

The Use of Community Hubs to Deliver Probation Supervision

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The research has been conducted independently and the views of the researcher remain her own. Approval to undertake the work was obtained from the Institute of Criminology Research Ethics Committee and Her Majesty's Prison and Probation Service (HMPPS) National Research Committee.

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1.0 Report Summary

Working Links commissioned this research in order to examine the work of community hubs and use learning from the study to develop and improve practice. Community hubs are places where agencies (including the Community Rehabilitation Company (CRC)) share premises and other facilities, pooling resources to offer a holistic service. The agencies represented at a community hub will typically include those addressing problems such as housing, drugs, alcohol and unemployment. The intention of the community hub approach is that CRC service users benefit from this multi-agency service while meeting the formal reporting requirements of their order or licence. Some community hubs provide services to the public (not exclusively to CRC service users) and provide help beyond the end of a period of statutory supervision.

The objectives of the study, as agreed at the outset of the work, are to:

- Examine experiences of supervision taking place at community hubs,
- Establish the types of offender engagement and patterns of compliance evident at community hubs,
- Identify possible outcome measures for use in subsequent research,
- Assess the extent to which attendance at community hubs leads to involvement with organisations other than the CRC,
- Contribute to the conceptual development of community supervision.

Section 5.4 returns to these objectives in the light of the study's findings.

The study gathered data from three community hubs. These hubs were chosen to provide variety in terms of geographical location, size, history and practice approach. The study draws on 41 semi-structured interviews (with service users and staff), 11 fieldwork visits to hubs, and analysis of existing data from CRC records. The fieldwork phase of the study took place between November 2017 and April 2018.

The findings from the study include:

- There are different ways of being a community hub (Sections 4.1 and 5.1). These differences have implications for the experience of service users and staff and for the style of supervision offered at the hub.
- The characteristics and skills of community hub staff are paramount. Service users spoke about the importance of professional relationships and clearly valued their interaction with CRC staff at the hubs (Section 4.4.2). Service users felt that community hub staff knew them well, listened to their concerns and responded in a practical way.
- The community hub model increases service user awareness of the work of other agencies (Section 4.5.1) and smooths, speeds and sometimes does away with the referral process to these services (Section 4.5.3). Open-plan hubs make it particularly easy for individuals to interact with a range of services.
- Meeting the recorded needs of service users (Section 4.2.1) requires input from agencies working in these key areas: housing and homelessness, drugs, alcohol, domestic violence, employment and training. Mental health problems emerged as a particular concern in this study.

- Community hubs also strengthen inter-professional relationships. Staff working at the hubs explain that they know more about the work of other agencies and benefit from opportunities for informal discussion (Section 4.5.4).
- Community hub service users and staff need the possibility of privacy (Section 4.3.2). Much of the work of community hubs can be conducted in busy open-plan settings, but some conversations require a greater degree of privacy. In order to be able to make phone calls, provide information to service users, send messages to colleagues and keep records, CRC staff need access to telephones, computers and the internet.
- Community hubs are more than neighbourhood reporting centres. However, their location is important for service user compliance and engagement. Service users appreciate reporting in their local area, close to home and to other neighbourhood facilities (Section 4.3.1).
- The study identifies outcome measures for use in subsequent research. As a key aim of community hubs is to link individuals with services provided by other agencies it would be valuable to measure service user engagement with these providers. Data about reconviction and intermediate outcomes linked with reoffending would also be useful. Possible next steps in evaluation are discussed in Section 5.5.
- Community hubs represent a significant shift away from office-based supervision practice. Supervision at community hubs can provide individualised support for change and enable service users to make community links that will last beyond their contact with the CRC.

The study also raises questions about the aims, priorities and operation of community hubs (Section 5.3), including:

- What are the appropriate criteria for selecting host organisations for hubs? When are CRC-led hubs more appropriate?
- To what extent is attendance at community hubs a matter of choice (service user choice or staff choice)? Is reporting at the CRC office the only option for service users who are 'not hub appropriate'?
- What is the appropriate balance of resources between community hubs and CRC offices?
- Is there merit in community hub sessions that are exclusively for particular groups of service users (e.g. women, young adult offenders, those with particular treatment needs)?

The community hubs in this study are appreciated, by staff and service users, for delivering a local service with access to specialist providers in a welcoming environment. One service user (quoted in Section 4.5.1) described how the community hub approach worked for her:

'It's nice. You got them all in the one room and they're available. You're not in an official surrounding, ringing up to access an appointment with these services. That kind of makes it further in the distance and harder to reach. Whereas, here, they're all there and it's all in the one room and you can hopscotch from one desk to the other. And, when I leave, I feel like I've achieved something- "I've got stuff done today!"'

2.0 The Context for the Review

Since the Transforming Rehabilitation (TR) reforms (Ministry of Justice 2013) and creation of Community Rehabilitation Companies (CRCs), community hubs have increasingly been used as a venue for probation services. There is no standard definition of a community hub or, indeed, of any of the other hubs (examples include support hubs, operations hubs and administrative hubs) that appear in the new probation operating models. Working Links uses the term community hub to mean a place where agencies (including the CRC) share premises and other facilities, pooling resources to offer a holistic service. The agencies represented at a community hub will typically include those addressing problems such as housing, drugs, alcohol and unemployment. The intention of the community hub approach is that CRC service users benefit from this multi-agency service while meeting the formal reporting requirements of their order or licence.

A number of claims are made in favour of community hubs: they are argued to be cost-effective and are viewed as improving community supervision by increasing service user engagement with organisations working in the local community. Consequently, community hubs have the potential to produce community reintegration and support the process of desistance (McNeill et al 2012). Community hubs are seen as a positive alternative to models of probation practice entirely based in probation offices and lacking a community dimension.

There has been little research specifically examining the use of community hubs to deliver probation services. Watkins (2016) found promising indications that community hubs were improving the delivery of offender supervision and encouraging engagement and compliance. Ellis (2017) considered community hubs as part of a wider study of the early development of a CRC (not one owned by Working Links). She found evidence of CRC staff initially raising concerns about the hub approach (for example, about a lack of privacy for confidential discussion) but then coming to appreciate the benefits of a less formal way of working.

