



Ministry
of Justice

Integrated Offender Management

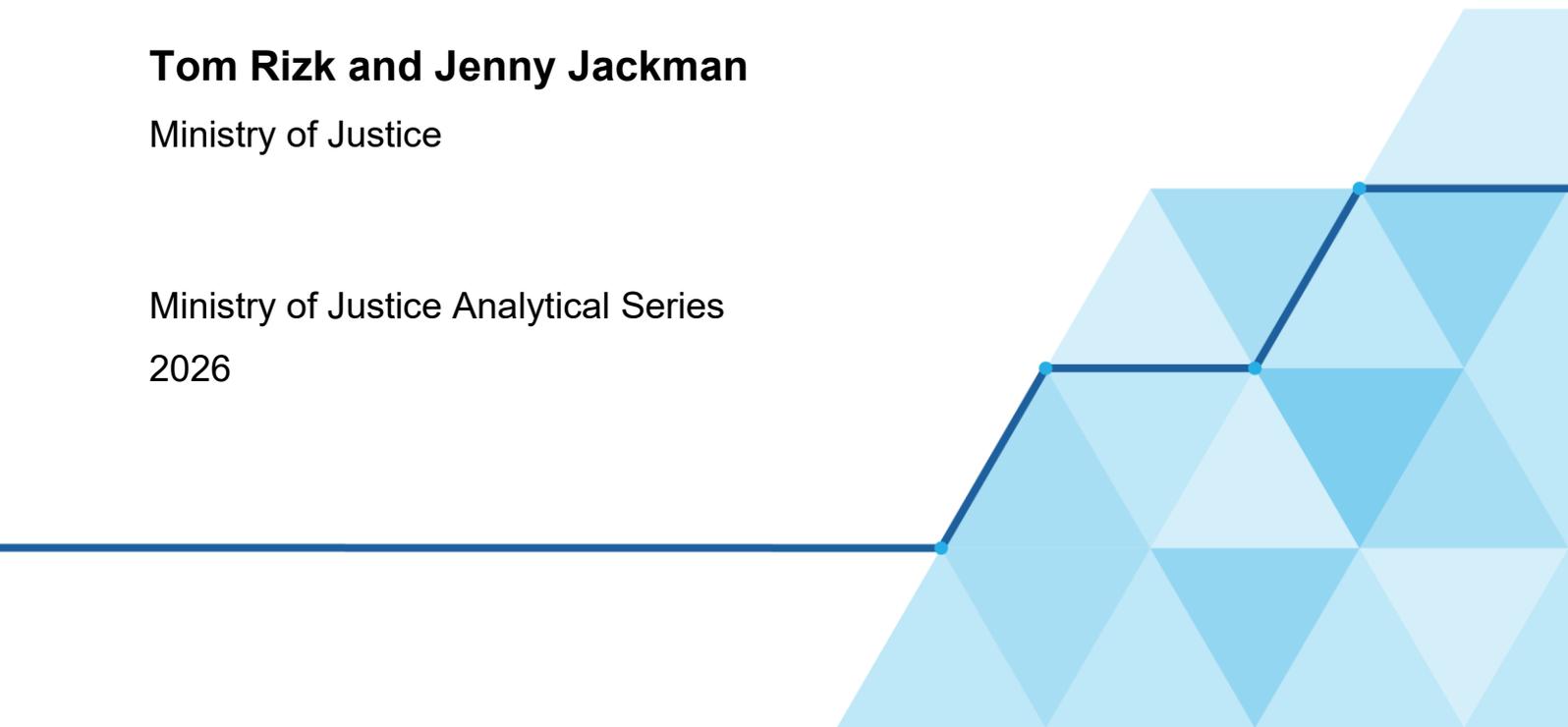
Impact Evaluation Report

Tom Rizk and Jenny Jackman

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Glossary

CMO(C): Context Mechanism Outcome Configuration – element of the realist evaluation approach. The CMOs are listed below:

Building Self-Belief: If IOM Practitioners give positive affirmation and support opportunities for people receiving IOM to build-up skills and pro-social activities or interests, **then** people on IOM become more independent away from a criminal lifestyle, **because** they have internalised the positive affirmation and developed a greater level of self-belief and confidence in non-criminal identity

Control to Deter: If people receiving IOM want to avoid returning to prison, **then** they are likely to resist re-offending **because** they feel that they are likely to be caught if they offend

Flexibility: If staff have enough capacity and a holistic person-centred mindset, **then** they will provide responsive and practical support that can remove common obstacles to help avoid the people receiving IOM “being set up to fail” **because** they feel able to tailor their approach both as a team to the individual person receiving IOM and find creative solutions to deliver support.

Person Centred Approach: If people receiving IOM have something they want to change about their lives and staff have the capacity to deliver a person-centred approach to supervision, **then** they are more likely to engage, comply and make progress across desistance pathways, **because** they feel seen and supported, while experiencing IOM as a responsive source of stability that helps them to pursue meaningful change to their lifestyle and routine.

Swifter and Smoother Justice: If people receiving IOM re-offend or breach, and there is regular intel sharing between agencies, **then** there will be more responsive enforcement or control action to stop further offending **because** IOM Staff agree whether and how best to enforce using shared resources.

Trusting Relationships: If staff are honest and tailor supervision to the person receiving IOM’s needs, **then** people receiving IOM are likely to buy in to IOM and

be more open with their practitioner(s) **because** they have built trust in the practitioner(s) and know they are trying to help them.

Wrap Around Support: The overarching theory discussed in this section is that **If** staff have a holistic mindset, **then** there will be improved coordination of services which ultimately improve the offer available to people receiving IOM **because** collaboration is prioritised.

Deselection: When an individual has been exited from IOM.

Fixed, flex and free: The model, made up of three distinct cohorts, laid out in the refreshed IOM strategy.

The fixed, flex and free model was designed to bring consistency to IOM selection, while also enabling schemes to retain their local flexibility and to work with other cohorts. For all cohorts, professional judgement is also factored in to determine whether police and probation believe there is 'value added' for someone by bringing them onto IOM.

- **Fixed:** Persistent offenders who have committed a neighbourhood crime and are considered as a high risk of reoffending (defined by their Offender Group Reconviction Scale (OGRS) and Crime Severity Scores (CSS)). Those in the fixed cohort are offered up to five appointments per week, with a target of three.
- **Flex:** Offenders who may not have committed a neighbourhood crime but who may have similar pathways to offending and would benefit from a neighbourhood crime IOM approach.
- **Free:** Freedom to use surplus resources to run IOM schemes for other cohorts, requiring a separate tailored approach with different pathways (e.g. serious violence, domestic abuse, and serious organised crime)

IOM: Integrated Offender Management. Those placed on IOM receive joint supervision from probation and police offender management teams. They also have access to various services funded by the Innovation Fund, which allows regions to address local needs and risks. IOM management emphasises enhanced information sharing, including co-located probation and police teams in some areas. Regular reviews are conducted through monthly Multi-Agency Case Conferences (MACC) and weekly Multi-Agency Practitioner (MAP) meetings.

IOM is delivered in the community but relates to offenders with index offences for both custody and community disposals.

Neighbourhood crime: Crimes including domestic burglary, robbery, theft from the person, and vehicle and cycle crime. **OASys:** Offender Assessment System – used by the probation service to assess and manage offenders.

Person receiving IOM: An individual on probation who has been selected onto an IOM cohort, individuals are also referred to as IOM Nominals and IOM Recipients

Recall: When an individual is taken back to prison due to failing to comply with the conditions of their Licence.

1. Executive Summary

This report presents findings from an impact evaluation exploring the effectiveness of Integrated Offender Management (IOM) across England and Wales following the rollout of the new national IOM strategy. IOM was introduced in 2009 to bring a cross-agency response to crime and reoffending threats faced by local communities. The aim was for the most prolific offenders to be priorities and jointly managed by police, probation and other partner agencies.

The evaluation used a realist approach that incorporated a mixed methods design to assess both the outcomes and the underlying mechanisms and contexts of IOM delivery. The qualitative strand comprised of 45 interviews conducted with a range of staff members from the Police, Probation, and wider services; 12 interviews with people receiving IOM; 18 non-participant observations across two case study sites; and four focus groups with representatives from all probation regions. Quantitative analysis was conducted using Propensity Score Matching (PSM) to estimate the effect of IOM on reoffending and progress across desistance pathways.

The aims of the evaluation were to assess the impact of IOM on reducing reoffending and to explore the conditions under which IOM supports desistance from crime.

1.1 Key findings

- **Desistance is a gradual and non-linear process:** Evidence from across the evaluation indicates that IOM supports individuals to make incremental progress towards long-term desistance. Although setbacks and lapses along this journey are common, practitioners consistently viewed these smaller steps of progress as meaningful indicators of change. The programme's roles in fostering stability and enabling gradual improvements was considered especially valuable for individuals with complex needs and long histories of offending.
- **Trusting relationships underpin engagement:** Staff consistently highlighted the development of trust between practitioners and people receiving IOM as a crucial

foundation for engagement with IOM. Trust was found to be built through a combination of honesty, consistency, and practical support. Practitioners noted the importance of being responsive to the people receiving IOM's existing level of trust, and being clear about both the support available and the consequences of non-compliance.

- **Tailored, person-centred approach is critical:** The evaluation found that outcomes were most positive when practitioners had the capacity and autonomy to deliver support that was responsive to individual needs. Staff often adapted their approach to reflect the individual needs and circumstances of each person receiving IOM, helping to remove common barriers to engagement. This included providing practical support, advocating on behalf of the people receiving IOM with wider institutions, and adjusting supervision arrangements to avoid setting people on IOM up to fail. These practices were viewed as essential to enabling progress across key desistance pathways.
- **Collaborative working enhances delivery:** Efforts to work collaboratively across police, probation, and wider services was central to IOM's ability to deliver responsive and person-centred support. Where collaborative structures were well-established, such as co-location, regular multi-agency meetings, and formal information-sharing arrangements, staff were able to coordinate more effectively and respond quickly to changes in the behaviour or circumstances of people receiving IOM. This approach supported more consistent supervision and enabled practitioners to make informed decisions regarding support and enforcement. This helped to improve the quality and timeliness of interventions, particularly for individuals with complex needs requiring input from multiple agencies.
- **No observed effect on short-term reoffending:** Quantitative analysis found no statistically significant difference in one-year proven reoffending rates or frequency between individuals on the IOM Fixed Cohort and a matched comparison group. However, for those who did reoffend, the average time to first proven reoffence was slightly shorter among the IOM participants. This may reflect the increased monitoring and responsiveness associated with IOM, which could lead to quicker identification of offences.

- **Enforcement and support are interdependent:** Practitioners described IOM as operating through a balance of support and enforcement, often referred to as a “carrot and stick” approach. These two elements were seen as mutually reinforcing, with enforcement having the greatest deterrent effect when people receiving IOM had achieved some degree of stability and were motivated to protect their progress. Staff emphasised the importance of being clear and consistent about the consequences of non-compliance, while continuing to offer support and opportunities for change.
- **Supporting motivation:** While it was identified that motivation to change must come from the individual, IOM was found to play a key role in recognising and building on even small signs of this readiness to change. Practitioners supported motivation through offering stability, encouragement, and practical support to pursue meaningful goals.
- **External factors shape effectiveness:** The evaluation found that IOM’s effectiveness was influenced by a range of external factors beyond the programme’s direct control. Access to wider services, such as housing, mental health services, and substance misuse support, played a key role in shaping achievable outcomes. Where these services were available and engaged with IOM, recipients were more likely to make and sustain progress, while systemic pressures and service constraints were found to limit IOM’s ability to deliver consistent and holistic support. Individual’s motivation and life stage were also reported to affect engagement, with practitioners noting that those who felt ready to change were better able to benefit from the programme.

1.2 Implications

- **Short-term reoffending metrics may not capture IOM’s full impact:** Given the non-linear nature of desistance, short-term reoffending measures may not fully reflect the impact of IOM. Many of the identified changes that the programme supports are incremental and may only translate into measurable reductions in reoffending over a longer timeframe.

- **Staff capacity is essential:** The ability to deliver flexible, person-centred support depends on staff having sufficient time and manageable caseloads. Where capacity was limited, practitioners reported being less able to tailor supervision or respond to changes in the person's circumstances.
- **Dedicated roles strengthen collaborative delivery:** Bespoke specialist roles, such as Mental Health Nurses and Drug and Alcohol Workers, were seen to enhance the level of wrap-around support available through IOM. These roles enabled the programme to operate more responsively and provide holistic support to address key areas of needs. However, concerns were raised about the sustainability of these roles due to short-term funding arrangements.
- **Peer mentoring shows promise:** Including Peer Mentors with lived experience in the delivery of IOM was viewed as a valuable addition to the programme. Peer mentors helped to build trusting relationships and provided credible examples of the positive changes that IOM can support people to achieve. This helped to both promote meaningful engagement with IOM and to build greater levels of self-belief regarding the degree of change that recipients felt was possible.
- **Constraints of systemic pressures:** Wider system pressures, such as court delays, prison capacity, and limited availability of wider services, were reported to undermine the rehabilitative and enforcement aspects of IOM. These constraints along with competing priorities and demands were found to affect the programme's responsiveness and ability to provide holistic support.

2. Introduction

2.1 Background

Integrated Offender Management (IOM) was introduced in 2009 as a successor to the Prolific and other Priority Offender Programme. The objectives of the programme focused around bringing together agencies in local areas to prioritise interventions in a more structured and co-ordinated way with individuals who commit crime in their locality¹.

An inspection of IOM in 2014 provided encouraging support for IOM's aim, stating that the 'most efficient ways of preventing crime is to rehabilitate those who are most likely to commit it'² (Criminal Justice Joint Inspection, 2014). However, a later joint thematic inspection conducted in 2019, reported that IOM had since 'lost its way'³ (HM Inspectorate of Probation & HM Inspectorate of Constabulary and Fire & Rescue Services, 2020). The inspection found that the programme had become less focused over time and that the significant variability in implementation was affecting its overall effectiveness.

In response, a new national strategy for IOM⁴ was published in December 2020. This strategy aimed to standardise practices while allowing flexibility for local delivery models to address specific regional priorities. It emphasised the need for effective governance structures, a consistent approach to supervision, and robust evaluation mechanisms to assess the effectiveness of IOM. A central component of this strategy was the establishment of clear national priorities for IOM, with a primary focus on reducing neighbourhood crime.

In 2021, the IOM refresh was rolled out nationally following the publication of the new strategy, implementing several key changes. These included:

¹ [IOM-Key-Principles-Guidance.pdf](#)

² [A Joint Inspection of the Integrated Offender Management Approach](#)

³ [A Joint Thematic Inspection of Integrated Offender Management, HMIP and HMICFRS, 2020.](#)

⁴ [Neighbourhood Crime IOM Strategy](#)

- Enhanced national and regional oversight through new governance structures involving both police and probation services
- Establishment of new performance indicators
- Introduction of the 'fixed, flex, free' cohort model⁵, to balance strategic national priorities (via the 'fixed' and 'flex' cohorts) alongside local discretion of priority areas (via the 'free' cohort)

The IOM Process Evaluation (MoJ, 2024) can provide more detail on the implementation of the refresh.

2.2 Existing evidence

Previous research findings on the effectiveness of IOM have been mixed, with some reporting positive outcomes from IOM, while others have been more inconclusive.

For instance, a 2011 evaluation of IOM in Sussex reported a 78% reduction in reoffending rates of people receiving IOM when compared to predicted rates without the programme (Wong et al, 2013). Similarly, a study investigating IOM in Bristol found statistically significant reductions in the number of arrests and the severity of reoffending within a six-month period following IOM de-selection (Williams & Ariel, 2012). Furthermore, even studies unable to statistically link IOM to reduced reoffending found that those under IOM commit fewer either way reoffences⁶ than those not on IOM (MoJ, 2018).

It is also important to acknowledge existing evidence that does not substantiate claims that IOM contributes to reducing reoffending. Previous studies examining the effects of IOM on one-year re-offending rates using quasi-experimental approaches have found there to be insufficient evidence to draw a conclusion about the impact of IOM. Although, it is worth noting that analysis was based on relatively small sample sizes, only covered relatively

⁵ The model is made up of three distinct cohorts, laid out in the refreshed IOM strategy. Details on each of the three cohorts can be found in the glossary.

⁶ Either way offences may be heard at Magistrates or Crown Courts depending on the seriousness of the case. Common examples include theft, burglary, assault causing actual bodily harm (ABH), and fraud.

short follow up periods⁷ (Dawson, 2011; MoJ, 2016; MoJ, 2018), and could be attributed to issues with programme implementation (Dawson, 2011).

It has also been suggested that inconclusive evidence on IOM's effectiveness at reducing reoffending rates may be reflective of the increased scrutiny and closer monitoring that the programme involves. This may increase the likelihood of being identified and prosecuted for criminal activity that otherwise may have gone undetected (Dawson, 2011; MoJ, 2018). This illustrates a key limitation of relying solely on reoffending outcomes as a measure of IOM's impact.

Despite the growing body of research on IOM, much of the evidence focuses on outcomes from specific local implementations of IOM, rather than the national picture or the underlying mechanisms causing these effects.

2.3 Post-refresh evidence

From the process evaluations conducted in England (MoJ, 2024) and Wales (Maguire et al, 2024), we can discern some perceived impacts of IOM in its post-refresh state.

