and Criminal Justice*. Routledge.
11. NHS England & HMPPS (In Press). *The Offender Personality Disorder Pathway. A joint Strategy for 2023-2028*.

tenet of the PIPE approach is the lived environment. The core components of the model are designed to enhance the overall experience of PIPE as a 'lived' environment, for both participants and staff. The development of the original PIPE model was influenced by psychosocial and psychoanalytic principles,¹² and adopted the Enabling Environments framework (Royal College of Psychiatrists).¹³

Initially, there were seven pilot sites, five in prisons and two within Probation Service Approved Premises (APs).¹⁴ These original prison sites were Progression PIPEs, designed to help men and women put into practice the skills they had learned on their treatment programmes, which were usually a high intensity treatment, while the AP sites were designed to support effective community re-integration with an emphasis on pro-social relating. The prison application was expanded with the development of Preparation PIPEs and Provision PIPEs.¹⁵ The core components of the model remain the same, but the content of these has required modification driven by the needs of the differing populations. To date, there are now 18 PIPEs within custody settings and 13 PIPEs in APs in England. There are currently no OPD Pathway PIPEs within Wales.

As with all OPD services, PIPEs aim to contribute to the four high level outcomes of the OPD pathway, which are:

- ❑ For men, a reduction in repeat serious sexual and/or violent offending; for women, a reduction in repeat offending of relevant offences.
- ❑ Improved psychological health, wellbeing, pro-social behaviour, and relational outcomes.
- ❑ Improved competence, confidence, and attitudes of staff working with a complex

group of people in the criminal justice system who are likely to have personality disorder.

- ❑ Increased efficiency, cost effectiveness, and quality of OPD Pathway services.

Additionally, PIPEs have their own intended outcomes focussed on psychological development and maturity, particularly in relation to the management of risk. The core components of the PIPE model include socially creative sessions, structured sessions, and key working, which all aim to provide opportunity and support for the person to better understand their behaviour and to practice prosocial interactions.

Attention to the needs and development of the staff who work in PIPEs is also addressed. Additional to the standard training and support offering to prison staff, all PIPE staff attend regular training and supervision to help them with their work; group supervision is provided on a weekly basis and individual 'clinical' supervision usually on a monthly basis. The training offer includes national courses such as Knowledge and Understanding Framework (KUF)¹⁶ and Enabling Environments training, PIPE group process training, and local bespoke training according to the needs of the unit. Every PIPE has a clinical lead (a qualified and registered clinician) and an operational lead (a prison Custodial Manager, or Senior Probation Officer within APs) in place to oversee these core

The PIPE model
draws on relevant
literature, with
concepts such as
attachment theory
and the idea of
facilitating a 'good
enough' social
environment for
people to thrive.

components.

The PIPE model draws on relevant literature, with concepts such as attachment theory and the idea of facilitating a 'good enough' social environment for people to thrive.¹⁷ It is acknowledged however, that the bringing together of these theories and concepts and 'applying' them to high risk, complex individuals within the criminal justice system requires attention to both intended and unintended outcomes.¹⁸

12. Turner, K., & Bolger, L. (2015). The provision of PIPEs — Psychologically Informed Planned Environments. *Prison Service Journal*, 218, 41-46.

13. Paget, S., & Woodward, R. (2018). The Enabling Environments Award as a Transformative Process. In G. Akerman, A. Needs & C. Bainbridge (Eds.), *Transforming Environments and Rehabilitation: A guide for practitioners in forensic settings and Criminal Justice*. Routledge.

14. Approved Premises are residential settings operated throughout England and Wales to provide intensive supervision for people on probation on licence upon release from custody, who present a high or very high risk of serious harm.

15. Preparation PIPEs offer 'pre-treatment' for people in prison who have failed to progress in their sentence and require psychological and relational support to prepare them for the next step of their pathway. Provision PIPEs accept people in prison who are attending a treatment programme and require additional support within a PIPE to help them maintain engagement and integrate their learning.

16. KUF is a learning programme for professionals working across health, social care, criminal justice, and voluntary sectors to support people with complex emotional needs, often associated with a diagnosis of 'personality disorder'.

17. Winnicott, D. (1960). The theory of the parent-child relationship. *International Journal of Psychoanalysis*, 41, 585-595.

18. See Footnote 12: Turner, K., & Bolger, L. (2015).

The role of evidence informed practice is a key principle for the OPD Pathway. The foundations of the PIPE model are no exception and were built using an evidence-based approach. Evaluation of OPD Pathway services is strongly encouraged, not just to evidence if it is working but to play a key role in continuing to inform the service. The actualisation of these concepts therefore means attention is also needed towards practice-based evidence, wherein the practical application of what the evidence tells us is applied, shared, and informs further evaluation.

A number of evaluations have been carried out since the inception of PIPEs, the majority of which have been carried out in Prison PIPEs by the PIPE services themselves so as to inform their thinking and practice around the model. Many of these evaluations, however, have not reached academic publication and have not been reviewed collectively to determine broader learning around PIPEs practice. This article therefore aims to summarise the PIPEs literature to date, including identified unpublished literature. The evidence base has been used to inform PIPEs practice, and the custody PIPEs Theory of Change, presented in this article, which itself will be used to inform future evaluations.

Identifying PIPEs Literature

Published literature was identified via a previous scoping review literature search looking for all published evidence across the OPD Pathway. The electronic databases Scopus (which included full coverage of MEDLINE, EMBASE and Compendex) and EBSCO were searched for the period 01.01.2012 (national introduction of OPD) to 19.10.2022. Two separate searches were run to capture staff and prisoners or people on probation.¹⁹

In addition to this literature search, stakeholders in the OPD Pathway (i.e., the central team and service leads) were contacted for published literature that may not have been identified, as well as for any unpublished literature. The HMPPS National Research Committee (NRC) also produced a set of approved publications and research summaries that involved PIPEs.

In order to be eligible for inclusion, studies needed to take place within a prison OPD PIPE service. Opinion pieces, process and impact evaluations were all

included, as well as research with both staff and service participants.

For the purpose of this article, studies only focusing on AP PIPEs, or papers that explored elements that did not feature the PIPE itself (e.g., 'how to guides'), studies exploring applicability of psychometrics, or practices for encouraging meaningful engagement of service user involvement were excluded. Eight of the identified studies were consequently deemed out of the scope.

A total of 15 published papers were identified for inclusion, of which four published studies were identified outside of the literature search. Seven unpublished studies were additionally identified, and of these six had been written up as either an unpublished report or a research summary (N=1). Findings or write ups for five studies that were registered with the NRC could not be located.

PIPE sites for men (N=13) and women (N=4) were examined.²⁰ Five papers were concept papers and not related to any one service. One study related to the general prison environment but included specific reference to a PIPE environment.

A narrative synthesis was applied. All included studies were formally analysed using principles of thematic analysis by the primary author to identify key themes within the collective PIPEs

custody literature. Data saturation was considered achieved when all relevant papers were themed, and no new themes were emerging.

Enabling Features of PIPE

Research within custody PIPEs to date has been orientated within the theoretical underpinnings of the model and has sought to investigate its efficacy in practice. The evidence base highlights the features of the PIPE model of practice that appear particularly enabling for both participants and staff working in the PIPE. Outlined here is a synthesis of the research on PIPE enabling factors.

Relationships

One of the primary enabling factors identified is the role of relationships and the importance of fostering healthy, supportive, and collaborative relationships.

Many of these evaluations, however, have not reached academic publication and have not been reviewed collectively to determine broader learning around PIPEs practice.

19. Full list of search terms is included in the Scoping Review and available upon request (journal publication anticipated).

20. Some studies included more than one PIPE site. It is possible that there were multiple studies on the same PIPE site(s).

According to the literature, relationships are the cornerstone of the PIPE model and central in working towards the achievement of identified outcomes.

The evidence suggests PIPE participants are more likely to spend time socially with their peers, offer support to new members and lodgers (people residing within the PIPE but not referred for or accessing PIPE services), and demonstrate lower rates of bullying than may typically be seen in custody. Prison PIPEs may be less hierarchical, calmer, and allow for greater group cohesiveness.²¹ The additional support received within PIPE from staff, peers, and community agencies,²² and the quality of the relationships reported may support a safer environment,²³ and improved psychological well-being and pro-social behaviour,²⁴ in comparison to general prison environments.

The key elements of relationships identified as supportive to these possible changes and differences include open, approachable, and friendly staff,²⁵ authenticity, mutual respect, trust, honesty, care, fostering a sense of belonging, fostering a supportive and relaxed community, and supporting choice.²⁶ PIPE participants further reflected on the importance of staff recognising early warning signs of distress and offering support, spending time together pro-socially with peers, learning to stick with relationships, and to understand themselves and others better. This is likely experienced as unique in comparison to the general prison environment, and may be important in facilitating a turning point for behaviour change and a new way of dealing with distress.²⁷

Relationships with prisoners are experienced as more positive and respectful on the PIPE than in the general prison environment.

Relationships with prisoners are experienced as more positive and respectful on the PIPE than in the general prison environment.²⁸ Key work sessions in particular appear to be important for developing healthy relationships.²⁹ Transparent and consistently applied boundaries, and a key worker who is present when needed, and who takes time to learn and understand the person are seen as necessary conditions to enable feelings of safety within the PIPE.³⁰ Furthermore, key workers offer feedback and advice to best support change. It was acknowledged, however, that the responsibility for PIPE participants should not lie solely with the key worker and that difficulty maintaining regular contact due to cross-deployment of staff to work on another prison wing presented a challenge at times.³¹ A governor who supports and

protects the boundaries of the PIPE within the prison is needed to ensure that cross-deployment of staff does not adversely impact the quality of relationships within the PIPE,³² and in turn, support the potential beneficial outcomes of PIPE.

Further, careful management of endings and transitions out of PIPE may be integral to sustaining any observed changes for prisoners leaving. Many participants reported that through the relationships and support experienced in the PIPE, they developed autonomy, felt better able to make their own decisions, to manage their emotions post-PIPE, and to remain successfully in the community on release.³³ Conversely, some individuals identified a sense of not belonging after losing relationships fostered in PIPEs as a primary reason

21. Turley, C., Payne, C., & Webster, S. (2013). *Enabling features of Psychologically Informed Planned Environments*. Ministry of Justice.
22. Healey, R. (unpublished). Offender reflections on the transition from a Psychologically Informed Planned Environment to a community setting.
23. Payne, A. (unpublished). How prison officers and residents within a Psychologically Informed Planned Environment (PIPE) experience the key work relationship; Stein, R. (unpublished) Exploring the experiences of prisoner officers working on a Psychologically Informed Planned Environment (PIPE) in a young offender's prison; Bainbridge, C. (2017). Restoring ordinariness for women offenders: why every wing matters. *The Journal of Forensic Psychiatry & Psychology*, 28, 172-187.
24. Davis, I. (unpublished). Balancing the bubble; Fitzalan Howard, F., & Pope, L. (2019). *Learning to cope: an exploratory qualitative study of the experience of men who have desisted from self-harm in prison*. Ministry of Justice; Kuester, L., Freestone, M., Seewald, K., Rathbone, R., & Bhui, K. (2022). *Evaluation of Psychologically Informed Planned Environments (PIPEs): Assessing the first five years*. Ministry of Justice.
25. See Footnote 22: Healey, R. (unpublished).
26. See Footnote 24: Davis, I. (unpublished).
27. See Footnote 24: Fitzalan Howard, F., and Pope, L. (2019).
28. See Footnotes 23 & 24: Payne, A. (unpublished); Stein, R. (unpublished); Kuester, L. et al., (2022).
29. Each person in PIPE is assigned a named member of staff as a Key Worker. The Key Worker has regular one to one sessions with the person to coordinate, reflect upon and process the person's involvement on the PIPE, and their plans for the future.
30. See Footnotes 21 & 23: Turley, C., et al. (2013); Payne, A. (unpublished); Stein, R. (unpublished).
31. See Footnote 23: Payne, A. (unpublished).
32. Liebling, A., Auty, K., Gardom, J., & Lieber, E. (2021). *An Evaluation of the Experience and Meaning of Shared Reading in Psychologically Informed Planned Environments in Prisons*. Ministry of Justice.
33. See Footnote 24: Kuester, L., et al (2022); Tock, G. (unpublished). An exploration of prisoners' experiences of transition from a high security Progression PIPE to the mainstream wings of a high security prison.

for disengagement, while for others, the lack of support and feelings of stress and responsibility were cited as reasons for recall and reoffence. Transition from PIPE back to a general prison environment, or release into the community (which is unlikely to have the same ethos and level of support available), may undermine behaviour change and development of healthy relationships if not managed appropriately and according to the needs of the individual.³⁴

In summary, the evidence to date suggests that healthy relationships within PIPEs offer a range of potential benefits to participants and staff. High quality key work and supportive senior leadership may foster a sense of safety and support within the PIPE environment, in comparison to the general prison environment. As a result, participants may be more likely to have improved psychological well-being and pro-social behaviour, and may be better able, with the right support, to manage transition back to a general prison environment or into the community successfully.

Social Climate

A second enabling factor of PIPE apparent in the literature is a safe, supportive, social climate in which to reflect on past experiences and behaviour.³⁵ It is thought that a positive social climate provides a supportive space to overcome challenges within a group context, as well as develop interpersonal skills, and foster a supportive culture.³⁶ Features of a positive social climate identified include appropriate boundaries, involvement, and supportive, healthy relationships in providing a psychologically safe

environment in which to pursue change.³⁷ Environments that experience high levels of verbal aggression are likely linked to staff absence and higher rates of self-harm among prisoners.³⁸

Assessments using the Essen Climate Evaluation Scale (EssenCES)³⁹ indicate that staff and participants may experience better staff-prisoner relationships, support among prisoners, increased sense of safety, improvements in satisfaction, and better overall experiences over time compared to those on non-PIPE wings.⁴⁰ However, evidence to date demonstrates mixed findings, with some sites showing differences, and others showing no or little difference on PIPE in comparison to main prison location, particularly in relation to cohesion within the prisoner cohort.⁴¹ Additionally, there is some evidence to indicate that staff and participants may perceive the environmental circumstances differently, with staff more likely to rate the extent to which the unit is perceived as supportive of prisoners' therapeutic needs higher, and PIPE participants more likely to rate 'experienced safety' higher, particularly in the aftermath of incidents of physical aggressions.⁴² This has implications when considering the potential for power imbalances in the staff/ prisoner relationships and the group processes that may pose

challenges within PIPE and impact outcomes.

In summary, the evidence indicates that social climate may be a key enabling factor in the development of healthy relationships and interpersonal skills, as well as facilitating a safe physical and

High quality key work and supportive senior leadership may foster a sense of safety and support within the PIPE environment, in comparison to the general prison environment.

34. See Footnotes 22 & 33: Healey, R. (unpublished); Tock, G. (unpublished).

35. See Footnote 26: Davis, I. (unpublished); Brown, M. (2014). Psychologically Informed Planned Environment (PIPE): A group analytic perspective. *Psychoanalytic Psychotherapy*, 28, 345–354; Greenacre, K., & Palmer, E. (2018). *Exploring Forensic Environments. How do Environmental Factors Influence Individual Outcomes for Residents and Staff? A Systematic Review*. University of Leicester; Preston, N. (2014). Psychologically Informed Planned Environments (PIPEs): Empowering the institutionalised prisoner. *British Psychological Society (Forensic Update, Annual Compendium)*, 171-178.

36. See Footnote 35: Brown, M. (2014).

37. See Footnote 35: Preston, N. (2014).

38. Kavanagh, J. (unpublished). Social Climate, Institutional Aggression and Self-Harm within a Psychologically Informed Planned Environment (PIPE).

39. Schalast, N., Redies, M., Collins, M., Stacey, J., & Howells, K. (2008). EssenCES, a short questionnaire for assessing the social climate of forensic psychiatric wards. *Criminal Behaviour and Mental Health*, 18, 49-58.

40. See Footnote 24: Kuester, L. et al. (2022); Reading, L., & Ross, G. (2020). Comparing social climate across therapeutically distinct prison wings. *Journal of Forensic Practice*, 22, 185-197.

41. See Footnote 24: Kuester, L. et al. (2022); Bradbury, J. (unpublished). Social climate on PIPE. Do positive staff offender interactions contribute to higher levels of satisfaction in service users?

42. See Footnotes 38 & 40; Kavanagh, J. (unpublished); Reading, L., & Ross, G. (2020); Camp, J., & Rowland, C. (unpublished). EssenCES: Evaluating the social climate of a prison Psychologically Informed Planned Environment (PIPE) from the perceptions of residents and prison officers.

psychological space in which change can occur. However, further exploration and research of this area is warranted to provide clarity due to the somewhat mixed findings to date. It is also likely that variations between sites are present and that the process of developing a social climate is neither linear nor consistently sustained.

