

Reconciling 'Desistance' and 'What Works'

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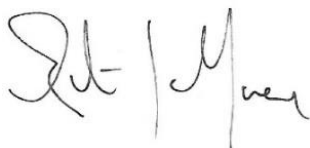
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Foreword

HMI Probation is committed to reviewing, developing and promoting the evidence-base for high-quality probation and youth offending services. *Academic Insights* are aimed at all those with an interest in the evidence-base. We commission leading academics to present their views on specific topics, assisting with informed debate and aiding understanding of what helps and what hinders probation and youth offending services.

This report was kindly produced by Professor Shadd Maruna and Dr Ruth Mann, summarising the development of the 'desistance' and 'what works' research literature and noting key findings. Whilst there are differences between the two areas of work, the continual development of 'evidence-based practice' will be best supported through a recognition that both approaches are valuable and that they can be highly complementary. There is still much to learn and the focus needs to be upon ensuring that all research, whatever its type, is as robust and rigorous as possible, maximising its full potential. Within the Inspectorate, we will continue to monitor the combined evidence-base when reviewing the standards for inspecting probation services.



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The views expressed in this publication do not necessarily reflect the policy position of HMI Probation.

1. Introduction

The term 'desistance' has – rather inexplicably for such an ugly and unusual piece of academic jargon – found its way into professional practice and has become a near ubiquitous buzzword in recent years. However, as pointed out in the Criminal Justice Alliance's *Prospects for a Desistance Agenda* (Moffatt, 2014) even though the term 'desistance' has become familiar, its meaning remains unclear to many in the justice system. Indeed, 'desistance' appears to mean different things to different audiences making its value uncertain.

The desistance concept has caught fire at almost precisely the same time as the concept of 'evidence-based practice' or 'what works', leading some to assume these terms are synonymous and others to propose that they are in competition. Evidence-based practice has generated enormous support at every level of the policy-making process. After all, who could possibly be opposed to doing 'what works' and avoiding 'what doesn't'? However, like with 'desistance,' the term 'evidence-based practice' is used far more often than it is understood, and the lack of clear criteria for what qualifies as being 'evidence-based' is dangerous precisely because the term sounds so indisputably desirable (Dodge & Mandel, 2012). Indeed, nearly all interventions now claim to be 'evidence-based' (or, when pushed, 'evidence-informed'). Without agreed criteria for what this term means, such a claim is easy to make and hard to dispute.

In this *Academic Insight*, we will seek to clarify some of the confusion around both 'desistance' and 'what works' research, highlighting their strengths and weaknesses, points of divergence and areas of agreement. We will conclude that the two concepts are indeed different in important ways but that they are highly complementary and need not be in competition with one another.

2. Two types of helpful research evidence

2.1 Commonalities: Narratives of hope

Both 'what works' and 'desistance' narratives are founded on a belief in what Maruna and King (2009) call 'moral redeemability'. This is the assumption that people can change or that a person's past is not his or her destiny. Under a moral redeemability belief system, 'criminality' is not a permanent trait of individuals, but rather an adaptation to a person's life circumstances that can be changed by altering those circumstances or self-understandings.

As such, both frameworks appeal to the Ministry of Justice's departmental objective to 'provide a prison and probation service that reforms offenders' and to the mission statement of HM Prison and Probation Service (HMPPS) which involves 'changing lives' and reducing reoffending through 'rehabilitation'. These are clearly lofty goals. In fact, some might suggest such aspirations are unrealistic or cynically out of touch with the limitations of justice work. Critics feel that both 'desistance' and 'what works' talk (in prison in particular) can be a smoke screen to distract from the damaging nature of justice interventions.

However, we argue that such ambitious aims may be essential for maintaining decent justice services. Arguably, the mass incarceration/mass supervision crises that began in the United States in the 1980s were only made possible (and certainly exacerbated) by the widespread abandonment of the rehabilitative ideal (Allen, 1981) and the adoption of a 'waste management' approach to 'corrections' centred around containment, surveillance and control (Simon, 1991). Although seeking to create rehabilitative environments in our justice agencies may in truth be overly ambitious, it may be better to at least aim high than to succumb to a hopeless institutional narrative that could sustain human warehousing on a massive scale as happened in the United States.

2.2 Divergences: Programmes vs. lives

Although 'what works' and 'desistance' research emerges from a shared impulse, they differ in their approach and focus, with the former focusing on programmes and the latter focusing on lives. To understand this difference, it can be helpful to consider parallels outside of criminal justice. Imagine, for instance, that you wanted to help someone lose weight. There are hundreds of 'experts' on the subject who are more than willing to share their folk wisdom on the right diet, commercial programme, or latest fad in this regard. A lot of this advice is contradictory, however, much of it is simply wrong, and some of it is even dangerous. So, you decide to consult the best available research on the subject. This research comes in two forms: 'what works' and (essentially) 'desistance' – although they do not use that word.

