



The experience of electronic monitoring and implications for practice: A qualitative research synthesis

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The aims of the study were to understand the experience of electronic monitoring (EM) in the Criminal Justice System (CJS), and how this sanction can be implemented most effectively to achieve best outcomes, including compliance with legal requirements, rehabilitation and desistance. The findings of six qualitative studies of the experience of EM were synthesised using Thematic Synthesis (Thomas and Harden, 2008).

Key findings

- Six studies of sufficient quality and focus were included, examining the experience of EM in England, Belgium, New Zealand, Canada and the US. EM was used as an alternative sanction, or as part of an early release scheme (none looked at EM for people on bail). The findings may be limited by the small number of primary studies available, and variations in how EM is used in different countries.
- EM appeared to offer a range of potential benefits. These included the opportunity for 'headspace', reflection and to disengage from antisocial aspects of life. Additionally, EM could facilitate access to employment and training opportunities, and allow for relationships and social capital to be developed.
- Individuals are not guaranteed these benefits. They appeared to be influenced by the individual's circumstances and their response. For some people, EM could lead to a deterioration of relationships, and act as a barrier to employment opportunities.
- The nature of EM and the consequences of non-compliance meant that monitored life could be stressful and pressured for some. Individuals' private lives felt intruded on and people living in the same household could be negatively affected.
- For many people, EM offered valued freedom, despite life still feeling controlled. For some, autonomy and self-sufficiency improved, but others appeared to experience a lack of control and choice, and may have become overly reliant on others.
- From the perspectives of people that are reflected in the research literature, the advantages of EM usually outweighed the disadvantages, and those sentenced to EM tended to readily accept this, particularly if the alternative was to spend time in prison.
- People appeared to comply with EM mainly through fear of punishment for non-compliance. Behaviour change may be maintained while EM was active. However, people felt their reoffending and longer-term outcomes may be less affected by EM, and identified additional critical support needed, for example interventions that helped them to think differently or provided them with necessary risk management skills.
- From the perspective of monitored people, and the wider evidence base, people's compliance may potentially be enhanced by making EM feel procedurally just. Compliance with EM and rehabilitative outcomes may also be improved by including structured interventions and support to target criminogenic needs (facilitating changes in thinking and skill development), access to employment, hope, self-efficacy and positive relationships. These may also prevent people's future chances of desistance being diminished.

The views expressed in this Analytical Summary are those of the author, not necessarily those of the Ministry of Justice (nor do they reflect government policy).

Background

Electronic Monitoring (EM), as considered in this report, is the use of technology to monitor a person's whereabouts. Most commonly, this involves a person wearing an electronic tag on their ankle. There are two main types of ankle tag that allow location monitoring: Radio Frequency (RF) and Global Positioning System (GPS).¹ Nearly all tags used in England and Wales are RF.

Internationally there is very varied application of EM, including when it is used and whether it is implemented alongside other interventions and services. In England and Wales, ankle tag EM has been used since 1999 at various stages of the CJS: at the pre-trial stage as a condition of bail, at the sentencing stage for community or suspended sentence orders (as a curfew requirement), and at the release from custody stage (Home Detention Curfew, HDC). Bail EM is usually a 'standalone' order, which means there is no additional input from probation services provided for the person. Curfew requirements of community and suspended sentences are one of 12 possible requirements which can be used singly or as a package (i.e. standalone or integrated with other treatment or supervision). Curfew requirements can vary, but they generally require the individual to be present at a certain address for a fixed number of hours each day (often 7pm until 7am) for a pre-determined period. HDC is used to facilitate early release from prison; this used to be a standalone use of EM, but since 2015 all released prisoners are now supervised by probation services and so they may be subject to other conditions and interventions during this time.

