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A more promising architecture? Commissioners' perspectives on the reconfiguration of personality disorder services under the Offender Personality Disorder (OPD) pathway

Abstract

Purpose – This paper explores the views of NHS England (NHSE) and Her Majesty's Prison and Probation Service (HMPPS) commissioners about the Offender Personality Disorder (OPD) pathway.

Design/methodology/approach – Thematic analysis of four semi-structured interviews with NHSE and HMPPS commissioners.

Findings – Commissioners offered a cautious but confident assessment of the potential effectiveness of the OPD pathway, drawing particular attention to its potential to enhance the confidence and competency of staff, offer better value for money and provide enhanced progression routes for offenders with personality disorders. Additionally, commissioners identified a number of potential risks for the pathway including wider system flux, funding availability, multi-agency working, offender engagement and the need to evidence effectiveness.

Research limitations/implications - Our analysis is based on a small number of interviews. However, there are only a limited number of commissioners involved with the OPD pathway.

Practical implications - While the stronger focus on progression in the OPD pathway is a welcome departure from a narrow focus on high security DSPD services, the foundations of the OPD pathway ultimately lie with the DSPD programme and similar challenges are likely to follow. The system within which the pathway operates is subject to a great deal of flux and this inevitably poses significant challenges for pathway services, staff and offenders, as well as for those of us charged with its evaluation.

Originality/value – There has been limited empirical work with commissioners in the mental health field. Our paper offers a unique insight into the perspectives of those responsible for commissioning the OPD pathway.

Keywords – criminal justice, commissioning, probation, prison, rehabilitation, risk

Paper type – *Research paper*

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Introduction

The Dangerous and Severe Personality Disorder (DSPD) programme was introduced in 1999. Controversially, given the poor evidence base at the time, five high security DSPD units were opened soon after. The aim was to provide comprehensive assessment and treatment for offenders with severe personality disorder who were thought to pose a high risk of harm to other people. From the outset, concerns were raised about its legal, ethical and clinical legitimacy (Mullen, 1999). Critics highlighted its considerable expense, lengthy assessment procedures, lack of evidence for effectiveness, and failure to provide step down facilities and clear avenues for progression (Barrett and Tyrer, 2012; Burns et al., 2011; Perkins et al., ~~, Romero and Ebrahimjee,~~ 2015; Trebilcock and Weaver, 2012; Tyrer et al., 2010; Tyrer et al., 2015; Völlm and Konappa, 2012).

As the DSPD programme developed it also became apparent that the substantial funds required to support a small number of treatment places would be difficult to justify in the long term. In 2009, Lord Bradley's review of diversion recommended an inter-departmental strategy to support the effective management of personality disorder at all stages of the criminal justice system (Department of Health, 2009). Soon after, it was proposed that DSPD programme funding could more effectively reduce risk and harm if re-directed to provide an active *pathway* of 'psychologically informed' environments and interventions (Department of Health and Ministry of Justice, 2011). Following consultation, ministerial approval was given to a new Offender Personality Disorder (OPD) pathway in 2011, with the aim of achieving the following outcomes:

- For men, a reduction in repeat serious sexual and/or violent offending; or for women, a reduction in repeat offending of relevant offences
- Improved psychological health, wellbeing, pro-social behaviour and relational outcomes
- Improved competence, confidence and attitudes of staff working with complex offenders who are likely to have severe personality disorder
- Increased efficiency, cost effectiveness and quality of OPD pathway services (National Offender Management Service (NOMS) and National Health Service England (NHSE), 2015).

The OPD pathway aims to provide a 'community-to-community pathway', with individuals potentially accessing psychologically informed services from sentencing through to release and community reintegration. The hope is to reach a larger 'untouched' population (Centre for Mental Health, 2015). Pathway services are provided collaboratively through a unique co-commissioning arrangement, between NHSE and Her Majesty's Prison and Probation Service (HMPPS) (previously NOMS) in a range of prisons, secure NHS facilities, probation services and approved premises (AP) in the community.

Responding to criticisms of DSPD assessment procedures, case identification and case formulation represent key elements of the pathway (Joseph and Benefield, 2010).