While there is little empirical evidence specifically about community hubs, the wider probation supervision literature contains findings of relevance to this area of work. For example, community women's centres are an example of a one-stop-shop approach appreciated by women offenders (Hedderman, Gunby and Shelton 2011). Desistance research recommends practice which builds social capital (McNeill et al 2012) and provides the practical help needed to make lifestyle changes (Shapland and Bottoms 2017). A number of studies point to the importance of the supervisor/supervisee relationship for the quality of probation supervision (see Shapland et al 2012 for a review).

Studies conducted since the TR reforms explore the experience of staff (Robinson, Burke and Millings 2016), probation work in court (Robinson 2018) and services for women offenders (Birkett 2017). The inspection work of HM Inspectorate of Probation (HMIP) provides some early evidence of the operation of the post-TR probation providers. HMIP's 2017 Annual Report is positive about the concept and potential of community hubs, but notes problems with their implementation (HMIP 2017).

The Working Links operating model classifies service users on the basis of risk, needs and likelihood of engagement. This classification is intended to be dynamic, allowing for changes in the mode and intensity of supervision as circumstances change. The CRC is not responsible for the supervision of

offenders assessed as posing a high risk of causing serious harm (such cases are allocated to the National Probation Service (NPS)) and escalation of risk in a CRC case can lead to its transfer to the NPS. Under the Working Links model service users classified as 'red' (with the highest level of needs and risks managed by the CRC) predominantly receive one-to-one supervision from CRC staff. Community hubs are the intended venue for the supervision of those service users classified as 'amber' or 'green', providing an opportunity for service users to access the services of the CRC alongside other local agencies. In some circumstances service users classified as 'red' also use the community hub services. Where community hubs are not yet established or where (for whatever reason) a service user does not attend the community hub, supervision takes place at the CRC office.

This study is about the experience of supervision at three locations where the community hubs are in operation. It draws on the perceptions of service users and staff and on data from case records to explore service user engagement with CRC supervision and the resources offered by other agencies.

A Note on Terminology

Throughout this report the word 'service user' is most often used to describe individuals reporting to community hubs as a condition of their order or licence. On occasions, the word 'supervisee' is preferred.

CRC staff working with service users are referred to as 'staff', 'workers', 'supervisors' or (reflecting the legal terminology) 'Responsible Officers'.

The word 'probation' is used to include the work of both the National Probation Service and the Community Rehabilitation Companies. The words 'probation' and 'probation officer' were also often used by interviewees and echoed by the researcher and, therefore, appear in a number of quotations used in the report.

3.0 The Research Process

3.1 Aims of the study

Working Links and the Centre for Community, Gender and Social Justice (CCGSJ) set up this study with the overall aim of examining the work of community hubs. The learning from the study is intended to develop practice and identify future research questions.

The objectives of the study, as agreed at the outset of the work, are to:

- Examine experiences of supervision taking place at community hubs,
- Establish the types of offender engagement and patterns of compliance evident at community hubs,
- Identify possible outcome measures for use in subsequent research,
- Assess the extent to which attendance at community hubs leads to involvement with organisations other than the CRC,
- Contribute to the conceptual development of community supervision.

3.2 The study methodology

The study draws on semi-structured interviews and analysis of existing data from CRC records. These data were supplemented by information gathered from informal interaction at community hub sessions. Interviews were conducted with service users and CRC staff. These methods were chosen because they were likely to generate relevant findings and were practical and ethical in the context of the study schedule and budget. Approval to conduct the study was obtained from the Institute of Criminology Research Ethics Committee and from HMPPS National Research Committee.

The study gathered data from three community hubs, identified by Working Links in consultation with the CCGSJ. The hubs were chosen to provide variety in terms of geographical location, size, history and practice approach. Practical considerations also influenced the choice, for example hubs had to be sufficiently well established to be able to accommodate research visits. One recently opened hub, initially identified for fieldwork, was replaced in the study when it became clear that it was still in an early and unsettled state.

Data from interviews and fieldwork visits

A CRC manager made the initial contact with the chosen hubs and set up introductory visits for the researcher to meet key CRC staff and see the hub in operation. Following the initial visit, the researcher liaised with CRC hub staff to agree when fieldwork would take place. Table 1 sets out the timetable of introductory and fieldwork visits. Hub A and Hub C are open all day, whereas CRC staff are at Hub B in the afternoons.

Table 1: Visits to the three hubs

	Hub A	Hub B	Hub C
Introductory	16/8/17	17/7/17	8/1/18
Fieldwork	3/11/17, 13/12/17, 14/12/17	4/12/17, 5/12/17, 6/12/17, 11/12/17, 12/12/17	5/2/18, 15/2/18, 26/2/18

Each fieldwork day the researcher aimed to interview as many service users as possible. Introductions were made by the hub staff, who provided service users with basic information about the study before inviting them to meet the researcher. The researcher then provided more details, discussing the information and consent form with each potential research participant (see Appendix 7.1). Those service users who declined to participate did so for reasons including not wanting to speak to a researcher and needing to get away to an appointment elsewhere. There was no gift or other incentive for taking part. The researcher also kept fieldwork notes on each visit to a hub.

Interviews with staff were scheduled at the end of the fieldwork period and were conducted over the telephone. Telephone interviews were chosen to enable staff to participate at a time convenient to them and to avoid lengthy and expensive travelling time (for both interviewer and interviewee).

The majority of interviews were recorded and transcribed. In a minority of cases it was not possible to record the interviews (because the interview was conducted in a busy open plan environment or because the interviewee was not happy to be recorded). In these cases, the researcher wrote more detailed interview notes.

The total number of interviews undertaken for this study was 41. Table 2 shows how these were broken down by hub and between service users and staff.

Table 2: Interviews conducted at each hub

	Hub A	Hub B	Hub C
Service Users	14	11	10
Staff	2	2	2

Each interviewee was allocated a reference code as part of ensuring anonymity and confidentiality. The code comprises the hub, a letter to denote role (C service user and S staff) and a number. Hence BC06 is a service user at Hub B and CS01 is a staff member from Hub C. These codes are used throughout this report.

Data from case records

Two datasets were extracted from CRC case records: data about the ‘interview sample’ and data about the ‘hub sample’.

