



HM Prison &
Probation Service

“How do you get people on board?”

Exploring what matters for interventions implementation in the community

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

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The authors were all members of the Evidence-Based Practice Team, Evidence and Insights Group, in HM Prison and Probation Service, at the time of completion.

Contents

List of figures

1. Summary	1
Methodological approach and interpreting findings	1
Key findings	2
2. Introduction	4
2.1 Offending behaviour interventions	4
2.2 The importance of implementation	5
2.3 Study aims	8
3. Method	9
3.1 Study sites	9
3.2 Design	9
3.3 Interventions: Horizon and Building Better Relationships (BBR)	10
3.4 Participants	10
3.5 Data analysis	11
3.6 Limitations and interpreting findings	11
4. Findings	12
5. Discussion	51
5.1 Preliminary model of good interventions implementation	51
5.2 Findings in the wider context	56
5.3 Pointers for future consideration	58
5.4 Future research	62
5.5 Conclusions	63
References	64
Appendix A	70
Evidence behind the CFIR Framework	70
Appendix B	72
Methodological approach taken	72

Appendix C	83
Thematic analysis	83
Appendix D	84
Mapping research subthemes onto CFIR framework	84

List of figures

Figure 1: Preliminary model of good intervention implementation	55
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1. Summary

Offending behaviour interventions aim to help reduce reoffending by targeting factors that are associated with offending, supporting people to strengthen and develop skills and behaviour to enable greater choice and capacity to lead an offence-free life.

They are delivered across prisons and community and are a key part of the rehabilitation offer in His Majesty's Prison and Probation Service (HMPPS). The gap between how interventions are designed to be delivered and how they are actually delivered in real-world settings is well-recognised. Implementation science provides a helpful way of identifying evidence-based areas which can increase the likelihood an intervention will succeed in its aims, with the Consolidated Framework for Implementation Research (CFIR; Damschroder et al., 2009; Damschroder et al., 2022) being one of the most used models. The current study aimed to explore the factors associated with good quality intervention implementation within community criminal justice settings. Little research has explicitly explored the implementation of interventions within such settings, and the current study aimed to establish:

- What factors are perceived to help or hinder good quality intervention implementation.
- What is perceived to be needed to be in place to ensure interventions are delivered well in the community.
- What can be learnt about the implementation of interventions which will enable the most effective roll out of a new suite of interventions.

Methodological approach and interpreting findings

Two Probation regions in England were selected. Both delivered two HMPPS accredited offending behaviour programmes; Horizon¹ and Building Better Relationships (BBR²). The study design was predominantly exploratory, inductive, and descriptive in nature, and qualitative data was gathered during a short period of time (November 2022 – January 2023). Seventy-seven people contributed to the research and were involved in qualitative interviews and focus groups. Of these, 66 were HMPPS staff and 11 were people on probation. Thematic analysis was used to

¹ Horizon was an accredited intervention for men who have been convicted of a sexual offence.

² BBR was an accredited intervention for men convicted of intimate partner violence (IPV).

understand people's views of what helps and what hinders the implementation of interventions within the community.

There were several limitations to the study. While every effort was made to speak to as many people involved in interventions as possible, the number of people within some staffing groups was limited and they were interviewed within a short period representative of a context and time-specific snapshot. Also, the views of those interviewed may not reflect all the views across the two regions or those nationally. Additionally, the voice of central HMPPS Headquarters (HQ) staff involved in the development, training, and quality assurance of interventions was not heard. Despite this, a large and diverse sample across two different regions was used. It is also of note that data was collected during a time when the Probation Service was making ongoing efforts to unify, was still managing the impact of the post-Covid 19 environment and was experiencing significant recruitment and retention challenges. These wider organisational challenges were reflected in participants' responses. Given that interviews were conducted in late 2022 and early 2023, it is important to note that they may be representative of current views. Given the methodological approach and the caveats set out above, these findings must be considered as indicative.

Key findings

The research team were struck by the dedication and commitment of staff involved in the delivery and support of interventions. Nine themes were identified within participants' responses which described a range of factors perceived to impact the implementation of interventions within the community (location and delivery setting, the culture of Probation, resources, internal processes and systems, communication and relationships, training, awareness and support for continuous learning, facilitators, supporting group member engagement, and external influences). People on probation who had or were completing interventions at the time of the fieldwork, spoke about the positive impact on them, and how the support they had received from facilitators, and their peers, were central to this.

A preliminary model of successful intervention implementation was derived from the themes, reflecting the interconnections between them and was consistent with the wider body of knowledge accrued from implementation science in other sectors. The

assumption within this model is that good intervention implementation occurs if all of the individual themes (or 'cogs') are in good working order. If any are not in place, implementation will be affected. The model can be organised into three key areas:

1. **Where we work:** This includes the setting in which intervention delivery is taking place, along with the culture of that setting.
2. **What we have:** This is the resources that are available, including sufficient staff, the capacity and capability in place to implement interventions.
3. **How we work:** These are the specifics of how the intervention is delivered. This includes having the right internal processes and systems, good communication and effective relationships, the right training, awareness and support, and good support of group members to help them to engage and get the most from the intervention.

This study adds to the existing, limited evidence on what needs to be in place for offending behaviour interventions delivered within the community to be implemented well. It draws on the unique perspectives of those involved in the everyday implementation and provides several pointers for future consideration for national and local practice and decision making. Paying attention to these will be fundamental to maximising the impact of interventions delivered within the community and ensuring that minimal requirements for interventions are met. When considering these indicative findings, the methodological limitations set out above and the timing of the interviews (conducted during late 2022 and early 2023) and the operational delivery context needs to be taken into account.

Since the data was gathered, HMPPS has introduced a new accredited offending behaviour programme, called Building Choices (Love et al., 2025). An overview of the design and implementation of this is provided in a separate Annex.

2. Introduction

Implementation plays a critical role in whether interventions are delivered as designed in real-world community settings and have the intended positive impact on outcomes (Damschroder et al., 2009). Implementation refers to the conscious and deliberate way something can be made to happen. It is about how and when, by who and where an intervention is delivered, but also the context in which it is delivered, about the support, the environment and the attitudes of people involved. This study explored what can help successfully run and embed interventions in the real world of Probation work.

2.1 Offending behaviour interventions

Offending behaviour interventions aim to help reduce reoffending by targeting factors that are associated with offending, supporting people to strengthen and develop skills and behaviour to enable greater choice and capacity to lead an offence-free life.

They are delivered across prisons and community and are a key part of the rehabilitation offer in His Majesty's Prison and Probation Service (HMPPS).

Accredited programmes are a type of intervention which adopt cognitive and behavioural approaches to achieve this aim. In England and Wales, the Correctional Services Advice and Accreditation Panel (CSAAP) reviews programme design, quality assurance procedures, training pathways and evaluation plans, and recommends to HMPPS whether to accredit a programme. Overall (and for over 35-years now), the international research (Andrews et al., 1990; Lipsey et al., 2007; Hanson et al., 2009; Papalia et al., 2019; Holper et al., 2024) has tended to indicate that the most effective interventions are those which match the intensity of services to levels of individual risk, target dynamic characteristics associated with reoffending (known as 'criminogenic needs'), and use cognitive-behavioural techniques, delivered in ways that are responsive to people's personal circumstances, such as their learning needs. These are known as 'Risk', 'Need' and 'Responsivity' (RNR) principles (Bonta & Andrews, 2023). In addition to interventions based on these core principles, those with good management structures, using skilled practitioners and with close monitoring procedures in place are also more likely to be effective (Andrews & Dowden, 2005; Wormith & Zidenberg, 2018; Bonta & Andrews, 2023).

Aligned with the international evidence for RNR-based interventions, several large-scale matched-comparison impact evaluations of HMPPS accredited programmes delivered in prison and community settings in England and Wales across multiple decades have shown a series of positive effects on general reoffending (Bloomfield & Dixon, 2015; Brinn et al., 2021; Sadler, 2010; Brinn et al., 2023), and prison misconduct (Elliott et al., 2023). Consistent with the importance of implementation, in certain cases, such effects have often only been detectable when those who access programmes have met the suitability criteria (and thus had been correctly selected, see Travers, 2016) or when programme integrity has been maintained; that is, where the programme has been delivered as intended (Teasdale et al., 2021, Brinn et al., 2023). Overall, when aggregated, the outcomes from the highest quality quasi-experimental evaluations of cognitive-behavioural programmes delivered in prisons during the past decade and a half (2006 to 2019) have demonstrated a small effect on general reoffending, equal to a relative decrease of five percent (Walton & Elliott, 2024).

2.2 The importance of implementation

Effective implementation can increase the likelihood that an intervention will succeed in its aims. For interventions delivered across custodial and community settings, this includes the importance of positive working relationships, shared values, organisational support, and the perception of how feasibly the intervention can adapt and fit into the daily working lives of practitioners (Fagan et al., 2011; Kulkarni et al., 2019; Renehan, 2021; Shannon et al., 2015; Viglione & Alward 2020). The best quality intervention implementation in criminal justice settings has been found to be those with greater organisational support and administrative buy-in to the intervention itself (Goggin & Gendreau, 2006; Rayment-McHugh et al., 2022). Implementation can also be impacted by the processes which surround an intervention. For example, Goggin and Gendreau (2006) highlight how ‘dictating’ new operational standards without sufficient pre-intervention consultation with staff or resource allocation sets an intervention up for failure in ‘real world’ settings. They point to the need for distinct, clear and well understood processes that can easily be integrated into pre-existing operational practice. These should be well resourced and sufficiently flexible to work around local needs.

A lack of clarity or understanding about the intervention approach can also impact the support given to an intervention from other organisations who may also be working with the participants in different contexts (such as treatment agency, community service, etc., see Henderson et al., 2008; Lewis et al., 2019; Shannon et al., 2015). The support networks available for the people attending the interventions such as their families and loved ones has been found to be influential in the success of implementation (Rayment-McHugh et al., 2022), as has geographical location, and availability of public transport (Fagan et al., 2008; Shannon et al., 2015). Additionally, training and support is critical for successful implementation. This needs to have practitioner ‘buy-in’ where staff can see the value of increasing their understanding of the ‘why’ and ‘how’ (Goggin & Gendreau, 2006). Training events on their own are unlikely to lead to skills acquisition and/or retention and regular “on the job” training is also unlikely to bring benefits unless followed up with coaching and feedback (Alexander, 2011). “Stagnant training” has been identified as a barrier for staff who had been trained once at the start to deliver interventions, with no refreshers or updates, despite new developments or challenges (Vanstone, 2010). Regular supervision is also essential for intervention facilitators (Hamilton et al., 2015; Henderson et al., 2008; Moon, 2008; Vanstone, 2010).

The fidelity and integrity (accuracy and faithfulness) of intervention delivery is seen as a key part of successful implementation (Lowenkamp et al., 2006). The quality assurance process involves monitoring progress and identifying any unexpected barriers or facilitators along the way (Goggin & Gendreau, 2006; Taxman & Belenko, 2012). This can be gathered through feedback and observations as well as providing time and space to reflect and debrief before, during and after implementation to encourage shared learning and improvements (Damschroder et al., 2009). HMPPS quality assures its accredited programmes. For this process, HMPPS provide an overall appraisal of the integrity of programme delivery.³ The Interventions Integrity Framework (IIF) is focused on four Key Lines of Enquiry (KLOE), which are integral to effective intervention delivery. These are:

- Does the culture/environment support and enable change?

³ For further details on the IIF please see relevant appendices in Robinson and colleagues (2021), Brinn and colleagues (2023) and Elliott and colleagues (2023).

- Is the learning environment safe, constructive and effective?
- Are the team enabled to effectively deliver the intervention?
- Are the intervention(s) being delivered as designed?

In a recent large-scale evaluation of a HMPPS accredited programme for people convicted of violent offences, only where delivery was judged through the IIF process to be of acceptable quality, was violent reoffending statistically significantly reduced (Teasdale et al., 2021). The relative reduction in general reoffending was also larger (23%) under these circumstances compared to that overall (6%, see Robinson et al., 2021).

Implementation science provides a helpful way of identifying evidence-based areas which can increase the likelihood an intervention will succeed in its aims. One of the most used models in implementation science is the Consolidated Framework for Implementation Research (CFIR; Damschroder et al., 2009; Damschroder et al., 2022). The original model drew on 500 published papers across 13 fields of research (mainly healthcare) to identify what supports effective implementation (Damschroder et al., 2009), and was further updated in 2022 (Damschroder et al., 2022). The model outlines the five domains below:

1. **Innovation domain:** The “thing” or intervention being implemented.
2. **Inner setting domain:** The setting in which the innovation is implemented, including physical, structural and cultural aspects.
3. **Outer setting domain:** The setting in which the organisation exists. This includes the wider cultural and political environment that the organisation sits within, as well as the needs and expectations of the intervention participants. It can include local attitudes and local conditions.
4. **Individuals and characteristics domain:** The roles and characteristics of individuals involved. This includes the individuals and characteristics involved in implementing the intervention. Leaders, intervention deliverers and intervention recipients can all wield power and influence regarding the success of the implementation (Damschroder et al., 2022).
5. **Implementation process domain:** The activities and strategies used to implement the innovation.

This model has been tested robustly in the health field (for more information see Appendix A), but not in criminal justice settings.

2.3 Study aims

This study aimed to bolster the evidence in this area by exploring the factors associated with the quality of criminal justice intervention implementation within Probation, through focusing on the implementation of two HMPPS accredited offending behaviour programmes. As this was an exploratory study, the aim was not to validate pre-existing models of implementation but to be led by the interview data in examining the perceived factors that can impact on intervention implementation.

The specific aims were to establish:

- What factors are perceived to enhance or hinder good quality intervention implementation.
- What is perceived to be needed to be in place to ensure interventions are delivered well in the community.
- What can be learnt about the implementation of interventions which will enable the most effective roll out of the new suite of interventions.

3. Method

Please refer to Appendix B for full details of the methodological approach taken.

3.1 Study sites

Two Probation regions were selected, based on several factors (e.g., quality assurance results, interventions delivered, etc.), which aimed to increase the diversity of perspectives obtained. Region A comprised nine Probation Delivery Units (PDUs), and held approximately 11,000 probation cases at any one time. Region B comprised seven PDUs and held approximately 13,000 cases at any one time. Probation Service performance data for each region is included within Appendix B.

3.2 Design

Each region identified a Single Point of Contact (SPOC) for the duration of the research, who coordinated the identification of potential research participants and shared reports/documents requested. The researchers minimised disruption to day-to-day work by using both in-person or video interviews as preferred. An interview schedule was developed to guide focus groups and interviews, using a range of open, broad questions to explore participants views on what helps and hinders intervention implementation within the community. Interviewees were also encouraged to lead the discussions and talk about any factors they felt were important.

Different interview schedules were developed for staff and people on probation. Both schedules were piloted with the first focus groups and the ordering of questions was amended slightly to ensure the conversation flowed more naturally in subsequent sessions. During each interview, participants were provided with the information sheet again, a consent form, and asked to provide demographic information (see Appendix B). Nineteen focus groups and 12 interviews were conducted. Fifteen focus groups were with staff, four were with people on probation, and all interviews were with staff.

Horizon and BBR were selected as the two interventions of interest for the current study to provide focus (described in section 3.3). They were selected as they included different cohorts of people on probation, and until the reunification of the

Probation Service in 2021, had been delivered by different providers (Horizon by the National Probation Service and BBR by CRCs). It is of note that data were collected for the study during a time of significant change and challenge for the Probation Service.

3.3 Interventions: Horizon and Building Better Relationships (BBR)

When the research was conducted, Horizon was an accredited ^{4, 5} programme for men convicted of a sexual offence. Horizon became the main accredited programme for men on probation convicted of sexual offences in March 2018. BBR was an accredited programme for men convicted of intimate partner violence (IPV). Throughout BBR, a Domestic Abuse Safety Officer (DASO) also engaged and supported the victim of the offence. BBR became the main accredited programme for men on probation convicted of IPV in 2015. Horizon and BBR were delivered in both prison and probation settings when this research was conducted.⁶

3.4 Participants

A total of 77 people contributed to the research and were involved in interviews and focus groups. Of these, 66 were staff (86%) and 11 were people on probation (14%). Given the aims of the study, the primary focus of the research was purposefully on staff involved in delivering, supporting, managing, and supervising accredited interventions. Please see Appendix B for a breakdown of the demographics of the staff sample. All the people on probation who participated were men.

⁴ Accredited programmes are those which are designed in line with the latest international evidence of what works to reduce reoffending. The Correctional Services Advice and Accreditation Panel (CSAAP), are an independent committee of experts, who scrutinise and attest to the fact that interventions are in line with the latest evidence. CSAAP recommends whether to accredit interventions to the HMPPS Rehabilitation Board, which is a governance board responsible for making strategic decisions on behalf of HMPPS about its whole rehabilitation offer.