Staff Experience, Training and Support

A further enabling factor of PIPE is a well-trained psychologically-minded staff team, which supports both healthy relationships and the social climate. However, the experience of staff adapting to working within a PIPE environment has outlined the often challenging and transformative process necessary to work in the more relational realm of PIPE and has highlighted the importance of attention to group processes. The process of moving from a traditional prison officer role to one of being more psychologically minded, has been described as difficult for some.⁴³ Furthermore, challenges arise in maintaining boundaries of support, while still needing to maintain sight of risk issues and maintain the role of disciplinarian. Working in this way involves significant change, both professionally and personally.⁴⁴ Challenges to maintaining role identity as staff become more psychologically minded were identified, and conflicts between the PIPE and the wider prison system have been reported. This needs to be recognised and effectively managed so as to maintain consistent approaches and commitment to the PIPE by staff, and prevent the quality of the support offered and interactions with participants from being undermined.⁴⁵

PIPE staff have consistently described a sense of purpose and mattering in their roles, provided by having the opportunity to form meaningful relationships with the people in their care. The emotional impact of PIPE work is a risk, likely mitigated

by the availability of group and individual supervision sessions, and staff training to support safe and effective working relationships with each other and service participants⁴⁶

Socially Creative Sessions

The evidence suggests that a programme of socially creative sessions and enrichment activities support the development of a positive social climate and healthy, supportive relationships. According to the literature, socially creative sessions and enrichment activities may offer an accessible therapeutic activity which is preferable for some than formal therapeutic groups,⁴⁷ foster a sense of belonging, connectedness and community support, humanise prisoners and develop healthy relationships, improve emotional regulation and mental health, and enable people to develop prosocial identities and make changes to their behaviour.⁴⁸

Two studies (one a national, independent study) have been published evaluating the impact of specific enrichment and socially creative sessions — shared reading, drumming, singing, and ceremony sessions. Although limited to reading and music creative sessions, the research is positive in terms of the potential impact of these activities. Findings suggest that participation may create a

positive community and social climate which allows people to overcome physical and emotional disconnections that have been caused by trauma, while increasing a sense of emotional connection to others.⁴⁹ Regular participation in a creative session group may support increased meaning and feelings of security, 'ordinariness', wellbeing, hope, agency and self-efficacy, and interpersonal trust, which in turn have a positive impact on relationships, the environment, and the experience of participants. Furthermore, PIPE participants that took part in shared reading showed additional benefits when compared to those who did

A further enabling factor of PIPE is a well-trained psychologically-minded staff team, which supports both healthy relationships and the social climate.

43. Bond, N., & Gemmell, L. (2016). Experiences of prison officers on a lifer psychologically informed planned environment. *Therapeutic Communities: The International Journal of Therapeutic Communities*, 35, 84-94.

44. See Footnotes 23, 35 & 43: Stein, R. (unpublished); Brown, M. (2014); Bond, N., & Gemmell, L. (2016).

45. See Footnotes 21 & 35: Turley, C., et al (2013); Brown, M. (2014)

46. See Footnotes 21, 23, 24, 35 & 43: Turley, C., et al (2013); Stein, R. (unpublished); Kuester, L., et al. (2022); Brown, M. (2014); Bond, N., & Gemmell, L. (2016).

47. Ryan, S., Benefield, N., & Baker, V. (2018). Socially creative activities in Psychologically Informed Planned Environments: engaging and relating in the Offender Personality Disorder Pathway. *Journal of Forensic Practice*, 20, 202-210.

48. See Footnotes 33 & 47: Leibling, A., et al. (2021); Ryan, S., et al., (2018); Craddock, L., Kells, M., Morgan, L., & Shah-Beckley, I. (2021). Drumming, singing and ceremony within a psychologically informed planned environment for women on the offender personality disorder pathway. *Journal of Forensic Practice*, 24, 123-137.

49. See Footnote 48: Craddock, L., et al., (2021).

not take part, and the more sessions they took part in, the greater the benefit.⁵⁰

Expectations, Experiences, and Impact of PIPE

Research relating to the expectations and experiences of PIPE participants indicates that prisoners may be motivated to enter a Progression PIPE in the hope that it will prepare them for, and support them in, generalisation of skills learned in previously completed prison treatment programmes, develop confidence and self-understanding, and that their progress would be recognised by staff and reflected in future risk reports, de-increased risk, and progression. Participants reported that their expectations were met through being part of a community which prioritised self-development, interacting with others, and belonging.⁵¹

To date there is little longitudinal research relating to the medium-long term outcomes of PIPE. However, PIPE participants use skills learned in prison-based treatment programmes previously completed,⁵² and report more change in social and relational skills than prisoners on non-PIPE wings, with statistically significantly lower levels of problematic social problem solving and relating styles observed post-PIPE compared to both pre-PIPE and comparator wings.⁵³ It is likely that developing a sense of trust in others and their community is a key mechanism of change in this process.⁵⁴

The role of Evidence-Informed Practice in everyday PIPEs Practice

The summary above brings together all the formal evaluations conducted on custody PIPE units to date and shows that the development of healthy relationships is likely a key mechanism of change. Central to this, and achieving PIPE outcomes, is the development of a positive social climate and activities, such as key work, to facilitate this attachment-building.

Additional to these formal evaluations, other feedback and learning (including from HMIP inspections, MQPL reports, PIPE visits, expert opinions from staff and PIPE participants) are obtained, and the findings are used to constantly inform the PIPE model, ensuring that evidence-informed practice is embedded, and learning feeds into practice in a timely manner. Observed themes around significant issues of concern

and examples of excellent practice are brought to national forums for wider sharing, and it is this feedback loop that continually informs PIPE delivery and practice. Whilst the core components have remained the same, how they are applied and understood has evolved.

Developing a Theory of Change

The PIPEs literature supports the model and suggests evidence of early outcomes. The key PIPE activities coming through in the evidence base include key work sessions to foster trust and supportive working relationships, building a culture of emotional safety and support (via an Enabling Environment), supporting transitions, staff training and supervision, and the role of enrichment activities. Short-term outcomes highlighted within the evidence base include improved trust and relationships, skills development, improved communication and problem-solving skills, and more prosocial identities. The evidence also suggests reduced problematic behaviour, although more research is needed to formally conclude this.

A Theory of Change (ToC) is a way (often visual) of presenting a programme theory to show the causal sequence that an intervention aims to achieve. It articulates the how and why an intervention should be effective, as well as in what way and when. This is particularly important for complex programmes in policy settings as it describes what is realistic to achieve and sets out what we expect to see if a programme is working as intended. Further a ToC is critical within evidence-based practice as it allows us to test theory, monitor whether things are happening as intended, and inform the direction of future research.

The OPD Pathway has recently developed an overarching ToC to bring together the overall aims and outcomes of the pathway.⁵⁵ However, PIPEs have their own model and aim to contribute towards the overarching outcomes. The PIPEs ToC (Figure 1) has therefore been developed as its own 'nest', bringing together the evidence that was used for the OPD Pathway and PIPEs model, and incorporating the evidence in this summary. It provides the key activities and outcomes that we would expect to see over time, and a framework in which to guide future monitoring and evaluation activity.

50. See Footnote 33: Leibling, A., et al. (2021).

51. Bennett, A. (2014). Service users' initial hopes, expectations and experiences of a high Security psychologically informed planned environment (PIPE). *Journal of Forensic Practice*, 16, 216-227.

52. See Footnotes 21 & 35: Turley, C., et al. (2013); Preston, N. (2014).

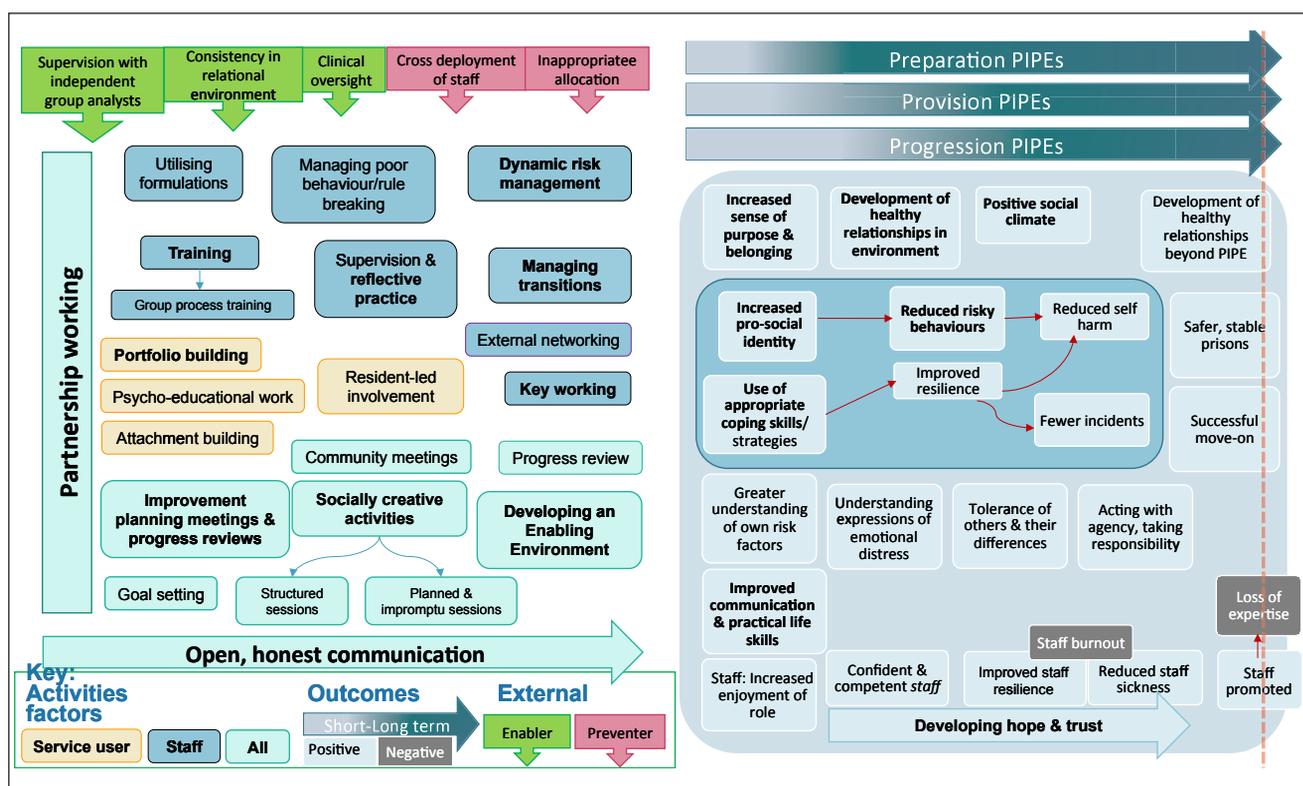
53. See Footnote 24: Fitzalan Howard, F., & Pope, I. (2019).

54. See Footnote 28: Kuester, L., et al. (2022).

55. See Footnote 11: NHS England & HMPPS (In Press).

Figure 1. Custody PIPEs Theory of Change model.

(Bold activities and outcomes indicate support from the underpinning evidence base)



Limitations and Application of Findings

Although formal quality appraisal was not applied to the studies included in this review, there are observations identified that should be considered when interpreting the findings. The majority of evidence was qualitative in nature — while this was the appropriate methodology for the research questions identified, it is limiting in evidencing the impact of PIPEs. Aside from three papers, all evaluations were carried out in single sites, by staff within the service. This presents a couple of notes of caution. It significantly increases the potential of bias to occur, and also questions the generalisability of some of these findings. The latter however is less of a concern, given the consistent themes that emerged when summarising the evidence in this article. Some of these articles may not be of the highest quality (including articles that have not gone through a peer reviewed process), but the repetitive themes emerging suggests the included literature provides a valuable contribution to the PIPEs evidence base.

The majority of the evidence identified focused on Progression PIPEs only. While the model for Preparation and Provision PIPEs is the same, caution should be applied when applying these findings to these,

particularly in the case of evidence on early impact. In addition, while the enabling factors outlined above are seen as having equal importance within AP PIPE settings, we cannot assume that all research findings relating to PIPE in custody are generalisable between settings due to the differences in the community model. Conducting a robust evaluation of the AP PIPE is a key priority for the OPD pathway over the course of the next strategy.⁵⁶

Conclusion

The evidence to date highlights healthy, supportive, relationships as the main enabling factor perceived to be necessary for achieving the aims and outcomes of PIPE. The research highlights a difference in experiences between PIPE and the general prison environment, for both staff and prisoners, when the environment is enabling, and the social climate is conducive to fostering the required relationships. Although we know that the journey towards an enabling environment may not be linear, with changes in staff teams, PIPE participants, and wider organisational pressures likely to impact on the relational environment at different times, the literature suggests that when a PIPE demonstrates good fidelity with the model of practice, a positive and

56. See Footnote 11: NHS England & HMPPS (In Press).

impactful social climate may be achieved and lend its support to achieving the desired outcomes, and ultimately support identity and behaviour change, and over time, desistance from crime. The potential for sometimes stark differences between a PIPE in custody and the main prison location indicates the need for adequate planning and preparation for return to these environments as a key activity within PIPEs. The experiences shared by staff highlight the importance of high-quality supervision and training as another key activity, and one that is necessary to support both the staff as individuals and the social climate of the PIPE overall. Finally, enrichment activities and socially creative sessions within PIPE are indicated as contributors to positive outcomes for PIPE participants, that have the potential to support psychological and emotional growth, behaviour, and identity change over time.

This evidence has been used to inform PIPE practice and is considered within the PIPEs model and ToC. The key activities offered within the PIPE way of working and outcomes that PIPE aim to achieve for both staff and PIPE participants, are routed in what the research tells us to date and evolve as the evidence base grows. However, it is important to acknowledge that there remains much to do in terms of investigating PIPE processes and the potential impact within custody settings. Firstly, it is necessary to look at the quality of the PIPE model being delivered, to examine variance in delivery (and the causes and consequences of this), as well as to conduct large-scale evaluations of impact. Further evaluation should also be considered for AP PIPEs, where implementation of the PIPE model within community settings may be particularly challenging.⁵⁷

57. See Footnote 28: Kuester, L., *et al.* (2022)

Getting the message about evidence-based practice directly to people in prison

Dr Rachel A. Gibson and Kate Netten are part of the Evidence-Based Practice Team in HM Prison and Probation Service (HMPPS). Thomas Bonser is part of Psychology Services Group in HMPPS. Andrew Wilkie is the Deputy Chief Executive of the Prison Radio Association. James Adamson is a Senior Manager in the HMPPS Health and Social Care Team and leads on Mental Health.

This current edition of the Prison Service Journal has provided insights into the need for, and application of, evidence-based practice within prisons and the wider Criminal Justice System. It is clear from the articles included that if we want to improve the outcomes for the people within our care, then using evidence to inform practice and policy decisions is the best approach. While the use of evidence-based practice has gained momentum within organisations and Government departments, direct promotion to service users is less common.¹

The specialist expertise required to deliver interventions within prisons, along with the costs of delivery, mean that access to interventions can be limited. However, directly providing people in prison with the evidence about what strategies, approaches, and activities they could independently undertake could be one avenue worthy of further exploration. This article presents an overview of recent approaches taken by HMPPS staff to use radio to communicate evidence-based tips and suggestions to people in prison, focused on promoting positive psychological wellbeing. While there is limited evidence on which methods of communicating evidence-based practice to service-users are the most effective, there is some evidence that the use of mass media may be one option to explore given that such approaches ensure consistency of messaging.²

Prison Radio

National Prison Radio (NPR) is the world's first national radio station for people in prison. It broadcasts into prison cells across England and Wales, via the in-cell television system, 24 hours per day, seven days per week. It began broadcasting in 2009 and has become a key communications channel to those serving prison

sentences. It's run by a charity, the Prison Radio Association (PRA), which emerged from a partnership project involving the BBC and HMPPS in 2006. The charity is independent, and is the driving force behind Prison Radio International, a growing global movement of people using audio in and around criminal justice settings for social good.

From its studios in HMPs Brixton and Styal, teams of radio professionals work with people serving sentences to produce and broadcast inspirational, informative, and entertaining radio programmes. The involvement of people serving sentences ensures that NPR's programmes are relevant and credible. The professional team ensures the quality of their programming is extremely high, and NPR has won some of the top radio industry awards, competing against national BBC and commercial radio networks.

All programmes are pre-recorded, and they're designed to deliver accurate information at scale, as well as sharing stories and engaging listeners in discussions that will increase their chances of living crime-free lives after release. The content is a mixture of music and speech. It's entertaining and varied, with the intention of drawing listeners in and encouraging them to stay tuned. It covers a huge range of subjects, all feeding into the pathways that are known to prevent reoffending, using the evidence base to support this.³

As a national service, NPR serves a vast community of people behind bars, with additional programmes produced in prisons across the country alongside those regular shows made in Brixton and Styal. Listeners communicate with the radio station by voicemail. A freephone number is available to everyone in prison, and the station receives around 45,000 calls every year. These range from song requests and shout outs, through to people sharing some of their most personal thoughts and experiences. These messages are the raw material that fuels the radio station. Content is derived

1. Dadich, A. (2009). Communicating evidence-based mental health care to service users. *Australian Journal of Psychology*, 61(4), 199-210.