At the end of March 2017, there were over 11,500 people monitored electronically in England and Wales (Ministry of Justice, 2017). 25% were on bail, 51% were serving community orders or suspended sentences and 22% had been tagged as part of a condition of early release. The rest included around 300 people tagged as part of immigration bail requirements (managed by the Home Office), and fewer than 30 people monitored under special orders (such as Multi-Agency Public Protection Arrangements).

EM was introduced as a form of punishment, to confine people and monitor their compliance. However, the Ministry of Justice and Her Majesty's Prison and Probation Services are currently exploring the strategic opportunities that EM provides, including new or more

innovative applications, and how EM can be used most effectively to achieve better outcomes.

The current study had two aims:

1. to better understand how EM is experienced from the perspective of the monitored person by synthesising the findings from previous experience research
2. to use this developed understanding to consider how EM can be implemented most effectively to achieve the best outcomes, such as by identifying barriers and facilitators to effective use

Approach

Experience studies were located through a comprehensive search of academic databases, specific websites relevant to the CJS, general online searches, accessing research libraries, speaking with colleagues and hand searching the reference lists of all located studies. The inclusion criteria were that studies had to be qualitative studies of the experience of EM in the CJS. Studies had to be published in English, but they could have any publication date.

The studies that met the inclusion criteria were then quality assessed, using the Cabinet Office quality framework (Spencer, Ritchie, Lewis & Dillon, 2003) and the Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI) Weight of Evidence (WOE) assessment (Gough, 2007). Studies assessed as 'medium' or 'high' quality according to the WOE were accepted in the synthesis although, in fact, all the final studies were judged 'medium' quality. Fifteen studies met the inclusion criteria, and following the quality assessment, six were included in the final synthesis (Gibbs & King, 2003; Hucklesby, 2008, 2009; Maidment, 2008; Staples & Decker, 2010; Vanhaelemeesch, Van der Beken & Vandeveldde, 2014).

Synthesising qualitative research involves bringing together findings from individual studies in a systematic way. It often involves the researcher adding their own fresh interpretation as part of the analysis. Good quality synthesis is dependent on the existence of sufficient good quality primary work. The review indicated that although there is not yet a great deal of published EM experience research, there was just enough to pursue synthesis.

There are many methods for synthesising qualitative research (Booth et al., 2016). Thematic synthesis

the wearer's bloodstream via their sweat. Some have the capability to monitor location also, however, this dual function has not been used commonly in England and Wales.

¹ RF tags can tell us if the person is in or out of a certain area (such as their house) and so is used for confinement, whereas a GPS tag can also tell us their precise location so can be used for tracking. Another type of tag, 'sobriety tags' measure the amount of alcohol in

(Thomas & Harden, 2008) was designed to answer questions about need, appropriateness and acceptability of interventions, and to identify factors influencing intervention implementation. It was therefore particularly suitable for the current study. The methodology includes three stages: coding each line of the original studies' findings, organising codes into descriptive themes of the EM experience, and analysing them to identify the implications for practice and effective EM (analytical themes). This final stage is both data- and theory-driven, aiming to inform and enhance practice and thinking related to EM. Additional independent researchers provided scrutiny and challenge at every stage of the study to enhance the validity and reliability of the findings.

Limitations

The synthesis relied on a small number of studies and the quality assessment judged these to all be 'medium'. The synthesised research did not allow for a thorough consideration of how experiences may vary amongst monitored people, such as by age, gender or ethnicity. One study enabled some appreciation of gender differences and suggests that the experience of men and women on EM should not be presumed the same. Furthermore, the effects of EM on others (such as family members) were not investigated in depth in any of the studies.

The country, context and purpose of EM in the six included studies varied, with only two being from England. How EM is operated varies according to location, with some being much more restrictive or prescriptive than others; these variations influence the experience of monitored people. The included studies all shared common features of non-GPS EM plus curfew hours, but other requirements (such as activity and exclusion zones) varied. The diversity of EM context and schedules means the findings may not generalise perfectly to monitored people in England and Wales. However, the synthesis has identified common themes across studies and contexts, which enhances generalisability.