⁵ See MoJ evaluations for Horizon:
[Horizon and iHorizon an uncontrolled before - after study of clinical outcomes - GOV.UK](#)
[Horizon and iHorizon Psychometric analyses of the success wheel measure - GOV.UK](#)
[A process study of the Horizon Programme - GOV.UK](#)

⁶ At the time of writing, both Horizon and BBR have been replaced by HMPPS' new accredited programme, Building Choices (Love et al., 2025)

3.5 Data analysis

The primary analysis was based on the interview and focus group transcripts, which were analysed using reflexive thematic analysis (Braun & Clarke, 2006, 2019, 2021), with staff and people on probation experiences analysed together. Verbatim scripts were produced for analysis. Attention was paid to any differences, or similarities, across the regions during the analysis. Initial codes were clustered into themes and sub-themes. This coding was initially conducted on transcripts for two of the focus groups by all three authors together to establish a rigorous and uniform process, following which the remaining transcripts were coded separately by all three authors. The generation of themes was conducted by all three authors together. To protect quality and rigour, this research adhered to the criteria proposed by Bauer & Gaskell (2003).

3.6 Limitations and interpreting findings

There were several limitations to the study. While every effort was made to speak to as many people involved in interventions as possible, the number of people within some staffing groups was limited and they were interviewed within a short period representative of a context and time-specific snapshot. Also, the views of those interviewed may not reflect all the views across the two regions or those nationally. Additionally, the voice of central HMPPS Headquarters (HQ) staff involved in the development, training, and quality assurance of interventions was not heard. Despite this, a large and diverse sample across two different regions was used. It is also of note that data was collected during a time when the Probation Service was making ongoing efforts to unify, was still managing the impact of the post-Covid 19 environment and was experiencing significant recruitment and retention challenges. These wider organisational challenges were reflected in participants' responses. Given that interviews were conducted in late 2022 and early 2023, it is important to note that they may be representative of current views. Given the methodological approach and the caveats set out above, these findings must be considered as indicative.

4. Findings

Themes and subthemes (in bold) generated from the thematic analysis from focus groups and interviews can be found in Appendix C. It is of note that some themes identified overlapped and were not mutually exclusive.

Theme 1: Delivery setting

The delivery setting included the factors unique to where interventions were delivered. Just because an intervention appears to work in one setting does not mean it will translate to others. Distinctive aspects such as location and the delivery format need to be taken into consideration.

It is clear there are significant differences in delivering an intervention in the **community versus custody**. Complexities with delivery in the community include people having work, family, and social commitments to juggle alongside attending an intervention, travel options, different geographical locations, and timing of meetings such as evening/weekend delivery. These can make attendance and the implementation of accredited programmes, more difficult. For example, assessments need to be time-sensitive, so practitioners can complete them swiftly amidst busy operational demands, and interventions usually take longer to complete. In addition to this, in community settings people are currently ‘at risk’ of reoffending which changes the dynamics of implementation. Whilst some staff suggested that programmes were not necessarily a priority for people now living in the community, others recognised the fact that this offered an opportunity for people to practice skills in everyday life:

“Obviously the role is different in the delivery of domestic abuse interventions in custody. We’ve got to think... [it’s not just what the] facilitator does... but how that is applied, how that learning is applied, and sort of sent out from and then brought back into the group room”
[Interventions Manager].

Many of the staff felt that the delivery processes, research, programme design, training, quality assurance and implementation had been predominantly based on custody delivery, and did not consider the significant contextual differences between

custody and community settings, or the challenges to and practicalities of interventions attendance in the community:

“When the training happens or when the manuals are written... there is a lot of focus on how it’s gonna run in custody... but also consideration in the initial stages of implementation... In the past, it’s only being given consideration about how it runs in custody and how it runs in the community has been left to those in the community to sort of work that out for ourselves, really.” [BBR Programmes Manager].

Staff also spoke about the need to examine the implementation and the efficacy of programmes in community settings as well as custodial settings, and to trial interventions in the community before rolling out nationally. It was felt that programmes needed to be tested in different situations, different regions, and with different populations. Delivery in the community can be “messy” and these factors were important to recognise in order to improve the implementation of interventions across all contexts (see also ‘Communication and Relationships’ theme).

All staffing groups, as well as programme participants, referred frequently to the **barriers to attendance**. Staff reported an enduring pattern of high attrition rates due in part to the challenges people face in terms of balancing work, family, and social demands with attending sessions. One of the greatest barriers for people on probation in both regions to attending was travel issues and cost. Participants referred to difficulties with travel logistics, train strikes, ferry delays, reliance on public transport and difficulties in getting support with travel arrangements; in region B it was taking people an hour or more on average to get to their sessions. When programme participants had difficult journeys, this could also affect their motivation and engagement levels. Evening and weekend sessions were also problematic for some, particularly when returning home late from a session and needing to be up for work early the next day, and when they were tired after a long day at work and were then required to attend a session. The **location/geography** of facilities where programmes were delivered for both regions meant that both programme facilitators and programme participants sometimes had to travel long distances to attend sessions.

“So and as you know we work two till 10:00 PM as facilitator and so getting back (around) 11:00 o’clock at night. It’s a big ask. It was a long haul and it was at the stage where they just weren’t enough facilitators. So in (location) we were going all over the county. From a logistics perspective it has a big impact on facilitators”. [BBR Facilitator].

In region A there were both cities and rural areas to contend with, and different areas had different population demographics with differing demands, whilst in region B some sites required the use of ferries to access. Some of the factors which helped overcome these difficulties included having the infrastructure and support available at all delivery sites, using local facilitators to deliver local groups, and finding more venues to use. However, the use of non-familiar sites sometimes resulted in staff not always feeling welcome where they were delivering sessions, and the unfamiliarity of sites also made logistical processes harder.

Another important feature was the use of **different delivery formats**. The two regions differed in relation to whether they delivered a rolling⁷ format of BBR. Region A did not use a rolling format and the Programmes and Treatment Managers cited numerous reasons for the challenges with it. These included a lack of space for people to join, difficulty anticipating when people would finish their time on the programme, difficulty in managing workloads for and consistency of facilitators and geographical difficulties:

“over the years, we’ve attempted to... commit to the rolling format and we just really struggled to do that because of the sheer numbers that we run with, and... because the programme is not like TSP where the modules can roll in any order and you’ve got to put the foundation module first.”
[BBR Programmes Manager].

Administration staff in region A talked of the need to be proactive and organised with rolling models of delivery (which they do for other programmes but not BBR or Horizon) and being able to anticipate when someone will finish. Further, some staff did not appear convinced about the efficacy of rolling programmes: “We’re not

⁷ Rolling programmes run continuously with group members joining and leaving as it rolls along so that members will be at different stages of the intervention depending on when they joined.

particularly convinced by the efficacy of, of that (rolling format)” [BBR Programmes Manager].

Region B, on the other hand, offered a closed foundation block followed by a mixture of rolling and closed formats for BBR. Offering a discrete closed foundation block was seen to help build motivation and reduce resistance at the outset:

“I think having a discrete foundation where you work on resilience motivation you knockout some of the resistance. You kind of find the buy in before they then get into the real detailed difficult work that works really well. Really well.” [BBR Programmes Manager].

Further, it was suggested the rolling format helped reduce attrition, avoided “long messy waiting lists” [BBR Treatment Manager], gave attendees more flexibility to attend sessions which were best suited to them (in terms of time/location), and enabled people to get back into a group more quickly after suspension or drop out. However, the region also cited challenges with the rolling models used for BBR including logistics of organisation, and difficulties with some sites having enough participants for the rolling format.

The Covid-19 pandemic had also had an impact on both the delivery of and access to interventions in the community. In both regions, programmes teams had delivered BBR and Horizon in smaller groups, individually, or remotely during that time. This interruption to standard group delivery seemed to have had some benefits, including people on probation engaging and disclosing more perhaps due to smaller groups (see quote below), and remote delivery overcoming travel problems. Staff identified some advantages of remote delivery, such as developing different delivery skills. There were disadvantages noted too however, including not being able to practice co-facilitation skills, and making it harder to build relationships and rapport with both other staff and people on probation. However, adopting a flexible approach to delivery and taking on board recent learning was regarded as a sensible strategy.

“There is definitely some feedback about having smaller group numbers...enabled them as facilitators to make sure that everybody engages properly, ... and be a bit more open... quite easy to hide in a group of 12.” [Interventions Manager].

Theme 2: Probation culture

Culture is a term used to include the shared beliefs, attitudes, norms and behaviours of people working within the organisation. There was no overarching description offered by staff of what probation culture was (e.g. bureaucratic, militaristic, or innovative), but Balogun & Johnson's (2004) description of culture as "the way we do things around here" sums up how staff talked about working in the organisation. The theme of probation culture also permeated into different themes, such as 'communication and relationships', 'training and support', and 'internal processes and systems'.

Staff described their probation regions comprising multiple **subgroups** who tended to work a little in isolation. For example, interventions teams often delivered programmes across different PDUs, but gaps and differences between PDUs and programmes were often referred to:

"I feel that interventions as a team, I think we've always felt a little bit separate... No matter where we've gone and what we've done, we've always felt a bit separate." [BBR Treatment Manager].

Some staff described feeling forgotten or their work being less of a priority to others in the wider organisation, which could hinder implementation. The staff interviewed were also clear about the need for an awareness of the wider context of Probation for programme implementation to be able to work (see also theme 'training, awareness and support for continuous learning').

Regarding differences in professional culture, a distance between sexual offending and other offending behaviour intervention teams such as BBR and TSP was noted. This was due, in part, to the privatisation of probation, where (between 2015 and 2021) BBR and TSP was moved to the CRCs, whilst Horizon and other programmes for those convicted of sexual offences were managed separately by the NPS. Some staff felt this had created a hierarchy between teams in the CRC and NPS. However, others felt that there didn't need to be such a distance:

"deep down culture of both teams is still the same like about helping people and rehabilitation and ... things like that. So I don't know that the cultures that much different as far as that's concerned, and I'd say

management is very aligned culturally. I don't see much of a difference between their kind of philosophies" [Business Manager].

Overall, previous negative experiences of **organisational change** were seen to adversely impact trust in how the Probation service may manage future change. In the years preceding, staff had experienced large organisational change which impacted how intervention implementation occurred. For example, some staff described the negative experiences they had during the 'split' (into CRCs and NPS between 2015 and 2021). In some CRCs, interventions staff were directed to undertake general case management as well as programme delivery, with the intention of making a dual skilled workforce. This experience was viewed as particularly damaging, with many experienced staff leaving:

"I can remember being on a training course in Newbold Revel years ago. Just not, you know, shortly after we had gone into the CRC and I was talking to one of my ...colleagues at the time and she just sat there and said they've broken us. They'd absolutely broken us"
[Interventions Manager].

Having a settled period was sought by many who were still readjusting following the end of the Covid-19 pandemic. The experiences of these organisational changes appeared to have played a role in the weariness many (but not all) staff had towards HMPPS' newly accredited programme, Building Choices, which was under development at the time interviews were conducted. The importance of understanding the impact of these experiences on staff, and different cultures within teams was highlighted as helping good implementation:

"Delivering an intervention well is to really recognise what's going on in the cultures and what's going on for this group of people might be different"
[Interventions Manager].

Cultural divides were highlighted as an issue which could subsequently impact implementation. Having (re)unified into one probation organisation again,⁸ and having a good understanding of what the culture was now like, was identified by staff as important to understanding different priorities and perspectives:

“This whole CRC world was set up around rehabilitation and the whole the National Probation Service feels like it was set up around risk management and bringing those two things together... We’re back to the sort of juxtaposition ... How do they rub alongside each other?”
[Interventions Manager].

One person explained that senior leadership conveying the message that they believed and valued in interventions could influence delivery, by motivating individuals to engage positively (**feeling valued**). This was explained as being because treating people with understanding and respect is more likely to get the best results from them. The value placed on interventions was seen as being demonstrated in how prioritised they were in the organisation:

“intervention is most successful when it’s given equal value to the other elements of delivery around the organisation” [Interventions Manager].

The programme facilitator **job role review** was taking place during the fieldwork for this study and was reported by many programme facilitators delivering Horizon to be affecting morale and trust in the organisation:

“That’s a huge barrier ... and I think that will impact on how they buy into the communication we have to... any change, we just need to be open and transparent about where we’re up to” [Interventions Manager].

There were concerns that many staff may leave as a result. The process was also seen as increasing the cultural divide between staff delivering programmes for people convicted of sexual offending and their colleagues delivering programmes to other cohorts. Rather than unifying the two teams, there was anxiety that the job

⁸ A new model for Probation Services in England and Wales was brought in from June 2021. The supervision and rehabilitation of people on probation by CRCs ended and the management of all people (low, medium and high-risk) has been delivered by the NPS since this time. For further information see: [Unification of probation services - House of Commons Library \(parliament.uk\)](https://www.parliament.uk/libraries/commons/2021/jun/23/unification-of-probation-services)

review was causing a rift which could impact the implementation of any new intervention.

Overall, however, a positive culture was reported within interventions teams in both regions and was seen as an important factor in supporting good implementation **(team culture)**:

“I can honestly say that this team is made up of some of the most committed, professional, and supportive officers or staff I have ever had the pleasure to work with” [Horizon Programmes Manager].

When asked what might be unique to interventions teams, staff identified an underlying belief in the interventions alongside well-established, positive and friendly teamwork. However, there was also an acknowledgement that there could be challenges, but that they worked through them as a team. Several participants identified that an openness to learning, and feedback helped the team culture too, driven by a desire for quality delivery.

Cultural differences between regions/regional areas were identified by a small number of staff in region B. This had led to different levels of team cohesion. The management structures of the regions were suggested as playing a role in this:

“Some of the structures that are in place in terms of reunification value and prioritise sentence management, court work and risk management work over the delivery of intervention. And that dynamic... is sometimes challenging in terms of delivering and successfully implementing because actually as you sit people round the table, there is a certain amount of hierarchy and status and that is slightly off whack sometimes, and I think that's sometimes impacts on the relationships” [Interventions Manager].

Theme 3: Resources

Having adequate resources (such as time, staff, suitable technology systems, materials, and an appropriate physical setting) was one of the top occurring themes in the interviews, and featured in the top three most recommended tips by staff regarding what was needed to implement a new intervention effectively.

Having sufficient **time** to prepare, deliver, reflect, and learn featured repeatedly in the interviews as helping good implementation of interventions. Rushing was seen to hinder the quality of delivery both inside and outside of the group rooms. According to staff this could result in incomplete information, poorly established groups, a lack of understanding of programme participant's needs, and inconsistencies or failure to embed and check learning within sessions. Having adequate and realistic amounts of time for each of the tasks helped ensure they could be completed to a good standard. Staff also highlighted how protected time was needed for reflection, learning and practice development, including when new programmes were introduced to ensure quality delivery:

“You need to be able to have time to consolidate what's going on with yourself as well as the other guys. And often it takes a chat with another person. To kind of get perspective on it.” [BBR facilitator]

Having enough **staff resource** to be able to deliver programmes was regarded as essential and included the need for 'back up' staff. Without enough facilitators, there was increasing dependence on 'sessional' workers for delivery. This could add to facilitators' workload in specific ways, for example by them taking on more of the preparatory work or travelling long distances to cover different parts of the region, often relying on the 'good will' of colleagues. Staff also reported pressure to get new facilitators delivering programmes more quickly. Whilst all staff receive national training and must demonstrate a range of competencies before they are assessed as ready to deliver accredited programmes, the view by some staff was that the pressure to deliver could result in facilitators delivering programmes before they were 'ready' in practice. Sometimes though, sessions had to be cancelled due to a lack of staff resource, which caused significant difficulty.

Some staff reported being exhausted and over stretched with competing demands. One Domestic Abuse Support Officer (DASO)⁹ described feeling like she was on a “hamster wheel”, only getting off it when going on leave, which then could not be covered, adding additional pressure. Specific to BBR, an insufficient number of

⁹ DASOs work with victims and current partners of men attending domestic violence programmes in order to promote the safety of women and children.

DASOs was described by participants as a hinderance regarding the delivery of service to vulnerable victims meaning staff might have to pick and choose who they could deliver a service to. Some staff spoke of concerns about insufficient evening reception staff in the building which could potentially put their health and safety at risk.

Frequently, probation staffing challenges was highlighted as hindering programme implementation. As probation practitioners had the overall responsibility for ensuring programme participants get through their sentences, difficulties contacting them often added additional pressure for interventions staff, especially when they wanted to clarify relevant information. Over stretched probation practitioners were seen as having too many cases to manage to be able to do a good job, such as communicating regular updates (which links in with the 'communication and relationship' theme discussed later).

