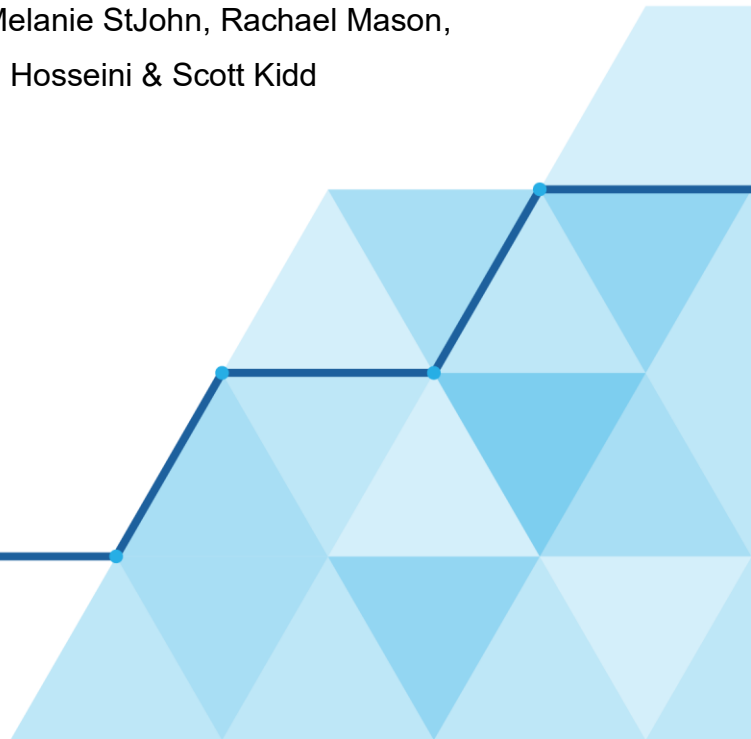# Evaluation of Commissioned Rehabilitative Services

Findings Report

Lauren Smith, Karen Harrison, Coral Sirdifield, Melanie StJohn, Rachael Mason, Tochukwu Onwuegbusi, Todd Hogue, Mehrshad Hosseini & Scott Kidd
University of Lincoln

Data and Analysis exists to improve policy making, decision taking and practice by the Ministry of Justice. It does this by providing robust, timely and relevant data and advice drawn from research and analysis undertaken by the department's analysts and by the wider research community.

The authors

The authors are based at The University of Lincoln's Lincoln Centre for Crime and Justice and Linc-Eval.

Citation

For in text citation: Smith et al. (2025).

For references list:

Smith, L., Harrison, K., Sirdifield, C., St John, M., Mason, R., Onwuegbusi, T., Hogue, T., Hosseini, M. & Kidd, S. (2025). *Evaluation of Commissioned Rehabilitative Services: Findings Report.* Ministry of Justice.

Contents

List of tables

List of figures

Glossary of Abbreviations

ACC - Accommodation

CRC – Community Rehabilitation Company

CRS – Commissioned Rehabilitative Services

CRSI – CRS Interview response

CRSQ – CRS Questionnaire Response

D&R – Dependency and Recovery

ETE – Employment, Training and Education

FBD – Finance, Benefit and Debt

GMIRS - Greater Manchester Integrated Rehabilitative Services

HMPPS – His Majesty's Prison and Probation Service

IAPT - Improving Access to Psychological Therapies

IOM - Integrated Offender Management

KPI – Key Performance Indicators

LEI – Lived experience interview with a person on probation

MAPPA – Multi-Agency Public Protection Arrangements

M – Mean

MoJ – Ministry of Justice

NPS – National Probation Service

OASys – Offender Assessment System

OSAG – Operational and System Assurance Group

PCC – Police and Crime Commissioner

PDU – Probation Delivery Unit

PoP[1] – Person or People on Probation

PP – Probation Practitioner

PPI – Probation Practitioner Interview response

PWB – Personal Wellbeing

PQ – Probation Questionnaire Response

---

[1] The authors have not utilised the abbreviation PoP, in line with Ministry of Justice guidance, but it is utilised in some quotes from participants and therefore is necessary to define here.

RAR – Rehabilitation Activity Requirement

R&M – Referral and monitoring

SD – Standard Deviation

SLI – Probation Strategic Lead Interview Response

SPOC – Single Point of Contact

SPSS - Statistics Package for the Social Sciences

ToC – Theory of Change

UoL – University of Lincoln

WS – Women's Services

1. Summary

1.1 Background and Approach

The University of Lincoln (UoL) team were commissioned by The Ministry of Justice (MoJ) to evaluate Commissioned Rehabilitative Services (CRS). CRS were designed by HM Prison and Probation Service (HMPPS) to meet the specific rehabilitative needs of people on probation to support them to reduce reoffending.

This final report details findings from the evaluation which involved two data collection phases - December 2023 to April 24 and November 2024 to January 25. Both phases comprised questionnaire responses from probation staff and CRS staff, and interviews with probation staff, CRS staff and people on probation.

1.2 Findings

The findings are summarised below against each research objective as set out in Phase 1.

Objective 1: To provide an evidence-based approach to commissioning out activities via contracts and grants in regions to inform future recommissioning processes.

- There was some preference for contracts over grants among both probation and CRS respondents, but grants allowed for smaller organisations who could offer bespoke, localised provisions to be able to deliver services. In addition, grants allowed for greater specialism to be brought into the service such as legal advice within Finance, Benefit and Debt (FBD) provisions.
- There was a clear feeling that outcome measures needed to be included within performance measures, and this would help provide more robust contract management.

Objective 2: To understand if referring people to CRS was working as well as intended.

- The Referral and Monitoring Intervention (R&M) system was preferred to previous ad hoc referrals completed by individual provider referral forms, usually sent by email.

- There were some concerns about the timeliness and quality of communications received back from CRS providers in terms of initial referral and ongoing monitoring. While R&M data are provided to frontline services in real time and communications about changes are issued, not all research participants were aware of this.

- There was mixed feedback about referral volumes with some services having too many and some not enough.

- Sometimes, referrals to multiple pathways were overwhelming for people on probation and appropriate sequencing to best meet a person's needs ought to be considered at the outset.

Objective 3: To understand if the right types of services were being commissioned to rehabilitate people on probation.

- People accessed a variety of resources and activities through CRS. These activities resulted in people doing things differently to support their wellbeing and address offending behaviour, such as improved mental health, better social networks, reduced isolation, and increased engagement in positive activities. However, areas of unmet need were identified and included general support and process gaps.

- Feedback identified that current contract monitoring and outcomes measurement was not consistent or optimal and needed to include distance travelled impact data, self-report measures from people on probation and qualitative measures to capture soft outcomes and individual journeys.

Objective 4: To understand how enforcement could influence levels of engagement and outcomes.

- There was a preference for voluntary over enforced engagement. It was felt that voluntary activity led to better genuine engagement by people on probation, rather than just accessing activity for the sake of completing an order.
- More generally, engagement was supported by positive relationships based on trust and empathy, flexibility in delivery methods (face-to-face, phone, online), practical support such as appointment reminders and travel costs. Barriers to engagement included, personal challenges such as mental health issues and homelessness, inflexibility in service delivery, poor communication and lower empathy from staff.

Objective 5: To provide insight into whether autonomy for commissioning rehabilitative activities was working well, in the way it was being procured regionally and locally.

- There was a preference for increased autonomy in relation to commissioning and ongoing contract management, although the practicalities of capacity, capability and commerciality were not explicitly considered. Regional commissioning allowed for greater co-commissioning, for which it was speculated that there could also be a cost-benefit. It also allowed for provisions to be commissioned based on local need.

Objective 6: To understand the various provider models in delivering CRS activities and gain insight into which models worked best.

- Models which had appropriate staffing, local organisations and holistic approaches seemed to work most effectively. Models that included co-commissioning were also viewed positively. In addition, CRS staff were supported to deliver effective services through regular supervision and wellbeing support, extensive training in areas such as trauma-informed care, safeguarding, and motivational interviewing, positive relationships with managers, and feeling valued. The inclusion of lived experience within teams was viewed particularly positively by all parties.

- Support provided in prison to support the transition to the community included handovers to ensure continuity of care, pre-release support to set up appointments and benefits, and emotional wellbeing support to manage anxieties around transition. There was mixed feedback in relation to the efficacy of through the gate support with a feeling that there needed to be greater integration of CRS staff within prisons and between CRS staff, Prison Offender Managers and Community Offender Managers.

1.3   Conclusion

The report identifies a series of recommendations based on the findings above and concludes that while CRS has made substantial progress in supporting people on probation, there is a critical need for ongoing refinement and adaptation to ensure that all pathways effectively meet the diverse needs of individuals. Through implementation of the recommended changes, CRS can continue to build on its successes and provide more holistic and impactful support to those in the justice system.

2. Introduction

Commissioned Rehabilitative Services (CRS) is a framework designed by the Ministry of Justice (MoJ) and HM Prison and Probation Service (HMPPS) following the reunification of probation services in 2021. Prior to unification, the Ministry of Justice had gone through the policy process of 'Transforming Justice', whereby, the MoJ created 21 Community Rehabilitation Companies (CRCs), to manage low and medium risk offenders on probation in England and Wales (July 2014). These CRC companies were contracted out with the ambition that specialist providers would bring innovation as part of their delivery models to how rehabilitation services were delivered.

During the life of the CRC contracts, several issues arose, including poor performance, inconsistent delivery of rehabilitation outcomes, and stability issues with some of the providers. The CRC contracts were exited two years early in June 2021 as part of the reunification process where probation regions became responsible for the management of all offenders in the community, with specialist pathways (accommodation, ETE, PWB, Women Services) being delivered through the CRS contracts.

CRS involves specialised programmes designed to support individuals under the supervision of the National Probation Service (NPS) to help reduce reoffending. The services are delivered by expert organisations at local and regional levels and provide tailored support to address the criminogenic needs associated with an individual's offending. While contracts with providers are initially commissioned centrally, regional contract management teams are responsible for ensuring contract management and service delivery. The services are delivered across a number of pathways, which, at the time of the evaluation, included:

- Accommodation (ACC)
- Dependency and Recovery (D&R)
- Employment, Training and Education (ETE)
- Finance, Benefit and Debt (FBD)

- Personal Wellbeing (PWB)
- Women's Services (WS)

CRS are available across all 12 probation regions in England and Wales. In Greater Manchester, services are referred to as Greater Manchester Integrated Rehabilitative Services (GMIRS) and are co-commissioned via the Greater Manchester Combined Authority. However, throughout this report, CRS is used to refer to all services and differentiation was not made between CRS and GMIRS for the purposes of analysis.[2] CRS are available to people on probation, with ACC, FBD, and some elements of PWB also available to people in prison.[3]

Support can be delivered through either one-to-one or group work sessions and can include tangible support such as help with finding accommodation, ensuring that the person on probation has applied for all the benefits they are entitled to and assistance with writing a CV or disclosing convictions to a future employer. CRS might also involve trauma-informed counselling sessions and work to help with alcohol and/or drug dependency and/or mental health. The need of the individual is the main determinant of which CRS pathway they are referred to, with this referral coming from the probation practitioner. Length of involvement with the CRS provider will partly be determined by need but also by the length of that individual's community order[4] or licence period. Some CRS providers allow involvement to continue once the sentence has been completed. Some people on probation will have a Rehabilitation Activity Requirement (RAR) attached to their community sentence. The length of RAR is decided upon by the sentencing court and it can be fulfilled through engagement with CRS. Where engagement and attendance with a CRS provider is mandated by the court in this way, then non-engagement/attendance can result in the initiation of enforcement procedures.

---

[2] There is widespread interest in the Manchester model – for example, it is the subject of current research by the Wales Centre for Public Policy to see how far it might offer a model for a more devolved system of probation governance in Wales, and it is of wider interest at a time when many probation organisations are advocating a less centralised approach.

[3] FBD is only available to people on probation and in custody in regions outlined in section 4.2. Elements of PWB available while in custody include the Family & Significant Others Women's Service.

[4] The maximum length of a community order with requirements is 3 years.

In June 2023, The University of Lincoln (UoL) were commissioned to provide an independent evaluation of CRS. The evaluation was originally due to include:

- Theory of Change (ToC) development
- Process Evaluation
- Impact Evaluation
- Economic Evaluation

In May 2024, the decision was made by the MoJ to proceed only with the ToC and process evaluation due to changes to the CRS delivery model and the reliability of outcomes data. This report provides detail about methodology and findings for these elements.

3. Approach

3.1 Objectives

The evaluation took place across two phases. This was done to allow refinement of evaluation questions, provide focus in response to emerging findings, and adapt to changes in the information required to inform delivery.

In Phase 1, the following six objectives were adopted:

1.   To provide an evidence-based approach to commissioning out activities via contracts and grants in regions to inform future recommissioning processes.
2.   To understand if referring people to CRS was working as well as intended.
3.   To understand if the right types of services were being commissioned to rehabilitate people on probation.
4.   To understand how enforcement could influence levels of engagement and outcomes.
5.   To provide insight into whether autonomy for commissioning rehabilitative activities was working well, in the way it was being procured regionally and locally.
6.   To understand the various provider models in delivering CRS activities and gain insight into which models worked best.

In Phase 2, there were a series of more targeted and specific questions provided by people involved in CRS policy commissioning within the MoJ. These were discussed with the researchers, who made the final decision around design. This included a focus on the following:

- PWB and D&R CRS
- How CRS providers operated regarding building networks and involving families
- Training, skills, wellbeing, recruitment and retention of CRS staff
- Relationships between probation and CRS staff
- Support offered during transitions from prison to the community
- Contracts and commissioning

- Performance and Monitoring

3.2 Data Collection

Data were collected using questionnaires with probation and CRS staff, and semi-structured interviews with probation staff, CRS staff and people on probation. A summary of data collection, timelines and participant numbers is provided in Table 3.1, below.

Table 3.1: Data collection and sample summary

Data collection type	Phase 1: December 2023 - April 2024	Phase 2: November 2024 – January 2025	Total
Probation questionnaires	173	207	380
CRS questionnaires	197	214	411
Interviews with probation	59	15	74
Interviews with CRS staff	19	12	31
Interviews with people on probation	22	20	42

Questionnaires

Staff questionnaires were sent to probation and CRS staff across all 12 regions. In Phase 1, invitations to complete the questionnaire were sent to staff in both groups via a Single Point of Contact (SPOC) for each region. In Phase 2, questionnaires were sent by the research team, directly to regional probation leads and disseminated. Probation staff questionnaires in both phases were open to senior practitioners, pre-release teams, team leaders, and managers. The CRS staff questionnaires were open to all staff in organisations delivering CRS contracts, including case worker staff, team leaders, and managers. All responses were voluntary and no incentivisation was provided for participation. Questionnaires were completed within the online survey platform, QuestionPro, allowing ease of circulation and secure data handling. It was not possible to deduce how many people received the invitation to participate in the surveys. Responses

which did not complete any evaluative feedback (i.e. withdrew during the demographic questions without progressing to evaluation questions) were removed from the dataset.

Interviews

It was not practical to conduct interviews with Probation Delivery Units (PDUs) in all 12 regions so, in consultation with the MoJ, six regions were selected for interviews: East of England, Greater Manchester, London, North West, Wales, and West Midlands. This choice was based on obtaining a diverse sample and considered several factors including rurality and urbanisation, language, diversity of the local populations, geographical spread, and delivery models. Performance was not a factor. In Phase 2, London was replaced with Yorkshire and Humber. This was to ensure inclusion of a region which had D&R commissioned under CRS, rather than the co-commissioned D&R services as in most other regions.

Within each region, the Head of Community Integration and Partnerships or Senior Contract Manager chose two PDUs for inclusion. They were free to choose which PDUs to approach to ask to participate. A SPOC from each PDU liaised with the research team to set up interviews with probation staff and people on probation who volunteered to take part. Probation and CRS staff in any band/role were able to participate. Each area was asked to try to recruit staff in a variety of roles, to include Senior Probation officers and Probation Officers. In Phase 1, people on probation could be accessing any service, while in Phase 2, they needed to be accessing PWB or D&R. These were conducted either in person during pre-booked site visit days or online using Microsoft Teams, depending on the needs and preferences of people taking part.

Theory of Change Workshop

In addition to the approaches above, a three-hour ToC workshop was held in August 2023 on Microsoft Teams with fifteen participants who held strategic CRS roles. A ToC aims to explain how an intervention will achieve its intended impact. It considers the context the intervention is operating in, the input provided for operationalisation, activities delivered, intended outputs and outcomes, and the ultimate impact the intervention aims to accomplish. During the workshop, participants were provided with an overview of the initial

ToC developed by the MoJ. Participants were asked their views on the intended and unintended impacts of CRS, its means of achieving and measuring outcomes, and what barriers and facilitators there were to CRS's intended impact. The information gathered was further supplemented with information from primary data collection. The updated ToC is provided in Appendix C.

Analytical Strategy

The questionnaires were analysed using Microsoft Excel and IBM Statistics Package for the Social Sciences (SPSS). Descriptive statistics were produced: mean (M), standard deviation (SD), and percentage agreement scores.[5]

The qualitative questionnaire and interview data were analysed using the principles of Qualitative Content Analysis (Hseih & Shannon, 2005). This method enabled categories to be pre-determined based on the questions asked and dominant responses given. The data were then coded against these categories and additional codes developed during the analysis of content, helping to understand how the participants had constructed meaning from their experiences (Zhang & Wildemuth, 2005). Direct quotes from questionnaire responses completed by probation staff are labelled 'PQ'. Direct quotes from CRS staff are labelled 'CRSQ'. Direct quotes from interview participants are labelled according to which group of interviewees they correspond to: Strategic Leads = SLI; Probation staff = PPI; CRS staff = CRSI; Person on Probation (lived experience) = LEI. Strategic leads were Heads of Community Integration and Partnerships and Senior Contract Managers. Probation staff (also referred to as Probation respondents in this report) were senior probation officers, probation officers or probation support officers. CRS staff (also referred to as CRS respondents) were any staff working for a CRS provider.

Ethical Considerations

The evaluation was approved by the Lincoln Ethics Application Service (Reference 2023_15901). As the evaluation was commissioned by the MoJ, they notified the HMPPS National Research Committee of the research. The evaluation was conducted in

---

[5] Percentage agreement scores were those rated as 'slightly agree', 'moderately agree' and 'strongly agree' in response to questionnaire items.

accordance with the British Psychological Society Code of Human Research Ethics (2021). All participation was voluntary, all participants were required to provide informed consent and could withdraw within two weeks, and no incentives were provided.

Additional methodological detail, including a breakdown of questionnaire responses and interviews by region, and questionnaire and interview schedule content is provided in Appendix A.

3.3   Limitations

While there are strengths within the approach taken to this evaluation, such as the depth of qualitative data gathered from a large number of interviews, the volume of qualitative feedback from questionnaires, and the triangulation of data between different groups of people, there are some limitations including sample size, representativeness, self-selection bias and response rates. These are further outlined in Appendix A.

Overall, the nature of a process evaluation does not allow for attribution of impact and causality. Instead, findings offer insight into any operational benefits, any unintended consequences, and learning to inform decisions on potential developments. Findings are based on perceptions of research participants and are not generalisable, not least due to self-selection bias.

4. Results

Findings from both phases of the evaluation were themed into the following areas:

- Referral and Monitoring
- Perceptions of each CRS type
- Overarching delivery themes
- Staffing considerations
- Contracts and performance
- Theory of Change

Each theme is discussed in detail. Additional data tables and graphs, as well as case studies can be found in Appendix B.

4.1 Referral and Monitoring

Referrals to CRS are made by probation staff using the Refer and Monitor Intervention System (R&M), with the exception of grant-funded activities which have varying local referral mechanisms. R&M shows the details of all individuals on the probation practitioners' caseload which have been referred to CRS and are grouped based on the stage of referral and engagement they are at. Information contained includes the initial assessment, the action plan, details of all planned sessions and an end of service/cancellation link. Automatic email notifications are sent to probation staff when either the person on probation has failed to attend an appointment, there is a change in risk, safeguarding information is identified, or a new document has been added. This includes the agreed action plan (including when it needs to be approved and/or reviewed), the end of service report, and case notes. Probation staff also receive an alert when the initial assessment appointment is booked in.