Both evaluations highlight how IOM can help to support people away from offending through personalised, flexible supervision, and strong multi-agency collaboration. Stakeholders widely agreed that IOM added value by helping individuals make small, incremental changes that could help reduce reoffending, even when full engagement was lacking. For some, the intensive monitoring alone was seen as a deterrent to offending (MoJ, 2024). Both evaluations found the programme fostered more positive, trust-based relationships between IOM recipients and practitioners. This sometimes improved perceptions of the police and enabled probation and police officers to adopt more creative, responsive approaches to supervision (MoJ, 2024; Maguire et al, 2024).

The importance of effective partnership working has also been further emphasised, specifically regarding co-location practices and timely information sharing, which have been attributed to enabling faster, more coordinated responses to risks and needs (Maguire et al, 2024). In some areas, strong links with support services have meant that

⁷ Typically 12 months following either prison release, or selection on to IOM.

those receiving IOM received quicker access to housing, health, or substance misuse support, and thus encouraged greater engagement with the programme. However, this improved level of access was inconsistent, particularly regarding mental health services, for which some people on IOM were treated no differently from other clients (Maguire et al, 2024). Stakeholders were found to value the programme's role in promoting gradual progress and supporting those with complex needs (MoJ, 2024).

2.4 Rationale for research

This impact evaluation aims to build on the existing evidence base of IOM and develop a greater understanding of the extent to which IOM works to promote desistance from crime and reduces re-offending. To achieve this, the evaluation uses an overarching Theory-Based Evaluation (TBE) framework, specifically taking a Realist Evaluation approach. As is typical of realist evaluations (Pawson & Tilley, 1997), the key questions being asked here seek to go beyond asking whether the programme works to explore *for whom IOM works, why, and in what contexts potential outcomes are achieved*.

Taking a realist approach also allows this evaluation to further build upon the fidelity established in the recent process evaluation, in its assessment of whether the programme has been implemented as intended (MoJ, 2024).

Much of the previous research investigating the effectiveness of IOM has been conducted at a local level. In alignment with the objectives of the IOM refresh strategy, this impact evaluation aims to expand the evidence base to a national level post IOM refresh. Therefore, data collection (detailed further in Approach) has been designed to reflect this broader scope.

3. Approach

- The evaluation uses a TBE approach, specifically adopting a realist evaluation lens, whilst also incorporating PSM. Both primary qualitative data and secondary quantitative data fed into the analysis.
- The qualitative data has been collected using several distinct methods. 57 interviews and 18 non-participant observations were conducted at 2 case study sites to enable the collection of sufficiently in-depth and detailed data. 4 focus groups were carried out with 21 representatives of police and probation providing coverage from across all probation regions.
- Primary data was collected across three stages ('Initial Stage', 'Second Stage', and 'Third Stage') to facilitate an iterative approach to the analysis.
- Secondary data was collected on people receiving IOM that were on the programme between April 2022 and May 2024. This enabled analysis to be carried out on interim outcome measures observable whilst on IOM (e.g., changes in accommodation and employment status).
- PSM was used to measure differences in one-year proven reoffending of those selected on to the fixed cohort between April 2021 and June 2022 against individuals that may be considered to be similar matches who were not on IOM. This piece of analysis was conducted by the Justice Data Lab (JDL) and looked at binary outcomes (i.e., whether people receiving IOM reoffended or not), frequency outcomes (i.e., the number of offences committed), and the average time to reoffend.

3.1 TBE framework

Theory-based methods are well suited for the evaluation of complex interventions, or the evaluation of simple interventions, operating in complex environments. IOM can fairly be

considered as both a complex intervention, that is also operating within a complex environment. In this setting, outcomes are not simply caused by programme inputs, but rather co-produced by people receiving IOM, IOM staff, and wider agencies, who are each influenced by unique contextual factors.

Realist evaluation, grounded in Pawson and Tilley's (1997) Context-Mechanism-Outcome (CMO) framework, is explicitly designed to unpack this type of complexity. It focuses on how mechanisms interact with specific contextual conditions to produce various outcomes, allowing researchers to identify what works, for whom, in what circumstances, and why. This approach was initially developed in the field of criminal justice (Pawson & Tilley, 1994) and has previously been acknowledged as an appropriate approach for evaluating the effectiveness of IOM (Wong, 2013).

It is important to note that certain elements of the IOM programme can operate as both outcomes in one CMO and as contextual conditions in another. This reflects the iterative nature of change within complex systems, where earlier outcomes may shape the conditions under which subsequent mechanisms are triggered. In some instances, this can also happen within the same CMO as a demonstration of a feedback loop in which the CMO can become self-reinforcing.

To inform and test the CMO configurations, the researchers incorporated complementary quantitative and qualitative methods within the overarching TBE framework. This mixed-methods design allowed the evaluation to draw upon the distinct benefits of several approaches.

Under the quantitative strand, the evaluation employed two main analyses to build a picture of *what happened* because of the programme. First, PSM was used to generate robust estimates across several reoffending outcomes. These included the reoffending rate, which examines the proportion of individuals who commit at least one proven reoffence within a one-year period following their selection onto IOM, and reoffending frequency, which measures the average number of proven reoffences committed during the same period. Second, a paired-sample analysis assessed changes over time in key intermediate outcomes related to criminogenic needs.

To explore *how* and *why* these outcomes occurred, the evaluation drew on qualitative data from interviews, focus groups, and observations. This analysis focused on identifying the generative mechanisms and contextual conditions that shaped outcomes. The analysis of mechanisms has been shown to help add depth, robustness, and policy relevance to findings (Punton & Vogel, 2020), producing insights that are not only theoretically rich but also actionable and transferable. This is particularly important to a programme like IOM which aims to be both responsive to local conditions and inform best practice and operational approaches.

3.2 Research objectives and questions

The research questions for the impact evaluation were developed in consultation with the IOM policy and programme leads. They were based on the outputs from a Theory of Change model that was produced as part of this evaluation (which can be viewed in Appendix A) as well as the Neighbourhood Crime IOM strategy objectives.

The Primary objectives for the evaluation were:

1. What is the effect of the IOM programme on reducing reoffending?
2. What needs to be in place for IOM to reduce re-offending and enable people receiving IOM to desist from crime?

Within these overarching objectives sit several research questions. These were developed to reflect the IOM impact evidence gaps and wider desistance theory.

1. To what extent does IOM reduce the occurrence, frequency and severity of reoffending amongst fixed cohort nominals in the 12 months following selection on to IOM?
2. What might 'success' look like for IOM staff and people receiving IOM?
3. What needs to be in place at local, national, and individual level, for IOM to reduce the re-offending of the people receiving IOM?
4. Who might benefit the most from IOM?
5. How and to what extent, does the IOM programme influence individual's level of support needs over 12 and 24 months?

Question one was explored through both a realist evaluation lens and quasi-experimental design using PSM. For methodological reasons⁸, the remit of the question was focused on high-risk people receiving IOM on the fixed cohort, this cohort makes up most of the IOM cases supervised. To further the analysis, evidence collected through the qualitative fieldwork contributed to the interpretation of the results. Questions 2-4 lend themselves to a realist evaluation approach.

3.3 Primary data sampling

Qualitative data was collected at two case study sites in England through semi-structured realist informed interviews⁹, constructed around a teacher-learner cycle approach to theory refinement (Pawson and Tilley, 2004), and non-participant observations. The sites were selected using purposive sampling to reflect a range of contextual characteristics, including governance structures, caseload types, and a mix of rural and urban areas. Regions involved in the earlier process evaluations were excluded from consideration to reduce the risk of overburdening staff. While this approach aimed to capture a broad range of contextual factors, the final sample was shaped by the reliance on voluntary participation to maximise the likelihood of participant engagement, which limited the extent to which all features could be fully represented.

A selective sampling method was used to source participants, with Special Point of Contacts (SPOCs) within IOM teams being asked to provide names and contact details of potential participants. During the 'Second Stage' and 'Third Stage' of the evaluation¹⁰, people receiving IOM were selected via convenience sampling by approaching those who had scheduled appointments with their practitioners over the course of the researcher's visits to the offices that IOM teams were operating in. Following their appointments, the researcher's asked the people on IOM if they would be happy to remain for an interview.

Participants were initially recruited to take part in focus groups through a volunteer sign-up process in which relevant police and probation staff were invited via an online form that

⁸ See Section 5.1 of the Technical Annex for details.

⁹ A combination of in-person and remote interviews were conducted to allow the researchers the flexibility to accommodate the busy schedules of participants. In-person interviews were recorded using a Dictaphone, while online interviews were conducted and recorded using Microsoft Teams.

¹⁰ In the Initial Stage, the person receiving IOM was selected via the SPOC and the interview was conducted remotely.

was distributed by senior stakeholders across the regions. Quota sampling was used to ensure that a balanced and representative sample was achieved. This involved selecting two participants from each probation region: one police and one probation. In instances where multiple individuals volunteered from the same stakeholder group and region, participants were invited to take part in the research based on the order in which they signed-up, until the quotas were filled.

All focus groups were conducted online to facilitate participation across a wide spread of geographical locations and to minimise logistical barriers associated with travel.

3.4 Secondary data sampling

Reoffending outcomes: Propensity Score Matching (PSM)

The sample for the PSM included a treatment group of males with IOM fixed registration dates falling between 1 April 2021 and 30 June 2022, and a comparison group of similar offenders who did not receive IOM.

The treatment group comprised of 2,297 male individuals in the fixed cohort who met the specific eligibility criteria as detailed in Section 5.4 of the Technical Annex. The comparison group comprised of 3,839 male individuals who met the same eligibility criteria as the treatment group, except they were not registered to any IOM cohort between 1 April 2021 and 30 June 2022. These individuals would have potentially been eligible for IOM based on their OGRS score and index offence, making them suitable comparison group candidates.

Data was collected from a large range of criminal justice-related data sources to create the treatment and comparison groups and examine proven reoffending outcomes. Details on the specific data sources and variables is outlined in Section 5 of the Technical Annex.

OASys data

The study used existing monitoring data from nDelius and OASys for the period between April 2022 and May 2024. OASys assessments include a wide range of information on the criminogenic risks and needs of offenders, together with predictions of reoffending risks. nDelius is the national probation case management system used for managing offenders

and their risk assessments. The dataset consisted of 14,758 cases covering all IOM cohorts (Fixed, Flex and Free) and both male and female individuals. Information about the sample is included in Section 4.2 of the Technical Annex. The monitoring data was used to explore changes after 12 and 24 months on IOM for the following criminogenic needs¹¹: accommodation; alcohol misuse; drug misuse; education, training and employment; lifestyle and associates; pro-criminal attitudes; relationships; thinking and behaviour.

3.5 Analysis

CMOs were developed from the theory of change and began as rather simplistic models that could easily be tested and refined based on the primary data that the researchers gathered.

Stages of analysis

Theory building and testing is an iterative process that aims to result in a theory that is a satisfactory explanation of the evidence. To facilitate the required iterative process for realist informed analysis, primary data collection was split across three phases:

- Initial Stage – To test the initial programme theories based on document reviews and consultations with senior stakeholders through a relatively small number of interviews and observations.
- Second Stage - To test and refine the programme theories through further interviews and observations.
- Third Stage – Final phase of programme theory testing through interviews (primarily re-interviewing participants) and using focus groups to broaden the range of regional level contexts that theories are being tested on.

¹¹ These eight criminogenic needs are assessed in OASys due to their connection to dynamic risk factors that are empirically linked to reoffending, as identified in the 'What Works' evidence base, which underpins the design of OASys (HM Inspectorate of Probation, 2021)

Qualitative analysis

Qualitative data was analysed using computer assisted qualitative data analysis software (CAQDAS), drawing upon previous processes of realist analysis using such software programmes (Gilmore et al, 2019; Dalkin et al, 2020). Further detail of this process can be found in Section 2.5 of the Technical Annex.

Quantitative analysis

The Propensity Score Matching (PSM) exercise measured proven reoffences in a one-year period.

Offenders in the treatment group were matched to untreated offenders using PSM. This allows offenders in the treatment group to be matched to non-treated offenders with similar propensity scores. Using the post-matched groups, the weighted reoffending rates for the treatment and comparison groups were compared. The reoffending outcomes analysed were:

- The proportion who committed a proven general reoffence in a one-year period after selection onto IOM (reoffending rate)
- The number of proven general reoffences committed in a one-year period after selection onto IOM (reoffending frequency)
- The average time (days) to first proven general reoffence in a one-year period after selection onto IOM.

In addition, secondary data from nDelius and OASys was processed and analysed in R to explore any changes in reported needs following selection on to IOM, using the closest OASYS assessment to registration, 12 months post-registration, and where applicable, 24 months post-registration. Changes in need were assessed using both categorical measures, to identify whether a need was present or not, and ordinal measures, to evaluate changes in the severity or level of need. Descriptive statistics were used to summarise the data alongside appropriate statistical tests, such as Wilcoxon signed rank

tests, which is well suited to ordinal, non-parametric paired data. The analysis was quality assured internally to secure accuracy of the findings.

3.6 Limitations

Representatives of the sample

The reliance on non-probability sampling techniques including, purposive, convenience, and volunteer sampling, raises concerns about selection bias, limited representativeness, and the potential exclusion of underperforming cases or contexts.

The source of in-depth interview and observation data being only from two case study sites when examining a programme operating at a national level, also restricts the generalisability of the findings presented in this report. However, this was supplemented with focus groups to sense check findings with representatives from all regions in England and Wales.

The PSM strand of the evaluation only explores the data from those placed in the ‘fixed’ cohort in the early stages of the IOM refresh¹². It was not possible to access and include the Crime Severity Score in matching process, which is another IOM fixed cohort eligibility criteria and could arguably influence the matching quality between treatment and the matched counterfactual.

While the decision to combine TBE and QED approaches can help to mitigate the impact of such sample biases, it is important these are still acknowledged.

Scope of outcome measures

It can be argued that measuring reoffending outcomes over a one-year follow-up period is not a sufficient length of time to see substantial or significant changes. The inclusion of descriptive analysis of intermediate outcomes such as accommodation and employment helps to address this to some degree. However, there remains a significant evidence gap regarding the much longer-term effect of IOM. Limited resource prevented further analysis to explore change in severity of offending over time, however, this would be recommended

¹² Section 5 of the Technical Annex includes full details of the eligibility and matching criteria for the PSM analysis, and the limitations of data availability.

as an area for further research. A more detailed list of methodological limitations can be found in Sections 4.4 and 5.4 of the Technical Annex.

Secondary data quality

The data sourced from nDelius and OASys has limitations, such as missing fields and duplication of cases. The analysis should be interpreted with the caveat that the data were extracted from systems intended for operational management rather than research purposes. As such, the data are susceptible to input errors which can affect data quality, record linkage and deduplication. The findings in this report are not directly comparable to other published statistics or research, due to difference in units of data and processing.

3.7 Ethical considerations

The MoJ's Ethics Advisory Group (EAG) were consulted during the design phase of this research to ensure that all possible ethical issues had been considered. Participants in the interviews, focus groups and observations gave their informed consent to participate in the research. All data collected was stored securely at the MoJ and destroyed once analysis was complete. Although case study sites agreed to take part in the research, individual participation was voluntary, and participants were able to withdraw from the research at any point.

In this report, all participants have been pseudonymised and any identifying information has been removed to ensure participant identities are kept anonymous.

The researchers took steps to ensure it was made clear to participants that the evaluation team conducting the research was independent and were equally interested to hear any positive or negative reflections. However, there remains a risk of the possible influence of observer effect in our findings.

