Towards a desistance-focused approach to probation supervision for people who have committed Intimate Partner Violence: A digital toolkit pilot study

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Abstract

We analyse practitioner and service user reflections on a digitally-enabled toolkit designed to enable desistance-focused conversations within routine probation supervision of men with convictions for Intimate Partner Violence. We explore how to embed inclusive therapeutic service provision within the role of public sector National Probation Service practitioners through the testimony of case managers (N= 9) and people on probation (N= 7). We discuss the strengths and challenges of the approach and its implementation. The findings are discussed in the context of: the forthcoming Domestic Abuse Bill; the renationalisation of probation; the recovery of probation services following the COVID-19 pandemic; and the emergence of desistance-oriented technology.

This article represents the views of the authors' and not those of Her Majesty's Prisons and Probation Service (HMPPS).

Introduction

This article centres on Domestic Abuse as a public health concern of global significance (WHO, 2005). We also write within the broader context of 'Digital Justice' and aim to align with Nellis (2017)'s assertion that the "design, rhetoric and implementation" of digital applications in criminal justice should be open to scrutiny of the wider academic community. To this end, the current paper promotes an *open learning culture* (a key strategic aim of HMPPS) through collaboration between members of that community, service designers, practitioners and people on probation.

The Crime Survey for England and Wales (ONS, 2019) shows that in the year ending March 2019, the police recorded 746,219 domestic abuse-related crimes and made 214,965 arrests. In the same year, The Crown Prosecution Service (CPS) charged 98,470 cases flagged as domestic abuse. With tens of thousands of people entering the criminal justice system every year convicted of domestic abuse offences, efforts to minimise reoffending remains a priority policy area in prisons and probation settings. In this context the 'What Works' agenda (e.g., Lipsey & Cullen 2007) offers empirical research that supports the role of behaviour change interventions in reducing Intimate Partner Violence (IPV) recidivism (e.g., Bloomfield & Dixon, 2015). In keeping with research, policy frameworks have consistently encouraged people who meet specific risk, need and responsivity criteria to participate in interventions accredited by the Correctional Services Accreditation & Advice Panel (CSAAP; see Maguire, Grubin, Lösel, & Raynor, 2010) such as the Building Better Relationships (BBR) programme. However, due to a range of factors (including programme ineligibility) the vast majority of the criminal justice IPV cohort are unable to complete an accredited programme (Gibbs, 2018).

Her Majesty's Inspectorate of Probation (HMIP, 2018a) review of services offered by English and Welsh probation providers found an under-developed range of specialist interventions with significant gaps in provision. HMIP also provided an analysis of the availability and delivery of interventions in probation services and called for more strategically designed interventions services that could support users holistically through better integration between different interventions (HMIP 2019). Following the Domestic Abuse Bill consultation in 2018, Her Majesty's Government's formal response provided a range of commitments to improve access to a range of quality accredited and non-accredited

interventions (HM Government, 2019). Notably, the Ministry of Justice made a commitment to testing the viability of a new digital toolkit for community-based staff that could be "delivered as a rehabilitation activity requirement [RAR], or as a part of regular supervision with people who are unsuitable for an accredited programme or unable to participate in one" (pp.74) (HM Government, 2019). The current study pertains to the piloting of this toolkit, which has been designed to enhance the ability of practitioners to coach relationship skills to men with IPV offences through structured conversations delivered within routine supervision sessions. In so doing, we aim to explore the prospects for *desistance-focused* digital approaches that embody probation values, such as the enduring belief in positive human change and development (for an exposition of desistance-focused practice, see McNeill, Farrall, Lightowler & Maruna, 2012)

Enabling Therapeutic Engagement within Probation Supervision

There is a longstanding discourse within practitioner and academic spheres around the value of probation supervision (see Raynor, 2019 for a discussion). The use of 'Core Correctional Practices' based around therapeutic engagement and promoting change within probation supervision has been shown to result in lower reoffending rates (e.g., Chadwick, DeWolf & Serin, 2015). Regular sessions at the early stages of supervision are particularly important (Shapland et al., 2012). Structured one-to-one supervision sessions undertaken in a private setting can enable participants to discuss issues sensitive to the participant and develop strategies to overcome challenges in their life (e.g., Durrance, Hosking & Thorburn, 2010). Whilst practitioners often prefer to work in this rehabilitative/ therapeutic fashion, increasing workloads, time constraints and prevailing policies often result in them prioritising risk management over therapeutic supervision (Worrall & Mawby, 2014) and a reliance on 'outsourcing' to interventions delivered by third parties. One criticism of this state of affairs is the scope for "fragmented provision" which can negatively impact on service users' ability to make sense of supervision and to form a trusting relationship with their case manager (Robinson & Dominey, 2019).