When asked in the questionnaires how well R&M was working, 58% of probation staff and 68% of CRS staff provided a positive response. Probation staff (78%) were more confident

than CRS staff (40%) that those who needed support were being correctly referred to CRS providers. Most probation staff had made referrals to ACC CRS (76%). The percentage of probation staff who had made referrals to other CRS were as follows: PWB (48%), WS (45%), ETE (43%), FBD (31%) and D&R (29%). While there was some variation across staff, all CRS were utilised, with a particularly high level of need for ACC. Probation staff were largely confident in making referrals, including who, when and where they were referring to. This was slightly lower for FBD, but this may be because of more recent implementation and/or smaller service provisions within each area. In terms of timely responses to referrals, ACC was perceived to be much lower than the other service responses. Among probation respondents, satisfaction with assessment timelines (based on receipt of the automated e-mail upon initial assessment booking) and ongoing communication was lower, especially for ACC, and to a lesser extent FBD. CRS staff had less confidence in whether the right people were being referred, at the right time, with only 40% indicating confidence that everyone who needed referring was being referred. Only 35% of CRS respondents were confident that probation staff were not making unnecessary referrals. CRS staff were more confident than probation staff that they were responding in a timely manner to referrals with 85% agreeing this was the case. Only 55% of CRS respondents agreed that ongoing communication from probation was good.

Qualitative responses about the referral process were mixed across probation and CRS staff. Responses, detailed below, were themed in relation to i) the R&M system ii) staff factors in the referral process, and iii) implementation and monitoring of support.

R&M system

The majority of probation questionnaire responses were positive about R&M. Participants described the system as easy to use and appreciated its ability to pull through data from nDelius[6] and OASys[7] and automatically upload details of completed appointments. These comments were reflected in CRS questionnaire responses. A clear theme throughout probation responses was that using R&M saved time with a specific benefit of not "needing

---

[6] The case management system for the National Probation Service.

[7] Offender Assessment System: the main risk assessment tool used for people on probation identified as low and medium risk.

to find the most updated version of a referral form and sending it to the correct e-mail" (PQ). Probation staff noted that monitoring contact with CRS via R&M made identification of "attendance", "non-attendance", "any risk of safeguarding concerns", "next appointments" and "outcomes" easy (PQs/PIs). The ability to create and edit action plans was viewed positively. Some thought the system had become more user friendly with a better layout and was pulling through information better than it had done when first implemented. From the perspective of prison referrals, the system was valued as it allowed appointments to be made prior to release. Thus:

> R&M provides an efficient way for HMPPS to make a referral into a CRS supplier providing all of the required information personnel might need to commence the support needed (including risk information) (PQ).

Interview participants reported on the ease of making a referral and noted that digitalisation was positive as it was:

> … quite straightforward, it will let you go and select who needs what, and then it pulls the information from the OASys that you've done, then you click on what sort of intervention you require, then [it says] we could offer you that (PI).

Recent improvements (being able to amend appointments; information on what the person on probation wanted from the service; whether the individual was in custody or the community) were appreciated. Despite these encouraging views, some probation practitioners saw limited positives in the referral process, stating that while the idea was good, execution was poor. In prisons, it was felt that providing access to P-NOMIS[8] was useful to CRS staff. However, despite P-NOMIS being made available to all, some CRS staff were still unable to access it. Others felt there needed to be greater integration between R&M back into nDelius: "case notes and session write up should be copied onto nDelius" (PQ), rather than a one directional process.

---

[8] P-NOMIS is the IT system utilised in prisons which includes case management, offence, risk and sentence status information

Even though the R&M system was relatively easy to use, areas for development focused on the quality of information pulled through from other systems, "gaps in functionality which have taken a long time to fix" (PQ), concerns about sharing sensitive/confidential information, and the system generating too many e-mails for probation staff to manage:

> I'm really limited for time in our job, it's really busy, and we're pausing in every direction to have to go in and open five emails over a conversation about a missed appointment. Feels a bit excessive (PI).

To help resolve concerns about the volume of alerts, participants suggested some differentiation based on priority. Other functionality comments focused on the ability to edit referrals (some people said this was achievable), the need to have more than one colleague alerted about outcomes, and challenges caused by "address details not taking into account that someone is in custody" (PQ). Other practitioners wanted case selection identifiers such as MAPPA[9] and integrated offender management (IOM), while others wanted to be able to add additional information such as "substance misuse history" (PI) or:

> I don't understand why we can't include names of victims or others on the report if this is key information. It would be good to include a restraining order victims name in case they disclose they are having contact (PQ).

Being able to put a pause on a referral would also be useful, for instance when someone was recalled to prison, rather than it having to be closed down and restarted when the individual returned to the community. Finally, CRS respondents wanted the ability to upload documents to the system as evidence of activities undertaken or appointments made and the function to allow them to "see all of their [probation officers] cases rather than just searching the service user/referral reference number" (CRSQ).

Staff factors in the referral process

The data indicated there were gaps in knowledge about some CRS, including their availability in prisons and how many RAR days would be needed to complete an

---

[9] Multi-Agency Public Protection Arrangements

intervention. From a CRS perspective, referrals had improved in terms of "quality with information of risk" (CRSQ) and probation officers being more aware of what providers could offer. The ability to discuss referrals prior to submission with probation staff was valued and strong working relationships between probation and CRS staff were central to this.

Some inconsistency in the quality of content was noted with some referrals not including the "service user's exact needs" (CRSQ) or missing risk information and contact details. Sometimes, there were issues with the level of need included in the referral, especially in WS, where sometimes too many needs were selected. Conversely, other referrals would just list one need, but when the CRS did their own assessment, they realised there were many more. CRS staff noted the high turnover of probation staff, which they felt could impact the quality and content of referrals.

Implementation and monitoring of support

While some probation practitioners had concerns about the time it took for some CRS to respond to referrals and then implement support, it was acknowledged that perseverance was often needed to contact a person on probation. Time was needed to help individuals develop new routines, get used to working with services, and build trust. Nevertheless, some probation practitioners were frustrated that CRS providers would only try and contact the person on probation twice and if they did not respond, they would cancel the referral. People on probation explained how being on probation could be daunting and this needed to be factored in, with some time allowed to settle into services and establish a new routine:

> It was very scary, I've never been in this situation, so I didn't know what to expect. I didn't even know probation was going to be like something that's to assist you. I thought it was like punishment, so it's been incredible. It's been very, very excellent (LEI).

Readiness and sequencing, especially where multiple referrals were made, needed consideration, especially when a person had just been released from prison and was attending initial assessments:

> It can be very overwhelming when you first come out of prison and you've got several people calling you up and you know, they're ringing from all these different places (SLI).

Rather than give a person five different appointments in the same week, one CRS practitioner suggested "one holistic tool for assessing people" (CRSI) so that only one initial assessment was required. Apart from ACC, people on probation viewed the referral processes for services as prompt. They valued clear explanations of where they were being referred to and why, and when probation staff were particularly supportive, for example, in attending meetings with them. CRS respondents expressed frustration when they did not receive updates such as: "PP [Probation Practitioner] not notifying CRS of recalls / prison transfers" (CRSQ). One CRS practitioner therefore thought that R&M should only be used for referrals and not case management.

Barriers to prompt responses to referrals highlighted by CRS staff included where action plans were not approved,[10] probation staff did not respond to queries, inappropriate targets were given, and high volumes necessitated a triage approach. In addition, some CRS staff described how, due to probation workloads, probation practitioners would often do all their referrals at once. Potential solutions include capping referrals, and more systems guidance to reduce unnecessary or inappropriate referrals, as already implemented in certain regions.

---

[10] R&M was updated on 30 August 2024 to remove this barrier by introducing auto-approval of action plans.

4.2 Perceptions of CRS Delivery Across Different CRS Pathways

Qualitative data from questionnaires and interviews provided insight into the differences between services, with both positive and negative comments received. Qualitative data are shared below and presented according to CRS pathway.

Women's Services

Respondents felt that WS was working well in most areas. Positives included timely initial assessments, group work, women's only reporting time, clear communication and a willingness to help. The gender responsive and holistic nature of women's services was beneficial, especially when compared to the provisions for men:

> It's absolutely what we know works, having a holistic approach…it puts them as a woman first, rather than a person using probation first, or a person using drugs first (SLI).

The delivery model, alongside consistency of staff, supported a trauma-informed approach whereby women did not need to repeat their experiences to multiple different people:

> They don't want to be interviewed again and again…they tell a personal story…They'd rather not tell it to every single person in the world (CRSI).

Dedicated women's centres were also valued: "Where the provider has their own space, that's where the best services are able to be delivered" (SLI).

Key areas for improvement in terms of process included reducing delays between assessments and appointments, offering more motivational and flexible support, improving understanding of the justice system, ensuring better staff continuity and communication, and being more inclusive when working with all clients, including those with complex needs. The main concern for probation practitioners in relation to women's services was inadequate staffing, with some areas having only one person to work with justice referrals.

Experiences reported by people on probation were mixed. One participant explained:

> On my initial assessment with probation, I had to justify why I needed the counselling and tell her about myself and my history but then once I've done that, I'm high risk so I didn't enjoy that bit 'cause I thought, are you trying to catch me out. Also a few times I was left thinking I should be getting it anyway; it wasn't this hard last time (LEI).

Despite this, their actual experience of WS was positive including relationships with staff members and how the holistic support helped them:

> It's just helped me in terms of areas in my life that I've struggled with…and boosted my self-esteem and even helped me get a job…they had to do a DBS check, and they helped me through that stressful period (LEI).

Other participants discussed improved confidence, personal growth, feeling able to make better choices, and appreciation of the warm and friendly environment in women's centres. This was emphasised by the desire to have "a drop in once a month where people could off-load or if possible, get more support" (LEI), after the RAR days had been completed.

Some WS were delivered from alternative venues such as farms. This suited some, but not all:

> The farm has been great for some women, but it just doesn't suit them all. If a woman just doesn't like being on a farm, it's not going to help and she's not going to want to engage (PI).

WS was potentially less suited to higher risk/higher complexity women with one participant noting how "some of those women are not quite catered for" (PI). Where WS was working well, there was an acknowledgement that group work did not suit everyone and could expect too much of some women. In a domestic violence awareness group, for example, women had been encouraged to admit they had been victims of domestic violence, but if a

woman did not want to do this, this did not constitute non-engagement, with attendance and listening deemed sufficient. Access to funding was highlighted as a key factor for improvement in the delivery of WS. WS was well connected in terms of partnership working and this was beneficial, especially in crisis situations. Other challenges for the CRS providers included responsibility "for coordinating other organisations to attend our centre, especially probation, which is certainly not part of this model" (CRSQ) and probation referrals having too many pathways of support: "It would be better to focus on the biggest needs and target a particular area for change" (CRSQ). There was also feedback that the quality of service in some areas had declined due to staff leaving and not being replaced and funding issues meaning that the CRS provider "can't offer all of the needed services" (PI). Other challenges included women being referred for employment support when they were experiencing homelessness.

Participants reported a range of positive outcomes for women, including improved confidence, reduced reoffending, better access to services and support (such as healthcare and practical support, stronger social networks, and greater independence and safety. However, probation staff wanted to see improved programme completion rates.

Accommodation

It should be noted that CRS does not provide physical accommodation but rather assists with referrals to housing organisations. There were small pockets of positive feedback identified within accommodation CRS:

> They were really good. Just like beginning to end (LEI).

> The work being conducted is fantastic. PoPs have been helped with OT [occupational therapy] assessments, where to find housing that suits their needs and communication with the council (PQ).

In addition, CRS participants reported some successes in terms of joint working within prisons, with the provision of resettlement events in prisons viewed as good practice:

> A variety of internal and external organisations attend the prison and meet with prisoners who are approaching release. In terms of accommodation, housing providers attend to complete assessments, and this could result in a prisoner securing accommodation prior to being released. They also have the opportunity to resolve other issues as they approach release (CRSQ).

However, there were significant challenges within ACC provisions, most notably, the paucity of accommodation available to people on probation. In addition, strategic leads recognised that contract volumes were too low, "our actual referral volumes into accommodation have been closer to double" (SLI) and barriers existed in relation to a lack of funding for private sector rent deposits if the person had been turned down for local authority housing.

A lack of support around prison release, which is a particularly vulnerable time for people on probation, was also described:

> When I came out [of prison], I mean, everyone warned me you won't get no help from probation. And it was true, because what I need, I haven't got, but if I wasn't the person I was, I'd have been recalled or I'd be dead (LEI).

Housing people out of their home area was recognised by strategic leads within probation as a challenge. Despite this, better support such as: "talking to them about that property, showing them sometimes pictures of it, showing them maps of how you get there, explaining what's around" (SLI) could help to mitigate some concerns. While strategic leads recognised navigation and mentoring support on release from prison as a gap, this acknowledgement was less specific to ACC. Probation staff felt that ACC could be improved by more responsive services and improved staffing resources. Insufficient staffing, due to a combination of contract volumes and recruitment and retention, meant that people on probation were waiting too long with one practitioner noting: "We have only one [ACC] worker who's based here sometimes. And he's dealing with...about 200 referrals, which just isn't doable" (PI). Services could be further improved by offering more face-to-face support, being persistent in supporting people to engage, strengthening local

housing networks, providing hands-on help rather than just referrals, and improving planning and communication around key events like prison releases.

Despite the challenges, CRS staff were able to identify some positive case examples as detailed in Appendix B.

Personal Wellbeing

Both CRS and probation participants felt that PWB services were working well, with 91% of CRS staff and 81% of probation staff saying that the support resulted in all, most, or some people on probation doing or accessing something different from before. Activities included sports, gardening, social meetups, mental health support, creative sessions, and help with forms and community services. CRS practitioners commented on how this supported the building up of positive social networks, which were important after interventions had ended. Other positives included prompt support, flexible options to join online or in-person, personalised help, clear communication, and good feedback from people on probation. Particular praise was noted in relation to the holistic support wellbeing hubs provided in some areas. These provided intensive care and could sometimes be the only constant in a person's life. In the context of a person experiencing rough sleeping this included giving food, a sleeping bag, clothes, and a weekly bus ticket to access support.

In interviews with probation staff, PWB was identified as a facilitator in improving engagement and outcomes in other services, with CRS feedback also supporting this. One CRS participant described interventions completed with a person on probation who did not initially believe he needed the service but on completion and through self-reflection noticed changes he needed to make to move forward and learn new skills. In another example, a PWB provider:

> …spent time building up good rapport and this PoP who had never opened up and always bottled his feelings up now talks about things and feels better about this and has agreed to talking therapy referral and is now on the wait list for this. This is a huge achievement for both him and the service (CRSQ).

Positive feedback was also received about PWB interventions which began in prison, with longer term impacts post-prison release including one person achieving "100% attendance with probation appointment, full-time employment, and overcoming mental health problems" (CRSQ). People on probation also mirrored this feedback, with one describing how the PWB activities helped them build social networks and how:

> ...we all spoke to each other. I see a lot of similarities in ourselves. I can understand some of the things that they were saying when they said nobody understands, 'cause. I'm sitting there thinking I actually understand (LEI).

Despite this, many did not know what to expect at first, and in some cases nor did their probation practitioners. Some people on probation stated they were not always at a point where they were motivated to engage with this service, but when they did begin to engage, they found it beneficial.

Feedback from CRS provisions indicated that staff training and development was a key factor for effective delivery including ensuring staff "have a toolkit for all eventualities and can draw on their training" (CRSQ). This included trauma-informed care, cognitive-behavioural therapy for people with convictions, Mental Health First Aid, strategies for working with sex offenders, and bereavement/estrangement counselling. CRS participants also noted how flexibility in terms of the number of sessions delivered, freedom to work in locations where people on probation felt comfortable, and positive therapeutic relationships were also keys to success. This was echoed by people on probation who stated: "It was a laid-back relaxed atmosphere. So, it's very calming. Being like that was beneficial rather than being stern all the time" (LEI) and "no looking down at you, no judging" (LEI).

However, as with ACC, retention issues were reported to be causing additional challenges, especially when staff moved to other employment:

> We had a stable keyworker; he was great but was over stretched. The next one was a contractor who was disorganised and then walked out. We now have another temp, and I am not willing to mess PoPs around anymore and have stopped referring (PQ).

Improvements in PWB include making the referral process easier for probation practitioners, so that they do not need to understand the full extent of the person on probation's needs before making the referral. In addition, there was a need for timely appointments, the provision of more intensive work when this suited the person and greater availability of one-to-one and face-to-face support. Probation interviewees also noted how some PWB services lacked intensity of support and how sometimes this impacted on engagement. Further areas for improvement included not cancelling appointments, greater availability of out of hours appointments, the need for more dedicated staff, and more flexibility to accommodate neurodiversity needs.

From a CRS perspective, improvements included having enough time and/or enforceable RAR days and reducing the administrative burden which was "taking away from the time we are working with PoPs" (CRSQ). Progress was also sometimes hindered because of other more pressing needs such as housing or debt. This sometimes meant the person was angry and upset and did not want to engage with broader PWB support. Finally, CRS staff felt that more training needed to be provided to facilitate better probation staff knowledge, so they understood which services were available and for whom, with additional barriers including waiting lists, travel and activity costs, a disconnect between information and need, and a lack of long-term support.

Probation staff were sometimes unaware that support from CRS providers could continue to be accessed after the completion of a person's community sentence which may prevent people from accessing it, despite there being an appetite to do so. Sixty-three per cent of CRS staff said in their questionnaire responses that their PWB service could be accessed after the community sentence had been completed, with 42% of probation practitioners reporting that this was available. People on probation also mentioned the lack of one-to-one support, with many preferring this to group work, although when some got used to

this, they later found the groups useful. Barriers to engagement included changes in key workers with one describing how "I feel like I'm being passed around like a piece of paper" (LEI).

Probation staff saw progress in people's wellbeing through better emotional control, improved mental health, stronger social connections, more confidence in daily life, and greater self-awareness. CRS feedback echoed this, with examples of increased confidence, and better engagement in community activities, sports and hobbies. People on probation also outlined increased confidence and problem-solving abilities, improved relationships, increased responsibility taking, a change in mindset and improved motivation, with one noting how they were "empowered" (LEI). They valued the availability of wellbeing hubs, noted that family and friends had seen a difference in them and that involving family and friends, with encouragement from CRS staff was positive.

Education, Training and Employment

The overriding feedback in relation to ETE was that the CRS provision had been withdrawn.[11] While it was recognised there had been some tension in relation to overlap with other existing services, there was still a need for ETE provision. Prior to the withdrawal of contracts, ETE was working well in some areas, but less so in others. Some probation staff reported timely, personalised and comprehensive service via telephone and face-to-face delivery, whilst others reported long delays in referrals being actioned and a lack of positive outcomes. Such feedback was echoed by people on probation who said they "haven't felt very supported" (LEI) and "they will find you work, but it will be work that leaves you depressed" (LEI). Barriers for ETE were due to a lack of opportunities in some areas and issues with some people on probation not being allowed to attend college due to their convictions. There was also no specific provision for people subject to immigration proceedings.

As a result of the discontinuation of service, most improvement feedback focused on having a provision in place, rather than the specifics of good provision. Examples of

---

[11] ETE was withdrawn from men's services in most regions in March 2024. However, it remains in place for women's services and GMIRS. This decision was taken as a result of HMPPS financial pressure.

positive outcomes came from questionnaire respondents who included training and qualifications, employment, completion of CVs, gaining ID, completion of employer disclosure statements and, in one example, support to return to a previous employer. CRS providers outlined outcomes in terms of access to equipment for work and how training had led to employment.

Finance, Benefit and Debt[12]

FBD provisions were newer in most areas and therefore awareness of services seemed lower. However, qualitative feedback was largely positive with participants feeling that services were working well in terms of specialist knowledge, and progress being made in reducing debt and improving budgeting. Furthermore, FBD provider responses were prompt and communication was clear. Examples of progress/outcomes from the questionnaires, in addition to reduced debts and budgeting, included evidence of the implementation of reasonable payment plans, the payment of fines and people on probation no longer experiencing bailiffs attending home addresses. Interview feedback included: "I've had lots of people that are now getting the right benefits for them, which is really helpful" (PI). CRS staff supported this by adding that large debts had been dealt with (one example was up to £26,000) and one individual had been supported to address their debts following a suicide attempt linked to their debt experiences. In one region, it was reported that FBD had "achieved over £2m in gains for those service users who have completed the journey, at an average gain of over £6,700 each" (CRSQ).

Improvements included more practical support such as sitting with someone to apply for a Debt Relief Order, and more "hand holding" (PQ) rather than just advice and signposting. There was also a specific need to be able to offer support to people who accrued debts from being self-employed and legal advice such as bankruptcy support. There appeared to be inconsistency as to the availability of FBD for those people with no recourse to public funds. Some areas said they had referrals declined due to this, even though they felt it was amongst one of the highest levels of need. Where this service was available, it had been

---

[12] Finance, Benefit and Debt Service is available in both community and custody across Yorkshire and The Humber, North West, North East, and South West (only Avon & Somerset, Dorset and Devon & Cornwall) probation regions. Service is available in only the community in East Midlands, London, Wales, West Midlands, South Central (only Thames Valley and Hampshire) probation regions.

received positively. Moreover, there was a need for greater awareness among probation staff about the availability of FBD support.