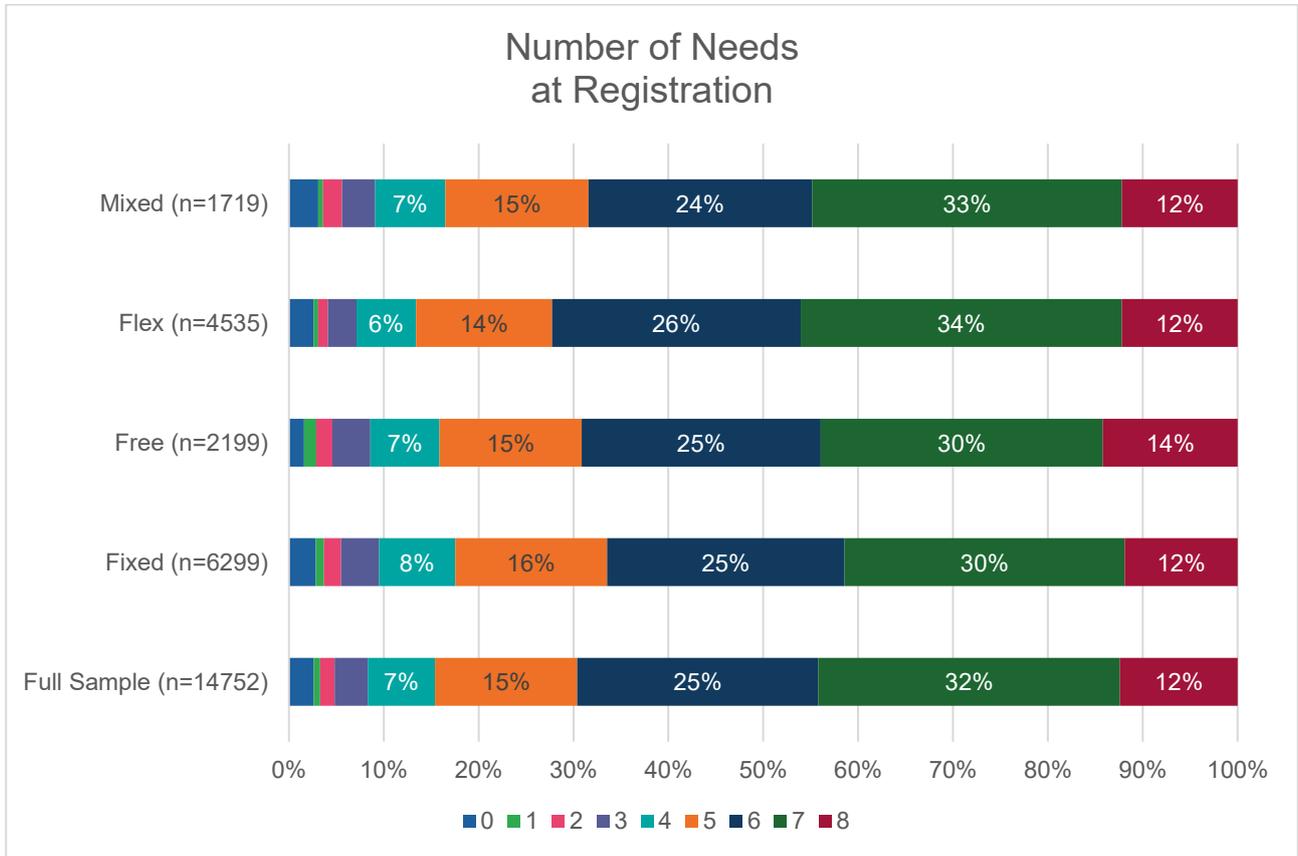
4. Setting the scene

It is important to contextualise the findings of this report within existing evidence relating to theories on desistance. Previous research has identified several key factors that influence individuals' journeys towards desisting from crime. Desistance is understood as a gradual non-linear process rather than a single event, often involving setbacks and relapses along the way (Farrall & Calverley, 2006). In some cases, these setbacks, including re-offending, have been found to provide the probation staff with greater insight into the individual's offending career and meant that they could respond to them more appropriately. (Farrall, 2002)

Key elements that have been found to facilitate desistance include ageing and maturing (van Mastrigt et al, 2009), developing strong family bonds (Laub et al, 1998), recovering from addiction (Walters, 1998), securing steady employment (Farrall, 2002), and fostering a hopeful and pro-social identity (Burnett & Maruna, 2004; LeBel et al, 2008; Weaver, 2014). The journey to desistance is complex, requiring a combination of personal determination and supportive environments (LeBel et al, 2008) to help individuals successfully reintegrate into society and live pro-social lifestyles.

Individuals selected to be on IOM have a wide range of multiple needs. A review of the sample included in the OASys analysis demonstrated that almost all people receiving IOM (97%) had at least two pathway needs, and 12% had all eight criminogenic needs at point of registration on to IOM.

Figure 4.1: Number of needs at registration by cohort type



This is further supported from the evidence in Section 4.3 of the Technical Annex that demonstrates the scale of complexity across the IOM cohorts.

5. What happened?

Key findings

- Qualitative data reinforced that desistance is a gradual, non-linear process, with progress varying significantly between individuals, ranging from minor shifts in behaviour to substantial life changes.
- Staff reported that IOM supports people to build the self-belief and independence required to achieve and sustain long-term desistance and a pro-social lifestyle beyond the duration of the programme's support.
- Analysis of OASys data showed some modest improvements across criminogenic needs; however, further sub-analysis suggests these changes may not be directly attributable to IOM.
- PSM analysis of one-year proven reoffending data found no clear short-term impact from IOM on either reoffending rate or frequency.
- Staff reported that IOM contributes to swifter and smoother justice, including quicker and more compliant arrests.

Evidence from interviews and focus groups across all participant groups indicated that desistance from offending is frequently experienced as a non-linear and cyclical process. This aligns with wider desistance evidence, which emphasises that individuals often move in and out of offending behaviour, with repeated contact with the criminal justice system. This should be considered when assessing the outcomes that IOM can be reasonably viewed as contributing towards and highlights the importance of examining both short-term interim outcomes measures, as well as a broader and more holistic perspective of the people receiving IOM's overarching journeys towards desistance.

5.1 Desistance progress

Staff and people receiving IOM consistently identified a range of positive outcomes associated with IOM participation, primarily in relation to their progress towards desistance. Reported outcomes varied considerably, from instances of long-term lifestyle

changes and sustained desistance from individuals with extensive offending histories, to examples of more incremental forms of progress.

These smaller steps, such as improved routine, reduced substance misuse, or increased engagement with services, were viewed to cumulatively contribute towards enhanced stability and a reduced likelihood of reoffending, although IOM staff acknowledged that lapses were common along the journey towards desistance.

When discussing examples of progress, IOM staff and recipients often referred to improvements across desistance pathways, such as accommodation, employment, and substance misuse. Staff described how IOM works to create opportunities for people receiving IOM to develop the required self-belief and independence to work towards long-term desistance and building a pro-social lifestyle, without continued support from the programme.

To complement these qualitative findings, analysis of OASys scores was conducted to assess changes in criminogenic needs over time. The tables below summarise average score changes at one- and two-years post-IOM selection¹³:

¹³ People receiving IOM may have been on IOM throughout this follow up period, on it for a short period, or on and off IOM repeatedly. *Table 4.5: Length of time on IOM* found in the Technical Annex demonstrates that most of the sample had been on IOM for at least 12 months.

Table 5.1: Change in severity between registration and 12 months post-selection

OASys Need:	Accommodation	Employability	Relationships	Lifestyle	Drug Misuse	Alcohol Misuse	Thinking & Behaviour	Attitudes
Range ¹⁴	0-8	0-8	0-6	0-6	0-10	0-8	0-8	0-8
One-year Sample: Average at Registration	4.33	4.78	3.33	4.26	4.09	3.61	5.51	4.69
12 months post-selection average change	-0.001	0.007	-0.197**	-0.086**	-0.125**	-0.028**	-0.117**	-0.135**

**Statistically Significant, see more detailed results in Tables 4.8 and 4.9 in the Technical Annex

Table 5.2: Change in severity between registration and 24 months post-selection

OASys Need:	Accommodation	Employability	Relationships	Lifestyle	Drug Misuse	Alcohol Misuse	Thinking & Behaviour	Attitudes
Range	0-8	0-8	0-6	0-6	0-10	0-8	0-8	0-8
Two-year sample: Average at Registration	4.31	4.89	3.31	4.31	4.13	3.57	5.53	4.76
24 months post-selection average change	-0.071**	-0.041	-0.260**	-0.113**	-0.148**	-0.041**	-0.139**	-0.162**

¹⁴ Overall needs are calculated from the scores of specific questions from across assessments. Each of these questions is scored on a scale from 0 to 2 (some being scored 0 or 2, and others 0, 1 or 2) with 0 denoting 'no need', 1 'some need' and 2 'significant need'.

While nearly all areas of need included in OASys showed statistically significant improvements in their average scores after one- and two-years following selection onto IOM, it is important to note that these changes were fairly minor and all effect sizes were small.

As detailed in Section 4.4 of the Technical Annex, further analysis on a subset of the PSM treatment and counterfactual sample was conducted to explore the extent to which the observed improvements in criminogenic needs could be attributed to IOM. This sub-analysis found no significant differences in average change in criminogenic needs when comparing the PSM fixed cohort with the matched counterfactual group, suggesting that the trend may have occurred regardless of IOM's involvement.

It is important to note that these findings may have been influenced by several factors, including potential biases in the sample. For instance, some people receiving IOM may have an updated OASys assessment triggered by specific events such as recall, release, or changes in need. As a result, individuals receiving more frequent OASys assessments, and therefore more likely to have an assessment within the qualifying parameters outlined in Section 4.4 of the Technical Annex, may differ systematically from those with less frequent assessments. 29% of IOM cases were dropped from the one year follow up, and 55% from the two-year follow-up, due to not having an OASys within the specified time periods. These exclusions, alongside the possibility that findings from the sub-analysis using the PSM dataset may not be representative of all individuals receiving IOM, underlines the need for caution when interpreting the results. It is also important to consider that, in some instances, IOM recipients may begin to recognise specific areas of need that they had not previously identified. This in turn could cause their OASys scores to increase, even though it may represent a positive step towards addressing criminogenic needs.

The greater levels of improvement in OASys scores after two years post-selection, compared to those observed after just one-year, also align with qualitative evidence suggesting that progress is often gradual. This, combined with the understanding that some people receiving IOM frequently move on and off the programme, suggests that even a two-year follow-up period may be insufficient to capture more substantial improvements that could emerge over a longer timeframe.

Staff consistently emphasised that positive outcomes were relative and varied considerably between individuals. This highlighted the importance in recognising and celebrating the “small wins” alongside longer-term achievements.

“It’s like if you’ve had an offender who commits 100 offences every time he’s out of custody, just actually that person not committing an offence for longer than a month and a half might be a success sometimes.” – Police Sergeant 1, Region

C

5.2 Reoffending outcomes

One-year post-selection proven reoffending outcomes

The acknowledged long-term and non-linear nature of desistance presents significant challenges in attributing observable reoffending outcomes to IOM. As shown below in table 5.2 and 5.3, results from the PSM strand of the evaluation found no clear evidence that support from IOM either increases or decreases the proportion of those who commit a proven reoffence, or the number of proven reoffences committed, over a one-year period.

Table 5.3: Proportion of males who committed a proven general reoffence in a one-year period (reoffending rate) after support from IOM (fixed cohort), compared with a matched comparison group.

Number in treatment group	Number in comparison group	Treatment group rate (%)	Comparison group rate (%)	Estimated difference (% points)	Standardised effect size (Cohen’s d)	Statistically significant difference?	p-value
2297	3839	38.9 (36.9 to 40.9)	38.5 (37.0 to 40.1)	0.4 (-2.1 to 2.9)	0.01	No	0.75

Table 5.4: Number of proven general reoffences committed in a one-year period (reoffending frequency) by men who received support from IOM (fixed cohort), compared with a matched comparison group.

Number in treatment group	Number in comparison group	Treatment group frequency	Comparison group frequency	Estimated difference	Standardised effect size (Cohen’s d)	Statistically significant difference?	p-value
2297	3839	1.5 (1.4 to 1.7)	1.5 (1.4 to 1.5)	0.08 (-0.08 to 0.24)	0.03	No	0.32

This may suggest that IOM does not have an effect on reoffending outcomes in the short-term for those in the fixed cohort following selection onto the programme. Alternatively, the absence of statistically significant differences in outcomes may be reflective of the heightened levels of monitoring and responsivity involved in IOM

delivery, increasing the likelihood of detecting and recording offences that might otherwise go unnoticed. It may also reflect limitations with the selected and matched sample (see Section 5.4 of the Technical Annex).

Enforcement delivery outcomes

In line with ambitions set out in the latest IOM strategy¹⁵, staff highlighted that even in instances of breach or further offending, IOM was perceived to support risk management and contribute to more favourable outcomes than might otherwise have occurred.

A commonly cited example of IOM's operational value was its role in facilitating more compliant arrests and enforcement actions with reduced resistance and greater cooperation. In addition, IOM was perceived to support quicker responses to suspected breaches or reoffending, which were seen as helping to prevent further escalation of criminal behaviour. These compliance-related outcomes were also linked to wider system benefits, including a reported reduction in the burden on neighbourhood policing teams.

“so we get alerts obviously on our system because they’ve got a flag on the system to say that they’re IOM, it will ping up to us to say that they’ve been suspected of a theft, intelligence, an incident, or anything like that. And then we can obviously contact the OIC (officer in charge) directly” – Police Support Officer ¹⁶1, Region B

Furthermore, there were reports that the added level of information available on those receiving IOM can help to inform more appropriate actions at both enforcement and sentencing levels.

“a lot of like police mentality is these are prolific offenders and they’re wanting court outcomes, court outcomes, court outcomes, whereas actually sometimes that’s not the best outcome. They’ve been doing really well, they’ve been engaging well, where they’ve had a blip, we’ve lost them here, but we can get them back, so let’s actually look at a different option” - Police Officer 1, Region B

¹⁵ Neighbourhood Crime IOM Strategy

¹⁶ The Police Support Officer role was only present in one of the case study regions. This role involved working directly with people receiving IOM, alongside Police Officers and Probation Officers, focusing on providing support in various forms separate from enforcement.

Evidence from the PSM strand may support this theory. For those with a proven reoffence in a one-year period, support from IOM (for the fixed cohort) shortens the average time to first proven reoffence for people receiving IOM by ten days, as shown below in table 5.4.

Table 5.5: Average time (days) to first proven general reoffence in a one-year period for men who received support from IOM (fixed cohort), compared with a matched comparison group.

Number in treatment group	Number in comparison group	Treatment group time (days)	Comparison group time (days)	Estimated difference (days)	Standardised effect size (Cohen's d)	Statistically significant difference?	p-value
894	1335	133 (126 to 140)	142 (137 to 148)	-10 (-18 to -1)	-0.09	Yes	0.03

This is a statistically significant result. Although the difference is small and could indicate that those on IOM are simply reoffending at a faster rate, it could alternatively suggest that the more intensive supervision and enhanced level of information sharing may lead to quicker identification of further offences.

The specific ways through which IOM contributes to these outcomes are explored in a later section of this chapter titled 'Swifter and Smoother Justice'.

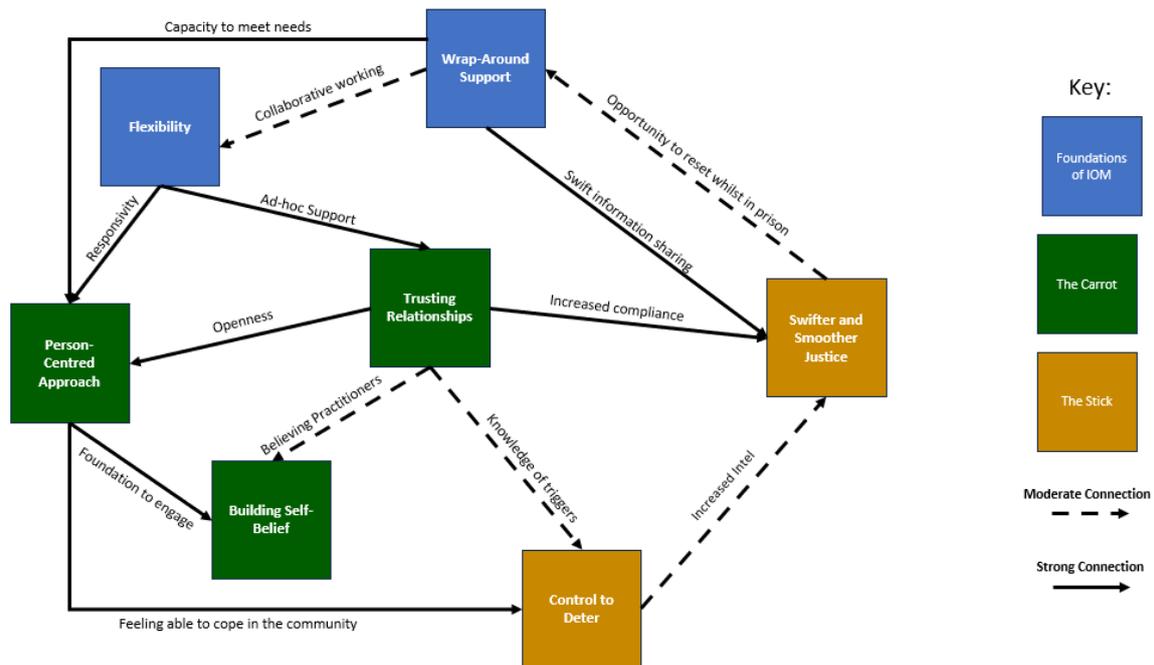
6. How does IOM contribute to desired outcomes?

In this section, the research team present the ways in which IOM was found to contribute towards various desired outcomes. The discussion explores several key theories including the required context needed to create the necessary circumstances to achieve these outcomes.

Each theory is introduced using an 'If.. Then.. Because' statement to provide a concise and accessible overview of the underlying causal logic (Harris et al, 2024). These are then discussed in more detail, with an examination of the theories' underlying mechanisms, requirements, supportive factors, external barriers, and outcomes. This structure has been used to help differentiate between contextual elements that are essential for the mechanism to 'fire' to any degree and those that can be considered to have 'amplifying' or 'dampening' effects on the extent of the achievable outcomes. Full explanations of each theory are shown in Appendix B.

The theories discussed here have been grouped into several core themes to highlight how they interconnect and build upon one another. Each of the theories have connections with at least one, and in many cases several, of the other theories presented. The diagram below illustrates the most prominent connections between the different theories, with labels indicating the specific elements that link them.

Figure 6.1: Connections between theories



The chapter concludes by examining broader contextual factors outside of IOM’s control and the influence that these can have, both positively and negatively, on achieving the desired outcomes.

6.1 The foundations of IOM

Key findings

- Staff highlighted that it is their ability to work flexibly and prioritise strong collaboration between partners and agencies that enables IOM to operate in its distinctively responsive and person-centred manner.
- Co-location and dedicated IOM roles within wider agencies were reported to enhance the level of wrap-around support, particularly in rural areas, by improving access and coordination.
- Staff emphasised that flexible supervision, tailored to individual needs and circumstances, is essential for engaging IOM recipients and avoiding setting them up to fail.
- The responsiveness and collaborative nature of IOM delivery was found to be influenced by staff capacity, engagement from wider services, and geographic location.