2. See footnote 1.

3. Accommodation, Education, Training, and Employment, Health, Drugs and Alcohol, Finance, Benefit, and Debt, Children and Families, and Attitudes, Thinking and Behaviour.

from the audience, and the presenters strive to represent the needs of their audience. As a result, it is extremely popular. Eighty-four per cent of those who can receive NPR listen at some point during the week, and 45 per cent tune in every day. The average listener consumes 9 hours of content every week. These figures are taken from the PRA's annual impact measurement processes for NPR in 2022/23. The internal PRA Research and Evaluation Team conducted randomised, face-to-face surveys in 10 prisons, and ran a survey within Inside Time, the national prison newspaper. In total, 800 prisoners were surveyed.

'Sorry to interrupt your day: The small things can make a big difference'

The first and second authors conducted a review of the prisoner wellbeing literature and identified a number of evidence-based strategies that people in prison could try to support their wellbeing, summarised as the 'Six Ways to Wellbeing':⁴

1. **Connect with others.** Social relationships act as a buffer against mental ill health. Feeling valued, having support from peers and contact with loved ones can all make a difference to prisoner wellbeing.
2. **Be physically active.** Taking part in regular physical activity can help to promote wellbeing, and lower levels of depression and anxiety. Such activities can also encourage social interactions.
3. **Take notice of the present moment.** Taking notice of the present moment can strengthen and broaden awareness of how the simple things can bring joy.
4. **Keep learning.** Continued learning through life encourages self-esteem and encourages a more active social life.
5. **Give.** Participating in social and community life, an interest in helping others, and acts of kindness come under the principle of 'give'.
6. **Build.** Building and promoting opportunities for prisoners to develop optimism, hope, meaning, and a sense of autonomy. Working

to develop and maintain the physical environment to help foster safety, decency, and rehabilitation.

The HMPPS Health and Social Care Team wanted to commission a radio programme to promote mental wellbeing that was evidence-based, useful for listeners, uplifting, innovative, and authentic. The 'Six Ways to Wellbeing' provided the evidence-base for the production team to develop the content for a series of prisoner engagement events. The concept of 'Sorry to Interrupt your day' was subsequently born. Rather than following the usual scheduling process, a series of 20 'interruptions' were created.

Each short, of between 60 and 120 seconds, was broadcast at random points across the NPR schedule in Spring 2023. These 'interruptions' were produced to sound different to the programming surrounding them. They introduced simple, life-affirming, and positive things that listeners could do to manage some of the psychological challenges of being in prison. They were developed using a new format, using unique sound design with voices talking directly to the listener. Crucially, each invited listeners to take some sort of simple action that the evidence would suggest helpful to support positive wellbeing in prison.

NPR conducted surveys about the series across three prison sites and held a focus group at one site. One hundred and forty-five people in prison were surveyed, with a further four people taking part in a focus group. From the surveys, 52 per cent of respondents stated that they had heard the series and most people suggested that listening to the series had encouraged them to take part in one of the actions or activities discussed. This included keeping in touch with loved ones (60 per cent), taking part in exercise (51 per cent), reading a book or listening to music (49 per cent), doing something to feel good about themselves (47 per cent), and offering help or support to others (41 per cent). Nearly everyone also stated that mindfulness and mental health content on NPR was either 'useful' or 'very useful'. Feedback from the 4 women who took part in the focus group was also positive, with comments reflecting on the value of the content and impact it had had for them:

Social relationships act as a buffer against mental ill health. Feeling valued, having support from peers and contact with loved ones can all make a difference to prisoner wellbeing.

4. Netten, K. & Gibson, R. A. (2023). Prisoner Wellbeing: A synthesis of the evidence base. *Prison Service Journal*, 267, 21 – 28.

'It's given me the courage to speak to someone about my mental health and given me a big blue light to follow'.

'You can hear them smiling as they spoke, and laughing with each other. That's nice to hear'.

'In here, your attention span is all over. You've got so much to do with so little time, so short is good'.

'It helps people take care of themselves better, even if that's just taking a shower which makes you feel better. It also encourages people to talk to people'.

Thinking Matters

Thinking Matters is a joint HMPPS and NPR produced radio series designed to bring into focus topics evidentially linked to prisoner wellbeing and mental health. Based on reviews of the literature and internally HMPPS produced evidence-based practice summaries, a range of topics were identified as being pertinent areas to cover in the series. This was based on the factors known to impact on wellbeing in custody, and importantly, topics where prisoners had some level of control or autonomy over their improvement.^{5 6 7 8 9 10 11 12 13 14 15} Whilst this included topics intrinsically linked to the custodial environment, such as the sleeping conditions, the series' focus was in line with the evidence for empowering prisoners to find ways of building resilience and hope in custody, without the need to change the characteristics of custody that are

outside of the prisoner's control, and that we understand impact on wellbeing (known as deprivation factors).^{16 17}

Thinking Matters has now developed and aired two series, one in autumn 2021 and one in spring 2023. Both series included weekly episodes with HMPPS psychologists and men and women with lived experience of being in prison, discussing a variety of topics and introducing tools that might help listeners to feel more in control of their lives. Using the evidence base, series 2 followed on from the topics discussed in series 1 (sleep, managing anger, problem solving, relationships, and trauma), building on these discussions alongside introducing new topics. Series 2 covered rumination and worry, things that are good for the mind and body (sleep, nutrition, and exercise), prison debt, shame and self-compassion, navigating family dynamics and relationships, and psychological flexibility. These topics were not only selected based on the evidence of their importance, but on anecdotal evidence and prison safety projects where those with lived experience were able to articulate the areas that detrimentally impact their wellbeing in custody and, perhaps more importantly, the areas Thinking Matters could assist with through raising awareness of these topics and introducing guided practices that can be actively used by those currently in prison.

Overall, the content for series 2 focused on the goal of increasing self-compassion, aiming for listeners to find some solace in their experiences not just being theirs alone, nor what happened to them in their lives being their fault. Embedded throughout were key messages designed to empower listeners and promote hope and responsibility for making changes to their lives. This replicates the messaging associated with

5. Orjiakor, C. T., Ugwu, D. I., Eze, J. E., Ugwu, L. I., Ibeagha, P. N., Onu, D. U. (2017). Prolonged incarceration and prisoners' wellbeing: lived experiences of awaiting trial/pre-trial/remand prisoners in Nigeria. *International Journal of Qualitative Studies on Health and Well-being*, 12, 1-15.
6. See footnote 4.
7. Poorebrahim, A., Lin, C., Imani, V., Griffiths, M.D., Pakpour, A.H. (2022). A Prospective Study Examining the Relationship Between Dispositional Mindfulness and Insomnia Among Male Prisoners in Iran: The Mediating Effect of Psychological Distress and Perceived Stress. *International Journal of Mental Health and Addiction*, 1-12.
8. Cashin, A., Potter, E. and Buter, T. (2008). The relationship between exercise and hopelessness in prison, *Journal of Psychiatric and Mental Health Nursing*, 15, 66-71.
9. Legrand, F.D., Ory, E., Herring, M.P. (2020). Evaluation of a brief interval exercise training (IET) intervention for first-time prisoners with elevated anxiety symptoms. *Anxiety, Stress, & Coping*, 33(5), 581-589.
10. Battaglia, C., di Cagno, A., Fiorilli, G., Giombini, A., Borriore, P., Baralla, F., Marchetti, M. & Pigozzi, F. (2014). Participation in a 9-month selected physical exercise programme enhances psychological well-being in a prison population, *Criminal Behaviour and Mental Health*, 25(5), 343-354.
11. Hammill, A., & Newby, R. (2015). The illicit economy, debt and prison violence: Is prisoner debt inevitable? *The Prison Service Journal*, 221, 30-35.
12. Zessin, U., Dickhauser, O., & Garbade, S. (2015). The Relationship Between Self-Compassion and Well-Being: A Meta-Analysis. *Applied Psychology: Health and Well-being*, 7(3), 340-364.
13. See footnote 8.
14. Farmer, M. (2017). *The importance of strengthening prisoners' family ties to prevent reoffending and reduce intergenerational crime*. Ministry of Justice.
15. Dawson, D. L., & Moghaddam N. G. (2020). COVID-19: Psychological flexibility, coping, mental health, and wellbeing in the UK during the pandemic. *Journal of contextual behavioral science*, 17, 126-134.
16. Sykes, G. (1958). *The society of captives: A study of a maximum security prison*. Princeton, NJ: Princeton University Press.
17. Thomas, C. W., & Foster, S. C. (1973). The importation model perspective on inmate social roles: An empirical test. *The Sociological Quarterly*, 14, 226-234.

Meditation series

compassion and self-compassion which has strong links with improving wellbeing and counteracts punitive narratives that surround prisoners.¹⁸ Importantly, whilst content was developed by HMPPS psychologists and NPR, the voices of those with lived experience of custody were essential. This included the co-host who excellently navigated the variety of topics and shared relatable experiences to the listeners. Following listener feedback from series 1, series 2 continued with the introduction of different skills and tools relevant to the topic of the episode, with psychologist and lived experience music choices reflecting the challenges of the topic with a focus on instilling hope in those listening. This aimed to provide space for guided practice, discussion and reflection, and the use of music for both entertainment and to evoke emotional connection to the material.¹⁹

Prison Radio Association conducted 90 random face-to-face surveys and two focus groups across two male and two female prisons in England. They found that people 'overwhelmingly agreed' that this content is necessary and extremely beneficial to have on the radio. Prisoners who completed surveys and engaged in the focus groups also reported that they would like to hear more. One prisoner stated:

'If I was going through similar things I would listen to feel like there's a support mechanism there and so you feel you're not the only one going through it so I think it's a really, really good thing to have on the prison radio.'

People described taking 'action' after hearing the content and described it having a positive effect on their wellbeing:

'I used to think negative but now I don't and it's all thanks to the things like you've been explaining.'

People disclosed being especially keen to hear more about relationships, and more real-life scenarios going forward. This is something that will be considered in the planning of any future series.

The series also acknowledged that people can cause themselves distress by doing this too much, especially if they are thinking about distressing or stressful events.

A beginner's introduction to meditation course delivered by Dr Emily Tarrant via NPR invited listeners to join in with guided meditations. Meditation involves focusing attention on a single thing to give our mind a rest from thoughts, and there is evidence to suggest that such activities can significantly improve prisoners' capacity to relax, and their self-esteem and optimism.²⁰ It was offered to listeners with the question 'Do you ever find yourself thinking over and over about events from the past or things that may happen in the future?' It was emphasised that this is very common, that most people do it a lot of the time, and the programme encouraged listeners to view it as such. The series also acknowledged that people can cause themselves distress by doing this too much, especially if they are thinking about distressing or stressful events. The aim of the series was to provide an introduction to meditation, with the hope that listeners would adopt this practice to not only help them manage their thoughts, but also to experience the calming effect on the body and mind, to boost wellbeing. Episodes invited listeners to join in with some meditations by following the guidance given.

From the same sample used in the *Thinking Matters* feedback sessions, all those asked stated that the meditation programme was extremely useful. Feedback also included that the course was very accessible to those who have not engaged in meditation previously. Some prisoners who tried it were surprised at how much they liked it, as they had been sceptical and struggled with meditation practice in the past. Moving forward, prisoners requested that more consideration be given to how prisoners can engage in meditation in an environment that is not always set up to support this practice, and ways to mitigate or manage barriers to this.

Reflections on the evidence for communicating evidence

Dadich (2009) conducted a systematic review to identify which methods are most effective for communicating evidence-based mental health care to

18. See footnote 12.

19. Sachs E Matthew, et al., (2016), Brain connectivity reflects human aesthetic responses to music, *Social and Affective Neuroscience*. 1-8.

20. Derlic, D. (2020). A Systematic Review of Literature: Alternative Offender Rehabilitation – Prison Yoga, Mindfulness and Meditation. *Journal of Correctional Health Care*, 26(4), 361-375.

service users, with the aim of improving mental health literacy amongst the public.²¹ While she acknowledges that robust evidence on this issue is lacking, she makes a number of recommendations for those considering communicating evidence-based materials to service users, ensuring that:

- ❑ Using approaches that are multi-method, and multi-levelled, so that people have a range of opportunities to engage and access consistent evidence-based information.
- ❑ Evidence and materials shared have a strong theoretical basis.
- ❑ The needs and experiences of key stakeholders (including service users) is taken into account.
- ❑ Co-production is used during development and implementation.
- ❑ Ensuring that evidence / materials are contextually appropriate to the setting in which the intervention is delivered.
- ❑ Considering perceived social norms and challenges.
- ❑ Providing ongoing opportunities to service users to further enhance their mental health literacy.

From the work described in this article, it is clear some of these recommendations have been attended to. For example, people in prison were involved in the development, production, and presentation of both the *Thinking Matters* and *Sorry to Interrupt Your Day* campaigns. The context of living in prison is central to all content on NPR, and the challenges of maintaining positive psychological wellbeing in prison has been considered within the programmes described, along with opportunities for feedback.

To build on this work, it will be important for future campaigns to consider how to make the approaches multi-method, and multi-levelled, with ongoing

opportunities for people to engage in additional material, signposting to where they can access further support or engage in additional materials to support their wellbeing, and find out more about the topics of focus. This could include exploring how else information is shared and communicated with people in prison and utilising these to communicate evidence-based practice directly, such as via self-service wing kiosks,²² in-cell technology,²³ and Virtual Campus.²⁴

Conclusion

The use of prison radio, and other media, to communicate evidence-based practice to people in prison is in its infancy. From the surveys conducted to date, feedback from people in prison on the campaigns described above has been positive, and their suggestions regarding what else might be useful to include in future programmes is helpful for NPR's planning of future content. It will be important for feedback on such programmes to continue to be gathered and explored, to ensure that future content is based on representative feedback.

It will also be important to explore the impact of these programmes for people living in prison and whether engagement in such material influences people's behaviour and wellbeing. This will need to be planned in advance of programmes going on air and consider a range of factors including: the aims of the content, the issues that the radio content was hoping to address, whether and how able people are to put the strategies described into practice, and what impact this has on them.

Not all prisons have NPR in their establishments. This means prisoners currently do not have equal access to content such as the programmes described in this article. Identifying how to improve access to prison radio could be an important next step for the organisation.

21. See footnote 1.

22. Self-service wing kiosks allow prisoners to complete administrative tasks (e.g., ordering items on canteen, bank account access, etc.) which previously needed to be completed via the paper-based applications system.

23. In-cell technology refers to in-cell telephony (telephones installed in prisoners' cells) and in-cell laptops. In-cell laptops provide access to the same functions as self-service wing kiosks. They also provide access to a content hub, where users can engage with entertainment, news, and educational materials.

24. Virtual Campus is an on-line education platform which enable users to engage in e-learning.

What Works Centre for Crime Reduction: How to find out more about what works to reduce reoffending

Dr Jo Wilkinson is a What Works Impact Manager at the College of Policing.

The College of Policing was established in 2013 as the professional body for all those working in policing and the What Works Centre (WWC) for Crime Reduction.¹ WWCs can be distinguished from other research centres by their focus on synthesising the best-available existing evaluation evidence, generating more of this evidence, and encouraging and enabling its use in policy and practice decision-making.² The College is a full and founder member of the Cabinet Office run What Works National Council. The Council's 13 centre-strong network of independent WWCs stretches across government priority areas,³ and our sister centres include, amongst others, the National Institute for Health and Care Excellence (NICE),⁴ the Education Endowment Foundation,⁵ the Youth Endowment Fund,⁶ the Centre for Homelessness Impact,⁷ the What Works Centre for Wellbeing,⁸ and the Centre for Ageing Better.⁹

As a part of the WWC network, our emphasis is on creating relevant evidence, making it easily accessible, sharing it widely, and supporting its use in practice. Although we are the professional body for policing, our stakeholders go far beyond this specific discipline and include anyone with a role or interest in reducing crime, including the criminal justice and community safety sectors.

There are several core challenges that WWCs are trying to address. Firstly, how to support practitioners and policymakers to use evidence to inform resourcing decisions, particularly when the evidence doesn't

always address questions about implementation or the cost effectiveness of initiatives. Secondly, how to encourage the development, testing, and replication of initiatives in areas where there are gaps in our understanding, in order to build the evidence about 'what works'.

In this short article I focus on some of the work we have been doing to tackle these challenges, from building capability to use evidence-based approaches in policing, to the development of resources to support decision-makers across the crime reduction sector to use the evidence base when making investment and resourcing decisions.

The College is in a unique position in comparison with other WWCs as our role as a professional body means we have additional levers we can use to support and encourage police officers and staff to use evidence-based approaches in their day-to-day work. As well as being responsible for sharing the best available evidence, as a professional body we set standards for policing, both professional and learning standards, and support the development of officers and staff. We have invested in building capability amongst officers and staff to use the evidence base by introducing evidence-based approaches into the curriculums for colleagues at multiple levels (from new police officer recruits to Chief Officers) and integrating this into the job promotion framework.