Results

Characteristics of the included studies

Two of the six studies were conducted in England (the others in Belgium, New Zealand, Canada and the USA). Sample sizes varied from 21 to 78 monitored people. All

participants were adults (the youngest was 17). All samples included men and women; however, the majority of participants were men. Five of the studies used RF ankle tags (the same as that typically used in England and Wales), and one (in the USA) used a computerised device fitted to a telephone line to electronically monitor house arrest. In one study (in the USA) participants had to pay to be part of the scheme.

The context of EM included use as an alternative to prison and as part of early release schemes (none of the studies looked at EM for people on bail). The content of the EM programmes also varied, such as being standalone or coupled with other interventions and supervision; all used non-GPS EM and enforced curfew hours. In the Canadian study, participants were confined to their homes for a significant amount of time each day (18–20 hours) and required to attend cognitive behavioural programmes during the monitoring period. In the New Zealand study, random checks by the surveillance company and supervision visits from probation officers were conducted, people could be employed and some people were directed to rehabilitative programmes. In the English studies, the standalone curfew orders were not linked to probation supervision or a programme of constructive activities. Participants were under curfew for between 10 and 12 hours per day. In the USA study, house arrest was a highly structured programme involving mandatory employment, education, treatment and drug testing, and weekly visits from the House Arrest Officer were conducted. In the Belgian study, the programme was highly individualised and aimed to balance control with guidance, with a view to reintegration. This scheme has been described as a very rigid regime, with only four non-curfew hours per day for people not employed or attending education or therapeutic programmes (Hucklesby, Beyens, Boone, Dqnkel, Mclvor & Graham, 2016). The diversity of EM context and schedules means the findings may not generalise perfectly to monitored people in England and Wales, although non-GPS EM and curfew hours (used in all of the included studies) are common features of EM requirements in England and Wales.

Descriptive themes: The experience of EM

The synthesis produced the 11 descriptive themes for the experience of EM listed in Table 1,² and summarised in the following sections.

² Codes from three or more original studies contributed to every theme. The studies from England, Belgium and New Zealand contributed to almost every theme.

Table 1: Experience of EM (descriptive themes)

1. Opportunity for reflection, stabilisation and learning
2. Mixed opportunities for employment
3. Mixed impact on relationships – potential for improvement and deterioration
4. Failure to fulfil responsibilities or roles
5. Stigma and shame
6. Caged freedom – controlled and imprisoned at home
7. Emotional distress, strain and pressure
8. Changes in autonomy, self-sufficiency and normality
9. Deterrence and temporary enforced compliance
10. Insufficient sanction – additional features are needed for compliance and change
11. Preferred sanction to imprisonment

The findings revealed how experiences of EM can vary for different people, leading to contrast and variation within the themes. Differences in these experiences were often observed to be a reflection of the way EM is used in different counties, and the flexibility (or lack thereof) of its implementation.

1. Opportunity for reflection, stabilisation and learning.

People described the period of monitoring as an opportunity for headspace and a 'time out', which gave them a chance to reflect on their lives and learn new skills, such as self-discipline. They felt the enforced separation from some antisocial parts of their life, such as certain peers and places, offered them a chance to disengage from aspects of their previous lives.

2. Mixed opportunities for employment. Some people experienced employment benefits during their time on EM. They had greater access to jobs and training opportunities, and developed routines that helped them become 'job ready'. However, others found EM to be a barrier to employment. For example, inflexible restrictions prevented them from accessing overtime and some companies did not want to employ people on EM.

3. Mixed impact on relationships – potential for improvement and deterioration. By spending more time at home, relationships with loved ones could become closer and support from others more accessible. However, if relationships were already troubled, people on EM appeared to experience strain and tension, and were unable to avoid conflict by leaving the house. Participants found establishing new relationships hard because of the potential stigma of EM, and felt that others (especially children) were under pressure and possibly negatively affected because of EM and the

associated restrictions (such as having to cut activities short to make sure they are home on time). The effects, indicated by one study analysing EM experience by gender, appeared to be different for men and women; the findings suggested that women may receive less support and their bonds with children may be negatively affected, whereas men were more likely to be positively affected.