To understand how IOM functions we must first begin with an exploration of how staff interact with the structures, resources, and ethos of IOM. The theories presented in this section highlight that success is not solely determined by multi-agency frameworks or formal processes, but rather the ways in which staff navigate, adapt to, and apply the systems in practice. Staff members' ability to respond dynamically to complex needs, work collaboratively, and maintain a shared commitment to person-centred support were found to be essential to effective delivery. The impact of IOM, as discussed in later theories in this chapter, largely depends on the establishment of these foundations.

'Wrap Around Support'

*The overarching theory discussed in this section is that **If** staff have a holistic mindset, **then** there will be improved coordination of services which ultimately improve the offer available to people receiving IOM **because** collaboration is prioritised.*

Mechanism

A key factor identified as underpinning the effectiveness of IOM was the integration of support and collaboration between police, probation, and wider agencies such as drug and alcohol, mental health, and housing. The qualitative data highlighted that both practitioners and managers within IOM prioritised collaborative working, information sharing, and attendance of multi-agency meetings, with the aim of delivering holistic, wrap-around support tailored to the needs of individuals on the programme.

Requirements

This collaborative model relied upon a shared ethos among IOM staff, one that valued sustained, person-centred support as central to enabling desistance. The commitment of senior managers to the aims and principles of IOM was considered to be critical part of this. When supported by regular multi-agency meetings with strong attendance from relevant partners, as set out in the operational guidance, buy-in at this level was reported to create a shared culture and structure of accountability that enabled key actions to move forward.

Supportive factors

In addition to these core requirements, several contextual factors were identified as enhancing the effectiveness of collaborative delivery. Notably, co-location of partner agencies was consistently reported by staff as facilitating stronger inter-agency relationships, more efficient information sharing, and the creation of a ‘one-stop shop’ model of support for people receiving IOM to engage with. The role of co-location and other person-centred practices is explored further in ‘Person-Centred Approach’.

“but when we are co-located there’s no doubt about it, the conversations can be had in the same room, there’s a feeling of joint understanding, we’re one team.

Psychologically that’s huge” – Police Sargeant 1, Region A

It is worth noting that co-location can act both as a key factor in promoting collaborative working and as an outcome in its own right¹⁷. In some cases, staff made deliberate efforts to work in the same location as other professionals, even when this was not easily convenient.

“So it comes down to logistics and stuff I guess in that aspect, but it’s also the individual and the staff, how willing are they to make these changes and put themselves – co-locate, move to a different office, move somewhere to know that they can help us.” – Senior Case Administrator 1, Region A

While the presence of dedicated roles focusing on specific desistance pathways (e.g., mental health, substance misuse, and education, training and employment) varied across sites, their contribution was consistently viewed as being extremely beneficial by the other IOM staff members. These bespoke roles were reported to enhance IOM’s ability to support progress across multiple desistance pathways and strengthen the delivery of holistic, wrap-around support.

“what works well is when you’ve got designated workers, just doing IOM, within each agency, and, you know, they are coworking collaboratively on those cases.” – Senior

Probation Officer 1, Region D

¹⁷ as introduced in Section 3. Approach

Co-location of these bespoke roles from wider agencies, providing dedicated IOM input, enabled the delivery of an enhanced 'one-stop shop' model of support. This approach was reported as being particularly effective in reducing logistical barriers for people on IOM living in remote or rural areas. Without such integration, the need to attend multiple locations for various types of support can present as a significant barrier to engagement.

Another key enabler of multi-agency collaboration was the use of formal information sharing agreements. These agreements were fundamental to streamlined and timely exchanges of information between partners and agencies, particularly during multi-agency meetings. This facilitated coordinated decision-making that enabled staff to respond quickly to changes in the behaviour or circumstances of those receiving IOM support.

External barriers

Several contextual factors outside of IOM's direct control were also found to impact the level of collaboration that is achievable, in particular the extent to which wider services and agencies were meaningfully engaged with the programme. Where agencies demonstrated a commitment to IOM's aims and were actively involved in joint working and attending multi-agency meetings, staff reported more effective information sharing, clearer decision-making, and improved outcomes for people receiving IOM. Conversely, limited engagement from wider agencies was found to constrain the programme's ability to respond holistically to individuals' needs.

Often this limited engagement was due to the competing demands and constraints that wider agencies were often reported to be operating under. High caseloads, staffing shortages, and shifting organisational priorities limited the availability of staff to attend multi-agency meetings, share intelligence in a timely manner, or contribute to joint planning. As a result, the consistency and quality of wrap-around support could sometimes be affected. This is returned to in Section 6.5.

‘Flexibility’

If staff have enough capacity and a holistic person-centred mindset, **then** they will provide responsive and practical support that can remove common obstacles to help avoid the people receiving IOM “being set up to fail” **because** they feel able to tailor their approach both as a team to the individual person receiving IOM and find creative solutions to deliver support.

Mechanism

Staff often referenced how many individuals receiving IOM live chaotic lives, and that any approach to supervision would need to reflect this reality through adopting working practices which are both flexible and responsive to individual circumstances. Qualitative data from all participant groups supported the view that IOM practitioners do typically tailor their support and supervision strategies to meet the specific needs of each person .

“We knew it wasn’t right for you; we had to get creative in what we done. ‘cos otherwise, in a sense, it’s setting you up to fail, wouldn’t it? Saying you’ve got to do this, this, and this and if it’s not feasible, it’s not feasible, but... we made it work.” – Probation Officer 1 (talking to person receiving IOM 1), Region A

Requirements

How possible this ethos is relies on having some key fundamentals in place. Firstly, that staff have sufficient capacity to flexibly manage their appointments with people receiving IOM, both in terms of timing and location. It is this form of flexibility that is being discussed in this chapter, as opposed to more conventional flexible working arrangements (e.g., flexitime or time-off-in-lieu). This flexibility allows practitioners to adapt their schedules in real time to better meet the needs of people on IOM. In order to work in this way, it was widely recognised that probation practitioners would need to have lower caseloads when working IOM cases. However, many staff members, particularly those in probation roles, suggested that current workload models do not appropriately account for the increased level of resources that IOM requires and expressed concerns regarding the impact of overburdening staff.

Secondly, the importance of having appropriately skilled and motivated staff was consistently brought up by practitioners at all levels. ‘The right staff’ were described as ones who were resilient, adaptable, team-oriented, and committed to the aims of IOM. These attributes were viewed as essential qualities for managing the unpredictability associated with working with complex individuals.

“I can definitely do more to support my IOM cases than I can with the other ones. And I think because – because IOM is so – you’re so involved in the chaos of the world out there, it’s like we – it’s like they’re not part of our world, it’s like we’re part of their world, so we’re constantly running with things, moving things around, there’s always changes.” – Probation Officer 1, Region A

“Yeah, I think what makes us effective is obviously we’re dedicated to what we do. It’s not a role you can walk in and think, “Oh yeah, it’s a cushy role.” Like last week was so chaotic, it was unbelievable.” – Drug and Alcohol Worker 1, Region B

Supportive factors

Frequent contact and close working with people receiving IOM were found to further improve practitioners' ability to tailor their approach effectively. Such contact enabled staff to respond more quickly to changes in individuals' circumstances. However, this responsiveness was again reported to be contingent on having sufficient capacity within teams.

“you can be more individual and responsive the more capacity you have. From a probation service perspective, we have not a lot of capacity, and that impacts then on people’s responsivity.” – Senior Probation Officer 1, Region B

When staff were able to adopt a flexible and creative approach, this often manifested in the provision of ad-hoc, practical support tailored to the immediate needs of the person receiving IOM. For example, practitioners were found to play critical roles in helping individuals attend appointments, both within IOM and with external services. This type of support varied from logistical to psychological and was viewed as a means of recognising individual capabilities and removing common barriers to engagement. Barriers that might otherwise contribute to disengagement or non-compliance and could be viewed as setting people on IOM up to fail. In this way,

staff were seen to provide a form of bridge, between a person receiving IOM's motivation and their ability to meaningfully engage with the rehabilitative support offered by IOM. This will be returned to in 'Person Centred Approach'.

“so I had £120 a month to live on and that's not enough to feed yourself, it's not enough to - £120 don't last very long at all. I used to get paid double that a day for work, you know, so... Like it was – that was really hard, but they steered me and they helped me with things like food parcels and going to agencies like [Employment Charity] to fill out my documents for the benefits and that. And, you know, without them I wouldn't have known that I could even do that, you know, so – so there's a couple of the things that they've helped, yeah.” – Person receiving IOM 1, Region B

“No, to be fair, he's took me to a few appointments. He's rang me a few times, obviously asking me to see if I want picking up and that. Obviously I said no, I'll be all right today. But to be fair, since I've been with [name], obviously he has actually helped me out a lot. Obviously he picked all furniture up for me the other day, when he should have finished work at four o'clock.” – Person receiving IOM 2, Region B

External barriers

Geographic location and availability of buildings and services can make it challenging for more remote areas to offer in-person flexibility for both staff and people receiving IOM. These logistical considerations do not necessarily prevent this flexible style of working from taking place entirely but rather make it more challenging to achieve the positive outcomes associated with this theory.

Whilst IOM arrangements in more rural areas appeared to struggle to operate with the same degree of flexibility as their more urban counterparts, it was nonetheless this style of working that enabled staff to find ways to deliver effective IOM over such vast areas. Often referenced was the coming together of staff across various partners and services for one day a week within more rural areas to provide multi-agency appointments to people receiving IOM. It also appeared that in some cases, providing flexible support by transporting people on IOM to appointments was even more crucial, as it was those in more rural areas who faced the greatest logistical barriers in attending their appointments.

At a higher level, there were also reports that the inflexibility of some financial systems to procure goods, such as drugs testing, bus passes, food vouchers, also limited the ability of staff to truly tailor their supervisions to the needs of the individuals.

The foundations to responsive offender management

The two theories that have been presented so far are closely interrelated. Collaborative working between co-located partners and agencies (as described in 'Wrap Around Support'), particularly where staff had the flexibility to adapt their schedules, was reported to enable the highly responsive and coordinated service offer described in the 'Flexibility' theory. The same is also true in reverse, where the flexibility of staff can support smoother collaboration across organisations.

“if somebody’s had a relapse, but they’re not currently open, if we’ve got a [substance misuse service] key worker there and they’re free, you can – you can make that happen on the day, which is brilliant. Same with mental health, if somebody comes in and they’ve had a bereavement, but they’re not currently working with their IOM mental health nurse, if she’s there you can – obviously, she’ll come and pop in and speak to somebody, so yeah. And the same with police field officers, if you’re there and you need somebody to ask something, it’s great when everybody’s there, you don’t have to almost book an appointment. ‘Cos field team, probation officers, if I wanted somebody to see [substance misuse service], I’d have to refer them into [substance misuse service] and get them an appointment, whereas we don’t have that, so it’s a lot more flexible.” – Probation Officer 2, Region B

This integrated way of working underpins the remainder of the theories discussed in the report which detail how IOM supports desistance and delivers swifter appropriate justice interventions.

The combined effects of staff adopting a flexible working practice while prioritising a model of wrap-around support enhances the overall resilience and contingency within the IOM operation. For example, staff were able to redistribute responsibilities (outside of core duties) during periods when practitioners were working over their capacity, allowing staff to maintain a continuity of support for the person receiving IOM.

Practitioners often reported that they were “on the same page” as their police or probation counterparts which allowed for more cohesive and aligned case management and decision making. Although, it was noted that this flexibility to cover responsibilities worked best over short periods and was not a sustainable approach for addressing long-term absences or staff vacancies.

6.2 “The IOM offer”: A carrot and stick approach

Many members of staff described IOM as operating through a balance of support and enforcement, often described as a “carrot and stick” approach (see also Cram, 2018). In this framing, the ‘carrot’ represents the rehabilitative support offered to people receiving IOM, while the ‘stick’ refers to the use of enforcement measures in response to non-compliance and risk of managing the individual in the community. While these two elements may appear distinct, they were often described as interdependent, with each reinforcing the credibility and effectiveness of the other. This is often referenced in the context of IOM recipients’ non-linear pathway towards desistance, where lapses and setbacks are expected, and support and enforcement needs to be dynamically adjusted and balanced accordingly.

“ultimately to get them to that trusted relationship position, they have to see that the police and probation or the drug service or whichever professional practitioner is working with them, has got a vested interest in them and it’s not just about the stick element. This is why the carrot is just equally as important as the stick, and you can’t have one without the other” – Senior Probation Officer 1, Region A

6.3 “The IOM offer”: The carrot

Key findings

- Staff across all groups consistently highlighted the development of trusting relationships between practitioners and the person receiving IOM as the crucial first step towards meaningful IOM engagement.
- Trust was found to be built through honesty, consistency, and practical support, with staff meeting the person receiving IOM at their current level of trust and being clear about both the support available and the consequences of non-compliance.
- A person-centred approach, tailored to individual needs, advocating for people receiving IOM, and removing common logistical barriers, was found to provide essential support in creating the stability needed for IOM recipients to begin progressing along various desistance pathways.
- Prison was often described as presenting as a familiar and safe space for people on IOM in which their basic needs could be met. Staff highlighted that one of the core challenges for IOM was in providing sufficient support for IOM recipients, often described as highly institutionalised, to feel that they were better off remaining in the community, rather than returning to custody.
- Staff reported that building self-belief in a non-criminal identity was a key enabler of long-term desistance. This was supported through engagement in new routines, structured activities, and pro-social relationships, which helped reinforce progress and promote the development of alternative, positive identities.

The ‘carrot’ element of IOM refers to the rehabilitative support offered to people receiving IOM. This section outlines theories exploring how engagement with this support can develop across the different stages of an individual’s journey on IOM. The process begins with the person on IOM establishing a level of trust with their practitioner. As this relationship strengthens, they may develop greater confidence that the wider programme is able to help them and to engage with IOM’s associated support services. Over time, this engagement can help people on IOM to reach greater levels of stability while in the community. This can in turn enable them to

work towards becoming more independent, and develop a sustainable, pro-social lifestyle without future reliance on IOM support. While these theories are presented in a broadly chronological sequence, they are not strictly linear; rather, they often interact through feedback loops, with progress in one area reinforcing or enabling developments in another. It is important to note that this section builds on the theories outlined in '6.1 The foundations of IOM'.

'Trusting Relationships'

If staff are honest and tailor supervision to the person receiving IOM's needs, **then** people receiving IOM are likely to buy in to IOM and be more open with their practitioner(s) **because** they have built trust in the practitioner(s) and know they are trying to help them.

Mechanism

At the heart of IOM's contributions towards positive change work and long-term desistance is the development of trusting relationships underpinned by the belief from the person receiving IOM that the IOM staff are genuinely trying to help and support them. This theory can be considered as a sort of starting point from which subsequent routes to rehabilitative change are then able to build upon.

"I was, hang on a minute, like [IOM practitioner's] telling the truth here, she actually wants to help me." – Peer Mentor¹⁸ 1, Region A

Requirements

Several key conditions were identified for their importance in building trusting relationships. For example, staff highlighted the need to meet individuals at their current level of trust, noting that people on IOM are often initially more receptive to certain practitioners or agencies than others, with police staff often facing greater challenges in establishing trust. However, the integrated nature of IOM was seen to facilitate the gradual transfer of trust beyond the initial relationship with a given practitioner. As in many cases, this trust appeared to extend over time to the other involved members of staff, including the police. The provision of ad hoc, practical support (as discussed in 'Flexibility') was frequently referenced as another way

¹⁸ With lived experience of receiving IOM

through which staff were able to build trust by tangibly demonstrating their commitment to helping those receiving IOM.

“if we get there and they’re in a situation, we can just get them and put them in the car with us. And like if they need to go to a food bank, we’ll take them, if they need to go to the hospital, we can take them. It gives us more opportunities to show people that we actually care about them and we can be responsive there and then rather than, “Oh I can’t do this, I’m going to have to speak to my manager if we’ve got this and that– Probation Officer 1, Region A

Staff emphasised the importance of being “up front and honest” with people receiving IOM, both in terms of what help and support is realistic and establishing boundaries around the consequences of non-compliance (explored further in ‘Control to Deter’). These boundaries helped to develop a source of consistency and further promote feelings of trust when reinforced. This balance of managing boundaries whilst delivering support and teaching new skills was often compared to the role of parenting.

“And that’s what I say to key workers, you know, “Don’t promise something you can’t deliver. Keep the client always informed and you’ll have no issues.” – Drug and Alcohol Worker 1, Region B

“when they’re newly come onto IOM, I do make it clear to them that I’m here to support and help them and I do really want the best outcome for them. But equally, I am a police officer and I do make it clear that if – if they commit offences, then I will be – you know, I will arrest them sort of thing. So I set out – set it out quite early on with people.” – Police Officer 1, Region B

Outcomes

These trusting relationships were reported to enable IOM recipients to open up about their needs, challenges, and changes in circumstances. This, in turn, meant practitioners could provide more tailored and person-centred approaches to supervision and this was also noted as valuable for informing risk management and enforcement decisions.

