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3 **A more promising architecture? Commissioners' perspectives on the**
4 **reconfiguration of personality disorder services under the Offender Personality**
5 **Disorder (OPD) pathway**
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7

8 **Abstract**
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10 **Purpose** – This paper explores the views of NHS England (NHSE) and Her Majesty's
11 Prison and Probation Service (HMPPS) commissioners about the Offender Personality
12 Disorder (OPD) pathway.
13

14 **Design/methodology/approach** – Thematic analysis of four semi-structured interviews
15 with NHSE and HMPPS commissioners.
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18 **Findings** – Commissioners offered a cautious but confident assessment of the potential
19 effectiveness of the OPD pathway, drawing particular attention to its potential to enhance
20 the confidence and competency of staff, offer better value for money and provide
21 enhanced progression routes for offenders with personality disorders. Additionally,
22 commissioners identified a number of potential risks for the pathway including wider
23 system flux, funding availability, multi-agency working, offender engagement and the
24 need to evidence effectiveness.
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28 **Research limitations/implications** - Our analysis is based on a small number of
29 interviews. However, there are only a limited number of commissioners involved with the
30 OPD pathway.
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33 **Practical implications** - While the stronger focus on progression in the OPD pathway
34 is a welcome departure from a narrow focus on high security DSPD services, the
35 foundations of the OPD pathway ultimately lie with the DSPD programme and similar
36 challenges are likely to follow. The system within which the pathway operates is subject
37 to a great deal of flux and this inevitably poses significant challenges for pathway
38 services, staff and offenders, as well as for those of us charged with its evaluation.
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42 **Originality/value** – There has been limited empirical work with commissioners in the
43 mental health field. Our paper offers a unique insight into the perspectives of those
44 responsible for commissioning the OPD pathway.
45

46 **Keywords** – criminal justice, commissioning, probation, prison, rehabilitation, risk
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49 **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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3 Approximately 20,000 offenders were originally estimated to be eligible for the pathway
4 (Benefield et al., 2015) but by June 2016 36,459 (37% of the National Probation Service
5 (NPS) caseload) had been screened into the pathway (Skett, Goode and Barton, 2017).
6 'Screening in' to the pathway involves an assessment of (i) personality disorder
7 (indicated by an offender having been rated positive for seven or more OASys items
8 indicative of personality disorder) (see Ministry of Justice, 2011:15), and (ii) risk
9 (assessed by sentence and offence type and OASys risk of harm ratings) (Minoudis,
10 Shaw, Bannerman and Craissati, 2012; Jolliffe, Cattell, Raza and Minoudis, 2017).
11
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13
14 Once an eligible individual has been identified, case formulation should support on-going
15 assessment and progression planning. ~~Based on the formulation,~~ Offenders on the
16 pathway may be offered specific personality disorder treatment interventions or general
17 accredited offender behaviour programmes as part of their pathway plan. For a
18 description of pathway operation in London see Jolliffe et al. (2017). While not all
19 offenders on the pathway will be offered or required to actively engage with treatment
20 interventions, there are a number of key pathway services that an offender may be
21 encouraged to access. These include:
22
23