Therapeutic Interventions for People with IPV Offences

Therapeutic provision for people with IPV offences has traditionally followed deficit-orientated behaviour change approaches, which are based around the notion that making

participants fully accountable for the harm they have caused is paramount to the change process (Pence & Paymar, 1993). Hughes (2017) documented the move away from this approach. In contrast to the deficit model, Morris et al (2019) (in line with the mainstream BBR), outlined a gender-inclusive, inter-agency approach to promoting desistance in people on probation with IPV convictions. This involved the application of the General Aggression Model (Anderson & Bushman, 2002) to:

1. Help participants understand the interplay between personal attributes, situational factors and internal states when interacting with their partners.

2. Emphasise that cognitive, emotional and behavioural precursors to IPV may also be symptomatic of the participant's learning history. Recognition of this can aid the formation of supportive working relationships in which practitioners adopt the role of compassionately-available facilitators of change through targeted skills coaching.

3. Promote self-monitoring to reinforce positive knowledge structures that support desistance.

Based on this model, Morris et al (2019) described the development of a RAR toolkit intervention (entitled "Spectrum") for men who have committed IPV offences against either a male or female partner. The toolkit was co-produced with service users and in collaboration with a private probation provider. The toolkit was designed to be delivered face-to-face in either a group or one-to-one format. A core delivery method was the use of co-produced Complementary Digital Media (CDM). These were animated media clips designed to enable the stories and voices of people with relevant lived experiences to help participants remain future-focused and improve their pro-social behavioural options in challenging situations (e.g., Morris & Knight, 2018). CDM was intended to complement therapeutic conversations by introducing key learning through engaging, accessible and clear audio-visual clips.

Morris and Graham (2019) asserted that CDM-based toolkits had the potential to promote positive behaviour change both as embedded components of CSAAP-accredited programmes and as standalone toolkits. The primary aim of CDM toolkits was to enable supporters and frontline staff to initiate structured, desistance-focused conversations that helped to build a working alliance. They could also enable self-directed learning via a personal device or computer outside of the context of formal therapy sessions (Morris & Knight, 2018). Digitally enabled toolkits thereby present an opportunity for prisons and probation service providers to develop, pilot and evaluate digital services that complement the desistance

journey taken by both accredited programme participants and the often overlooked majority who are either not ready, not responsive or not suitable for accredited programmes.

Repurposing Intervention Content to Enable Effective Supervision

The Skills for Relationships Toolkit (SRT) was commissioned to address the needs of men assessed as medium or high risk on the Spousal Assault Risk Assessment (SARA; Kropp & Hart, 2015), who have responsivity issues (e.g. mental health, addiction, extreme denial) that are severe enough to prohibit engagement with BBR. Following consultation with the HMPPS Heads of Public Protection, a request was made to re-purpose the Spectrum toolkit (Morris et al, 2019) to support effective supervision of people in this cohort. This desistance-focused approach aimed to use supervision to help participants form meaningful therapeutic relationships with practitioners (see Ross, et al., 2008); identify and build on strengths (Simmons, et al, 2009); and, develop skills that allow them to lead a better life (Looman & Abracen, 2013). In contrast to Spectrum which was delivered by private sector probation as a group RAR intervention, SRT was to be delivered as a flexible one-to-one adjunct to supervision sessions by public sector probation practitioners working for the National Probation Service (NPS). SRT aimed to support desistance by enabling conversations in supervision designed to help participants: understand their behaviour; think about their views of others; commit to self-responsibility; learn and practice skills to aid maturity and social competence; and, develop a working alliance. SRT consisted of 26 CDM clips, worksheets and between-session tasks. A mandatory foundation SRT component was followed by modules relating to: thinking; emotions; and relationships[2]. Neither Spectrum nor SRT were intended to have equivalence with BBR.

Within the Domestic Abuse Bill Consultation Response (HM Government, 2019) the Ministry of Justice committed to testing SRT to ensure that practitioners and participants could understand and engage with its contents. A project board was established to oversee the implementation of SRT and to monitor and manage organisational impacts (including training/support of practitioners; SRT referral processes; and, BBR referrals rates). Impact on reoffending rates was not evaluated. SRT was piloted in an NPS area in the North East of England.