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Approximately 20,000 offenders were originally estimated to be eligible for the pathway (Benefield et al., 2015) but by June 2016 36,459 (37% of the National Probation Service (NPS) caseload) had been screened into the pathway (Skett, Goode and Barton, 2017). 'Screening in' to the pathway involves an assessment of (i) personality disorder (indicated by an offender having been rated positive for seven or more OASys items indicative of personality disorder) (see Ministry of Justice, 2011:15), and (ii) risk (assessed by sentence and offence type and OASys risk of harm ratings) (Minoudis, Shaw, Bannerman and Craissati, 2012; Jolliffe, Cattell, Raza and Minoudis, 2017).

Once an eligible individual has been identified, case formulation should support on-going assessment and progression planning. ~~Based on the formulation, O~~offenders on the pathway may be offered specific personality disorder treatment interventions or general accredited offender behaviour programmes as part of their pathway plan. For a description of pathway operation in London see Jolliffe et al. (2017). While not all offenders on the pathway will be offered or required to actively engage with treatment interventions, there are a number of key pathway services that an offender may be encouraged to access. These include:

- Psychologically Informed Planned Environments (PIPEs). These are facilities designed to support transition at key stages of an offender's journey through the criminal justice system and maintain any progress achieved (NOMS and Department of Health, 2012).
- Specific personality disorder treatment interventions (across a range of security settings).
- Community case management (which may include residing at a psychologically informed AP).

Methods

Collectively, the authors of this paper have been involved with evaluating the DSPD programme and more recently, have been commissioned by NHSE and HMPPS to undertake two national evaluations of the OPD pathway for men and women respectively. The starting point for these evaluations has been to conduct four semi-structured interviews with NHSE and HMPPS commissioners directly involved in developing the OPD pathway. Drawing upon the analysis of these interviews, the paper explores two questions:

1) How do commissioners describe and characterise the OPD pathway?
2) What challenges do commissioners envisage the OPD pathway experiencing?

While our analysis is based on a very small sample, there are only a limited number of commissioners involved with the OPD pathway. As the 'architects' responsible for the commissioning and implementation of the OPD pathway - some of whom were also involved with the DSPD Programme – their perspectives are unique and worthy of extended analysis. Our intention was to move beyond the publicly available commentaries (notably: NOMS and NHSE, 2015; Benefield et al., 2015; Skett et al., 2017) and encourage the commissioners to describe what they understood by the OPD

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pathway, how it emerged and developed, what distinctions they made between the OPD pathway and the DSPD programme, and what future challenges they envisage.

Given the very limited number of commissioners involved with this specialist field of forensic mental health the key issue was one of access, and not sampling. Four commissioners were approached, and all agreed to be interviewed. All interviews were conducted by MJ using a semi-structured topic guide which was used flexibly in response to emergent issues and themes. Three interviews were conducted in private rooms at the Ministry of Justice and one over the telephone. The duration of interviews ranged between 30 and 90 minutes with an average length of 51 minutes. All were recorded and professionally transcribed.

Transcripts were subject to a group-based thematic analysis undertaken by MJ, JT and TW using the framework suggested by Braun and Clarke (2006). Thematic analysis has the advantage of permitting flexibility and theoretical freedom (Braun and Clarke, 2006). Two analysis meetings were held after all three researchers had separately reviewed the ~~each~~ interview transcripts to ~~develop familiarization and to~~ support the initial identification of codes and themes. Lilleker (2003:211) reminds us that a 'chief difficulty' of undertaking interviews with senior policy figures ~~'policy elites'~~ is interpreting the data. The recursive process (Braun and Clarke, 2006) followed in these meetings was therefore invaluable for interrogating the transcripts and data. The involvement of different members of the research team also enabled us to maintain a 'critical distance' from the participants (Mikecz, 2012). In the first meeting each researcher described their initial analysis and after further independent analysis a second meeting was held where thematic categories were agreed. To enhance the interpretive validity of this analysis, other co-authors contributed to the critical review, interpretation and contextualization of emergent themes.