Having **IT systems** that were reliable and joined up was regarded as important for implementation, as well as demonstrating the value the organisation has towards its staff:

"I think that during, during lockdown we kept getting these emails saying, "So brilliant that you're all working through Covid," and it's, like, "Thank you, thank you, thank you." And I just kept wanting to say, "Don't thank us. Just make the IT better." [Administrator].

A lack of user-friendly technology to record group sessions was also identified, with some staff lacking confidence in how to use the recording equipment, and others not using it at all. Either way, this meant some sessions were not properly recorded. Different departments having different IT systems, or systems not linking properly, was identified as problematic. At the time of interview, however, the introduction of a separate IT system for the interventions team, had impacted on the transfer of information between facilitators and practitioners. This in turn had meant that facilitators could miss information a practitioner might have added to a programme participants' records (such as a note to say they had been arrested that day), relying on probation practitioners proactively emailing them separately with updates, which did not always happen. IT systems were a particular area of concern for the DASOs,

who were relying on their own spreadsheet system which was viewed as inadequate. In region A, when the DASOs changed to a different IT system, their workload (and stress levels) were significantly impacted. This affected their trust in the IT systems.

Staff repeatedly highlighted the importance of having good quality, up to date, user friendly **intervention materials**. Out of date, inaccurate materials, which had not been proof-read and had missing pages, were seen to discredit the programme. If materials were not seen as being of good enough quality, staff were concerned that they could appear less relevant to programme participants and became more inclined to create their own materials to use instead, resulting in variations in materials across regions. When discussing the case scenarios used in the manuals, one facilitator explained how making example offences too simple could hinder conversation and frustrate programme participants. Co-production with people who have lived experience, was suggested as a way of making examples more authentic:

“It’s obviously meant to be a very open environment and you can speak about everything freely and you then show somebody a video that is very like black and white and stereotypical in their face. It might make them feel like, oh, well, you think I’m like that. And you think that I’ve done that”
[BBR facilitator].

Having easy to read manuals which were not too wordy were preferred as they were quicker to adopt and easier to understand. Other suggestions included for example, having a separate theory manual instead of including theory in the main delivery manual. Another manager suggested including guidance within delivery manuals to help facilitators effectively target work in sessions and make it clearer that not every programme participant needs to undertake every skills practice. It is of note that accredited programmes are developed with several separate manuals, and that session content should be planned and targeted toward individual criminogenic needs. However, some participants were unaware of this, highlighting a gap between how programme materials are designed, and how they are used in practice.

Version control of manuals was also seen as essential; too many versions were seen to undermine staff’s trust in a programme and complicate session planning if facilitators had different page numbers or exercises to each other. Staff described

previous experiences of having to photocopy, scan and laminate materials which hadn't been provided for them.

The differences in the **physical setting** (e.g. buildings) during the fieldwork for this study was notable. In one building in region B, the heating had stopped working, so portable electric heaters were used to keep warm during interviews. There had also been concerns earlier in the week about rodents in part of the building. A building in region A had dark, imposing steel shutters across the windows and was located on a secluded, litter strewn, poorly lit road by an industrial estate. This contrasted to the busy, bright, large city centre office in the same region, which one participant described as:

“it's, like, walking into (name) Station...it's just so manic and you're, if you've got any, sort of, anxieties or stresses, that's going to come out straight away. And you, I mean, we've known people who've come in and just walk out the door again...I've got some autistic traits and if I was faced with, like, the reception at building X and I was a guy on BBR or TSP, I'd go, “Oh, god.” and I'd be off”. [Administrator].

The physical setting for the delivery of the intervention was seen as important for implementation as it helps programme participants feel more valued. One facilitator talked about the importance of the physical environment for helping to create psychological safety within a group:

“these programs, you're asking people to talk about some pretty sensitive things. They need to feel they're in a safe environment to do that and that is ...partly created by what's going on around, around the building, around, as well. So, I think that's really, really important, yeah, creating that safe space” [Horizon Facilitator].

There was also some evidence from supervision sessions within region B that having to deliver, and prepare for, session delivery within poor physical environments could have a detrimental impact on the personal wellbeing of facilitators. In one team, staff took it upon themselves to try and make the building a more therapeutic environment by painting it themselves. In addition to the importance of the feel of the room, having enough rooms allocated with sufficient space for the programme participants and

recording equipment was also identified as important. In addition, DASOs highlighted the challenge of finding safe, private spaces to speak to the women they worked with.

The **demand** for the different programmes varied between areas within regions, and between different programmes, which could make implementation challenging:

“In one area of [region B], we’ve got huge waiting lists, but tiny numbers of staff. In another area, we’ve got enough staff, but no waiting list. So being able to have a fully stocked team and move them around as needed, that’s a challenge” [BBR Programme Manager].

Balancing demand with quality of delivery was a further difficulty. This was seen to be primarily problematic for treatment managers and administrators who were trying to determine group allocations without losing quality or impeding group dynamics. Pressure to get participants to complete programmes before the end of their sentence was particularly challenging. According to several treatment managers interviewed, demand for alternatives such as ‘structured interventions’¹⁰ increased due to a backlog, and people not having enough time on their sentence left to complete BBR. This then impacted on appropriate targeting:

“I think it’s quality and resource. You’ve gotta balance it with resource. You know ... because of the sheer numbers that we get through the door. In [region A], we can’t afford to be running four and five people groups for 4 1/2 months. We ...need to be a maximising every group, every bit of resource that we’ve got” [BBR Programmes Manager].

The Covid-19 pandemic had also resulted in a large backlog and waiting list of participants, which also impacted on motivation levels of programme participants. This remained an issue in both regions.

Recruitment and retention issues were identified; there was a challenge in recruiting new staff when experienced staff left. However, intervention staff turnover

¹⁰ Structured interventions – a structured set of exercises for people on probation, usually done in a group. Unlike accredited programmes, these are run and facilitated by probation practitioners in the Probation Service.

was seen as less problematic than for probation practitioners in wider probation delivery teams. The length of service of some of the individuals interviewed for this study was considerable (many had over 20 years' service). Salary was identified as one of the main reasons that people were leaving intervention roles, although organisational changes were also identified. The vetting process took a considerable period which delayed recruitment into posts too. Retention and recruitment for Horizon facilitators was being significantly impacted at the time of the fieldwork due to the ongoing job review process (detailed further in the 'probation culture' theme). Horizon staff were subsequently having to spread themselves more thinly which was impacting delivery as well as morale amongst teams.

Theme 4: Processes and systems

This theme included the need for well managed systems and processes to ensure programme participants were properly assessed and selected. Clear, consistent processes aligned within and between regions, clarity of job roles and time to plan and create systems and processes to support the introduction of new programmes were all highlighted as helping successful implementation.

Clear **eligibility and selection criteria** for programmes were identified by staff as necessary and some intervention managers and probation practitioners discussed issues with appropriate orders being given at court, with some suggesting that incorrect decisions could be made:

“... people who should get programmes who don't, people who shouldn't get programmes who do.” [BBR Programme Manager]

From those who reflected on these issues, there was a view that court staff, including those who wrote Pre-Sentence Reports (PSR) and recommend interventions, needed to consider their appropriateness and avoid overreliance on tools to make clinical decisions:

“so there are cases when you read a pre-sentence report that says this man has thinking skills deficits, he meets all the criteria, yet the proposal is for unpaid work” [Interventions Manager].

The Head of Interventions of one region also described the number of **referrals** for programmes being dependent upon court processes, such as if and when court cases were heard, which hindered implementation due to the volume of referrals at particular times.

DASOs described the frequent issues they experienced with referral forms not being completed, and how this impacted on their ability to do their jobs. However, one probation practitioner spoke about the challenges of having to complete multiple referral forms when they did not have access to all information required. This appeared to be a particular issue when making referrals to BBR, where referrals also need to be made to other services.

Selecting a group for a programme was described by staff as requiring careful consideration. They described the value of having processes in place to ensure that people on probation were clear about the requirements of attendance, had an opportunity to ask questions, met facilitators in advance, and so on. Clear induction processes were identified as a way of achieving this and supporting levels of engagement. Some staff felt this was particularly important given that some people agree at court to complete a programme to avoid a custodial sentence, without understanding what this will involve. Staff also reflected on the need to ensure that any issues programme participants have that may affect their attendance are dealt with before they start.

Staff described the importance of considering the dynamics of a group during the selection process, and how they could either help or hinder the success of a programme. This was also something that programme participants reflected upon (see theme 'supporting programme participant engagement' for further details) and appeared to be regularly discussed within supervision sessions across both regions.

Staff reflected on the issues they faced when **processes and procedures** were not **consistent and aligned**. They described issues that a lack of consistency within and between regions had created and a number reflected on what had been done to try and align processes to create greater clarity. On this last point, most staff, (particularly DASOs) reflected on the need to consult with those affected early on when working to align processes and systems, although a small minority felt that this

could take too long. Some described the process of alignment in the context of re-unification, where CRC and NPS processes and systems needed to be brought together. Others described the challenges of people fulfilling their roles when inconsistency in processes existed:

“... we need to be able to cover each other and things like that, and it just wasn't working because we had facilitators going in between the regions and things like that. So the procedures needed to be the same.”

[Business manager]

Staff also described issues with not having a single central system, with those in existence not being “joined up”. Some people working in more senior positions also felt the lack of a national central system created problems comparing across regions, as it was like comparing “apples and pears”. There were also concerns raised about duplication across systems.

Administrative staff were described as “central” and the “backbone” of interventions by more senior managers. However, there was quite a consistent view among administrative staff regarding how challenging their roles were when there is a lack of consistency. Staff explained that greater clarity regarding processes and systems meant that staff working within administrative roles were clearer on what they needed to do but that other staff could also cover their work when needed (due to annual leave, sickness, etc.). Some administrative staff also reflected on the challenges of working with colleagues who had different expectations:

“That's the trouble with trying to align things ... our treatment managers all have different ways of doing things and they like it the way they like it cause it helps them with their jobs. So it's not always easy to get a uniform way of doing things across a large area”. [Administrator]

Several staff and programme participants explained there needed to be clear and transparent processes for missed sessions, and removing programme participants from a programme. This included the need to be transparent upfront regarding attendance requirements, (e.g., that catch up sessions need to be completed), and the processes applied when a session is missed:

“I mean, you might only miss two (sessions) and they’re like, ‘you can’t catch up now, so you’re off the course’. Yeah, it’s pressure on everything, literally. I don’t think they [group members] understand it, sometimes.”
[Horizon group member]

Some staff discussed the use of text messages to communicate with programme participants, and how this can be a quick and easy way to keep in touch (see theme ‘communication and relationships’). However, others explained that not all regions liked this approach to communication when sessions have been missed. Some also discussed the impact of programme participants who are unable to work within agreed conditions for engagement, and the need for consistent processes to ensure that decisions regarding deselection are timely and made at the right level.

Linked with the above, staff described the importance of **clear expectations of roles** (their own and other peoples’). People described a lack of clarity and unrealistic expectations, and how existing job descriptions did not reflect their roles, which created a range of issues:

“You know, I’m pretty sure if you speak to the DASOs (in) a different region and they will be doing separate jobs ... because it’s ... so vague, (the) manual that ... DASOs have gone off and developed and one of the biggest problems I’ve got with ... the DASOs is trying to stop them doing too much. Actually, that’s not your role. Stop it.” [Interventions Manager].

Some staff also explained how greater understanding of each other’s roles would enable a greater understanding of the demands people were facing and how staff could support each other. Some also reflected on the need for a clearer distinction between treatment and programme manager roles, and how staff undertaking both roles feel “pulled in both directions”. Some staff described issues that arose when staff work outside of what they see as their roles, and how clearer defined roles would ensure that people understood what part of their role was, and what was not:

“They (administrative staff) seem to think it’s up to them to decide who’s on groups and stuff like that. And they don’t understand the programme. And ... it’s leading to problems. You know, like, they’re the same grade as

us but they seem to think they're in charge of everything. And they don't actually understand what we're doing." [BBR facilitator]

Staff reflected on the process for allocating people onto a programme, and the **optimal timing** for this. While this related, in part, to the need to be responsive to programme participants (see theme 'supporting programme participant engagement'), it also included the processes by which these decisions were made, and the targets set for when programmes should commence. In general, staff reflected that it was better for people on probation to commence a programme earlier in their sentence, as it was believed that people would be more motivated to attend and complete the intervention. This was also reiterated by programme participants:

"To be honest, yeah. I'd rather get it [the intervention] done. Because I've only got ... an 18-month licence ... so if I get it done, I'm done then. I'll only have six months on my licence left by the time the programmes finished, so I'd rather get it done early". [Horizon group member]

Some staff also reflected on issues that arise when people don't know when they are going to commence a programme. This included a negative impact on motivation and also issues if someone does not complete prior to the end of their licence or order. Despite this, a small number of staff also reflected on the risks of someone commencing an intervention too soon:

"We are being driven towards an eight-week delivery, so an eight week from sentence they will be into an intervention, which we have seen very recently a couple of men who have presented really differently but really obviously because it is too soon. So one who was really angry, I mean furious. And stepped into a group room and was still furious. And we made the decision that actually to pull him (de-select) because it was too soon. And others ... we get more of these, you'll get men coming in eating their own clothes, they're that anxious." [Horizon Treatment Manager]

A smaller theme was on what staff felt needed to be in place for a smooth **transition from old (decommissioned) to new (replacement) programmes**. This included, a clear demarcation, time to plan implementation and create systems and processes to support the new programme, and the importance of being clear about expectations.

Contrary to large-scale, good quality impact evaluations (e.g., see Brinn et al., 2023; Robinson et al. 2021; Teasdale et al., 2021)¹¹ many intervention facilitators questioned the usefulness of **internal and external quality assurance processes**, feeling that some were time-consuming and added little value. They described the focus of quality assurance being on quantity and not quality. Others reflected on how quality assurance processes were too rigid and focused on the wrong things:

“... the audit was saying certain things that we thought ..., really, had little or no value.” [Horizon facilitator / Treatment Manager]

While some staff described how external quality assurance processes could help to highlight where more work is required, this was not the view of most. Some staff suggested that the delays in receiving feedback following an external assurance visit limited its usefulness. Some suggested that internal quality assurance processes and systems were more useful, while others felt that these still did not focus on the ‘right’ things.

It is interesting to note however that IIF feedback (in 2020) for both regions had suggested that the requirements for supervision and session monitoring were not being consistently met. Recommendations were also made to region A regarding the need to ensure that there was sufficient provision of recording equipment and the ability to view sessions.¹² Although not explored in this research study, staff views regarding the value of such monitoring and assurance processes may have influenced their compliance with them. Despite this, there was evidence from both regions that supervision and session monitoring was taking place.

Theme 5: Communication and Relationships

This theme focused on the importance of having effective communications internally and externally to facilitate better working relationships across the range of teams and individuals involved. It also included the need for communications to be perceived as procedurally just.

¹¹ These found quality assurance ratings (using the Intervention Integrity Framework; IIF) to have discerned between significant and nonsignificant programme effects.

¹² Interestingly, in their 2023 impact evaluation feasibility study, Teasdale et al found only 1 out of 21 CRCs was delivering BBR to the HMPPS expected standards.

Whilst some managers indicated that **communication to and from HMPPS HQ** was good, the consensus overall was that this could be improved. Staff suggested that sometimes there was a lack of information, clarity and consultation regarding the development of new accredited programmes. This resulted in them not being clear about why new interventions were being introduced, what the interventions were aiming to achieve, what was wrong with the older style interventions, the theory, research and evidence behind the new interventions or when the changes would be taking place. It was also clearly difficult for some dedicated staff to adopt different approaches and understand why changes were being made:

“If we’re moving on to something new, what are we saying about what we’re leaving behind? Are we saying that that was ineffective? Are we saying that that was wrong? Are we saying that that didn’t work?”
[Interventions Manager].

“People have been running that for years and thought they were doing a good job and doing something with value and then to find out you’re not. It’s quite heart-breaking. You know, people don’t come in to Probation to make money. And they don’t stay in Probation for that. You know, we stay ‘cause we believe in in what we’re doing” [Horizon Facilitator].

Whilst there was mention of some good practice recently in departments in HMPPS HQ attempting to understand the community context in the design and roll-out of programmes (see also ‘delivery setting’ theme), the general consensus was that there should be more consultation with community deliverers in order to develop greater understanding of some of the contextual issues and complexities of community delivery.