In our standard-setting role we have, following the NICE model,¹⁰ explicitly used the existing evidence base to inform the standards we set. We have also set

-
1. What Works Centre for Crime Reduction | College of Policing
 2. Gough, D., Maidment, C., & Sharples, J. (2018). *UK What Works Centres: Aims, methods and context*. EPPI-Centre Social Science Research Unit and UCL Institute of Education University College London.
 3. What Works Network - GOV.UK (www.gov.uk)
 4. NICE | The National Institute for Health and Care Excellence
 5. Education Endowment Foundation | EEF
 6. Homepage - Youth Endowment Fund
 7. Centre for Homelessness Impact
 8. Homepage - What Works Wellbeing
 9. Centre for Ageing Better | Action today for all our tomorrows (ageing-better.org.uk)
 10. NICE guidance | Our programmes | What we do | About | NICE

standards for funding streams as in the case of the Safer Streets Toolkit,¹¹ which has underpinned four rounds of government funding for crime reduction.

Alongside building evidence-based approaches into the infrastructure of the profession, we have also developed opportunities, through our Bursary scheme,¹² for people working in policing to carry out their own research and increase its impact. We have had over 500 officers and staff receive a Bursary and they are delivering research that has been informing national practice. One example is Sergeant Lorna Dennison-Wilkins' Body Recovery in Water PhD study. Lorna tested the accuracy of decisions made by dive teams and search specialists to provide unique, evidence-based information on the most effective approaches to take depending on the environmental conditions and the circumstances under which the person came to be in the water. Her work now informs water-based searches in the field of search, rescue, and recovery, and she has delivered specialist training to police and other rescue staff at the National Search Centre. Her operational advice has been sought nationally and internationally by those conducting individual searches involving water.^{13,14} Other bursary-supported research has influenced operational approaches to locating missing persons,¹⁵ and protecting the welfare of police officers involved in the investigation of child sexual exploitation.¹⁶

For the remainder of this article, I focus on our role in sharing the existing evidence base on what works and making it accessible to decision-makers. I will introduce the resources we have created to support people to use the best-

available evidence from the Crime Reduction Toolkit, which sits at the heart of our WWC, the College Practice Bank, which seeks to identify, share, and encourage the testing of innovative approaches to reduce crime, and our Research Projects Map, which aims to boost collaboration among researchers and practitioners. These resources are relevant to practitioners, decision-makers, and academics working across the criminal justice sector, including those working in the Probation and Prison Services.

Crime Reduction Toolkit

The Crime Reduction Toolkit was the first product we delivered.¹⁷ Working with an academic consortium led by University College London (UCL), with co-funding from the Economic and Social Research Council, we developed a Toolkit to make the evidence base on what works readily available online to all of our stakeholders.

The Crime Reduction Toolkit is the first resource of its kind and can be used by individuals and organisations involved in reducing crime to:

- ❑ Identify what interventions might work to address a particular problem or challenge,
- ❑ Assess their current practice and investment against the best-available evidence and check to see if interventions could be adapted or different choices need to be made to increase effect,
- ❑ Commission services which are aligned to the best-available evidence, and
- ❑ Work with service providers to identify interventions and approaches which can be tested in their local context. For example,

Working with an academic consortium led by University College London (UCL), with co-funding from the Economic and Social Research Council, we developed a Toolkit to make the evidence base on what works readily available online to all of our stakeholders.

11. Safer Streets Fund toolkit | College of Policing

12. The College runs an annual Bursary Scheme to provide some financial support towards tuition fees for Higher Education programmes Bursary scheme | College of Policing. The College also provides free and open access to those working in policing to the College's National Police Library and hosts a virtual peer-led network to support those working and studying.

13. Dennison-Wilkins, L. (2021). Body Recovery from Water Study. Going Equipped. Issue 3. Ryton: College of Policing. Accessed on 15.08.23 Body recovery from water study | College of Policing

14. Dennison-Wilkins, L., Hackman, L., & Hayatdavoodi, M. (2023). The Body Recovery from Water Study: The application of science to missing person search. *Policing: A Journal of Policy and Practice*, 17.

15. Doyle, R. (2022). Missing persons: Making risk-based decisions. Going Equipped. Issue 5. Ryton: College of Policing. Accessed on 15.08.2023 Missing persons – making risk assessment decisions | College of Policing

16. Ralph, N. (2020). The impact of viewing indecent images of children on police wellness and wellbeing. Going Equipped. Issue 1. Ryton: College of Policing. Accessed on 15.08.2023 Dealing with the personal impact of crimes against children | College of Policing

17. Crime reduction toolkit | College of Policing

wilderness programmes,¹⁸ and sports programmes,¹⁹ may work better in certain contexts or with particular groups.

The Toolkit includes interventions which have been subject to a systematic review. Systematic reviews identify impact-based research studies related to a particular intervention and then synthesise or combine the results, sometimes using a meta-analysis. This synthesis of the evidence allows statements on average impact to be made and what works conclusions to be drawn. We don't include evidence from single studies in the Toolkit because combining impact information from systematic reviews, which synthesise well-designed studies, increases the reliability of assertions we make about the strength and quality of the evidence. As a WWC, we encourage researchers to share single studies so that they may be included in future systematic reviews of interventions or updates of reviews.

To identify interventions to include on the Toolkit the UCL consortium undertook a systematic search for all systematic reviews focused on interventions with some form of crime reduction outcome, including aggregate crime numbers; (re)victimisation; (re)offending, or (re)conviction. The spread of outcomes considered means that the interventions in the Toolkit are delivered by a range of bodies including the Police, Probation, and Prison Services. The initial search identified 350 systematic reviews and revealed that most of the published best-available evidence was concentrated around interventions focused on working

with people post-conviction, to reduce their reoffending. There was relatively less evidence on policing interventions and approaches to prevention and diversion.

To help practitioners and policy makers understand the crime reduction evidence 'at a glance' we needed to develop a framework to rate and describe the evidence consistently and simply. Academics from UCL developed the EMMIE framework,²⁰ which structures the findings and quality of the evidence relating to specific interventions in relation to whether they are effective (Effect); how and where they work (Mechanism and Moderator), how to put them into practice (Implementation) and how much they cost (Economic). Each of these dimensions is included in the Toolkit for the interventions. If the systematic review level evidence does not include information on any of them, we also include the gap in information in the summary.

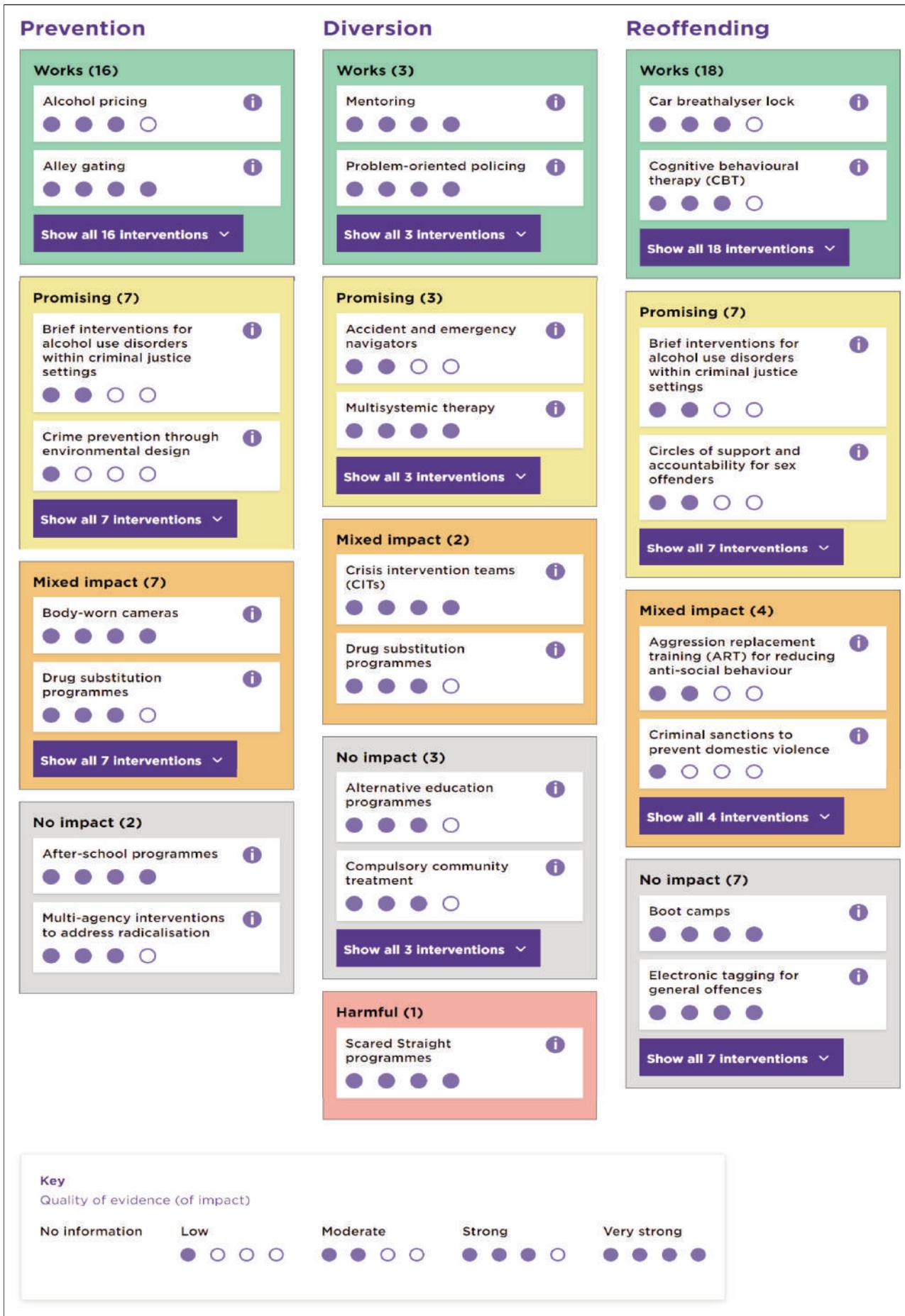
The Toolkit was launched in 2015 with 15 interventions; there are now over 70 included, and it received over 150,000 unique views in the last year. It is available on the College of Policing website and is an open resource for anyone to access and use. It can be viewed in two modes: table or visualisation view (see Figure 1 below for the visualisation view). The latter allows users to sort information using a shorter scale, labelling interventions as works, promising, mixed impact, no impact, and harmful. Table view provides a list of interventions with filters allowing users to filter by effect, problem, focus, population, and factor.

18. Wilderness challenge programmes | College of Policing

19. Sports programmes designed to prevent crime and reduce reoffending | College of Policing

20. Johnson, S. D., Tilley, N., & Bowers, K. J. (2015). Introducing EMMIE: An evidence rating scale to encourage mixed-method crime prevention synthesis reviews. *Journal of Experimental Criminology*, 11, 459–473.

Figure 1. Crime Reduction Toolkit in visualisation view.



We know from formal evaluation and ongoing feedback that the Toolkit is accessed and used by those working across the criminal justice system, as well as partners and decision-makers responsible for designing, running, and commissioning crime reduction activity in the UK and internationally. For practitioner and policy decision-makers working to reduce reoffending, there are over 35 diverse interventions aimed at delivering these outcomes, such as diversion programmes like drug courts,²¹ electronic tagging,²² prison visits,²³ and halfway house programmes.²⁴

We rerun the systematic search for systematic reviews at regular intervals and identify new and updated reviews between the searches. These activities enable us to continually add to the Toolkit and update the existing interventions when new research is published.

In creating the Crime Reduction Toolkit, we identified gaps in the existing What Works research evidence base, which we recognise means that the Toolkit is silent on some emerging and current problems faced by the sector. To fill this gap, we subsequently developed the College's Practice Bank.

Practice Bank

The Practice Bank was launched in April 2023 for practitioners to share innovative approaches to responding to new and long-standing problems.²⁵ The Bank is also an open resource on the College of Policing's website and allows practice to be shared regardless of whether it has been formally evaluated or not. It has invited considerable interest from the policing sector and to date, most of the shared examples are based on policing or partnership approaches to tackling crime and organisational change. The next phase of the Practice Bank will focus on proactively inviting other sectors, such as Prison and Probation Services to share their practice examples.

Much of the best-available evidence included in the Crime Reduction Toolkit reports on interventions designed to reduce reoffending and we anticipate developing the Bank to reflect initiatives linked to these areas of work. Practice examples will be updated twelve months after publication and this process will provide us with an opportunity not only to find out about changes and developments in criminal justice practice, but also to establish how the Bank has been used by practitioners across sectors.

The Bank is searchable and clearly labelled so users can quickly identify the level of testing that has been

undertaken for each practice example. Each example is labelled according to the scheme as 'worked' (includes robust research evaluation evidence and best- available evidence of a what works standard), 'promising' (positive observed or measured outcomes), 'new/innovative' (untested), or 'didn't work'. Contributors can label their practice as promising, new/innovative, or didn't work, but the worked label can be applied only by the what works team following a consideration of the overall evidence to ensure that this is applied accurately and consistently.

Where possible, links to the best-available evidence from the Crime Reduction Toolkit are added to practice examples to allow users to contextualise initiatives — even when they haven't been subject to an impact evaluation. In keeping with the Toolkit, all practice examples are linked to the focus areas of diversion, prevention, and reducing reoffending, but as the Practice Bank has a wider focus than only crime reduction, we have included an 'organisational' category which captures initiatives intended to make workforce improvements, such as training and development.

The Practice Bank is the start of a pipeline that will allow us to take untested but innovative practice examples and push them through a testing process towards inclusion on the Crime Reduction Toolkit. As part of our emphasis on supporting the evaluation of local and national practice, we have established a 'Smarter Practice' process and label for priority areas such as for homicide and violence against women and girls. A panel of representatives from the College, the National Police Chiefs' Council, and His Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) review practice examples in priority areas to agree on those which are most innovative, and suitable for replication and testing. These examples are submitted to a What Works Board, chaired by the College CEO, to prioritise for investment in replication and evaluation. In the long run we expect to transform the scale and richness of the crime reduction evidence base with a pipeline of innovation that starts with the untested, flows into smarter practice, and finally into what works.

Working closely with police forces, criminal justice partners and the community safety sector, we have developed the Bank to include practice on a wide range of topics and have prioritised shared learning about the implementation of initiatives. Practice examples can be shared by anyone working in the sector by using the practice sharing form. HMICFRS are encouraging the

21. Drug courts | College of Policing

22. Electronic tagging for general offences | College of Policing

23. Prison visits | College of Policing

24. Halfway house programmes | College of Policing

25. Practice bank | College of Policing

sharing of practice highlighted in their inspections. We also encourage Tilley Award winners,²⁶ and projects supported by the Science Technology Analysis and Research fund (Police STAR fund) to share summaries of their projects, and these are all searchable via a filter. Recently shared practice examples have included rapid video response to domestic abuse,²⁷ victim engagement forums,²⁸ homicide prevention rapid debriefs,²⁹ stopping unwanted prisoner contact with victims of domestic abuse,³⁰ and an intensive diversion programme for prolific burglars.³¹

Practice examples which are being evaluated can be linked to the Research Projects Map (see below) so that a summary of the project is available for other researchers.

Research Projects Map

The College's Research Projects Map is designed to promote collaboration in policing and crime reduction-related research.³² It hosts summaries of ongoing UK-based research which is carried out by, or in partnership with, a university or other higher education institute. As well as professional research, post-graduate students carrying out relevant research are invited to share short summaries of their ongoing projects. Projects can be shared via our online research sharing form,³³ and randomised control trials (RCTs) can be shared via a dedicated RCT sharing form,³⁴ which collects additional information and acts as a register for RCTs.

Once shared, each research project has a unique page which can be shared via a link and can be updated during the life cycle of the project. The Map also facilitates the sharing of survey links and participant recruitment requests, which can be added at the right stage of the project. Projects include a completion date and researchers are invited to share final reports or details of published articles with the College's National Police Library.³⁵ Completed RCT projects remain on the Map once complete, and marked as such, plus links to final reports added.

Map contributors have reported a number of benefits of sharing their ongoing research. As a result of

sharing a summary of their research, post-graduate student contributors have been offered access to linked datasets and been asked to review draft legislation as well as being invited to participate in international projects. Universities have also told us that sharing their work has instigated contact being made by practitioners for more information about their ongoing research and information about implementation. Placing projects on the Map has also facilitated new research collaborations and funding opportunities. The longer-term goal of capturing final research reports and publications is that they will contribute to filling gaps in our professional knowledge and have the potential to be included in future reviews of the evidence about policing and reducing crime.

Conclusion

The tools and resources developed by the What Works Centre for Crime Reduction are intended for use across the whole of community safety and criminal justice sectors. Knowledge exchange between different parts of the sector, as well as within organisations, has the potential to reduce siloed working, improve implementation, and support evaluation.

All of this helps drive forward evidence-based practice, and the chance of improving outcomes, in these sectors. In addition to the Crime Reduction Toolkit, launching the Practice Bank has taken us forward and provided a clear method for involving stakeholders more directly in delivering the aims of the Centre and linking their practice more explicitly to the existing evidence base. In creating a pipeline for learning from implemented practice and the potential to replicate and test it, the Centre has the potential to increase the evidence base on what works to reduce crime. WWCs thrive on engagement from the sectors they work with. Telling us about implemented practice, ongoing or completed research, and how the Toolkit is (or isn't) used by different organisations helps us to understand wider stakeholder needs. We actively seek your feedback and questions and involvement in the common aim to determine what works. Please do contact us via whatworks@college.police.uk.

