Process evaluation of the HMP Doncaster Payment by Results Pilot: Phase 2 findings

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This report presents findings from phase two of the process evaluation which explored the implementation of the Payment by Results (PbR) pilot offering ‘through the gate’ support to offenders released from Doncaster Prison. The findings are based on 16 interviews conducted in July and August 2013. The evaluation was conducted by GVA.

Key findings

- A Payment by Results (PbR) pilot was launched in October 2011 at Doncaster Prison to test the impact of a PbR model on reducing reconvictions. The pilot is being delivered by Serco and Catch22 (‘the Alliance’).
- The impact of the pilot is being assessed using a binary outcome measure, which is the proportion of prison leavers who are convicted of one or more offences in the 12 months following their release. Interim published figures of cohort 1 have shown a reduction in reconvictions compared to the baseline year (2009).
- In May 2013 the Government announced their Transforming Rehabilitation (TR) proposals, which aim to change the way offenders are managed in the community. The lessons learned from the Doncaster PbR pilot may help to inform the delivery of the TR proposals.
- The Alliance decided to focus support on offenders serving sentences of less than 12 months who (because of their sentence length) would otherwise not receive any statutory community support. Whilst offender engagement with the community support is voluntary, as of October 2013, 72% were engaged 1 month after their release.
- The Alliance’s case management system has been considered valuable for recording and analysing the needs of its cohort and the activities to address those needs.
- Meeting offenders with high needs at the prison gates was seen as good practice as it increases their likelihood of community engagement.
- The Alliance chose to withdraw community support for offenders who are reconvicted within the 12 month period post-release as they feel that this does not represent the best use of their resources. Some delivery staff reported frustration that support is withdrawn, undermining the interventions previously undertaken.
- Community-based case managers rely on referring offenders to existing services in order to meet their needs. As the number and type of support agencies varies by area it has implications for the level of support that offenders receive.
- A rating system enables community-based case managers to deliver support to offenders based on their need and risk of reoffending, and allows senior stakeholders to effectively oversee and monitor this resource allocation process.
- The pilot involves a volunteering scheme to provide offenders with additional support (e.g. mentoring). The scheme was viewed positively and initial challenges regarding volunteer commitment and clarity of role were being addressed.
- Effective communication and information sharing between partner agencies has helped prevent duplication of support to offenders.
Introduction

In October 2011 a Payment by Results (PbR) pilot scheme was launched at Doncaster Prison to test the impact of using a PbR model to reduce reconvictions. The pilot is being delivered by Serco and Catch22 (‘the Alliance’) and was originally intended to run for four years¹, with each cohort year running from October to September. The pilot involves the provision of ‘through the gate’ support to offenders released from Doncaster Prison.

Through the gate support is the provision of support to offenders following their release into the community.

A binary measure of reconviction is being used to determine whether or not an outcome payment will be paid to the Alliance for successfully reducing reconvictions below a specified threshold. The measure being used is the proportion of offenders released during each cohort period² who are convicted of one or more offences in the 12 months following their release. (Cases are then allowed up to 6 months to progress to court and for a verdict to be reached.)

The Government published their ‘Transforming Rehabilitation’ (TR) proposals in May 2013 which aim to change the way offenders are managed in the community in order to reduce the rate of reoffending whilst continuing to protect the public.³ Between July 2011 and June 2012, 58% of offenders released from custody, having served sentences of less than 12 months, reoffended within a year of release.⁴ At the time of writing these offenders do not receive statutory support in the community, unless they are deemed to pose a high risk of harm. Under the TR proposals, all offenders will receive statutory rehabilitation support upon release. The Alliance took the decision that the PbR pilot at Doncaster should predominantly offer voluntary community case management support for offenders serving less than 12 months. Therefore the lessons learned from Doncaster Prison could help to inform the delivery of the TR proposals.

Other key elements of the TR proposals include a nationwide through the gate resettlement service; a new approach to commissioning services which involves private, voluntary and community sector organisations as well as the public sector; and a PbR funding model.