Staff spoke about the introduction of Horizon (replacing the community Sex Offender Treatment Programmes in 2017¹³) and BBR (replacing the Community Domestic

¹³ A reoffending impact evaluation for the Sex Offender Treatment Programme (SOTP) delivered in prisons was published by MoJ during 2017. Results showed that those who participated in SOTP committed at least one sexual reoffence (excluding breach) during the follow-up period when compared with those who had not participated in the programme (10% vs. 8%). Also, more sexual offenders who had participated in SOTP committed at least one child image reoffence during the follow-up period when compared with the matched comparison offenders (4% vs. 3%). See, [Impact evaluation of the prison-based Core Sex Offender Treatment Programme - GOV.UK](#)

Violence Programmes) describing that in their view that there had been a lack of explanation, communication and consultation with staff when those programmes were rolled out. The launch of toolkits¹⁴ following the introduction of Horizon was also felt to be too late, which meant that awareness about those types of interventions required improving.

There was also emphasis given to the importance of **timely** communication; early, regular, and consistent messaging was felt to be crucial, along with sufficient advanced notice to delivery sites when rolling out new programmes so that they could prepare appropriately (which links to the ‘internal processes and systems’ theme). To some, this perceived lack of communication and consultation meant that they felt that they had no ownership of the programme or voice in the process: “It’s a national roll out. It’s not our programme.” [BBR Treatment Manager]. This perceived lack of ownership and understanding meant that interventions staff felt as though they had to deal with the decisions made without them that they did not fully understand, and had to try to explain these to others, including probation practitioners and people on probation. For some, the frequency and number of changes were too difficult to keep up with (and links to the earlier themes of ‘resources’ and ‘internal processes and systems’). Staff indicated that how interventions or new initiatives were launched played a key role in how they were taken on board by the workforce.

“When things are rushed. Because it’s like, you know, and I’m not talking just for me but for the staff. They’re like, “Where’s this come from? Why have we only just heard about it?” It makes people doubtful. Mistrust. You know, so that communication again needs to start at the very early stages.” [Horizon Treatment Manager]

Regarding **relationships with HMPPS HQ**, there was a diversity of views. Most staff participants indicated that they would appreciate better contact, input and relationships with colleagues in HMPPS HQ responsible for training, quality assuring and supporting programmes. Whilst a few managers (e.g. head of programmes,

¹⁴ Toolkits are resource packages aimed at supporting the delivery of one-to-one change work by practitioners, which focus on addressing identifiable needs and supporting people to build personalised strengths and capacity for living a crime free, positive life.

treatment managers) suggested that HMPPS HQ were supportive and indicated that they had an established working relationship with them, others (including treatment managers, facilitators, programmes managers) felt contact was minimal. There was mention from others that greater oversight and input from HQ was desired, along with more consultation and face to face contact (though it should be caveated that interviews were conducted during a post-Covid-19 pandemic climate, where physical contact with central teams in HMPPS was restricted).

Most staff reported that they would welcome more genuine consultation and voice in the design and implementation of new programmes, which would not only improve buy in from staff but also their applicability to community delivery. The lack of engagement and contact with HQ made some feel despondent and demotivated. In fact, having good communication and relationships were the most frequently cited recommended tips from staff regarding what was needed if implementing a new programme. It was also evident that poor communication had a negative impact on the quality and formation of relationships.

Similarly, **internal information sharing** was felt to be extremely important and needed improvement. This included information sharing and communication within the region, for example between staff and people on probation, but also between different departments/teams. Within Probation, staff highlighted the importance of probation practitioners communicating effectively and consistently with interventions teams to enable good sharing of information about for example, any risk concerns which have arisen about an individual, sentence management or any progress/strengths which may have been identified. This was described as patchy, with different regions and different probation practitioners having differing levels and means of communicating with interventions staff. Staff also wanted better communication between Prison and Probation personnel:

“And we don’t always get the information that we need from for a prison. [A recent group member] had to be kicked off ‘cos of his behaviour and then we found out he’d been assessed as unsuitable in prison due to his attitudes and behaviours towards women. And if we’d have known that, we probably wouldn’t have started him.” [Horizon facilitator]

The DASOs stressed the importance of receiving timely information from facilitators and treatment managers for example from interagency risk management meetings and about referrals. Administration staff discussed the importance of good planning and communication to ensure the groups were set up, run well and were not affected by last minute changes, and to ensure that they could spot opportunities for people on the waiting list. This included administration staff receiving information from probation practitioners about referrals, any changes to phone numbers or addresses of people on probation, or any vital information about recall or arrests, information about groups and delivery arrangements from treatment managers, and information about any process changes or wider changes to programmes from interventions teams. Facilitators also wanted better sharing of good practice across the teams to ensure consistency in delivery between units/areas, and to keep updated on key changes being made to interventions which they felt were sometimes just communicated to Managers. Some staff felt that learning from other regions already implementing a new programme could be potentially helpful as could observing sessions delivered by other regions, to share good practice and build relationships.

Programme participants, too, wanted more timely information up front about the length of the programmes, what to expect when they engaged, how to get time off, as well as the evidence of their effectiveness and any changes made. Some of the suggestions to help with information sharing within Probation teams included creating more regular opportunities to share information, being in the same office, appropriate cascading of information, and having better IT systems (see 'Resources' theme).

Relationships between staff in different roles within Probation teams needed some development. There was indication of friction between some groups of staff, for example, at times between facilitators and treatment managers; treatment managers suggested that some facilitators did not always get on board with them, or were not content with decisions made, and facilitators suggested that sometimes treatment managers demanded too much from them. Treatment managers and programme managers could also have differing opinions. However, administration staff stressed the importance of having good relationships with treatment managers, and there were clearly some groups of staff who got on very well (relationships between facilitators were regarded as positive, as were relationships between senior staff).

Some also noted that the Covid-19 pandemic had created difficulties in developing and sustaining relationships due to an increase in home working and remote meetings/delivery of interventions.

More widely, staff identified a lack of **inter-agency information sharing** as a barrier to implementation. Good multi-agency communication was needed (for example) between Probation and a range of agencies including court staff, police, social workers, and prison staff, so that different agencies understand how their work fits in the bigger picture and with other organisations, and to ensure a more seamless experience for people on probation. For example, feedback from someone's progression on BBR is often communicated to social workers, and police should pass on information about any domestic violence incident to Probation. For this sort of information sharing to be done well, it requires building contacts and relationships between agencies.

“Agencies currently working towards similar goals but in isolation.
Cross agency contact improves understanding of what each does”
[Horizon Programmes Manager].

The use of appropriate and varied **modes of communication** was also highlighted. Different communication methods were regarded as being needed for different messages and for different audiences. For example, some people on probation prefer face to face communication, whilst others are happier with text messages. And whilst emails seemed to be the preferred mode of communication between probation practitioners and interventions teams, it may be that newsletters and leaflets would be better means to communicate with other staffing groups (e.g. court staff). Overall, greater investigation was deemed necessary to determine what different groups of people needed to know about the 'what', 'how' and 'why' of programmes, and then in turn the best way to communicate these messages. All groups of staff agreed that everyone should be communicated with when important changes were being made. Regular team meetings, in person briefings and regular meetings with managers were felt to be important, and many of the staff stressed the value of bringing people together physically to communicate and collaborate (rather than just receiving emails). The timeliness and consistency of communication were also key; information needed to be given at the right time, and the messaging needed to be reliable:

“It’s like any learning. It’s repetition. You know, and do it in different ways for different learning styles. So we’re going to do this online launch, but we’re also going to do these face, set of face-to-faces in [region A]. Or we’re going to send you a video each you can watch. Or whatever it might be. Mix it up and make it interesting.” [Horizon Treatment Manager]

Theme 6: Training, awareness and support for continuous learning

Having the right training and support to enable continuous learning for staff tailored to their specific roles was one of the key recommended tips that participants made regarding the successful implementation of new programmes.

When introducing new programmes, staff spoke of the need to understand what the programme is, why it is being introduced, what the evidence-base is and that it had been properly tested. For example, this would include taking account of different delivery contexts, testing with a variety of individuals with diverse needs, etc. Without this, some felt it would be hard to promote the programme to others and encourage ‘buy in’ (**understanding and “buy in”**).

As an example, whilst many facilitators were positive about the strengths-based approaches used in programmes such as Horizon introduced in recent years, it was clear that the transition to these had been difficult for some staff. In particular, the move away from offence-analysis was seen as problematic by some staff, whereas for others, it was clear that they believed in the future-focused, strength-based approach. Staff reflected that it took time for people to get on board with the different approach. Some treatment managers and programmes managers (mostly from region B) noted that some colleagues were resistant to change and had “difficulty letting go of the old approach” (Horizon facilitator):

“Moving away from the offence analysis ... was quite a big thing, I think, for people to get their heads round. Like how can we target and manage risk if you’re not talking about it or helping them understand what they did and why...” [Horizon Facilitator].

Facilitator training was viewed not as a ‘one off’ event; rather, building confidence, skills, and developing knowledge on how to work with different groups was regarded as a ‘process’. The experience gained through delivery over time was identified as a

valuable tool for facilitators, particularly in managing group dynamics, developing therapeutic alliances, and learning how to challenge programme participants appropriately. This was seen as something to be 'gradually attained' and which required ongoing support. Some staff were keen for refresher training and to be kept up to date with new research. One programme manager described how additional guidance was needed if there was flexibility within the delivery of a programme, to help build confidence in decisions about how to adapt session content.

There were mixed perspectives regarding specialist training for working with people with different offence types. One member of staff was of the view that if the right, skilled facilitators have the right values and training, they should be able to deliver to any group with any type of offence. However, a more commonly held opinion was that specialist training and skills were needed for working with different cohorts:

“an experienced group of committed facilitators who have life experience, wisdom and knowledge of sexual offending, plus the skills to get alongside this group of men, against the backdrop of moral or newspaper outrage and give them hope and optimism for the future, working with them to help them develop skills to manage their lives, relationships, sexual thinking”
[Horizon Programme Manager].

Tailored staff training was considered important. The need for formal training for administrators to ensure consistency in processes and procedures was identified by participants. Experiences, such as shadowing court work and observing intervention sessions were seen as helping to put the role into context and “fill in the blanks” [Business Manager]. Administrative staff felt they were often omitted from training:

“I don't think the facilitator training would necessarily be relevant to us, but it's more just about how the programme runs. I mean, I'd like to know what the sessions are called and how many sessions, how frequently the sessions run, just, you know, to sort of start to get your head round it before it actually gets going”. [Administrator].

The gaps in training for DASOs was highlighted particularly. Participants spoke of a lack of consistency in the qualification requirements to do the job as well as limited training opportunities offered to them. As well as a desire for more specialist training

for them to support the women, the DASOs wanted to have a better understanding of BBR so they would be able to explain to the women they were supporting what the men would be doing in the groups. They identified the need for probation practitioners to be trained in what the DASO role is, as they reported difficulties getting information from practitioners to be able to do their job well.

Lack of probation practitioner knowledge about programmes was repeatedly highlighted as hindering good implementation. Practitioners who had a greater understanding were perceived as better able to prepare the programme participants by being able to explain what a programme involves and what was expected. Previously, 'context setting training' was provided to probation practitioners for each programme to help them build a deeper understanding, and probation officer training required practitioners to deliver an intervention as part of their qualification. This was viewed by many staff as helping practitioners to understand the value of such work. Many of those interviewed did not know what training was currently given to practitioners. Information 'briefings' were not seen as sufficient to ensure good understanding. Due to the high level of probation practitioner turn over, a need for repeated messaging about programmes was also identified:

“(we need) more investment in getting practitioners up to speed, so when they are obviously referring people on probation into programmes, or preparing to go into programmes, they know what they’re going on to. They know what the theory base is. They know how you know what to expect. Rather than... you know, go to the programme and you’ll find out what’s what’s gonna happen when you get there”
[BBR Programme Manager].

Treatment managers mentioned the need for them to keep up to date with the latest research so that they could better support facilitators. Treatment managers wanted external, structured training to help ensure their practice did not 'stagnate'.

Staff across both regions and both interventions who had experience of **training in a programme** which was replacing the one they were delivering had strong feelings regarding how this should be done. Staff spoke not only about the importance of understanding why a new programme was being introduced (see theme

'communication and relationships') but also the need to invest time and space to help staff adjust in a safe and respectful way: "If it's a massive shift I think there needs to be a full training package around that ... and time really invested in it and not at the point when we're trying to deliver it" [BBR Programme manager]. Whilst the staff did not dispute the need to change an intervention approach, they described it as a difficult process. Staff recommended that trainers should be open to peoples' curiosity, and to listen and respond to their views. One suggestion was for trusted, respected staff, known locally to teams to help deliver training alongside national trainers.

Having adequate levels of supervision, space for reflection about their roles and access to specialist wellbeing **staff support** was described as helping staff learn and thrive in their roles. Various people spoke of a need for counsellors/therapists to have intervention delivery experience to understand the nature of issues group delivery in criminal justice settings can create. Having the same counsellor for consistency and building rapport with was also seen as important. Investing in good external support services for staff was seen to convey a message that the organisation valued them and they were "worth it". Targeted group staff support sessions from an external provider were viewed as helpful, as they could focus on themes identified by management and were therefore more likely to be helpful for the group:

"For example, they might be themes of working with people who feel guilt and shame ... so we would have a group workshops about working through some of these themes given our staff tools and our concepts."
[Interventions Manager].

Support from peers was highly valued. Having a debrief straight after session delivery or sitting with a cup of tea and talking with a colleague helped people to feel safe and understood. Having a supportive, experienced, and approachable line manager was identified time and again as supporting good intervention implementation by maintaining wellbeing and addressing issues that staff may be struggling with. One programme manager highlighted how she prioritised providing support for her staff within supervision:

“I prioritise welfare conversations. Kind of welfare resilience is paramount to me as as their boss ... so whatever’s going on for you and your personal life and your relationships at work, how you feel about yourself at work. Is it is weaved through everything so we’ve got to look after the whole” [BBR Programme Manager].

Linked with support for staff, there was evidence across both regions that staff were provided with ongoing practice development opportunities. These were taking place in both supervision sessions, and as separate training and development sessions. These sessions appeared to reflect areas identified through video monitoring and supervision processes, suggesting that they were directly linked with the identified needs of staff. Such opportunities were likely to support staff to feel valued, supported and invested in.

Promoting and increasing **external organisations’ awareness** of interventions, was also identified as important. This included social workers and those involved in sentencing decisions. For example, treatment managers reflected that intervention teams needed to engage with local sentencers to help them understand the programme material. However, engagement with external agencies could be challenging:

“Some Judges appeared quite interested in what we had to say and a couple of them said they would like to attend a group session.... Again, there is a need to do a lot more work with sentencers, both Magistrates and Judges so that we can be sure the Courts understand the programmes we run.” [Horizon Programme Manager].

Theme 7: Facilitators

This theme focused on the importance of having well-trained and carefully selected facilitators, with the right skills, dedication, motivation, and therapeutic style and qualities, to support good programme implementation.

It was clear from the fieldwork that the majority of facilitators were dedicated and believed in the value of their work (**belief and dedication**). They were positive about programmes, believed in what they were delivering, believed in the evidence and believed they could make a difference. This appeared to be strengthened when other

trusted colleagues held similar views. For the most part, facilitators reported being dedicated to and invested in their role, and motivated to do a good job. Managers and people on probation concurred with this view of facilitators too. Facilitators (and other staffing groups) also described the importance of programmes meeting the needs of participants (see theme 'supporting group member engagement'), and felt rewarded when they saw positive changes or barriers come down.

“And so I’ve been doing this seven years as well. When January 1st comes up and I’ve loved almost every minute of it and it’s it’s absolutely fantastic as far as I’m concerned, you get to see such some guys make such awesome change.” [BBR Facilitator].

For successful delivery and implementation, **facilitator skills and qualities** were regarded as essential. Staff indicated that delivering programmes could be difficult and intensive work, but that certain skills and qualities helped. These included being genuine, thinking on one’s feet, being curious, being able to explain and communicate concepts clearly, maintaining boundaries, reassuring participants, being confident, being authentic, using real examples (and making them meaningful), clarifying learning points, checking understanding, using appropriate humour, understanding group dynamics, using body language effectively, bringing quieter participants into discussions, creating safety, challenging appropriately, and treating everyone equally. Many of these reflect skills to develop positive therapeutic relationships. Such skills were emphasised as important by people on probation, facilitators and managers. Additionally, being able to adhere to the manual with flexible delivery in particular was regarded as a significant skill. Staff also stated that the delivery of programmes needed to be responsive to people, requiring facilitators to work creatively and flexibly and to adapt materials, sessions or learning points as and when appropriate. It was clear that the skill of facilitators were regarded as high across both regions.