“I think it's openness and being honest, because if we don't know that there's a problem, we're not going to be tackling that if we don't know it. And it's that collaboration, it's that working with everybody openly and honestly.” – Probation Officer 2, Region A

Engagement with the programme was often described as essential for people on IOM to benefit from its support. While this largely seemed to be in reference to engagement at a programme wide level (i.e., with the wider related agencies), it was widely agreed that this engagement must first be achieved at an interpersonal level, between the person receiving IOM and their practitioner(s), based on the building of trusting relationships.

“So it works the best of both ways really, you're building a relationship, they're accessing more support, but we're managing to build that better picture of who they might be with, where they're staying and obviously helps with our side of things as well.” – Police Support Officer 1, Region B

‘Person Centred Approach’

If people receiving IOM have something they want to change about their lives and staff have the capacity to deliver a person-centred approach to supervision, **then** they are more likely to engage, comply and make progress across desistance pathways, **because** they feel seen and supported, while experiencing IOM as a responsive source of stability that helps them to pursue meaningful change to their lifestyle and routine.

Mechanism

Whilst most staff believed that motivation needed to come from the people receiving IOM, some practitioners discussed examples of how they can look to identify ways in which they may encourage or support an individual's motivation and take steps to help bring these into action.

“I think if there's at least a little seed then you've got something to work on. The ones where you feel like, yeah, you're just dragging them through the process... Yeah, I suppose you have to sort of keep the faith that it's not the right time for that

person this time round. But if there's ever a glimmer then, yeah, I think it's doable" – Senior Probation Officer 1, Region E

"say look, whatever it is, what is it, why are you going round in this cycle? Well, I've got this drug habit, I've got nowhere to sleep, I've got a horrible relationship with my parents or whatever it is. Okay, well let's work on that then, if that's the reason, let's try and improve that" – Police Sergeant 1, Region B

The importance of identifying and working to support IOM recipients' motivation to change was consistently emphasised across all staff groups. Practitioners frequently referred to the concept of "readiness for change," noting that meaningful progress often depended on the person receiving IOM having a personal desire to alter their lifestyle or circumstances. While this motivation was often described as internal, linked to factors such as age, maturity, or life stage, staff members also identified a range of external motivators. Relationships with partners, children, and parents were commonly cited by both staff and people on IOM as key drivers for desistance.

"It'll be different for everybody, won't it? But sometimes it'll be – it could be a change in family or something, or the partner's had a child, or the children are growing up and they've missed out half their childhood or something. Or it could be that they've had a bad experience with drugs, I don't know, but the driver will be different for everybody." – Senior Care Coordinator 1, Region B

Building on the wider theories already discussed, the IOM approach to capitalise on and encourage programme recipients' motivations to change meant many people receiving IOM felt genuinely seen and supported by the programme. IOM was perceived to provide a sense of stability and opportunity, which in turn enabled individuals to begin making meaningful lifestyle changes. It is in this way that IOM can be seen to follow through and support on the delivery of identified desired areas of change in the lives of people on IOM. This relates closely to the importance placed on practitioners being able to manage expectations and reduce the risk of IOM recipients feeling that they are being 'set up to fail'.

Even when people receiving IOM demonstrate high levels of motivation to change their lifestyle, this alone was reported to often not be enough to make these ambitions a reality. Many people on the programme still require the structured

support and stability that IOM offers in order to focus on change and sustain progress. In this way, IOM would act not only as a catalyst for motivation but also as a platform to enable individuals to build the confidence and conditions necessary for long-term desistance.

Requirements

The level of trust and rapport established between the person receiving IOM and their practitioner(s) was identified as a key factor in promoting greater openness and in turn enabling a more tailored person-centred approach to be delivered. This openness allowed practitioners to gain deeper insights into what might encourage engagement and change, as well as what to avoid to prevent disengagement.

“And then you come out of jail and someone else is saying you’ve got to do; you’ve got to do. And that there, like I say, is a part of being suffocated where [name] didn’t do that, he was like showing me that, I’m here, you’re a big man, make your own decisions, but I’m here to catch you if you fall kind of thing.” – Person receiving IOM

3, Region A

Often it was the staff’s flexibility and openness, for example, to rearrange appointments or facilitate transport to meetings, that helped people receiving IOM feel they were being ‘given a chance’ and not feeling set-up to fail. This practical assistance was frequently observed and was reported to help remove common barriers to the people on IOM’s engagement. Many practitioners also described advocating on behalf of IOM recipients at other services or within systems, where they were felt to be inaccessible or inflexible to the needs of the person receiving IOM. These efforts were typically aimed at addressing key sources of instability in the lives of IOM recipients, most commonly related to accommodation, substance misuse, and mental health.

“Yeah, I had [name] take me to do my doctor’s appointment, registered with doctors, all sorts like that, so yeah.” – Person receiving IOM 3, Region B

“attending housing appointments we tend to go with them, we help them with the assessment. ‘Cos some people, like they don’t – they don’t understand really like what they’re – what they’re expected to answer. And they will always do oh, this is

my best-case scenario, but how we work it is you should always give your answer of a worst case scenario 'cos they need to see you on a worst day, they need to see this is the worst time, you know, situations where it's most difficult.” – Probation Officer 1, Region B

Consistent with the prevalence of criminogenic needs identified during OASys assessments, as demonstrated in Section 4. Setting the scene, interviews and observations highlighted the high level of need among many people receiving IOM, with the majority requiring substantial support to make and sustain lifestyle changes, even when internal motivation to change was present. IOM's responsive, person-centred offender management style was seen as a critical enabler in increasing the likelihood of capitalising on, often brief, periods of motivation. These windows of opportunity were often described as being brief and easily susceptible to being missed with a less intensive and responsive model of supervision.

It being the “right time” for a person to change should not be viewed as a binary condition where IOM recipients are either ‘ready’ or ‘not ready’ to engage with the programme. Rather, people on IOM may demonstrate varying degrees of readiness for change, with some prepared to make significant lifestyle adjustments and others only able to engage with smaller, incremental steps. IOM's flexible and person-centred approach was seen to accommodate this variation, enabling staff to tailor support in line with each individual's current capacity and willingness to change. It also helps to have the ‘stick’ element of IOM (discussed in ‘Control to Deter’) to encourage this change where motivation isn't intrinsic.

External barriers

Willingness to engage with the IOM offer was also reported to depend on whether the person receiving IOM truly wished to change. While some expressed a desire for significant lifestyle improvements, others were perceived as more content with their current circumstances, making it more difficult for practitioners to identify meaningful levers for engagement. This was often reported in relation to IOM recipients that were involved in organised crime (which was one area's free cohort) where offending was still seen as lucrative and who often had a different profile of criminogenic needs with less immediate support needed.

“So I think those [high needs] people would benefit more from IOM than what the top end people [organised crime] are. With the top end people, if they come in, they’ll never have drug issues. They’ll very quickly get stable employment. They’ll have a stable accommodation and probably a stable family life. They’re just instead of us going and doing a nine to five, they will do like high end burglaries, robberies, steal six figures in cash and then live off that. Because we can’t offer them so much support on IOM, it’s highly likely that they’ll be deselected after three or four months, whereas with the people who are at the bottom, the drug users, they need that constant support. So I think IOM is more beneficial towards them” - Probation Officer 1, Region A

How meaningfully staff can encourage and facilitate IOM recipients’ motivations relies on the availability of local opportunities, such as accommodation, education, training, and employment. Accommodation was described as a significant area of unmet need for many people receiving IOM and barriers to securing stable, long-term housing were reported to inhibit practitioner’s ability to help those on IOM to make tangible changes, which could deplete the morale and motivation of those on the programme.

A recurring theme among staff was the view that many of the people receiving IOM had become institutionalised through repeated cycles of imprisonment, with the structure of custody providing a form of routine and predictability. In contrast, life in the community was often experienced as chaotic and overwhelming. As such, IOM was seen to play a critical role in establishing a minimum threshold of stability necessary for individuals to remain in the community. Where this threshold was not met, disengagement was more likely, and the effectiveness of deterrence-based measures was diminished (explored further in ‘Control to Deter’).

“If they’re not on a script, if they’ve not got accommodation, they don’t really have that support structure when things go, you know, kind of go wrong, no matter what we do they will still probably say I want to go back to prison.” – Probation Officer 1, Region B

These barriers to accessing wider services, particularly long-term accommodation, were seen to limit IOM's ability to provide this foundational stability and thus diminish the motivation of people on IOM and their belief in the programme's approach.

Outcomes

Positive progress could be self-reinforcing. For example, where practitioners were able to support individuals in making positive changes, this strengthened desistance as IOM recipients would recognise what they had gained through the programme, and feel they have something to lose, such as housing, employment, or relationships, if they failed to comply with their order or returned to offending. This was particularly the case for repeat prolific offenders in the fixed cohort, where often their circumstances in the community meant that they felt that they had nothing or little to lose by returning to prison.

Where stability was achieved, people receiving IOM were reported to be more likely to engage in new routines and begin forming alternative, pro-social identities. This included participation in structured activities, involvement in community groups, and the development of relationships with positive influences, all of which were seen to support distancing from criminal networks and behaviours.

“But quite often there's limited availability for those things, there's a housing crisis nationally, in [place] that's a massive issue. So you can have people with the best will in the world that are absolutely determined to turn their life around, but if they've got nowhere to live that's just impossible.” – Police Sergeant 1, Region F

“one in particular we've had recently, which is a successful case. Prolific burglar, history of drugs since his young teenage years, alcohol misuse, domestic violence. We've taken him on about two years ago, two and a half years ago. In our area, we're fortunate, we've got an IOM flat that we can utilise, which is funded by the Police & Crime Commissioner. We utilised that. That person was there for about six months on release from custody, but that gave that person an opportunity to stabilise, show their ability to look after a property, which assisted their housing application criteria as well. That person now, fortunately from our point of view, has not come to the attention of the police for two years. He's not [inaudible 0:34:48] from substances for a consistent period of time, and is now in a new flat, which we

went to see a few months back and, yeah, from our perspective, we see him as a success case at the moment, which, I think from our perspective locally, shows what IOM can do.” –Police Sargeant 1, Region G

IOM practitioners demonstrated commitment to delivering a person-centred approach through efforts to actively work alongside any positive support networks in the lives of those receiving IOM. Staff often sought to engage with these existing networks, such as the individual’s parents or partner, to reinforce their positive influences and promote stability. The presence of such networks was seen to increase the likelihood of IOM recipients engaging with the programme and achieving the longer-term aims of IOM. In cases where these strong support networks were present, people receiving IOM also appeared better able to disengage from negative influences and sustain behavioural change. As a result, these networks were strongly associated with longer-term desistance following de-selection from IOM.

‘Building Self-Belief’

If IOM Practitioners give positive affirmation and support opportunities for people receiving IOM to build-up skills and pro-social activities or interests, **then** people on IOM become more independent away from a criminal lifestyle **because** they have internalised the positive affirmation and developed a greater level of self-belief and confidence in non-criminal identity

Mechanism

Developing and sustaining a non-criminal identity was found to be increasingly important as people receiving IOM progress towards the final stages of the programme. While some de-selections occur due to persistent non-engagement, this theory relates to those who leave the programme as a result of sustained engagement and progress along their rehabilitative journey. In these cases, IOM recipients are considered to be in a position of stability and at low risk of reoffending. Central to this process is the development of self-belief and independence, enabling those on IOM to maintain positive changes and desist from offending beyond the active support from the programme.

“Which, you know, if you’d have spoken to him three or four years ago and said, “Actually, you know, your life could be X Y and Z,” he’d have gone, “No, no way,” and now it actually is. And of course it’s not all on us, I’ve already said to you, it’s got to be on the person as well, they’ve got to be in the position to want to do it, but if he’d have been in that position and hadn’t got the means to do it, he still wouldn’t have done it, so he was in the position and we’ve given him the means and everything else to keep him on that track. He wouldn’t have done it if he wasn’t in IOM.” – Senior Probation Officer 2, Region A

Requirements

This theory is dependent upon people receiving IOM having the opportunity to learn and develop tools and skills that can enable them to cope more independently in the community and retain the necessary stability to help them to desist from further offending.

“So to me it would be to kind of set someone up with the tools that they can leave IOM and continue functioning happily and healthily in the community without offending.” – Mental Health Nurse 1, Region A

Self-belief was reported to be fostered not only through personal growth but also through the internalisation of positive reinforcement received from IOM staff. Positive affirmation was a commonly observed practice by the practitioner to the person receiving IOM. This is very much dependent upon IOM recipients having a good trusting relationship with staff. Staff who framed non-compliance or disengagement as temporary setbacks, rather than failures, were seen to encourage continued engagement, particularly during periods of difficulty. In contrast, when IOM recipients thought that they had “let down” their practitioner, there was a reported risk of disengagement.

“sometimes what I get, if somebody’s lapsed, they’ll say, oh, I’ve let you down, you know. But, yeah, I say you haven’t because like in recovery, if somebody does, you know, not everybody lapses but 99% of people lapse, so it’s normal, you know.” – Drug and Alcohol Worker 1, Region B

Supportive factors

Several enabling conditions for the development of self-belief were identified, many of which fall outside IOM's direct control. These included the presence of intrinsic motivation to change and the availability of a supportive personal network. The involvement of peer mentors (individuals with lived experience of IOM) was also described as having highly positive effects. Peer mentors were reported to help break down barriers, build trust, and exemplify the opportunities gained through IOM. The inclusion of peer mentors may be considered as both a context for this theory, in that they appeared to enhance the degree of self-belief the person receiving IOM had, as well as an outcome, with examples of those that had been de-selected from IOM going onto, or expressing desire to, become peer mentors themselves.

External barriers

Where progress was made, people receiving IOM frequently spoke of needing to 'cut ties' with their previous lifestyle and associated relationships.

"The number one rule, yeah, if you're going to do what I've done, you have to cut ties, you have to cut ties And me moving from [place], I know [place]'s only like next to [place], but it's like a million miles away because not one person – do you know I don't even let my family know where I live, 'cos I'm that scared of people knowing where I live and knocking my door." – Person receiving IOM 3, Region A

This conscious decision appeared to be more likely taken by those who had access to alternative pro-social sources of support, often with partners or parents who did not have ties to criminality. However, not all people on IOM had access to such networks, as some maintained links with individuals embedded in offending behaviour, while others were completely lacking any meaningful support network altogether outside of IOM. In these cases, this barrier is often combatted where possible via the 'control' side of IOM. This is explored further in 'Control to Deter'.

Building and establishing positive sources of support with people who do not work in IOM appeared to be a crucial step for those on the programme to work towards longer-term sustainable desistance. This finding aligns with existing evidence on the supporting factors towards desistance (Laub et al., 1998; Warr, 2002). The

importance of such relationships and networks may be particularly heightened for those with a greater level of need and limited capacity to cope independently. Where these wider sources of support, either with specific individuals or wider communities and groups, are absent, it was reported that people receiving IOM can in some instances intentionally reoffend in an attempt of requiring the support that IOM provides as means of filling this gap.

Outcomes

While there are notable evidence gaps regarding the long-term effect of IOM following de-selection, as outlined in 'Desistance Progress', there are many positive outcomes that were reported by both staff members and IOM recipients. Despite their high degree of variation in nature and extent, it appeared that many of these longer-term outcomes were based around a theme of people receiving IOM developing the required self-belief and independence to work towards long-term desistance and building a pro-social lifestyle, without continued support from the programme.

This aligns with previous research indicating that individuals who successfully desist from crime often demonstrate high levels of motivation and confidence in their ability to change their lifestyle (Burnett & Maruna, 2004). Hope has also been highlighted as playing a particularly key role in giving people the confidence to feel they can exercise choice and control over their lives, as they work to overcome the challenges they face whilst trying to build a life away from crime (Weaver, 2014).

6.4 “The IOM Offer”: The Stick

Key findings

- The deterrent effect of enforcement was found to rely on frequent supervision, timely intelligence sharing, and a belief from IOM recipients that breaches would be detected and acted upon. This effect was strongest where people on IOM had achieved some stability, such as housing or employment, and were motivated to protect their progress.
- IOM was reported to enable more timely, proportionate, and coordinated enforcement decisions, supported by collaborative working practices and early identification of disengagement through regular contact.
- Trusting relationships with practitioners were found to facilitate more compliant arrests, which in turn supported smoother justice processes and could reduce pressure on wider policing teams.
- Periods of custody were sometimes used as a ‘reset’ opportunity, particularly where in-reach work and post-release planning were in place. However, short custodial sentences were reported to limit the potential for meaningful support.

In parallel with the ‘carrot’, the rehabilitative support offer of IOM, the programme was also found to operate with an enforcement approach, or ‘stick’, to manage risk, deter non-compliance, and disrupt offending behaviour in cases of non-engagement. As previously discussed, these two components are not mutually exclusive; rather, they often operate in tandem, with enforcement measures reinforcing the credibility of support and vice versa. This section examines the conditions under which the enforcement approach within IOM is most effective. It begins by exploring the role of IOM as a deterrent, before turning to the specific requirements and contextual factors that enable the programme to contribute meaningfully to the outcomes outlined in ‘Reoffending Outcomes’. In particular, it considers how IOM can continue to add value and support improved outcomes even in instances where people receiving IOM breach their licence conditions or go on to reoffend.

‘Control to Deter’

If people receiving IOM want to avoid returning to prison, **then** they are likely to resist re-offending **because** they feel that they are likely to be caught if they offend

Mechanism

IOM uses control measures which deliver change by discouraging reoffending or breaches of licence conditions. Central to this theory is the perception among people receiving IOM that they would be caught if they breached their licence conditions or committed further offences. For this deterrent effect to be realised, several conditions were identified.