Dependency and Recovery[13]

Overall, quantitative feedback about D&R was positive, with 97% of CRS staff and 79% of probation staff saying that D&R support resulted in doing or accessing something differently for all, most or some people on probation. Participants felt D&R services were working well in terms of co-location (where this was available), multi-agency working, and fast referrals and assessments. Activities included support for recovery and goal setting, peer and group programmes, creative and social activities, help with basic needs like food and clothing, and access to health and housing services. This range of activities allowed some of the people on probation to increase their social networks and "divert the attention from alcohol consumption" (LEI), although one noted how: "I've tried making friends at [CRS provider]. I've end up just getting texts for drugs. I tend not to become too overly friendly" (LEI). Engagement was viewed positively and ongoing engagement after the completion of a sentence was appreciated, with 71% of CRS staff reporting that people on probation could continue to access support post-sentence. However, only 48% of probation respondents reported being aware that this was available and estimates about how many people accessed support varied from 10-50%. Feedback also indicated that probation practitioners appreciated how persistent D&R staff were in attempting to engage people, especially when compared to other CRS providers.

Suggested improvements made by respondents to D&R provision included faster access to prescriptions (although it is noted that the provision of prescriptions not actually a requirement within the CRS D&R contracts), ensuring all staff had access to the R&M system which would also facilitate faster alerts for non-attendance in some areas, more out of hours appointments, not cancelling or rearranging appointments, and more awareness and support for dual diagnosis. In this context dual diagnosis refers to the situation where an individual has a concurrent mental health and substance use need.

---

[13] Dependency and Recovery is not available through the contracted CRS process in East Midlands, East of England, North West, South Central, and Wales. D&R was available in South Central until March 2024. In these regions where D&R is not available through CRS, it can be a co-commissioned service.

This is also known as co-occurring disorders or comorbidity and can make service access more difficult for those on probation. Other noted gaps included continuity of care following completion of the community sentence and lack of time for one-to-one support. Staff from CRS providers wanted more information at the referral stage.

Barriers to engagement identified by probation staff included insufficient CRS staffing resources, people on probation feeling overwhelmed, a lack of links between D&R and drug and alcohol treatment and people on probation not wanting to attend appointments "because they bump into other people who are either drug users or alcohol dependent" (PI). CRS staff added the inflexibility of licence conditions, travel costs, feelings of shame and guilt experienced by those on probation and the unwillingness of some to engage, particularly when they did not want to give up drinking. Both staff groups spoke about waiting lists, travel costs, and issues with location. People on probation also recognised some barriers with dual diagnosis needing a more joined-up approach. Probation practitioners supported this view and were particularly positive about those D&R providers who were able to understand and support dual diagnosis. Additional activities included support for detoxification, programmes around drug and alcohol awareness, and increased access to residential rehabilitation services. Questionnaire participants detailed that progress included reduced or safer substance use, stronger recovery and coping skills, better communication and problem-solving, improved social connections, and more stability.

People on probation reported increased information and awareness about alcohol usage and its impact on health, as well as increased motivation, improved mental health and improved access to sports and hobbies: "It's about making small changes, not big leaps in one go, cos that's when you tend to fall off the cliff" (LEI). Another described D&R as: "Absolutely brilliant…there's no judgement there…I just cannot speak highly enough about them" (LEI). They also appreciated that on occasion, and where appropriate, the D&R provider would also support their family members.

4.3 Overarching Delivery Themes

The evaluation report now turns to overarching themes, across all CRS types.

Perceived value

Despite mixed feedback about each CRS type, there was positive feedback on CRS as a whole which focused on how CRS providers helped probation practitioners do their jobs, including allowing them to focus on high-risk cases and the benefits of strong partnership working. One stated: "We cannot be there 100% for each and every single person and…we rely on them to do that, and they seem to be doing a pretty good job of it" (PI). Others described CRS as "value for money" (SLI) and how it was "embedded and…working really well at the minute" (PI). The value of CRS to people on probation was also highlighted:

> I think the CRS provision brings huge value and even if it's just for a handful of people that are using the service, not everyone wants to engage, you've got to find somebody that wants to engage and wants to turn their life around. And for those people that want to do that, having that option, there is vital for them (SLI).

Across all areas of delivery and outcomes, ACC was viewed less positively despite referral numbers indicating the highest level of need. PWB, WS, and D&R services were viewed most positively, and this was reflected in the perceived social value responses provided by probation participants. CRS respondents were more likely than probation respondents to report that CRS funding was money well spent, and their perceived social value score was higher than probation responses. However, only 45% of CRS respondents felt there was enough funding for CRS provisions.

Delivery method

Probation survey responses indicted that delivery method was largely perceived to be appropriate for WS and D&R (79% and 90% positive responses respectively). However, only 39% of probation responses viewed ACC delivery methods as appropriate. For most CRS responses, there was high agreement that current delivery methods were

appropriate. This agreement was a little lower for FBD but much lower for ACC. This seemed to be due to a greater prevalence of telephone delivery within ACC services. Face-to-face, telephone and internet delivery all featured within CRS delivery in some way.

People on probation often preferred face-to-face appointments for various reasons. One person explained that face-to face meetings reassured them that progress was being made to address their needs: "I struggle with phone contact…it makes me feel as if nothing is happening…face-to-face I know that something's happening" (LEI). Others said that they found it easier to remember things at face-to-face meetings and they removed distractions.

However, offering flexibility and choice in response to individual's needs and preferences was expressed to be important, appreciated and can improve engagement. For example, one person expressed appreciation that some provisions utilised WhatsApp to arrange appointments, and one probation practitioner stated: "I don't know whether he would have engaged quite so much if he had to have face-to-face meetings" (PI). Face-to-face contact was also recognised by probation as an important factor in safeguarding, welfare, and engagement, with one noting how:

> Engagement drops significantly when you're not having face-to-face appointments with the person when you're just having these appointments over the phone, you're not really gauging how that person is, you're not seeing them, their body language, not establishing if they're washing, if they're healthy, if they're OK, if they're clean, like you, you can tell a lot by how somebody is doing by seeing them face-to-face...anyone can put on a nice voice over the phone and pretend everything's OK (SLI).

Some contract managers had thus worked hard to encourage CRS providers to increase their face-to-face delivery, with online provision being a legacy of the Covid-19 pandemic. Similarly to group work, there was sometimes a trade-off between face-to-face meetings and efficiency especially in services which had capacity issues, but it was felt that there

were opportunities to work smarter to mitigate against this, including timetabling CRS appointments just before or after probation appointments.

Probation and CRS staff also noted that telephone contact was often problematic due to poor signal, people not answering calls from an unknown number, not having enough credit to return a missed call, and people needing to pay attention to other things such as providing childcare. In addition, telephone or online sessions were not suitable for some people. As well as people losing or selling mobile phones, some people had internet-use restrictions and within some services it was felt that CRS needed to be more considerate of this. Furthermore, some people on probation felt overwhelmed by the thought of accessing online support, while probation staff felt that phone support was often just about signposting, when more practical and navigational support was required: "it's like, they get a lot of information, and they don't know what to do with it" (PI).

The sensitivity of discussions and disclosures, particularly those done over the phone and during initial assessment were also viewed as important for consideration in effective engagement and delivery. This was something that probation practitioners suggested needed reviewing within some CRS initial assessments, with it unrealistic to expect someone to disclose a history of sexual abuse over the telephone to someone they had never met. Flexibility in terms of suiting delivery to the person on probation was optimal, even if not always possible.

The importance of considering the consequences of different decisions regarding venue, timing and whether one-to-one or group appointments were being offered were key to maximising engagement. While meeting away from probation offices was beneficial for some (see also the discussion under co-location), there were concerns that confidentiality could be compromised when public venues were being used for "an in-depth conversation with someone in a coffee shop where members of the public could actually overhear what's being said" (PI). It was also important that scheduled appointments did not clash. For example, while one person on probation had three CRS referrals and was also doing unpaid work, a probation practitioner had arranged two appointments on the same day to facilitate attendance. Accessibility for people with other commitments, including

employment, via out of hours appointments was also needed and whilst it was not always consistently offered, it was valued where it was. This was reflected in feedback from both probation and CRS staff, although CRS staff reported they tried to be as flexible as they could within the parameters of their contracts.

Within the probation staff interviews, there were some concerns about one-to-one work being scaled back, in favour of increased group work. It was deemed important that both options were available. For example, group work was felt to be less suitable, particularly for people considered more complex in terms of need and those who needed safeguarding. However, some CRS respondents described a tension with this, between expected contract volumes and budget: "the cost envelope of the bids required us to show how we would cope with numbers and that can only be done through multiple PoPs attending groups…otherwise either the cost is too high or numbers attending too low" (CRSQ). Despite such concerns it was acknowledged that group sessions supported learning from lived experience and as such, participation could be a motivating factor. As one person on probation explained:

> We did group sessions, which were very helpful, just to hear where people are as well. And you know, just to see that is motivating, you know, to hear people, how they are improving is happening and all of that. So, that's been incredible (LEI).

Other feedback relevant to delivery method was in relation to the handling of missed appointments. This was raised by people on probation and probation practitioners as a concern, with a feeling that there should be more understanding about missed appointments by CRS staff. Rather than breaching the order the CRS provider should "find out why they're not attending and try and enable them" (PI). To support people in attending appointments, reminders were appreciated: "She sends me a text every time I've got a session…So that really helps" (LEI).

Co-Location

Co-location of services was reported by some probation staff and this varied depending on the type of CRS provision, with a range of 25% reporting co-location for FBD to 42% for

D&R. Co-location also featured heavily within qualitative questionnaire responses and interview discussions with probation staff. Many of the CRS teams participating in these were based in the same office as probation staff or very nearby, making it easy for people on probation to attend and for probation practitioners to communicate with CRS practitioners. This was especially useful given that not all information could be included in referrals due the volume of information held by probation about people.

For the most part, co-location was viewed positively and indeed was something that participants wanted more of: it facilitated positive working relationships, enabled prompt communication when compared to that through R&M, could make things easier for people on probation, and supported people through the joined-up approaches. Interview data additionally spoke of the ability to have joint appointments, which was beneficial to the practitioners but also those on probation. Co-location could also aid in sharing knowledge about available support which could support initial engagement. It was also conducive to working in a trauma-informed way:

> We have that relationship where we can go in to meet the woman together or do a session together…a lot of women have been through quite a lot of trauma so repeating something over and over to me, that they'll repeat to their probation officer can be quite traumatic (CRSI).

Further positives included women's only reporting time and having dedicated staff who covered certain areas. Where co-location was not a feature of CRS, this collaboration and joint working was missed. If co-location was to be further developed in the future, then CRS attendance at probation offices would need to be consistent with staff being located where and when agreed, otherwise it could become detrimental for both people on probation and probation practitioners. Furthermore, co-location did not always guarantee close working relationships between CRS and probation staff. Where there was perceived lower workloads for CRS staff compared to probation staff, this had been detrimental, causing resentment amongst probation staff. In addition, co-location could not overcome challenges such as lack of accommodation, staff resourcing, demand for support and lack

of physical space. Some participants also viewed being co-located with probation as a barrier for getting people to engage:

> Some participants don't like the probation unit...they struggle. It's a huge barrier. They're coming into a place where they feel anxious and asked to open up and speak about themselves. And some people will struggle with that (CRSI).

There was therefore a recognition that sometimes co-location was not the best option, particularly for WS which were often delivered from women only venues. However, such dedicated spaces also meant that probation practitioners could base themselves at the women's centres, and this worked well. As a result, retaining choice for people on probation where possible, was important.

Alongside discussion about co-location in probation offices, there was also an appetite for greater co-location of CRS staff within prisons as this would better support the transition from prison to the community. The challenges of stretching staff resources even more thinly and the lack of prison office space were, however, recognised. The distances between the prison and the community where the person would be released also exacerbated this.

Engagement

Perceptions of 'good' engagement varied by CRS type. Engagement[14] in support was viewed as good by probation questionnaire respondents for both PWB and D&R (81% and 77% positive responses respectively). Other CRS services had lower positive responses when probation respondents asked whether engagement was good, ranging from 39% (ACC) to 62% (ETE). Seventy-eight per cent of CRS respondents indicated they felt that engagement within their provision was good. Several factors were identified that acted as barriers to engagement with CRS.

---

[14] Engagement was not specifically defined within the questionnaire and therefore there may be some subjective interpretation of the questions but engagement within probation generally encompasses appointment attendance, communication during and between appointments and completion of required actions.

Firstly, in terms of appointment planning and delivery, CRS and probation staff acknowledged that an individual receiving too many referrals at once could make keeping all of the subsequent appointments challenging, especially if they were spread over multiple days and at different locations. There could also be difficulties when referrals were not discussed with the person on probation beforehand and they lacked motivation to attend.

Secondly, people on probation may also have a variety of personal challenges that impact on their ability to engage including facing stigma, homelessness, domestic abuse, mental health issues, poor mobility, lack of transport or insufficient time and money to travel to (rural) locations, relationship issues, lack of motivation, substance misuse issues, crisis events, and trauma. Practical issues such as homelessness, unemployment, or substance abuse can overshadow the need for support services, leading individuals to prioritise immediate survival needs over engagement with CRS. Complex mental health issues, particularly if not adequately addressed, can make it difficult for participants to engage with the service consistently or follow through on action plans.

Thirdly, there were issues around inflexibility in how services were delivered. Some services were only available online and were therefore not accessible to all, appointments were not always at times that people in employment could attend, and some services only offered group work, with this being problematic for some people on probation: "They were still active users, and I didn't want to be around active users" (LEI). As one CRS practitioner noted:

> When services are unable to flex in their approach this can cause clients to disengage, we see this often with remote services where clients would prefer face-to-face sessions (CRSQ).

Numerous comments were also made about the ways in which staff engaged with people on probation including a lack of empathy, poor communication, and poor expectation setting/management. Finally, there were frustrations around services not being able to meet people's needs, "not doing what [they] say [they're] going to do" (PQ) (which builds

trust), inconsistencies in delivery, and a lack of progress being made by people on probation: "Not sticking to the goals on the action plan, so the person doesn't feel like they are getting anywhere" (PQ). The latter frustration was often expressed by probation and CRS staff in relation to accommodation because it resulted in the probation officer tending to "do all the work" (PQ) which meant they did not see the value of the provision and felt resources were being "wasted" (PQ).

Facilitators for engagement included "prior knowledge and consent to the referral in the first place" (CRSQ), voluntary engagement, clear goals, encouragement, and support. People valued services that offered a positive environment, understanding and flexibility. Engagement was thus enhanced by positive relationships based on trust, honesty, compassion, confidence, and a person-centered and non-judgmental approach:

> An environment where you don't get judged and one that sort of cares while you're there. No one asks, no one pries, and it is just an activity that I do quite enjoy (LEI).

> The workers are brilliant at building personal relationships.... where they actually want to engage. It's not like a burden for them to have to come in and speak with their drugs worker (PI).

For many, it would be helpful if services were provided face-to-face and if they could provide practical support such as bus fares and reminders of appointments for those attending. Scheduling appointments at convenient times and alongside probation appointments where possible could help save on travel. In some cases, people valued having gender-specific service provision. It was important that services were provided consistently, ideally with the same worker and with appointments being kept as planned rather than rescheduled.

Engagement could be enhanced through motivational work, looking at what is important to each individual. Many probation practitioners stated that people needed to feel listened to

and see that they were achieving results. Finally, people valued lived experience perspectives.

> Outcomes – to see that it is worthwhile. Acceptance – of their needs, difficulties and wants. Care – to know that the people working with them have a genuine interest and care about their wellbeing and not just targets. Purposeful – the work they are doing has a purpose (PQ).

The sections above show the need to consider the advantages and limitations in tailoring methods of delivery to be appropriate for each individual. However, no matter what delivery method was used, relationships, authentic staff, and tailored support were critical success factors. Consistency of staff and the opportunity to build relationships were also reported to be important for people on probation, with people noting that it helps build a "trusted relationship" (LEI). Seeing the same person also allowed for this to happen:

> I find it tricky to trust and open up to people so if it was a new person every week you have to start at the beginning and plus you don't have to keep explaining yourself to them, they know your story, they know what you're there for, so consistency is really good (LEI).

For others, staff consistency was even more important due to neurodiversity and/or mental health needs, with positive staff relationships key. In most cases, people on probation described good relationships with probation and CRS staff although one noted how "it's like she's looking down her nose at me and she does it to others as well. And the way she speaks, and I don't like that" (LEI). People on probation valued the positive feedback they received from CRS staff, consistency in terms of appointment timings and the use of different approaches and innovation in terms of engagement.

Enforcement

Questionnaire feedback about enforcement and engagement showed there was a preference for voluntary rather than enforced engagement with 62% of probation staff and 72% of CRS staff perceiving better outcomes when engagement was voluntary.

Furthermore, probation staff felt that interventions were not always timely or proportionate. Qualitative data provided views for and against enforcement of CRS, interlinked with challenges in delivering enforcement. Across all services, CRS staff highlighted challenges with initial engagement, with one service highlighting that 70% of their initial appointments were not attended. Despite this, many respondents were not in favour of enforcement. There was a perception that it set people up to fail and did not produce genuine engagement, with people instead coming to "simply tick a box…[whereas] voluntary engagement shows motivation to want to make change" (PQ).

Strategic leads within probation and CRS providers recognised that having CRS as a non-enforcement agency was positive in terms of building supporting relationships and that linking CRS to enforcement, even if it was not them doing the enforcement, could be detrimental to this. It was felt that some support was not appropriate for enforcement, such as PWB and in such circumstances, greater professional judgement should be facilitated.

Feedback from probation staff about enforcement and engagement found that while enforced engagement meant that people were more likely to attend and that enforced engagement meant CRS activity could contribute to RAR days, most cases were not properly enforced and therefore were voluntary anyway. Contributions to RAR days were seen as a secondary benefit rather than a primary reason for referral for many probation staff. Strategic leads recognised that probation staff were not necessarily good at enforcement and that this would be communicated between people on probation. Data suggested this was due to probation staff feeling they could not rely on CRS providers to offer enforceable services, with this related to staffing issues, recording processes, and a desire not to enforce when the CRS support was perceived by probation staff to be not meaningful. It was also thought that enforcement would be improved if probation and CRS were co-located.

Some of the issues around updates and enforcement appeared to be linked to the R&M system. Probation practitioners described how they could receive an email about a missed appointment which would transfer through to nDelius and trigger an unacceptable absence but there would be no information about what the appointment was. Other probation

practitioners described how updates were delayed, were non-existent or did not always have enough detail, which made enforcement processes difficult. Delayed updates were particularly problematic because often the required timescale for an enforcement letter (within 2 working days) or to return a person to court (within 6 days) was exceeded.[15] While R&M data are provided to frontline services in real time and communications about changes are issued, research participants were not always aware of this information.

CRS providers largely supported the view that voluntary engagement was more effective than enforced engagement, with some outlining there should be "no enforcement at any stage" (CRSQ). Echoing probation strategic leads, they felt that enforced engagement could undermine their relationships with people on probation and affect engagement: "I have lost engagement from PoPs because PP has breached them for missing one or two appointments (especially without informing me) - it creates a huge amount of mistrust" (CRSQ). There was a similar feeling that enforced engagement was not responsive to need and that a more flexible approach was beneficial.

It was also noted that enforcement was sometimes at odds with the values and approach of CRS providers, with them not being a justice agency. For one CRS provider, they stated they may not continue with the delivery of their contracts if they were asked to deliver support on an enforced basis. However, it was important to note there was value seen in enforced engagement, especially in terms of commencing delivery of support with a person on probation.

Self-referral

In relation to enforcement versus voluntary activity, 76% of CRS providers, and 65% of probation staff felt that self-referral was a positive option. There was limited qualitative feedback relating to self-referral. When mentioned in interview, this was viewed as particularly useful at the end of a person's sentence so that support could continue if the person wanted it to.

---

[15] Some changes to the R&M system and these timescales have been made since data collection and these are detailed in Appendix D.

Building Social Networks

CRS staff reported that the majority of their work to link people into new activities and resources was done via signposting (94% of PWB and 97% of D&R respondents reported signposting), although 46% of PWB providers and 67% of D&R providers also attended new services with people, where needed and it was appropriate to do so. CRS staff estimated that up to 80% of the people they worked with were supported to access new networks that would continue after CRS provision had ended. In terms of new social networks, it was clear that people could build outwards from their initial connections with staff, expanding their networks through links with local organisations such as community and mental health support groups, Alcoholics Anonymous, Narcotics Anonymous, sports groups, and life skills workshops:

> Developing individualised action plans during initial assessments ensures participants are directed to group activities that align with their interests and goals, increasing engagement and the likelihood of forming meaningful connections (CRSQ).

A range of facilitators for building social networks were reported. These included warm handovers where CRS staff attend the first session with the individual, peer mentors, support for families, and knowledge of what is available. Several barriers to building social networks were also identified. These included feelings of distrust and shame, having complex needs, rigid licence conditions, gang affiliations, and high caseloads meaning that staff were unable to take the time to fully explain the potential benefits of engaging with CRS.