4. Failure to fulfil responsibilities or roles. Some people (men and women) on EM struggled to fulfil certain roles or responsibilities. Being able to care for others, or meet the needs of children, was harder because movement was restricted. Time restrictions also affected daily tasks, such as food shopping. One of the studies suggested that women in gender-traditional roles were possibly affected most in this way, as these responsibilities typically fell to them. This theme appeared strongly dependent on how EM was implemented in different countries, and the variation in the restrictions and schedules typically used.

5. Stigma and shame. People on EM reported shame and embarrassment. They disclosed trying, or at least wanting, to hide the tag from others, and adapting (such as not wearing skirts) or avoiding people as a result. Different rules across countries about disclosing being on EM, and the number of hours a person was confined for, appeared to influence the strength of these feelings.

6. Caged freedom – controlled and imprisoned at home. Although not in prison, some perceived life on EM to be a confined type of freedom; many reported that home became a prison. How intrusive EM was experienced to be varied according to the characteristics of the monitoring, but participants across studies reported some degree of feeling watched and their privacy invaded. Similarly, lack of flexibility, either because programmes were highly structured, or because personal lives were restricted, was experienced.

7. Emotional distress, strain and pressure. People on EM reported anxiety, stress, fear and nervousness, triggered by the fact that breaching EM requirements could lead to imprisonment. The pressure to avoid this outcome was substantial and constant for some. Some participants, particularly with fewer non-curfew hours, disclosed rushing and racing to 'beat the clock' in daily tasks. They described living in a state of hyper-alertness and being constantly vigilant and 'on edge'. It is noteworthy that this theme was not apparent for monitored people in the two English studies, where EM was used as a standalone sanction and where curfew hours tended to be shorter than in the other studies.

8. Changes in autonomy, self-sufficiency and normality.

Most participants found life on EM more 'normal' than prison, experienced greater freedom and autonomy and felt less controlled by other people. However, other monitored people, particularly in jurisdictions with longer curfew hours, or when monitoring was more intrusive, reported feeling very controlled, lacking personal choice, responsibility and power, and being overly reliant on others to meet their day-to-day needs.

9. Deterrence and temporary enforced compliance.

Participants explained that they complied with requirements mainly because they were scared of being punished with imprisonment if they did not. Although the focus of the study was not long-term evaluation – and so we cannot tell if perceived likely (or unlikely) behaviour change in the longer-term came about – some participants reported that behaviour change occurred during the period of monitoring, but they felt that changes would not be maintained outside or beyond this. Participants did not think their attitudes changed on EM either, and they felt offending in the long-term was unlikely to be altered by EM.

10. Sanction alone is insufficient – additional features are needed for compliance and change.

Participants shared what they believed facilitated or acted as a barrier to compliance with EM and longer-term desistance from crime. They disclosed that EM technology alone was insufficient. Additional helpful features they suggested included: interventions to target their areas of need, support networks, skill development, purposeful use of time, perceiving the sanction to be fair, being treated in a respectful and supportive way, in-person supportive visits as part of the EM schedule (procedural justice), employment, motivation to desist from crime and being able to cope with the challenges of EM.

11. Preferred sanction to imprisonment. Although many of the previous themes showed the experience of EM to be challenging and sometimes negative, participants appeared to prefer EM to imprisonment. Many participants did not consider EM to be as punitive as prison and therefore accepted it. The findings suggested that a possible exception might be for women who are in gender-traditional roles, who are poor or single mothers, as they reported receiving less support, and having more stress than men do while on EM. In these rarer cases, counterintuitively, some women may find prison noticeably less stressful and difficult, and so possibly preferred.