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[2] The format of the co-created media clips is presented here https://youtu.be/UN3IDrxBUd8

The current research provides analysis from the SRT pilot project and aims to:

- Gauge the perceptions of case managers and people on probation in relation to their experiences of being involved in the pilot.
- Explore any positive and negative impact of using SRT experienced by people from these groups.
- Identify any processes within SRT that could be improved, including (but not restricted to) training, supervision, referral, delivery and content.

Method

Probation practitioner identification and sample selection

23 practitioners were briefed on the theoretical basis and how to deliver SRT during a half-day event facilitated by two of the authors (JM & SW). This involved a combination of presentations, digital media, group discussion and skills practice in sub-groups. All attendees had previously undertaken mandatory domestic abuse and safeguarding training. Delivery was locally overseen by one of the authors (SW). The 23 practitioners were invited to take part in a focus group to discuss their experiences delivering SRT. 9 practitioners in total were on duty, available and consented when they were invited to participate in the research. The reasons provided by practitioners for non-participation, were either not being on duty or not being available. In April 2019, five of them were available and able to take part in a focus group. One participant (P6) provided feedback via a telephone interview at her request because she was not available in person. An additional five interviews with staff were conducted in March 2020 (2 of these participants had been involved in the previous focus group). Written, informed consent was sought from practitioners for focus group/interview participation and audio recording. All interviews were conducted within the practitioners' probation offices. All practitioners were White British. Participation mode and gender are presented in Table 1.

Participant Code	Mode of participation	Sex
1	Focus Group	Female
2	Focus Group	Male
3	Focus Group	Male

4	Focus Group	Female
5	Focus Group	Female
6	Telephone interview	Female
7	In-person Interview	Male
8	In-person Interview*	Female
9	In-person Interview*	Female
10	In-person Interview	Female
11	In-person Interview	Female
JM	Moderator/ Interviewer	Male
LD	Assistant Moderator	Female
AR	Interviewer	Female

Table 1. Practitioner characteristics (* also participated in focus group)

Service user participant identification and sample selection

Practitioners were asked to identify service users to approach to participate in the research. Consequently, the sample is a convenience sample of volunteers. From the existing NPS domestic abuse caseload at the pilot site, a total of 55 people on probation were identified as potential SRT candidates. The most common responsivity barrier to them accessing BBR was extreme levels of denial. Significant problems relating either to alcohol addiction, mental health or non-compliance were also common reasons for referral to SRT. All participants were White British. Although SRT has a variant for men with male victims, all participants in the current research had female victims. Of the 40 cases who had a SARA, 16 (40%) were assessed as high risk and 24 (60%) as medium risk. The average age of participants was 34 years and 7 months. Out of the 55 referred cases: 14 did not commence SRT (6 of these cases had breached their order/license prior to commencing); 20 had discontinued prior to completing eight foundation exercises (6 of whom had breached); 3 were "ongoing"; 12 had completed the foundation; and, 6 had completed all 24 toolkit exercises. In total 7 service users chose to participate in the research (4 of whom had completed all 24 exercises). One participant agreed to be interviewed twice, once while undertaking the toolkit, and once after having concluded his participation. Written, informed consent was given for interviews to be audio recorded and discussions held about the participants' experience of SRT. Participants were interviewed at their probation office or at home (via telephone).

Focus Group and interview conduct

The focus group was moderated by JM and the assistant moderator was LD. JM also conducted the telephone interview. Further interviews with practitioners were conducted by JM and AR. Interviews with service users were conducted by JM and AR. Participants from the probation service knew that JM and LD were involved in developing SRT.

Interviews and the focus groups were directive in that the interviewer steered discussion towards topics on a pre-set topic guide. However, interviewees were given freedom to introduce new topics, change the order in which topics were introduced, or stray from the current topic in order for participant priorities or topics missing from the interview guide to be elucidated (Morgan, 1997). Topic guides were developed for each sample separately. The topic guides were designed to capture a range of reflections relevant to the research questions identified above. The questions for practitioners and participants focused on: the development of therapeutic alliance; key elements of SRT sessions (e.g., therapeutic conversations, media clips, worksheets); the impact of SRT participation on participants; and, how SRT could be improved.

Analysis procedures

All coding and analysis was performed by SJW, AR and MF who were not involved in the development of SRT. Data were grouped by participant and charted using NVivo Vs. 12.5 software.

Data analysis followed Thematic Analysis as described by Braun and Clarke (2006). Specifically, a descriptive analysis approach was adopted which aimed to summarise the key issues raised across the focus group and interviews. Inductive generation of themes driven by the data was employed, with codes generated at a semantic level. That is, we took participants at their word and sought only to represent their views. The views of probation practitioners were analysed separately.