The 35 service users interviewed for this study comprise the ‘interview sample’. They gave permission for the researcher to access their records. Data was gathered about their circumstances, needs and pattern of attendance. Data about needs come from the Offender Assessment System (OASys), the tool used by CRC staff to structure their assessment of service user risk and need. The most recent OASys was used in each case.

In order to provide some context for the interview sample, a second dataset was generated from CRC records. This sample – the ‘hub sample’ – comprises all service users who attended each of the three community hubs during the period 22nd January to 21st February 2018. It includes basic demographic and attendance data, but does not include data from OASys.

CRC records are kept for practice and case management purposes. They are not a data gathering tool for research and give only a partial picture of the operation of the community hubs. For

example, some hubs allow for informal interactions between staff and service users which are not recorded as appointments. Also CRC records do not give a full picture of service user involvement with other agencies at the hub.

Data from records, interviews and fieldwork notes were coded and analysed to identify key themes and concepts. NVivo, a computer software package that supports qualitative and mixed methods research, was used to aid the analysis process.

3.3 Anonymity in the research process

In line with ethical research practice, all research participants were assured of anonymity. For example, the consent form for staff (see Appendix 7.2) included the paragraph:

‘Any information you give in the interview will be used anonymously and your real name will not be used at any time during this research. Any personally identifying information will be stored securely at the university and destroyed at the end of study period. The information that you give will be held in confidence. The researchers will only share information if they believe there is a significant risk of serious harm to you or someone else.’

A similar undertaking was made to service user research participants.

In writing this report care has been taken to deliver on this guarantee. However, there are two challenges. First, it is hard to avoid identifying CRC staff participants as there are just two of them at each hub. Second (as in all studies that interview service users and staff), some of the views and opinions of supervisees may identify them to their supervisors. Direct quotations from interviews have been selected with these challenges in mind.

4.0 Research Findings

4.1 About Community Hubs

This section introduces the three community hubs in the study. It gives some information about their context and explains ways in which they differ from each other. All three were places where service users met with probation supervisors and had the opportunity to make links with local organisations and charities. However, the particular organisation of each hub led to different patterns of supervision and inter-agency work.

Hub A

Hub A is based in a small town (Town A). The nearest CRC office (Office D) is in a neighbouring larger town (Town D) about ten miles away, a 25 minute journey on a slow train. Town A is in an area that suffers high levels of deprivation and disadvantage. This is a priority area for projects intended to improve the health and well-being of the local population. One such project is Centre A (managed by a private company) that acts as a base for many local voluntary organisations and charities. The centre occupies well-maintained premises in the town centre. It does not operate as a drop-in service, people attend for appointments with the various agencies and workers. Staff from all the different agencies share an open plan office space and see clients in well-appointed interview rooms.

Two CRC staff, otherwise based in Town D, work from Hub A one or two days each week. They are the Responsible Officers for service users who live in Town A and the surrounding rural area, and these service users (with some exceptions, see Section 4.2.2) are asked to keep appointments at Hub A.

Hub B

Hub B operates in Town B. Town B is a small town (with a similar population to Town A) and is the largest place in an otherwise rural area. A church in Town B has set up a charity that runs a drop-in centre providing services to a group of people who, typically, have problems with homelessness, drink, drugs and mental health. This centre (Centre B) is located on the edge of Town B and is open five days a week. It provides a range of services (hot meals, a foodbank and clothing store, leisure activities, advice and guidance) and also serves as a base for workers from a range of local agencies.

Most of the activity at Centre B takes place in a large open-plan room, with a separate shared office for staff to work, and some limited space for private conversations. There is a CRC office (Office B) in the centre of Town B. An officer from the local CRC team attends Centre B most afternoons, and the CRC also uses Centre B for induction group meetings.

Hub C

Hub C is based in Town C, a place with a population almost ten times greater than that of Town A or Town B. By contrast with Hub A and Hub B, both of which are located in already existing community facilities, Hub C is a 'pop-up' hub led by CRC staff; there is no 'Centre C' that exists independently of the CRC. The CRC rents space in a modern church building in the centre of Town C. The hub is open two days a week and staffed primarily by two CRC officers alongside workers from a range of local organisations who have accepted the invitation to get involved. There is no longer a CRC office in Town C, the nearest office (Office E) is in Town E which is less than ten miles away but a slow journey through a congested urban area.

Hub activity takes place in a large room, furnished with desks for staff from the CRC and other agencies. There is some space, just outside the hall, for service users who are waiting to be seen and limited options for private conversations. Hot drinks and biscuits are available for everyone.

These differences between the hubs have a number of implications for the experience of service users and staff, and limit the extent to which it is possible to aggregate data across hubs. The data from service users and staff need to be understood in the context of each individual hub. Important differences between the three hubs include:

- the role of the CRC in the management of the hub,
- whether the facilities are being used by people who are not CRC service users,
- whether CRC service users attend by appointment or on a drop-in basis,
- the range of services offered at the hub,
- the extent to which service users and staff have a choice about using the hub or the nearest CRC office,
- the process by which service users make links with agencies other than the CRC.

4.2 Attendance at Community Hubs

This section provides basic information about the service users at the hubs. It draws on case record data from both the interview sample and the wider hub sample (see Section 3.2). The section also considers the circumstances that lead some service users to keep their appointments at venues other than their local community hub.

4.2.1 People who attend

The following tables present data from the interview and hub samples. They provide a picture of the service users attending each hub, and show the extent to which the service users who were interviewed for this study are similar to the wider group of individuals reporting to each hub.

It is worth noting that a very wide range of disabilities and health conditions are recorded under the disability category. Service users with mental health problems, difficulties with communication, physical disabilities and long-term physical health conditions are all recorded in this category.