26. The Tilley Awards began in 1999 and were introduced by the Home Office to promote and reward the use of problem-oriented partnership (POP) approaches to crime reduction. The Awards are based on a problem-solving methodology known as SARA. This involves Scanning for problems that are a priority for the local community; Analysing available evidence sources such as local crime data, local intelligence obtained from strategic and delivery partners, and feedback from the local community; developing the best Response to address the problem; and Assessing the impact of that response.

27. Rapid video response (RVR) for domestic abuse | College of Policing

28. Victim engagement forum | College of Policing

29. Homicide prevention rapid debrief process | College of Policing

30. Stopping unwanted prisoner contact with victims of domestic abuse | College of Policing

31. Prolific burglar intensive programme | College of Policing

32. Research projects map | College of Policing

33. Research Map submission (smartsurvey.co.uk)

34. Randomised Controlled Trial submission (smartsurvey.co.uk)

35. National Police Library | College of Policing

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

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!

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://hmpptsinsights.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.

The Importance of Evidence-based Practice in HM Inspectorate of Probation

Dr Robin Moore is the Head of Research for HM Inspectorate of Probation. He is interviewed by Dr Darren Woodward who is a senior lecturer in the School of Criminal Justice at Arden University.

The interview took place in June 2023.

Thank you for agreeing to be interviewed for the Prison Service Journal. Please can you explain a little bit about your current role?

Of course. So, I joined the inspectorate as head of research in 2015 and my role is to provide strategic direction to the Inspectorate's research team and oversee the team's research products and the analytical support to our adult youth and thematic inspections. As part of this, the key responsibilities are firstly to review and contribute to the policy and operational evidence base for probation and youth justice services, and secondly, to ensure that the inspection standards and our organisational positions are evidence based, and thirdly, as the most senior analytical specialist within the inspectorate, to provide technical advice. So that all our inspections are as robust and impactful as possible.

Do you have any line management duties?

I have a smallish research team and there are five of us in total, which includes myself. So, I'm there as head of research and then we have two senior research officers and two research officers. I'm currently line managing the two senior research officers who then have line management responsibilities themselves. A small but perfectly formed team.

What's your past experience?

I have over 20 years' experience of leading and managing research strategies and programmes, and undertaking quantitative and qualitative projects. Working within academia initially and then within government agencies before joining the inspectorate. I was head of the research programme within the National Offender Management Service as it then was, and I had responsibility for developing and overseeing the agencies research priorities, programme, and budget. I was also chair of the National Research Committee at that time, which quality assures internal and external research projects across prisons and probation, and prior to that role I was heavily involved in the validation of OASys, the Offender Assessment

System, which is also used across prisons and probation. I've always worked within criminal justice, covering aspects of sentencing, probation, prisons, and youth justice, although never a focus on the police and I've published on a range of topics, including assessment intervention delivery, the role of inspection and evidence informed practice.

How did that get you into research in the first place?

It started right back in my university days. I initially studied, when I first went to university, law, which was at Oxford, but that included a Criminal Justice and Penology module, and I have to say that engaged and interested me more than any of the other modules as part of the course. So, I progressed from there on to a criminology masters, of which there was an empirical component and then carried that on to a criminal justice PhD, which focused on the enforcement of financial penalties by magistrates' courts. And I just continued, initially within academia. I was employed by the Centre for Criminology at the University of Oxford. Leading the national evaluation of the Intensive Supervision and Surveillance Programme, which had been commissioned by the Youth Justice Board, so it was a really, you know, big multidimensional evaluation. So, I wouldn't say there was ever a clear plan right from the outset. But I think I've always just followed the areas that have really engaged and interested me.

What does evidence-based practice mean to you?

As a starting point, I always find it helpful to make a distinction between evidence-informed or evidence-led approaches and evidence-based approaches and practice. The former of those approaches, which are guided by the best available research findings alongside practice, knowledge and lived experiences, are underpinned by a clear theory of change. And I think this is important because whilst there's an alignment to the evidence, it also leaves room for promising innovation and at the same time there should be a commitment to evaluation. So once an approach is

then validated through robust evaluation, then specific approaches and interventions can be described as evidence based. And having worked in a criminal justice research for over 20 years, you won't be surprised to hear that I strongly believe in the value of research evidence. We have this strategic aim that services should reduce reoffending while also taking all reasonable steps to keep the public safe. And this is most likely if practice is aligned to the evidence base and if the evidence base continues to grow over time. The more that we can pull together differing types of evidence, the better and certainly the more powerful it can become, and this includes drawing upon and merging the latest research findings, but with professional knowledge and practice wisdom and the lived experiences of those in receipt of the services.

I would also add, reflecting back over my time, and working in this area, I do think at times there there's been unnecessary conflict between differing research areas and approaches. My general view is that paradigm wars are often a bit of a time-wasting distraction from the shared goal of helping people turn their lives around. There is still much to learn, there have always been new things to learn, and the focus needs to be upon ensuring that all research, whatever its type, is as robust and rigorous as possible, so maximising its full potential. Research questions will vary markedly in nature, so a wide range of research methods are required, with a recognition that differing approaches can be highly complementary, so there's room for action-based research, in-depth case study work and longer-term experimental designs. And then crucially, we need to learn to merge all these different types of evidence together, as I would say that's where the real promise lies for evidence-based practice.

One final point, and I think it's particularly important, is that we need to keep pushing the research evidence, particularly when we recognise that evidence and experience are not the only drivers of change; they sit alongside other drivers such as values, resources and political ideologies and interests. There

will be times when political or financial imperatives take precedence, but we should always take opportunities to promote the evidence.

You answered this a little bit at the beginning of the last question, but how is evidence-based practice applied in the Inspectorate itself?

I've been working in the inspectorate for about eight years and it's a really great place to work because there is a strong belief in the need for both probation and youth justice services to be evidence based or evidence led. We're totally committed to reviewing, developing, and promoting the evidence base for high quality services. A key source of evidence is the research evidence, and we use this alongside our inspection knowledge and findings. This incorporates the views of practitioners and those supervised, to inform our understanding of what helps and what hinders services, to develop our inspection programmes, guidance, and effective practice products, and also to consider system-wide change that could change lives for the better. I have a responsibility in terms of the research evidence. So, on the research side, to help review, develop and promote the evidence base, we collaborate with academics and external researchers in numerous ways. We're always looking to utilise and maximise the knowledge, experience, and skills across the research community. Our aim is to produce as rounded and balanced a view as possible of the evidence base, so avoiding partiality, while also recognising that the evidence base never

Understanding of what helps and what hinders services, to develop our inspection programmes, guidance, and effective practice products, and also to consider system-wide change that could change lives for the better.

stands still, and that it continually evolves, and we should never expect to find all the evidence by looking too narrowly in one place.

An example of our approaches is that we've been commissioning Academic Insights papers since 2019.¹ Through these papers, leading academics present their views on specific topics. This assists with informed debate and aids understanding of what helps and what hinders services. We've now published around 50 papers in total, from a wide range of academics across differing institutions, with differing areas of expertise

1. <https://www.justiceinspectors.gov.uk/hmiprobation/research/academic-insights/>

and backgrounds, from both England and Wales, and also some other jurisdictions. Some are very well known and established academics, while some are academics at an earlier stage in their career; and I think that's one of the challenges, to keep an eye on all the latest developments across the entire research community or ecosystem. Trying to identify the new up and coming academics who may perhaps be less vocal than some others and also trying to keep an eye on relevant findings from other sectors. There's a lot of similar findings in comparable sectors, and we are always thinking about what can be pulled across.

I'd also say that we need to recognise that expanding and strengthening the evidence base will be of no or limited value if no attention's then given to it. We have to think carefully about knowledge translation and knowledge mobilisation, so it's not simply one way dissemination, but also two-way meaningful engagement and interaction with research findings and its implications. In terms of knowledge translation, we always think about differing dissemination methods and how to combine accessibility with academic credibility while also recognising that there's a range of preferences in terms of format and style. With this in mind, we've produced online evidence resources, summarising key research findings and presenting them as concisely as possible.

We've also launched some five-minute reflections from research videos which feature leading academics who reflect upon their work and set out their top pieces of advice for the delivery of high-quality probation and or youth offending services. These are short videos with key points that can be digested quickly for those short on time, and we have to be honest here and recognise that many practitioners are short on time.

That's really interesting, so thank you very much. What do you think the future will bring in relation to evidence-based practice?

I can say what I'm hoping to see. I'm hoping to see an increased merging of research findings, professional knowledge and practice wisdom and the lived

experiences of those in receipt of services. A recognition that all have value. We undertook some research on service user involvement in the review and improvement of probation services, and within that report we did conclude that strategic direction was required to support the balance between the value placed on lived and learned experience. I would say it would certainly seem nonsensical to try to reform services without engaging and learning from those who've been in receipt of the services, and this applies equally to children and adults. But it needs to be done

well, so their views and experiences should be a key source of evidence for an evidence informed approach. But the approach needs to be meaningful and not tokenistic.

In terms of other developments, I'm also expecting to see progress in relation to knowledge translation with improved ways of summarising and disseminating evidence. Technologies are developing incredibly quickly at the moment and most notably through new AI tools. There would appear to be some real opportunities here, while also thinking carefully about the potential limitations and also the dangers of such tools and developments.

Thanks. So, my final question for you then is what are the challenges that you are currently facing?

The big challenge at the moment is the current resource demands on the frontline. This is clearly a challenge for undertaking research projects and evaluations, where you often

require the support and time of practitioners and also senior staff and engaged gatekeepers who can facilitate the necessary access. We're seeing this in terms of the ability to get frontline survey responses. So, people's time is limited and that can easily lead to some sort of research fatigue and just difficulties in assisting with research. I'm hoping that over time the probation service will begin to stabilise, and as part of that, I'd really like to see a much stronger commitment to building a research, evidence-based culture which is hardwired into the organisational wide delivery model. You could argue that a cultural shift is required here whereby supporting, co-producing, or instigating

You could argue that a cultural shift is required here whereby supporting, co-producing, or instigating research is seen as a key part of the job, with clear links to professional learning, development and even career progression.

research is seen as a key part of the job, with clear links to professional learning, development and even career progression. As part of this, there should be a commitment to upskilling staff where required, so that they have a sufficient understanding of the role of research and evaluation. Staff need to be encouraged to and given sufficient time, space, and resources to continually reflect upon their practice and to learn from others and apply findings from research.

I think there's some very related and useful concepts to think about. There's the concepts of a growth mindset and also professional curiosity. Starting with a growth mindset, practitioners with such a mindset have a desire to explore, learn and understand, and to keep up to date with new developments. They'll reflect on and review their thinking, and persist in the face of setbacks, and recognise the need to make consistent efforts to continually develop and embrace challenges. They will learn from constructive feedback and find lessons from others. Therefore, recognising that there may be differing ways of doing things.

Then we have the concept of professional curiosity. Jake Phillips and colleagues have noted how in fields such as nursing, professional curiosity is used to encourage practitioners to stay abreast of developments in the field and to engage with academic research and professional development. This is very much linked to a broader appreciation of the value of engagement with knowledge.

There have been some helpful developments. There's been the recent introduction of a professional register and professional standards for probation qualified staff, and one of those standards requires staff to seek new opportunities to enhance and continuously improve their practice. Having said that, the big barrier that we have at the moment is of insufficient time and space. Practitioners are stretched and this does mean that the focus on areas such as critical reflection can quickly suffer.

Another key challenge for building the evidence is the limited availability of robust costs data. Most research and evaluation studies within probation lack any economic components. The consequence is that robust evidence on both costs and benefits of differing approaches and interventions is generally lacking, and clearly required here. Particularly because when resources are constrained, it is vital that the funds are spent on approaches that provide the greatest possible economic and social return. Finally, I would say there remains a lack of consensus around appropriate outcome measures. I do think an increased consensus around outcome measures, which could be better used to understand factors linked to desistance would be beneficial for us all. Attention will need to be paid to ensure that these outcome measures are sufficiently timely, can be sufficiently tailored to the individual, and can also support robust claims of attribution.

Evidence-Based Practice at the Youth Justice Board

Dr Hannah Collyer is the Head of Evidence and Insights at the Youth Justice Board (YJB) for England and Wales. She is interviewed by Dr Rachel Bell who is an Operational Manager currently seconded to the Women's Operational Policy and Strategy Team in His Majesty's Prison and Probation Service (HMPPS).

Hannah's role includes oversight of the YJB's research and evaluation activity. Hannah was previously a Senior Researcher at What Works for Children's Social Care where she led on pilot, implementation, and process evaluation of a range of programmes seeking to improve outcomes for children with a social worker. This work aimed to build the evidence base for how and why interventions bring about change. Hannah has also previously worked as a Government Social Researcher in the Early Years team at the Department for Education, where she led on the longitudinal Study of Early Education and Development, designing evaluation for the early years social mobility programme and for education recovery programmes following the Covid-19 pandemic, and translating research evidence to inform policy and practice.

The interview took place in June 2023.

The YJB describes its strategy and central guiding principle as Child First. What does Child First mean?

Child First is a summary of contemporary evidence about what works in youth justice to improve outcomes for children and to make communities safer, which has four components or tenets. The first tenet is seeing children as children. This involves recognising that children are different from adults, with their own needs, capacities, and rights as children. And it is about prioritising their best interests, making sure that any work is child-focused and developmentally informed.

The second tenet is developing pro-social identity for positive child outcomes. This recommends that work should be constructive and future focused, looking to promote children's strengths and capacities to develop their own prosocial identity, empowering them to fulfil their potential, and make positive

contributions to society. It's about building up children's strengths.

The third tenet is collaboration with children. This means that all activity should encourage children's active participation, engaging and including them in the process as much as possible.

And the fourth tenet is promoting diversion, a childhood outside of the justice system. This is about providing support for children but in a way that uses the minimum intervention within the formal justice system that is possible. It recognises that's not always possible, but wherever it is possible, prevention and diversion support and intervention from relevant agencies are preferred to formal justice system intervention. We know that contact with the criminal justice system increases the risk of criminogenic stigma and labelling which actually has worse outcomes for children.¹

The YJB advocates for the use of Child First across the youth justice system and the wider services that children come into contact with.

Can Child First be described as an evidence-based policy, or an evidence-based strategy?

Child First isn't a policy or strategy per se but it's an evidence-based approach to youth justice. All four tenets of Child First are based on the latest evidence about how children develop and what works to achieve positive outcomes for children (and therefore ultimately reduce offending). Loughborough University have published a literature review which summarises all the evidence behind Child First.²

This review includes research evidence that children's capacity to make decisions and take in information is not fully developed in the same ways as that of adults. The evidence highlights what we know about speech and language and communication needs,

1. McAra, L., & McVie, S. (2007). Youth Justice? The Impact of Agency Contact on Desistance from Offending. *European Journal of Criminology*, 4, 315–45.

2. Case, S., & Browning, A. (2021). Child First Justice: the research evidence-base. Loughborough University. Available at: <https://www.lboro.ac.uk/subjects/social-policy-studies/research/child-first-justice/research-evidence-base/>

recognises children with those types of needs are overrepresented within the youth justice system, and that those children in particular struggle to understand legal proceedings and the sort of environments that they might experience through the justice system. There is an international evidence base highlighting the benefits of strengths-based, family, and community approaches to youth justice. And we also know from international research, including the longitudinal Edinburgh Study that formal criminal justice processing makes children more likely to commit crime again.³ And, conversely, we know that pre-court diversion reduces the likelihood that children will commit another offence. So the approach is based on a huge body of evidence about how children develop and how they can be best supported in terms of actually delivering a Child First youth justice system.

Pathfinders, which are YJB funded innovative practice, also provide research evidence to help us understand what's working well in delivering Child First youth justice, that can be used to inform practice in other areas. However, although Child First is evidence-informed as an approach, there are still gaps in our evidence base. For example, more research would help us to get a better understanding of exactly how Child First can best be delivered in a range of different settings and services, and which approaches to Child First practice (such as diversion) work best and for which children.

It seems to me that there are values, as well as evidence, underpinning the Child First vision. Can you explain a bit more about the relationship between values and evidence in Child First?

Child First absolutely aligns with a range of different legislation and guidance about children's interests and welfare. The Children's Act directs that all services must promote the welfare of children, while the United Nations Convention on the Rights of the Child (UNCRC)'s position is that children's best interests should be primary. In that sense a Child First approach

aligns with these values and principles about protecting the interests and experiences of children in the system.

However, it's a misinterpretation to assume Child First is a value-based position as it is derived from our evidence-based understanding about what works in youth justice. The evidence suggests that adopting a Child First approach would have benefits not just for the experiences and rights of children within the system, but also for making society and communities safer by improving positive, pro-social outcomes for children, and as a result reducing rates of offending by children.

So, while there is alignment with values around children's interests, Child First is about outcomes for society as a whole, and the evidence base around what is likely to be most effective to achieve those outcomes.

We also know from international research, including the longitudinal Edinburgh Study that formal criminal justice processing makes children more likely to commit crime again.