This report presents findings from the process evaluation undertaken by GVA to explore experiences and identify the lessons learned during the delivery of the HMP Doncaster PbR pilot. This research involved 16 qualitative, semi-structured interviews in July and August 2013, with key stakeholders⁵ including the Alliance’s senior management and community team, and external stakeholders including representatives from the Probation Service and Integrated Offender Management (IOM) teams.⁶ This report, which is the second publication resulting from this evaluation,⁷ examines: the monitoring of offenders; the handover process from custody to community support; community provision and partnership working.

Context

This report does not aim to assess whether the pilot has worked, rather to assess the process of implementing the PbR approach at Doncaster Prison.

The success of the pilot will be measured by the official reconviction rates. Interim published figures have shown a reduction in reconvictions by offenders released from Doncaster Prison during the first 9 months of cohort 1 of the pilot, compared to the levels during the baseline year (2009).

The 12 month reconviction rate for cohort 1 offenders released from Doncaster Prison between October 2011 and June 2012 is 52.6%, based on 1,014 releases. This is a reduction of 6.9 percentage points compared to those released between October

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¹ To facilitate a consistent approach to the implementation of the Government’s Transforming Rehabilitation reforms across England and Wales, it has been decided that no new participants will enter the Doncaster pilot beyond the end of 2014. This was announced on 6 February 2014 (https://www.gov.uk/government/news/talks-begin-over-contracts-to-tackle-reoffending).
² Excluding those who serve their sentence entirely on remand and those in custody due to a breach offence (e.g. breach of a Community Order or licence conditions).
⁵ Five interviews with senior Alliance staff, seven interviews with other staff and four interviews with external partners from the Police and Probation were conducted either face to face or over the phone.
⁶ IOM teams involve local partner agencies working collaboratively to ensure that offenders who cause the most damage and harm locally are managed in a co-ordinated way.
2008 and June 2009, and a reduction of 4.4 percentage points compared to those released between October 2009 and June 2010. Twelve month reconviction data of those released in the first 12 months of the pilot i.e. all of cohort 1, will be available in summer 2014.

The 6 month reconviction rate for cohort 2 offenders released from Doncaster Prison between October 2012 and March 2013 is 43.1%, based on 580 releases. This is a reduction of 2.5 percentage points compared to those released between October 2008 and March 2009, and a rise of 1.9 percentage points compared to those released between October 2009 and March 2010.

The cohort 1 figures give a more robust indication of progress as they are closer to a complete measure (comprising three quarters of the full cohort compared to half for cohort 2; and measuring reconvictions over 12 months compared to six months for cohort 2).

**Delivery at Doncaster Prison**

The Alliance has developed four ‘pathways’ for different categories of offender. These are:

- **Pathway 1:** High/very high risk of harm/Imprisonment for Public Protection (IPP) offenders
- **Pathway 2:** Offenders sentenced to 12 months and over, not classified high/very high risk of harm/IPP
- **Pathway 3:** Offenders sentenced to less than 12 months
- **Pathway 4:** Individuals in the prison on remand before trial and sentencing.

Although all releases from Doncaster Prison count towards the reconviction target, the Alliance has adopted different approaches to supporting offenders in different pathways. Offenders on pathways 1 and 2 receive statutory supervision in the community which is managed by the Probation Service. The Alliance does not provide direct community management support for these offenders unless requested to by the Probation Service. However, the Alliance’s community-based case managers do maintain an oversight of the progress and status of all released offenders in the cohort. Timesheet analysis for October 2013 showed that community-based case managers spent 14% of their time providing direct support to offenders on pathways 1 and 2.

Pathway 3 offenders, who receive no statutory community support from other agencies, are the main group the Alliance supports. Individuals on remand (pathway 4) receive support whilst in custody but no community support if they are subsequently released without charge. Individuals who are convicted and given a custodial sentence will be allocated to one of the other three pathways.

IOM teams lead on offenders who are identified by the police as Serious Acquisitive Crime (SAC) offenders, either through conviction or intelligence, and are at high risk of reoffending.

South Yorkshire IOM teams also provide support to SAC offenders who are not released on licence or have come to the end of their community order. This support is not statutory and these offenders can choose to receive the support or not. This non-statutory support is also available to individuals who have been identified at a high risk of offending, or reoffending. Drug Intervention Programme (DIP) teams lead on offenders on the Drug Prevention Programmes.