Hub A

Table 3: Service users at Hub A

Hub A	Interview sample (n=14)	Hub sample (n=38)
Male %	93%	82%
Average age	35	35
Age range	23-54	20-54
Any disability recorded %	29%	26%
In employment or training % (full or part time)	14%	21%

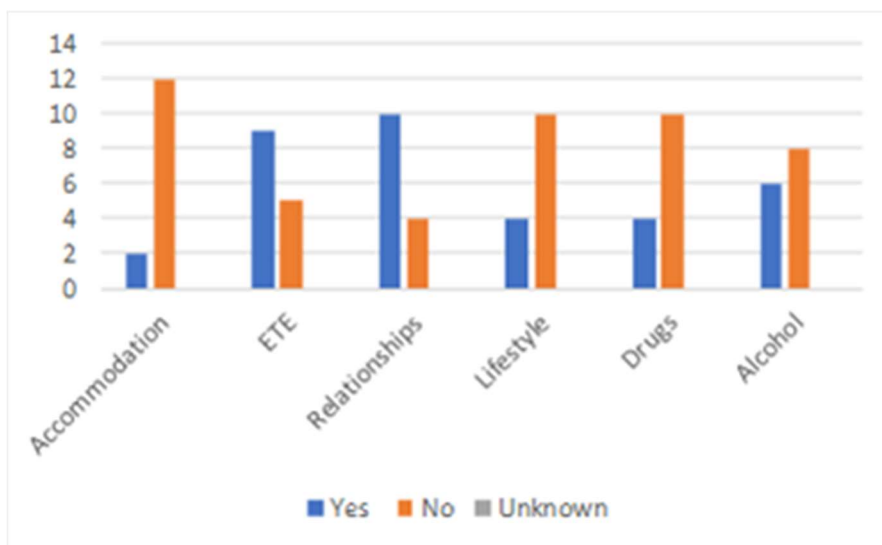
As Table 3 indicates, the interview sample at Hub A included one woman. The average age of the interview sample was in-line with that of the larger hub sample, and the interview sample included older and younger service users. The table reveals that a significant minority of service users experienced some form of disability. In the interview sample, one service user was recorded with mental illness, one with dyslexia and two had their disability recorded in the category 'other'. A considerable majority of service users (in both the interview and hub samples) were not in education, training or employment (ETE).

Table 4: Race and ethnicity of service users at Hub A

Hub A	Interview Sample	Hub Sample
White: British/English/Welsh/Scottish/Northern Irish	13	33
Data missing	1	5

The data in Table 4 reflect the ethnic make-up of the local authority area that contains both Town A and Town D. Figures from the 2011 Census show 96% of the population of the local authority area in the White British category.

Table 5: Recorded criminogenic needs for the Hub A interview sample



As Table 5 shows, relationship issues were identified as a criminogenic need for ten (of 14) of the Hub A interview sample. The study did not collect information about the participants' offending history but, in interview, some people spoke explicitly about relationship difficulties. For example: *'I can't see my wife because I sent text messages I shouldn't have and they got me in trouble.'* (AC04)

Drug use was assessed as a criminogenic need in four cases; none of these individuals would have been subject to a Drug Rehabilitation Requirement because (see Section 4.2.2) Hub A was not resourced to manage this requirement. Of the 14 service user interviewees, two were assessed to have problems with both alcohol and drugs. Six had neither a drug nor an alcohol problem.

Hub B

Table 6: Service users at Hub B

Hub B	Interview sample (n=11)	Hub sample (n=24)
Male %	64%	96%
Average age	37	34
Age range	23-54	19-68
Any disability recorded %	55%	29%
In employment or training % (full or part time)	9%	46%

As Table 6 indicates, the interview sample at Hub B included four women and seven men, and therefore, a higher proportion of female service users than in the larger hub sample. As at Hub A, the average age of hub service users is in the mid-30s. The interview sample did not include the hub's youngest or oldest service users. The levels of disability recorded at Hub B are notable. Six people in the interview sample were identified with a disability. For all six this disability was recorded as mental ill-health, with three people additionally having learning difficulties. (29% is likely to be an under-estimate of the proportion of the hub sample with a disability. Data about disability was missing in ten (of 24) cases, and these cases were added to the group with no recorded disability.)

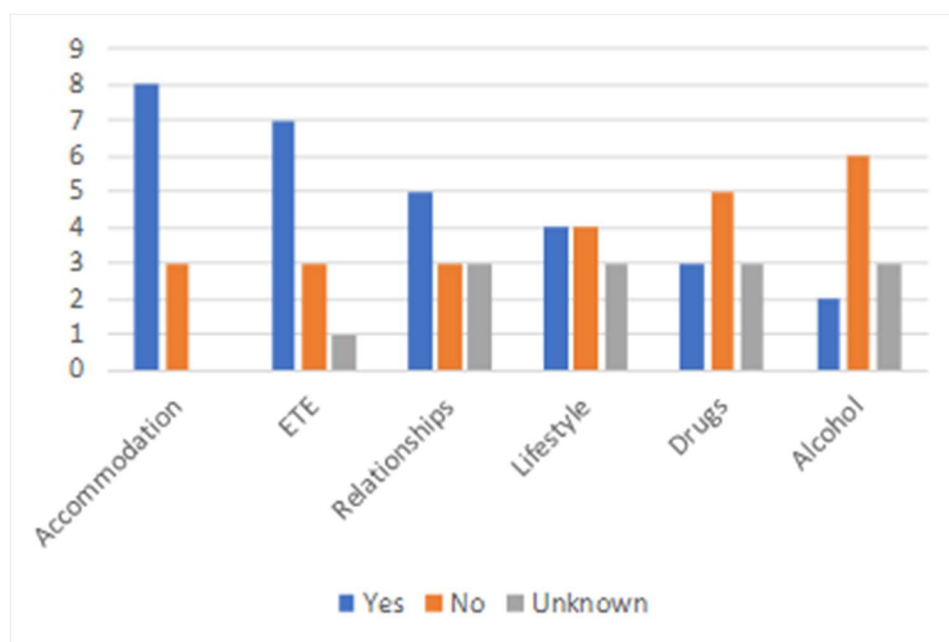
It is a surprise that 46% of the hub sample were in employment or training given that the hub operates during the afternoon (this figure may reflect the use of Centre B for induction groups, attended by all new service users). Only one person in the interview sample was recorded as being employed and he, by the time of the research interview, had lost his job as a result of breaking his knee in an accident.

Table 7: Race and ethnicity of service users at Hub B

Hub B	Interview Sample	Hub Sample
White: British/English/Welsh/Scottish/Northern Irish	11	14
Data missing	0	6
White: Other	0	2
Mixed: White and Asian	0	1
Black or Black British: African	0	1

Hub B is also located in a local authority area where 96% of the population identify as White British (2011 Census). The larger hub sample shows a greater level of ethnic diversity than the interview sample, all of whom were White British individuals.