Since 2012, the number of first-time entrants to the youth justice system has fallen by 78 per cent and the number of children held in custody has fallen by 77 per cent. What has caused this significant change?

There are likely to be a number of system changes that have affected decreases in these statistics, many of which the YJB has advocated for over time, based on our understanding of the contemporary evidence base. These include a movement over time from a deficit-focus on managing 'risk of offending', towards a more constructive focus on helping children to make positive contributions to society — this is just more effective. Another change is the increased use of prevention and diversion; the YJB published a report this year about prevention and diversion and the report shows that this type of activity now makes up over half of youth justice service caseloads in England and Wales.⁴ We know this is beneficial for children to improve their pro-social outcomes, and as a result reduce offending and make communities safer.

There's also been other changes in the wider system. Custodial sentences are increasingly a last

3. See footnote 1.

4. YJB (2023). Final Report: Prevention and Diversion Project – Youth Justice Board for England and Wales (February 2023). Available at: <https://yjresourcehub.uk/research-articles-reports-and-briefings-thematic-broader-research-inform/item/1077-final-report-prevention-and-diversion-project-youth-justice-board-for-england-and-wales-february-2023.html>)

resort — partly because of improved confidence in alternatives to custody. And there have been reduced school exclusions, increased support for contextual safeguarding in children's services provisions, changes in the way in which the police operate, and targets for policing. All those things contribute to the changes that we've seen.

But we must also look beneath these headlines when considering what future work is needed; youth justice involvement has not decreased at the same rate for all children. As a result, we see things like the proportion of Black and ethnic minority children in custody has grown in recent years. Looking underneath the data at how changes are different for different groups of children is a really helpful way of us thinking about where we still need to drive change in the system.

To what extent has evidence helped the YJB advocate for the system and policy changes that supported this change?

The YJB's statutory duties include distributing grants to local authorities who provide youth justice services, but also oversight of the youth justice system to understand how it's performing, commissioning research to support practice development, and identifying and sharing evidence-informed practice across the sector. So the YJB is intended to be an independent source of evidence-based advice and support for the sector.

The YJB uses data from youth justice services to publish annual youth justice statistics. These provide an opportunity to understand where progress has been made, and where more work might be needed.

We also run a number of stakeholder groups. We have an Academic Liaison Network which is a group of academics who are sector experts across the spectrum of youth justice. And we have the Youth Advisory

Network which is a forum coordinated by the YJB to get the voices of children into the work that we do. That's a really key part of the process of how we drive improvement in the sector — part of the Child First approach is involving children and listening to their experiences directly.

We also commission research and evaluation to develop the evidence base and inform our priorities and activity. Our most recent research publications include research exploring ethnic disparities in reoffending rates,⁵ and a process evaluation of enhanced case management,⁶ a trauma informed approach to practice in youth justice.

And I mentioned pathfinders earlier. These are local innovation and practice development that is often accompanied by evaluation. They help us to understand what's working in different types of practice around the country and all of that information is shared on our resource hub as it becomes available — this can be accessed by practitioners and used to inform their work.⁷

The YJB draws together all these different sources of information and evidence to inform its support for the youth justice sector.

So sharing evidence about effective practice plays a critical role in improving outcomes for children?

Yes. As I've said, oversight of how the system is performing, and identifying and sharing

evidence-informed practice are statutory functions of the YJB. And understanding how the system is performing is a key part of understanding how and where there are opportunities to improve practice.

A recent example of our work to understand system performance is the recently published systems mapping report called Brighter Futures.⁸ It draws on the insights of over 200 youth justice experts from England and Wales. And it reports how far we are achieving a

And there have been reduced school exclusions, increased support for contextual safeguarding in children's services provisions, changes in the way in which the police operate, and targets for policing. All those things contribute to the changes that we've seen.

5. YJB (2023). Understanding ethnic disparity in reoffending rates in the youth justice system. Available at: <https://www.gov.uk/government/publications/understanding-ethnic-disparity-in-reoffending-rates-in-the-youth-justice-system>
6. YJB (2023). Enhanced case management evaluation: phase one report. Available at: <https://www.gov.uk/government/publications/enhanced-case-management-evaluation-phase-one-report>
7. <https://yjbresourcehub.uk>
8. YJB (2022). Child First: Identifying Progress and Priorities Using a System Map – Youth Justice Board for England and Wales. Available at: <https://yjresourcehub.uk/research-articles-reports-and-briefings-thematic-broader-research-inform/item/1044-child-first-identifying-progress-and-priorities-using-a-system-map-youth-justice-board-for-england-and-wales-october-2022.html>

Child First youth justice system and what steps could be taken to better utilise an evidence-based Child First approach.

As well as understanding the system, an example of the evidence-informed practice shared by the YJB includes the recently revised case management guidance for youth justice services. This guidance was developed drawing on expertise from professionals from across the youth justice system, children and young adults, academic researchers.

These types of outputs published by the YJB are part of the reason we see increasing use of an evidence-informed, Child First approach in youth justice.

Despite the impressive reductions in the number of entrants to the youth justice system, rates of assault and self-harm in youth custody, and reoffending on release from custody, all remain serious challenges. Does your evidence strategy offer any hope of addressing these problems?

It is a sad reality that no approach will entirely eliminate all harm or bring an end to crime. But the YJB is confident that the evidence-based Child First approach is the most likely to prevent victims, make communities safer, and enable children to lead crime free lives.

A lot of the work that's needed will be about operationalising what we know already from the existing evidence base. There is generally good buy-in to Child First across the youth justice system, with lots of Child First practice going on. But translating Child First into practice is still a work in progress. It is the YJB's continuing goal to support a move to a more Child First sector, and address inequalities in the system that drive overrepresentation of certain groups of children in the system, with the ultimate goal of improving outcomes for children and communities.

One way we'll be doing this is through our newly launched oversight, assurance, and compliance framework which sets out how the YJB will perform our oversight function. This will involve working closely with youth justice services to understand how they are performing and, where there are challenges, to provide additional support to help them drive up standards in delivery. The YJB also works in close partnership with other agencies and services such as education, police, the judiciary and the voluntary and community sector, who also play a key role in the youth justice system.

As well as operationalising what we already know, at the YJB we also seek to continue to generate new evidence through our research — that will have real-world applications in terms of understanding best practice in youth justice. We have ongoing projects evaluating the impact of enhanced case management, a

trauma informed approach to youth justice, and another project seeking to understand the use of pre-sentence reports. And we're also in the process of setting our research agenda for the coming year by considering where the gaps in understanding currently are.

The YJB are also on a journey to make sure we make the best use of the evidence, intelligence, and data we have available to us. This includes improving the usefulness of the data that is collected by youth justice services, through introducing a new set of key performance indicators and ensuring that there is better data collected about children who receive diversionary activity through youth justice services. This is a big gap in our knowledge and understanding at the moment. We are also working to improve the skills and capabilities in data analysis within the YJB so we can get the best out of the data we hold. And then we are reviewing and refining the ways we work with our stakeholder groups who provide us with intelligence and insights from across the system. And we are also putting in place processes to better synthesise data, research evidence, and the intelligence coming from stakeholders and practitioners. That will enable us to draw more holistic insights from across all these sources of information to inform the YJB's priorities, our decisions, and the guidance or advice that we give.

Ultimately all this ongoing activity at the YJB has the aim of continuing to develop the evidence base and use this to drive decision making, policy, and practice in the youth justice sector.

The YJB has clearly taken a really considered and focused approach towards generating and communicating evidence. What do you think the learning is for the rest of the justice sector?

I think there's a lot of learning from the Child First approach. The components of the Child First approach can be applied more broadly than just in youth justice. They are relevant in terms of understanding the individual and their needs, and in building up a positive identity and positive future, rather than taking a more punitive approach to justice. At least in youth justice we know that drives more positive outcomes. And there's some logic in assuming that with other groups of people involved in crime that a more positive and constructive approach is likely to drive good outcomes as well.

In terms of evidence and strategy our approach is very ambitious. What we're wanting to do is to combine the data and the research with the soft intelligence from the stakeholders and practitioners on the ground about what's actually happening and what the issues are. I think bringing all of that together is a really useful holistic approach that that is potentially beneficial for others to be able to do too.

(How) Can prisons be run using the principles of evidence-based practice?

Ian Bickers (at the time of the interview) was the Prison Group Director for the London prison group. He was responsible for six adult male prisons across London. He had worked for the Prison Service for 20 years, starting in Learning and Skills, then switching to operational work, and had worked at every grade across seven different prisons over that 20-year period. After having governed two very different prisons, HMPs Wandsworth and High Down, he started his role as Prison Group Director in London, before leaving HMPPS in late 2023. Prof. Rob Briner is Professor of Organisational Psychology at Queen Mary, University of London and Associate Research Director, Corporate Research Forum. He has a long-standing interest in evidence-based practises in a number of fields, including human resource management, management, and general organisational psychology. He is a widely published and award-winning scholar, but in his own words he'd say he's 'been banging on about it for about 30 years now'. They are interviewed by Dr Ruth Armstrong, is a Doctor of Criminology at the University of Cambridge and Director of Justice Matters, a consultancy working with criminal justice sector charities and leaders to put evidence at the hear of action for change.'

This interview took place in two sittings, in July and September of 2023.

RA: Brilliant to have you both here today. Rob, can I please start by asking you whether, after 30 years of work, you've come to any kind of definition of evidence-based practice?

RB: Well, I now define it very differently to how I would have originally. So originally, I would have had quite a technocratic definition. And I think one of the main issues with evidence-based practice across different fields is that evidence-based practice has been defined in ways that are quite off putting. People working in the fields don't like the definitions, and so they can actually be quite unhelpful. So now I tend to define it as basically a process for gathering and using good quality data and information to answer two basic questions: 1) What is going on? What is happening? And if you ask this question and you find something going on or happening that is either bad or presents an opportunity, then using a similar process to answer the second question: 2) What can we do here?

And crucially I think there are three principles which help to explain evidence-based practice better than some of the models. The first principle is using multiple sources of evidence. Never use just one source, always use multiple sources, multiple types of evidence. The second thing is taking a structured approach, and by structured, I mean you ask a question, and you systematically go through trying to collect evidence from different sources to answer it. So structured in that sense, but also structured in that you always make sure to start with the diagnosis. One thing that is similar across many professions is that people leap to solutions,

to doing stuff, without taking the time to understand what is going on. And the third basic principle is just pay more attention to the multiple sources of data — it should be the best quality information you've got. And you should try to ignore poor quality unreliable stuff. So, I think that's a relatively simple definition. Evidence-based practice is asking 'What is the problem? What can we do about it?' and following this set of principles in the way you do both.

RA: Ian, what do you see as the strengths and challenges of evidence-based practice in the Prison Service?

IB: I was very privileged in 2014 to go to Cambridge to do the Masters in Criminology, Penology and Management. I wrote a dissertation which I then subsequently went on to publish around procedural justice, and one of the things that struck me about Cambridge was that over the 10 years I'd been working in the Service up until that point we did loads of good things but didn't really realise why we did them, and what Cambridge taught me was that we did some of those things because there was some really good evidence behind them. I left school at 16 with no qualifications. Then I did a degree with the Open University in Psychology in my mid 30s and that introduced me to what 'evidence-based' meant. But really going to Cambridge opened my eyes further and challenged me to think about how we can bring evidence-based practices to life in the prison space.

But I love what Rob has just said, and I haven't heard it put this simply before. And sometimes what we see in the sector I work in, the Criminal Justice System, and in prisons in particular, is the absolute

1. www.justicematters.org

opposite. Something bad happens and there are people throwing solutions at you quicker than you can actually action them in order to deal with things in an appropriate way. And it might be great people offering all this stuff up, and it might even occasionally be someone who knows some of the research in the area, but no one is stopping to work out what the problem is before we jump to putting a solution in place. And so often the answer to what the problem is will actually be quite simple, it will be human error. But we get this whole system response about what we need to do, changing so many things, when actually what was needed was just a bit of training, a bit of reinforcement of processes that are already in place. If people had followed those processes, so often whatever the problem is would not have occurred.

One of the challenges for evidence-based practice in prisons is that historically we have relied heavily on what I call our 'spidey senses' — I can go onto a prison wing and I can see and feel how things are. I can walk around the prison and see what good work is going on and what is not so good. My professional intuition really allows me to get a grip of that stuff. I think when I first joined the service 20 years ago, that was so heavily relied upon that we didn't really think about evidence-based practice in any way, shape or form to really inform what we did. We did it

because 'the Prison Service knows best' and actually, I think maybe that wasn't true. Maybe it was and I just didn't see it. But a lot of what we did was intuitive. It was based upon what we had done historically. It was based upon what we thought might work. It took me two years at Cambridge studying to understand, as I am walking around the prison seeing things and spotting problems, what is good and has evidence behind it and what needs to change, and how we go about that change, rather than just making it up as we go along.

One of the challenges in prisons is the hierarchy, if the Governor wants it, it gets done. Evidence-based practice asks, 'What does the Governor want it for? What is that based on? Where is the evidence that working in these ways is going to be effective for what we are trying to achieve?' So, I think there is a real challenge for us around how we manage the intersection between professional practice and evidence-based practice that enables us to be able to do both things really, really well to bring good

outcomes to bear. And one of the things I think we need to do to achieve that balance is to simplify systems. We have created very complex systems, often in reactionary ways, before we have stopped to really identify and diagnose the problem. And I think we may have over-engineered some of the systems and processes, and we might need to get back to simple truths, like the fact that how you talk to people really matters, that one-to-one relational-based contact between a personal officer and a prisoner matters, and that new prison officers really need time with experienced staff walking the landings and learning their craft. We can have all of the systems in the world, like the OMiC (Offender Management in Custody) model through which the key worker aspects are meant

to be delivered, but when new officers are learning their craft from officers that have only been in post a year themselves, no matter how much evidence is behind your systems, you have lost some vital expertise.

Fundamentally I think Rob's definition is absolutely right, you know, from a practitioner perspective, but we're in an operational environment where often we are not given the time to either think or to explain what the evidence on the problem is, what we are doing is reacting very quickly to public perception, or to ministerial perception, or to the public perception of the ministerial perception! I've been

in this job long enough that I understand the political dynamics around it, but we do have to think about how we balance this with real leadership around evidence-based approaches to what the problems are, and what the solutions could be. I worry that what we have created, (and when I say we, I mean the whole of society, media and politics and public attitudes) is a society that asks very different questions. It asks 'Who is to blame? Who is at fault? Who's going to pay the compensation? Who do we sue for this?

RA: Rob, if you reflect on these strengths and challenges of using evidence-based practice in the Prison Service, how do they relate to the use of evidence-based practice in other industries? What do we know about when using evidence-based practice makes more, or less, sense?

RB: Well, I think Ian's done a great job of outlining quite common challenges across industries actually, in both the big 'P' and small 'p' of politics. And working from my definition of evidence-based practice, the

What we are doing
is reacting very
quickly to public
perception, or to
ministerial
perception, or to
the public
perception of the
ministerial
perception!

politics is part of it. For example, if you've got a CEO who's decided that he or she wants to implement some really cool new management fad, you might be a really diligent manager and say, 'You know, I think that's kind of rubbish because I've looked into the evidence and there's nothing behind it'. But actually, that probably isn't going to help either your organisation or your career if the CEO just wants that to happen, so you're just going to have to do it. The evidence from your stakeholder — the CEO — has trumped, has overridden, all the other evidence you might get from other sources. It doesn't mean trying to follow the principles of evidence-based practice is useless, it just means you are able to recognise that of all the evidence you've gathered, the politics with certain stakeholders is overriding it all. Similarly, there might be ethical issues to consider. So maybe you're making a decision and you're collecting all the evidence together and the evidence is all pointing to a particular kind of problem and a particular kind of solution. However, ethically, you know what, we think that solution is wrong. Well, then we're not going to do it. Or it could be that the evidence points to not doing something, but we think it's the right thing to do for other reasons. So, I think one of the real challenges is building in other kinds of data and information and taking them into account and understanding that doing so is not giving up on evidence-based practice, you're still doing it, it's just that in some circumstances, some evidence will trump other evidence.

Like for example what Ian was talking about with spidey senses. For me, professional expertise is one of the four main sources of evidence. But the key thing for any source of evidence is that you submit it to a couple of questions. One is, 'Is the evidence relevant to understanding the problem or understanding the solution?' and the other is 'What's the quality of the evidence?' And one of the real challenges with spidey senses, intuitions, and gut feelings, is that they are very likely based on experience. But the question is, have you got enough experience, and in this moment, are you remembering it accurately? Have you thought about it critically, or could it just be prejudice? Is it just a view you've come to because you don't like something, or because you do like something?