Ethical approval for the study was granted by the National Offender Management Research Committee (Ref: 2015-081 NRC) and the National Research Ethics Committee South Central – Berkshire (Ref: 15/SC/0076). In the interests of anonymity, and in accordance with our ethical approval, we refrain from expanding on the individual characteristics or experiences of each participant.

Findings

The main themes from the analysis are presented under two over-arching categories:

(1) Characterisations of the OPD pathway.
(2) Potential risks for the OPD pathway.

Characterisations of the OPD pathway

Structured by experience rather than politics

The emergence of the DSPD programme in response to a high-profile double homicide (Duggan, 2011) and the pace with which new DSPD services were implemented, were presented as having been rushed and primarily motivated by a political desire for action to reassure the electorate. One commissioner observed:

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> '*DSPD was politically designed, not designed by practice and commissioning ... it was ill conceived in the very beginning.' [P04]*

In contrast, the commissioners felt they had a much clearer ownership of the OPD pathway than they or their predecessors had of the DSPD programme. All participants described the OPD pathway as being forged from the experience and learning that followed the DSPD programme. Several suggested that DSPD services had done well to invest in personality disorder services and challenge the entrenched belief that this group of offenders is untreatable. Recognising this contribution as an achievement to build upon, the OPD pathway was often presented as an opportunity to develop a more sophisticated and holistic understanding of the nature of personality disorder. Optimism, conviction and confidence in the operation of the new strategy was very evident. However, while it was argued that the OPD pathway exhibited novelty and innovation, this was often evidenced by reference to the perceived shortcomings of the DSPD programme. In the sections that follow we describe some of ways in which this was done.

Supporting the development of competent and confident staff

Some participants felt the less politicised context within which OPD pathway operated was associated with a stronger commitment to securing staff co-operation. This was positioned as critical, particularly among those who felt that staffing problems had hampered the DSPD programme:

> *'It was the workforce that did it~~f~~ for DSPD. Lack of a decent workforce.' [P04]*

The new pathway was positioned by commissioners as placing a greater emphasis on the importance of supporting OPD pathway staff with proper training and supervision to increase their competencies and confidence. Ensuring services were staffed by well trained professionals with a good understanding of personality disorder was identified as critical to the longer-term success of the pathway:

> *'You can't do any of this unless you've got a very well-trained supportive staff group.' [P01]*

Probation officers, in particular, were presented as most in need of support to develop a better understanding of personality disorder, and in this sense were also seen as primary beneficiaries of the training that would be available.

Ensuring staff work together effectively

Joint working (often referred to as 'joined-up') was presented as a fundamental principle of the OPD pathway, and as critical to its effectiveness. This was emphasised by all commissioners, several of whom cited poor communication, unhealthy competition and the absence of effective joint working as critical failings of the former DSPD units – problems they argued the OPD pathway sought to avoid:

> *'There was little communication between them [DSPD units] in terms of service delivery … they weren't working as a joined-up service in the same way as the OPD pathway is trying to do.' [P02]*

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While the importance of commissioners, different NHS and criminal justice pathway services and the multi-disciplinary teams within them working together was made clear, there was also concern about the challenges this presents:

> *'I still have to kind of persuade both sides to play … if it's only bits and pieces from the sides that are being done, that won't be much good to be honest … I want to see it joint. I want it seamless.' [P04]*

Value for money

The focus of DSPD services upon a relatively small population was criticised and some discontent was expressed about the disproportionate level of funding that was allocated to capital building costs and service evaluation. In contrast, OPD pathway commissioning was presented as more fiscally responsible:

> *'The whole programme is based on disinvesting in one part of the system and reinvesting in the new pathway. So, it's very simple to count and compare the number of treatment places, what you're delivering in the community, and show you get more bang for your bucks.' [P03]*

This highlights one of the key ways in which the OPD pathway was framed: that it was almost self-evidently better value for money than the DSPD programme because it would reach a greater number of the 'right' offenders with personality disorder through enhanced case identification. By virtue of this, participants argued there would be a greater likelihood of positive outcomes, which in turn would bring potential benefits in terms of wider public protection:

> *'Everyone tends to forget that child sex offenders, murderers, rapists are released … you want them out there less risky and to do that you have to put more into a pathway like this … We will triple the numbers of people being helped on the money that we had in the DSPD programme.' [P04]*