“Some people don’t like to talk as well, you know? So what [name] will do is she’ll, she’ll, she’ll bring them out, you know? And she’s got a good manner at doing that. She’s good at that. But then she also notices that if they don’t wanna speak, she’ll leave you to it.” [BBR Group Member]

Whilst the majority of experiences within this subtheme were positive, some facilitators felt that they lacked confidence in themselves as a facilitator, and some treatment managers felt that a minority of facilitators were not keen to adapt, learn or take on board advice (see theme 'communication and relationships'). Some facilitators reflected on how they had found the transition to not writing formal post-intervention reports for programme participants difficult. The majority of facilitators however stated they were open to feedback with a desire to learn, adapt and develop through talking to others, working with others, using session monitoring feedback, and keeping up to date with the literature. This keenness for learning and development was noted as being an important quality of good facilitators.

Facilitators' **experience and knowledge** was also deemed important; both life experience and age were regarded as influencing how manageable the job was for facilitators and how well they performed. Building experience through delivery of interventions and learning on the job helped develop facilitators' confidence and competence. Some felt that Horizon facilitators were more knowledgeable and experienced compared to facilitators of other interventions because they tended to stay in the role for longer periods. These views may feed into some of the differences in cultures within specific sub teams (see 'probation culture' theme). Treatment managers welcomed a breadth of experience within their teams, and many recognised the issues that could stem from a lack of experience (especially when a new intervention is introduced) but also indicated that staff with the right attitudes and skills were what was required for effective facilitation. There was mention of the benefits of new staff joining with different backgrounds, skills and experience, which had brought both breadth of knowledge and perspective to teams. For example, one new facilitator had previous experience in working with people diagnosed with personality disorder, and another had been a probation practitioner, both of which were deemed to be beneficial. This was also something that was reflected within supervision sessions within region A, with established facilitators reflecting on the skills that newer facilitators brought to their delivery.

Co-facilitation and facilitators working together collaboratively "as a team" were deemed as important elements of successful implementation, and there was evidence of co-facilitation being discussed within supervision sessions across both

regions. Both people on probation and managers mentioned too how having a gender mix within co-facilitator groups could be beneficial for developing the perspectives of people on probation. Staff described how supportive, comfortable and trusting co-facilitator relationships were essential, and that taking the time and space to properly debrief with co-facilitators after sessions helped with learning, future planning and healthy detachment:

“Or, as [name] did for me last week, pulled me back a bit because I went off on one with one of the group members. And we were talking about self-identity and we ended up talking about assumptions because he wanted to talk about it. And then I went off a bit off tangent. And then [name] I just said, really kind of nicely and calmly, “Okay. So ...” whatever the way. And it was fine. It was very comfortable. So, yeah, being aware of that and being aware of your co-facilitator as well. Having that supportive role if you feel, you know, your colleague is not struggling but... [you’re there for them].” [Horizon Facilitator]

The modelling of good relationships between co-facilitators was noted within Horizon delivery teams within region A and identified as an area for development within BBR.

Theme 8: Supporting programme participant engagement

Supporting participant’s engagement before, during and after a programme was a consistent theme. This includes proactively responding to participants’ needs and encouraging them to continue if barriers to attendance were met. The motivation of programme participants along with positive group dynamics and peer support could all help.

The **support provided by facilitators** to participants on programmes was regarded as critical for good implementation. Programme participants described some examples of support, including phone conversations with facilitators prior to the group commencing to ease concerns, facilitators offering additional assistance outside of the group when needed, facilitators encouraging them to practice skills outside of the group, facilitators offering catch ups and one to one sessions when requested or required, and facilitators providing support post-intervention too. Overall, programme participants were grateful for this:

“I had a court case a few days ago, not criminal, from the council, I was getting evicted, and I was worried sick about it ...we spoke about it ...she knew I was worried ...you’ve got facilitators ... that are not just focused on what you’re doing in a session, but they’re... interested in... how outside your life is going”. [Horizon programme participant]

Positive **therapeutic relationships** between facilitators and programme participants was referred to across interviews in both regions as an important ingredient in the effective implementation of interventions. This created a relaxed atmosphere and made them feel safe and comfortable. Programme participants indicated that they did not feel judged or ashamed by facilitators and instead were treated as “normal people”. The consistency of presence amongst facilitators within sessions also appeared to contribute to the development of these positive relationships and rapport. Managers and other staff also emphasised the importance of the development of therapeutic relationships between programme participants and facilitators in aiding the motivation and success.

“They made me feel so comfortable. They didn’t discriminate against me. They didn’t stick a label on me. This is what I’ve done. This is who you are. They basically made me see I am a person. I’ve made mistakes. I’m doing the best I can to rectify the mistakes. But the way they made me feel comfortable, I never got singled out or anything like that. So I was really comfortable with them too. They, they did not see me as a criminal. They saw me as a person.” [Horizon programme participant].

Both staff and programme participants reflected on the importance of **probation practitioners** setting clear expectations, which helped programme participants to know what was expected and supported motivation to attend. However, staff also described how expectations regarding probation practitioners completing pre-intervention work with programme participants was unrealistic or did not get completed (see also theme ‘resources’), and how the engagement (and capacity) of probation practitioners with interventions varied:

“I think it’s being realistic about what can and can’t be delivered. So, in terms of ... the pre-group work that the probation officer is supposed to do ... a lot of it feels unnecessary, and too much ... and it doesn’t get done ... because they have run out of time. And what we really need is the men to have an idea about goal setting and have a life map before they start. And so if we said to people ‘that’s what you need to do, that’s going to take you two or three sessions’, I think there’s be bigger buy-in...”

[Horizon facilitator/Treatment Manager]

Varied experiences of the support offered from probation practitioners were reported. Some programme participants reflected on a lack of contact, while others described ongoing contact and support being received. Staff reflected on the value that consistent support provides during an intervention, by motivating and offering praise, which supports ongoing engagement and helps to avoid attrition, and post intervention support was also important.

Some staff and programme participants also described the value of the mid-point sessions on Horizon. Programme participants reflected that they liked having a break from the programme, and Horizon facilitators described how this provided programme participants with the opportunity to reflect and share personal experiences with facilitators:

“Those midways are important. You have a good hour with each of them, and they will talk quite a lot at that point too ... I think it makes them more comfortable and confident in coming back at session 6 and maybe talking a bit more about personal stuff. That’s what I’ve found. So, for instance, we’ve got (group member name) ... he’s got a young partner in her 20’s who’s got terminal cancer and he’s the main carer. And he told me that ... in a one-to-one midway ...” [Horizon facilitator]

There was a range of **other sources of support** that staff and programme participants identified as being important, provided by a range of individuals (such as DASOs and administration staff). Some reflected on the good work that they felt they did in this area, while others felt that more work was needed. Contact with staff

outside of the delivery team, such as ViSOR¹⁵ officers, and the police was generally perceived as negative:

“I think what we’ve been saying around that induction activity that introduction into programmes, I think it needs to be slicker. We need to make sure we get that information out. Then we need to kind of consider that PoP (person on probation) and I think that’s where the region delivery comes in.” [Interventions Manager].

“I think their (ViSOR officers), their approach is different. Their approach is a bit more judgemental than I, than certainly the, the ladies who run the courses ... without a doubt ... and that makes a massive difference.”
[Horizon programme participant]

Staff and programme participants also spoke about the value of marking and celebrating achievements through post-intervention reports, reviews and celebration events. Some facilitators and intervention managers reflected on the challenge that they faced in getting other staff to recognise the importance of these processes, and how additional post intervention support opportunities were needed. A small number of staff and programme participants reflected on family involvement / support for programme participants attending interventions, with some suggesting that greater involvement is needed and other suggesting that this was less important than other support.

In general, **programme participants valued programmes** and the range of positive changes they had made as a result of their participation, including remaining drug free, and improving relationships. Many also reflected on how programmes had helped them to build on skills that they had developed from previous interventions and changes they had already made. Some described the value of the content and how the skills should be taught in schools. They also reflected on how programmes had helped to reassure them that they are on the ‘right track’:

“And most of the things so far, it’s about a third of the way in, is mostly reaffirmation of what I’m doing anyway or what I believe or what I think ...

¹⁵ Violent and Sexual Offender Register (ViSOR) Police Officers

well, in some respects that strengthens it anyway because you think, 'okay, I'm on the right track here'." [Horizon group member]

A number of staff and programme participants described how important it was to be **responsive to** programme participants' **needs**, along with ensuring engagement-related issues were addressed prior to the start of a programme (e.g., mental health issues). There was consensus on the challenge that the range of responsivity issues could present, which included differences in relation to age, stage of life, learning styles / preferences / needs, neurodiversity, mental health, culture and motivation. Staff identified such factors as hindering the successful implementation of programmes, but also helping ongoing implementation when programmes and facilitators were flexible enough to meet the diverse needs of programme participants. Some staff also explained that they did not feel post-intervention reports were accessible or responsive to participants' needs. Aligned with the need and responsivity principles of the RNR framework (Bonta, 2023), both regions appeared to dedicate time within supervision sessions to reflect on the intervention and responsivity needs of programmes participants. There was a consensus that understanding such needs was essential, along with treating people as individuals:

"It's being responsive, 'cause ... we are processing people, but people aren't widgets. So, people are human beings and, like, incredibly unique and the kind of people that (we) work with have their uniqueness sometimes displayed very obviously and so, we had to be responsive. We can't just ... treat people like numbers and pieces of paper and ... just shove them into boxes and things. It doesn't work, 'cause it doesn't work like that." [Administrator]

Linking to this, a number of staff also described a belief that different intervention approaches were needed with **different cohorts of people on probation** for successful implementation. One participant spoke of the need to avoid "shoe horning" people into one approach as there is a need to understand the differences between offending types. For example, a BBR facilitator described working with people convicted of domestic abuse offences requiring a distinct approach:

“I think there is something ... there is something special about, about doing the work that we do... given what’s at stake with the offences ... the perpetrators are living with victims... You know, I’ll give you an example. I think when the very first draft of BBR was put together and it was field tested by facilitators who were the psychologists and trainee psychologists in a local prison, their feedback was, “But this is a programme about relationships, isn’t it?” Because it was so ... it just felt like a replication of TSP [Thinking Skills Programme]... And I think sometimes there can be quite a TSP mindset. So if, if training is more generic with a kind of making it bespoke towards relationships, I think that needs to be done slowly, carefully and thoroughly” [BBR facilitator].

Keeping those with different offence histories separate was viewed as necessary for programmes participants’ safety, to avoid revealing those who have committed sexual offences (and the additional stigma associated with this) to those who did not.

A range of factors were described as helping to motivate people in programmes, such as a desire to prove something to other people through positive engagement. While some programme participants described their attendance as being motivated by a desire to get the intervention done (e.g., “it’s one less session”), most comments suggested that their attendance was driven by their internal desire to learn and make changes:

“I mean, it were daunting the first couple of weeks, but after that (it) were brilliant. It really was, it was well worth doing. See, if I had the choice and I didn’t get ordered to do it, you could actually go out and do something like this, I probably would have attended to do it ... of my own free will.”

[Horizon group member]

Participants, in particular Horizon programme participants, reflected on the value of the **positive relationships and support** that they developed with each other, and how this helped them to successfully engage. Programme participants described not feeling judged by others, and that their shared experiences helped relationships to develop. Programme participants also described how these positive relationships meant that they felt safe and comfortable to share information. Some also described

feeling apprehensive about sharing information in the group, in relation to their offence, but that this was easier than they had anticipated given positive relationships with others in their group developed over time.

Both regions had worked to provide follow-up support to programme participants following their completion of a programme. The 'Long Term Support Group' for those who had completed Horizon within region A was highlighted as an area of good practice within their Intervention Integrity Framework (IIF) quality assurance report. Region B offered a similar group, although the resourcing of this has been problematic resulting in it having been stopped.

Theme 9: External influences

External influences from the perspective of the probation staff were also identified, which included both the role and resources of external agencies and wider social political views. However, this was a smaller theme in comparison to the others.

A small number of staff reflected on the role that **external agencies** played in programmes. Those within management positions noted the positive role that agencies, such as Social Services, could play, but most reported challenges in such engagement due to issues that other agencies were experiencing with time and resources:

"But the, one of the biggest problems ... is children's social care are so understaffed. I mean, I've never seen anything like it. It's far worse than here. So, you get a social worker,... we had a case that was high risk ... Everyone was in agreement. All the professionals were, like, "Yeah, this is really bad,". Three weeks later don't hear anything. Nothing. So, I emailed the manager and that social worker's gone, there's no minutes, nothing. And I'm, like ... Just lost. And I was, like, "Well, it needs to be unlost, because I've got him on my caseload and I'm really worried that he's living with her and the new-born baby, like, this needs to be dealt with." ... and since then, there's been three different social workers."

[Probation Practitioner]

Some probation practitioners described the need for programme participants to be living in stable accommodation to engage in programmes, emphasising the

importance of external stability. Others directly involved in the delivery and management of programmes described challenges getting staff from external agencies to engage in intervention-related processes. One programme manager described how external agencies offer some similar interventions, and how this could create confusion for probation practitioners making referrals.

Similar to the findings in relation to 'communication and relationships', whilst some staff suggested there was good collaboration with some external agencies (e.g., probation practitioners working collaboratively with ViSOR officers, some facilitators and probation practitioners working well together to manage risk), overall staff felt that relationships between agencies could be improved.

Some staff also reflected on the negative impact that the **media, politicians and public misunderstanding** could have on programmes:

"Sometimes I think because again, in the media, if the Probation Service hits the media, it's about public protection risk management, you know? Unfortunately, it hits the media often for the most tragic of cases rather than the success stories" [Interventions Manager].

5. Discussion

The aim of the current study was to explore what factors can enhance or hinder good quality intervention implementation in the community. This was from the perspective of those directly involved in delivering, managing or accessing HMPPS accredited programmes. The perspectives of HMPPS headquarters staff involved in the design, training, and quality assurance of accredited programmes were not included. As outlined within section 3.6, data was collected at a time when emerging from Covid-19 pandemic restrictions and ways of working, as well as significant organisational change for the Probation Service, which is reflected within some of the themes (and subthemes) identified.

5.1 Preliminary model of good interventions implementation

Staff and programme participants identified numerous factors that could help and hinder the implementation of programmes in the community, which were summarised by nine themes. It should be reiterated that the findings presented relate to the views, experiences and perceptions of those who took part in the research during late 2022 and early 2023. From these nine themes, a model was produced which helped summarise the findings and could also be used for further research as a more general model of implementation.

Figure 1 presents the interventions implementation model, which is represented as a wheel with cogs which symbolise the components required for successful or good programme implementation. The assumption is that good implementation will be enabled if all the individual cogs (or themes) are in good working order. If any are not in place or are insufficiently developed this will impact on implementation. The current model implies that all the cogs are interlinked and inter-related and can be organised into three key areas.

The two cogs in orange related to **where we work**. Here the setting in which the delivery is taking place was really important, as was the culture of that setting. These are both important to understand and get right. Within the current research, **the delivery setting** considers factors unique to where programmes were delivered, and the merits of using different delivery formats. Just because implementation works in

one setting does not mean it will translate to others. In community settings, different regions have distinctive aspects that need to be taken into consideration. Delivering in a community setting also means considering that factors in programme participants' lives may impact attendance such as balancing work, family and social demands. The **culture** of Probation could both help or hinder programme implementation. Senior leadership that believes and promotes the work of programmes was seen as helping good implementation through positive messaging to the rest of the organisation. Staff described interventions teams' openness to learning, supportive and positive team cultures as helpful. However, feeling separate to other teams could hinder practice, as could staff not feeling valued and poorly managed organisational change.

Then the resources cog (in dark pink) represented **what is needed** to implement programmes – the staffing level, administrative support, time, the materials and service demand. Having adequate **resources** to support implementation was seen as crucial. Time was a key resource, in terms of delivering programmes and the range of associated tasks, but also in relation to the roll out of any new programme. Insufficient staff levels could result in a programme not being delivered at all, and insufficient staffing levels across PDUs were highlighted as problematic, particularly in relation to a lack of probation practitioners who made referrals and prepared participants for programmes. Slow, disjointed, complicated IT systems hindered implementation, and dated, incomplete materials which had not been sufficiently checked weakened belief in the programme. Probation buildings with insufficient allocated space to deliver sessions, or rooms in a state of disrepair, could impede the therapeutic environment.