**Research findings**

The research findings are based on interviews with staff from the Alliance and external stakeholders, and highlight how the pilot has been delivered, any successes, challenges faced and areas of good practice.

**Case management information**

In response to the pilot, the Alliance tracks the progress of all in-cohort offenders from their first arrival into prison and throughout their community-based support. The Alliance uses a case

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8 These two timeframes are the most comparable periods to the baseline period of the calendar year 2009. Ministry of Justice Quarterly Bulletin (24 April 2014) Proven Re-offending Statistics, July 2011 to June 2012, England and Wales: Annex A.
9 IPP offenders are those who have been convicted of a serious sexual or violent offence and are deemed to pose a significant risk of serious harm to the public.
10 Excluding those who serve their sentence entirely on remand and those in custody due to a breach offence (e.g. breach of a Community Order or licence conditions).
11 Sourced from the Alliance’s management information.
12 Offenders receiving a community or suspended sentence are out of cohort.
management system based on seven routes to reducing reoffending.\textsuperscript{13}

Staff reported that this management information system has proved valuable for enabling the Alliance to reliably record, monitor and analyse the needs profile of its cohort and the activities undertaken to address those needs in an attempt to maximise reductions in reconviction rates.

The Alliance incorporates information from other agencies (such as the Probation Service and IOM teams) into the system. However, because the other lead agencies involved use different case management systems, Alliance staff are required to spend time manually updating their system with this information. Some Alliance staff reported that this meant time is spent on data entry at the expense of offender engagement.

**Handover process**

All offenders are assigned a custody-based case manager when they first arrive at Doncaster Prison. Custody-based case managers are responsible for identifying and addressing offenders’ needs in custody and these are recorded in the custody-based support plan. At 6–8 weeks prior to release their case management file is transferred to a community-based case manager. If an offender is sentenced to less than 6 weeks, a custody-based case manager will still conduct the initial assessment, and then pass the details over to a community-based case manager.

The Alliance’s intended good practice is for a tripartite meeting to occur between the custody-based case manager, community-based case manager and the offender, as well as any other stakeholders involved in their support to discuss on-going support requirements. However, due to the number of releases per month (approx. 200) and resource constraints the tripartite meeting often does not occur.

For pathway 3 offenders at the handover point, the community-based case manager takes control of the offender’s record on the case management system, and the responsibility for managing the support they receive in custody and ensuring their needs are being addressed. A combination of the detailed information held on the database and pro-active communication between custody and community-based case managers meant the lack of tripartite meetings was not perceived by staff to have a negative impact on the handover process.

Pathway 1 and 2 offenders receive a case management system assessment when they first arrive at Doncaster Prison, however this is superseded by an Offender Assessment System (OASys) report which is completed by Probation Service staff. Therefore, the case management system records for these offenders do not contain the same level of information as those for pathway 3 offenders.

As a result, and in the absence of tripartite meetings, the Probation Service has developed an in-depth referral form for pathway 1 and 2 offenders, based on the seven routes to reducing reoffending used in the case management system. Under each of the seven routes the following information is provided: status on reception, action taken in custody and any outstanding actions. Information is also provided on level of risk of harm and reoffending the offender poses. The risk of harm and reoffending is identified from the OASys assessment, risk of serious harm (ROSH) assessment and the sentence plan. The referral form is passed from Probation Officers to the Alliance. However, Probation Officers will still lead the community support for pathway 1 and 2 offenders.

For pathway 3 offenders in the 6–8 weeks prior to release, the community-based case manager focuses on developing a relationship with the offender and ensuring that any outstanding actions in the custody-based support plan are completed. The main focus tends to be ensuring the offender has access to suitable accommodation upon release.

It is seen as good practice by the community-based case managers to meet offenders with high needs at the prison gate upon release and accompany them to their accommodation and appointments as necessary. It is considered good practice because it increases the likelihood of offenders attending their initial appointments and therefore commencing their community support. Community-based case managers reported that this was very successful with offenders with chaotic lifestyles.