Table 8: Recorded criminogenic needs for the Hub B interview sample



The pattern of needs shown in Table 8 reflects Centre B’s history of providing help and support to people who are homeless or vulnerably housed. For three service users there was no full (layer 3) OASys completed. In these cases, information about needs was gathered from elsewhere in the case record or shown as unknown. As a result the table may understate the extent of drug and alcohol problems in the Hub B service user group.

Hub C

Table 9: Service users at Hub C

Hub C	Interview sample (n=10)	Hub sample (n=131)
Male %	80%	79%
Average age	41	37
Age range	22-57	18-61
Any disability recorded %	50%	51%
In employment or training % (full or part time)	0%	18%

Table 9 highlights that fact that Hub C, reflecting the size of Town C, sees by far the highest attendance of the three hubs in the study.

The interview sample (of ten people) at Hub C included two women, which is in line with the proportion of female service users in the larger hub sample. The average age of Hub C service users (in both samples) is slightly higher than at Hub A and Hub B.

Disability is a considerable issue at Hub C. Five service users in the interview sample were recorded with a disability: three with mental illness, one with dyslexia and one in the category 'other'. Mental illness dominates in the records of the 51% of the hub sample recorded with a disability. (As with Hub B, the proportion of the hub sample recorded with a disability is likely to be an under-estimate. Data about disability was missing in 26 (of 131) cases.)

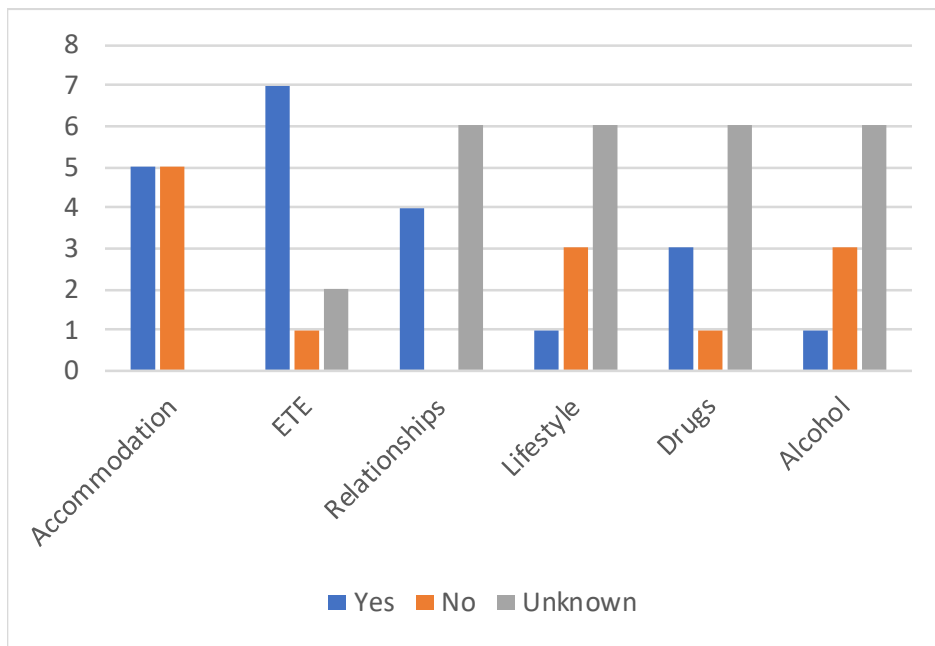
Service users at Hub C were reported to have low rates of involvement in employment or training.

Table 10: Race and ethnicity of service users at Hub C

Hub C	Interview Sample	Hub Sample
White: British/English/Welsh/Scottish/Northern Irish	6	94
Data missing	0	13
White: Other	0	6
Mixed: White and Black Caribbean	1	4
White: Irish	0	2
Mixed White/African	0	2
Black Other	1	2
Asian or Asian British: Indian	1	2
Other Ethnic Group	0	2
Black or Black British: African	0	1
Black or Black British: Caribbean	0	1
Asian or Asian British: Other	0	1
Arab	1	1

Table 10 clearly illustrates the more urban location of Hub C and the diversity of the population of Town C. At the time of the 2011 Census, 84% of the population of the local authority area was recorded as White British.

Table 11: Recorded criminogenic needs for the Hub C interview sample



Hub C had the smallest proportion of cases with a layer 3 OASys. Four (of 10) cases had this information available. As a result, Table 11 does not fully reflect the extent of the needs of the service user group. For example, CC04 and CC08 were in the group without a full OASys. In interview, CC04 spoke about her alcohol problem and CC08 talked about his drug use.

4.2.2 Hub attendance: choice or requirement

Each of the three study locations had arrangements for managing the supervision of service users who kept their appointments somewhere other than at the hub. These arrangements played out in different ways at each hub.

Hub A

At Hub A service users who lived in the geographical patch covered by the hub kept their appointments at Centre A with limited exceptions. Some service users chose to report to the CRC office in Town D if this was more convenient (for example, because they worked in Town D). Other service users were obliged to report at Office D, including people who worked late (Centre A was not open for evening CRC appointments). Service users with a Drug Rehabilitation Requirement also reported in Town D because the drug agency working in partnership with the CRC was not able to provide a service at Centre A.

Hub B

In Town B some service users had chosen to attend their appointments at Centre B, while others felt that they had been instructed to do this. For example, contrast BC11's explanation about why he kept his supervision appointments at Office B (not at Centre B) with BC05's answer to a question about why he was reporting at Centre B.

Researcher: *But you don't see probation here?*

BC11: *No. I got to see a man at Office B.*

Researcher: *Because probation are up here sometimes?*

BC11: *But, see, because I drink too much I got to see a man at half-past nine before I get kaylied. So, then it makes it easier really because I sleep round about Town B, so then it's not too far to walk to Office B.*

Researcher: *Why do you have your probation appointments here and not at Office B?*

BC05: *I don't know, they want me to have them here. What more do you want me to say?*

Staff interviews reflected this difference too, with supervisors saying slightly different things about whether service users were given a choice about where to report. The reputation of Centre B, as a charity for drug users and homeless people, clearly made it hard for staff to persuade some service users to attend. BS02 said that it was common for service users to refuse to go to Centre B. BS01 explained that Centre B was a great resource but it was not always possible to encourage service users to give it a try.