The cogs in green were the specifics of **how we deliver** the programme. For successful implementation the right **internal processes and systems** needed to be in place, and these needed to be well-managed. This included ensuring programme participants were properly assessed and selected for groups to facilitate group dynamics and minimise dropouts. Consistent processes and clarity of roles were also needed, as well as time and clear information when introducing new programmes. Quality assurance processes need to add value, and feedback should be timely so that it can be used to generate changes. There also needs to be good two-way, and

procedurally just **communication and effective relationships**. Staff need to feel involved in decisions and to feel like they can ask questions of central HMPPS teams. Staff also need good consultation and face to face contact. Internally, there also needs to be good communication and information sharing between probation practitioners, interventions staff, administrative staff and DASOs, and between prison and probation, as well as inter-agency. Staff need to have the right **training, awareness and support**, that is tailored for specific roles and informed by a real understanding and experience of delivering programmes. Staff want ongoing training to keep them up to date with developments in research, to develop skills needed and to feel supported. Staff valued and needed support from peers and managers, including adequate levels of supervision, and the wider organisation also need to value and understand programmes (particularly probation practitioners). Many of those in the current research had negative experiences of attending training in new interventions when replacing older ones. Having time to reflect and being supported to understand why a previous intervention was being replaced was seen as important to help buy in.¹⁶

Facilitators were also a vital component for the implementation of programmes in the community. Overall, facilitators were positive about programmes, believing in the work they were doing, and really wanting to make a difference. The dedication, motivation and investment were striking and identified as important in helping good implementation. The facilitation skills and qualities of facilitators were particularly important for good implementation, along with opportunities to build experience through delivery and learning on the job. And finally, the need to **support programme participants engagement** before, during and after an intervention was fundamental. The responsiveness needs of programme participants needed to be met, and they needed to be encouraged and supported to engage and focus if any barriers to attendance came up. Group dynamics were also important, as was keeping programme participants motivated.

¹⁶ It is important to note that those who had delivered this training were not invited to take part in the current research. As such, the findings centre on the experience of participants rather than a comment on the training design or delivery. Whilst some may have been asking questions as part of developing their understanding, there is the possibility that some were also defensive and not receptive to change.

On the outside of the implementation wheel are the **external influences**, those components which could also impact on implementation. This would include factors such as political views or media backlash meaning a rush to roll out a new intervention, sentencing processes having an impact on the types of sentences people receive, a global pandemic resulting in groups not being able to sit together in one room, wider support for interventions such as a family member supporting and motivating a programme participant, and the impacts on programmes work from wider agencies, organisations and societal views. In the current research, less was heard about these external influences, perhaps because the focus of the research was on programmes and Probation staff.

Figure 1: Preliminary model of good intervention implementation



The preliminary model produced therefore includes the importance of **where** the programmes is taking place (or the context of delivery), **what** resources are in place to deliver and **how** the delivery is done. Within this model most of the components can be influenced both locally and nationally. Skilled facilitators for example, need to be supported and developed within the region, but getting the right people in this role may also depend on the grading and job descriptions developed at a national level. However, there are some components, for instance resources, which may be likely to

be affected and directed at a national level. And of course, the external influences are not under the control of the organisation or interventions teams. The assumption within the model is that good implementation requires the coordinated action and collaboration of influencers at both a local and a national level but can also be influenced by outside factors.

5.2 Findings in the wider context

Alongside the factors which enhance or hinder intervention implementation, the current research provides insight into the critical components required for good intervention implementation.

The preliminary implementation model (set out in section 5.1) draws together the nine themes to describe **what** is needed for good implementation of programmes in the community, the importance of understanding the context of **where** programmes are delivered, as well as **how** they are delivered. These components seem critical in understanding what is required for good implementation. The fact that the components of the preliminary model (and indeed the nine themes) are interrelated lends support for the fact that implementation is complex and influenced by many different factors. There were a number of subthemes which cross-cut across numerous major themes. These included, for example, time, which was raised in terms of 'resources' but also in terms of a factor needed when introducing new programmes. Motivation was another cross-cutting theme which emerged as a strength of the facilitators and wider staffing groups, but also as a responsivity factor for programme participants. This is in line with recent qualitative research conducted by Blagden and colleagues (2025) which highlighted how central the motivation is for engagement in an accredited offending behaviour programme (i.e., Thinking Skills Programme delivered in prison).

The preliminary model could be usefully tested and applied to the implementation of other strategies, services or programmes within the Criminal Justice System to further examine how this applies in other areas of implementation. Whilst some cogs in the model may need to be adjusted for understanding the implementation of other sorts of initiatives, most of the cogs seem to be relevant to the implementation of any service, programme, evaluation, strategy or product.

Whilst implementation in the context of this research refers to the continued application of accredited programmes, it also refers to the introduction of new programmes. The research has provided key learning to help inform the roll out of HMPPS' newly accredited programme, Building Choices (see Love et al., 2025). Particularly important is that the delivery setting is considered when designing, producing, researching, and evaluating new interventions, and that effective and timely communication is used to inform all staff (not just programme staff). HMPPS interventions are delivered across custodial and community settings, and this should be reflected in their design, in the manuals, in the guidance and in their evaluation. Participants in the current research felt that this process has been too custody-focused in the past (see separate Annex for further detail on Building Choices, the implementation strategy and organisational changes that have occurred since this study was carried out).

Staff also need time to digest and adapt to new ways of working, and to buy in to new approaches, especially when they have been so dedicated in delivering prior programmes which they really believed in. This includes having sufficient time to ask questions, to collaborate, and to understand why changes are taking place. Buy in is critical for effective implementation of new interventions, and this buy in can be increased with greater communication, collaboration and consultation with staff at local levels.

The themes identified from this research were data driven and aimed to reflect the voice of the participants and data gathered for this study. As such, it was a deliberate analytical decision not to force the themes into the CFIR framework or indeed use the components of the CFIR framework as themes. After our thematic analysis was complete, we mapped the emerging themes and subthemes onto the CFIR framework and the results are presented in Appendix D.¹⁷ The themes identified from this research, which are specific to the implementation of interventions in a community setting, do indeed lend support to the domains of the CFIR framework. All subthemes could be directly mapped onto the CFIR framework, suggesting that this framework is relevant to and has utility for community criminal justice settings.

¹⁷ This exercise also provided a summary of which of the subthemes were enablers or barriers (or both) to implementation.

In particular, the researchers suggest that the phrasing used in the current model may be more familiar to HMPPS staff and that the focus of the current model is purposefully more detailed and specific about what is needed for good implementation, and as such, may be simpler to use than the CFIR framework.

The findings also support and add to the previous research in this area. Successful implementation is more likely when there are positive relationships, organisational support and buy in (Damschroder et al., 2009), when there is good consultation with staff (e.g. Goggin & Gendreau, 2006) and the right resource allocations, and when interventions are designed with local needs in mind and there is good collaboration (Damschroder et al., 2022). Good understanding of the intervention by external organisations is also important (e.g. Lewis et al., 2019). There was certainly evidence of the factors of the COM-B model (Michie et al., 2011)¹⁸ being important too, that is staff having the capability through sufficient training, the opportunity through having the right resources and support, and the motivation (demonstrated by the dedication and belief evident amongst the interventions staff) to implement the intervention. However, whilst the fidelity and integrity of intervention delivery was examined via the quality assurance process this did not feature heavily within the findings. The two regions had markedly similar reflections and experiences in relation to the factors that hinder or facilitate implementation. In fact, the only differences which emerged between the regions was around the differences in delivery formats (one region being able to deliver a rolling format for BBR, whilst the other region did not), and differing demand pressures.

5.3 Pointers for future consideration

Based on the results of the current exploratory research, and the preliminary model of good intervention implementation within the community, a number of pointers for future consideration are made relating to both national and local practice:¹⁹

¹⁸ COM-B model: identifies three factors that need to be present for any behaviour change to take place: capability, opportunity and motivation.

¹⁹ From the results of the current research, it is not possible to present these in any priority ordering.

National:

- **Intervention supporting materials** (e.g., facilitator manual, exercises, theory manuals, etc.) need to be **up-to-date, clear, concise and user-friendly**. When developing, and updating existing intervention materials, consider:
 - What processes are in place for the **quality and version control** of all intervention materials, using easy to use strategies to manage version control (e.g., colour coding each version).
 - Involving those with **lived experience input** in the design of case scenarios and examples.
 - Utilising the **expertise and experience of facilitators** to develop additional supporting materials for interventions (e.g., top tips).
 - How materials, such as case scenarios, will be **regularly updated** to ensure that materials reflect the current needs of group members.
 - If they have been **tailored to delivery in the community**, addressing the complexity of the community setting.
- Consider the creation of **central systems and processes** (including IT systems, referral processes, etc.) to support local delivery teams, utilising any opportunities to streamline, simplify and align processes. This should include systems used by intervention support staff (such as administrative staff, DASOs, etc.). It is recommended that this is done early on in the process, in consultation and collaboration with staff who use and access these systems and processes.
- Ensure that intervention delivery teams understand the value and rationale of quality assurance. Also ensure that feedback from assurance processes is timely, to ensure that people see processes as relevant to their current delivery (to increase likelihood that they will act on the recommendations made).
- Ensure that the **real differences between delivery within prison and Probation settings** are reflected within the design, training, delivery and quality assurance processes, and that this is clearly communicated. This includes in relation to the issues and rationale for rolling formats, and how

the unique challenges of delivery of rolling interventions can be overcome within the community.

- Ensure that **training** provided to local delivery teams, and the range of staff who support the delivery of interventions, is **tailored to their needs and their delivery context**.
- When introducing any new intervention, ensure the training of existing staff is done in a consistently **procedurally just** way.
- It will be important for the **trainers to be supported** throughout the training process to ensure that they are prepared, ready, and supported to be able to provide the best experience to those attending. Work collaboratively with local delivery units and regions to provide ongoing **practice development opportunities** to interventions staff.
- Any changes to intervention delivery within the Probation Service needs to **consider the impact of the wider organisational position, and local challenges**. The Probation Service has had to navigate significant changes over the last 10 years and continues to face huge challenges in relation to the recruitment and retention of staff. This is likely to have an inevitable impact on staff's appetite, willingness, and resources (both physically and emotionally) to navigate further changes. Any changes made need to be done sensitively and collaboratively, taking into account local capacity and readiness. It will also be important to ensure that sufficient time is given to Probation regions prior to any changes being made to intervention delivery. This will ensure that they are able to consider, plan and make adjustments to their current delivery.
- Develop means of **communicating with delivery teams**, to ensure that these are **timely, consistent, and regular**. If information cannot be shared, ensure that the reasons for this are clearly communicated to help build trusting relationships. The use of genuine consultation with staff, information feedback mechanisms and providing time for discussion and reflection also seem fundamental.
- **Probation practitioners** play an essential role in supporting group members before, during, and after an intervention. However, current expectations regarding their role are unrealistic, given the recruitment and

retention challenges being experienced across the Probation Service.

Review and identify the activities that have the greatest positive impact on intervention engagement, with a view of streamlining requirements for probation practitioners.

- **Review post programmes review processes**, ensuring that these are accessible and responsive to programme participants. Consider involving intervention delivery staff and those with lived experience in this review.
- Consider the **provision of support services for staff** who deliver interventions to ensure that it meets the specific needs of the staffing group.

Local:

- Local delivery teams need to be provided with a suitable **physical environment** to prepare, deliver, and debrief following the delivery of an intervention.
- Consider a range of mechanisms to engage with **internal and external partners and stakeholders** to develop their understanding of interventions and the role they play in helping / hindering the implementation of interventions within the community.
- Develop **information sharing agreements** with relevant partners, to improve inter-agency information sharing and collaboration.
- Some group members reflected on the positive and life changing impact of their completion of interventions during the current research. However, many also described how anxious they felt prior to commencing an intervention. Local delivery teams may wish to consider how they can **capture and share group members stories and reflections** with those who are referred for interventions in the community.
- Group members placed real emphasis on the **value of the positive peer relationships** developed during their completion of an intervention. This suggests that the dynamics of the group impact on people's ongoing engagement and motivation to attend an intervention, emphasising the importance of staff having **sufficient time** to consider this when allocating individual to an intervention. In terms of ongoing support, both regions have worked to provide follow-up support to group members following their

completion of an intervention. Unfortunately, the resourcing of these is currently problematic.

5.4 Future research

As noted within section 3.6, the participant sampling for this research did not include people working in related domains, including those within headquarters positions (which would fit within the CFIR model's 'outer setting'). It would be useful for future research to ensure that those external to the direct delivery / management of programmes within the community are included. It would also be useful for future research to explore the pointers for future consideration made as part of this current study, to determine if some of these are more important to the successful implementation of programmes than others.

The preliminary model of good intervention implementation proposed here would benefit from further development and testing. This includes work to refine the model, considering the application of the model within other settings (such as prisons), and investigating which components are the most important, and whether some components of the model are more or less crucial to successful implementation. In addition, understanding how the cogs relate to each other, and how they impact each other would be worthy of further investigation. For example, does improving the probation culture result in improvements in other cogs? It would also be useful to test the model within other Probation regions and within the context of the delivery of other interventions. This work would helpfully inform considerations of reliability and validity of the model.

Given the demands being experienced across the regions, the voice of probation practitioners was underrepresented in the current research and it would be useful for future research to further explore the views of this group. It would also be useful for future research to consider a greater range of participant experiences. Some parts of the preliminary model, such as external influences, were identified less frequently by participants and is likely to be a reflection of sampling. It would also be useful to include the experiences of those who have been allocated to an intervention but did not complete it.

5.5 Conclusions

The implementation of programmes in the community can be impacted by internal and external factors. In the two regions examined for this exploratory qualitative research there were numerous reported barriers to successful implementation, including lack of resources, poor communication and relationships, inadequate training and support, as well as poor internal processes and systems. There were some factors which were both barriers but also enablers of successful implementation, such as the Probation culture, which could either support or hinder, and the extent to which the delivery setting was perceived to be taken into consideration. And there were factors which were enablers of successful implementation; particularly notable were the dedication, skills and qualities of the intervention facilitators as well as the support provided to the group members to ensure they were engaged in the process. A particularly strong voice heard was the importance of communication and collaboration with central teams who design, research and quality assure interventions when new programmes are being introduced. For interventions to be successful, the way they are implemented is critical. The preliminary model presented here suggests that there is a range of interconnecting components related to the successful implementation of interventions within the community. Paying attention to them all will be fundamental to maximising the impact of interventions delivered and ensuring that minimal requirements are met. When considering these indicative findings, the methodological limitations set out above and the timing of the interviews (conducted during late 2022 and early 2023) and the operational delivery context needs to be taken into account.

Since the data was gathered, HMPPS has introduced a new accredited offending behaviour programme, called Building Choices (Love et al., 2025). An overview of the design and implementation of this is provided in a separate Annex.

References

- Alexander, M. (2011). Applying implementation research to improve community corrections: Making sure that “new” thing sticks! *Federal Probation*, 75(2), 47–51.
- Andrews, D. A., & Bonta, J. (2010). *The psychology of criminal conduct* (5th ed.). Routledge.
- Andrews, D. A., & Dowden, C. (2005). Managing correctional treatment for reduced recidivism: A meta-analytic review of programme integrity. *Legal and Criminological Psychology*, 10, 173–187.
- Andrews, D. A., Zinger, I., Hoge, R. D., Bonta, J., Gendreau, P., & Cullen, F. T. (1990). Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis. *Criminology*, 28(3), 369–404.
- Balogun, J., & Johnson, G. (2004). Organizational restructuring and middle manager sensemaking. *Academy of Management Journal*, 47, 523–549.
- Beddoe, L., & Davys, A. (2016). Practitioner wellbeing and the role of supervision. In L. Beddoe & A. Davys, *Challenges in Professional Supervision: Current Themes and Models for Practice*. Jessica Kinglsey Publishers. London.
- Blagden, N. Vinter, L., Penford, E. Mason, J. & Delliere-Moor, P. (2025). A Multi-Site Qualitative Evaluation of the Accredited Thinking Skills Programme (TSP). *Ministry of Justice Analytical Series*
- Bloomfield, S. & Dixon, L. (2015). An Outcome Evaluation of the Integrated Domestic Abuse Programme (IDAP) and Community Domestic Violence Programme (CDVP). *National Offender Management Service*.
- Bonta, J. (2023). The Risk-Need-Responsivity model: 1990 to the Present. [The Risk-Need-Responsivity model: 1990 to the Present \(justiceinspectorates.gov.uk\)](https://www.justiceinspectorates.gov.uk/rnr-model/).
- Bonta, J., & Andrews, D. A. (2023). *The psychology of criminal conduct* (7th ed.). Routledge.

Brinn, A., Preston, J., Costello, R., Opoku, T., Sampson, E., Elliott, I., & Sorbie, A. (2023). An impact evaluation of the prison-based Thinking Skills Programme (TSP) on reoffending. *Ministry of Justice*.

Cusworth Walker, S., Whitener, R., Trupin, E. W., & Migliarini, N. (2015). American Indian Perspectives on Evidence-Based Practice Implementation: Results from a Statewide Tribal Mental Health Gathering. *Administrative Policy Mental Health*. 42, 29–39.

Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implementation Science*, 4 (1), 1–15.

Damschroder, L. J., Reardon, C. M., Widerquist, M. A. O. & Lowery, J. (2022). The updated Consolidated Framework for Implementation Research based on user feedback. *Implementation Science* 17 (1), 1–16.