A familiar challenge across many professions is that if you look at the conditions for building professional expertise, they are not present. Good examples of building professional expertise are activities like cooking or playing an instrument or a sport. There are certain conditions through which you learn if you practice. You need to do the same thing again and again and again. You need to do this in a fairly stable environment, and you need to get fairly quick and accurate feedback. Think about playing the guitar — if these conditions aren't present, it's really very difficult to learn. So, an example from my field about how this is a challenge for relying on professional practice as good evidence, is that if someone who is a change manager is going to rely on their spidey senses in how they manage change, the reality is maybe in their 30 year career they might have only overseen something like six big change programmes. So the question is, 'How much can they really learn from experience?', because each of those six big change problems were probably very different, so the conditions aren't really there. That doesn't mean you discount your spidey senses about what's going on, to me it could be an important clue that says, 'let me investigate further'. And it may turn out you're right, or maybe you're wrong. It may be reliable, and maybe not. But absolutely one should not ignore that, because it might be accurate, but one should always be aware that it might be prejudiced. You build it in like you build in the politics — it is a part of the evidence.

This brings up another common aspect people struggle with in using evidence-based practice, and that is, in lots of everyday decisions we're presented with multiple sources of evidence and often they are contradictory, and that is just normal. It's not weird. What is weird, and makes me suspicious, is if every single source, ever single type of evidence, is saying exactly the same thing. It's like following a sat nav, sometimes we need to build up our tolerance for saying 'Well, the sat nav says X but my experience says Y'.

RA: Rob, you've mentioned four main sources of evidence, can you tell us what they are?

RB: Sure. These sources stem from when evidence-based practice first originated in medicine about 30 years ago and they are in no particular order of

We should submit any source of evidence to a couple of questions: 'Is the evidence relevant to understanding the problem or understanding the solution?' and 'What's the quality of the evidence?'

importance. The first source, as Ian mentioned, is your professional expertise. What do I think as a practitioner with experience? What does my professional experience tell me is going on here? What can we do about it? The second source is data from the context or the organisation. So, it might be numbers. It might be measurements, it might be surveys, it might be other things you collect from the context or situation. The third area is the preferences and views and perceptions of stakeholders. What do they think is important? What do they think is going on? What do they think you should do about it? And the fourth area, but by no means last, is the scientific evidence. So, if you look at the scientific evidence, what does it tell you about the nature of the problem? And if there is a problem, what evidence is there about potential interventions or solutions? So, they're the four main sources. There will be others in some circumstances, but they are the four main ones: What do I know? What does the scientific evidence say? What do most stakeholders think? And what's going on in the context?

RA: As you're listening to that Ian, what do you think about the extent to which prisons use evidence-based practice?

IB: If I'm honest I'd have to say I think we are overly reliant on the first source, professional expertise. I think it mixes in with the hierarchical nature of prisons, where we expect the governor is the 'all-knowing one' with all the answers to all the questions. I don't think that's true. It's an old model for a different society and I'm not sure it's working any more. We are now running much more complex organisations than we used to. I do think we are now using data better than we have ever used it before, but I still think we could invest more in that space. I also think we overly rely upon the preferences of our stakeholders, and that can start with big 'P' Politics. As Rob says, take that into account when you're making your decisions, but take it into account alongside your professional expertise and alongside scientific evidence. I don't think we have ever really looked at things scientifically. The reality is, you know, we don't have a chief scientific advisor to HMPPS or the Ministry of Justice (MoJ), but if we did, we really could have dealt with some problems differently, both in terms of understanding the problem and identifying

solutions. For example, the problems of spice,² and how you counteract it being transported into prisons. A good scientist might have been able to inform us far quicker than we came to the understanding of the plethora of ways it could be brought in, and then we could have been well ahead of the curve in dealing with it.

RA: Your answer surprises me a little Ian, because when I hear people talk and write about evidence-based practice, I always hear it relate to only one strand of Rob's sources — the scientific evidence. Do you think I'm way out on that because in many ways I'm looking in from the outside and as an academic over the last 20 years that has been one of the main lenses through which I've engaged with prisons, and as Rob admitted right at the start, academics can veer towards more technocratic definitions and ignore the other important sources of evidence?

IB: I do think that's a fair observation, and it may be because I'm getting old and am further on in my career, but I do think we undervalue and undermine the value of professional expertise. What is really interesting at the minute is that we have a cohort of people, very bright intelligent people, who have joined our organisation

as Unlocked Grads, perhaps since about 2016.³ So maybe they have five, six, or at most seven years of experience under their belt, two of which will have been in uniform as a prison officer. And these people have found themselves getting into senior positions quickly, they are now functional heads in charge of departments and sometimes they bemoan the experience of their colleagues around them who have worked in uniform for 30 years and have perhaps only made it to a deputy head of function post.

And I don't sign up to the idea that you have to have done something or have lived an experience to be able to lead, I myself am an example of that, but I do think you have to be able to recognise as a leader that you do not have that experience and get some of those people around you. Because actually, as Rob describes, those people who have been around for 30 years have practiced things, they have lived and been immersed in similar things for many years. Their experience is very,

I think we overly
rely upon the
preferences of our
stakeholders, and
that can start with
big 'P' Politics.

2. A synthetic psychoactive substance.

3. <https://unlockedgrads.org.uk/>

very different to someone with just a few recent years of service. And it's not about saying 'oh, we've always done it this way so we should carry on doing it', but it is about learning from history, because actually history is often right and can tell us something, it can be another piece of evidence about what we do or don't do. But right now, we have people with a few years of experience who will be governors before their colleagues with many years of experience, and that worries me. We have lost so much professional expertise in recent years, and our prisons are suffering as a result. Perhaps it's one of the reasons we emphasise scientific evidence so much because we are losing the ability to draw on that professional expertise alongside the research.

So much of the stuff we used to do as a Prison Service when I joined it 20 years ago, has now been outsourced. For example, all our human resources and finance processes are outsourced to the MoJ. We don't do that stuff ourselves anymore in the prisons we run, and I think we underestimate the impact all those processes have on people. We don't have an established process of Continued Professional Development for staff. We don't really deliberately grow people or build in time to learn. You learn to be a governor by watching other people do it. And if you have some good examples then that's great, but if you have some poor examples then what you see is a continuation of poor leadership.

RB: And if I can just pick up on this point here Ruth, about people thinking evidence-based practice stems from 'the ones with the science' — this is a whole problem across every single field, including medicine. Medicine was the first field to really adopt evidence-based practice, and it has had some successes, but it hasn't spread as fast as people thought it would. One of the reasons for that is because the people promoting it were really saying 'what you think as a practitioner is rubbish, here, read this randomized control trial, read this meta-analysis, just use this, and push that practice stuff to the side'. And I used to be like that — I was a sinner! And in the last 10 years I've really changed, firstly because I realised it just completely offends people and that's not how to do change, and secondly because the more you learn about science, the more you realise a lot of it is unreliable! A lot of it is irrelevant! And actually, the

strength of evidence-based practice is combining different sources, so you shouldn't automatically decide one source of evidence is better than another, you need to put them together. It may be your expertise is the best, or it may be organisational data is the best, or maybe the stakeholders' opinions are the best. It depends on the question.

RA: Thanks Rob, I think many people leading and working in our prisons will really recognise that. Ian, in terms of London prisons, what are the current preoccupations in terms of organisational realities and work with people in prisons? If you had a magic wand, what evidence would you love to get your hands on to help develop the strategy and operational approach moving forwards?

IB: One of the challenges Governors' face today, and this has been highlighted by Charlie Taylor the Chief Inspector of Prisons, is that we have loads more data than we did 20 years ago. We've built really good datasets that can help us, but some Governors don't know how to use them. Perhaps more than new data, what we need is a way to equip operational staff to collect and use data in a way that builds evidence and informs practice. As Rob said, they need to be able to assess it and understand its value.

But one of the things we do know at the minute about our current prison population from the data, is that there is a lack of access to meaningful activities which are important for rehabilitation. The population is growing and growing, and we have no experience in running prisons for 86,000 people and rising, so we are spending all our time focussing on keeping people locked up in cells. This is a real challenge, moving beyond the basic task of keeping people in prison safely to serve their sentence, and doing the other equally important part of our job, which is offering access to rehabilitative activities so people have the chance to build futures that are different from their pasts. And not having access to meaningful activity has immediate as well as long-term consequences. I worry about people in prison. I worry about self-inflicted deaths. I worry about self-harm. I worry about violence. And from a staff perspective I am genuinely worried about the culture, and how working in this environment with a lack of access to rehabilitative activity damages the culture.

The population is growing and growing, and we have no experience in running prisons for 86,000 people and rising, so we are spending all our time focussing on keeping people locked up in cells.

On top of this is the fact that in society at large there are currently some important cultural shifts at play. Society is changing. Prisons are a microcosm of society. There are unwanted behaviours that have been rife in society that are now being challenged, behaviours of sexism, of misogyny, and of racism. And the Prison Service is not immune to this. It is a challenge as a Service that we have to rise to in this cultural moment, to set the highest standards all the way through our organisation. This requires a focus on addressing grievances and appropriate discipline to expect the highest professional standards of everyone. But I worry about how a focus on grievances and disciplinaries impacts staff culture and ultimately can impact the people in our care. So, I guess if I had a magic wand, I would want access to the evidence around how you strengthen and support staff cultures that have the highest professional standards, but do so in a way that doesn't take your eye off the ball, that doesn't shift your focus to grievances and disciplinaries rather than focussing on supporting rehabilitation and resettlement.

This problem is especially acute for those on remand. Because of the backlogs in the whole Criminal Justice System, we have more and more people in prison on remand. We have more and more people who leave prison immediately once they are sentenced because of the time they have already served on remand. And whether or not you get sentenced — you are innocent until proven guilty — that won't stop you losing your job, your house, your contact with your family. I'd love to have access to evidence that could inform the dynamic of how we deliver work with the remand population, because it is growing, and I think there's a massive gap in the research evidence here.

So, I think we need evidence to support us to make the sociocultural shift with staff, but also a shift in how we think about our workforce in ways that will enable us to get better outcomes for staff as well as for prisoners. We need staff who want to come to work and do a good job so that we are not spending all our time in grievances or attendance management or disciplinaries. I've got an occupational psychologist that is trying to help me unpick what those issues are, but I think we may need to be looking at evidence from industries beyond the closed prison system to really improve things here. I want things to change so that

there is an expectation from staff that their work is going to get better outcomes for prisoners. I want people to care more. I'd love to know what evidence I could get my hands on to help us do that better.

I think people genuinely do want to care, but they just don't know how to because we're firefighting and dealing with crisis all the time, and sometimes that's crises that we're creating because of our ways of working. We know that people who come to prison have caused harm. But we also know that every single person that spends time on a prison sentence or on remand is going to have harm done to them, and that anybody who works in the system is going to have harm done to them as well. That's a known fact. We know that is a fact through lots and lots of research

evidence and all the other sources Rob mentioned. So, if that is the problem, the question is then what can we do to try to fix that? How do we build a culture where we are looking out for each other, where we are not all so burnt out that we can't see what burn out looks like in someone else and reach out? How do we grow a learning culture underpinned by care so that when a Governor is responding to a serious violence, self-harm, or self-inflicted death in their prison, someone goes to see them and wraps their arms around them and asks are they OK? These things are hard. How do we move to a culture where we learn rather than where we point the finger and accuse?

How do you make an open culture in a closed institution, where instead of talking about 'hidden heroes' we recognise people in the Prison Service as the fourth emergency service, and some of the good work they do can be seen and praised.

RA: It sounds to me like you're asking 'how do we build evidence into policies in ways that are likely to contribute to an organisational culture of care?' Rob, are there established ways of helping frontline practitioners understand and use evidence-based practices in their work that might do this? If you had to give a step-by-step guide to a new prison Governor about how use an evidence-based approach to developing a vision and strategy for where they want to move to, and how to move that direction, what would you advise?

There are unwanted behaviours that have been rife in society that are now being challenged, behaviours of sexism, of misogyny, and of racism. And the Prison Service is not immune to this.

RB: What you need to be clear about is what incentives are people working under? I've worked with so many different industries, from the Police to HR people in corporations, and they all say 'this is a great idea! I get it — but I haven't got time, and I won't be rewarded for it'. What you often see is that at work people get rewarded for 'doing stuff'. Think about promotion systems, often what they do is they count how much 'stuff' you did, rather than asking was that stuff useful? Was it valuable? Was it helpful? No one really knows — but 'Well done you, you did loads of stuff! Here, have a promotion, get a pay increase.' So the major challenge is recognising the incentives that you give your staff, and considering whether you are incentivising them to invest in evidence-based practice.

More often than not, the incentives actually get in the way. And if you can sort your incentives, the second thing I say to people is to give your people a real sense of what it means to use evidence-based practice. Model it. I use a lot of everyday examples to give people the idea of how to use those principles, and multiple sources, and use that structured approach to assess what is the best quality evidence.

What you'll find is that most people tend towards evidence-based practice anyway. But maybe they use two sources and not four, and not in a systematic way, but it might be somewhat structured. So, what we are talking about is taking what people do anyway and just doing it in a more systematic way. You give people a feel for what it is, and then the best way to start an organisation or function or profession on this track is to start doing it. Pick the one thing that's going on now that you think is important, and take the time to try the process with a group of people. Clip multiple sources of evidence. Give yourself chance to think about it. What's going on? What's the problem? Stop yourself from going into 'solution mode'. Just don't go there. Keep your focus on answering the question 'What's the issue? What's going on?' with the evidence. And once you're reasonably clear about that, then move on to look at the evidence about what you could do about it. Then just try it. Review what you did, and after you review it, ask people 'What was the process like?' And then do it again. And pick your battles. If you quickly work out that stakeholders are just going to make you do something, there's no point in going through the

whole process, because you are going to have to do what the stakeholder wants.

But if you just start it, you will find that the more people use this approach, and are rewarded for it, they get better at it, they learn the skills, they realise it's not as hard as they think, and they also realise you could spend months and months doing it, but equally, you could spend a day doing it. And I'd argue, even if you can only spend a day, if you ask 'What is the problem here, what are we dealing with and what can we do about it?' you are more likely to get accurate answers to those questions than if you don't do it at all. So, I think one of the keys is to make it manageable and everyday doable.

RA: In your experience Ian, how can we help leaders in the Criminal Justice System to understand and use EBP in their work? What do you think evidence-based leadership looks like?

IB: Well, I think what you don't do is walk about wafting research papers around, but you can take the evidence and support the important aspects of it in your practice. For example, I'm really passionate about the evidence around procedural justice. There are four tenants of procedural justice: voice, respect, neutrality and trust, and there are a myriad of ways we can build those four elements into our systems and processes and into our interactions with staff as managers, and with prisoners.

So, when we're doing a disciplinary or attendance management process with staff, is it procedurally just, and when we are doing an adjudication process with prisoners do they have a voice to give their evidence and can they genuinely do that in a way that makes sense to them? And you can tell if processes are procedurally just by how well the outcomes are accepted. I don't get appeals where people turn around and say, 'this wasn't fair, I didn't get to give my evidence'. I get appeals about something being missed or part of a policy not being followed — so the nature of the appeals and the response to these processes helps me to know the culture is shifting on how we do these things.

But if I think specifically about how we help leaders use EBP in their work, I'd have to honestly answer that I don't think we do. We don't develop our Deputy Governors and Governors. You know, you're a

So the major challenge is recognising the incentives that you give your staff, and considering whether you are incentivising them to invest in evidence-based practice.

functional head on Friday,⁴ you're a Deputy Governor on a Monday. You're a Deputy Governor on a Friday, you're a prison Governor on a Monday. You're a prison Governor on a Friday, you're a Prison Group Director on a Monday. I don't think we really take time to look at what we mean by evidence-based practise for our prison Governors and give them time to think about the reasons why we do this stuff, and how evidence might suggest we could shift our approaches.

You know, Charlie Taylor [the Chief Inspector of Prisons] constantly talks about how Governors need to be better with data. They do. He's absolutely right. I don't disagree with that at all. But Governors need to be better with evidence as well. And they need the headspace to be able to sit and search and find it, and read it and reflect on it, and go and ask some experts about what that might mean and what they might do in their prison at that time. You know, if I think about one of the Governor's I know today, who is dealing with four attendance management appeals this week and a disciplinary appeal, and has just lost their Deputy Governor and is trying to run one of the biggest prisons in the country; if I go to them and ask 'where's your evidence base for how you're approaching this'? She would turn around and laugh me out of court. Literally.

So, if I had to say something to a prison Governor, I think what I'd say is 'don't try to do it all by yourself'. I'm a great believer that the prison system can't do this stuff all by itself. You know, we have to go through the process of being able to bring in others to help us. And often this is free of charge consultants, academics, or in-house experts from the HMPPS Evidence-Based Practice Team.

I learned the value of this back in 2015 when trying to lead some prison reform. You know, I'd governed at HMP Highdown and really tried hard to go through the process of doing a lot of internal stuff. What I learnt when I went to HMP Wandsworth and we began trying to implement reforms was a load of people came forward and said 'we can help you do this'. And actually, that was the first time in my career that this had happened, and it made such a difference. I saw the real value of different stakeholders coming in

to help us do what we do. And there is an interesting intersection that happens when you work with different stakeholders, because they may have different values to those held within the Prison Service. You often see stakeholders adopting the prison's values, but I think sometimes, especially with work that is funded independently, you can see stakeholder values influencing a prison environment — but that is at a very institutional level, not a corporate level, which is much more challenging for the Prison Service.