\textsuperscript{13} Seven routes to reducing reoffending: accommodation, education, training and employment (ETE), health, substance misuse, families, debt, and thinking skills.
Cohort reconvictions: Responses and monitoring

If a member of the cohort is reconvicted within a year of their release from Doncaster they are included in the proportion of offenders who have been reconvicted for the purposes of the outcome measurement. Senior staff at the Alliance have therefore decided that community-based case managers should not provide further support to offenders who they know to have been reconvicted within a year of release as they do not feel that working with such offenders represents the best use of their resources.14

Although the Alliance facilitates a structured withdrawal from support that is safe and ethical, community-based case managers have expressed frustration that they cannot continue to support such offenders. Those interviewed felt that they were making good progress with the offenders in question and believed that withdrawing support for them due to a further reconviction undermined the work that had been undertaken so far.

Stakeholders felt that the binary outcome measure does not reflect the wider outcomes which could potentially be achieved by the community-based case managers, such as reductions in the severity and frequency of reconvictions by cohort members.

Currently, there is no formal process for identifying clients who have been reconvicted following release, therefore reconvictions are identified in a number of ways. If an offender comes back into custody they will be identified through OASys or the Alliance’s case management system as having previously been in custody. In the community, where case managers and offenders have a good relationship, the offender may disclose their reconviction. Community-based case managers also rely on information sharing with IOM teams and the local courts to identify reconvictions. Some staff reported that it meant they spend time on identifying reconvictions instead of being able to directly support offenders.

Community provision

For pathway 3 offenders, engagement with the community-based case manager is voluntary. This is because pathway 3 offenders have been sentenced to less than 12 months and have no statutory requirement to participate in community support. In cohort year 2 (October 2012 to September 2013) 77% of all releases were pathway 3 offenders.15

As of October 2013, 57% of all offenders (paths 1, 2 and 3) released in the previous 4–12 months were still engaging16 with the community-based case managers. In comparison, 72% of offenders were engaged 1 month after their release.17

Community-based case managers described how offenders who do not have positive family or friend networks tend to be more receptive to the support.

Case managers stated that offenders who have served short sentences (less than 6 weeks) are less likely to engage. Case managers thought this was because there is less time for case workers to build relationships with offenders prior to release. Case managers also considered that offenders with no previous history of offending were less likely to engage with community support than repeat offenders.

Whilst all offenders in the cohort are allocated to a community-based case manager, they tend to take a ‘back seat’ in the delivery of support to offenders receiving statutory support from the Probation Service (i.e. those in pathways 1 and 2). The community case managers have developed a template letter to inform the Probation Service that the offender is part of their caseload, and outline the support the offender has received whilst in custody. In addition, as outlined previously, IOM teams lead on SAC offenders and DIP teams tend to take the lead on offenders in the Drug Prevention Programmes.

Regardless of which agency is taking the lead there are set compulsory review periods for all offenders: 1 week after release, 2 weeks after release, 1 month after release, and then monthly following that. The review periods require the community-based case manager to make direct contact with the offender or

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14 This is not specified by the pilot design, but is the way in which the Alliance has responded to the mechanism for determining outcome payments. Under TR, providers will be measured both on the proportion of offenders who reoffend and on the frequency of reoffending.

15 Sourced from the Alliance’s management information.

16 Engaging means offenders are still meeting with their community-based case manager and addressing any identified needs.

17 Sourced from the Alliance’s management information.
the lead agency supporting them. The community-based case managers try to maintain contact with the offender (or their lead agency) for 12 months following their release.

The nature and level of support provided to offenders by the community case managers depends on their needs identified in relation to the seven routes to reducing reoffending.

Between January and September 2013, 26% of all needs identified by offenders in the community related to accommodation. Education, training and employment accounted for 14% of identified needs; 10% were for finance, benefits and debt and 7% of needs were for addiction.

Each community-based case manager is assigned to a specific sub-region in South Yorkshire (Sheffield, Doncaster, Barnsley and Rotherham) and works with offenders released into that area. This allows the case managers to build up a directory of support services within their local area.

Offenders released outside of South Yorkshire receive only telephone support. This is restricted to checking on the well-being of the offender and identifying local sources of support as required. This is led by the community-based case managers but custody-based case managers also assist to help share the workload.