First, you would almost certainly want to examine the large body of research on the effectiveness of weight loss programmes, diets, support groups, medicines, and surgeries. The best of this research involves large sample sizes, randomised control groups, measurable outcome variables, and replication in systematic reviews and meta-analyses.

This is 'what works'.

Unfortunately, the verdict here is not particularly positive. If you think that reducing recidivism is a difficult ambition with a weak evidence base, you may find comfort to know that the research evidence on losing weight is even more depressing. Most available studies are short-term and difficult to interpret (often paid for by those with direct interest in the model). Yet, the best available research suggests that almost all of the different diets and models work about as well (or rather, as poorly) as each other. That is, they usually lead to short-term weight loss for the treatment group that is then quickly regained (Pagoto & Appelhans, 2013; Sacks et al, 2009).

In lectures, Harvard Nutrition Professor Frank Sacks says he is often challenged about these bleak findings:

'People would say, 'How can you say all these diets have no effect when I lost 100 pounds on diet X?''

Dr. Sacks believes them. He knows people who have lost weight and kept it off with diets, including a colleague in his department. 'He lost 30 or 40 pounds in the 1970s and kept it off all these years,' Dr. Sacks said. But why him and not someone else following the same regimen?

'Beats me,' Dr. Sacks said

(Kolata, 2016).

Indeed, in nearly every weight loss trial, there will be a small percentage of the treatment group (and some of the control group as well) who *will* lose an enormous amount of weight and keep it off consistently. Rather than dismissing such 'success stories' as unrepresentative, however, researchers in that field of study recognise the experiences of these individuals, rare although they may be, as vital for the understanding of the science of weight loss (e.g., Chambers & Swanson, 2012). What social supports and structures do such individuals have in place? How do their habitual patterns of thought change and differ from weight regainers? What role does a change in the person's identity or sense of self play in the process, and how is this reinforced by those around the person?

This is 'desistance'.

Desistance research takes success stories seriously. The research does not start with programmes and aggregated outcomes, but individual lives and personal trajectories. Recognising the individual as the agent of change, desistance research explores individuals' social contexts, embedded social networks and subjective interpretations as keys to understanding long-term life change.

2.3 Key findings

In the field of rehabilitation, researchers now know a lot about 'what works' in terms of programmes as well as how the desistance process works for those who are able to make real life changes. Yet, neither area of research is anywhere close to having all of the answers for practitioners. Both 'what works' and 'desistance' research areas remain vibrant, with much to learn and new findings emerging routinely (see e.g., Hart & Van Ginneken, 2017).

The strongest existing 'what works' research to date has established with reasonable replication ***the effectiveness of programmes described as cognitive behavioural, targeted to individuals with higher risk scores, that teach skills such as emotional regulation and perspective taking.*** Evaluation research has also established that some approaches do not 'work' – that is, are not associated with less reoffending than doing nothing. For instance, so-called 'boot camps' or 'Scared Straight' type programmes intended to deter at-risk young people both have been robustly evaluated and routinely show either no impact or often a negative impact on participants' justice outcomes. On the other hand, most other types of interventions, sometimes dismissed as 'correctional quackery', simply have not been robustly evaluated, so we do not have anywhere near enough information to say whether they have 'worked' or not 'worked', let alone the bigger question of whether they will 'work' again.

Over the past 30 years, there has been a distinct growth in desistance work. Indeed, Paternoster and Bushway (2010: 1156) recently argued, "Theorizing and research about desistance from crime is one of the most exciting, vibrant, and dynamic areas in criminology today." As such, desistance research has also started to accumulate findings across multiple studies, although many of these studies are qualitative and exploratory in nature, so accumulation has been more difficult than in the 'what works' research. The best known findings in this regard suggest that ***people are more likely to desist when they have strong ties to family and community, employment that fulfils them, recognition of their worth from others, feelings of hope and self-efficacy, and a sense of meaning and purpose in their lives*** (for reviews see Farrall & Calverley, 2005; Rocque, 2017).

2.4 Implications for practice

The terms 'what works' and 'desistance' refer to types of research activity, not specific interventions or approaches. As such, they can sometimes be misunderstood when applied to practice.