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

37 Collectively, the authors of this paper have been involved with evaluating the DSPD
38 programme and more recently, have been commissioned by NHSE and HMPPS to
39 undertake two national evaluations of the OPD pathway for men and women
40 respectively. The starting point for these evaluations has been to conduct four semi-
41 structured interviews with NHSE and HMPPS commissioners directly involved in
42 developing the OPD pathway. Drawing upon the analysis of these interviews, the paper
43 explores two questions:
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- 46 1) How do commissioners describe and characterise the OPD pathway?
 - 47 2) What challenges do commissioners envisage the OPD pathway
48 experiencing?
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52 While our analysis is based on a very small sample, there are only a limited number of
53 commissioners involved with the OPD pathway. As the 'architects' responsible for the
54 commissioning and implementation of the OPD pathway - some of whom were also
55 involved with the DSPD Programme - their perspectives are unique and worthy of
56 extended analysis. Our intention was to move beyond the publicly available
57 commentaries (notably: NOMS and NHSE, 2015; Benefield et al., 2015; Skett et al.,
58 2017) and encourage the commissioners to describe what they understood by the OPD
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3 pathway, how it emerged and developed, what distinctions they made between the OPD
4 pathway and the DSPD programme, and what future challenges they envisage.
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7 Given the very limited number of commissioners involved with this specialist field of
8 forensic mental health the key issue was one of access, and not sampling. Four
9 commissioners were approached, and all agreed to be interviewed. All interviews were
10 conducted by MJ using a semi-structured topic guide which was used flexibly in response
11 to emergent issues and themes. Three interviews were conducted in private rooms at
12 the Ministry of Justice and one over the telephone. The duration of interviews ranged
13 between 30 and 90 minutes with an average length of 51 minutes. All were recorded and
14 professionally transcribed.
15

16
17 Transcripts were subject to a group-based thematic analysis undertaken by MJ, JT and
18 TW using the framework suggested by Braun and Clarke (2006). Thematic analysis has
19 the advantage of permitting flexibility and theoretical freedom (Braun and Clarke, 2006).
20 Two analysis meetings were held after all three researchers had separately reviewed the
21 each-interview transcripts to develop familiarization and to support the initial identification
22 of codes and themes. Lilleker (2003:211) reminds us that a 'chief difficulty' of undertaking
23 interviews with senior policy figures 'policy elites' is interpreting the data. The recursive
24 process (Braun and Clarke, 2006) followed in these meetings was therefore invaluable
25 for interrogating the transcripts and data. The involvement of different members of the
26 research team also enabled us to maintain a 'critical distance' from the participants
27 (Mikecz, 2012). In the first meeting each researcher described their initial analysis and
28 after further independent analysis a second meeting was held where thematic categories
29 were agreed. To enhance the interpretive validity of this analysis, other co-authors
30 contributed to the critical review, interpretation and contextualization of emergent
31 themes.
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37 Ethical approval for the study was granted by the National Offender Management
38 Research Committee (Ref: 2015-081 NRC) and the National Research Ethics
39 Committee South Central – Berkshire (Ref: 15/SC/0076). In the interests of anonymity,
40 and in accordance with our ethical approval, we refrain from expanding on the individual
41 characteristics or experiences of each participant.
42
43

44 Findings

45 The main themes from the analysis are presented under two over-arching categories:
46

- 47 (1) Characterisations of the OPD pathway.
 - 48 (2) Potential risks for the OPD pathway.
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51 **Characterisations of the OPD pathway**

52 *Structured by experience rather than politics*

53 The emergence of the DSPD programme in response to a high-profile double homicide
54 (Duggan, 2011) and the pace with which new DSPD services were implemented, were
55 presented as having been rushed and primarily motivated by a political desire for action
56 to reassure the electorate. One commissioner observed:
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3 *'DSPD was politically designed, not designed by practice and commissioning ...*
4 *it was ill conceived in the very beginning.'* [P04]
5

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

23 Some participants felt the less politicised context within which OPD pathway operated
24 was associated with a stronger commitment to securing staff co-operation. This was
25 positioned as critical, particularly among those who felt that staffing problems had
26 hampered the DSPD programme:
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28

29 | *'It was the workforce that did it for DSPD. Lack of a decent workforce.'* [P04]
30

31 The new pathway was positioned by commissioners as placing a greater emphasis on
32 the importance of supporting OPD pathway staff with proper training and supervision to
33 increase their competencies and confidence. Ensuring services were staffed by well
34 trained professionals with a good understanding of personality disorder was identified as
35 critical to the longer-term success of the pathway:
36
37
38

39 *'You can't do any of this unless you've got a very well-trained supportive staff*
40 *group.'* [P01]
41