OPD pathway as a pathway for life

We were reminded that problems with assessment and the lack of progression to step-down services for DSPD prisoners and patients were key limitations of the DSPD initiative:

> *'Very little thought was given to how you identify the right people, who should be in, who shouldn't be in these services, and what should happen afterwards.' [P03]*

Hence, while the number and range of different pathway services under the OPD pathway was seen as being auspicious, the novelty and strength of the new strategy was presented as the *pathway* itself, with its emphasis upon case identification, case formulation and progression. Participants emphasised how the OPD pathway focused on *actively* identifying offenders through screening and case identification at an early stage of their contact with the criminal justice system. This was contrasted with the *passive* approach of a small number of high-risk treatment places in the DSPD units. In addition, commissioners highlighted that in contrast to the DSPD programme, the OPD pathway could potentially provide long-term structure and support for offenders with personality disorder who are released and remain subject to management on licence:

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> *'… no-one ever leaves the pathway, they're always on it and they'll always have second goes so they will be continually managed.' [P02]*

Hence, once identified as eligible for the pathway, offenders would be provided with multiple opportunities to (re)engage during their sentence, though implicitly they may not always be offered or actively engaged in treatment or pathway services.

Cautious but confident about effectiveness

Critics of the DSPD programme often focused on the lack of evidence about treatment effectiveness for offenders with personality disorder, and the perceived assumption that effective treatments would emerge (Tyrer et al., 2015). OPD pathway commissioners recognised the weak evidence base in relation to the treatment of offenders with personality disorder and therefore offered a cautious assessment of the promise of the new OPD pathway. One interesting aspect of this was the emphasis placed on 'non-treatment' units such as PIPEs which (while also lacking an evidence base) were presented as having a key role in terms of motivating offenders to engage with structured treatment opportunities and as progression services to enable offenders to move to the community or lower security services. The commissioners emphasised that the OPD pathway has sought to move away from high intensity treatment facilities for high risk offenders with personality disorder to develop a more holistic approach which while including treatment opportunities, more fundamentally recognises the importance of the environmental context and quality of staffing and relationships. As a result of this changing emphasis, all participants expressed confidence in the new strategy. For example, two different commissioners observed:

> *'We're improving its efficiency and its spread, so accessibility. And we think its effectiveness. And meanwhile it's never gone up in cost.' [P04]*

> *'We're very confident we're identifying the right offenders.' [P02]*

However, participants also highlighted the ambition and scale of the task involved in developing the OPD pathway, especially regarding the number of different services to be commissioned and coordinated. In the following section we highlight some of these challenges.

Potential risks for the OPD pathway

Despite optimism about the approach and design of the OPD pathway, the commissioners identified several potential risks and obstacles to the OPD pathway achieving its objectives.

Building the OPD pathway in the context of existing services and ongoing flux

Commissioners highlighted that for the pathway to work it needed to *'sit on top of the existing way of working within the criminal justice system' [P02].* However, they also identified a range of contextual challenges that have the capacity to undermine the OPD pathway model. This reminds us of D'Cruz's (2015:53) observation that the OPD pathway strategy is 'being built on ever-shifting organisational sands'. Indeed, as the newly reconfigured pathway of personality disorder services was being drafted, the

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probation service was experiencing the 'greatest challenge since its inception' (Calder and Goodman, 2013, p.176). Following the government's *Transforming Rehabilitation* (TR) reforms new privately-run Community Rehabilitation Companies (CRCs) were introduced alongside the NPS (Ministry of Justice, 2013). While OPD pathway offenders should be managed by the NPS, participants were concerned that these new commissioning arrangements and the corresponding changes in NPS staff workloads, would have a significant but unknown impact on the implementation of the pathway. One participant told us:

> *'Working with the community rehabilitation companies, I think it's yet to be determined how that's going to resolve itself and I don't know quite how that's going to work yet. In that sense, it's very problematic.' [P01]*

In addition, ~~to the privatisation of probation services,~~ changes to NHS commissioning and staffing, along with financial challenges faced by the prison service, were also identified as potential risks for the OPD pathway.