When practitioners say they are *doing* 'what works', they usually mean that they are drawing on Risk Need Responsivity (RNR) principles or related products (see Andrews & Bonta, 2014). They are likely targeting cognitive behavioural programmes which teach skills such as emotional regulation and perspective taking to higher risk individuals. This can be confusing as the terms 'what works' and 'evidence-based justice' are not owned by any one theory or approach to therapy. RNR theory is based on rigorous evidence and risk/need assessment tools produce important data that can be used in making decisions. However, the whole point of the 'what works' movement is that all interventions, including RNR related ones, need to be rigorously and repeatedly monitored and evaluated for effectiveness (see

Campbell's 1969 call for an 'experimenting society'). The only allegiance of the 'what works' advocate is to evidence, not to particular models, and the only way to collect this sort of evidence is to experiment with multiple types of approaches from restorative justice to radical non-intervention in a fair competition.

In the same way, there is no singular 'desistance' intervention or practice. Many organisations and interventions have sought to be 'desistance based' or 'desistance focussed' in their approach, some even use the term desistance in the names of interventions. Yet, desistance is not a brand, and indeed there is something inherently contradictory about a 'desistance programme'. When practitioners say they are doing 'desistance focussed' practice, therefore, this is usually to say that the work draws upon some or all of the following in designing and delivering interventions:

- a)** the findings of desistance research;
- b)** the expertise of individuals who have themselves desisted from crime ('wounded healers', 'credible messengers', 'experts by experience');
- c)** the strengths of those in the justice system (as opposed to correcting deficits), for instance, through roles as peer mentors, artists, teachers or community benefactors;
- d)** the strengths of the families and wider communities of individuals in the justice system (including employers, faith communities, and victims/survivors and their advocates) (see e.g., McNeill, et al, 2012; Porporino, 2010).

Importantly, then, 'desistance-based' practice could also be 'evidence-based' practice (or 'what works') if the desistance-focussed work were to be subjected to rigorous evaluation research (see e.g., Netto, Carter & Bonnell, 2014). In other fields of research, this sort of symbiosis is common. Take the field of speech pathology. One of the most common problems leading families to turn to the help of professional speech pathologists is the phenomenon of stuttering in childhood. The development of effective treatment has been difficult to say the least as those who remember the film *The King's Speech* will recall. Yet, a majority of children with this condition appear to desist from stuttering within a few years of onset *without any formal treatment*. Research on how this process of desistance works (e.g., studies of natural recovery) has itself informed the design of formal treatment interventions. Further, these 'desistance-based' interventions have subsequently been positively evaluated using 'what works' methodology, including randomised controlled trials, in a perfect example of a pluralistic model of evidence-based practice (Finn, 2007).

3. Conclusion: Hope for reconciliation?

The desistance journeys of former prisoners and probation service users might also be useful in helping practitioners design effective interventions. However, the two research literatures are rarely joined up in this way. This is somewhat puzzling (see also Herzog-Evans (2018) who highlights the potential for new research avenues and experimentation opportunities through increased collaboration). Returning to the analogy of weight loss, why would anyone wanting to help others lose weight *not* want to consult both types of information – programme evaluations and life stories? Aren't both forms of valid 'evidence' useful for practice? We believe they are – but not everyone agrees.

Advocates of 'what works' might say that the desistance approaches above are 'anecdotal' and every good scientist knows that anecdote is (allegedly) the enemy of good science. Human beings are naturally drawn to stories and our brains are wired to learn through narratives and parables (Gottschall, 2012), but scientists must try to avoid being persuaded by individual cases in this way for fear of being led astray by some memorable but unrepresentative stories. Without question, desistance research tends to have small sample sizes. Moreover, interviewing a truly representative or random sample of 'desisters' is impossible for ethical and practical reasons, so there will always be selection bias of varying degrees in desistance research. Likewise, those who see the world from a desistance perspective are probably equally as sceptical of programme evaluation findings as those trained to find 'what works' are of desistance research.

Our view, however, is that such methodological paradigm wars are a time-wasting distraction from the shared goal of helping people turn their lives around. Fundamentally, as with the science of losing weight, the science of crime reduction is simply too difficult and frankly too weak for partisans on either side to declare a monopoly on useful evidence. Neither the 'what works' movement nor 'desistance' research is anywhere close to revealing the secret formula guaranteed to reduce crime (or lose weight), and never will. Human behaviour is simply too complex to be predictable in ways similar to the laws of physics or chemistry, and we should be thankful for that.

That is not to say that criminal justice agencies should not be guided by social science evidence in the work they do. Far from it. Rather, we need all the science we can get – programme evaluations and narrative desistance studies – to make sense out of the complexity of crime. We need to strive to make both types of work as robust and rigorous as possible, and, crucially, we need to learn to merge the two types of evidence together as therein lies the real promise for evidence-based practice.

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