42 Probation officers, in particular, were presented as most in need of support to develop a
43 better understanding of personality disorder, and in this sense were also seen as primary
44 beneficiaries of the training that would be available.
45
46

47 *Ensuring staff work together effectively*

48 Joint working (often referred to as 'joined-up') was presented as a fundamental principle
49 of the OPD pathway, and as critical to its effectiveness. This was emphasised by all
50 commissioners, several of whom cited poor communication, unhealthy competition and
51 the absence of effective joint working as critical failings of the former DSPD units –
52 problems they argued the OPD pathway sought to avoid:
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55

56 *'There was little communication between them [DSPD units] in terms of service*
57 *delivery ... they weren't working as a joined-up service in the same way as the*
58 *OPD pathway is trying to do.'* [P02]
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3 While the importance of commissioners, different NHS and criminal justice pathway
4 services and the multi-disciplinary teams within them working together was made clear,
5 there was also concern about the challenges this presents:
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7

8 *'I still have to kind of persuade both sides to play ... if it's only bits and pieces*
9 *from the sides that are being done, that won't be much good to be honest ... I*
10 *want to see it joint. I want it seamless.'* [P04]
11

12 Value for money

13 The focus of DSPD services upon a relatively small population was criticised and some
14 discontent was expressed about the disproportionate level of funding that was allocated
15 to capital building costs and service evaluation. In contrast, OPD pathway
16 commissioning was presented as more fiscally responsible:
17
18

19 *'The whole programme is based on disinvesting in one part of the system and*
20 *reinvesting in the new pathway. So, it's very simple to count and compare the*
21 *number of treatment places, what you're delivering in the community, and show*
22 *you get more bang for your bucks.'* [P03]
23
24

25 This highlights one of the key ways in which the OPD pathway was framed: that it was
26 almost self-evidently better value for money than the DSPD programme because it would
27 reach a greater number of the 'right' offenders with personality disorder through
28 enhanced case identification. By virtue of this, participants argued there would be a
29 greater likelihood of positive outcomes, which in turn would bring potential benefits in
30 terms of wider public protection:
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32

33 *'Everyone tends to forget that child sex offenders, murderers, rapists are*
34 *released ... you want them out there less risky and to do that you have to put*
35 *more into a pathway like this ... We will triple the numbers of people being helped*
36 *on the money that we had in the DSPD programme.'* [P04]
37
38

39 OPD pathway as a pathway for life

40 We were reminded that problems with assessment and the lack of progression to step-
41 down services for DSPD prisoners and patients were key limitations of the DSPD
42 initiative:
43
44

45 *'Very little thought was given to how you identify the right people, who should be*
46 *in, who shouldn't be in these services, and what should happen afterwards.'* [P03]
47
48

49 Hence, while the number and range of different pathway services under the OPD
50 pathway was seen as being auspicious, the novelty and strength of the new strategy was
51 presented as the *pathway* itself, with its emphasis upon case identification, case
52 formulation and progression. Participants emphasised how the OPD pathway focused
53 on *actively* identifying offenders through screening and case identification at an early
54 stage of their contact with the criminal justice system. This was contrasted with the
55 *passive* approach of a small number of high-risk treatment places in the DSPD units. In
56 addition, commissioners highlighted that in contrast to the DSPD programme, the OPD
57 pathway could potentially provide long-term structure and support for offenders with
58 personality disorder who are released and remain subject to management on licence:
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4 ‘... no-one ever leaves the pathway, they’re always on it and they’ll always have
5 second goes so they will be continually managed.’ [P02]
6

7 Hence, once identified as eligible for the pathway, offenders would be provided with
8 multiple opportunities to (re)engage during their sentence, though implicitly they may not
9 always be offered or actively engaged in treatment or pathway services.
10