To aid in data familiarisation, the focus group and interviews were analysed using both the audio and written transcripts for all sessions. Non-verbal cues and speech patterns that might

be considered important for interpretation could therefore also be considered (Charmaz, 2008).

Indexing for practitioner reflections was initiated on the focus group. For service user interviews, indexing was initiated on a transcript felt to be rich in data by JM. New themes were developed as and when data that was relevant to outcomes could not be captured by an existing theme. Where data did not fit adequately within an existing theme the theme was modified to better fit the data or else a new theme was developed. Where the data were not considered useful for achieving the study aims it was not coded. The revised framework was then used to index a second transcript and further changes were made as required. The revised framework was then reapplied to the first transcript to ensure the data fit the new framework. When all the data considered relevant to the study aims could be coded the process was repeated for the third transcript and so on until a framework was developed that was capable of classifying all relevant data present in all transcripts (Rabiee, 2004; Ritchie, Spencer, & O'Connor, 2003).

Where possible, underlying explanations for the views presented were proposed (Ritchie et al., 2003). Inferences will be based upon the recurring conjunction of ideas or else by comparing the accounts of participants that do not make an observation with those that do (Ritchie et al., 2003).

This pilot takes place with a limited number of participants in a limited geographic area. Therefore we have taken additional steps to protect the anonymity of service user participants. Quotes from interviews with service users are paraphrased and are not attributed to specific participants.

Results

Themes from the practitioner focus group and interviews

We present 7 themes across three organisational blocks that capture practitioner experiences using SRT. These organisational blocks group themes into those that centre on the perceived impact of the SRT on participants, those that centre on how the SRT affects practitioner

relationships with their participants, and finally those that centre on the impact the SRT has on practitioners working practices. Table 2 illustrates these organisational groups and their composite themes.

Organisational Group	Themes
1. Impact on participants	
	1. Participant Engagement
	2. Promoting reflection
2. Impact on staff relationships with participants	
	3. Working alliance
	4. Staff satisfaction with communication
3. Impact on workplace practices	
	5. Flexibility
	6. Time management
	7. Training needs

Table 2. Framework of practitioner focus group themes

Organisational group 1: Impact of the SRT on participants

This collection of themes covers those that were most strongly associated with the practitioners' perceptions of the impact of the SRT on their participants' thoughts, feelings and behaviours.

All practitioners agreed that SRT facilitated participant engagement either by: lowering the barriers for the participants to engage; short lengths of the clips; and, the use of animation providing a non-intimidating introduction to conversations. Practitioners also commented on the differences between SRT and existing ad hoc worksheet-based approaches, the latter being considered to feel more like 'work' and less interesting or else to remind participants of negative experiences at school:
'In relation to the graphics and stuff, it's quite nice because, like I said, what I like about this – it doesn't feel dead, stiff and formal …... I like the fact that it uses, like, the cartoons. […] it's almost a little bit like watching YouTube, isn't it?' [P10]

Practitioners noted that there were sometimes practical barriers to engagement. Most critical was access to reliable internet, which meant having to rely only on the worksheets on occasions and this could be a source of frustration. It was also raised both in the focus group and interviews that some of the regional accents used in the clips could be hard to understand. A lack of correct synch between speech and animation was also found to distract from attention and engagement in at least one case. Finally, it was suggested that not all content was equally relevant to them as individuals.

A second theme gives indications of why practitioners believed participants found SRT to be engaging. Practitioners believed SRT let participants identify their own connections to the material in the clips, and to see the similarities and differences with their own learning history. The participant's ability to identify with the characters and situations was said to be integral to achieving the desired reflection.

Similarly, practitioners said SRT allowed some interpersonal distance between the participant and the topic of discussion. Practitioners believed that being able to discuss someone else's thoughts and feelings reduced the extent to which their participants felt threatened when discussing content. They said this would allow more insightful participants to immediately see how the content applied to themselves, or allowed other participants to reflect on how the content is relevant, sometimes with facilitation from the practitioner. Similar benefits were perceived from the skills-based approach, rather than focussing on identifying and addressing weaknesses:

'It's not about blaming, it's not about, um, sort of beating them over the head […] but it's about those positive thoughts, those positive actions, um, positive results.' [P5]

However, it was noted that identification with the content was not necessarily a straightforward process for everyone. P1 noted that one of her participants required two or three weeks using just a single exercise before the relevant parallels could be drawn. Moreover, when participants do not identify with the content, there may be a threat to engagement if they feel the characters in the animations reflect stereotypes more than themselves as individuals. Both P10 and P11 said they also had experience with a participant that considered the animations immature, which provoked resistance to engagement with these participants.