Day, A., Ross, S., Casey, S., Vess, J., Johns, D., & Hobbs, G. (2019). The Intensity and *Timing of Sex Offender Treatment*. *Sexual Abuse*, 31(4), 397–409.

Elliot, I.A., Huber, J., Hales, S., Carling, J & Perry, J. (2023). An impact evaluation of the prison-based Thinking Skills Programme (TSP) on prison misconduct. *Ministry of Justice*.

Elliot, I., Hambly, O. (2023). Horizon and iHorizon. An uncontrolled before-after study of clinical outcomes. *Ministry of Justice*.

Elliot, I., Hambly, O. (2023). Horizon and iHorizon. Psychometric analyses of the Success Wheel Measure. *Ministry of Justice*.

Fagan, A. A., Hanson, K, Hawkins, D. J., & Arthur, M. W. (2008). Implementing Effective Community-Based Prevention Programs in the Community Youth Development Study. *Youth Violence and Juvenile Justice*, 6 (3), 256–278.

Gendreau, P., Goggin, C., & Smith, P. (1999). The Forgotten Issue in Effective Correctional Treatment: Program Implementation. *International Journal of Offender Therapy and Comparative Criminology*, 43(2), 180–187.

Goggin, C., Gendreau, P. (2006). The implementation and maintenance of quality services in offender rehabilitation interventions. In C. R. Hollin & E. J. Palmer (Eds.), *Offending behaviour interventions. development, application, and controversies*. John Wiley and Sons, Ltd. Chichester.

Hamilton, L., Koehler, J. A., & Losel, F. (2015). Treatment Interventions for Substance Abusing Offenders in Europe: A Survey of Routine Practice. *European Journal of Criminology Policy Research*, 21, 371–384.

Hanson, R. K., Bourgon, G., Helmus, L., & Shannon, H. (2009). The principles of effective correctional treatment also apply to sexual offenders: A meta-analysis. *Journal of Criminal Justice and Behaviour*, 36(9), 865–891.

Henderson, M. L., Mathias-Humphrey, A., & McDermott, M. J. (2008). Barriers to Effective Program Implementation: Rural School-Based Probation. *Federal Probation*, 72(1), 28–36.

Holper, L., Mokros, A., & Habermeyer, E. (2024). Moderators of Sexual Recidivism as Indicator of Treatment Effectiveness in Persons With Sexual Offense Histories: An Updated Meta-analysis. *Sexual Abuse*, 36(3), 255–291.

Jeremiah, R. D., Quinn, C. R., & Alexis, J. M. (2018). Lessons learned: Evaluating the program fidelity of UN Women Partnership for Peace domestic violence diversion program in the Eastern Caribbean. *Evaluation and Program Planning*, 69, 61–67.

Kulkarni, S. J., Stylianou, A. M., Wood, L. (2019). Successful Rules Reduction Implementation Process in Domestic Violence Shelters: From Vision to Practice. *Social Work*, 64 (2), 147–156.

Lewis, N.V., Dowrick, A., Sohal, A., Feder, G., & Griffiths, C. (2019). Implementation of the Identification and Referral to Improve Safety intervention for patients with experience of domestic violence and abuse: A theory-based mixed-method process evaluation. *Health Social Care Community*, 27(4), e298–e31.

- Lipsey, M. W., Landenberger, N. A., & Wilson, S. J. (2007). Effects of cognitive-behavioral programs for criminal offenders. *Campbell Systematic Reviews*, 3(1), 1–27.
- Love, B., Taylor, J., Miller, J., Sidhu, M., Sturrock, R., Senker, S., Elvin, D., Simms, J., Scott, M., Powell, H., Stellmacher, D., Meghjee, W., & Pace, J. (2025). The Next Generation of Accredited Offending Behaviour Programmes: Building Choices. Process Evaluation of the Design Test. *Ministry of Justice*.
- Lowenkamp, C. T., Latessa, E. J., & Smith, P. (2006). Does correctional program quality really matter? The impact of adhering to the principles of effective intervention. *Criminology and public policy*, 5(3), 575–594.
- Mews, A., Di Bella, L., Purver, M. (2017). Impact evaluation of the prison-based Core Sex Offender Treatment Programme. *Ministry of Justice*.
- Michie, S., van Stralen, M. M., & West, R. (2011) The behaviour change wheel: a new method for characterising and designing behaviour change interventions. *Implementation Science*, 23(6),42.
- Ministry of Justice. (2018). Offending behaviour programmes and interventions. <https://www.gov.uk/guidance/offending-behaviour-programmes-and-interventions>
- Moon, A. E., & Shivy, V. A. (2008). Treatment Fidelity in Sex Offender Programming: Assessing Delivery across Community Providers. *Victims and Offenders*, 3(1), 45–74.
- Palmer, E. J., McGuire, J., Hatcher, R. M., Hounscome, J. C., Bilby, C. A. L., & Hollin, C. R. (2008). The importance of appropriate allocation to offending behavior programs. *International Journal of Offender Therapy and Comparative Criminology*, 52(2), 206–221.
- Papalia, N., Spivak, B., Daffern, M., & Ogloff, J. R. P. (2019). A metanalytical review of the efficacy of psychological treatments for violent offenders in correctional and forensic mental health settings. *Clinical Psychology: Science and Practice*, 26(2), Article e12282.

Rayment-McHugh, S., Belton, E., McKillop, N., Christensen, L.S., Prenzler, T., & Hine, L. (2022). Beyond 'what works': implementing sex offender treatment Interventions in the 'real world'. *Journal of Offender Rehabilitation*, 61(3), 148–167.

Renehan, N. (2021). Building better relationships? Interrogating The 'black box' of a statutory domestic Violence perpetrator Intervention. Summary of key findings report. https://www.research.manchester.ac.uk/portal/files/195990742/Building_Better_Relationships_Interventionme_Report_final.pdf

Robinson, C., Sorbie, A., Huber, J., Teasdale, T., Scott, K., Purver, M., & Elliott, I. A. (2021). Reoffending impact evaluation of the prison-based RESOLVE offending behaviour programme. *Ministry of Justice*.

Sadlier, G. (2010). Evaluation of the impact of the HM Prison Service Enhanced Thinking Skills programme on reoffending Outcomes of the Surveying Prisoner Crime Reduction (SPCR) sample. *Ministry of Justice Research Series 19/10*

Shannon, L. M., Hulbig, S. K., Birdwhistell, S., Newell, J., & Neal, C. (2015). Implementation of an enhanced probation program: Evaluating process and preliminary outcomes. *Evaluation and Program Planning*, 49, 50–62.

Sperber, K. G., Latessa, E. J., & Makarios, M. D. (2013). Examining the interaction between level of risk and dosage of treatment. *Criminal Justice and Behavior*, 40 (3), 338–348.

Teasdale, J., Sorbie, A., & Scott, K. (2021) Reoffending impact evaluation of the prison-based RESOLVE Offending Behaviour Programme Supplementary Appendix: Additional analyses and descriptive statistics. *Ministry of Justice Analytical Series* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1025042/RESOLVE_supplementary_appendix.pdf

Travers, R. (2016). An evaluation of the thinking skills programme in the community. Do the same 'Who' Benefit? Why what works works [Doctoral thesis, Leicester University].

Vanstone, M. (2010). Maintaining Intervention Integrity The FOR . . . A Change Intervention and the Resettlement of Ex-Prisoners. *International Journal of Offender Therapy and Comparative Criminology*, 54 (1), 131–140.

Viglione, J., & Alward, L.M. (2020). Staff Training Aimed at Reducing Rearrest: Probation officer attitudes and experiences. *European Journal of Probation*, 12(3) 238–264.

Ware, J., & Bright, D. A. (2008). Evolution of a Treatment Intervention for Sex Offenders: Changes to the NSW Custody-Based Intensive Treatment (CUBIT). *Psychiatry, Psychology and Law*, 15(2), 340–349.

Walton, J.S. & Elliot, I.A. (2024). A review of general cognitive-behavioral programs in English and Welsh prisons and probation services: Three decades of quasi-experimental evaluations. *American Psychologist*.
<https://dx.doi.org/10.1037/amp000140>.

Yeager, D. S., & Walton, G. M. (2011). Social-Psychological Interventions in Education: They're Not Magic. *Review of Educational Research*, 81 (2), 267–301.

Appendix A

Evidence behind the CFIR Framework

The CFIR framework (Damschroder et al., 2009; Damschroder et al., 2022) has five domains. These are described below, with some of the evidence supporting them in the wider literature.

Innovation domain:

This refers to the “thing” or intervention being implemented. Whilst there are studies which explore aspects of interventions such as delivery methods, timing, dosage and complexity of the intervention (Day, 2019; Sperber, Latessa & Makarios, 2013; Ware & Bright, 2008), there is a dearth of studies explicitly exploring if those involved believe the probation intervention is the most effective option available and how that may play a role in implementation.

Inner setting domain:

The setting in which the innovation is implemented, including physical, structural and cultural aspects. In the health sector, research has found the more stable the structures and teams (e.g. low turnover, staff members remaining in the same role for a period of time), the more likely successful implementation will be (Damschroder et al., 2009). Research in healthcare also identifies how individuals perceive the organisation and their relationship and level of commitment or motivation to it may affect the willingness of staff to fully engage in the intervention (Damschroder et al., 2009). There are currently no studies explicitly exploring the relationship between perceptions of the organisation and commitment to it within probation intervention implementation.

Outer setting domain:

This relates to the setting in which the organisation exists (Damschroder et al., 2009). This includes the wider cultural and political environment that the organisation sits within, as well as the needs and expectations of the intervention participants. It can include local attitudes and local conditions.

Another factor that helps good implementation is the outer setting of the organisation of where the intervention is being implemented in For example, This includes the importance of effective relationships with external agencies as well as good communication and information sharing practices (Rayment-McHugh et al., 2022).

Individuals and characteristics domain:

This relates to the roles and characteristics of individuals involved, such as leaders, intervention delivers and intervention recipients who can all wield power and influence regarding the success of the implementation (Damschroder et al., 2022).

The COM-B model (Michie, van Stralen & West, 2011) was incorporated into the updated 2022 CFIR and identifies three conditions needed for behaviour change: capability, opportunity, and motivation. Staff who have a strong sense of self-efficacy (the belief in their own capabilities) are more likely to have confidence in their ability to make changes and embrace the intervention implementation (Damschroder et al., 2009). Research in education settings has found before starting implementation on a wider bases, it is important to understand the features of the intervention that are likely to have the impact (related to the training, awareness and understanding of staff). Even small changes to how the intervention is delivered can change the impact and the meaning of an intervention can change in different contexts (Yeager & Walton, 2011). Variation in confidence and knowledge has been linked to affecting staff wellbeing as well as practice (Renehan, 2021). Indeed, staff wellbeing has been identified as a potential factor which may impact the implementation of an intervention (Moon, 2008). Access to regular supervision has been linked to supporting staff wellbeing (Beddoe & Davys, 2016).

Implementation process domain:

This includes the activities and strategies used to implement the innovation. Damschroder and colleagues (2022) identify the importance of **processes** and protocols that facilitate implementation. This includes activities such as joining together, assessing, planning, tailoring, engaging, doing, reflecting, evaluating and adapting.

Appendix B

Methodological approach taken

Study sites

Two Probation regions were selected, based on several factors, which aimed to increase the diversity of perspectives obtained:

- **Quality assurance results.** There was a range of results across the regions. One of the selected regions had received higher quality assurance results for BBR and Horizon than the other.
- **Rural and urban settings.** Both regions included rural and urban settings, spread across a large geographical area.
- **Interventions delivered.** Both regions delivered Horizon and BBR (further details provided above).
- **Reunification experiences.** Both study sites had previous Community Rehabilitation Company (CRC) and National Probation Service (NPS) delivery units providing interventions prior to the reunification of the Probation Service in 2021.²⁰

Probation Service performance data (April 2022 – March 2023) is provided below:²¹

	Region A	Region B	National average
Initial appointment for community sentences. ²²	95.1%	86.3%	87.2%
Initial appointment for releases from custody. ²³	98.8%	94.6%	95.3%

²⁰ A new model for Probation Services in England and Wales was brought in from June 2021. The supervision and rehabilitation of people on probation by CRCs ended and the management of all people (low, medium and high-risk) has been delivered by the NPS since this time. For further information see: [Unification of probation services - House of Commons Library \(parliament.uk\)](#)

²¹ [Probation service performance - Probation data - Justice Data](#)

²² The percentage of persons under a community sentence who have an in person appointment, either in an office or home visit, arranged to take place no later than 5 business days after sentence.

²³ The percentage of persons who have an office or home visit appointment arranged to take place no later than one business day after release. For those released immediately from court following a period of remand, the timescale shall be three business days.

	Region A	Region B	National average
Initial sentence plan for community sentences and custodial releases. ²⁴	95.3%	86.0%	82.2%
Timely risk management plans. ²⁵	95.8%	93.5%	91.0%
Timely parole reports. ²⁶	88.8%	82.1%	84.5%
Completion of targeted interventions for people convicted of sexual offences. ²⁷	83.3%	44.4%	54.0%
Housed on release from custody. ²⁸	90.0%	75.6%	80.9%
Settled accommodation at 3 months post release from custody. ²⁹	75.8%	71.8%	71.6%
Settled accommodation at 3 months post community. ³⁰	86.2%	83.1%	81.6%
Employed at 6 weeks post release from custody. ³¹	19.9%	16.0%	15.3%
Employed at 6 months post release from custody. ³²	37.2%	25.9%	23.6%
Employed at 6 months post community disposal. ³³	39.7%	49.5%	41.1%
Persons engaged. ³⁴	70.0%	68.3%	73.2%

²⁴ The percentage of persons with a community sentence or a release from custody on licence for whom a sentence plan is completed within 15 business days after attendance at their first appointment.

²⁵ The percentage of Recall Part B (Risk Management Plan) documents which are supplied to the Offender Management Public Protection Group within the required timescale of a person's return to custody; to inform about the level of risk and to enable a timely decision about release or ongoing detention to be made.

²⁶ The percentage of indeterminate and determinate parole assessment reports that are sent within the timescale specified by the HMPPS Offender Management and Public Protection Group.

²⁷ Successful completions of rehabilitative activities, including accredited programmes, structured interventions and the approved suite of probation practitioner toolkits. Where the terminated cases are convicted of a sexual offence.

²⁸ The proportion of individuals in settled or temporary accommodation on the night of release from custody.

²⁹ The proportion of individuals in settled accommodation at three months post release for custodial sentences.

³⁰ The proportion of individuals in settled accommodation at three months post disposal for community sentences.

³¹ The proportion of individuals in employment at six weeks after release from custody.

³² The proportion of individuals in employment at six months post release for custodial sentences.

³³ The proportion of individuals in employment at six months post disposal for community sentences.

³⁴ Percentage of persons on probation with an overall positive experience of engagement in each survey.

	Region A	Region B	National average
Unpaid work starts within 15 business days of sentence. ³⁵	37.4%	39.2%	42.6%
Unpaid work completions within 12 months. ³⁶	39.6%	40.6%	46.2%

Region A

Region A comprised nine Probation Delivery Units (PDUs), and held approximately 11,000 probation cases at any one time. Staff within the region reported that all PDUs had several probation practitioner vacancies at the time of the research, and that staffing within intervention delivery was better. The average waiting time from sentence for interventions was longer for Horizon than BBR. The region had an aim (in line with the target operating model³⁷) to ensure that no person on probation had to travel more than 60 minutes to attend an intervention. BBR was delivered across the region, while Horizon was delivered from one office. Staff within the region reported good transport links.

Region B

Region B comprised seven PDUs and held approximately 13,000 cases at any one time. With regards to staffing, staff within the region reported that all PDUs had a number of probation practitioner vacancies against the target staffing model, with some areas struggling with low staffing levels. Staff also reported that staffing within intervention delivery teams was better.

The average waiting time for Horizon was shorter than for BBR within region B. Transport links within region B were variable. Travel was particularly difficult for those living in rural settings, who needed to travel to and from larger cities to access interventions, sometimes at night. Region B covered a large geographical area.

³⁵ The percentage of unpaid work requirements that have had unpaid work arranged by the probation service to start within 15 business days of the sentence date of that requirement.

³⁶ The percentage of successful completions of unpaid work requirements within 12 months of the original sentence date where the person is subject to a community order, suspended sentence order or supervision default order that contains an unpaid work requirement.

³⁷ A Target Operating Model (TOM) sets out how an organisation will work to achieve a target operating state over a given period. The Probation TOM was published in February 2021.

Design

This project aimed to provide an in-depth understanding of the factors that help and hinder the implementation of interventions within the community. The design was predominantly exploratory, inductive, and descriptive in nature, and qualitative and data was gathered during a short period of time (November 2022 – January 2023).