Family and Relationships Support

Across interviews and questionnaire responses, many, although not all, CRS providers indicated their support included working with the families and carers of people who had been referred to them. People on probation confirmed that family support had been offered to them, both for adult relationships and with their children. Family support was described as "well received" (CRSQ) but there was a perceived desire and need to do more and have this included within contract design. Family support activities were numerous and

included workshops and groups, referrals to specialist counselling and therapy including relationship counselling and trauma therapy, legal advice, facilitated family meetings, and specialist support via victim support or Multi-Agency Risk Assessment Conferences.[16] CRS providers highlighted that many of the skills they provided to support people with the problems they faced would "spill over into their family interactions, making them more positive" (CRSQ) because:

> Interventions improve relationships by giving the client tools to help with communication and new ways of seeing the world. Those skills will be retained after interventions whilst ever they are practiced (CRSQ).

CRS Community Engagement

When CRS providers were asked how they found alternative resources and opportunities in the community, a variety of strategies were reported. These included sharing of opportunities and contacts within their teams; holding or accessing local repositories, delivery of services via support hubs such as wellbeing hubs or women's centres; and ensuring the organisation was represented in local strategic forums such as local authority led community safety partnerships. For some organisations, this network building appeared to be undertaken on an ad hoc basis, whereas other organisations had a more structured approach:

> We scheduled in one day a month to explore and update our 'community bible' with new services and opportunities. During our meetings we bring one new idea and share best practice with our team (CRSQ).

In a further example, one organisation noted they spent a day a month visiting local organisations to share knowledge about each other's services. Some providers had a specific Partnerships Manager to support this work. Having an established local footprint was therefore viewed as critical to successful delivery.

---

[16] Multi-Agency Risk Assessment Conference: used for professional discussion about high-risk cases of domestic abuse to create and implement co-ordinated plans with the aim of keeping the victim safe.

Prison Release Support

Where prison release (Through the Gate) support was provided, this included help with appointments and benefits, meeting people at the gate, providing phones and diaries, emotional support, and making sure care continued smoothly. However, there were several shortcomings raised in relation to the provision of support specific to prison release. From a CRS perspective, this included not always feeling confident to navigate the prison environment and concerns about safety. From a probation staff perspective, pre-release work was viewed to be poor overall, with continuity of care lacking. Factors that contributed to this included a need for increased co-location of probation and CRS staff within prisons, and more specifically, better integration of CRS staff with Offender Management Units in prisons; a greater awareness of what transition support was available; and a greater provision for people on remand.

Unmet need

From questionnaire responses, there was high agreement that there were unmet needs (reported by 78% of probation respondents and 78% of CRS respondents), and that specific groups were not covered within current CRS provisions. Furthermore, 72% of CRS respondents reported that there were needs that could not be met within their provisions. From interviews, probation practitioners, CRS staff, and people on probation, identified areas of unmet need in terms of gaps within existing services. More detail about these unmet needs is outlined in detail in Appendix B. Gaps were across processes and specialist provisions, as well as specific gaps across all CRS areas.

In addition to unmet need there was a need for CRS providers to work better together, although CRS staff, indicated that probation staff may be less aware of joint working between providers. There was an acknowledgement that it could, however, be probation that was stymieing this working:

> I think we might have created a system that is a bit too stifling, and we need to find a way to let the organisations communicate with each other. We've been trying to do it in region. We kind of created a partnership forum and those kinds of things to try and get people talking a little bit, but actually it's not enough (SLI).

4.4   Staffing Considerations

CRS staff support

Ninety-one per cent of CRS respondents reported regular (at least monthly) supervision. Most respondents reported good wellbeing support, with some isolated reports of staff experiencing burnout due to high caseloads. Examples of wellbeing-related activities included reflective practice, clinical supervision, awareness of vicarious trauma, check ins following incidents, and awards and recognition programmes. Where clinical supervision or therapy was not available, it was suggested this was needed, particularly due to disclosures of trauma and abuse by people on probation. Many respondents reported positive relationships with their managers, and this had been critical in maintaining their wellbeing. In addition, feeling valued within the service and organisation, "feeling important to the whole running of the service" (CRSQ), was important.

CRS maintaining boundaries

A specific factor in maintaining wellbeing was the ability to uphold boundaries, ensuring clearly defined services and avoiding feelings of being overwhelmed within CRS delivery. Most respondents reported this was manageable. Facilitators of this included the use of action plans with people on probation, awareness of professional boundaries, and time and space to be needs-led and trauma responsive. However, there were some reports of feeling overwhelmed due to a variety of factors, including the volume of cases; delays in responsivity from partners; complex mental health, and issues such as a lack of suitable available housing. There were also challenges due to a greater need for one-to-one (versus group) work than services had modelled for.

CRS required skills and knowledge

Ninety-three per cent of CRS questionnaire respondents felt they had the skills and knowledge to be able to appropriately support people in prison or on probation. CRS staff reported their roles required them to demonstrate a broad range of skills and knowledge, including exceptional communication and relationship building, specialist knowledge relating to the often complex needs of people on probation, confidence and resilience and the ability to maintain professional boundaries.

CRS staff training

CRS staff described the training they received as "extensive, regularly refreshed and everything I need" (CRSQs). While training varied between organisations, most described extensive periods of shadowing and induction training when they first started their roles, as well as ongoing training:

> We have 2 weeks full-time training on professional boundaries, effective questioning, safeguarding, all that kind of stuff. And then we've always got new training opportunities, and we have to refresh that training as well. I know we do a lot of shadowing...I think when I first started, I probably did about four or five weeks of shadowing (CRSI).

Training areas included awareness of key issues, leadership and professional development, personal safety, safeguarding and harm prevention, and statutory duties (e.g. PREVENT). Some CRS staff wanted more training in complex mental health needs, addictions, prisons, and the justice system.

Benefits of lived experience in delivery

Some CRS teams included staff with lived experience of the justice system, mental health and/or addiction (including 38% of respondents in the Phase 2 questionnaire). Lived experience has already been highlighted as beneficial in terms of facilitating attendance and engagement. Lived experience within delivery had a range of additional benefits including, relatability through a shared identity, credibility, and more positive feedback about support. For the staff involved, it increased skills development and a sense of empowerment and pride. Staff with lived experience and peer mentors were particularly valued by people on probation:

> Who would I prefer to talk to about a situation that I'm going through?...the person who's been through it. It's the experience, it's trust and also, it's compassion...they fully get it (LEI).

This was emphasised by a CRS practitioner who recognised how "people with lived experience, have a real appreciation for the struggle" (CRSI). Probation leads also recognised the benefits of lived experience and wanted to see more of this, while others were already seeing an increase. However, CRS staff widely reported that probation vetting for people with lived experience was particularly difficult.

Staffing challenges

Throughout the findings, feedback was received about CRS providers not being fully staffed, creating significant challenges across delivery, communication, and relationships. This was partly down to insufficient staff being costed into delivery models, particularly in relation to ACC, but also due to issues with recruitment and vetting. Recruitment was reported to be particularly challenging in areas neighbouring London because people who lived in a commutable distance to London would rather accept jobs with the additional London salary weighting. Some strategic leads therefore concluded that CRS practitioners were not being paid enough. The temporary nature of contracts also hindered recruitment with greater contract security likely to lead to job security and better retention. Delays in start dates due to the vetting process were problematic, with this being a particular problem with those who had lived experience.

Relationships between probation and CRS

CRS staff had a more positive perception about the working relationships between themselves and probation staff than probation practitioners did. Both parties reported there had been progress regarding building more positive relationships but there was still room for improvement and relationships varied across providers and locations. All highlighted that poorer relationships did have a negative impact on service delivery and people on probation, and reduced feelings of value among CRS staff. Challenges to good relationships included slow communication, inaccurate information, difficulty staying in touch, a lack of co-location, and probation staff feeling overburdened. Facilitators to better relationships were clear and timely communication, joint meetings, mutual respect between teams, understanding each other's roles, and following through on agreed plans.

CRS passion and enjoyment

Despite the challenges of CRS delivery, most CRS staff reported they loved their jobs because they were "making a difference every day" (CRSQ). For some, it felt like they were making a difference to people's lives in the long term:

> I love the fact that I can be face-to-face with an offender and being their support and making a difference, rather than just from behind the scenes. And they know you personally and they've [said] they will remember you forever. You're there at the worst time of their lives and you're helping them (CRSI).

More specifically, they valued their supportive teams, managers and their organisations; they took pride in the quality of care provided and enjoyed helping others. Overcoming the many challenges and seeing the rewards from this contributed to the passion and enjoyment that was evident from CRS practitioners.

4.5   Contracts and Performance

Commissioning via contracts, rather than grants was viewed marginally more positively in terms of preferrable processes and outcomes, although this may have been due to teething problems in the relatively recent grant administration process. More specifically, contracts were preferred by 59% of probation respondents and 52% of CRS respondents. There was a greater appetite for commissioning by regions, rather than centralised commissioning with 91% of probation respondents and 77% of CRS respondents indicating this preference. Qualitative data from questionnaires and interviews was themed into i) general contract management; ii) national vs regional/local commissioning; iii) grant-specific feedback; iv) performance and monitoring; and v) longer term change and outcomes.

Contract Management

In terms of general contract management, strategic leads focused on the building of positive working relationships within regions from the outset and favoured face-to-face meetings to facilitate this. Triangulation between specific probation leads, contract

management and CRS providers had been successful and was described as "immensely helpful" (SLI). From a CRS perspective, contract management relationships were reported to be good, with "local contract management teams who know the area" (CRSQ) cited as positive. Probation perspectives included some less positive aspects included "communication from providers at a higher or strategic level" (SLI) and regional inconsistencies. There were also challenges when CRS managers changed with the new incumbent not always understanding the contracts.

Allied to this, was feedback that some CRS providers had "overstretched" (PQ) and could not meet their contract requirements. Other feedback, particularly around contract start dates was more negative: "Too many bureaucratic processes to navigate, [which] causes massive delays in getting projects started" (PQ) and "overly complex procurement processes and limited availability of procurement resource" (PQ). Communications with central teams were described as sometimes difficult from a strategic lead perspective with one noting: "that dynamic between them and us, has been challenging at times" (SLI).

National vs regional/local commissioning

In general, there was a preference for greater regional autonomy over national directives and a preference for more localised commissioning. Local CRS providers were viewed by probation strategic leads as having better local knowledge, pre-existing networks which they could draw upon and were more responsive to a provision change if the need occurred. They were also sometimes perceived to be more specialised and innovative than the larger regional organisations. It was felt that more regional consultation, autonomy, co-commissioning, and localised funding would also be beneficial. There was a feeling from some probation strategic leads that a strong influence from headquarters remained, which could cause some delays in service improvements, and that central decision making may not always align with local priorities. Some decisions and changes to contracts were detrimental to relationships with local partner organisations. Commissioning frameworks also meant that larger organisations were favoured to the detriment of more responsive, smaller, local organisations who it was perceived would perform better.

The strengths from regional commissioning focused on local knowledge, which also allowed for bespoke services. There was thus a feeling that CRS needed to be "based in the local area and have a good understanding of the local challenges" (PQ). Among CRS respondents there was a desire for more co-commissioning, with the advantages of this including better holistic approaches (some of which included the police), pooled resources and finances, cost savings for those agencies involved, better integration of services, and the ability for providers to be more responsive to local perspectives. Despite these benefits, identified disadvantages included potential conflicts of interest, differing values and priorities, funding limitations, the length of time to negotiate services and "different red lines in terms of procurement and contract documentation requirements" (PQ). Perhaps due to these concerns 57% of probation survey participants shied away from a co-commissioning model.

Across the board, participants wanted to see a more "simplified process" (PQ) which allowed for smaller, local organisations, with greater knowledge of the local area, to bid for contracts. Eleven per cent of probation respondents stated they were aware of providers of support who were unable to apply to deliver CRS. There were also some frustrations about the lack of autonomy at regional level in terms of the ongoing management of contracts. Despite directors being the senior business owners for contracts in their areas, one strategic lead stated, "he had zero influence or authority over managing the contracts" (SLI). Another tried to invoke a formal warning notice and found that he was unable to do so.

Grant-specific feedback

Grants provided greater flexibility when compared to contracts, by permitting smaller voluntary sector organisations to be awarded work, which generally resulted in better responses to local need. The management of grants were, however, resource intensive and with the grant making process being relatively new, there had been teething problems. Time had helped to improve issues such as delays in the preparation of documents, with better communication being a key factor. Frustrations in relation to the fact that grant provisions were not enforceable and could not be used for RAR days were noted, with one explaining: "the only reason why [service] is not my favourite is because it doesn't count

towards the RAR days" (PI). Furthermore, some CRS providers outlined a preference for contracts over grants due to a contract holding them "to account with outcomes and targets" (CRSI). This preference was also shared by probation staff, with 59% preferring contracts and 18% preferring grants. It was also felt that contracts led to better outcomes for people on probation with 66% of probation staff holding this view.

Despite such challenges, grants were recognised as being positive because they aligned to the needs identified for regional commissioning and were more accessible to local organisations which were important in the effective delivery of CRS.

Providers

Within the survey CRS providers were asked whether they identified as being a grassroots provider. These are organisations which ordinarily emphasise community involvement and are often formed due to the needs and concerns of the local community, with the aim being to create change from a bottom up, rather than top-down approach. Only five respondents identified themselves as being from a grassroots provider. Aspects which facilitated the involvement of grass root providers included experience and knowledge, having well defined roles within the CRS contract and being a part of a gender-specific service, which was not available anywhere else. Barriers to involvement included a lack of personal confidence and knowledge, the administrative demands, the need to cover a large geographical area, inadequate resourcing, including staff, and a lack of experience in working with people on probation.

Performance Monitoring and Evaluation

Strategic leads did not think the existing targets for CRS providers were fit for purpose, with these not properly holding CRS providers to account. Contracts and performance monitoring were focused on process only and while impact data was gathered, it did not allow for the measuring of distance travelled (understanding of the progress an individual had made within specific areas of their life).

This view was also held by probation practitioners, with them wanting a focus on qualitative rather than quantitative measures and the ability to measure soft targets and

progress. In general, performance monitoring did not account for outcomes, only commencement of activity and it was impossible to tell whether progress should be credited to the CRS or probation intervention.

From a probation perspective, performance monitoring systems were described as clunky, with this particularly prevalent in areas with differing commissioning and delivery models such as Greater Manchester, where commissioning was done with the Greater Manchester Combined Authority. Furthermore, while R&M extracted data was reported to be "richer than it used to be" (SLI), there was criticism of MoJ data being published in arrears, which resulted in "any remedial action necessary being very retrospective" (CRSQ). There were criticisms of the availability and utility of Performance Assurance and Risk (PAR)[17] quality audits, with these "so subjective it is difficult to know internally where we stand until the audit has happened" (CRSQ).

Those involved in commissioning wanted to see more robust contracts and performance monitoring, with "consequences for services not delivering their contracted offer" (PQ), with this including financial penalties and progress mapped against action/improvement plans. CRS providers mirrored this feedback saying there needed to be "better contractual levers for providers who are not delivering a quality service" (CRSQ). CRS providers were also asked about their perceptions of performance monitoring within their contracts, with less than half, (47%) reporting that the indicators within their contracts were appropriate. There was some feeling that KPIs could be unfair, especially when it was perceived that failure was outside of the providers control.

In addition, there was specific feedback about the challenges of the performance monitoring of ETE contracts with delays caused by the person on probation needing identification or a bank account, both of which took time to arrange. Similarly, there was feedback from probation strategic leads that KPIs may need to be different for women's services. In one instance it was explained how:

---

[17] Referred to by some participants under previous name Operational and System Assurance Group (OSAG).

...the service levels are almost not fit for purpose for their particular model…they're very focused on, and rightly so on what's best for the woman. Sometimes that doesn't work against the contract service levels that we have in place. So, they're not hitting their targets. They do incredible work with women...the women need a much more tailored approach and there's a lot more barriers in place for women (SLI).

There was also a sense that KPIs did not consider individual needs and time for relationship building, despite its clear importance. In addition, it was recognised that CRS providers sometimes went above and beyond but this was difficult to capture. It was felt that there needed to be more expertise drawn upon in the development of contracts and targets. A further issue was the administrative task of collecting data. Many CRS respondents indicated they collected additional data outside of that required within their contracts, much of which would likely be useful evidence for future design, delivery, commissioning and sharing of good practice.

Long term change and outcomes

Across the case studies mentioned in Appendix B and the many stories of positive outcomes, both staff groups and those on probation mentioned several longer-term changes and outcomes which had been experienced due to CRS and probation involvement. These included sustained recovery, better health and wellbeing, being involved in activities such as peer mentoring, coping and problem-solving skills, and motivation.

4.6   Theory of Change

Outcomes and impact

A ToC examines the intended activities and desired outcomes and impact, along with how these can be captured. Activities and outcomes for each type of provision have been listed in the relevant sections within this report. When asked about what the main outcomes/outputs of the CRS should be, respondents reported these should be a combination of tangible outcomes such as reduced or no further offending, gaining

accommodation and access to employment, and soft outcomes which are flexible and relevant to the person such as for them to "live a more positive life" (PQ), and "increased motivation" (PQ), but which support probation staff in the delivery of sentence plans. Responses suggested that these could be measured before, during and after support and that it was felt this should include self-reporting of progress. However, what was felt to be just as important was that impact should depend on what progress looked like for each person and that sometimes it is the small elements of progress which actually has the most impact: "if the lady walks out with one different thought process pattern or one realisation or is now understanding herself a bit more for me that's a win" (PQ).

As discussed in the previous section under contracts, measuring outcomes and impact is not without challenge. However, it was suggested that outcomes stars[18] could be used to measure progress because they allow for a more individualised approach: "Through self-report measures that allow PoPs to indicate the progress they feel they are making in relation to the outcomes they are wanting to achieve" (PQ).

The other elements required to build an effective ToC includes awareness of barriers, facilitators and unintended consequences which are summarised here.

Barriers and Facilitators

Barriers to achieving the outcomes/outputs listed by probation and CRS staff were largely reflective of service specific delivery feedback provided earlier in this report. They can be understood in terms of individual factors (e.g. licence restrictions and nature of offence blocking access to some opportunities; people not being ready to engage; complex cases); systems issues (e.g. lack of availability of suitable accommodation; lack of ETE opportunities); contract issues (e.g. insufficient funding for contract delivery; commissioning which favours larger providers instead of more regional arrangements); and resource issues (e.g. rurality and lack of access to transport for people on probation; lack of access to basic needs). See Appendix B for more detail.

---

[18] A star shaped diagram with each point on the star representing different areas of a person's life e.g. housing, health, relationships. Each point is scored on a scale such as 1-10 to reflect the person's current situation. Completed over multiple timepoints, these can also show progress over time, or areas requiring additional support.

Unintended Consequences

Positive Unintended Consequences

When asked about the consequential or unintended consequences of the CRS, responses suggested one positive consequence was that engagement in one service can often lead to identification of need for another service: "A person is being supported by one provider around for example D&R and the provider encourages a referral to another provider because of an issue highlighted during their support" (PQ). In addition, soft outcomes can be achieved unintentionally, such as:

> Increased sense of safety and wellbeing from light-touch social and craft groups (CRSQ).

> Working with clients and building their confidence by tasking them with actions to complete by our next appointment. Client felt confident and empowered enough to approach another service for assistance rather than waiting for me to source it. She was very proud of what she had achieved (CRSQ).

Sometimes, positive outcomes had an additional positive impact on other people: "A positive example could be a woman responding well to her intervention and in turn having a positive impact on other members of her peer group" (CRSQ).

Furthermore, work within CRS provisions supported CRS staff development and overcoming biases:

> One of our Peer Mentors declared that he struggled with reading. I underestimated his overall intelligence as a result of that. I have now learned that he is a wonderfully clever and resourceful person, and I have offered him reading support. I learned I had unconscious bias in that area, and he taught me to overcome it (CRSQ).

Negative Unintended Consequences

Alongside positive unintended consequences, some negative unintended consequences were identified. Inconsistency of service provisions and a lack of responsivity could increase feelings of mistrust and hopelessness amongst people on probation:

> Service users becoming more depressed and hopeless about their circumstances, service users becoming angry and frustrated with the intervention, service users increased sense of worthlessness, losing hope (PQ).

> All it does is just reinforce that actually, you can't trust professionals, and they won't do what they promised they will do, and they won't deliver what they say they will deliver (PI).

Furthermore, CRS staff feedback included inappropriate referrals such as a person not being ready for support/specific programmes resulting in unintended consequences including wasted time and loss of confidence in services for people on probation and untrained staff leading to increased trauma or harm among people with complex needs. In addition, dependency on services was an unintended consequence reported by CRS providers, particularly within WS, given the holistic and more intensive nature of support. For example, it was described that once women engage with the service, they can become attached to it and then do not want to leave.