P1 referred to participants gaining insight into the role of their emotions as a result of engaging with SRT. They gave an example of a participant who had been difficult to engage with, but had grown sufficiently in confidence with regard to his insight that he could talk openly about it and display reflective thinking to an external agency. Insight was also not limited to issues around domestic violence. Participants' reflection and awareness reached beyond domestic violence-related behaviours to other cognitions and behaviours. Discussions with participants would uncover patterns, for instance, about how they communicate with other people generally, make assumptions about others, engage in aggressive behaviours, and manage their anger. P7 noted that his participant was discussing how he was managing himself in his life during sessions, rather than managing himself in relationships specifically, and that he gained a skillset that he applied to other aspects of life. P2 explained it in the following way:

'Cognitive Behavioural Therapy (CBT) can be used, it's not just used in domestic violence, it's used, like, for a number of issues or underlying issues. So I think, because it is CBT-focused, making that link between how somebody thinks and how they behave or how they feel and the consequences of that and then you can link that to the behaviour.'

Organisational group 2: Impact on staff relationships with participants

This collection of themes covers those that were most strongly associated with the practitioner's perceptions of the impact of SRT with their participants.

Staff members emphasised the importance of a good working alliance that enables participants to be more open. Practitioners mostly found this to be positively affected by using SRT. One specific advantage was perceived to be the removal of a barrier between practitioner and participant. Practitioners reported tending to sit side-by-side with their participants to watch clips. They commented on this profoundly changing the dynamic because the barrier of a desk and paper had been removed. P8 also discussed that working interactively by doing the activities together had a positive impact on the therapeutic relationship. One practitioner said that participants have generally enjoyed working 'hand-in-hand' with their case manager instead of 'being pared off to… a different department to then come back to work with that person again'. Notably, P10 describes how delivering SRT and challenging participants on their thought patterns made the working relationship stronger, as it allowed her to understand her participants more.

Although participants noted that the voluntary nature of SRT promoted working alliance, P3 described her experience with a participant where the working relationship was strained because of the participant's unwillingness to engage with SRT. Moreover, P10 and P11 described cases where the working alliance was weaker because the participant did not respond positively to being challenged about persistent victim-blaming. SRT sessions did not provide a context in which resistance could be successfully overcome in these specific cases. In order to overcome participant resistance, P9 would choose 'to look at the relationship as a whole rather than focusing on some of the facts that he disputed'.

Both the focus group and interviews emphasised that the one-to-one nature of SRT improved the practitioners' relationships with their participants and that they believed that this facilitated disclosure. However, practitioners noted that the worksheet element of SRT deflated the enthusiasm and engagement built up through the use of videos and discussion.

Practitioners expressed that the structure of the toolkit and the general improvement in the working alliance produced benefits in terms of the amount of information they received from participants and the quality of the discussions, thus increasing work satisfaction. P7 notes that the toolkit provides 'structure to supervision' which, for P1, meant that 'I got a lot more out of supervision in terms of the information that I'm getting'. Therefore, having a plan and a clear structure and goals for the sessions, as well as the increased openness of service users, has a secondary benefit in terms of improving workplace satisfaction.

Organisational group 3: Impact on workplace practices

This collection of themes covers those that were most strongly associated with the practitioner's perceptions of the impact of the SRT on their working practices with their participants and the impact of the SRT on their wider responsibilities.

The flexibility of SRT was highlighted as an advantage by all practitioners. Practitioners referred to the fact they could start and stop the clips or skip to particularly relevant pieces of content in line with their participant's attention or needs. Practitioners felt SRT had wider accessibility than existing workbooks. The use of video, audio and animation was perceived as reducing barriers for participants which may have identified learning issues or mental

health concerns. P10 viewed the toolkit as helpful for a participant who, due to mental health issues, was not ready or comfortable with taking part in group discussions. The toolkit's shorter sessions were also considered more appropriate for participants with attention difficulties.

Thus, SRT allowed case managers to adjust for individual differences in participants' preferred working modes and prevailing moods on a per session basis. P2 used an example of participants with a history of coercive and controlling behaviour, but not of violence. They pointed out that SRT gave them a lot of relevant content to work with and they can omit anything with low relevance. They contrasted this to approaches which are often worked through in a specific order regardless of the interests of the participant or any contextual factors. They felt this flexibility was one of the factors which allowed SRT to achieve its level of engagement, because they were able to move to highly relevant content without compromising the integrity of the process. Practitioners appreciated being free to use SRT as they deemed best for their participants. For example, P7 described how they selected SRT content for a participant who was resistant to doing any IPV-focussed work. This enabled relevant work that did not directly challenge the participant on a behaviour they were resistant to discussing. P8 described using the SRT as a conversation starter and making links to content from other interventions.