As with Centre A, the limited opening times at Centre B meant that service users who needed early or late appointments required the facilities of a CRC office. BS01 also made the point that people who were temporarily excluded (a sanction used occasionally by Centre B) had to report at Office B. The open-plan and drop-in nature of Centre B also made it unsuitable for some CRC work (BS01 gave the example of a service user attending with children).

Hub C

Staff at Hub C also felt that a community hub was not a suitable setting for all service users; they used the phrase '*hub-appropriate*' (CS01). Hub C was open to service users from the Town C area, so long as they were not deemed likely to be disruptive in the informal and unstructured hub environment. CS02 indicated that hubs were '*not for everyone*', and so some service users would choose to report to Office E.

People with a history of aggressive behaviour directed at professionals and those with significant mental health issues were instructed to attend Office E. Staff were clear that the hub was not resourced to cope with the most demanding and chaotic service users.

As at the other two hubs, there was no provision for evening reporting at Hub C.

4.3 Experiences of attending

Service user interviewees offered a broad range of views about coming to the community hub. Their views about the hub were often closely linked with more general views about being subject to statutory supervision and having no choice about keeping appointments.

AC07 and CC05 were from the group of reluctant involuntary clients.

'Obviously, I don't like coming to probation but I've gotta come because obviously I've committed an offence and I've got to come. But as far as 'I don't like coming': end of the day, I've got to come because of the crime I committed. So that's it.' (AC07)

'I don't want to do it in the first place. All I have to do is turn up to my appointment and go. It's probation, isn't it?' (CC05)

AC04 also wished that he was not subject to supervision, but he concluded his interview by saying *'Being on probation is an absolute nightmare that's one thing – but at least I'll get help up here. And if I got any other problems, I'll just have to ask, and she [CRC officer] could help me'*.

Other service users brought a more amenable or even enthusiastic approach to their supervision. CC04 contrasted her positive experience to the more cynical views expressed by some of her acquaintances.

'I can't say a bad thing about probation because everything I've requested or everything they've requested, or everything I've needed support with, they've helped me. So, I can't fault it. But, other people I've spoken to they're like "they don't do nothing to me" and I say you've got to ask if you need help, surely' (CC04)

BC03 reflected on the difference that he saw between this period of supervision and a previous time on probation. He explained that he had *'dreaded going to probation'* in 2012. His current experience was *'the complete opposite. I sing their praises now. I even look forward to going to probation. I had the feeling back then with my first sentence that they were looking to recall me back to prison - which they did. I spent a lot more time back in prison for not even committing an offence. This time my probation officer is a lot more lenient. She realises that I got an addiction. She's good, she helps me'*.

This study was not able to capture the experience of service users who had completely disengaged from supervision, but a number of interviewees in the sample had a history of missed appointments and experience of enforcement action. Despite its inevitable limitations, the sample did contain individuals with a history of poor compliance.

Service users were asked specifically about their experience of the hub as a venue for supervision appointments. They spoke about the convenience of the hub, the environment at the hub, and contrasted the hub with the experience of reporting to traditional offices.

4.3.1 The Convenience of the Hub

This point arose, in slightly different ways, in all three hubs. In Hub A and Hub C it was particularly associated with the benefit of being able to keep appointments close to home. Service users in Hub C also valued the chance to report somewhere close to the town centre.

Service users in Hub A were universally positive about being able to keep their appointments in Town A. The alternative (travelling to Office D) took time and cost money.

'There'd be nothing worse than having to travel to Town D and back just for a fifteen-twenty minute interview, you know. It's a twenty mile round trip.' (AC03)

'This is the ideal place because travelling to Town D, it's like even though you get the money back, you gotta pay the money. But coming up here, it doesn't cost no one nothing. So, it's a lot easier.' (AC04)

Staff knew that Hub A was popular with service users because it was geographically convenient and located in their local community. AS02 also identified that, as a result of spending some of her

working week at Hub A, she increased her knowledge of the local area and was able to make greater use of home visits as part of supervision.

Four (of 14) interviewees at Hub A specifically spoke about mental or physical health problems which made travelling particularly difficult for them. They particularly valued the existence of Hub A.

'A place like this is really handy. Especially for people who have like mental health issues. You know, I've either got to get on public transport, which I can't do. You know, if I've got to get to probation, I've got to get to probation, you know? If it's in Town D, I've got no option but to get public transport- which I really can't do. Or I'll have to spend thirty pounds on a taxi, you know, which I can get back but I only live up the road. You know, so it's suitable for anyone who can't make it long distances and things.' (AC13)

Service users at Hub C made similar points. The hub was convenient for people who lived in Town C, they could walk to their appointment and avoid paying to travel to Office E. In addition, Hub C was located close to other places that people needed to visit, like their doctors or drug agencies.

The issue of convenience played out in a different way in Hub B. Here the venue was convenient for people who were regular users of the facilities at Centre B, and spent time at the centre that was unrelated to their CRC supervision.

BC06 described the arrangement he had made with his Responsible Officer. *'I said "can I see you up here on Wednesday", she said "yeah". And I said "in fact, can we do it every Wednesday here?" Because I'm up here most days obviously because we get food at one o'clock, and I have a shower and that here. So to me it just makes sense meeting her up here because she's up here every Wednesday anyway.'*

BC08 drew a distinction between formal supervision appointments (which took place at Office B) and the opportunity for an informal meeting with his supervisor. *'Sometimes when I come up to Centre B, I will talk to [...] my probation worker and she'll talk to me and she'll just see basically how things are getting along - and if there's any blockages in the pipes she'll come and talk to me and try and clear them out and I'll try and do my best to sort it out. It's not a specific probation appointment, it's kind of to see the officer just to see how I'm getting on. So, I wouldn't say that I've done an official appointment at Centre B for probation.'*

Service users who only wanted to see a CRC officer tended to find the town centre location of Office B preferable to edge-of-town Centre B. The CRC workers were well aware of this preference. They acknowledged that getting to Office B was easier for many service users, although BS01 made the point that it was possible for most people to follow her example and walk from the town centre to Centre B.

4.3.2 The Environment of the Hub

Each hub had its own atmosphere and, as a consequence, was valued (and disliked) for different reasons.