The information from this report has been used to revise the initial high-level ToC for CRS, which is presented in Figure 4.1.

Figure 4.1: Updated theory of change
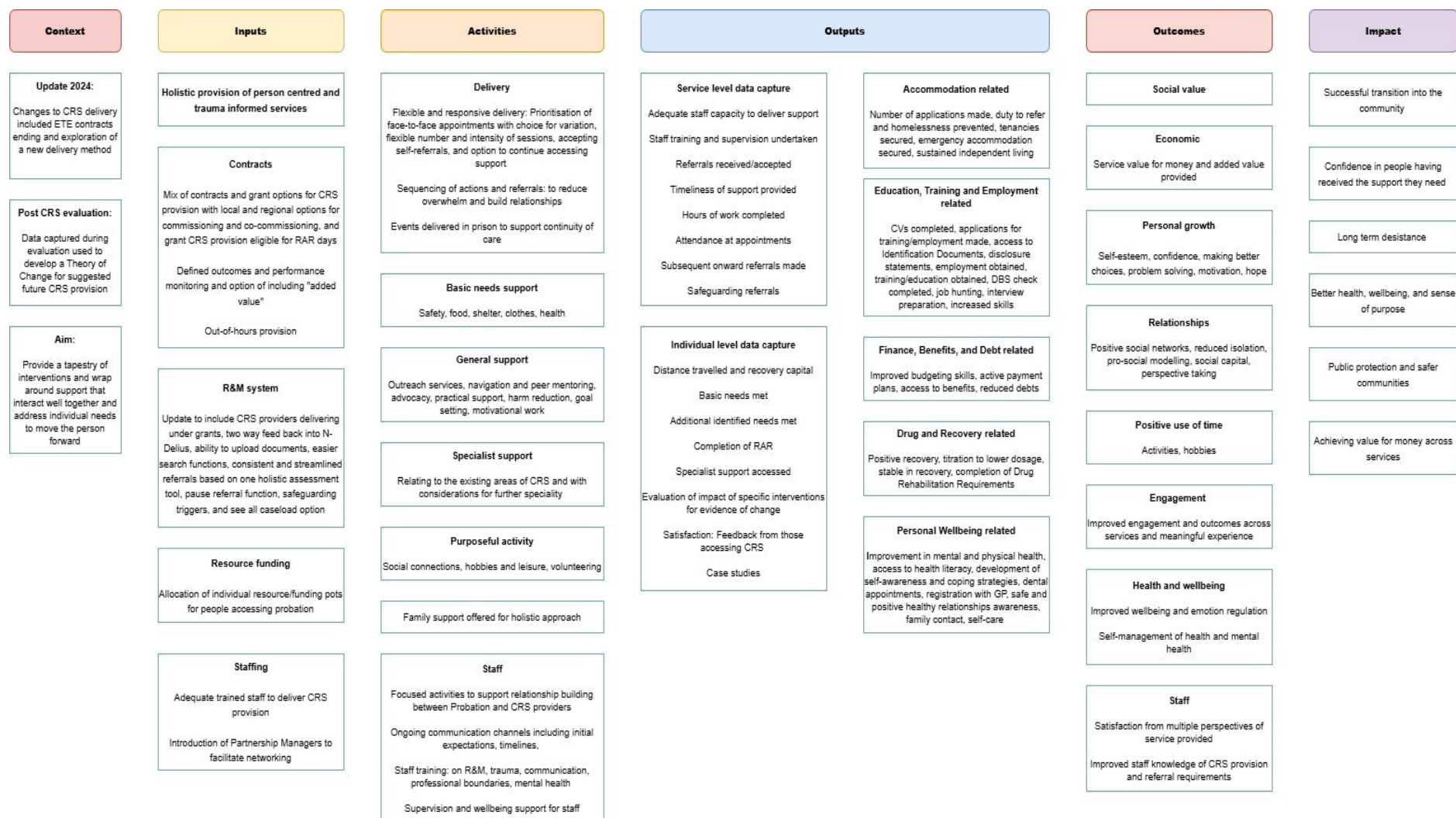
5. Summary and Recommendations

5.1 Summary

This comprehensive evaluation of CRS has identified both the strengths and areas for improvement across CRS pathways. The findings, as discussed throughout this report and summarised in section 1.2, highlight the importance of tailored, needs-led and holistic approaches, particularly in WS and PWB, which showed significant positive outcomes. However, challenges remain, especially in ACC CRS, where, while there were pockets of good practice and success identified, support was perceived as inadequate, particularly by probation practitioners.

Key considerations for the future include enhancing face-to-face delivery, improving co-location of services, and ensuring consistent and timely communication between probation and CRS providers. The evaluation also indicates a need for more regional autonomy in commissioning, enhanced performance monitoring that includes qualitative measures, and addressing unmet needs such as specialised support for complex cases and improved accommodation provisions. Recommendations, emerging from the findings, have been provided below.

Overall, the evaluation suggests that while CRS has made substantial progress in supporting people on probation, there is a need for ongoing refinement and adaptation to ensure that all pathways effectively meet the diverse needs of people requiring support. Through implementation of the recommended changes, CRS can continue to build on its successes and provide more holistic and impactful support to people in contact with the CJS.

5.2   Recommendations

Referral and Monitoring

- Within the R&M system, priority should be given to managing the volume of notifications generated. Additional measures to continue to improve quality such as prompts within the system and audits with clear feedback should be implemented. Ongoing feedback about the system should be sought from probation and CRS staff.

- Clear expectations should be set and enforced in relation to timescales for updates and depth of information provided within these; clear expectations around safeguarding updates should be reiterated.

- Ongoing awareness building with CRS staff and probation practitioners is needed and probation staff should use this increased awareness to ensure appropriate referrals and ensure the people they supervise are fully informed.

Delivery

- Face-to-face delivery should be prioritised (but with some flexibility to meet individual need) and this should be accounted for within contract design and costing. More readily available out-of-hours access to CRS should be provided.

- Where possible, appointments should be carefully scheduled to both avoid clashes and minimise the time and money needed for travel, with appointment reminders being sent.

- HMPPS may wish to standardise training requirements across CRS provisions. Given the complexity of need of people on probation, and the importance of relationships highlighted in this report, CRS staff should undergo training in working in a trauma-informed way[19] with providers expected to state how this is embedded in their practice.

- ACC contracts should be revisited and revised considering what is known about contract volumes and the ongoing challenges of accommodation shortages.

---

[19] Approaches which are grounded in the understanding that trauma exposure can impact a person's development and which emphasise safety, trust, choice, collaboration, empowerment and cultural consideration.

Across the justice system there are issues with accessing affordable accommodation, and more broadly this should be considered at local and national government level.

- The successes of holistic support provided by WS and the support provided through PWB should be highlighted and learned from. Where innovative delivery is featured and is successful, such as farm venues, this should be championed but with a caveat that there needs to be alternatives where such approaches are not suitable for all.

- WS need to develop better services for women who are considered more complex.

- Group work should be offered but should not be the only option and should not compromise delivery. One-to-one options should also be offered across services.

- FBD provisions should be considered for expansion, with scope for more specialist legal support where needed.

- Successes within CRS should be shared with probation teams with the aim of increasing perceived value and morale amongst all parties. Where feedback is provided about areas not going so well, communication should be provided about how this feedback is considered and actioned for improvement and, if not actioned, explanations provided.

- A review of the vetting process should be undertaken to understand what blockers are creating delays within the system. This should include specific attention to the vetting of people with lived experience.

- The embedding of lived experience within CRS teams should continue to be fostered.

Relationships and Co-location

- Co-location offers numerous advantages and should be encouraged, where appropriate but this should be done with consistency and should be facilitated through appropriate spaces for CRS staff to operate from, ensuring that they can reliably attend at expected dates and times.

- Probation and CRS staff should be made aware of the barriers and facilitators to working relationships between both parties, with all involved having a responsibility to promote positive relationships.
- Conscious efforts to provide positive feedback to CRS staff about their work will help improve perceived value and help maintain motivation and passion for the role.
- Greater integration of CRS teams within prisons and with both Prison and Community Offender Managers will support the ongoing development of prison transition support.

Enforcement and Engagement

- Services should be utilised based primarily on need and voluntary engagement with people on probation being fully informed about the benefits of attending in advance to improve motivation. However, there is still space for enforced engagement and in some cases, this may be helpful in terms of achieving initial engagement.
- The number of concurrent referrals and the sequencing of referrals, given the current situation and need of the person on probation, should be considered so as to avoid over-burdening which could impact engagement.
- Work should be undertaken to improve probation practitioner confidence in the ability of CRS providers to deliver enforced activities. Enforced engagement should consider individual circumstances.
- Positive and consistent relationships based on trust, honesty and compassionate person-centred practice, as well as awareness of barriers, are key to maximising engagement.

Unmet need

- Greater collaboration should be fostered amongst CRS and other providers to increase opportunity for joint working and co-commissioning.
- It is not practical within this space to make recommendations for every unmet need but the list of unmet needs and areas for development should be reviewed and prioritised.

Contracts, Commissioning, Grants and Performance Management

- More regional autonomy should be afforded within commissioning and contract management.

- Commissioning should support options for small, local organisations and for inclusion of specialist provisions, especially when addressing unmet needs.

- Future grant funding processes should consider learning from previous rounds and make improvements including clear expectations and communication between central and regional teams.

- Consideration should be given to include grant-funded activity for use as RAR days.

- Performance and monitoring should include outcomes and distance travelled measures, drawing on the outcomes detailed in the revised ToC.

Theory of change

- It is not practical within this space to make recommendations for every barrier identified but the list of barriers should be reviewed and prioritised. CRS and probation staff should be made aware of both positive and negative unintended consequences.

References

Hseih, H. & Shannon, S. (2005). Three approaches to qualitative content analysis. *Qualitative health research, 15(*9), 1277-1288. https://study.sagepub.com/sites/default/files/Hsieh%20and%20Shannon%20-%20Three%20Approaches%20to%20Qualitative%20Content%20Analysis.pdf.

Office for Health Improvement and Disparities. (2020). *Mixed Methods Study.* Retrieved from https://www.gov.uk/guidance/mixed-methods-study.

Ritchie, J., & Lewis, J. (2003). Qualitative research practice: A guide for social science students and researchers. SAGE.

Social Value UK (2024). What is Social Value? Retrieved from What is Social Value? Social value definition and meanings (socialvalueuk.org).

Zhang, Y. & Wildemuth, B. (2005). Qualitative Analysis of Content. Human Brain Mapping 30(7), 297-2206.

Appendix A: Methodological Detail

Questionnaires

Table A.1: Usable questionnaire responses by region

Phase	Region	No of probation responses (%)	No of CRS staff responses (%)
Phase 1	East Midlands	0 (0)	27 (14)
	East of England	19 (11)	11 (6)
	Greater Manchester	34 (20)	10 (5)
	Kent, Surrey and Sussex	0 (0)	9 (5)
	London	5 (3)	46 (23)
	North East	1 (1)	13 (7)
	North West	27 (16)	7 (4)
	South Central	7 (4)	7 (4)
	South West	24 (14)	12 (6)
	Wales	38 (22)	11 (6)
	West Midlands	5 (3)	16 (8)
	Yorkshire and The Humber	13 (8)	28 (14)
	Total	**173**	**197**
Phase 2	East Midlands	19 (9)	22 (10)
	East of England	4 (2)	11 (5)
	Greater Manchester	16 (8)	4 (2)
	Kent, Surrey and Sussex	3 (1)	16 (7)
	London	4 (2)	35 (16)
	North East	48 (23)	34 (16)
	North West	21 (10)	28 (13)
	South Central	16 (8)	7 (3)
	South West	11 (5)	9 (4)
	Wales	40 (19)	6 (3)
	West Midlands	10 (5)	20 (9)
	Yorkshire and The Humber	15 (7)	22 (10)
	Total	**207**	**214**
Phase 1 and 2	**Total**	**380**	**411**

Table A.2: Type of CRS delivered by questionnaire respondents (from Phase 1)

CRS type	No of CRS staff responses (%)
Women's services	87 (44)
Accommodation	43 (22)
Personal wellbeing	91 (46)
Education, training and employment	40 (20)
Finance, benefit and debt	56 (28)
Dependency and recovery	56 (28)

Interviews

Table A.3: PDUs and number of interviews

Phase	Region	PDUs	Probation	CRS	People on probation	Total
Phase 1	East of England	Bedfordshire Huntingdon	14	0	1	15
	Greater Manchester	Tameside Rochdale	10	5	3	18
	London	Enfield & Haringey Lewisham	9	3	4	16
	North West	Liverpool Crewe	8	4	5	17
	Wales	Gwent North Wales	10	2	4	16
	West Midlands	Hereford, Shropshire and Telford Dudley and Sandwell	8	5	5	18
	Total	**All PDUs**	**59**	**19**	**22**	**100**
Phase 2	East of England	Norwich	4	1	4	9

	Greater Manchester	Rochdale	1	1	7	9
	North West	Crewe	3	0	3	6
	Wales	Wrexham	1	3	3	7
	West Midlands	Wolverhampton Walsall	3	4	1	8
	Yorkshire & the Humber	Scunthorpe Lincoln	3	3	2	8
	Total	**All PDUs**	**15**	**12**	**20**	**47**
Phase 1 & 2	**Total**	**All PDUs**	**74**	**31**	**42**	**147**

Questionnaire Schedules

Probation Staff Questionnaires Phase 1

The probation staff questions were presented within the following sections:

Sample questions: To further understand who was responding to the questionnaire and the representativeness of the sample, participants were asked to provide their probation region, whether they worked mostly in the community, in prisons or in both, their Probation Delivery Unit (PDU) or prison base, their current role, and their tenure within probation.

Referral and Monitoring (R&M) and Intervention System[20] questions: Participants were asked to rate how well the R&M system was working on a seven-point Likert scale from 1= very poor to 7 = very well. Open text questions asked what is working well and what could be improved.

CRS-specific questions: Participants were asked whether they referred people to women services CRS. If they answered 'yes', this filtered to a women service specific question set. If the response was 'no', it filtered to the next CRS type. This was repeated for all CRS types. Within each CRS question set, there were 15 items each on a seven-point Likert

---

[20] The R&M system is the specific IT system used for CRS referrals and ongoing monitoring

scale, from 1 = strongly disagree to 7 = strongly agree, with an additional 'don't know' option. The items required participants to rate their confidence in referrals, regarding knowing who, how and where to refer people on probation, and their confidence that the right people were being referred. The items further asked people to rate the timeliness of responses, assessments, communication, engagement, method of delivery, support, outcomes achieved, and value for money. Each CRS section type asked whether there was co-location of services and, if so, how well this was working, or whether co-location should be implemented. Each CRS section included four open ended questions about what was working well with the CRS type, what could be improved, what outcomes had been achieved and what other progress or outcomes they would want to see achieved in the future. Each section ended with a social value rating question which asked respondents to rate on a scale of 0 (no value at all) – 10 (extremely valuable) the perceived social value of each CRS type. Social value was defined based on the definition used by Social Value UK (2024) within the questionnaire as: "the wider financial and nonfinancial value created by an organisation through its day-to-day activities in terms of the wellbeing of individuals and communities, social capital created and the environment".

General feedback across CRS types: All participants were asked to provide generic feedback using nine items with Likert responses on a scale of 1 = strongly disagree to 7 = strongly agree, with an additional 'don't know' option. The items gathered perceptions about whether participants agreed or disagreed with the following:

- engagement should be enforced
- enforced engagement was timely
- enforced interventions are proportionate
- voluntary engagement leads to better outcomes
- people on probation continue to engage in CRS after probation
- self-referral was a positive option
- different providers worked well together to provide holistic support
- there were unmet needs and/or specific groups of people whose needs were not specifically met by CRS.

A series of open-ended questions gathered more detail about outcomes, measuring outcomes, barriers and facilitators, perceptions of voluntary versus forced engagement, areas of unmet need, and any unintended consequences. Unintended consequences were defined in the questionnaire using the following statement: "Sometimes activities or interventions lead to unexpected positive or negative outcomes or impacts, referred to as 'unintended consequences'".

Commissioning and grant questions: Participants were asked whether they had knowledge of commissioning and grants. If so, they were filtered to specific questions in relation to this. The questions comprised nine items with Likert responses on the same seven-point scale adopted for the previous sections. The items asked participants for their perceptions about whether the commissioning or grant awards process works well, whether the first grants competition worked well, whether all services should be commissioned to the same provider (as is the case for women services), whether CRS should continue to be commissioned by regions, whether centralised/core services should also be provided, whether commissioning via contracts or grants is preferrable, and which of these two leads to better outcomes. This section was followed by three open questions which asked participants for feedback about what was working well in relation to commissioning, what was not working well, and what they would like to see factored into commissioning in the future. A final sub-section asked whether there were providers that participants were aware of that were unable to apply to deliver CRS, what type of provider(s) they were, and why they were unable to apply.

Space was provided for any final comments to be added.

CRS Staff Questionnaires Phase 1
The CRS questionnaire was divided into the following sections:

Sample questions: Participants were asked to identify the region they delivered in, whether they delivered under a grant or commissioned contract, the type of CRS they provided, and their role within the provision.

Referral questions: Participants were asked to rate nine items on the same seven-point Likert response scale as those used in the probation questionnaire (strongly disagree to strongly agree). Items asked respondents to state their perspectives on whether referrals work well, their confidence that the right people were being referred, their confidence that probation staff knew how to refer, their confidence that people were not being missed, that they were able to respond in a timely manner and whether self-referral is a positive option. Three open questions asked for feedback about what is working well, what is not working well and what needs to happen in the future.

Delivery questions: Participants were asked for their perspectives on delivery using 14 items on the same Likert response scale. The items asked for ratings about ongoing communication from probation, their knowledge and skills to support people, engagement, positive outcomes, whether there were areas of need that were not being met, whether CRS is making a positive difference, whether engagement should be enforced or voluntary, whether people continue to engage in CRS post-probation and whether different providers work well together to provide holistic support. A series of open text questions asked participants to provide additional information about delivery methods, and the effectiveness of these, feedback about voluntary versus forced engagement, what is working well in relation to delivery and why, what is not working well and why, examples of good practice, examples of unmet need and future changes providers would like to see.

Outcomes and impact questions: Four open text questions asked participants for feedback about what the outcomes of CRS should be, how these can be achieved, how they can be measured and any barriers or facilitators to achieving outcomes and impact. The section also included a question about whether there were any unintended consequences and, if so, what these were.

Commissioning and grant questions: Staff who had knowledge of commissioning and grants were filtered to specific commissioning and grant questions. Ten items using the same Likert response scale asked for perspectives about whether commissioning via contracts or grants is preferable, and which of these leads to better outcomes, whether commissioning or grants works well, whether the process for running first grants worked

well, whether CRS should continue to be commissioned by regions, whether centralised national services should also be provided and whether performance monitoring was done appropriately within the contracts. Three open questions asked what is working well in relation to commissioning, what is not working well, and what participants would like to see considered in future commissioning.

Social value response: Participants were asked to rate their perceived social value of CRS on a scale of 0-10.

Probation Staff Questionnaire Phase 2

The probation Phase 2 questionnaire included the following:

Participants indicated the region(s) they worked in.

PWB & D&R Services

- Participants indicated if they had referred to PWB and/or D&R CRS (Yes/No).
- Likert scale (1-6) to measure agreement on whether contact with PWB/D&R CRS results in people accessing new community resources.
- Types of resources or activities accessed by people on probation.
- Issues faced in accessing resources and any gaps in PWB/D&R provisions.
- Whether resources could be accessed after CRS involvement and estimates of the extent of continued access.
- Skills and resources received by people in prison/on probation to help them retain the benefits of the service after it has ended.

Relationships Between CRS and Probation

- Participant description of the relationship between probation and CRS staff.
- What helps and hinders positive relationships.
- Factors that help build probation practitioner knowledge, confidence, and involvement in CRS services.
- Suggestions for HMPPS commissioners, contract managers, and strategic leads to support effective service delivery.

Engagement and Progress Measurement

- What helps people stay engaged in CRS and barriers to engagement.

- How progress and outcomes should be measured within CRS.

Custody to Community Transition

- Activities delivered by CRS to support the transition from custody to community.

Co-Commissioning Services

- Whether participants have co-commissioned services in their region (Yes/No).

- Which services are co-commissioned, who they are commissioned with, benefits and disadvantages of co-commissioning, and overall preference for co-commissioning.

CRS Staff Questionnaire Phase 2

The CRS staff Phase 2 questionnaire included the following:

Demographic Information

- Participants indicated the region(s) they worked in.

- Participants selected all applicable CRS types they delivered

- Participants indicated their role from options: Practitioner, Senior Practitioner/Team Leader, Manager, Strategic Lead or other.