One potential downside of this flexibility realised by practitioners is that it was not always clear exactly how SRT should be used. This led to feelings of uncertainty, a theme that links closely to discussions staff had about training concerns (Theme 7).

Discussion around how SRT impacted on workloads was broadly positive. Participants mentioned that there was concern that SRT would add to already busy workloads. However, once familiar, SRT was said to be easy to implement and to save time by adding structure to sessions and enabling conversations. Staff found the toolkit self-explanatory and easy to prepare before sessions, even when there was limited time. Overall, SRT was not perceived to be burdensome on workers' time although the perception that it would inhibited the uptake of the tool. This clearly links to concerns practitioners had about the current training available.

An important concern raised by practitioners was a lack of clarity on exactly how SRT should be used. Whilst, this may be linked to their past experience and confidence, it provokes a clear point of contrast with other comments about a strength of SRT being its flexibility and that practitioners could use it how they feel best suits the participant at that moment. Clearly this benefit must be balanced against anxieties over the intended process of implementing SRT. P2 made the point clearly when she said 'I think you get all that information and then we had that briefing obviously it's not a training it's a briefing, it's a lot to take in isn't it over I think a couple of hours'.

It was suggested that there was likely to be variation in uptake based on individual practitioners' confidence dealing with cases involving IPV, and that experience with SRT could lead to individualised and flexible approaches. Overall, practitioners argued that experience with SRT reduces initial anxieties and that training needs to be presented so that it does not make the SRT appear to be as challenging to implement as the initial briefing suggested.

P10 suggested some of these issues could be alleviated through more guidance in the manual. However, P11 was concerned such an approach might inhibit the flexibility of the practitioner to apply the SRT in a manner tailored to their participants' specific needs.

Themes from service user interviews

Data could be adequately described and interpreted using five themes, though with a total of 15 sub-themes that addressed more specific topics. These are summarised in **Table 3** and described below. The illustrative quotes used below were all provided by separate participants.

Theme	Subthemes
1. Motivations for using the SRT	
	1.1 Avoid past mistakes
	1.2 Increase insight
	1.3 Achieve life goals
	1.4 Curiosity

Table 3. Final framework of interviews with SRT users

Theme 1: Motivations for using the SRT

Participants were asked why they had chosen to engage with SRT. Primarily participants approached this from an instrumental perspective. Four participants explicitly stated an aim to avoid repeating past mistakes or returning to prison by either learning or topping up skills that could help them to avoid engaging in IPV. However, these four participants also expressed desire to better understand themselves and their past behaviour through engaging with SRT. Two participants adopted a more positive frame and explained they wanted to engage with SRT to achieve positive life goals. One participant explained they were simply curious about SRT and wanted to try something new. Two participants also expressed that the one-to-one delivery format was a factor, though for contrasting reasons. One felt that they learned more from one-to-one sessions, while the other expressed that the possibility of encountering dominant personalities in group settings can be intimidating.

Theme 2: Impact on relationship with case managers

Participants described feeling able to disclose easily during SRT sessions. For example, one participant said:

'the first session went well and I got the darkest things that I could think of in regards to my behaviour towards woman out and into the open which is hard. But it's the best thing I could have done".

Similarly, two participants discussed how one benefit of SRT was that it did not make them feel judged.

One participant discussed a profound change in his attitudes toward and engagement with the probation service while using SRT. This participant described a deep-seated distrust of authority and social services, including the probation service, which had been significantly eroded by his positive experience of SRT.

Theme 3: Engagement with SRT

Participants were able to describe the reasons why they were able to engage positively with SRT. For one participant this was as simple as SRT being perceived as fun. However, all participants described the accessibility of SRT as advantageous. For participants, this accessibility was expressed in terms of how easy the concepts were to understand, and that content was broken down into short specific chunks. One participant described themselves as having no education and being functionally illiterate, but that this was no barrier for him in engaging with SRT. Most participants appreciated that the delivery of the SRT was less formal or intimidating than what they were used to in other programmes. Only one participant took an alternative view and thought that while the SRT clips were easy to follow, he did not like that they were animated, and would prefer a more formal presentation of material.