Analytical themes: Implications for EM implementation

The next stage of analysis involved going beyond the descriptive themes to consider how EM can achieve best outcomes by being implemented most effectively. The descriptive themes were analysed, in the context of the wider evidence-base, to identify six implications for implementation.

The positive opportunities, chance for change and the development of skills facilitated by EM should not be assumed for everyone. Individualised planning should account for individual circumstances in order to facilitate access to benefits and skill development that will aid successful community (re)integration.

The very nature of EM, restrictive but community-based, appears to potentially both facilitate and hinder people attempting to take control over their lives, develop new skills, access opportunities (such as employment) and establish a pro-social lifestyle. EM offers potential benefits to people in the CJS, but brings potential challenges too, and individual responses to EM might vary. The degree of EM restrictiveness, alongside the goals and needs of the individual, may influence how much of a barrier to opportunities EM poses. Ideally, advanced planning and flexible decision-making (such as around curfew decisions) could mitigate some of these difficulties (such as those relating to employment access) and explicitly consider how to maintain and develop skills, even within confined circumstances.

The planning for, and support provided, during EM needs to consider the individual's intimate relationships and familial and social circumstances, as these may affect social capital.

The monitored person's circumstances appear to influence whether social capital is enhanced or diminished during a period of EM. Greater access to family and friends might lead to closer relationships and improved support networks. However, it appears to also possibly lead to tension and strain, particularly in cases where relationships are already troubled or where there is difficulty fulfilling caring roles, and the potential stigma of EM can be a barrier to forming new relationships. As such, while some people may reap benefits to their social capital, others may experience a deterioration. Personal circumstances should be considered when applying EM, including how the individual will cope effectively and what additional support might be valuable.

Emotional management and problem solving skills are required to cope effectively with the stresses of EM.

Life on EM, where non-compliance can lead to severe consequences, can be potentially stressful and anxiety provoking. Monitored people can experience EM restrictions as confining and inflexible, although this depends on the way EM is implemented, as some schemes are more restrictive and inflexible than others. Coping effectively with these emotions requires effective emotional management and problem-solving skills. When individuals have these skills, their experience of EM, their well-being, and possibly their behaviour during the monitoring period, might be quite different to those who do not. Helping people to develop these skills pre-EM, or providing sufficient support to develop them whilst on EM, would be advisable.

Compliance with EM may be facilitated by attention to process and incorporating additional activities and skills.

Compliance with EM is not a given for all people. Improvements to this and pro-social behaviour during EM may be made more likely by introducing a number of procedural, individual, social and environmental variables. For example, clear explanations of restrictions, respectful interactions, reminders about compliance, support to develop self-discipline and emotional-management and problem-solving skills, help making concrete plans and activities for one's time, and helping develop active support networks, community ties, and motivation to desist from crime.

EM alone may not achieve rehabilitative outcomes or lead to longer-term desistance; this might be made more likely by incorporating additional activities, circumstances, support and skills coaching.

Monitored people's experiences suggest that behaviour change may only last for as long as the monitoring does. Even though EM was originally introduced for punishment purposes and to confine and monitor people for a set period of time, the participants' experiences suggest longer-term outcomes may possibly be achieved by adding certain features. Access to interventions, employment and their families could possibly facilitate more meaningful and long-term change, including desistance from crime. Believing that change is possible and having the skills to cope with challenges and lapses is also important.

Willing acceptance of the negative aspects of EM, the prized benefits of EM, and the preference for EM over imprisonment may prevent the anticipation, recognition and effective management of challenges.

Despite the challenges, there was almost unanimous preference for EM compared to prison as for many people the benefits, from their perspective, outweighed the costs. This could mean that the challenges of EM are underestimated or ignored, and insufficient investment made to help people manage these robustly. This could risk EM not achieving best outcomes, or having its full potential exploited.