PWB and D&R Services

- Likert scale (1-6) to measure agreement on whether PWB/D&R CRS results in people accessing new community resources.

- Types of resources or activities accessed by people on probation.

- Issues faced in accessing resources and any gaps in services.

- Whether resources could be accessed after CRS involvement and the extent of continued access.

- Methods of finding and linking people to community opportunities and new social networks.

- Types of support provided for family relationships and direct work with families.

Staff Supervision and Support

- Whether staff have lived experience of the CJS, dependency and recovery, or mental health services.

- Feedback about methods to ensure support is specific and boundaried, and how staff wellbeing is supported.

- Frequency of supervision and types of training received.

- Aspects of the job that staff enjoy and find difficult.

- Factors that work well and barriers in recruiting and retaining staff.

Relationships Between CRS and Probation

- Participant description of the relationship between probation and CRS staff.

- What helps and hinders positive relationships and the impact on work with people on probation.

- Suggestions for HMPPS commissioners, contract managers, and strategic leads to support effective service delivery.

Engagement and Progress Measurement

- What helps people stay engaged in CRS and barriers to engagement.

- How progress and outcomes should be measured within CRS.

Custody to Community Transition

- Whether the service supported the transition from prison to the community and specific activities involved.

Grassroots Organisations

- Whether the organisation is small/grassroots (under 20 employees).

- Factors enabling and hindering involvement in CRS delivery.

Interview schedules

People on Probation Interview Phase 1

The interview schedule for people on probation in Phase 1 included the following:

Demographic Information

- Probation Area.

- Age, Gender, Ethnicity

- Type of sentence (Community Order, Suspended Sentence Order, On Licence after release from prison).

- How long the participant had been on probation and how much time remained.

Services Accessed

- Identification of CRS services referred to by probation

Experience with CRS

- Reason for referral (mandatory vs. voluntary).

- Experience of being referred (explanation by probation officer, method of referral, understanding of the process).

- Time taken to start receiving support.

- Types of support and activities (attending meetings, filling forms, training).

- Mode of interaction (face-to-face, phone, online; one-to-one or group).

- Effectiveness of support in meeting needs and goals.

- Consistency of staff and relationship with CRS providers.

Impact of CRS

- How CRS has helped with their needs.

- Any positive changes noticed by friends or family.

- Areas where support could be improved.

- Reflection on whether different support could have prevented recall to prison.

- Perceived availability and access to ongoing support.

Expectations and Recommendations

- Expectations from CRS and whether they were met.

- Factors that could prevent or help achieve these goals.

- Recommendations about what CRS should do to help people on probation and how they should do it.

Probation Staff Interview Phase 1

The interview schedule for probation staff in Phase 1 included the following:

Demographic Information

- Region and Probation Delivery Unit.

- Whether the participant worked in prison or the community.

CRS Services Utilised

- Identification of type CRS services referred to.

Knowledge and Referral Process

- Confidence in understanding how to refer, when to refer, and what services CRS providers offer.
- Evaluation of the referral process, including what worked, what did not, and reasons for these outcomes.

Support and Timeliness

- Perspectives of the support provided to people under supervision, including effectiveness and areas for improvement.
- Evaluation of the time taken between referral and commencement of support.

Barriers and Facilitators

- Identification of barriers to accessing CRS support and suggestions for overcoming these barriers.
- Factors that facilitate access to CRS support.

Duration and Outcomes

- Opinions on the length of time people can access CRS support.
- Examples of outcomes and progression achieved through CRS provisions.

Good Practice and Value

- Examples of good practice where individuals have been well supported and achieved positive outcomes.
- Perceptions of the value and value for money that CRS providers bring.

Unmet Needs and Updates

- Identification of unmet needs and reasons for their existence, with examples.
- Perceptions of the quality of updates from CRS providers.

Reinforcement and Ongoing Support

- Methods used to reinforce learning from CRS providers in supervision appointments.
- Information provided about ongoing support following completion of RAR/voluntary interventions.

Additional Providers and Future Suggestions

- Identification of other providers regularly referred to or desired outside of CRS provisions.

- Suggestions for what else CRS provisions should offer in the future.

Impact and Outcomes

- Opinions on what the main impact of CRS should be.
- Opinions on what the main outcomes/outputs of CRS should be.
- Suggestions for how these outcomes/outputs could be achieved.
- Methods for measuring these outcomes/outputs.

Social and Economic Benefits

- Opinions on the social benefits of CRS.
- Opinions on the economic benefits of CRS.

Unintended Consequences

- Identification of any unintended consequences of CRS.

CRS Staff Interview Phase 1

The interview schedule for CRS staff in Phase 1 included the following:

Demographic Information

- Region of the CRS service.
- Specific area of service delivery.
- Identification of type of CRS services involved

Quality of Referrals

- Perspectives about the quality of referrals received from probation staff, including what works, what does not, quality of information, missing information, and appropriateness of referrals.

Delivery and Support

- Confidence in ability to deliver CRS support and suggestions for improvement.
- Ability to meet the specific needs of people in contact with the justice system and suggestions for improvement.
- Existing for quality assurance measures for service delivery.

Outcomes and Good Practice

- Examples of outcomes achieved by people supported by CRS services and examples of good practice.

- Identification of barriers to delivering effective support and suggestions for overcoming these barriers.

- Factors for effective support and whether these were happening.

Value and KPIs

- Opinions on the value that CRS providers bring.

- Opinions on how appropriate the Key Performance Indicators within CRS contracts are.

- Other data about progress collected by the organisation and willingness to share this data.

Outcomes and Outputs

- Desired outcomes/outputs needing to be measured.

- Opinions on commissioning/grant arrangements for CRS contracts, including what works well, what does not, and what needs to happen.

Ongoing Support and Learning Reinforcement

- Information about ongoing support following completion of RAR/voluntary interventions.

- How probation staff reinforce learning from CRS providers in supervision appointments.

Future Considerations and Impact

- Suggestions for what HMPPS should consider in future commissioning and management of CRS contracts.

- Opinions on what the main impact of CRS should be.

- Opinions on what the main outcomes/outputs of CRS should be.

- Suggestions for how these outcomes/outputs could be achieved.

- Methods for measuring these outcomes/outputs.

Unintended Consequences

- Identification of any unintended consequences of CRS.

People on Probation Interview Phase 2

The interview schedule for people on probation in phase 2 included the following:

Service Access

- Participants indicated if they had been supported by D&R CRS and/or PWB CRS.

Impact

- How accessing D&R/PWB had helped their wellbeing.

- How accessing D&R/PWB had helped them address previous offending behaviour.

Activities and Resources

- Types of activities, opportunities, or resources they have been supported with through D&R/PWB.

- How staff in D&R/PWB CRS helped them, such as providing information (signposting) or attending activities with them.

Barriers and Continued Access

- Any barriers faced in their support from D&R/PWB.

- Awareness of whether they can continue accessing these opportunities after probation ends.

- Likelihood of continuing to access these opportunities and reasons for their decision.

Social Networks and Family Support

- Whether people gained new social networks or regaining contact with family/friends since working with CRS, and factors that helped or hindered this.

- CRS involvement with their family, their feelings about this, and the difference it has made to them and their family.

Support from Staff with Lived Experience

- Interaction with staff in D&R or PWB services who have lived experience of similar services or contact with the justice system, and perspectives of support from people with lived experience.

Skills and Engagement

- Skills gained from CRS support and how they might use these after the support ends.

- Factors that help them stay engaged in CRS and factors that make them not want to stay engaged.

Custody to Community Transition

- Whether they had been released from prison in the past 6 months.

- Support received from CRS before or during the time when they came out of prison.

Any additional Information participants wanted to include.

Probation Interview Phase 2

The interview schedule for probation for Phase 2 included the following:

- Participants indicated the region(s) they work in.

PWB and D&R Services

- Participants indicated if they had referred to PWB and/or D&R CRS.

- Types of resources or activities accessed by people on probation.

- Issues faced in accessing resources and any gaps in PWB provisions.

- Whether resources can be accessed after CRS involvement and the extent of continued access.

- Skills and resources received by people in prison/on probation to help them retain the benefits of the service after it has ended.

- Co-Commissioning Effectiveness, including what works well and what does not.

Relationships Between CRS and Probation

- Perspectives of the relationship between probation and CRS staff.

- Factors Influencing Relationships.

- Factors that help build probation practitioner knowledge, confidence, and involvement in CRS services.

- Suggestions for HMPPS commissioners, contract managers, and strategic leads to support effective service delivery.

Engagement and Progress Measurement

- Perspectives about what helps people stay engaged in CRS and barriers to engagement.

- How progress and outcomes should be measured within CRS.

Custody to Community Transition

- Activities delivered by CRS to support the transition from custody to community and perspectives of the efficacy of this.

Co-Commissioning Services

- Whether Participants had co-commissioned services in their region.
- Which services are co-commissioned, who they are commissioned with, benefits and disadvantages of co-commissioning, and overall preference for co-commissioning.

Any Additional Information participants wanted to include.

CRS Staff Interview Phase 2

The interview schedule for CRS staff for Phase 2 included the following:

CRS Type and Role

- Participants indicated all applicable CRS types they delivered.
- Participants stated their role from options such as Practitioner, Senior Practitioner/Team Leader, Manager, or Strategic Lead.

Resources and Activities

- Types of resources or activities accessed by people on probation.
- Any barriers or issues faced in accessing resources or activities.
- Whether resources could be accessed after CRS involvement and the extent of continued access.
- Methods of finding and linking people to community opportunities and new social networks.

Family Support

- Types of support provided to support people with family relationships.
- Whether staff work directly with families and details about this work.
- How direct work with families is received by the families and people on probation.

Skills and Resources

- Skills and resources gained by people in prison/on probation to help them retain the benefits of the service after it has ended.
- Areas of service delivered by people with lived experience and how well this is working.

Staff Supervision and Support

- Whether staff have lived experience of the CJS, dependency and recovery, or mental health services.

- Methods to ensure support is specific and boundaried, and how staff wellbeing is supported.

- Frequency of supervision, types of training received, and skills and knowledge needed to conduct work safely and appropriately.

- Aspects of the job that staff enjoy and find difficult.

- Factors that work well and barriers in recruiting and retaining staff.

Relationships Between CRS and Probation

- Perceptions of the relationship between probation and CRS staff.

- What helps and hinders positive relationships.

- Suggestions for HMPPS commissioners, contract managers, and strategic leads to support effective service delivery.

Engagement and Progress Measurement

- What helps people stay engaged in CRS and barriers to engagement.

- How progress and outcomes should be measured within CRS.

Custody to Community Transition

- Services supporting the transition from prison to the community and specific activities involved; any challenges in relation to this

Grassroots Organisations

- Whether the organisation is small/grassroots (under 20 employees).

- Factors enabling and hindering involvement in CRS delivery.

Any additional information participants wanted to share.

Limitations

Sample Size and Representativeness

The response rates for the questionnaires were low, particularly for probation staff. This was likely due to a combination of factors including the length and complexity of the questionnaire, previous internal evaluations having already asked for feedback, the timing of the questionnaire in relation to commissioning, and the ongoing staffing pressures experienced within the NPS. Some regions were not represented within Phase 1 or were

low in numbers and findings may therefore not be representative of all regions or PDUs. Unfortunately, some participants (n=10) completed the incorrect questionnaire (e.g. Probation Practitioners using the CRS staff link) which limited the inclusion of their quantitative responses due to a slightly different framing of questions.

It was not practical to visit all regions and, whilst the team endeavoured to ensure the regions selected varied including delivery models and geography, there may have been nuances in regions not selected for site visits that have not been fully captured using staff questionnaires alone. Regions which did not have site visits also lack feedback from people on probation. In addition, only two PDUs could be selected per region and, while the team asked regional SPOCs to ensure diversity in the PDUs selected, this does not guarantee that the findings are representative of all PDUs within the region. Due to regional differences and the complexity of differing provisions, it is recommended that future evaluations are either done within individual regions or by individual CRS type (such as a focussed evaluation of ACC).

Self-selection Bias

While the questionnaires were circulated to all probation staff and all CRS providers, ultimately participation was voluntary and therefore there may be self-selection biases such that people inclined to hold more polarised positive or negative views of CRS may be more likely to volunteer to participate. In addition, each region was responsible for organising the interviews on site and therefore there may be some bias in the approaches taken to inviting people to participate.

Individual versus Organisational Responding

While it was communicated that the CRS provider questionnaire was open to all staff within services, it became apparent through CRS responses that some participants provided an overall organisational response, rather than an individual level response which may miss some discrete experiences and perceptions, and create biases based on overall organisational experience. Future evaluations should provide a clear steer on whether organisational or individual responses are required.

Timescales and Probation Context

The data collection period for questionnaire responses took place over several months, during which there were significant changes in the probation and CRS landscape such as the ending of ETE CRS and the 'Probation Reset',[21] therefore responses provided at the end of the data collection period may differ to those from the outset of data collection. The evaluation took place across the implementation period of the SDS40 Early Release scheme[22] which significantly increased pressure on probation staff and may have influenced levels of participation and responses. Unless designed to be longitudinal in nature, future evaluations should utilise more focused data collection periods to achieve a more robust snapshot of data but should continue to acknowledge contextual factors which may influence findings.

---

[21] A policy which means that for many people on probation, supervision will be suspended at the two thirds point of their licence period or community order to reduce demands on probation and increase capacity

[22] A measure introduced by the Government to reduce the number of people in prison by releasing people in certain cohorts after they had served 40% of their sentence as opposed to the previous 50% point.

Appendix B: Additional Results Detail

Quantitative questionnaire responses

Table B.1: Perceptions of the referral process: Probation Staff – % agreement

Statement	WS (n=28)	ACC (n=49)	PWB (n=34)	ETE (n=35)	FBD (n=27)	D&R (n=31)
I am confident that everyone who needs referring to CRS/GMIRS is referred	75	75	82	77	63	93
I am confident that I know how to refer to CRS/GMIRS and what information is required in the referral	85	98	100	88	69	97
I am confident in when to refer to CRS/GMIRS	74	96	91	85	69	94
I am confident in where to refer to for CRS/GMIRS	90	98	100	83	68	100
I am confident in which people on probation to refer to CRS/GMIRS	86	98	94	86	76	100
I am confident that the right people are being referred to CRS/GMIRS	79	91	88	86	67	97
CRS/GMIRS respond in a timely manner to referrals	83	49	79	76	65	94
Assessments by CRS/GMIRS are done in good time	76	48	84	74	62	84
Ongoing communication and feedback from CRS/GMIRS about my cases is good	66	41	76	77	54	71

Positive responses (% agreement) were those rated as 'slightly agree', 'moderately agree' and 'strongly agree'; responses were scored on a 1-7 scale.

Table B.2: Perceptions of the referral process: Probation Staff – Mean (sd)

Statement	WS (n=28)	ACC (n=49)	PWB (n=34)	ETE (n=35)	FBD (n=27)	D&R (n=31)
I am confident that everyone who needs referring to CRS/GMIRS is referred	5.75 (1.82)	5.4 (1.88)	5.79 (1.54)	5.66 (1.80)	5.07 (1.98)	6.23 (1.19)
I am confident that I know how to refer to CRS/GMIRS and what information is required in the referral	6.43 (1.07)	6.57 (0.68)	6.71 (0.52)	6.11 (1.51)	5.58 (1.86)	6.71 (0.69)
I am confident in when to refer to CRS/GMIRS	6.38 (1.02)	6.49 (1.02)	6.24 (1.42)	6.03 (1.73)	5.31 (1.85)	6.45 (1.31)
I am confident in where to refer to for CRS/GMIRS	6.59 (0.95)	6.59 (0.73)	6.71 (0.58)	5.91 (1.74)	5.48 (1.85)	6.77 (0.50)
I am confident in which people on probation to refer to CRS/GMIRS	6.34 (1.20)	6.60 (0.68)	6.53 (0.93)	6.14 (1.52)	5.56 (1.78)	6.77 (0.50)
I am confident that the right people are being referred to CRS/GMIRS	6.10 (1.40)	6.04 (1.64)	6.06 (1.35)	6.03 (1.45)	5.19 (1.80)	6.48 (1.18)
CRS/GMIRS respond in a timely manner to referrals	6.07 (1.33)	3.94 (2.16)	5.55 (1.87)	5.47 (1.86)	4.81 (2.10)	6.13 (1.76)
Assessments by CRS/GMIRS are done in good time	5.90 (1.42)	3.87 (2.17)	5.69 (1.71)	5.47 (1.86)	4.81 (2.06)	5.68 (1.27)
Ongoing communication and feedback from CRS/GMIRS about my cases is good	5.34 (2.04)	3.53 (2.19)	5.18 (2.13)	5.35 (1.94)	4.42 (2.19)	5.26 (1.90)

Positive responses (% agreement) were those rated as 'slightly agree', 'moderately agree' and 'strongly agree'; responses were scored on a 1-7 scale.

Table B.3: Perceptions of the referral process: CRS staff

Statement	% agreement (n=197)	Mean (SD)
Referrals from probation to our CRS provision works well	68	5.01 (1.77)
I am confident that everyone who needs referring to our CRS provision is referred	40	3.89 (1.98)
I am confident that probation staff know how to refer	58	4.53 (1.81)
I am confident that probation staff know when to refer people on probation to our CRS provision	47	4.16 (1.80)
I am confident that probation staff know which people on probation to refer to our CRS provision	52	4.27 (1.83)
I am confident that the people who require our support are being referred and people are not being missed	43	4.05 (1.89)
I am confident that people are not being referred unnecessarily to our CRS provision	35	3.65 (1.88)
Our CRS provision is able to respond in a timely manner to referrals	85	6.04 (1.46)
Ongoing communication from probation about people on probation we support (e.g. updated risk information) is good.	55	4.42 (1.93)

Positive responses (% agreement) were those rated as 'slightly agree', 'moderately agree' and 'strongly agree'; responses were scored on a 1-7 scale.