Participants also commented on the importance of content being relatable. For most participants this was key for them realising the benefits they perceived from the use of SRT, and most participants stated that they felt the clips were representative of their experiences. One participant said 'every clip was a scenario as if it was filmed about myself'. Two participants had a more negative view that was driven by them not finding the content relatable. Both participants specifically mentioned sections that discussed the use of drugs:

'Obviously, myself I'm not like that, I don't go out and do drugs, I don't drink and so it didn't really impact on me. The point of the video was clear but the scenario itself wasn't reflective on myself '.

Three participants had similar complaints regarding the male protagonist being presented as solely responsible for abuse in the relationship. They felt this did not reflect their reality and was stereotyping. One participant argued it would be more realistic if the male character is not one dimensional and wholly negative.

A final feature of SRT that enhanced engagement was that the delivery model allowed participants time to reflect by giving them space to revisit the animations in their own time and before meeting their case manager. This freedom encouraged participation beyond formal meetings.

Theme 4: Cognitive impacts

It is critical to understand the extent to which SRT is perceived as successful by participants. Participants described improvement in terms of how they cognitively process situations. As with many conventional interventions, the most widely described benefit was increased insight into cognitive, emotional and behavioural responses to stressful situations. This broadening of insight also extended to participants' understanding the importance of contextual factors on their offending. This was articulated by one participant who made links between various negative behaviours as a consequence of engaging with the SRT:

'… it makes you think long and hard. Things that I had maybe in the middle of my mind that were contributing towards this, like the drugs. You'd never think what in the world has drug dealing got to do with domestic violence but it has, it plays a part in the structure of your life on a daily basis and it has a knock-on effect on the rest of the family.'

This benefit was often discussed in tandem with an increased ability to control impulses. Some participants were able to give concrete examples of how they were now able to enact plans to avoid conflict, such as leaving the room or thinking twice about what they are about to say, where previously confrontation was likely. One participant also said that they were now better able to express their emotions honestly with others after having completed SRT.

Increased understanding of internal cognitive processes also seems to have helped to facilitate participants' understanding of others. Five participants gave examples of instances where they are now better able to empathise with others and see things from their point of view, and being more considerate towards others in their lives, and intimate partners especially.

The benefits participants experienced in terms of greater cognitive and emotional understanding and control were sometimes said to come from the level of engagement that the SRT offered.

Theme 5: Specific recommendations for changes

A final group of observations refer to very specific suggestions for improving SRT. Two participants recommended using live video footage rather than animations. Both suggested this would make it easier to relate to and increase the impact, while one participant stated that he considered animations to be childish. Two participants commented that the use of local accents for character voices would make the content more relatable. Two participants suggested a wider selection of stories or characters would also improve relatability. One participant also suggested the use of summary slides to make it easier to reflect on what has been learned. Two participants recommended the use of a diary or log to help users track progress and to aid reflection and autonomous learning, rather than relying too heavily on fixed questions. Finally, one participant (having completed earlier SRT exercises) described wanting to see more positive outcomes for the central character.

Discussion

The current research aims to evaluate the implementation of SRT to:
- gauge the perceptions of staff towards the exercises that make up SRT,
- explore the impact of delivering the Toolkit on staff,
- identify any potential harmful effects of the Toolkit and to understand any strategies that can minimise these.

Working Alliance

Both participants and practitioners spoke positively about the effect of SRT in enabling a working alliance to be established (see organisational group 2). Ross et al (2008) argued that this factor in itself was a valid goal within efforts to promote desistance because of its significance to positive outcomes within criminal justice settings. Engaging people on probation in ways that promote working alliance (i.e., being respectful, caring, enthusiastic and collaborative) is a Core Correctional Practice associated with reduced reconviction rates (Chadwick et al, 2015).

The nature of Complementary Digital Media (CDM) clips and the manner in which they are used within SRT may account for the apparent strengthening of working alliance in two ways. Firstly, although not relatable for all participants, the co-produced narratives woven into CDM clips appear to have been a catalyst. These narratives were derived from a carefully managed co-production process, which – in keeping with the ethos presented by Maruna (2017) – enabled experts-by-experience to share their voices and stories as "wounded healers" with future participants at the forefront of their minds. Secondly, practitioners identified that the delivery context itself (i.e., sitting side-by-side, watching CDM clips together, allowing the participant to control the media, etc) provided a profound shift in dynamics. In light of the responsivity needs that defined the SRT cohort, enabling participants to engage with relatable audio-visual scenarios from a third-party perspective appeared to create an appropriate level of *therapeutic distance* for practitioners (see Daly & Mallinckrodt, 2009). This provided a non-threatening starting point from which practitioners could encourage the secure attachment identified by SRT participants in Theme 2 (Impact on relationship with case managers).