Requirements

Firstly, frequent supervision and regular contact were seen as essential to generating timely and accurate intelligence. This intelligence, shared across agencies through the 'wrap-around support' model, enabled staff to make informed enforcement decisions. However, the deterrent effect also relied on the person receiving IOM believing that such intelligence was being gathered and acted upon.

"I've had one who completed the whole period okay, and he said it was like, "Oh, the police are watching me so I can't do that," sort of thing, or, "They'll know that I've gone to that pub, so I can't do that." So for him, it was like a mental reminder whilst he was trying to sort everything else out. So, it can work." – Probation Officer 2, Region B

Secondly, another crucial aspect for the control measures to act as a deterrence is that the people receiving IOM care about the repercussions if they were to be caught. For example, some staff members talked about experiences they've had of IOM recipients offending with the intention of returning to prison due to preferring the familiarity and stability that it can provide in comparison to remaining in the community. As discussed in 'Person Centred Approach', in this way, it is evident how a lack of progress across desistance pathways to provide a source of stability and having something to lose can undermine the deterrence of the 'stick' approach.

"So realistically you've got them living on the streets, in that lifestyle, with not a lot of social capital, or health really 'cos of what they're doing. Or are going shoplift something and go back to prison with three meals a day in an environment that I know because I've been in it for thirty odd years on and off, so I know the structure, I

know the routine. Doesn't scare me anymore, outweighs what I've got in the community here.” – Senior Probation Officer 2, Region A

Furthermore, some members of staff discussed their reliance on court orders and licence conditions being appropriately worded so that they are able to enforce them if needed. Staff also noted the impact of wider pressures across the criminal justice system, such as court backlogs, prison capacity, and probation reset, with some suggesting this can restrict the credibility of deterrence.

“Some of them I would suggest think, “Nothing’s going to happen to me anyway because the court system’s on its knees, there’s no room in prisons.” And they know that, they know the systems better than we do. And some of them will just see it as a bit of a risk that they take” – Police Officer 1, Region B

It is important to note that deterrence, within this context, appeared to reference the person receiving IOM’s reluctance to disrupt or lose progress they had made in areas such as their accommodation, relationships, or employment status. As opposed to concern about the prospect of actually returning to prison as, for many, custody was described as a place of familiarity.

Supportive factors

Some staff members reported that for a control to deter approach to work optimally, it can be helpful to ‘sell’ the benefit of the various measures involved to the person receiving IOM, and as such have them more actively engaged and aware of their restrictions. For example, the ability to exonerate those on IOM from offences they are under suspicion of committing through the use of electronic monitoring data was referenced by several staff members. Whilst others described how tagging can provide some people receiving IOM with an easier way of declining involvement with criminal activity if pressured by peers. Similarly, it was reported and observed that some IOM recipients may even request additional control measures, such as an alcohol tag to their order, as they feel this certainty that they will be caught if they were to breach can help to simplify the thought process of complying.

“we've had guys that have seen it as positives because actually it's prevented them from going places, it's prevented them from reoffending, and obviously the guy today

wants now an alcohol tag because he wants to prevent anything from happening.” –

Probation Officer 1, Region B

Outcome

As established in wider desistance literature, lapses are a common feature of the change process. Nonetheless, this ‘Control to Deter’ theory was reported to play a valuable role in reinforcing behavioural boundaries

‘Swifter and Smoother Justice’

If people receiving IOM re-offend or breach, and there is regular intel sharing between agencies, **then** there will be more responsive enforcement or control action to stop further offending **because** IOM Staff agree whether and how best to enforce using shared resources.

Mechanism

When combined with the intensity of IOM supervision, enforcement actions were reported to be timelier and more coordinated than in standard case management. The improved enforcement outcomes described in ‘Swifter and smoother justice outcomes’ is contingent on IOM staff reaching shared decisions about whether and how to enforce, using the collective intelligence and resources available through the multi-agency model. For this to be effective, timely and accurate information sharing was essential, reflecting the operationalisation of the ‘Wrap-Around Support’ theory. Frequent contact with people receiving IOM also enabled staff to detect early signs of disengagement or changes in behaviour that might warrant enforcement action.

Requirements

Collaborative working was reported as a key requirement of this process. Staff emphasised the importance of mutual understanding and respect for each agency’s processes and professional judgement. Where this was in place, breaches and concerning behaviours were more likely to be identified and addressed early, potentially preventing further escalation. This proactive approach was often described as a form of ‘disruption’, particularly in cases where people receiving IOM were suspected of re-engaging in criminal activity and had begun to disengage from IOM.

“if they're active in criminality, we can dedicate resources, our own and other departments, and coordinate that a bit better to actually target those that are actively offending.” – Police Sergeant 1, Region B

Supportive factors

In addition to earlier intervention, IOM was also reported to facilitate smoother enforcement outcomes. One frequently referenced example was the increased likelihood of compliant arrests. Where trusting relationships had been established, IOM recipients were more willing to attend voluntary interviews or arrests arranged through their practitioner. Interestingly, these actions, when handled sensitively, did not appear to undermine the relationship between the person on IOM and their practitioner.

“The relationship they build is – I watch my officers arrest IOM nominals without any problems whatsoever. In fact, they will ask to be arrested by the IOM officers because – not because they're going to get away with anything, but just because they feel comfortable in that world.” – Police Sergeant 1, Region A

Outcome

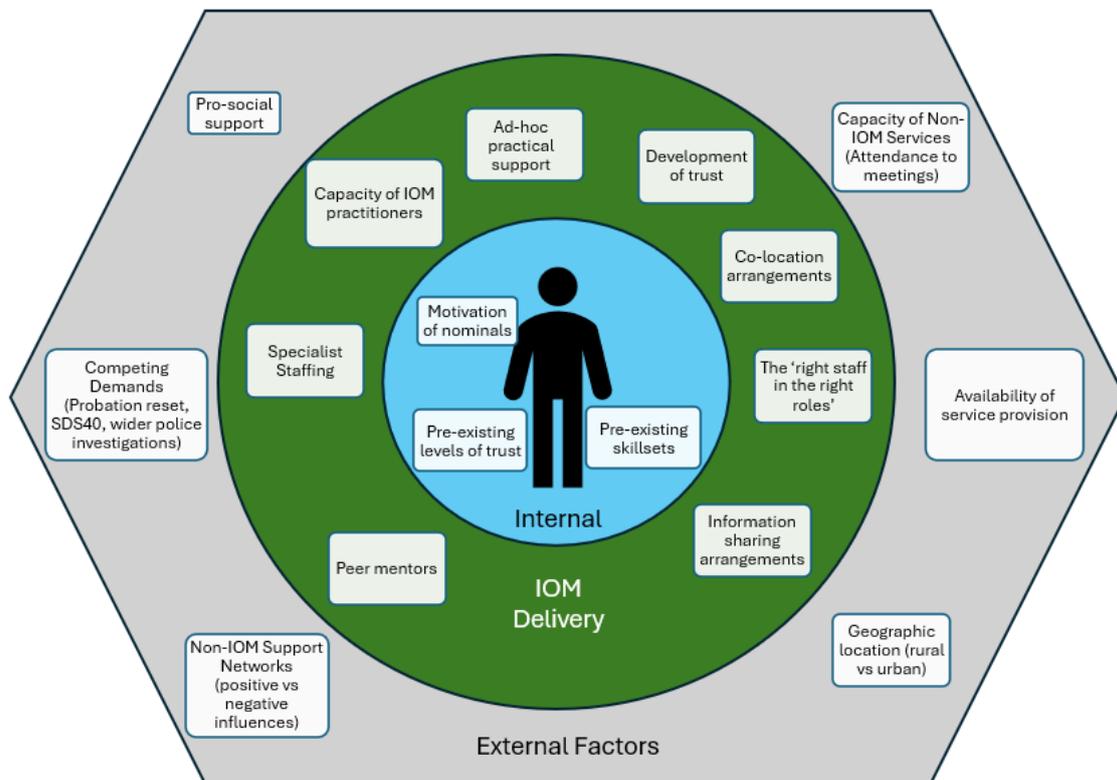
Staff described how enforcement decisions were more likely to be appropriate and proportionate, informed by a holistic understanding of the person receiving IOM's circumstances and stage in their desistance journey.

Reflective of the anticipated cycles in and out of prison, some staff noted that periods of custody could serve as a 'reset' point, offering an opportunity to re-engage people receiving IOM and prepare for release. This was most effective when in-reach work was undertaken in advance and sufficient time was available to coordinate post-release support, such as accommodation and service referrals. Short-term custodial sentences were reported to limit this potential, often constraining the ability of IOM staff to put meaningful support in place.

6.5 IOM working within wider systems and contexts: What else facilitates or inhibits progress for people receiving IOM?

As outlined throughout this chapter, while there are several core enablers within the delivery of the IOM programme (such as staff capacity, multi-agency structures, and the frequency and approach of supervision) there are also a number of influential factors that fall outside IOM's immediate remit. These include both internal (e.g. individual motivation) and external conditions (e.g. availability of housing or treatment services). Such factors were seen to influence whether the mechanisms underpinning various theories were triggered in practice, and, where they were, the extent to which the intended outcomes could be fully realised.

Figure 6.2: Factors influencing IOM's effectiveness



Given the inherently multi-agency nature of IOM, the programme is particularly susceptible to the effects of systemic constraints and competing priorities across the involved partners and agencies. Furthermore, the sectors in which IOM most prominently operates in, namely the criminal justice system (police, courts, prison, and probation), housing, and mental health services, are institutions that are widely recognised as operating under significant resource pressures.

However, the allocation of dedicated, bespoke roles covering the responsibilities of these wider services was found to enable some IOM models to mitigate the impact of such constraints. The IOM Innovation Fund provided PDUs with the ability to recruit specific roles to meet their local demands, these included Mental Health Nurses, Housing Support Workers, and Dependence and Recovery Navigators. Further roles were funded through other routes, such as Police and Crime Commissioners (PCC).

The roles that had been deployed within the case study sites, were felt to be enormously beneficial for the people receiving IOM. These dedicated roles appeared to provide a degree of insulation from the operational pressures experienced by wider services, supporting more consistent delivery and coordination within the IOM framework.

However, it is important to note that some of these roles lost funding during the course of this impact evaluation. Others, while still in operation, were subject to short-term contracts that lead to a sense of vulnerability to future funding cuts due to financial pressures and negatively impacting on staff morale. This highlights the precarious position that some of these dedicated IOM roles operate and raises concerns about their long-term sustainability under existing funding structures.

6.6 Overview of theories discussed

The theories discussed in this chapter can overlap and often build from one another. For example, the staff-based mechanisms of 'Flexibility' and 'Wrap Around Support' provide the necessary requirements to enable the delivery of 'Person Centred Support'. Similarly, the results of IOM recipients developing trusting relationships with their practitioners often helps to create the right conditions for other mechanisms such as 'Person Centred Approach' or 'Swifter and Smoother Justice' to be activated.

This interdependence highlights the cumulative nature of change within IOM as it works to achieve its aims, where progress in one area can shift the context for another, enabling further positive outcomes. It also underscores the importance of sequencing and sustaining key elements of the intervention, as the disruption of one mechanism may weaken the overall effectiveness of the programme.

7. Overarching lessons and conclusion:

This final chapter brings together the key findings from the evaluation, drawing conclusions about the contribution of IOM to a range of intended outcomes. It reflects on the conditions under which IOM was found to be most effective and identifies lessons for future delivery. The chapter also sets out practical implications for the continued development of the programme and highlights areas where further research could strengthen the evidence base.

7.1 Key contributions

Overall, the evidence gathered through this evaluation indicates that IOM is contributing towards a range of positive outcomes. Whilst the PSM analysis found no improvement in short term reoffending outcomes, there are several plausible explanations that may account for this. These include the possibility that the increased monitoring and oversight associated with IOM is leading to a higher likelihood of detecting and recording offences that might otherwise have gone unnoticed. Additionally, examining one-year proven reoffending outcomes may not provide a sufficient timeframe to observe longer-term changes.

While most of the criminogenic needs assessed in OASys showed improvement following selection onto IOM, all observed effect sizes were small. Further sub-analysis comparing the PSM fixed cohort sample with its matched counterfactual showed no significant differences in average change in needs.

Although the quantitative analysis found little or no measurable improvement, there is compelling qualitative evidence that IOM contributed to several of the programmes' key intended outcomes, particularly where specific contextual factors enabled the programme to operate effectively. The most significant examples of this are:

- **Progress towards desistance through tailored support:** Qualitative evidence consistently indicated that IOM contributes to incremental and sustained progress

towards desistance. This included improvements in addressing underlying needs (such as housing, substance use, and mental health), greater stability in the community, increased engagement with services, and in some cases, long-term lifestyle changes. These outcomes were found to be more likely to occur when staff had the capacity to offer flexible, person-centred support and when the people receiving IOM were sufficiently engaged with the programme.

- **Improved criminal justice outcomes through collaborative working:** Staff highlighted that even in instances of breach or further offending, IOM was perceived to support risk management and contribute to more favourable outcomes than might otherwise have occurred. Frequent information sharing between partners and agencies enabled quicker interventions, which helped prevent escalations of concerning or offending behaviour and supported more holistically informed and balanced enforcement decisions. PSM analysis found that those in the IOM fixed cohort with a proven reoffence within a one-year period had a shortened average time to their first proven reoffence compared to those not on IOM. This could suggest that the more intensive supervision and enhanced level of information sharing could be leading to quicker identification of further offences. Notably, compliance with enforcement actions appeared to be improved in cases where trusting practitioner relationships had been established.

7.2 Key factors that help to establish a range of outcomes

Several factors within the IOM programme's design and delivery were found to create the conditions that helped to increase the effectiveness of IOM and its ability to reach a range of positive outcomes. These included:

- **Having enough of the right staff in the right roles:** When staff had sufficient time and autonomy, they were better able to provide flexible, tailored, and responsive support. It was also found that staff needed to be passionate, resilient, and adaptable to deliver IOM most effectively. These factors were essential for timely responses to changes in circumstances, practical assistance to remove common barriers and obstacles, and supporting progress across desistance pathways.
- **Structures for joint working:** Strong working relationships between partners and agencies, supported by clear governance arrangements, were central to

prioritising collaborative working practices and effective IOM delivery. Regular multi-agency meetings, formal information-sharing agreements, and, where possible, co-location of services enabled timely and coordinated responses. These arrangements helped staff from different organisations work together efficiently, improving the consistency and quality of support that the programme can provide to people receiving IOM. The inclusion of dedicated roles from wider agencies further strengthened this model, allowing for more comprehensive, wrap-around support tailored to individual needs.

- **Developing trusting relationships:** Building upon the structures of effective joint working and responsive ways of working, developing trust between practitioners and IOM recipients was found to be a key starting point for establishing engagement with the programme from which further rehabilitative progress could be made. These types of relationships were most likely to develop when practitioners were honest with their nominals, provided a consistent source of support, and demonstrated a genuine commitment to helping the person receiving IOM.

In addition to internal factors, the effectiveness of IOM was shaped by a range of external conditions that the programme operates under. These wider contextual influences were found to affect the extent to which IOM could achieve its intended outcomes. Some of the most important factors included:

- **Availability of wider services:** Limited access to key support services—particularly stable housing, mental health support, and substance misuse services—was identified as a key barrier to achieving and sustaining progress across many regions. Where these services were unavailable or overstretched, IOM’s ability to support and meet complex needs was significantly constrained. This in turn reduced IOM recipients’ engagement with the programme. Where IOM was able to facilitate access to wider services, people on the programme were typically aware that this support had been made possible through IOM, reinforcing the perceived value that the programme is able to offer.
- **Motivation and life stage:** An individual’s readiness to change—often linked to age, personal circumstances, or relationships with partners and family members—was found to play a key role in influencing engagement with IOM and the extent of

progress made. For those who were motivated to make changes, IOM was able to provide meaningful support to help them work towards their goals. While practitioners could encourage and build on existing motivation, it was widely recognised that some level of internal drive was needed for individuals to fully benefit from the programme.

7.3 Implications for continued delivery

Based on the findings of this evaluation, several points for future consideration have been identified to support the continued development and effective delivery of IOM. These focus on strengthening core elements of the programme and addressing barriers to effectiveness:

- **Sustain and strengthen multi-agency collaboration:** Retaining the necessary governance structures and formal information-sharing protocols that facilitate multi-agency working is recommended. Consideration of further funding to increase the proportion of co-located services is also recommended. These features underpin many of the positive outcomes observed, particularly in relation to coordinated support and timely enforcement.
- **Examine and protect staff capacity and continuity:** The flexible, person-centred ethos of IOM is dependent on staff having the time and space to work responsively. Ensuring caseloads are at a manageable level will be vital to both the effective delivery of IOM and retaining experienced staff within the programme.
- **Embed peer mentoring models:** Consider piloting structured peer mentoring schemes to assess their potential in supporting engagement and reinforcing positive identity change. Peer mentors appear to offer a valuable source of encouragement and credibility, particularly for those receiving IOM that are early in their desistance journey.
- **Enhance access to wrap-around services:** Work with local leads at a senior level to increase engagement from wider services such as housing, mental health, and substance misuse support. This is particularly important in rural areas, where access can be more limited. Additional investment in dedicated IOM roles from partner agencies may also help to strengthen the availability and coordination of support.