Its also challenging for your individual prison Governor because they are managing multiple stakeholder relationships. That is difficult, and there may be competing evidence in different areas. They may have to make choices between priorities based on prevailing political climate or economic or social pressures. For example, right now there is lots of focus on population management. That might mean that we are not paying enough attention to family services and where people are located, which we know is important in terms of better outcomes, because there is an overwhelming imperative to house a burgeoning prison population and not enough spaces in which to do this. The pressure of this focus might mean that we think less about families than perhaps we should.

Its also challenging for your individual prison Governor because they are managing multiple stakeholder relationships. That is difficult, and there may be competing evidence in different areas.

RA: Yes, certainly one of the main challenges to evidence-based practice I hear from people on the frontline is about workload: they are

too busy getting through the day to think about how to do things better or implement changes. Rob, how does an an EBP approach take workload into consideration?

RB: OK, so I think in terms of carving out time, as in all things, it depends on what you make a priority as a leader or as a line manager. It goes back to what I said above about the incentives and reward systems. You're asking the people you manage for help with stuff, and you can show, by how you manage and what you say, that you are less interested in all your activity, how much you've done, and more interested in what decisions you have made about what you think the issues are that get your time. What do you think the

4. A functional head would be a member of the senior management team and in charge of one aspect of the prison, for example, security or reducing reoffending, or operations.

problems are? Show me the data, show me what you found and how you chose the interventional solution you came up with. Show me what evidence you use. If people understand they are being rewarded for making better quality or more informed decisions, it suddenly completely changes the conversation from talking about outputs 'look at all the stuff I've done, aren't I clever?' to talking about process 'here's an audit trail of evidence I collected and how I took those decisions'.

So, what you reward is one big thing, and in terms of time, again I think it comes back to incentives, what people are rewarded for, but there is an intersection with the time horizon people have. One of the things to be aware of is that if we are not using evidence-based practice, we are likely to be making the same kinds of mistakes again and again and again. It's like fixing a leaky pipe by just keeping on wrapping tape around it. It'll just come undone, and it will keep leaking eventually because you're not stopping the water flow. You're not understanding the problem. So that's when we have to offer people incentives, do you want to keep doing quick fixes that won't work over the long-term, so this problem keeps reappearing? Or would it be nice if we actually found a more sustainable kind of intervention or solution, so we don't have to keep fixing the same things again and again and again.

And here the leader is crucial because it's about what they model. People might not know exactly what their leader is doing, but if the leader can model talking to people about what they are doing, and model how you are getting data, information, evidence to inform what you are doing, and admit that you're not always certain, that there is uncertainty and there is contradiction, but nonetheless, here is what I think. And then ask people, what do you think? Model getting evidence from them to inform your assessment of the question, the problem, and the potential solutions. People can then see the way that you want them to do things.

RA: Ian, how do you think that is likely to land with practitioners, and politically? What would it feel like to say, well, I've looked at all the evidence and I'm just not sure either what the problem is, or what the solution is, what do you think?

IB: I listen to this, and it all makes sense, but it just feels so far away from what is possible. The thing for me is that we expect people working for us to do too much. And I don't think this is just a 'prison thing', I think it's a societal thing. What we've done is that we want more and more and more, and that requires us to do more and more and more. We say to Governors 'Key workers are really important. Activities is really important. Making sure people are safe is really important. Reducing violence is really important. You need to make sure everyone gets to their health appointments because we're trying to do equivalency of health and that's really important. And education and qualifications are really important'. And it goes on and on and on.

When I joined the Prison Service it was much simpler. It wasn't layered with all these expectations. And it's partly the way the political process works. It's a bit like Rob described, because of its short-term nature, so you end up putting different kinds of bandages around the same pipe. Charles Clarke describes this in his book 'The too difficult box' — many crime and justice decisions are just too difficult to get politically expedient solutions in place in the term of one Government, never mind the term of one Secretary of State. So, the Prison Service becomes responsible for implementing short-term solutions of specific administrations, even after they have moved on.

I think one of the things you learn when you work in the Prison Service, is that we have a very long corporate memory, and

that includes the sense of what we think prison should be, and what we think working in prisons should be like. Sometimes I do wonder whether or not we have become so entrenched in what we remember that we have lost the ability to take a clear look at what we need today, for staff and for prisoners. And actually, what we need today is good healthy colleagues, well-educated colleagues, we need good work colleagues who want to be the best they can be. And work colleagues who are stressed and exhausted and stretched beyond capacity are unlikely to be at their best.

I've been turning around to Governors over the last year and saying to them 'I've got you, and I just

One of the things to be aware of is that if we are not using evidence-based practice, we are likely to be making the same kinds of mistakes again and again and again. It's like fixing a leaky pipe by just keeping on wrapping tape around it.

want you to do some really simple stuff: keep your prisoners safe, keep your staff safe, make sure we try to minimise self-harm and self-inflicted deaths by making sure where we can we do our best to give people meaningful ways to stay busy so they don't sit in their cell ruminating. Let's just focus on some basic core fundamental services.' And this has reduced the number of self-inflicted deaths we've had. It has reduced the amount of self-harm. For me, it's about trying to make the complex as simple as possible and trying to give Governors enough top-cover that with very low staff numbers they can run decent regimes and do what they have the scope to do well, because you can't stuff absolutely everything under the cordon without burning people out.

RB: I just want to pick up your point here, Ian, about people doing more and more stuff, because I think that is true in lots of fields. It is almost as though quantity is becoming a substitute for quality, so we don't really know what we're doing, and it's very difficult, so let's just do lots and lots of it because then it looks like we're busy and things are happening. And one really microcosmic example of this is people that work in Learning and Development in organisations, and they provide training for employees. One of the criticisms of some of these functions is rather than asking: 'What are the learning needs for the organisation and business, what do people really need to know?' What some organisations do is just to buy in more and more and more training so that they can say to their employees, 'look, you can now do two and half thousand online courses if you like!' And there's lots of activity, but how is this helping anything? It's almost like some sort of substitute for evidence-based practice I think.

RA: Ian, there is lots of evidence around 'what works', both in terms of achieving the aims of HMPPS relating to public safety, and of shifting organisational cultures/staff behaviours — it makes me wonder, can you really use EBP in an industry with limitless demand, limited resource, and where practices and policies are so political and emotional?

IB: I think it depends on the extent of the evidence you draw from. I came to Cambridge and spent two

years reading prisons literature. I spent two years reading criminology. I spent two years immersed in that space. But I came to the Prison Service in my mid 30s and I came to it from the private sector. So, I think I've always been keen to look at evidence and values beyond the world of criminology. I think there's a lot we can learn from Health. There's a lot we can learn from Education. There's a lot we can learn from the corporate world. There's a lot of stuff that we can learn, which isn't all just about how we hold people in custody, that would enable us to run our prisons better. We need up-to-date HR policies and practices that realise the world has moved on in the almost two generations since I started work in the Prison Service, and how we do recruitment and things like grievances and disciplinaries hasn't really kept pace. We need to look at evidence about how to work effectively with millennials and generation Z. We need to think about what flexible working arrangements and part time contracts mean for how we run our prisons.

So, I think there is a real sense that while criminological evidence may be static, there's a lot of other evidence around the way that the staff groups, middle managers, and senior managers are supported, and how our policies impact on the way things get delivered and ultimately on the outcomes for the people in our care. Sometimes I think it's not all about criminological evidence, but about the way you run your organisation, and that's what I think we sometimes miss out. Some of us are lucky, I

consider myself lucky that I got to study at Cambridge, but we are few, and as I said before, we could really do with looking beyond criminological evidence to really support our institution to do the best work, and to support our leaders to be the best they can be.

RB: There can be arguments made that some of the evidence-based practice process is sometimes better if it is outsourced because there is some quite technical stuff which not every practitioner in every field will know how to do in terms of both diagnosis and actually implementing solutions. But the danger is that there are a lot of providers and suppliers who promise to diagnose 'the thing' and offer solutions on 'what works' but they just don't fit with your organisation,

We need up-to-date HR policies and practices that realise the world has moved on in the almost two generations since I started work in the Prison Service, and how we do recruitment and things like grievances and disciplinaries hasn't really kept pace.

your business. So, while it can make sense in evidence-based practice to outsource some aspects, really practitioners still need to understand for themselves what the issues are and what can be done about them. And this is one of the problems with the 'What Works' movement — it can sometimes feel like you're outsourcing your thinking to a group of people who will tell you what works. You go, 'OK, that works, we'll do that'. But actually, as we've discussed, that isn't evidence-based practice, and there is a danger in bringing in others unless, in principle, you really understand what's going on.

And speaking more broadly, I know a little bit about organisational culture and while I'm not an expert, I find it a very problematic idea. I know it's very popular and people like it, but I think it can be an unhelpful shorthand. For example, as you know, the Met Police keep talking about their problem with culture, and for me, often it seems like a way of kicking the can down the road. Culture sort of means something, but it means everything, and it also kind of means nothing. Usually when people talk about culture change, like with the Met, they don't really mean 'we need to change the culture'. What they mean is some people are behaving in ways that are absolutely unacceptable and we don't want them to behave like that. So how is it useful to invoke this vague concept of culture if you want to change behaviour? Understand what the behaviour is. Understand what's causing it and why it's there. Think about solutions for stopping it or preventing that thing from occurring. In lots of contexts, lots of different kinds of organisations, lots of sectors, people tend to evoke this concept of culture as though it's a diagnosis of every single problem, and that changing the culture will fix everything, but I've never come across a case where people actually want to do that. What they want to do is fix very specific problems that are a bit hard to deal with, so they vote 'culture'.

If you remember the situation in the City, where there were various financial crises and problems with the way traders were operating unethically, and there was a big thing about how they needed to change the culture of the City. But you don't change the culture, you change behaviour. And if you focus on culture, I'm not sure how helpful it is, because a lot of evidence says culture is actually formed by behaviour, not the other

way around. So actually, if you can change behaviour, whatever value culture might have, you'll see a change in it, but if you chose to try to change culture, in a way, you're choosing the wrong target.

IB: That is absolutely what I've found, I can't change the culture of the Prison Service, but I can stop people inappropriately touching each other at work by just making it absolutely clear that it is not acceptable and if it happens, it will be disciplined.

RA: Well, this has been fascinating, but we must draw to a close, so as a final question I'd like to ask you both, if you had one plea or wish relating to the use of evidence-based practice across the Criminal Justice System, what would it be and to whom would you address it?

RB: So, my one thing, actually in any context, is to spend more time thinking about the problem, what is the issue, and don't ever for a moment think that by taking time to understand what's going on that means you're not doing something important. It really irritates and puzzles me when people say 'we've done one thing so now we have to do the next thing' as if 'doing things' is the only part of your job that matters, and it isn't important to spend time understanding what's happening, to gather evidence to make sense of it, and to make more informed decisions. So, my wish would be to think more about what the issues, problems,

and opportunities are. The leadership is obviously important, but you want to signal to everyone in the whole organisation that if they think there is an issue or a problem, or they have spotted something, or there is something they think it's worth getting further evidence about, they should feel they can do that and talk to their line manager or others about it. So, this idea of taking time to look around, look at what's happening, what's going on, should be the place everyone starts, rather than just jumping to 'here's a solution!'.

IB: For me it would be to increase our ability to look across all industry sectors to be able to do much better evidence gathering and to test that, and to give space to people in practise, practise based jobs, the ability to be able to test and learn and fail, and provided it's not causing significant risk to public safety, to learn and move on from it rather than having a rigid culture

Culture sort of means something, but it means everything, and it also kind of means nothing. So how is it useful to invoke this vague concept of culture if you want to change behaviour?

that is so fearful of bad things happening that we don't ever do anything differently.

So, create a bigger Research and Development department, allow Governors the time and the space to be able to utilise that knowledge and grow a better learning culture that enables us to share best practise when it happens. And actually, you know, just providing that time. If I look at Governors across London right now, they haven't got the time to do their day job as it currently stands, let alone building, you know, the excellent stuff Rob's been talking about. I think we need to change that dynamic by the way in which we run our organisation, by thinking about what we reward.

We need to create a culture where learning is shared across the whole system automatically, so if one thing goes wrong in one prison, instead of just punishing who ever made the mistake, we learn, and we share that learning. We don't do that. And the other thing I would say is that all aspiring Governors

need to do two years of university-type of learning, like the course I got to do, because I think that experience made me a much, much better Governor than I ever would have been, for lots of reasons. And it hasn't got to be an expensive Cambridge course, but I do think having the ability to go through the process of doing that type of learning when you're a Deputy Governor and you're aspiring to be a Governor is absolutely what we should do, so we create a culture that knows how to understand and do academic research, knows how to access academic journals, knows how to use an academic database.

RA: Well, my sincere thanks to you both. This has been an absolute pleasure, and I am so grateful to you both for your time and expertise. **And happily, the Prison Service Journal is available on prison wings and open access on the internet, so everyone will be able to access it whether or not they've ever set foot in a university!**



The Bennett Award for Outstanding Article 2023



Scarlett Thomas is currently a Policy Advisor in the HMPPS Prison Safety Strategy Team. Her article was based on her Masters studies completed as part of the Unlocked Graduates Leadership Development Programme.

The 'Bennett Award' for outstanding article of the year is in its seventh year and was renamed in 2020 in honour of our former editor of seventeen years — Dr Jamie Bennett.

The Prison Service Journal editorial board reviewed a shortlist of articles in 2023. The board weighed each article by its merit. We have endeavored to make our judgement as unbiased and objective as possible. In so doing, we chose the article that best reflected the aims of the PSJ which is to inform theory and practice.

The board selected an article from issue 266 — *'Feeling Safe in an Unsafe Place.'* *Improving well-being through the use of Trauma-Informed spaces.*

The article presents her work to support prison officer wellbeing by building a Trauma-Informed Care Practice (TICP) safe space in a Category B local jail.

Scarlett received a certificate, and a plaque designed and created by prisoners at HMP The Mount.



PRISON SERVICE JOURNAL

Purpose and editorial arrangements

The *Prison Service Journal* is a peer reviewed journal published by HM Prison Service of England and Wales. Its purpose is to promote discussion on issues related to the work of the Prison Service, the wider criminal justice system and associated fields. It aims to present reliable information and a range of views about these issues.

The editors are responsible for the style and content of each edition, and for managing production and the Journal's budget. The editors are supported by an editorial board — a body of volunteers, many of whom have worked for the Prison Service in various capacities, or who are academics in the field of criminal justice. The editorial board considers all articles submitted and decides the outline and composition of each edition, although the editors retains an over-riding discretion in deciding which articles are published and their precise length and language.

From May 2011 each edition is available electronically from the website of the Centre for Crime and Justice Studies. This is available at <http://www.crimeandjustice.org.uk/psj.html>

Circulation of editions and submission of articles

Six editions of the Journal, printed at HMP Leyhill, are published each year with a circulation of approximately 6,500 per edition. The editor welcomes articles which should be up to c.4,000 words and submitted by email to prisonservicejournal@justice.gov.uk.

Footnotes are preferred to endnotes, which must be kept to a minimum. All articles are subject to peer review and may be altered in accordance with house style. No payments are made for articles.

Subscriptions

The Journal is distributed to every Prison Service establishment in England and Wales. Individual members of staff need not subscribe and can obtain free copies from their establishment. Subscriptions are invited from other individuals and bodies outside the Prison Service at the following rates, which include postage:

United Kingdom

single copy	£7.00	
one year's subscription	£40.00	(organisations or individuals in their professional capacity)
	£35.00	(private individuals)

Overseas

single copy	£10.00	
one year's subscription	£50.00	(organisations or individuals in their professional capacity)
	£40.00	(private individuals)

Orders for subscriptions (and back copies which are charged at the single copy rate) should be sent with a cheque made payable to 'HM Prison Service' to *Prison Service Journal*, c/o Print Shop Manager, HMP Leyhill, Wotton-under-Edge, Gloucestershire, GL12 8BT.

Reducing Knife Crime: We need to ask 'What Works?'

Jon Yates

Implementing Evidence-Based Practice: A Synthesis of the Evidence

Flora Fitzalan Howard

Bringing evidence into practice: The story of the work to improve outcomes for young adults in prison and probation.

Georgia Barnett, Dr Helen Wakeling and Lisa Short

If a picture is worth 1,000 words, a prototype is worth 1,000 meetings. Why prototyping will help you get better results.

Jo Voisey

Applying evidence-based practice in custody PIPEs and using early evidence to inform the development of Theory of Change

Nicole Webster, Lucinda Bolger and Dr Carine Lewis

Getting the message about evidence-based practice directly to people in prison

Dr Rachel A. Gibson, Kate Netten, Thomas Bonser, Andrew Wilkie
and James Adamson

What Works Centre for Crime Reduction: How to find out more about what works to reduce reoffending

Dr Jo Wilkinson

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

Dr Rosie Travers interviewed by Dr Amy Ludlow

The Importance of Evidence-based Practice in HM Inspectorate of Probation

Dr Robin Moore interviewed by Dr Darren Woodward

Evidence-Based Practice at the Youth Justice Board

Dr Hannah Collyer interviewed by Dr Rachel Bell

(How) Can prisons be run using the principles of evidence-based practice?

Ian Bickers and Prof. Rob Briner are interviewed by Dr Ruth Armstrong