Funding and gaps in provision of a holistic pathway

The commissioners expressed concerns that the funding envelope may be insufficient to fully fund the pathway in all areas:

> *'The programme is limited to the available funds that we have and I think there may be gaps in services in certain parts of the country so that's going to be a problem.' [P02]*

The scale of the commissioner ambition for the OPD pathway was emphasised by the range of areas identified as worthy of investment. Commissioners additionally highlighted the need to fund work with younger people and provide early prevention focused services. Commissioners were clear that they would need to work with other providers to try and develop services in these areas (as our next section explores), and that the potential for gaps in provision represented a significant challenge to the success of the programme.

Building the pathway with other providers

The commissioning of community mental health services was seen as an area that needed particular work in order to ensure that the OPD pathway could engage with existing, separately commissioned services. With reference to changes to the NHS in April 2013 when health care commissioning was split between NHSE and 211 Clinical Commissioning Groups (CCGs) led by GPs in the community, commissioners drew attention to the need to work with CCGs to try and build existing non-pathway services into the pathway. Under these arrangements NHSE is directly responsible for all offenders in custody while CCGs are required to purchase health care for offenders on probation. However, research conducted shortly after these changes support warnings from commissioners that work is needed to avoid gaps in provision. Brooker and Ramsbotham (2014) found that 25% of CCGs were unaware of their financial responsibilities to provide healthcare to offenders on probation and only 5% were actually funding such services.

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Working together along the pathway

As previously noted, DSPD services were described by some participants as having worked in isolation from one another and sometimes too competitively. Consequently, several of our participants emphasised the need to ensure that OPD pathway services worked together. Effective information sharing between the services with open channels of communication were highlighted as being essential ingredients of the pathway.

> *'If people don't share the right information at the right time with each other then the pathway won't work.' [P01]*

Engaging offenders

Motivating offenders to engage with treatment was a key challenge for DSPD services especially amongst those who were involuntarily transferred into services (Maltman, Stacey and Hamilton, 2008; Perkins et al., 2015). Commissioners noted that many offenders may be unwilling or not ready to engage with the pathway at first identification. Alternatively, for those ready to engage, the unavailability of service or lengthy waiting periods could be potentially demotivating especially when the provision of treatment is not a core element of the service in which they are detained. Hence, commissioners identified achieving engagement and maintaining motivation as key challenges for the OPD pathway across a range of different pathway services.

Awareness of and confidence in the pathway

Research suggests that the DSPD 'label' has deterred some medium secure services from taking patients from high security (Perkins et al., 2015). Some Parole Board members also expressed their concerns about the effectiveness of DSPD treatment and indicated that they were unlikely to recommend transfer of a DSPD prisoner to conditions of lower security or release (Trebilcock and Weaver, 2012). Some of the commissioners anticipated similar problems for the OPD pathway and mindful of the need to avoid this hindering progression, one commissioner reminded us that:

> *'We have to work very closely with the Parole Board so they understand the purpose of the programme.' [P02]*

To avoid any mismatch in expectations and disagreements between agencies about what might be best for an individual offender, most emphasised the importance of good communication across the pathway and of disseminating information about the pathway to external decision makers such as the Parole Board. Commissioners also highlighted the importance of making referrals at the right time and ensuring that different services along the pathway (including those not directly part of the OPD pathway) were fully aware of respective roles to avoid problematic blockages in progression.

Evidencing effectiveness

One final challenge that was identified by commissioners was the need for research evidence about the effectiveness of the OPD pathway. Rigorous outcome-based evaluation was identified as a problem for the DSPD programme and remains a challenge for the OPD pathway. Many of the challenges for development and implementation of the pathway identified by commissioners also pose challenges for evaluation. Most notably amongst these are the system flux (most vividly illustrated by

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the re-configuration of probation services), and the complex system of linked interventions and settings that mean a variety of psychosocial, health and offending outcomes are determined by the interaction of multiple service components. It may also take many years for any significant changes in key outcomes, particularly re-offending and social functioning, to be observable.