11 *Cautious but confident about effectiveness*

12 Critics of the DSPD programme often focused on the lack of evidence about treatment
13 effectiveness for offenders with personality disorder, and the perceived assumption that
14 effective treatments would emerge (Tyrer et al., 2015). OPD pathway commissioners
15 recognised the weak evidence base in relation to the treatment of offenders with
16 personality disorder and therefore offered a cautious assessment of the promise of the
17 new OPD pathway. One interesting aspect of this was the emphasis placed on ‘non-
18 treatment’ units such as PIPEs which (while also lacking an evidence base) were
19 presented as having a key role in terms of motivating offenders to engage with structured
20 treatment opportunities and as progression services to enable offenders to move to the
21 community or lower security services. The commissioners emphasised that the OPD
22 pathway has sought to move away from high intensity treatment facilities for high risk
23 offenders with personality disorder to develop a more holistic approach which while
24 including treatment opportunities, more fundamentally recognises the importance of the
25 environmental context and quality of staffing and relationships. As a result of this
26 changing emphasis, all participants expressed confidence in the new strategy. For
27 example, two different commissioners observed:
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34 ‘We’re improving its efficiency and its spread, so accessibility. And we think its
35 effectiveness. And meanwhile it’s never gone up in cost.’ [P04]
36

37 ‘We’re very confident we’re identifying the right offenders.’ [P02]
38

39 However, participants also highlighted the ambition and scale of the task involved in
40 developing the OPD pathway, especially regarding the number of different services to
41 be commissioned and coordinated. In the following section we highlight some of these
42 challenges.
43
44

45 **Potential risks for the OPD pathway**

46 Despite optimism about the approach and design of the OPD pathway, the
47 commissioners identified several potential risks and obstacles to the OPD pathway
48 achieving its objectives.
49
50

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

52 Commissioners highlighted that for the pathway to work it needed to ‘sit on top of the
53 existing way of working within the criminal justice system’ [P02]. However, they also
54 identified a range of contextual challenges that have the capacity to undermine the OPD
55 pathway model. This reminds us of D’Cruz’s (2015:53) observation that the OPD
56 pathway strategy is ‘being built on ever-shifting organisational sands’. Indeed, as the
57 newly reconfigured pathway of personality disorder services was being drafted, the
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3 probation service was experiencing the 'greatest challenge since its inception' (Calder
4 and Goodman, 2013, p.176). Following the government's *Transforming Rehabilitation*
5 (TR) reforms new privately-run Community Rehabilitation Companies (CRCs) were
6 introduced alongside the NPS (Ministry of Justice, 2013). While OPD pathway offenders
7 should be managed by the NPS, participants were concerned that these new
8 commissioning arrangements and the corresponding changes in NPS staff workloads,
9 would have a significant but unknown impact on the implementation of the pathway. One
10 participant told us:
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12

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14 *'Working with the community rehabilitation companies, I think it's yet to be*
15 *determined how that's going to resolve itself and I don't know quite how that's*
16 *going to work yet. In that sense, it's very problematic.'* [P01]
17

18
19 In addition, ~~to the privatisation of probation services,~~ changes to NHS commissioning
20 and staffing, along with financial challenges faced by the prison service, were also
21 identified as potential risks for the OPD pathway.
22

23 *Funding and gaps in provision of a holistic pathway*

24 The commissioners expressed concerns that the funding envelope may be insufficient
25 to fully fund the pathway in all areas:
26

27
28 *'The programme is limited to the available funds that we have and I think there*
29 *may be gaps in services in certain parts of the country so that's going to be a*
30 *problem.'* [P02]
31

32 The scale of the commissioner ambition for the OPD pathway was emphasised by the
33 range of areas identified as worthy of investment. Commissioners additionally
34 highlighted the need to fund work with younger people and provide early prevention
35 focused services. Commissioners were clear that they would need to work with other
36 providers to try and develop services in these areas (as our next section explores), and
37 that the potential for gaps in provision represented a significant challenge to the success
38 of the programme.
39
40