The apparent benefits of SRT in building working alliances is pertinent given suggestions that this element of probation supervision has been eroded in recent years due to policies that focus on risk-management and the outsourcing therapeutic work (Robinson & Dominey, 2019).

Accessibility, Flexibility, Personalisation

Findings relating to workplace practices (organisational group 3) support the view that SRT enabled practitioners to respond to the specific interests and needs of participants as well as prioritising relevant content to focus on live issues. This chimes with service user views around accessibility (theme 3.1) and their identification with content (theme 3.2). This also supports assertions made elsewhere (e.g., Morris & Graham, 2019) that CDM clips can be combined into personalised profiles of desistance-focused activity. These findings are apt given that personalisation to the individual and their circumstances is a significant factor in both effective probation supervision (e.g., Fox & Marsh, 2016) and technologies designed to support desistance (see Ross, 2018).

It is notable that while the flexibility of SRT was considered an advantage by some, elsewhere it also led to uncertainty. Some staff needed more support to be clear on how SRT should be used, which may have impacted on their confidence to deliver SRT. Furthermore, it is possible that practitioners who were not available to be interviewed had in fact declined the opportunity due to lack of interest or enthusiasm for the toolkit and may therefore have provided further feedback around areas for improvement. This provokes questions about the method and strategy by which a large scale roll-out can be enabled.

Overcoming Technological Barriers to Engagement

One user story outlined a potential next step for SRT: "I feel like we are regressing a little bit doing our paper worksheets". He suggested "some sort of App-based approach", which comprised features such as: secure login, notifications of required actions, access to media, two-way messaging, online assignments, and the validation of submitted assignments. 'Native' Apps overcome problems relating to unreliable internet access, a factor which disrupted SRT participant engagement (see practitioner Theme 1). By storing content offline,

Native Apps can be installed to a device held by the participant preloaded with CDM-based toolkits for access whenever and as many times as required without the threat of data charges and performing regardless of the speed, consistency or availability of a data connection.

The current research indicates that SRT offers a range of use cases for App and/or web-based platforms. Not least because it addresses some of the key challenges faced by desistance-oriented technology such as "program design, client and clinician engagement, and the linkages with conventional treatment" (Ross, 2018; pp. 49). Maintaining a user-centred approach (e.g., Morris & Knight, 2018) during the integration of SRT within digital platforms is also critical to ensure that potential hidden harms are made visible and mitigated.

Conclusions and Future Directions

The findings provide support for Morris and Graham's (2019) assertion that digitally-enabled toolkits have the potential to enhance the ability of practitioners to deliver desistance-focused conversations and promote coping skills within structured supervision sessions. Whilst it is not yet possible to assess the effect of SRT on the behaviour of participants, probation practitioners and SRT participants identified benefits of SRT in terms of participant-practitioner relationships and participant insight.

Morris et al (2019) described how theory-driven and co-production approaches were blended to develop SRT content for mainstream (i.e., heterosexual) and marginalised (i.e., gay/bisexual) cohorts. They also argued that the GAM and strengths-based approaches to promoting desistance support an inclusive approach to addressing IPV in both theory and practice. Applying these principles to develop content to support women with IPV convictions could further increase the inclusivity of SRT in a manner consistent with calls within the academic community (e.g., Bowen & Mackay, 2019).

In keeping with Morris et al (2019), an agile approach should be adopted to the onward optimisation of SRT content to ensure that it is inclusive of the broadest possible target audience. Practitioners should be provided with an augmented training pathway that makes better use of available learning platforms and continuous professional development processes. This should include responsivity guidance specific for LGBT and female participants.

Finally, in the wake of COVID-19, the availability of a broader framework of digitally-enabled content may be welcomed by practitioners and peer supporters looking to build genuine working alliances with people they support towards desistance. Such an overarching content framework now exists in embryo across high volume accredited programmes that have each integrated CDM-based toolkits (like SRT) for use within sessions to promote clinical consistency between programmes and enable "alternative delivery formats" (which include one-to-one and remote-access sessions). Enabling case managers to be fully conversant with this framework, which is designed to permeate a wide range of therapeutic services and platforms, could ensure greater consistency in efforts to support desistance across the system: in prison, in the community and within the transitions between those spaces. In this context, toolkits like SRT can be a catalyst within the supervisory relationship that helps probation services to realise an important assertion: "desistance is more likely if interventions are integrated and combine holistically, addressing the needs of the whole person" (HMIP, 2019; pp.20). Further research should establish whether and how this can be achieved via the use of desistance-focused toolkits like SRT.

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