Discussion

The synthesis suggests that the experience of EM is complex, varies according to individual circumstances and the way EM is applied in different cases or contexts, and may be associated with a range of positive and negative experiences.

If the priority for future use of EM is to contain individuals and ensure compliance with restrictions during the period of monitoring, then the findings of this study suggest that for many people on EM the threat of punishment for breaking the rules appears to facilitate their compliance. However, previous research suggests that deterrence-based strategies or approaches can be unreliable as the underlying necessary conditions are difficult to ensure, and there is very scarce empirical evidence of their effect on reoffending (Andrews & Bonta, 2010; McGuire, 2004), and so compliance could be enhanced by adding certain features to the monitoring process. Drawing on the wider evidence-base, these could include paying attention to procedural justice,³ and supporting individuals with self-discipline and effective coping skills, their ability to manage the risk of substance abuse, build community ties and purposefully use their time. Enhancing EM in these ways is consistent with research showing perceptions of fair and just treatment to result in greater decision acceptance, law-abiding behaviours and co-operation with the CJS (e.g. Beijersbergen, Dirkzwager & Nieuwebeerta, 2016; Mazerolle, Bennett, Davis, Sargeant & Manning, 2013; Sunshine & Tyler, 2003; Tyler & Huo, 2002).

The synthesis of participants' experiences suggests that the deterrent effect of punishment for non-compliance is unlikely to effectively address risk of reoffending or help people to desist from crime and live pro-social lives in the longer-term. This is unsurprising as rehabilitation and

³ Ensuring they have a 'voice', that decisions are fair and neutral, explanations are offered, treatment is respectful, and decision makers are perceived to be trustworthy and unbiased (Tyler, 2008).

desistance were not the goals behind this sanction's introduction. EM sanctions may, however, have greater impact on longer-term outcomes if combined with structured support or interventions that target participants' additional areas of need and help them to develop healthy attitudes and risk management skills that can be used after the period of monitoring. Even though EM was introduced for punishment purposes, it has valuable rehabilitative potential too (although in cases where EM is used on bail, this goal is less relevant).

Accessing employment and developing relationships and social capital may also help with compliance and rehabilitation efforts. Previous research supports these as important for successful desistance (Bottoms & Shapland, 2010; Farrall, 2004; Laub, Nagin, & Sampson, 1998; Uggen, 2000). However, individuals are not guaranteed these benefits whilst on EM, and they might vary according to individual circumstances and responses. Similarly, people's sense of autonomy, self-sufficiency, hope and motivation appear to vary during EM. Previous research identifies these features as important for successful desistance (Bottoms & Shapland, 2010; Burnett & Maruna, 2004; LeBel, Burnett, Maruna, & Bushways, 2008; Maruna, 2001). These findings highlight the importance of individualised planning if EM's rehabilitative potential is to be exploited, and that the use of EM being responsive to individual risk and needs, with activity included to instil hope and support autonomy and self-efficacy.

The findings show that some people experience shame and stigma, high levels of anxiety and stress, a deterioration of important features of their lives and are unable to fulfil some caring roles. These may interfere with a person's chances of successfully desisting from crime (Maruna, 2001; Maruna & Copes, 2005). The degree to which this is experienced is likely affected by both personal circumstances and response, but also by the way EM is implemented, such as the hours of curfew.

By carefully planning, considering individual circumstances and needs, and providing targeted and effective support, it may be possible to facilitate gains for more people. Helping monitored people to develop effective problem-solving and emotional management skills, and have realistic expectations of life on EM, should enable them to cope effectively with the stresses and strains of EM, as well as contribute to their rehabilitation outcomes.

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Her Majesty's Prison and Probation Service is committed to evidence-based practice informed by high-quality social research and statistical analysis. We aim to contribute to the informed debate on effective practice with the people in our care in prisons, probation and youth custody.



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First published 2018

ISBN 978-1-84099-795-8

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