Community-based case managers rely on referring offenders in their caseload to existing services in order to meet their needs. As the number and type of support agencies in each of the areas varies this has implications for the level of support that offenders receive.

The community-based case managers are not able to provide discretionary funds to offenders. Some therefore use the ‘Vicar’s Relief Fund’ when necessary, which provides small crisis grants to people in need. Some case managers had applied to the fund on behalf of the offenders they were supporting for grants for housing bonds and furniture.

**Resource allocation**
The community support is delivered by a small team of six community-based case managers with high caseloads, ranging from 60 to 100+ offenders per case manager at any one time. This includes in-cohort offenders in custody and those in the community. The caseload also includes offenders whose case management support is led by the other delivery agencies.

Offenders are not moved between community-based case managers in order to build relationships and provide consistency. Caseloads reduce in size towards the end of the cohort year because some offenders have been reconvicted and no longer receive support and others have disengaged.

As a result of the high caseloads, the team has decided to direct their resources at those offenders who they feel are at greatest risk of reoffending within pathway 3. To ensure consistency and enable senior stakeholders to effectively oversee and monitor this process, a RAG (Red, Amber, Green) rating system was introduced in the summer of 2013.

Offenders are categorised as red when they are failing to engage or judged to be at critical risk of reoffending; amber when they require some additional support; and green when they are progressing well and require only ‘light touch’ support. This categorisation is informed by p-NOMIS records, the public protection unit, risk assessments, the offender group rating score (OGRS), and observations of their behaviour in custody and the community. The RAG system includes all offenders under the community-based case managers’ supervision, both in custody and the community, and is reviewed on a weekly basis.

The Alliance is exploring the possibility of incorporating the RAG rating system into the case management system. It is hoped that this will allow a greater depth of analysis to occur, showing the relationship between support received in the community and the impact on the RAG rating.

The high community caseloads have been viewed negatively by some partners in the community who have questioned how case managers can effectively work with such a large number of offenders. However, as caseloads include a mixture of red, amber and green categorised offenders, community case managers are not expected to actively support offenders with multiple needs. The Alliance’s management information provides support for this management information which can be shared between relevant agencies.
all those on their caseload. Therefore although caseloads are high, many of those offenders will be receiving only light touch or moderate support.

Volunteer scheme
The Alliance runs a volunteer mentor scheme through which cohort members can receive additional support. The volunteer scheme was viewed positively by community-based case managers stating that volunteers provided additional support to offenders.

Volunteer mentors are recruited through voluntary organisations, charities, local universities, military veterans, ex-offenders and unsuccessful applicants for jobs in Catch22 who want to gain experience. Volunteers receive training and have regular contact with the Volunteer Co-ordinator to ensure they are working in a safe and professional manner and feel adequately supported.

Volunteers are able to provide more informal mentoring than community-based case managers. It was stated that volunteers can meet offenders in a more informal setting, such as a coffee shop and they do not wear uniforms. This more informal approach means volunteers are viewed as separate from the Criminal Justice System, which can help encourage engagement.

As of August 2013, the Alliance had 51 volunteers. The total number of volunteer hours fluctuates each month, however between February and September 2013 there was an average of 472 total volunteer hours per month.

The work carried out by volunteers includes a befriending service, in which volunteers meet offenders informally to talk about how they are getting on. In other instances the volunteers provide an ‘extension’ to the support carried out by the case managers, such as helping to complete forms and assisting with making and attending appointments.

Community case managers identified that more clarity on the role of volunteers is required to avoid misunderstandings between case managers and volunteers on the nature and level of support they should be providing. Some case managers raised the issue of whether all volunteers had the necessary level of life experience to effectively support offenders.

A challenge in delivering the volunteer scheme has been ensuring on-going volunteer commitment. When volunteers do not turn up for appointments or give little notice for being unable to attend, the strain of managing large caseloads is increased for case managers, and crucially relationships with offenders can be damaged. In a few cases it has led to offenders disengaging from the volunteering scheme.