Figure B.1: Perceptions of referral process: Probation staff

Perspectives across provision types

Table B.4: Probation staff perceptions of delivery and value – % agreement

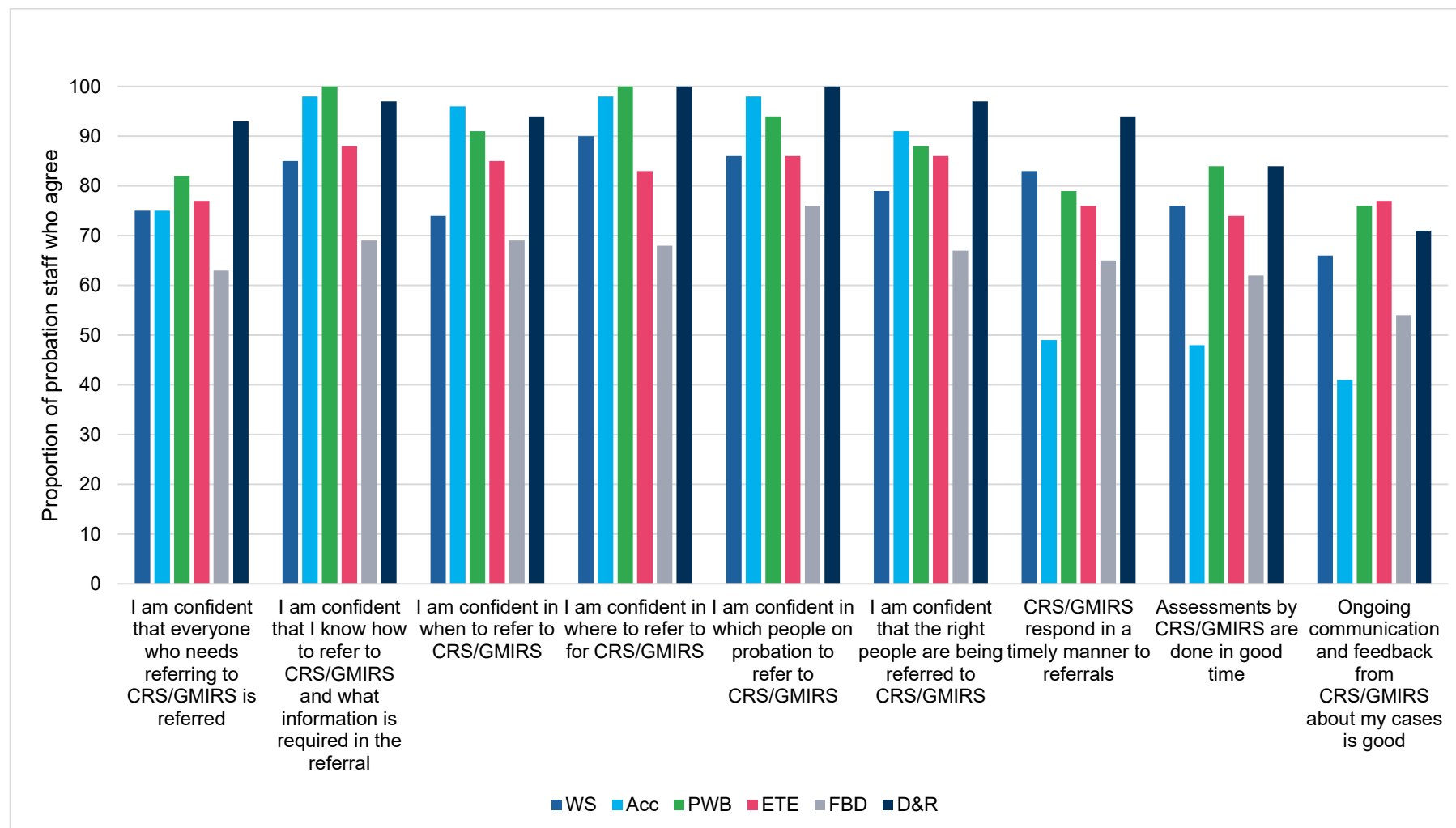| Statement	WS (n=28)	ACC (n=49)	PWB (n=34)	ETE (n=35)	FBD (n=27)	D&R (n=31)
Engagement by people on probation/in prison in CRS/GMIRS in my area is good	59	39	81	62	60	77
The method of delivery (e.g. face-to-face/phone) is appropriate within CRS/GMIRS	79	39	71	71	63	90
CRS/GMIRS provide an appropriate needs-led and individualised approach to each person	68	37	75	63	67	86
People on probation/in prison referred to CRS/GMIRS are making positive progress	67	31	78	66	61	73
Positive outcomes with people in prison/on probation are achieved from engagement in CRS/GMIRS in my area	63	27	78	66	61	71
Funding for CRS/GMIRS is money well spent	73	31	75	60	57	70

Positive responses (% agreement) were those rated as 'slightly agree', 'moderately agree' and 'strongly agree'; responses were scored on a 1-7 scale. Social value was rated on a scale of 0-10

Table B.5: Probation staff perceptions of delivery and value – Mean (sd)

| Statement	WS (n=28)	ACC (n=49)	PWB (n=34)	ETE (n=35)	FBD (n=27)	D&R (n=31)
Engagement by people on probation/in prison in CRS/GMIRS in my area is good	5.00 (1.81)	3.78 (1.90)	5.66 (1.26)	4.74 (1.89)	4.72 (2.13)	5.65 (1.54)
The method of delivery (e.g. face-to-face/phone) is appropriate within CRS/GMIRS	5.79 (1.26)	3.73 (2.22)	5.24 (1.89)	4.91 (1.96)	4.96 (1.43)	5.97 (1.34)
CRS/GMIRS provide an appropriate needs-led and individualised approach to each person	5.57 (1.71)	3.61 (2.04)	5.34 (1.88)	5.03 (1.86)	5.21 (1.72)	5.72 (1.53)
People on probation/in prison referred to CRS/GMIRS are making positive progress	5.22 (1.65)	3.25 (2.13)	5.34 (1.64)	5.00 (1.89)	4.87 (1.71)	5.30 (1.77)
Positive outcomes with people in prison/on probation are achieved from engagement in CRS/GMIRS in my area	5.22 (1.70)	2.85 (2.06)	5.41 (1.64)	5.03 (1.93)	4.87 (1.74)	5.29 (1.85)
Funding for CRS/GMIRS is money well spent	5.36 (1.87)	3.04 (2.30)	5.41 (1.89)	4.97 (2.22)	4.65 (2.06)	5.30 (2.02)
Social Value Score	7.79 (2.23)	4.36 (3.16)	6.88 (2.25)	6.63 (2.78)	5.89 (2.38)	7.50 (1.87)

Positive responses (% agreement) were those rated as 'slightly agree', 'moderately agree' and 'strongly agree'; responses were scored on a 1-7 scale. Social value was rated on a scale of 0-10

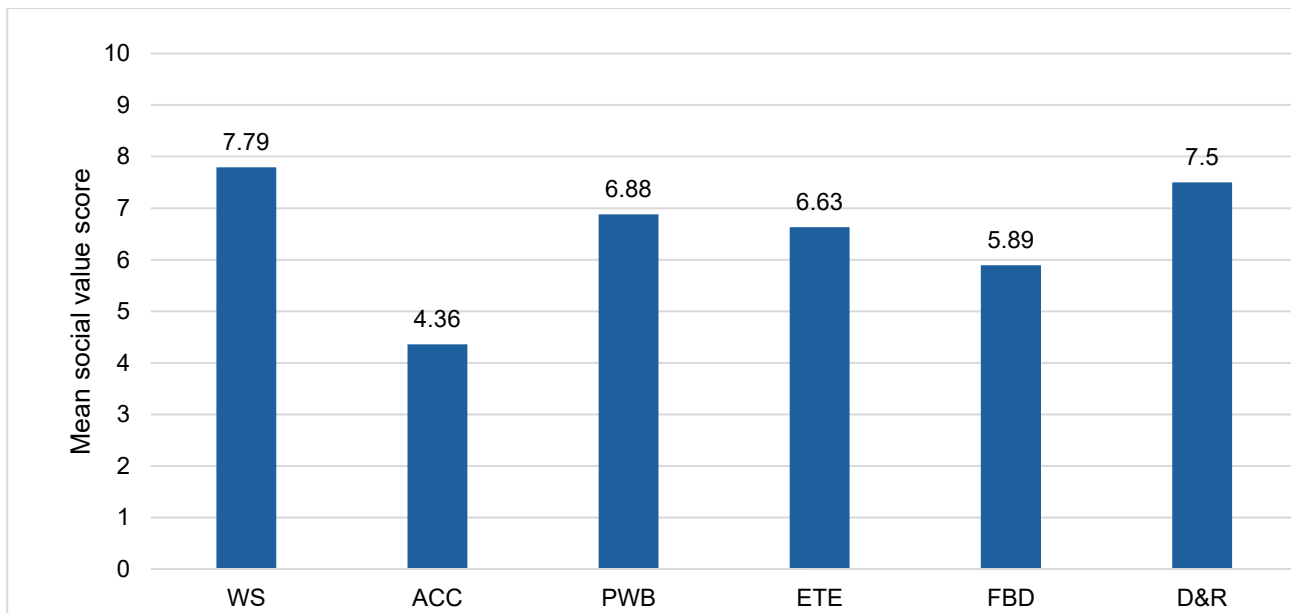**Figure B.2: Probation staff perceptions regarding delivery and outcomes**
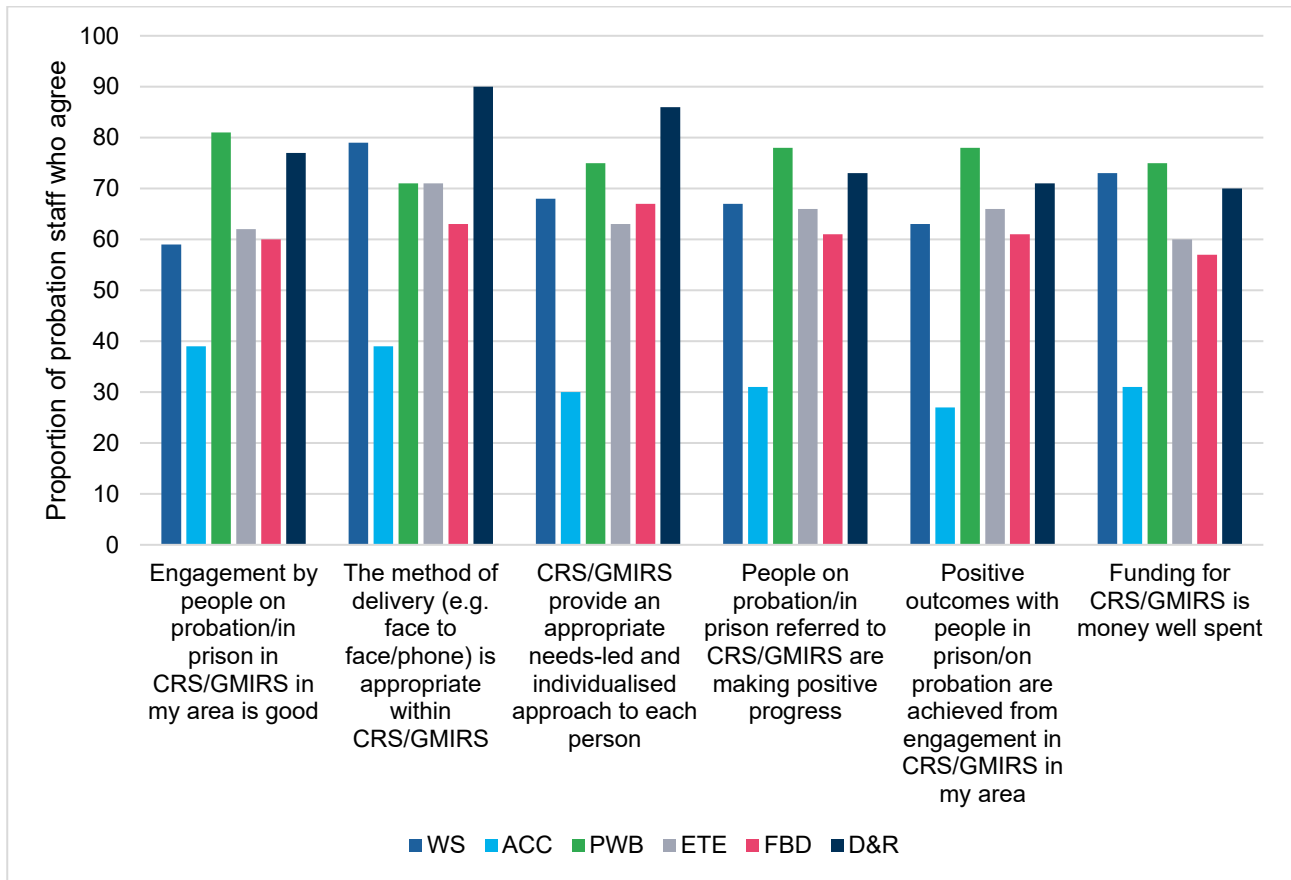
Figure B.3: Probation staff perceived social value of CRS/GMIRS

Table B.6: CRS staff perspectives about delivery of services

Statement	% agreement (n=160)	Mean (SD)
I feel have the knowledge and skills to be able to appropriately support people in prison/on probation	93	6.39 (1.06)
Engagement by people in prison/on probation in our CRS service is good	78	5.44 (1.34)
CRS/GMIRS are effectively meeting the needs of people on probation/in prison	91	6.06 (1.10)
Positive outcomes/progression with people in prison/on probation are achieved from engagement in our CRS/GMIRS	94	6.30 (1.01)
Our CRS provision is making a positive difference to people on probation/in prison	98	6.63 (0.75)
Funding for CRS is money well spent	85	6.24 (1.27)
There is sufficient money to fund CRS provisions	45	4.18 (2.03)

Positive responses (% agreement) were those rated as 'slightly agree', 'moderately agree' and 'strongly agree'; responses were scored on a 1-7 scale.

Co-location

Table B.7: Proportion probation staff reporting co-location by CRS pathway

CRS pathway	% Co-location present (n)
Women's Services	33 (11)
Accommodation	32 (16)
Personal Wellbeing	41 (16)
Employment, Training and Education	39 (15)
Finance Benefit and Debt	25 (8)
Dependency and Recovery	42 (13)

Enforcement & Engagement

Table B.8: Engagement and enforcement: probation and CRS responses

Statement	Probation Response % Agreement (n=96)	Probation Response Mean (SD)	CRS Response % Agreement (n=160)	CRS Response Mean (SD)
Engagement in CRS/GMIRS should be enforced	46	4.26 (2.10)	51	4.20 (2.14)

When engagement with CRS/GMIRS is enforced, the interventions are timely	45	4.19 (2.03)	n/a	n/a
When engagement with CRS/GMIRS is enforced, the interventions are proportionate	48	4.46 (1.88)	n/a	n/a
Voluntary engagement by people on probation (rather than mandated) leads to better outcomes	62	5.05 (1.73)	72	5.55 (1.66)
People on probation continue to engage in CRS/GMIRS services post-probation	34	3.70 (2.11)	55	4.67 (1.87)
Self-referral is a positive option	65	5.18 (1.82)	76	5.61(1.67)

Positive responses (% agreement) were those rated as 'slightly agree', 'moderately agree' and 'strongly agree'; responses were scored on a 1-7 scale.

Unmet need

Table B.9: Unmet need: probation and CRS staff feedback

Statement	Probation Response % Agreement (n=89)	Probation Response Mean (SD)	CRS Response % Agreement (n=149)	CRS Response Mean (SD)
Different CRS/GMIRS providers work well together to provide holistic support to people	42	4.14 (1.97)	72	5.35 (1.66)
There are unmet needs not covered by existing CRS/GMIRS	78	5.88 (1.50)	78	5.32 (1.67)
There are certain groups of people whose needs are not sufficiently met by CRS/GMIRS	71	5.49 (1.75)	n/a	n/a
There are needs amongst people on probation/in prison that cannot be met by our CRS/GMIRS provision specifically	n/a	n/a	72	5.17 (1.74)

Positive responses (% agreement) were those rated as 'slightly agree', 'moderately agree' and 'strongly agree'; responses were scored on a 1-7 scale.

Contracts, commissioning, grants & performance

Table B.10: Probation and CRS staff perceptions of contract commissioning and grants

Statement	Probation Response % Agreement (n=22)	Probation Response Mean (SD)	CRS Response % Agreement (n=49)	CRS Response Mean (SD)
Commissioning or grant awards for CRS/GMIRS in my area works well	67	4.71 (2.13)	73	5.48 (1.64)
The process for running the first grants competition worked well	50	4.35 (2.06)	34	4.31 (1.76)
Commissioning via contracts is preferable to grants for CRS/GMIRS providers	59	5.18 (1.71)	52	4.68 (2.18)

Commissioning via grants is preferrable to commissioning via contracts for CRS/GMIRS providers	18	3.50 (1.92)	43	4.26 (2.11)
Commissioning via contracts leads to better outcomes for people	66	5.19 (1.78)	50	4.52 (2.19)
Commissioning via grants leads to better outcomes for people	38	4.00 (1.90)	48	4.29 (2.02)
All services in each region should be commissioned to the same provider (e.g. as is currently the case for women's services)	27	3.00 (1.98)	n/a	n/a
CRS/GMIRS should continue to be commissioned by regions	91	6.14 (1.59)	77	5.91 (1.60)
Some centralised/core services should also be provided	62	5.05 (2.36)	65	4.77 (2.23)
KPIs in our contract are appropriate	n/a	n/a	47	3.96 (2.84)

Positive responses (% agreement) were those rated as 'slightly agree', 'moderately agree' and 'strongly agree'; responses were scored on a 1-7 scale.

Table B.11: Additional phase 2 quantitative data

Type of CRS	Participant group	Question/statement	% agreement based on yes/no response options (n)
PWB	CRS	Support results in most, some or all people on probation doing or accessing something different in their community	91 (84)
	Probation	Support results in most, some or all people on probation doing or accessing something different in their community	81 (69)
	CRS	PWB service could be accessed after the community order has been completed	63 (57)
	Probation	PWB service could be accessed after the community order has been completed	42 (34)
	CRS	Linking people into new activities and resources done via signposting	94 (67)
	CRS	Linking people into new activities and resources done via attendance with the person	46 (33)

D&R	CRS	Support results in most, some or all people on probation doing or accessing something different in their community	97 (34)
	Probation	Support results in most, some or all people on probation doing or accessing something different in their community	79 (23)
	CRS	D&R service could be accessed after the community order has been completed	71 (25)
	Probation	D&R service could be accessed after the community order has been completed	48 (13)
	CRS	Linking people into new activities and resources done via signposting	97 (32)
	CRS	Linking people into new activities and resources done via attendance with the person	67 (22)
Both	CRS	I have lived experience of the justice system, dependency and recovery or mental health services which I draw upon in my role	38 (39)
	Probation	Preference for co-commissioning	44 (4)
	CRS	I have regular (at least monthly) supervision	91 (91)

Qualitative questionnaire and interview additional information

The next section, additional detail by CRS pathway, provides additional qualitative detail for some areas of the report where findings were summarised for brevity. Feedback included within this section came from all data sources. Table B.12 and Table B.13 provide additional detail about retention and recruitment successes and challenges, also collated from all sources.

Additional Detail: By CRS pathway

- **Improvements to women's services:**
  - Reduced delays between assessments, follow-ups, and appointments
  - Timely updates shared with probation services

- o Increased one-to-one and motivational support
- o Consistency and continuity of staff
- o Willing and able to engage with women who present complex challenges
- o Increased provision of specialised support (e.g. accommodation, childcare, financial support, ETE)
- o Increased attendance at multi--agency meetings
- o Enhanced understanding of the CJS among CRS staff

- **Outcomes achieved by women:**
  - o Increased confidence and self-esteem
  - o Improved self-care and personal boundaries
  - o Greater awareness of domestic abuse and ability to end harmful relationships safely
  - o Reduced offending behaviour
  - o Completion of RAR days
  - o Pro-social modelling and support following prison release
  - o Provision of clothing parcels and access to laptops
  - o Support with dentist and health appointments, and GP registration
  - o Advocacy where women had been victims of serious sexual assault, and access to Independent Sexual Violence Advisors (ISVAs)
  - o Reduced social isolation and improved social networks
  - o Support to regain contact with family
  - o Onward referrals to other services
  - o Access to and completion of college courses
  - o Access to benefits/ improved income
  - o Attendance at debt appointments and reduction in personal debt
  - o Improved access to transport and childcare to support engagement
  - o Access to safe housing

- **Additional improvements to accommodation CRS**:
  - o Offer more face-to-face support instead of relying mainly on phone calls.
  - o Be persistent and proactive, especially when people do not engage straight away. Aligned to this, trying to avoid cancelling appointments was important.
  - o Build stronger local connections with housing providers and authorities. Alongside this, taking more steps to challenge Duty to Refer[23] decisions where required

---

[23] Duty to Refer is the duty placed upon public authorities, under The Homelessness Reduction Act 2017 to inform local authority housing teams when someone is homeless or threatened with risk of homelessness so that appropriate support can be provided.

- o Provide hands-on help with housing processes, not just referrals or signposting. This would also be supported by greater knowledge of local housing provisions within CRS teams, rather than a reliance on probation officers for this knowledge.
- o Improve planning and communication, especially around prison releases and appointment scheduling.
- **Additional PWB activities**: Sports (including the gym), gardening, breakfast and coffee mornings, support filling out forms, accessing community support, social activities (such as bingo and Andy's Man Club), mental health support, walking groups, mindfulness, craft and music sessions and specialist counselling.
- **Additional PWB benefits**: Prompt assessment and implementation of support, flexibility in approach allowing both online and face-to-face attendance options, the availability of four pathways offering a holistic approach, personalised approaches, good information sharing, positive feedback from people on probation, and the ability to refer on to other specialised health and wellbeing services.
- **Additional PWB outcomes identified by probation:** Improved wellbeing, improved anger management, an increased understanding of triggers, improved management of anxiety and depression, increased social capital, reduced isolation, increased positive activity outside of the home, increased understanding about how past experiences had influenced current thoughts and behaviours, increased confidence and self-esteem, increased ability to deal with daily activities and challenges, improved stress management, improved management of emotions, and increased open communication.
- **Additional D&R activities:** Harm-reduction and goal setting, recovery guides and workbooks, offence-related interventions, peer mentoring, 12 step programmes, rehabilitation, social activities (e.g. gym passes, cinema, bowling, substance misuse recovery café), linking into GPs, accessing clothing and food banks, arts and crafts, connecting with housing services, relapse prevention work, drug testing and psychosocial interventions (e.g. to manage stress).
- **Additional D&R progress and outcomes:** Abstinence from substances, positive recovery from addiction, titration to lower usage, safe reduction, positive use of lived experience to support ongoing recovery of alcohol usage, people remaining stable on their prescriptions, completion of Drug Rehabilitation Requirements, improved social connections and reduced isolation. In interviews, probation practitioners spoke about improved coping mechanisms and problem-solving skills, while CRS staff mentioned advocacy, improved communication skills, being able to manage their own risks and increased openness.

- **Specific training undertaken by CRS providers:** Trauma-informed approaches, knife-crime awareness, gambling awareness, safeguarding, overcoming trauma, Institute of Leadership and Management (ILM), degree programmes, how to engage, HMPPS mandated training, GDPR, sexual exploitation, health and safety, personal safety, PREVENT, equality, diversity and inclusion, serious organised crime, suicide awareness, coaching, time management, trans aware, Circles of Support and Accountability, neurodiversity, insights training, gangs, substance use, county lines, motivational interviewing, learning difficulties, and domestic violence/intimate partner violence.