Discussion

This paper presents findings from interviews with senior 'architects' of the DSPD programme and the OPD pathway. Before we review our findings, it is important to consider the limitations of this work and - given our focus on the perspectives of senior policy makers ~~(or 'policy elites')~~ - to reflect on how issues of power and positionality may have impacted our investigation (Neal and McLaughlin, 2009). Researcher access to senior policy figures~~'policy elites'~~ can be difficult, and even when achieved respondents may be adept at controlling the interview agenda and cautious about offering personal insights (Lilleker, 2003; Morris, 2009; Mikecz, 2012). The power imbalance between researcher and subject in such contexts is often emphasised, but researcher status with senior policy figures~~elites~~ is often underestimated (Annison, 2015) and in practice, researchers are far from powerless (Mickecz, 2012; Neal and McLaughlin, 2009). Collectively we have been involved with the evaluation of early forensic personality disorder pilot services and the DSPD programme. Our previous experience, credibility in the field and 'knowledgeability', enabled us to decrease the status imbalance (Mikecz, 2012) while our status as a team commissioned to evaluate the OPD pathway unquestionably facilitated initial access. Coupled with more conventional ethical practices of confidentiality and anonymity, this helped promote open dialogue and disclosure. ~~This highlights how we (and our analysis) do not neatly fit the traditional image of a powerless outsider. Indeed, our status conveyed the positionality of both 'insider' and 'outsider'.~~ We have been privy to data and information about the pathway that would be unavailable to most outsiders by virtue of our funding and data sharing agreements.

Notwithstanding these remarks, it is important to remember that civil servants, like those who participated in this research, are bound by certain rules about what they can discuss (Cabinet Office, 2000). Inevitably, this means that civil servants may be wary of entering 'political' debates and of the 'prospect of providing an interview 'on the record'' (Annison, 2015, p.213). While, in practice, this means it is difficult to understand (or report) what attitudes senior commissioners may have about either the DSPD or OPD pathway initiatives, Richards (1996, p.200) reminds us that interviews with senior policy figures should not be undertaken with a view of establishing the "truth", but instead should provide the researcher with an insight into the 'interviewee's subjective analysis of a particular episode or situation'. We should also be mindful that ~~It is also important to remember that the reader should exercise caution in the interpretation of these findings which are in no sense evaluative of the OPD pathway. Moreover,~~ policy making processes are plural in nature in that they involve a range of stakeholders (Neal and McLaughlin, 2009), and therefore the ~~it is possible that the~~ OPD pathway is likely to be ~~would be~~ characterised differently by other informants. Although these interviews form part of a preliminary phase of our evaluation and other perspectives (including offenders and staff) will be explored as our evaluation progresses, the findings nevertheless provide valuable information about the 'evolution' of the OPD pathway and its underlying

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rationale. Our analysis presents a previously undocumented overview of the visions and anxieties of the key 'architects' behind the DSPD and OPD initiatives and explores how ~~. Our paper is of value in providing an analysis of how the~~ commissioners present the OPD pathway and the challenges they envisage as the initiative matures. Such perspectives are often missing because there is limited empirical work with commissioners in the mental health field (Miller and Rees, 2014) and numerous challenges involved with securing access and getting participants to be candid ~~and reflexive~~ (Neal and McLaughlin, 2009).

Our interviews captured a good deal of optimism and renewed vigor in relation to what might be achieved by the OPD pathway. While such optimism is ~~perhaps~~ to be expected, given our participants' roles as commissioners, we nevertheless found that they appeared to ~~commissioners~~ have ~~had~~ a clearer sense of ownership of the initiative than may have existed with the DSPD programme. The OPD pathway was characterised as building on the work of the DSPD programme but in a more intelligent, holistic and financially viable manner. Additionally, the OPD pathway was often presented as innovative and novel by commissioners. However, this was often done by making direct comparisons to the DSPD programme, highlighting that many aspects of the pathway are not entirely new. The extent to which the OPD pathway has a distinct enough identity and departs sufficiently from the DSPD programme warrants examination and therefore structures the remainder of our discussion.