7.4 Areas for further investigation

To continue building upon the existing evidence base of IOM's effectiveness, several areas for further research have been identified, these are:

- **Examining long-term reoffending outcomes:** To account for the non-linear and often extended nature of desistance, future research should explore the long-term impacts of IOM on reoffending (beyond one-year). This would help to assess whether the programme contributes to sustained reductions in offending both whilst on IOM and post-deselection from the programme, ideally incorporating reasons for deselection (whether for positive or negative reasons).
- **Further testing of identified theories:** As outlined in Appendix B, the theories presented in this report are supported by varying levels of evidence. Due to the iterative nature of theory refinement in realist evaluation, some of these theories have been examined in greater depth than others. Therefore, it would be beneficial for these theories, especially those supported with weaker evidence, to undergo further testing within future evaluation frameworks.
- **An experimental investigation of the smaller steps towards desistance:** Further evaluation could apply experimental or quasi-experimental methods to assess IOM's impact on intermediate outcomes, such as change in severity of offending over time, improvements in housing, substance use, or service engagement, that are known to support longer-term desistance. This would build on the descriptive findings in this report and allow for a more detailed understanding of how IOM may support changes over time.

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Appendix A: Theory of Change

During the initial stages of this evaluation, the research team created a Theory of Change that was co-produced with key stakeholders during early stages of the project. This was used to provide a shared understanding of how IOM is expected to work in practice and offer a foundation for identifying testable theories and drafting a research design.

The Theory of Change was revisited and updated at several milestones throughout the evaluation. The table below shows a simplified overview of the key contexts, inputs, activities, outputs, outcomes and impact. This version of the Theory of Change has been included in the report to ensure its accessibility¹⁹.

¹⁹ To enquire about the full detailed version of the Theory of Change used in this research please contact IOMEvaluation@justice.gov.uk

Table A.1: Theory of Change

Inputs	<ul style="list-style-type: none"> • Funding via 2021 Spending Review • Innovation Fund
Activities and Outputs	<ul style="list-style-type: none"> • More intensive and frequent supervision • Access to rehabilitative services • Control and disrupt interventions • Improved partnership working • IOM Central Team • Clear national and regional governance structures • Annually updated operational guidance and guiding principles • Clear selection and de-selection criteria • Person-centred supervision • Skilled staff • Informed enforcement actions
Short-term outcomes	<ul style="list-style-type: none"> • Increased rapport between IOM recipient and staff • Increased attendance to appointments • Earlier identification of support needs and issues with compliance • Appropriately sequenced and simpler supported access to relevant services • Increased awareness of consequences of breaching • Increased information sharing between partners and agencies • Improved sharing of common issues and good practice • Consistent process for IOM selection and de-selection
Medium-term outcomes	<ul style="list-style-type: none"> • Progress across desistance pathways • Improved compliance • Improved attitude towards Police and Probation • Improved working relationships between partners and agencies • Increased capability for probation practitioners to focus on front-line duties
Long-term Outcomes	<ul style="list-style-type: none"> • Reduced reoffending • Improved life chances for IOM recipients • Improved attitude towards desistance
Impact	<ul style="list-style-type: none"> • Make communities safer

Appendix B: CMOs

This appendix provides additional technical information on the details and connections of the CMO configurations discussed in this report, including an overview of the iterative process by which they were developed.

Strength of evidence

The tables below summarise the generative processes by which the key outcomes discussed in the report are understood to occur. Theories are presented using an 'If.. Then.. Because' structure and are further explained under 'Detailed C(I)MOs'. The strength of evidence supporting each theory is classified as 'Convincing'²⁰, 'Plausible'²¹, or 'Tentative'²².

²⁰ The CMO is strongly supported by one of the evidence strands, or is supported by multiple evidence strands, with clear alignment between context, mechanism, and outcome.

²¹ The CMO is supported by some credible evidence and shows a coherent logic, though the evidence may be limited in scope, depth, or consistency.

²² The CMO is primarily based on indirect or speculative evidence. It presents a potentially useful explanation but requires further empirical support

Table B.1: Foundations of IOM delivery

Theory Title	'If..'	'Then..'	'Because..'	Strength and Sources of Evidence
'Flexibility'	Staff have enough capacity and a holistic person-centred mindset	They will provide responsive and practical support that can remove common obstacles to help avoid the people receiving IOM "being set up to fail"	They feel able to tailor their approach both as a team to the individual person receiving IOM and find creative solutions to deliver support	<p>Convincing</p> <p>Source: All Qualitative Data</p>
'Wrap Around Support'	Staff have a holistic mindset	There will be improved coordination of services which ultimately improve the offer available to people receiving IOM.	Collaboration is prioritised	<p>Convincing</p> <p>Source: Interviews with all staff groups and observations</p>

Table B.2: The Carrot Mechanisms

Theory Title	'If..'	'Then..'	'Because..'	Strength and Sources of Evidence
'Trusting Relationships'	Staff are honest and tailor supervision to the person receiving IOM's needs	People receiving IOM are likely to buy in to IOM and be more open with their practitioner(s)	They have built trust in the practitioner(s) and know they are trying to help them.	<p>Convincing</p> <p>Source: All Qualitative Data</p>
'Building Self-Belief'	IOM Practitioners give positive affirmation and support opportunities for people receiving IOM to build-up skills and pro-social activities or interests	People on IOM become more independent away from a criminal lifestyle	They have internalised the positive affirmation and developed a greater level of self-belief and confidence in non-criminal identity	<p>Plausible</p> <p>Source: All Qualitative Data</p>
'Person Centred Approach'	People receiving IOM have something they want to change about their lives and staff have the capacity to deliver a person-centred approach to supervision	They are more likely to engage, comply and make progress across desistance pathways	They feel seen and supported, while experiencing IOM as a responsive source of stability that helps them to pursue meaningful change to their lifestyle and routine.	<p>Plausible</p> <p>Source: All qualitative data, and OASys data</p>

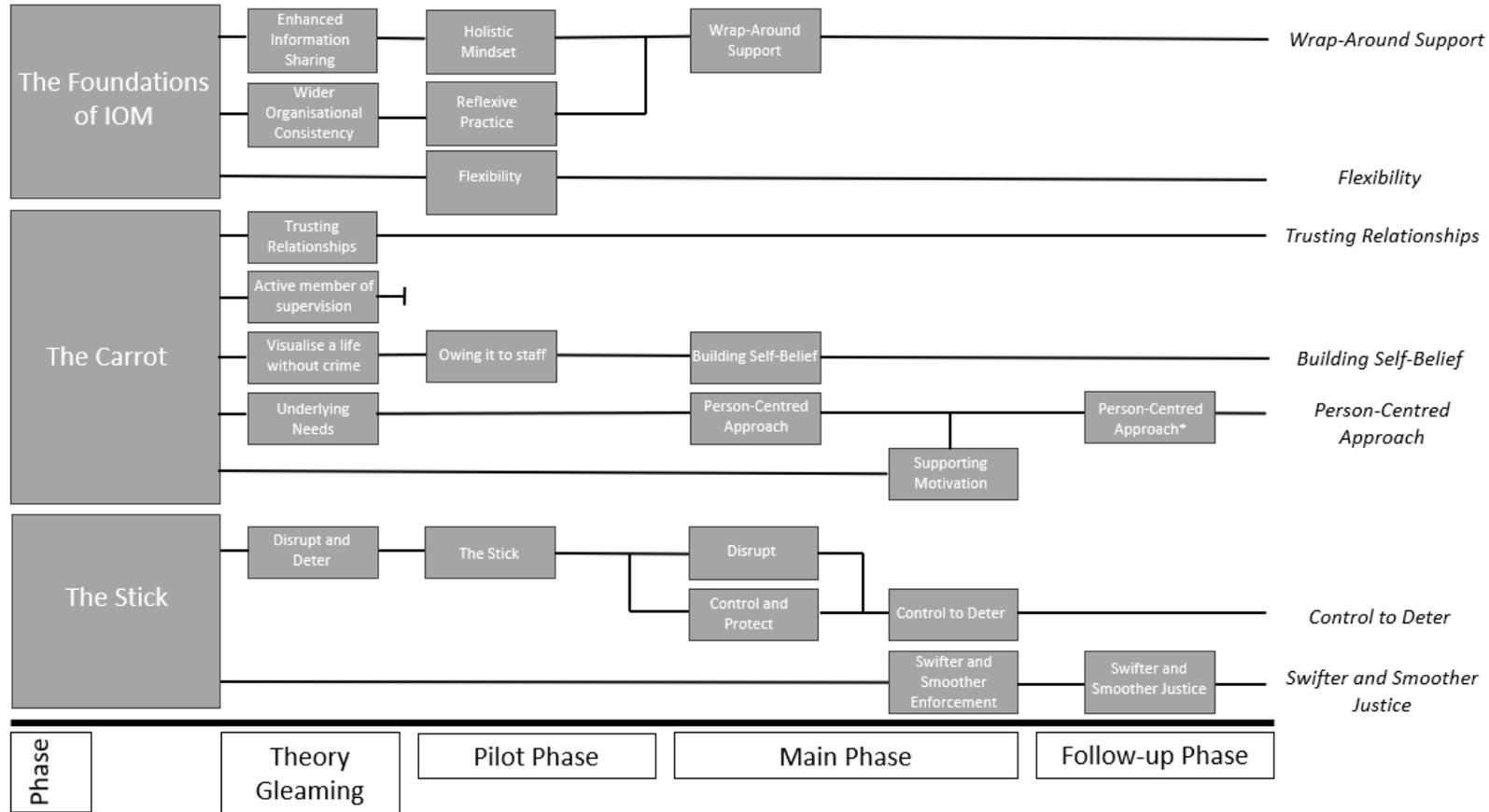
Table B.3: The Stick Mechanisms

Theory Title	'If..'	'Then..'	'Because..'	Strength and Sources of Evidence
'Control to Deter'	People receiving IOM want to avoid returning to prison	They are likely to resist re-offending	They feel that they are likely to be caught through surveillance and intelligence sharing if they offend	<p style="text-align: center;">Convincing</p> <p style="text-align: center;">Source: Interviews with probation, police and nominals and observations</p>
'Swifter and Smoother Justice'	People receiving IOM re-offend or breach, and there is regular intel sharing between agencies	There will be more responsive enforcement or control action to stop further offending	IOM Staff agree whether and how best to enforce using shared resources	<p style="text-align: center;">Plausible</p> <p style="text-align: center;">Source: Interviews with police and probation staff, focus groups, and JDL time to proven reoffence</p>

Phases of iteration

Initial CMO configurations were developed by building on the Theory of Change and were then tested through multiple rounds of data collection and analysis. This process followed an iterative and cyclical pattern in which theories were either supported, revised, or refuted. Revised theories were then re-tested during later phases of data collection, forming a continuous feedback loop that shaped the development of final configurations. The diagram below illustrates the journey by which the final CMO configurations presented in this report were developed.

Figure B.1: Phases of Iteration



*Shift in CMO remit despite no change to title

Detailed C(I)MOs

While it is often helpful to present CMOs in a simplified 'If...Then...Because...' structure as previously discussed, particularly during initial testing with participants in interviews and focus groups, it is important to acknowledge the underlying complexity of these theories. Each includes multiple contextual components that may trigger a range of outcomes.

The diagrams below present the final form of these more in-depth and detailed CMO configurations, which served as the core analytical tool for theory refinement. To allow for greater distinction between factors that the IOM programme had some control over and contextual elements that it did not, the research team adopted the more granular 'Context, Intervention, Mechanism, Outcome' structure, as has been promoted by evaluators (Lemire, 2020; Punton & Vogel, 2020).

It is worth noting that these models are not intended to represent exhaustive lists of all possible contexts, interventions, or outcomes associated with a given mechanism. Rather they highlight those found to be most significant in the development and refinement of their respective theories.