Hub A

Hub A was quiet, calm and in a good state of repair. Service users liked this; they appreciated the fact that they were rarely kept waiting and, if they did spend time in the reception area, they were not disturbed by other people.

'You come here and it's not usually jammed like. There's a small place where you get called to see her. There's a lot better rooms than what you have in [Office D]. But I definitely prefer here. I don't know why. I don't really want to be coming here, I'm on probation like. Its not a very good thing like - but I suppose it's a lot calmer environment.' (AC09)

AC12 had previous experience of keeping supervision appointments in a busy city office. *'If you go to [city] probation, you got all the druggies there now. It's not nice to see. You got 'em all in the same room. In here, I'm on my own and I'm in and out and go. In [city] probation now, you're sitting there and you're sitting in a room with all of them. So its not really nice.'* Other service users also liked attending Hub A because it meant that they could avoid (in the words of AC14) *'the wrong type of crowds'*.

The CRC staff at Hub A also appreciated the working environment, both for themselves and for service users. AS02 explained that the quality of the building conveyed the message that people (staff and service users) were valued. The staff knew that service users were happy to report to Centre A because they were rarely kept waiting, were not anxious about who might also be in the reception area and (because the building was used by many agencies) not publicly identifiable as an offender.

Hub B

Hub B was enjoyed by service users who liked the drop-in centre and appreciated the services on offer. BC01 said that she attended because *'it's friendly, there's a good atmosphere, I can play pool, watch TV, sit on the sofa'*. BC08 also appreciated the social side of the hub and the part that it played in meeting his basic needs. *'Because of my situation at the moment with my mental health, I'm on ESA and I'm on the lowest rate, so I actually find it difficult to shop for the week so I think if the Centre wasn't here I wouldn't be able to afford to basically feed myself. I use the Centre because it actually gives me the opportunity to have decent food without worrying financially.'*

Hub B was a busy place, with most activity taking place in a single large room. BC02 explained that she often chose to see her CRC officer and her drugs worker at their offices in town rather than at Centre B, preferring to stay away from other people. *'I think it's because all the people know me, I'm a well known person. And it makes me feel anxious, I get really bad anxiety so... if I can avoid large crowds- obviously there isn't a large crowd out there - but it's large enough to make me think'*.

Staff member BS02 had concerns about the lack of privacy for service users, explaining that she often had to speak to people in the main room while looking at their case details on her laptop. Her colleague BS01 spoke rather more positively of the more flexible and informal style of supervision possible at the hub.

Both service users and CRC staff talked about Centre B's reputation for work with homeless people and those with drug problems, and the implications of this for probation supervision.

'People seem to stereotype the place and think "well, it's all drug-addicts and..." but it's not. You've got all walks of life here. You've got homeless people, you've got addicts. You've got people who are just very very down on their luck. And they seem to be equipped for everybody- all walks of life. They really really do try and help everybody.' (BC04)

The staff reflected that this stereotype made it hard for them to encourage a larger proportion of service users to keep appointments at the hub, rather than at Office B. BS01 explained that some service users believed that drugs would be readily available at the Centre.

Two (of 11) service user interviewees commented explicitly on the faith-basis of the organisation that runs Centre B. BC04 explained that she was not comfortable with overt expressions of faith made by Centre staff and volunteers. *'They're lovely, don't get me wrong, because if it wasn't for places like this God knows what would happen to anybody; but, everything's all about God, 'God provided this', 'God provided that' and you think [sighs]'*.

Hub C

Service users at Hub C spoke positively about the informal and friendly atmosphere. Some service users were instructed to keep reporting appointments at the hub, others dropped in without appointment to see a CRC officer or worker from another agency.

'It's easy access here as well. You don't have to wait so long. 'Cos, obviously, where I know them I can just poke my head in, you know?' (CC01)

'The staff here is just, like, understanding, isn't it? There's no, like, exact time you've got to turn up. If you're late on the day, they won't even mention it as long as you've turned up. You come here, have a coffee and chat to them, they're nice to you, then they let you go.' (CC06)

Hub C serves a large town and could be busy. Unlike Hub A (with a staffed reception area) and Hub B (with the staff and volunteer resources of Centre B), Hub C relied on a volunteer receptionist to manage access and keep a note of attendees. Managing the hub on days when the receptionist was absent was a problem for the CRC staff. Staff member CS02 explained that, on days when the hub relied on service users to open the door to each other, it was hard to maintain an accurate attendance register. However, the CRC staff also valued the fact that service users felt able to drop in at the hub because they found it welcoming and helpful.

Like their colleagues at Hub A, the CRC staff were broadly happy with the quality and cleanliness of the premises. They were, though, conscious that space was limited and felt that, on occasions, it was hard to offer a sufficient level of privacy. The majority of their work was done in a large and busy room; this was adequate for most but not all conversations. Service user CC03 explained that she would prefer fewer interruptions and distractions during her session with her supervisor. *'I think the thing for me would be the privacy side of it. I mean, it's great, the openness is great. Maybe if they had a table set aside and you'd go over there to talk.'*

If privacy was required, the staff could usually find a spot somewhere else on the church premises, but often in a room that was too large or too cramped to be ideal. CC02 explained how, despite the building's limitations, the CRC worker (CS01) found space and time to talk to him. *'This building has a lot of rooms and cupboards and areas. So, wherever's free really. But, I think CS01 knows me well enough that even if we're in a cupboard or a room or in the hall, it's not the surroundings that count but the access to CS01 in private, because I value her opinion and feedback on something.'*

Service users at Hub C preferred the atmosphere at the hub to their more formal experience of keeping appointments at Office E (or at the, now no longer open, CRC office in Town C).

'It's more informal here than behind the plexiglass at Office E - where you just go in, make another appointment and leave' (CC08)

'It's more comfortable here, you are not trapped in a small office, can help yourself to coffee.' (CC09)

The flexible and accessible nature of Hub C suited the practice styles of the CRC staff based there. Both CS01 and CS02 explained that working at the hub required them to *'think on their feet'*. They appreciated a working environment where *'people see us in a different light. They see we are human'*. (CS01)

4.4 Engagement and compliance

This section discusses patterns of attendance at the hubs, and considers the importance of the relational aspects of practice to service user engagement and compliance.