In response to this, the Alliance has developed a scheme to encourage volunteer commitment. The ‘Volunteer Passport’ rewards volunteering hours with further training and development opportunities in the prison. This approach has been reported by the Alliance as successful in increasing commitment because many of the volunteers are interested in a career in offender management; in the last 6 months, six volunteers have successfully gained full-time roles with Catch22.

Partnership working
It has been reported by stakeholders that there has been effective communication between partner agencies (the Alliance, the Probation Service and IOM teams) to identify which agencies are working with which offenders. The partners do not tend to provide support to the same offenders in order to avoid duplication. Partners felt that if the Alliance worked with all offenders this would lead to confusion and replication of support. However, the outcome payment to the Alliance for successfully reducing reconviction rates includes all released offenders. This means that the Alliance’s success is in part dependent on the success of the partner agencies, whilst only the Alliance receives the outcome payment.

Community-based case managers’ contact with the Probation Service tends to be limited to the set review periods. They will only support Probation-led offenders if the Probation Service requests their involvement.

The engagement of case managers with local IOM teams was highlighted by stakeholders as an area of good practice in partnership working. Information sharing between the Alliance and IOM teams has been described as effective, which has been aided through the co-location of IOM teams and community-based case managers.

Community-based case managers attend weekly IMPACT (Integrated Model of Partners Addressing...
Crime Together) team meetings, and police from local IOM teams have been provided office space within the prison. A police officer from the Rotherham IOM team is now based in the prison once a week, and this is likely to be extended to the other teams. This adds particular value to the work carried out by the IOM teams as this enables them to engage with the IOM offenders whilst still in custody.

Information sharing between partners is crucial as the Alliance records information on all offenders in their cohort, including those under the main supervision of another agency. Offenders supported by community-based case managers sign a consent form which states that they agree to information being shared between the different partners and community agencies. This is uploaded onto the case management system and can then be shared with support agencies as necessary.

**Lessons learned and implications for Transforming Rehabilitation**

The PbR pilot at Doncaster Prison has evolved since it was first implemented in October 2011. The Alliance and its partner agencies have been responsive to challenges faced in the delivery of the pilot and as a result have developed a number of innovative approaches including the RAG rating system, the Volunteer Passport, and the co-location of community-based case managers and IOM teams.

The evaluation findings have highlighted the following lessons for the Transforming Rehabilitation proposals:

- **Case management systems**: Robust and effective case management systems for recording outcomes from needs assessments of offenders, referrals made and actions undertaken (along with other valuable information) are important for enabling rehabilitation providers to monitor and review the support they are providing, and analyse the outcomes that their delivery model is achieving. Effective data sharing between all agencies involved with offender management, including the Probation Service and IOM teams, is also important, and is facilitated when those agencies use the same information systems.
- **Reconviction data**: Providers benefit from real-time data about any reconvictions amongst cohort members. This improves their ability to monitor those individuals and saves them time attempting to locate offenders who have returned to prison.
- **Measuring outcomes**: Purely binary outcome measures, in which cohort members are only recorded as either having reconvicted or not reconvicted in the 12 months post-release, results in a risk of disincentivising providers from working with prison leavers who have been reconvicted. Outcome measures that also take into account the frequency or severity of reconvictions may reduce the likelihood of this happening.
- **Monitoring need and risk**: Robust systems for measuring and monitoring offenders’ need for support and their risk of reoffending are important for enabling providers to target resources at those who need it most, and allowing senior managers to review the allocation of support. The RAG rating tool, developed by the Alliance, is a good example of this.
- **Partnership working**: Effective partnership working between all agencies involved in supporting offenders ensures duplication of effort can be minimised and an effective, joined-up approach can be taken. Good practice includes co-location, information sharing and pro-active communication between agencies.
- **Availability and capacity of existing support services**: Delivery models, such as the one implemented in the Doncaster pilot, that focus on case management and signposting offenders to existing support services are dependent on the availability and capacity of those existing services to provide support. In areas where those services are lacking or under resourced, capacity building of existing services or commissioning new ones might be necessary.
- **Volunteers**: Volunteer mentors can add value to interventions with offenders. However, in order to maximise this value the role of volunteers should be clear and the recruitment and training processes aligned with these expectations. Volunteer schemes also benefit from measures that promote and incentivise longer-term commitment.