41 *Building the pathway with other providers*

42 The commissioning of community mental health services was seen as an area that
43 needed particular work in order to ensure that the OPD pathway could engage with
44 existing, separately commissioned services. With reference to changes to the NHS in
45 April 2013 when health care commissioning was split between NHSE and 211 Clinical
46 Commissioning Groups (CCGs) led by GPs in the community, commissioners drew
47 attention to the need to work with CCGs to try and build existing non-pathway services
48 into the pathway. Under these arrangements NHSE is directly responsible for all
49 offenders in custody while CCGs are required to purchase health care for offenders on
50 probation. However, research conducted shortly after these changes support warnings
51 from commissioners that work is needed to avoid gaps in provision. Brooker and
52 Ramsbotham (2014) found that 25% of CCGs were unaware of their financial
53 responsibilities to provide healthcare to offenders on probation and only 5% were
54 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

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 (Mikecz, 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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3 rationale. Our analysis presents a previously undocumented overview of the visions and
4 anxieties of the key 'architects' behind the DSPD and OPD initiatives and explores how
5 ~~Our paper is of value in providing an analysis of how the~~ commissioners present the
6 OPD pathway and the challenges they envisage as the initiative matures. Such
7 perspectives are often missing because there is limited empirical work with
8 commissioners in the mental health field (Miller and Rees, 2014) and numerous
9 challenges involved with securing access and getting participants to be candid ~~and~~
10 ~~reflexive~~ (Neal and McLaughlin, 2009).
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14 Our interviews captured a good deal of optimism and renewed vigor in relation to what
15 might be achieved by the OPD pathway. While such optimism is ~~perhaps~~ to be expected,
16 given our participants' roles as commissioners, we nevertheless found that they
17 appeared to commissioners have had a clearer sense of ownership of the initiative than
18 may have existed with the DSPD programme. The OPD pathway was characterised as
19 building on the work of the DSPD programme but in a more intelligent, holistic and
20 financially viable manner. Additionally, the OPD pathway was often presented as
21 innovative and novel by commissioners. However, this was often done by making direct
22 comparisons to the DSPD programme, highlighting that many aspects of the pathway
23 are not entirely new. The extent to which the OPD pathway has a distinct enough identity
24 and departs sufficiently from the DSPD programme warrants examination and therefore
25 structures the remainder of our discussion.
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30 In relation to staff, the OPD pathway focus on enhancing confidence and competencies
31 is to be welcomed. However, it is questionable how novel this is to the OPD pathway.
32 Some interviewees cited staffing problems as contributing significantly to the difficulties
33 of the DSPD programme. The research evidence shows while extensive training, support
34 and supervision was offered to DSPD staff, there was limited training about personality
35 disorders (Trebilcock and Weaver, 2010). It is therefore important to assess the extent
36 to which the OPD pathway commitment to supporting staff development is realised in
37 practice and what form it takes.
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40
41 In a similar way, the language and discourse around 'joined-up services' is reminiscent
42 of the introduction of end-to-end offender management and seamless partnerships under
43 the creation of the NOMS in 2004. While narratives of joined-up penal thinking and cost-
44 effective delivery of public protection are attractive, the emergence of 'seamlessness' in
45 criminal justice may 'invoke a vision of cohesive social control that is not only impossible
46 to achieve but also undesirable' (Worrall, 2008, p.113). Moreover, given that the
47 provision of *Through the Gate* (TTG) services is thought to be woefully inadequate (HM
48 Inspectorate of Probation and HM Inspectorate of Prisons, 2017) it is important to explore
49 what sentence planning and resettlement efforts actually look like in practice for the large
50 caseload already screened into the OPD pathway.
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55 Linked to this, and in relation to service capacity, the notion of a long-term pathway and
56 something that offenders are on 'for life' being an intrinsically good thing, can also be
57 questioned. Research suggests that long-term support for this group is advisable, and
58 as such the aim of enabling individuals to access services appropriate to their risk, needs
59 and responsivity is desirable. However, it is important that thought is also given to how
60 offenders can successfully progress to a point where they can exit the pathway. The

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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