Additional Detail: Recruitment and retention challenges and successes

Table B.12: Recruitment challenges and successes

Challenges	Successes
- Insufficient experience or skills - Vetting - Geography/rurality - Salary; low compared to other sectors - Job perception/misconceptions 'Scary' job - Short-term contracts - Personal barriers (e.g., working with certain offences)	- Flexible working - Sessional staff - Links with Universities - Lived experience - Clear job descriptions - Transparent process - Internal promotions and development

Table B.13: Retention and role challenges and successes

Challenges	Successes
- Job insecurity - Workload and pressure - Poor relationships with probation, including a lack of positive feedback (specifically, HMPPS quick to say when things are going wrong but limited positive feedback) - Low pay - Job complexity including high case loads - Bureaucracy and administration load - Targets and deadlines - Engagement and participation of people on probation - A prevalence of reactive/crisis management working, rather than proactive/preventative working - Lack of clear communication from the Ministry of Justice in relation to contract priorities - Disconnect between expectation and what is realistic - Collaboration challenges - Emotional and mental health strain	- Supportive environment (Inc. relationships with probation) - Training and development - Work-life balance - Rewards and recognition - Employee wellbeing - Positive culture and feeling valued - Impactful work

Additional Detail: Unmet need

- **General support and process gaps***:* Capacity for home visits/more assertive outreach by CRS; more 3-way meetings with probation, CRS and the person on probation; more flexibility in one-to-one versus group support; greater availability of out of hours appointments; more stable staffing; more proactive rather than reactive support, especially in relation to healthy relationships and wellbeing; increased consideration of digital inequalities such as lack of internet access; greater co-location; direct access to nDelius and OASys; better access for people in rural locations; more consistent offer of continuity of support post probation; and, mentoring and navigation support, including increased peer mentoring provisions.

- **FBD***:* More debt support, specifically for women; availability in more/all areas; specialist support for people who accrue debts relating to self-employment; involvement of Citizen's Advice or other providers who are licensed to give advice on legal matters such as bankruptcy; and greater availability of specialist support for foreign nationals with no recourse to public funds.

- **Health and wellbeing***:* Specialist counselling and bereavement services; better availability and joined up working with NHS specific mental health provisions; better support for dual diagnosis and co-morbidity; and better service access for people with disabilities and communication needs.

- **Gender specific services:** Fully developed women's centres in each region; and more appropriate services for women described as 'complex'.

- **Trauma, abuse, and victimisation:** Greater availability of support in relation to domestic violence victimisation; greater acknowledgement of needs such as abuse and trauma within the referral process and commissioning of services; and staff support for vicarious trauma

- **ETE:** Return of dedicated ETE CRS; more availability of work experience placements/job trials; engagement in ETE support to count towards unpaid work hours; greater synergy between the labour market, what people on probation want to do and availability of programmes e.g. railways courses, highway management courses, help to get onto university programmes; dedicated support to obtain voluntary work; and more specialist advice about disclosure of offences to employers and education agencies.

- **Families and significant others:** Support for family members as well as training around family and significant others; and parenting courses.

- **Accommodation:** Better accommodation support generally e.g., active involvement in Duty to Refer and engagement with local authorities by CRS providers; greater availability of

accommodation specifically for people in contact with the justice system who are often lower priority for accommodation; availability of affordable housing; more personalised approaches, rather than tick box referrals and more follow up on referrals made.

- **Availability of funds***:* To support attendance at contact centres to see children; for lessons such as cookery; to support legal costs for people not eligible for legal aid; for travel to services; to purchase mobile phones; and to engage in hobbies such as gym memberships.

- **Prison-specific gaps:** Increased intensity of support pre-release from prison; better housing support before release (rather than a rush two weeks beforehand); remand-specific support, grants to help with bedding and things needed on release from prison; continuity of care and smoother transitions between custody and community; FBD support while people are still in prison; and support available for people released on their sentence expiry date.

- **Specialist provisions:** Specific support for people experiencing gambling-related harms; dedicated provisions for young adults (18-25 years) considering maturity levels; specialist support for travelling communities; immigration advice; and a specialist neurodiversity CRS, this had been commissioned in the West Midlands and was reported to be working well but was highlighted as a gap in a number of other regions.

Additional Detail: Barriers and facilitators to effective CRS delivery

- **Individual and offence related factors:** licence restrictions and nature of offence blocking access to some opportunities; people not being ready to engage; being intoxicated at the time of appointments; lack of trust and hope among some people on probation; complex cases who have previously been let down by services; and digital inequality issues such as no phone/internet or apprehension at using phone/internet.

- **Wider systemic factors:** lack of availability of suitable accommodation; lack of ETE opportunities, including a lack of 'ban the box'[24] employers willing to offer people employment; broader justice system issues such as prison overcrowding and probation early releases; and frequency of recalls to prison.

- **Delivery factors:** over-reliance on remote working; lack of knowledge amongst some providers (e.g., local knowledge and knowledge in relation to housing legislation and the justice system); lack of co-location in some areas and availability of rooms for co-location; and lack of understanding about CRS provisions among probation staff.

---

[24] Ban the box employers as those who create fair opportunities for people with convictions to compete for jobs by removing the tick box relating to disclosure of convictions within job application forms.

- **Contract factors:** Insufficient funding for contract delivery; commissioning which favours larger providers instead of more regional arrangements which favour smaller, locally based, innovative and responsive provisions; enforced engagement; and bureaucratic and time-consuming reporting processes for KPIs.
- **Staff resource factors:** Recruitment and vetting; not enough staff in the delivery model to cover large geographical areas and contract volumes; and delays in the vetting process for new CRS staff.
- **Other resource factors:** Rurality and lack of access to transport for people on probation; lack of funding to meet individual needs; lack of childcare access; and lack of access to basic needs (e.g. housing, food) hindering access to other services.

Facilitators were focused on the opposite of these barriers such as more co-location, more face-to-face contact, out of hours appointment provisions, and commissioning approaches which allow for smaller organisations to be more involved in support to people on probation. As highlighted earlier in this report, facilitators also focused on building consistent, genuine relationships between people on probation and CRS providers, the embedding of lived experience, positive feedback and flexible communication and delivery. In addition, it was noted that greater involvement and empowerment of people on probation, and trust in change towards people on probation would be facilitating factors for success.

Case Studies

WS Case Study 1

I had someone who when she started off, she was in an abusive relationship. When she was in the women's centre, she was like a little woman…scared of everything. And she went to the Women's Centre she attended the Freedom Project. General, one-to-one check ins, just chatting...About a month ago, she got on a plane and went…on holiday on her own. So just the services, setting the boundaries, teaching her stuff about relationships and where to go forward, because…it was a long marriage, 22 years…She'd been through this all that time. She couldn't make her own decisions. She's always been told what to do and when to do it. I just found that her leaving the house and going into the shop on her own was a bonus but to get on an aeroplane. She was just amazing. That's an excellent outcome. *Quoted directly from PI.*

WS Case Study 2

The woman on probation described feeling "a shadow" of herself, having lost her sense of identity, feeling "like a failure", and feeling like staying silent was "much more welcomed and safer". Her probation practitioner referred her to a women's centre. At first, she was "scared and dubious". The women's service provided opportunities to open up and to learn how to deal with past experiences as well as her own behaviours, such as not putting up with unacceptable things. Her keyworker encouraged her onto programmes and made her believe "she could do anything" by pushing her out of her comfort zone. While there was some apprehension when her keyworker changed, progress continued, and the current keyworker supported her to regain access to her children. She felt that both keyworkers had a passion for helping her but offered calmness when it was needed; she always knew they were working behind the scenes in between appointments. She reported, "I now stand up for myself and know that my voice is here to be heard, and I am ready to speak up. I no longer feel scared to talk about what happened to me". *Written using information from CRSQ.*

ACC Case Study

Person on probation attended accommodation support as she had been asked to leave the family home. She was struggling with physical and emotional wellbeing due to being street homeless and sadness due to a family relationship breakdown. She had previously had one night in a hotel but was due to become homeless that night. Referrals to housing providers had already been made and the person had been accepted, but the accommodation was not immediately available. The CRS keyworker contacted the accommodation provider and explained the circumstances. The accommodation provider worked late to ensure the accommodation was ready on time and she moved in that evening. The CRS provider arranged a food parcel and also offered to arrange essential items such as toiletries. *Written using information from CRSQ.*

PWB Case Study

The person on probation was described as a great artist who loved exercising especially cycling but was struggling to mix with others. He had dyslexia, causing him difficulties in reading and understanding letters. He was allocated 16 PWB sessions. The CRS provider

supported him to seek help from the Mental Health Team, and he accessed Improving Access to Psychological Therapies (IAPT). After his IAPT sessions, his mental health worker felt he needed anxiety/depression support and was referred to a specialist team. The CRS provider encouraged the person to sign up for a 10k run. He was extremely anxious and wasn't too sure at first, due to his fear of crowds and unknown people, but they worked with him on his confidence and supported him to complete the online registration form. He completed the run and was awarded a medal which he is extremely proud of. The CRS provider completed a benefit check and the person on probation was not receiving his entitled benefits. Support was provided and the person requested a blue PIP form, in order to meet his communication needs, gathered the necessary evidence, posted the completed forms and undertook a phone assessment. The assessment was extremely difficult because it required him to disclose previous child abuse, but with CRS support this was achieved. The team also supported him in obtaining a free 1-month gym pass to trial a gym. In the remaining CRS sessions, the person is exploring a cycling group and awaiting his PIP outcome. He lives independently in council property, is on the right medication, and regularly engages with his Mental Health Team. The support offered sought to address immediate needs, including a secure income and access to talking therapies to help with the symptoms of poor mental health. His physical activity has improved, and isolation reduced. Through the support and that of other mental health professionals he is reported to have a greater understanding of what triggers his poor mental health, and how this can have a direct impact on a heightened risk of reoffending. He is developing his own toolkit of self-care that he can draw on once his time with the service ends. *Written using information from CRSQ.*

FBD Case Study

When the CRS provider started working with a person on probation, he had four credit cards, which had all reached their limits and a loan for £10,000. All had accrued large amounts of interest. At the initial face-to-face appointment, it was agreed they would work together to put a stop on his credit cards and cut them up. Repayment plans were arranged with the credit card and the loan company. Further sessions were arranged to go through his post and to talk about how to manage his out-of-control spending. The person spoke about birthdays/Mother's Day and explained how he would always go over the top

as his Mum supports him so much. It was suggested that instead of spending money, he could give his Mum promise vouchers, such as a promise to repair something in the house or he could just give her some of his time to do something she would enjoy. The probation practitioner's feedback was that he had baked his Mum a cake and written his Mum a letter instead of buying a card. Ongoing sessions were focused on devising a personal budget, clearing debts, and making savings goals. *Written using information from CRSQ*

D&R Case Study

The person on probation was subject to MAPPA with his offending behaviour linked to class A and B drug use when with his peers. Engagement in sessions had been up and down, partly due to the person having a diagnosis of ADHD. He would engage in part and when he did, he would open up about his drug use and the problems this caused. This was reported to have helped him increase his motivation to engage in behaviour change. When the service was coming to an end, it seemed that progress had been limited but he then reported that he had abstained from using Class A or B drugs for one month, without telling anyone. Probation reported that during this period, he had not been in any further trouble. *Written using information from CRSQ.*

ETE Case Study 1

I have a high-risk prison release, he came out and within two weeks, he completed a 12-week railway course, and he was then supported by the [service] staff to get him into full time employment. He took up employment with Network Rail, and within six months, he was in a supervisory role, throughout that the [service] worker helped him build his CV. There were various different courses to building up to that supervisor level that he undertook as well… that was a really positive outcome. *Quoted directly from probation practitioner interview.*

ETE Case Study 2

The person on probation started ETE support at a time when he was down after splitting from his family. He had never been on benefits and was keen to return to work. He did not have a laptop and was struggling with applications and updating his CV. Using a CRS provider support fund, he was provided with a laptop and within a day had completed a

good CV. The provider and person on probation discussed his options in terms of construction sector courses. He was at first hesitant, as he was dyslexic, but was supported to sit the required test and secured work as soon as the qualification was completed. He was issued with some safety boots and PPE clothing and now has a secure well-paid position and has re-established contact with his daughter. *Written using information from CRSQ.*

Performance Monitoring Case Study

One CRS practitioner spoke about a person on probation who did not want to attend a group work programme due to high levels of anxiety. The CRS provider said he could come in for just 10 minutes and could leave at any time, which happened the first time. Over the course of six weeks the individual built up time until he was able to stay for a whole session. Reflecting on this, the practitioner stated: "*How do you write that? I don't know. I mean, obviously there's still progress. You know, there's still work to be done. But from where he came in that room and could only do less than 10 minutes to how he left is completely different. How should that be measured?*" *Information and quote taken from CRSI.*

Appendix C: Updates made to the R&M system

Change Deployed	Probation or CRS	Details of change	Date implemented on R & M
Apr - 22			
Change completion date	Probation	Pre and post Action Plan signing	14th April 2022
Change number of enforceable days	Probation	Pre and post AP signing	14th April 2022
Jul - 22			
Re-schedule intervention appointment	CRS	CRS only - anytime	8th July 2022
Aug 22			
Search pagination by referral number	CRS	CRS only - anytime	19th August 2022
Change complexity	Probation	Pre Action Plan signing	24th August 2022
Amend outcomes	Probation	Pre Action Plan signing	24th August 2022
Sep- 22			
Bug for unable to complete EoSR	CRS	SP	27-Sep-22
Oct-22			
Amend details as to when PoP is unavailable for appointments employment/carer responsibilities	Probation	Pre and post Action Plan signing	03-Oct-22
Amend interpreter requirements and record reason for change	Probation	Pre and post Action Plan signing	03-Oct-22
Amend language required and record reason for change	Probation	Pre and post AP signing	03-Oct-22
Amend employment responsibilities and record reason for change	Probation	Pre and post AP signing	03-Oct-22
Amend accessibility needs and record reason for change	Probation	Pre and post AP signing	03-Oct-22

Change Deployed	Probation or CRS	Details of change	Date implemented on R & M
Amend mobility/disability needs	Probation	Pre and post AP signing	03-Oct-22
New Functionality - Change Log display 'Changes to referral' message / box / banner at top of referral	Probation or CRS	Pre and post AP signing	03-Oct-22
Bug fix for those EoSR stuck and corrected	CRS	SP	04-Oct-22
Dec - 22			
Latest release of the case search	CRS	Service providers can now search for cases in the Completed/unassigned Cases tab using Full name or Referral ID	22 12 22
Feb -23			
Hanging Referrals	CRS	nDelius fix applied to prevent CRS NSIs from being terminated in nDelius which led to hanging referrals. EoSR – where EoSR is required – no email notification is written back to nDelius therefore the EoSR can only be viewed via R & M. Record whether a person is in custody or community including prison location and expected release date	6 2 23
Person's locations at time of referral	Probation/CRS		22 2 23

Change Deployed	Probation or CRS	Details of change	Date implemented on R & M
Jul – 23			
For community referrals only -Amend PP details at the time of making a referral Ability to record PDU and Office location	Probation/CRS	This change will allow those making a referral in the community to amend Probation Practitioner details where an PP has already been allocated and the PP details need to be changed. The ability to record PDU and Office location.	13.7.23
Session Feedback	Probation/CRS	Improvements to the session feedback screens have been made, which allow for more specific questions to be asked about the activities in the session	13.7.23
Aug - 23			
Referral details	Probation/CRS	Phone no for PP and referring practitioner details reinstated.	3.8.23
Case Note	Probation/CRS	Blue banner reinstated on case notes (prev known bug)	3.8.23
Sep -23			
Case notes- email alerts	Probation/CRS	Name and CRN now included in case note email alerts	12.9.23
Oct-23			
Referral – Pre-release	Probation/CRS	Pre-release, to amend Probation Practitioner details where a PP has already been allocated and the PP details need to be changed.	16.10.23

Change Deployed	Probation or CRS	Details of change	Date implemented on R & M
Caseload Dashboard	CRS	Pre-release/custody to record details of main contact where there is no allocated PP on nDelius. Additional tabs added to the caseload screen, expected release date and location	
Dec – 23			
'Whats New' Banner	Probation/CRS	New feature provides information on recent improvements made to the system and details of upcoming changes.	1/12/23
Improvements to CSV downloads	CRS	Further improvements to resolve ongoing issues with downloading CSV files	15/12/23
Rollback changes made on 15/12/23	CRS	Further issues identified following release on 15/12/23.	19/12/23
Jan 24			
Session feedback	CRS/Probation	indicate if a session has taken place or not. provide feedback on a session where the person attended, but the session did not happen share detail about lateness, such as how late someone was and any reason they gave. Ability to record work planned for next session	29/1/24
Mar 24			

Change Deployed	Probation or CRS	Details of change	Date implemented on R & M
Session Feedback	CRS	option for providers to choose between whether the person had 'concerning behaviour' e.g. behaviour.	7/3/24
Case Notes	CRS	Option for providers to select whether an email alert is sent to the PP	7/3/24
Referral	Probation	PP when making a referral can now change the phone number, PDU, probation office, team phone number, Reason for referral - PP making a referral can now add the reason for the referral, so the service provider knows why a referral is needed, including any additional information that may not be captured elsewhere in the referral but that may be helpful for the provider, such as registration flags, exclusion zones, etc.	7/3/24 7/3/24
Apr 24			
Case Notes	PP	The name of the person, and CRN will now be included in the subject heading and body content	7/3/24
Cancelled Cases	Provider	All cancelled referrals will now appear on the provider's 'Completed' list regardless of the reason for cancellation or how far the case had progressed before being withdrawn. This change will be applied retrospectively across all cases.	11/4/24

Change Deployed	Probation or CRS	Details of change	Date implemented on R & M
Jun 24			
Updated Intervention End Reasons	PP	Intervention end reasons updated in R & M to align with SI and toolkits	19/6/24
Notification email when referral withdrawn/closed early	Provider	Automated email to provider when refer is withdrawn/closed early.	19/6/24
July 24			
Release to address issues/bug fixes arising from the June update above.	Provider	Data reason for the referral being withdrawn included in performance report. The date intervention to be ended by has been added to the report for monitoring when sessions and EoSR should be concluded by.	16/7/24
Closed referral reason	Probation Provider	The information box ('orange box') when a referral is closed/withdrawn will contain the additional comments a Probation Practitioner entered.	16/7/24
Amend expected release date post submission of a pre-release referral.		PP can now update the expected release date for a Pre-Release referral.	
	CRS/Probation	The Service Provider will be notified of changes to the expected release date for a Pre-Release referral.	16/7/24
Improvements to reduce outages on R & M	CRS/Probation	Technical improvements to mitigate outages.	

Change Deployed	Probation or CRS	Details of change	Date implemented on R & M
August 24			
Improvements to SAA	Probation	Historical history for appointments with an outcome of did not attend/did not happen will be visible including session feedback. New screen layout to show date and time of appt	7/8/24
Referral	Probation	Amend office location details.	7/8/24
Action Plan	Probation/CRS	Auto Approval of Action Plans	30/8/24
Cancelled referrals	CRS	New tab introduced 'cancelled referrals'. Cancelled referrals moved from 'completed' tab to cancelled tab	30/8/24
Referral	CRS/Probation	Fix applied to stop expected release date appearing on community referrals	30/8/24
Referral	Probation	Prison location will prepopulate from PNomis with the option for PP to amend pre/post referral.	30/8/24
October 24			
Improvements to recording/visiblity Supplier Assessment Appointment (SAA)	CRS Provider	The ability to record the reason for rescheduling an appointment. The ability to indicate if the rescheduled appointment was at the request of the person on probation or the provider. The history of all SAAs, ICAs and sessions rescheduled before the session took place will now be visible to PP and CRS delivery partner. Ability to manually update name of PP and email details post submission of a referral.	25/10/24
Referral	Probation		25/10/24

Change Deployed	Probation or CRS	Details of change	Date implemented on R & M
Referral	Probation	Content changes to improve information sharing with provider Details of any pre-release transition support the person needs and ongoing support required post release in the community. Any relevant registration flags on nDelius such as sexual or violent offences, racist behaviour, arson, risk to staff, MAPPA domestic abuse perpetrator or victim, modern day slavery perpetrator or victim. Where the person is a victim of domestic abuse/modern day slavery indicate whether it is safe to contact by phone/email. If not, what is the preferred method of contact?	25/10/24
November 24			
Referral	Probation	Ability for PP to amend PP phone no and Team phone number post submission of the referral.	14/11/24
April 25			
Referral	Probation	Amended outcomes across all pathways to enhance the effectiveness and efficiency of services delivered.	29/4/25
Referral	Probation	FBD North East – amended service description to reflect services being available in the community.	13/5/25

Updated 13/05/25