In relation to staff, the OPD pathway focus on enhancing confidence and competencies is to be welcomed. However, it is questionable how novel this is to the OPD pathway. Some interviewees cited staffing problems as contributing significantly to the difficulties of the DSPD programme. The research evidence shows while extensive training, support and supervision was offered to DSPD staff, there was limited training about personality disorders (Trebilcock and Weaver, 2010). It is therefore important to assess the extent to which the OPD pathway commitment to supporting staff development is realised in practice and what form it takes.

In a similar way, the language and discourse around 'joined-up services' is reminiscent of the introduction of end-to-end offender management and seamless partnerships under the creation of the NOMS in 2004. While narratives of joined-up penal thinking and cost-effective delivery of public protection are attractive, the emergence of 'seamlessness' in criminal justice may 'invoke a vision of cohesive social control that is not only impossible to achieve but also undesirable' (Worrall, 2008, p.113). Moreover, given that the provision of *Through the Gate* (TTG) services is thought to be woefully inadequate (HM Inspectorate of Probation and HM Inspectorate of Prisons, 2017) it is important to explore what sentence planning and resettlement efforts actually look like in practice for the large caseload already screened into the OPD pathway.

Linked to this, and in relation to service capacity, the notion of a long-term pathway and something that offenders are on 'for life' being an intrinsically good thing, can also be questioned. Research suggests that long-term support for this group is advisable, and as such the aim of enabling individuals to access services appropriate to their risk, needs and responsivity is desirable. However, it is important that thought is also given to how offenders can successfully progress to a point where they can exit the pathway. The

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DSPD programme was criticised for having 'opaque' exit criteria (Duggan, 2011) and thought should be given to supporting offenders to leave the pathway and fully integrate back into the community.

Another aspect of the OPD pathway that commissioners present as novel is the use of case formulation. However, it remains to be seen whether these claims of novelty are overstated and whether the practice that emerges represents an advance on sentence planning which already forms part of offender management processes directing offenders to appropriate pathways. While commissioners did not claim case formulation was necessarily unique to the pathway, its novelty was seen as its complementary focus on the offender's life experiences and needs, rather than their offending behaviour and its precursors as the main driver to pathway planning.

The most loudly heralded differences between the DSPD programme and the OPD pathway are that the latter will offer far more offenders with personality disorder access to psychologically-informed environments and management than the former at equivalent cost. The commissioners also expected more offenders to have access to treatment. Whether this language defines an entirely new clinical model less focused on psychiatric classification and treatments remains to be seen. In relation to the health economic arguments, research undertaken within the DSPD programme does indeed suggest that delivery of programme elements in a lower cost prison environment may yield greater benefits than costs (Barrett and Tyrer, 2012) and the OPD pathway is already reaching a much larger population of offenders. However, with less than a quarter (376/1,586) of offenders recommended for a service found to have actually commenced a service in the London Pathways Partnership (LPP) (Jolliffe et al., 2017), it is important that the OPD pathway moves beyond recognising and assessing needs to interventions that can meaningfully address them. Moreover, 'benefit' needs to be demonstrated and while more inclusive than DSPD, case identification will inevitably also exclude, and it will be important to assess what happens to these offenders.

Ultimately this paper has highlighted the optimism and commitment to the OPD pathway. As a new initiative funded by a unique co-commissioning process, it is important that the 'architects' of this initiative hold an optimistic position. While the stronger focus on progression in the OPD pathway is an undeniable and welcome departure from a narrow focus on high security DSPD services, the foundations of the OPD pathway ultimately lie with the DSPD programme and similar challenges are likely to follow. Indeed, Tyrer et al. (2015) argue that many of the challenges experienced by the DSPD programme have not been resolved by the introduction of the OPD pathway, including ~~. These include~~ questions about how to 'identify' the target population, how to develop a clear understanding of treatment needs, and how to deliver effective interventions. ~~(Tyrer et al., 2015).~~ In addition, implementation of the OPD pathway has coincided with the restructuring of probation services under the TR reforms, which has led some NPS probation staff to describe their work as 'relentless' (Phillips et al., 2016). ~~In addition,~~ This reminds us that the system within which the pathway operates has been ~~is~~ subject to a great deal of flux and this inevitably poses significant challenges for the pathway services, staff and offenders, as well as for those of us charged with its evaluation.

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