Figure B.2: Trusting Relationships

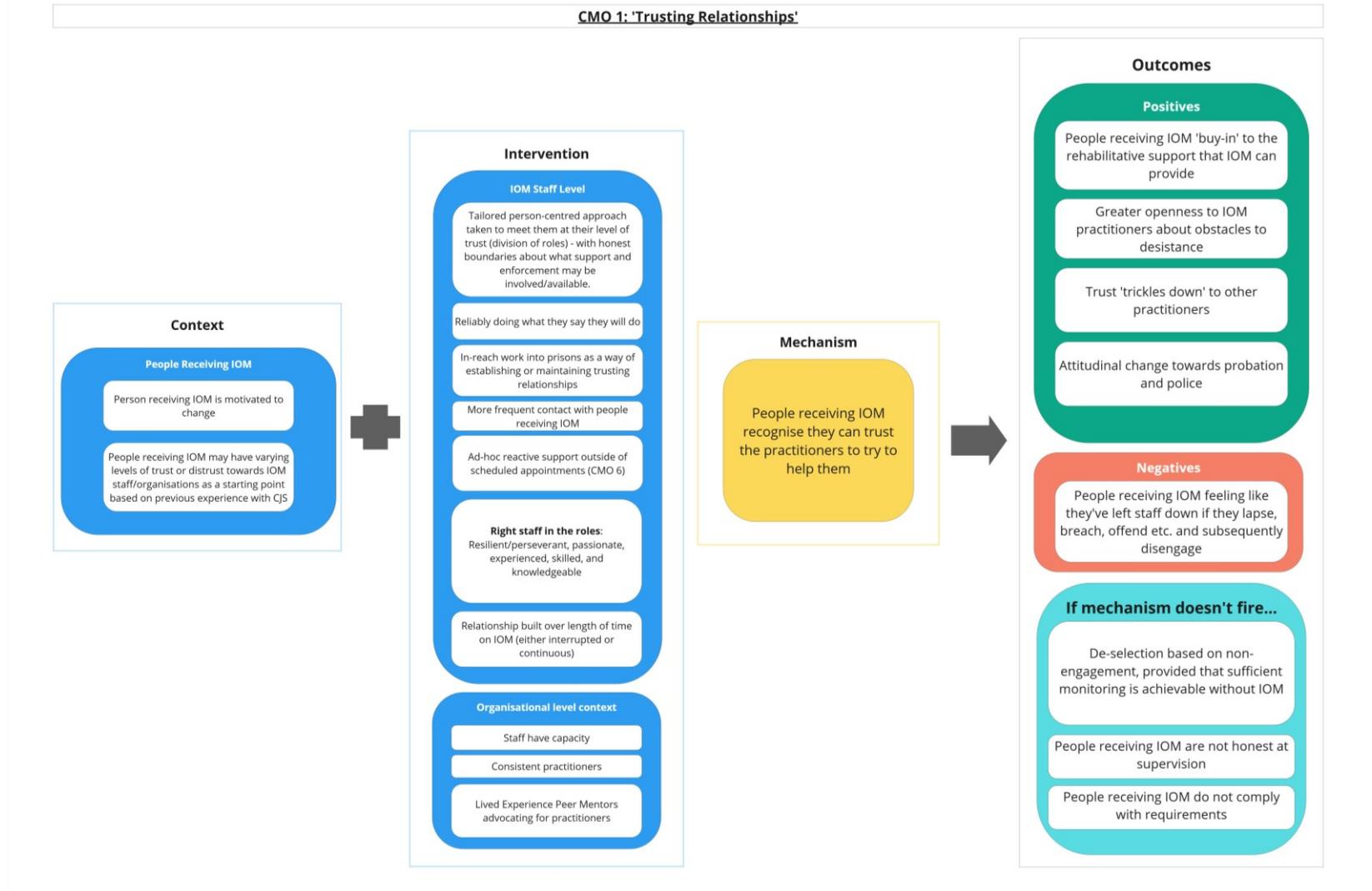


Figure B.3: Building Self-Belief

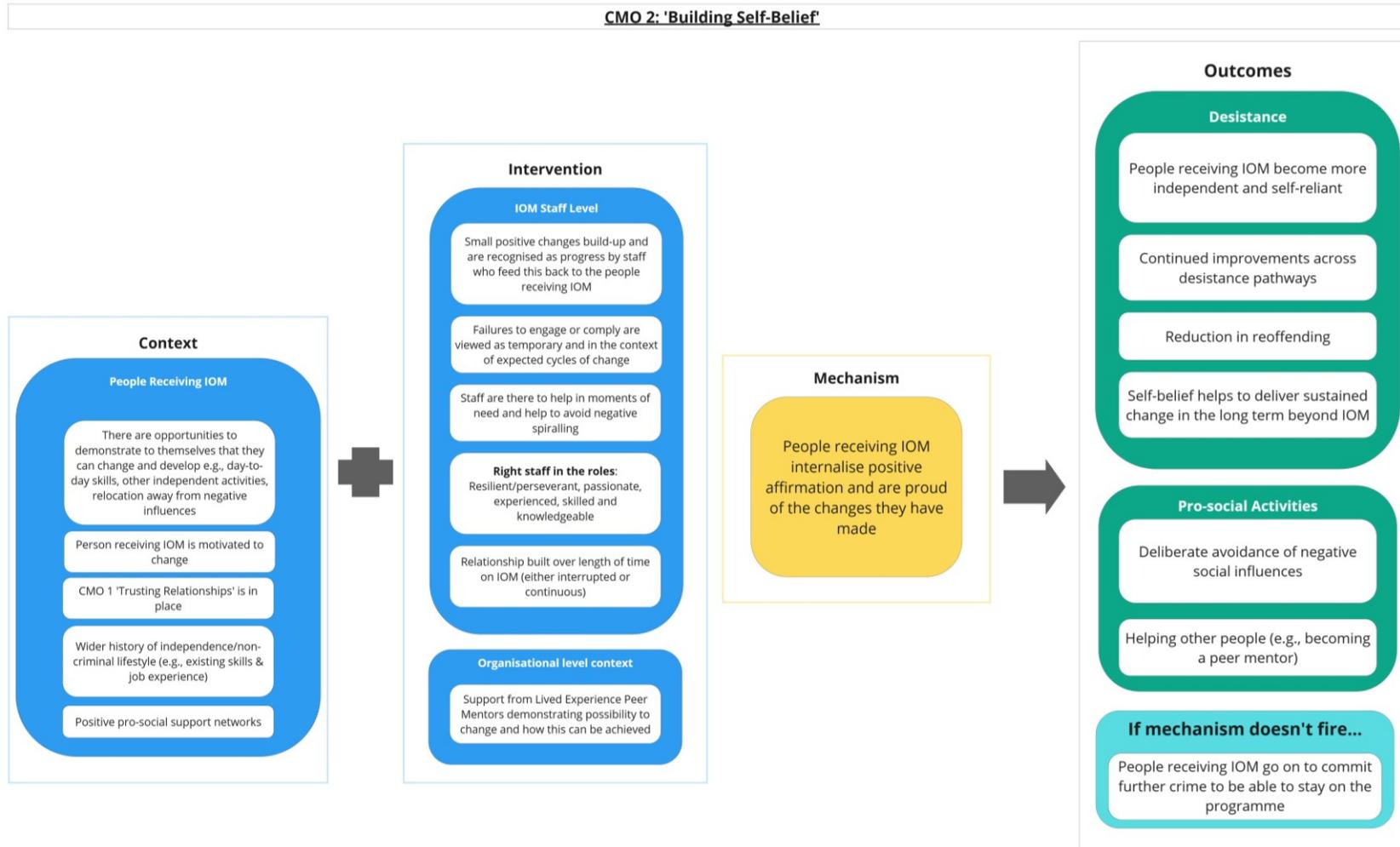


Figure B.4: Control to Deter

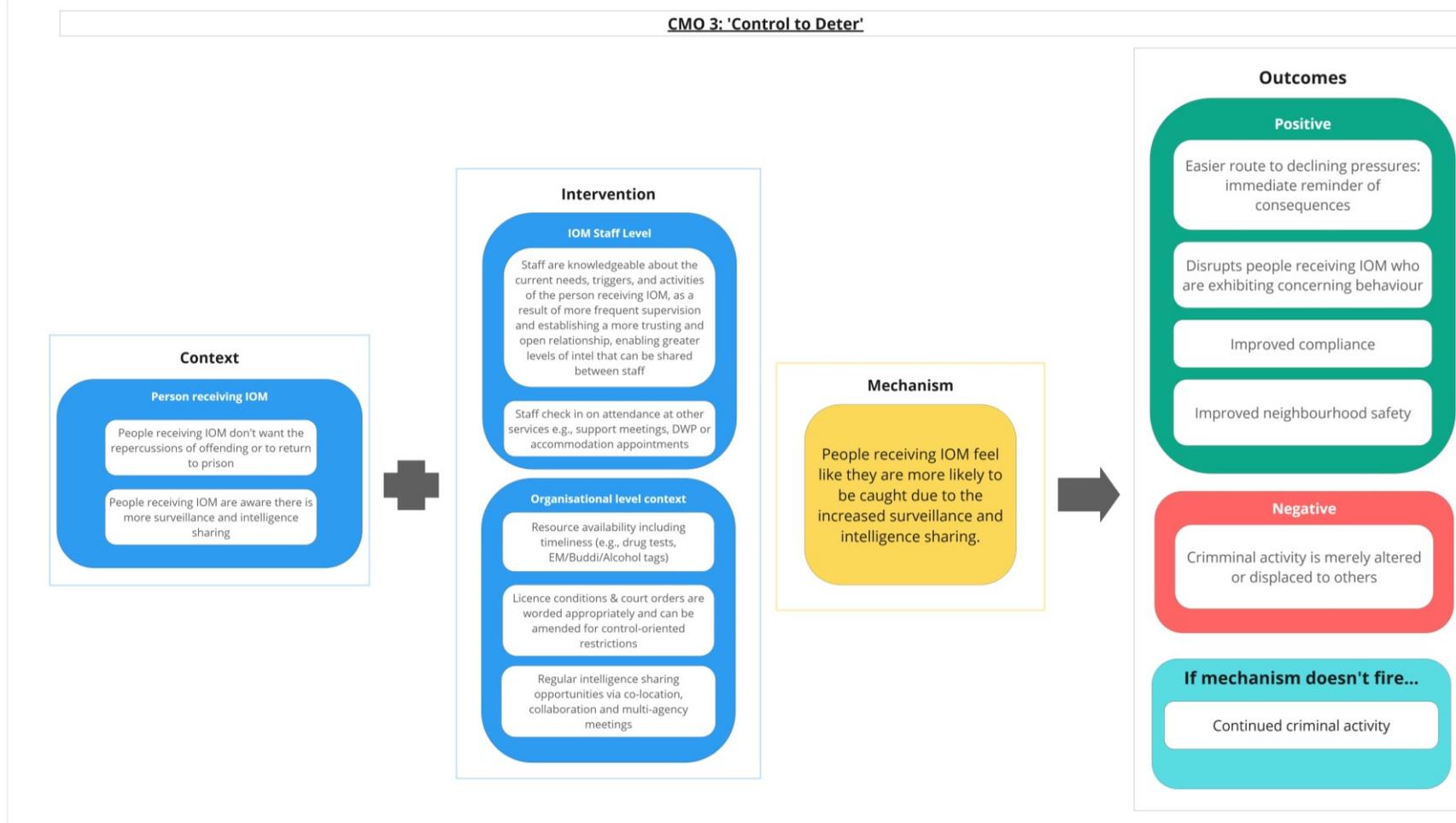


Figure B.5: Person-Centred Approach

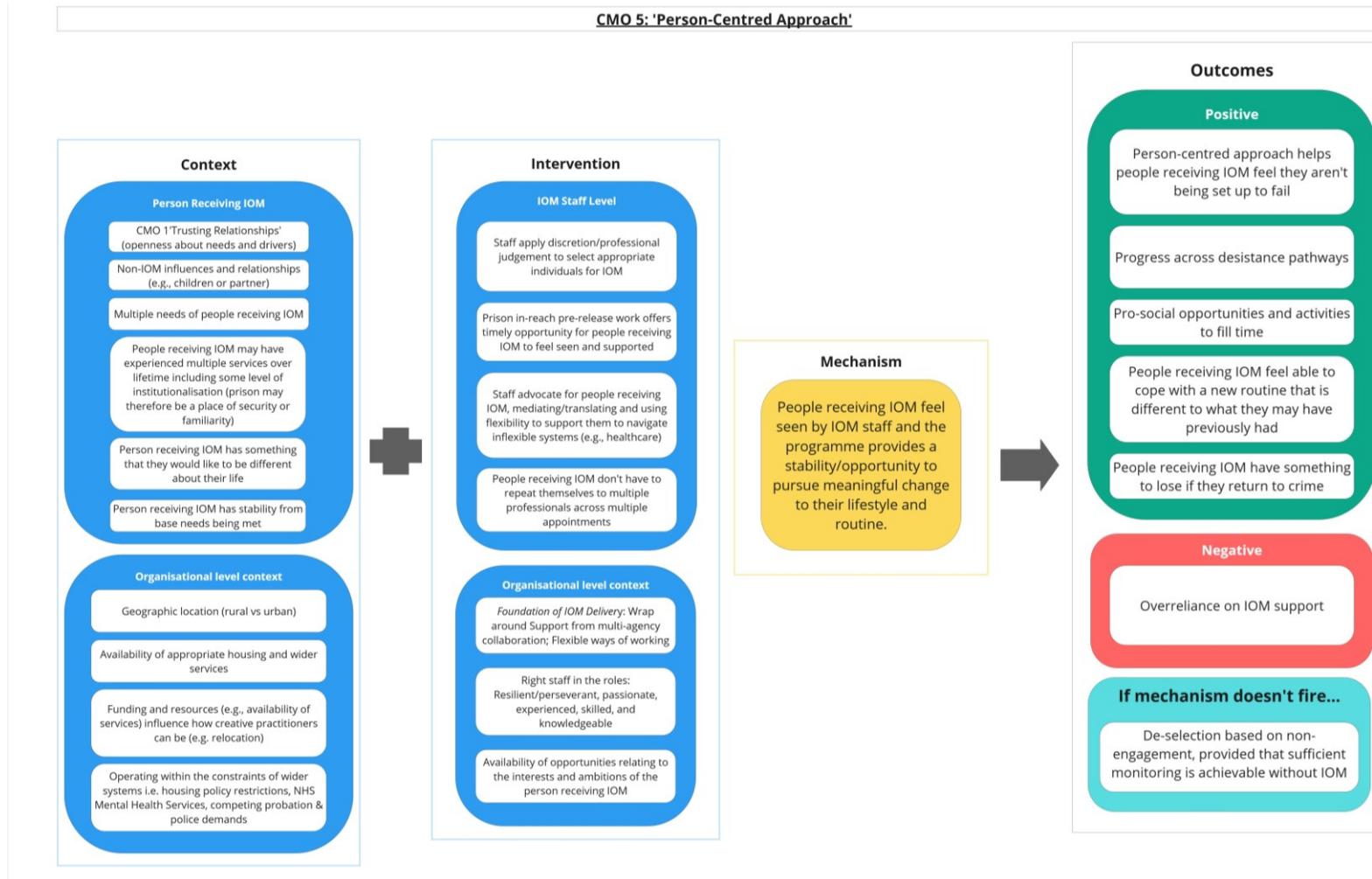


Figure B.6: Flexibility

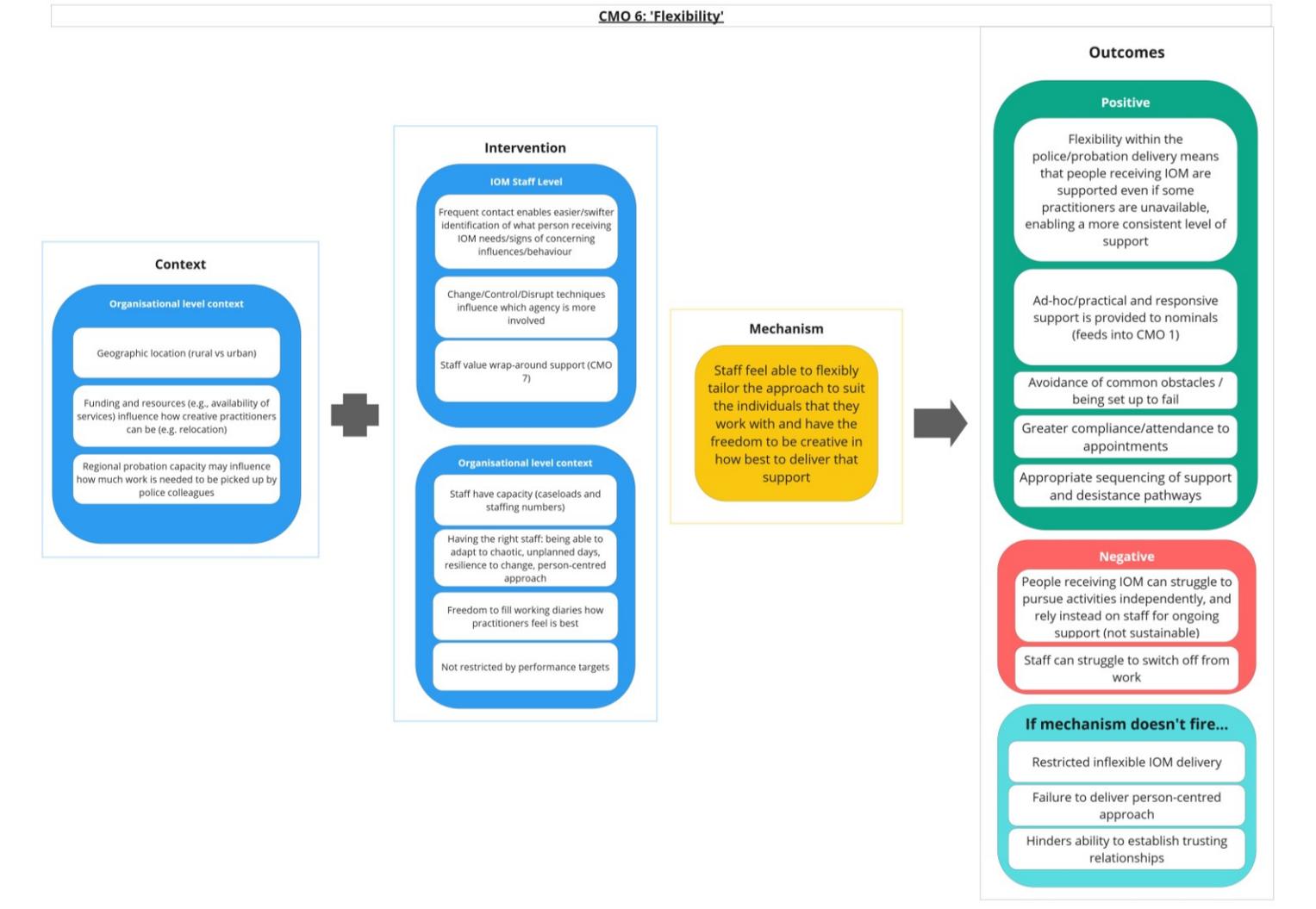


Figure B.7: Wrap Around Support

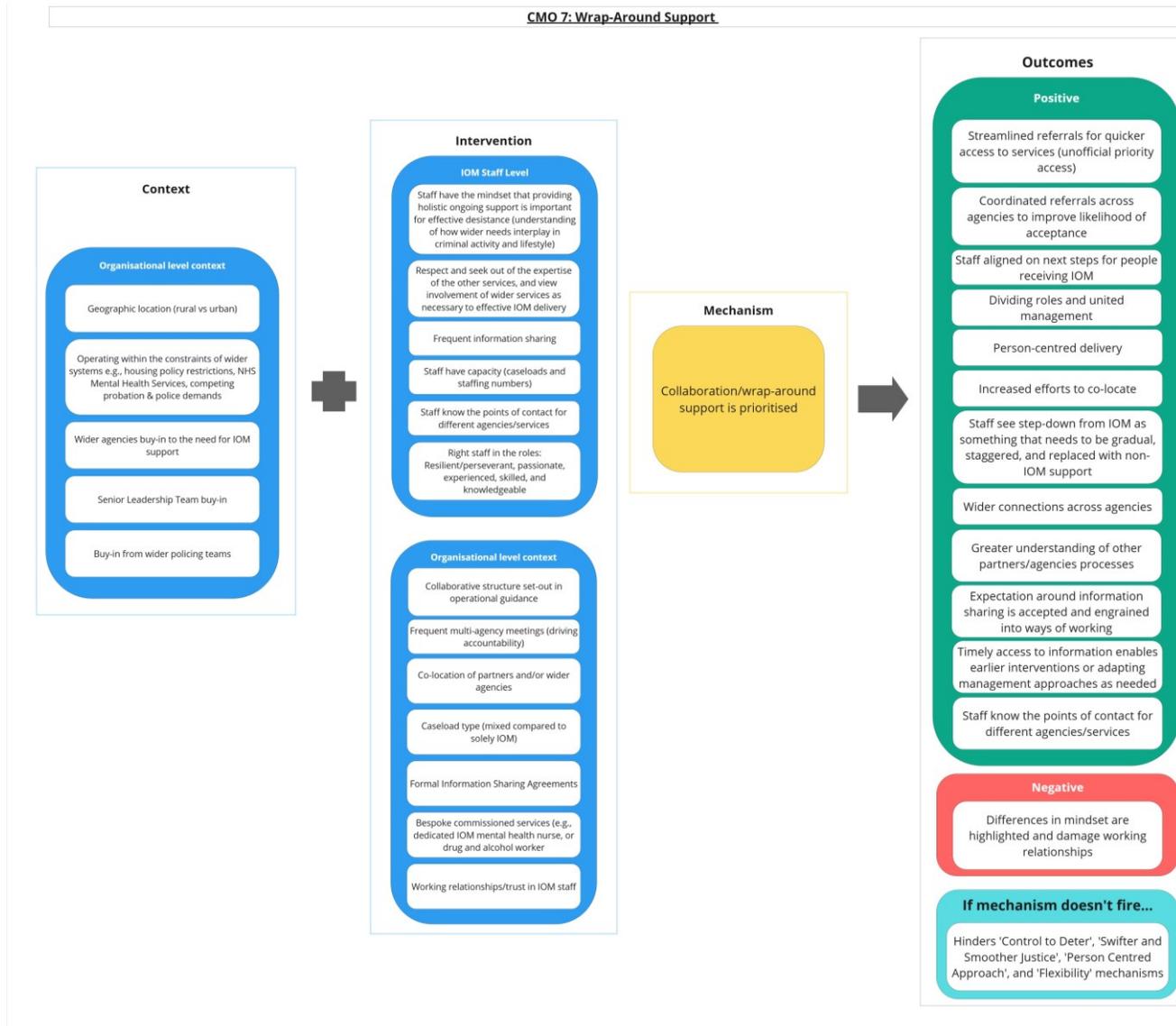


Figure B.8: Swifter and Smoother Justice