Prior to commencing the study, the researchers met with officials from both of the probation regions that participated in this study and provided details of the aims and design. Each region identified a Single Point of Contact (SPOC) for the duration of the research. A SPOC for each region coordinated the identification of potential research participants and shared reports/documents requested. The aim was to speak to as many people as possible and ensure participation from different staffing groups, roles, and varying length of experience in interventions work. The researchers minimised disruption to day-to-day work by using both in-person or video interviews as preferred. Intervention delivery teams within region A were less geographically dispersed than region B, and so more in person engagement was possible. For region B, the spread of staff and teams across the region meant that more individual interviews (either in person or via Microsoft Teams) were conducted (for more details of each region, see section 3.3). An information sheet was shared among intervention teams by each SPOC in advance of being invited to an interview/focus group.

An interview schedule was developed to guide focus groups and interviews, using a range of open, broad questions to explore participants views on what helps and hinders intervention implementation within the community. More specific questions reflecting the literature reviewed in section 2.2 were also included. However, interviewees were also encouraged to lead the discussions and talk about any factors they felt were important. It is of note that data were collected for the study during a time of significant change and challenge for the Probation Service. This included ongoing efforts to (re)unify CRC^{38,39} and National Probation services into

³⁸ Community Rehabilitation Company.

³⁹ A new model for Probation Services in England and Wales was brought in from June 2021. The supervision and rehabilitation of people on probation by CRCs ended and the management of all people (low, medium and high-risk) has been delivered by the NPS since this time. For further information see: [Unification of probation services - House of Commons Library \(parliament.uk\)](https://www.parliament.uk/library/research-and-briefings/2021/unification-of-probation-services/)

one organisation, managing the impact of the post-Covid-19 pandemic environment, significant recruitment and retention challenges, and some staff within some intervention roles going through a job evaluation process. These issues were inevitably reflected on by participants interviewed and some themes identified reflected these wider and largely context-specific challenges.

Different interview schedules were developed for staff and people on probation. The interview schedule for staff asked questions about what they thought needed to be in place to ensure interventions are delivered well, and what hinders this. Staff were asked to reflect on this generally, and specifically in relation to the delivery of two HMPPS accredited offending behaviour programmes, Horizon and Building Better Relationships (BBR) (see section 3.2 for further information). Staff participants were also asked to reflect on the culture of their team and region, other issues relating to the support of other groups/agencies, how well the interventions meet group member's needs, and what training, support and processes are needed. They were also asked what advice they would give others when introducing a new intervention into Probation.

The interview schedule for people on probation focused on what they thought helped people when completing interventions, what kind of things get in the way, how well their individual needs were met on the intervention and what wider support is important. Both schedules were piloted with the first focus groups and the ordering of questions was amended slightly to ensure the conversation flowed more naturally in subsequent sessions.

Horizon and BBR were selected as the two interventions of interest for the current study to provide focus. They were selected as they included different cohorts of people on probation, and until the reunification of the Probation Service in 2021, had been delivered by different providers (Horizon by the National Probation Service and BBR by CRCs); the impact of this differing delivery context was of interest given the evidence to suggest that organisational culture can impact upon implementation. Relevant research had also described how just one out of 21 CRCs had maintained acceptable standards of BBR programme delivery integrity between 2016 and 2019 (Teasdale et al., 2023).

During each interview, participants were provided with the information sheet again, a consent form, and asked to provide demographic information (described in section 3.4). All participants invited to interview consented. Nineteen focus groups and 12 interviews were conducted between November 2022 to January 2023. Fifteen focus groups were with staff (seven in region A and eight in region B, with a range of two to seven participants in each), four were with people on probation (two in region A and two in region B, with a range of two to three participants in each), and all interviews were with staff (two in region A and ten in region B).

Interventions: Horizon and BBR

When the research was conducted, Horizon was an accredited^{40,41} programme for men convicted of a sexual offence. It consisted of 31 sessions over 62 hours. A post-group session, also of two hours, was optional and was offered to men assessed as requiring further intervention. Horizon became the main accredited programme for men on probation convicted of sexual offences in March 2018.

BBR was an accredited programme for men convicted of intimate partner violence (IPV). It consisted of 30 group two-hour sessions (approximately 60 hours), along with two individual pre-group sessions and two further individual sessions interspersed between modules of group sessions. Throughout the programme, a Domestic Abuse Safety Officer (DASO) also engaged and supported the victim of the offence. BBR became the main accredited programme for men on probation convicted of IPV in 2015.

Horizon and BBR were delivered in both prison and probation settings when this research was conducted.⁴²

⁴⁰ Accredited programmes are those which are designed in line with the latest international evidence of what works to reduce reoffending. The Correctional Services Advice and Accreditation Panel (CSAAP), are an independent committee of experts, who scrutinise and attest to the fact that interventions are in line with the latest evidence. CSAAP recommends whether to accredit interventions to the HMPPS Rehabilitation Board, which is a governance board responsible for making strategic decisions on behalf of HMPPS about its whole rehabilitation offer.

⁴¹ See MoJ evaluations for Horizon:
[Horizon and iHorizon an uncontrolled before - after study of clinical outcomes - GOV.UK](#)
[Horizon and iHorizon Psychometric analyses of the success wheel measure - GOV.UK](#)
[A process study of the Horizon Programme - GOV.UK](#)

⁴² At the time of writing, both Horizon and BBR have been replaced by HMPPS' new accredited programme, Building Choices (Love et al., 2025).

Participants

A total of 77 people contributed to the research and were involved in interviews and focus groups. Of these, 66 were staff (86%) and 11 were people on probation (14%). While some staff (n = 12, 18%), primarily those in management positions, worked across BBR and Horizon (and other interventions), the majority were involved in either the delivery of BBR (n = 31, 47%) or Horizon (n = 23, 35%). Given the aims of the study, the primary focus of the research was purposefully on staff involved in delivering, supporting, managing, and supervising accredited interventions.

Most staff were female (n = 54, 82%), and white (n = 63, 95%) and took part in this research via focus groups (n = 54, 82%) rather than one-to-one interviews. More interviews were conducted within region B, due to the geographical spread of staff across the region (see section 3.1). In region A, the largest proportion had worked in Probation for between 10 years and less than 20 years (n = 19, 63%), and in interventions for between 10 years and less than 20 years (n = 12, 40%). In region B, the largest proportion had worked in Probation for more than 20 years (n = 12, 33%), and in interventions for between 5 years and less than 10 years (n = 9, 25%). Staff from a variety of roles took part in the research, with intervention facilitators being the largest staff group represented within both regions (n = 22, 33%).

Staff sample demographics

Variable	Region A n (N = 30)	Region B n (N = 36)	n (N = 66) (%)
Consultation type			
Focus group	28	26	54 (81.8)
Interview	2	10	12 (18.2)
Gender			
Male	6	31	37 (56.1)
Female	24	5	29 (43.9)
Ethnicity			
White	29	34	63 (95.4)
Mixed	1	1	2 (3)
Asian	0	1	1 (1.5)

Variable	Region A n (N = 30)	Region B n (N = 36)	n (N = 66) (%)
Time working for Probation⁴³			
Less than 6 months	0	0	0
6 months to less than 2.5 years	3	3	6 (9.1)
2.5 years to less than 5 years	0	4	4 (6.1)
5 years to less than 10 years	1	8	9 (13.6)
10 years to less than 20 years	19	9	28 (42.4)
20 years or more	6	12	18 (27.3)
Not reported	1	0	1 (1.5)
Time working in interventions			
Less than 6 months	0	0	0
6 months to less than 2.5 years	5	7	12 (18.2)
2.5 years to less than 5 years	4	4	8 (12.1)
5 years to less than 10 years	5	10	15 (22.7)
10 years to less than 20 years	12	9	21 (31.8)
20 years or more	2	6	8 (12.1)
Not reported	2	0	2 (3)
Job role			
Intervention facilitator	10	12	22 (33.3)
Admin officer / case admin	6	6	12 (18.2)
Programme manager	2	3	5 (7.6)
Treatment manager	6	2	8 (12.1)
Treatment and programme manager	0	3	3 (4.5)
Head of programmes	1	1	2 (3)
Head of interventions	1	1	2 (3)
Senior probation officer	2	0	2 (3)
Business manager	0	1	1 (1.5)
Domestic abuse support officer (DASO)	2	3	5 (7.6)
Probation practitioner	0	4	4 (6.1)

⁴³ This includes time worked within CRC prior to reunification of the probation service in 2021.

All the people on probation who participated were men. Their only engagement was through focus groups – there were no interviews with this group of participants. One person described their ethnicity as black, and all others described themselves as white. The majority had experience of Horizon (n = 8, 73%). Five participants had recently completed BBR or Horizon (46%), and 6 were attending BBR or Horizon (54%) at the time of the research.

Data analysis

The primary analysis was based on the interview and focus group transcripts, which were analysed using reflexive thematic analysis (Braun & Clarke, 2006, 2019, 2021), with staff and people on probation experiences analysed together. Verbatim scripts were produced for analysis. In total, there were approximately 1,218 pages of transcripts produced for analysis,⁴⁴ and the average length of interviews / focus groups was 53 minutes (for those where this information was available). Attention was paid to any differences, or similarities, across the regions during the analysis. Initial codes were clustered into themes and sub-themes. This coding was initially conducted on transcripts for two of the focus groups by all three authors together to establish a rigorous and uniform process, following which the remaining transcripts were coded separately by all three authors. The generation of themes was conducted by all three authors together.

To protect quality and rigour, this research adhered to the criteria proposed by Bauer & Gaskell (2003); that qualitative research should be transparent, should contain thick descriptions (using quotes from interview data, for example), should triangulate evidence, should adopt a clear and appropriate sampling strategy, and should attempt to acquire validity of the formation of the initial themes. For the last of these criteria, the initial findings were presented back to the regions to obtain views on the meaning, clarity, and interpretation of the findings. This allowed further refinement and adjustment of the themes and the interventions implementation model (see sections 4 and 5.1). Also included were organisational documents and records, such as recent IIF summary reports, HM Inspectorate of Probation (HMIP) reports, records of when supervision and session monitoring took place, local practice development sessions/meetings, and data relating to each region (including intervention data

⁴⁴ Times New Roman font, size 12, and 1.5 line spacing.

regarding referrals, waiting lists etc.).⁴⁵ These were used to corroborate the themes identified by the researchers.

Limitations and interpreting findings

The use of qualitative methodology has its limitations. Specifically, although enabling rich, in-depth information relating to the regions and interventions selected, generalising the findings to all practitioners, people on probation, Probation settings, or all interventions, or to explore causal relationships is not appropriate. To mitigate some of these issues, a large and diverse sample across two different regions was used. Further work will be needed to test the results, and model presented, in other probation settings.

The selection of interview and focus group participants was coordinated by each region, using criteria provided by the researchers. It is possible that selection bias may have influenced the findings, in particular in relation to the programme participants, specifically that the views and experiences of those who did not complete were not captured. It is also important to note that the voices of women on probation, and those from ethnic minority groups, were also not represented in this study. While every effort was made to speak to as many people involved in BBR and Horizon as possible, the number of people within some staffing groups was limited due to availability and other work pressures/commitments. To maximise participant engagement, each region advised the researchers of the best means of conducting interviews and focus groups (i.e., online or in-person). The impact of these different formats was not explored as part of the current research but may have influenced the engagement for some participants.

The participant sampling for this research did not include people working in related domains (e.g., in policing, courts or social care, in the probationer's support network, academics in this field) as this was not practically feasible. The CFIR model's 'outer setting' component suggests these groups may influence implementation, and so there may be additional, important insight not accounted for in the current findings.

⁴⁵ Facilitation staff receive regular supervision from an intervention treatment manager, whose role is to ensure the clinical integrity of interventions is maintained. Intervention treatment managers also provide feedback to facilitators based on the reviewing videos of their delivery, which is summarised in session monitoring feedback. This is often discussed within supervision.

Additionally, the views of central HMPPS Headquarters (HQ) staff involved in the development of interventions were not gathered. This would benefit from further exploration within future research. It is also of note that data was collected during a time when the Probation Service was making ongoing efforts to unify, was still managing the impact of the post-Covid 19 environment and was experiencing significant recruitment and retention challenges. These wider organisational challenges were reflected in participants' responses. Given that interviews were conducted in late 2022 and early 2023, it is important to note that they may be representative of current views. Given the methodological approach and the caveats set out above, these findings must be considered as indicative.

Appendix C

Thematic analysis

Themes and subthemes generated from the thematic analysis from focus groups and interviews combined.

Theme	Subthemes
Delivery setting	Community vs custody; Barriers to attendance; Location/geography; Different delivery formats
Probation culture	Subgroups; Organisational changes; Feeling valued; Job role review; Team culture; Cultural differences between regions
Resources	Time; Staff resource; IT systems; Intervention Materials; Physical setting; Demand; Recruitment and retention
Internal processes and systems	Eligibility and selection criteria; Referrals; Processes and procedures consistent and aligned; Clear expectations of roles; Optimal timing; Transition from old to new interventions; Internal and external quality assurance processes
Communication and relationships	Communications to and from HMPPS HQ; Relationships with HMPPS HQ; Internal information sharing; Inter-agency information sharing; Modes of communication
Training, awareness, and support for continuous learning	Understanding and “buy in”; Tailored staff training; Training in the new intervention; Staff support; External organisation’s awareness
Facilitators	Belief and dedication; Facilitation skills and qualities; Experience and knowledge; Co facilitation
Supporting group member engagement	Support provided by facilitators; Therapeutic relationships; Probation practitioners; Other sources of support; Group members valued interventions; Responsive to group members needs; Different cohorts of people on probation; Motivation; positive relationships (peer) and support
External influences	External agencies; Media, politicians and public misunderstanding

Appendix D

Mapping research subthemes onto CFIR framework

Innovation

Main Themes	Research Themes	Influence of implementation
Delivery Setting	Community vs custody	Barrier
Delivery Setting	Different delivery formats	Mixed
Resources	Intervention materials	Mixed
Support group member engagement	Probation practitioner support	Enabler
Support group member engagement	Facilitator support	Enabler
Support group member engagement	Other support	Enabler
Support group member engagement	Group members belief in the intervention	Enabler
Support group member engagement	Being responsive to group members	Enabler

Inner Setting

Main Themes	Research Themes	Influence of implementation
Delivery Setting	Location/geography	Barrier
Probation culture	Layers of inner settings	Barrier
Probation culture	Cohorts of people on probation	Barrier
Probation culture	Organisational changes	Barrier
Probation culture	Job review	Barrier
Probation culture	Team culture	Enabler
Probation culture	Cultural differences between regions	Barrier
Resources	Time	Barrier
Resources	Staff resource	Barrier
Resources	IT systems	Barrier

Main Themes	Research Themes	Influence of implementation
Resources	Physical setting	Mixed
Resources	Demand	Barrier
Resources	Recruitment and retention	Barrier
Internal Processes and Systems	Clarity of job role	Barrier
Training, awareness and support for continuous learning	Understanding and “buy in”	Mixed
Training, awareness and support for continuous learning	Staff support	Enabler
Communication and Relationships	Communications to and from HMPPS HQ	Barrier
Communication and Relationships	Relationships with HMPPS HQ	Barrier
Communication and Relationships	Internal information sharing	Barrier
Communication and Relationships	Inter-agency information sharing	Barrier

Outer Setting

Main Themes	Research Themes	Influence of implementation
Delivery Setting	Barriers to attendance	Barrier
Training, awareness and support for continuous learning	External organisation’s awareness	Barrier
External influences	Role and resources of external agencies	Barrier
External influences	Social political views	Barrier

Individuals and Characteristics

Main Themes	Research Themes	Influence of implementation
Facilitators	Belief and dedication	Enabler
Facilitators	Therapeutic relationship	Enabler
Facilitators	Facilitation skills and qualities	Enabler

Main Themes	Research Themes	Influence of implementation
Facilitators	Experience and knowledge	Enabler
Facilitators	Co facilitation	Enabler
Probation culture	Feeling valued	Enabler
Support group member engagement	Motivation of group members	Enabler
Support group member engagement	Peer support	Enabler

Implementation process

Main Themes	Research Themes	Influence of implementation
Internal Processes and Systems	Referral, assessment and selection	Barrier
Internal Processes and Systems	Consistency of processes	Barrier
Internal Processes and Systems	Timing of intervention	Mixed
Internal Processes and Systems	Transition from old to new intervention	Barrier
Internal Processes and Systems	Internal and external quality assurance	Mixed
Training, awareness and support for continuous learning	Tailored staff training	Barrier
Training, awareness and support for continuous learning	Training in the new intervention	Barrier
Communication and Relationships	Modes of communication	Enabler