4.4.1 Appointment keeping at the hubs

The data gathered for this study provide limited evidence about patterns of attendance at the three community hubs.

For the hub sample (the 193 service users recorded as attending one of the three community hubs in the month 22nd January to 21st February 2018), information was extracted about the number of:

- appointments attended at the hub,
- hub appointments missed,
- supervision appointments attended at a location other than the hub.

For the interview sample (the 35 service users interviewed at the hubs), information was extracted from their case records about:

- the number of appointments attended since the start of their current period of supervision,
- the number of appointments missed since the start of their current period of supervision,
- the number of appointments attended that were at the community hub,
- instances of breach, recall and return to prison,
- recorded further offending during the research period.

As outlined in Section 3.2 this data was collected for the purpose of case management, not research, and must be considered in this context. For example, case records can show appointments as missed for a number of reasons. A missed appointment may indicate unacceptable non-compliance, but might equally reflect agreed changes to supervision arrangements or shortcomings in data entry.

It is also important to note that not all service user visits to community hubs are recorded as CRC appointments kept. This is a particular issue at Hub B, as some service users use Centre B on a frequent basis. CRC staff at Centre B will, therefore, have regular informal contact with these individuals outside of the formal pattern of required supervision appointments. This point applies to a lesser extent at Hub C where service users are logged on the hub's attendance register whether or not they are attending a pre-booked appointment. It is least relevant at Hub A which operated almost entirely on an appointment rather than drop-in basis.

The charts below illustrate the frequency of (hub sample)reporting to the community hubs in the period 22nd January to 21st February 2018.

Chart 1: Number of appointments attended at Hub A (hub sample n=38)

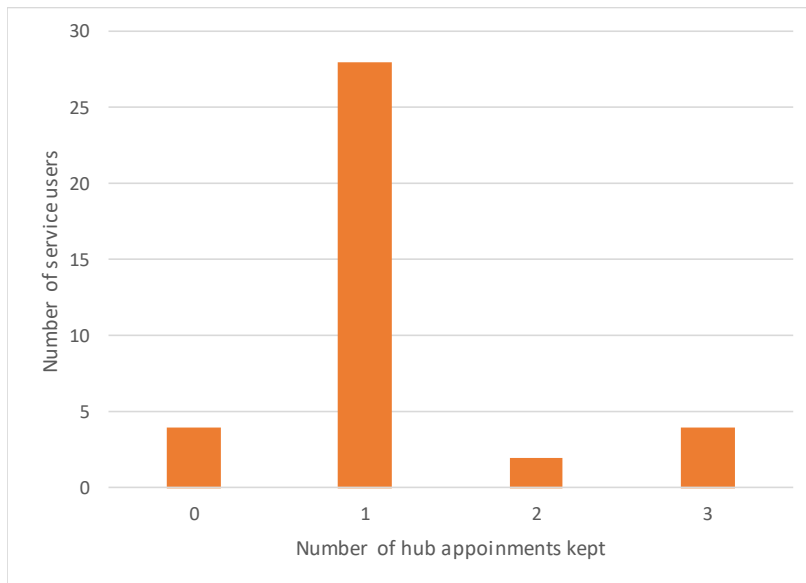


Chart 2: Number of appointments attended at Hub B (hub sample n=24)

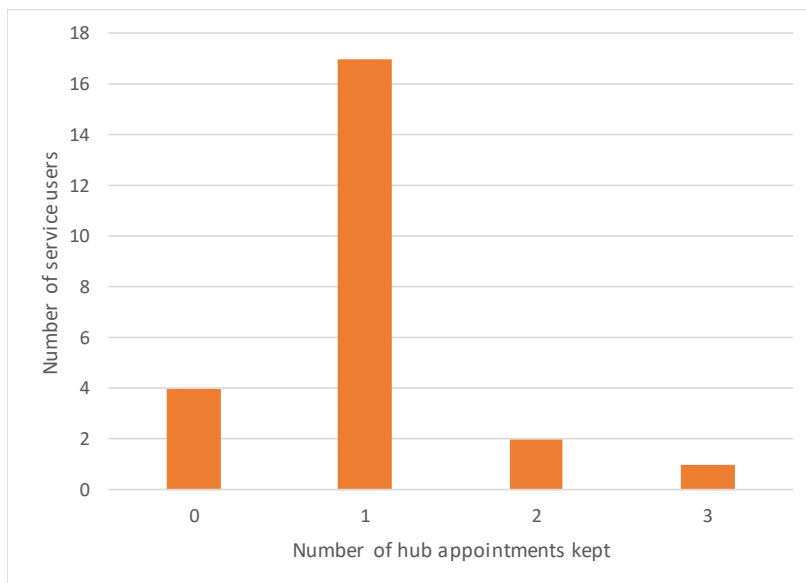
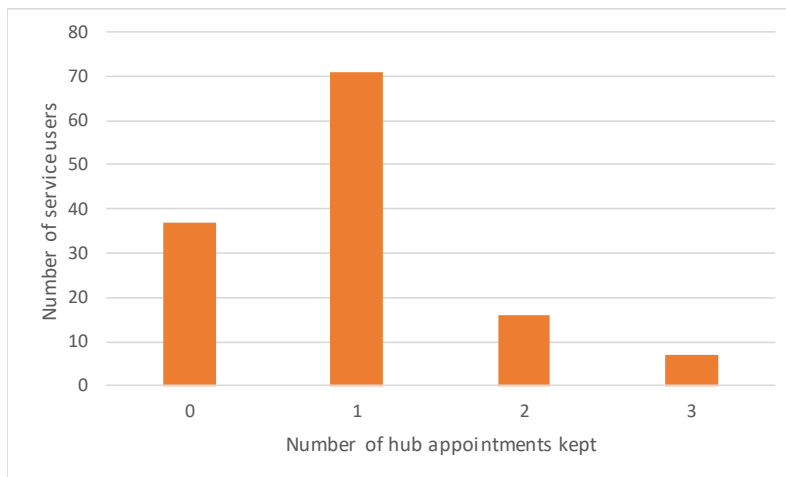


Chart 3: Number of appointments attended at Hub C (hub sample n=131)



Each chart shows a similar pattern of reporting to the hubs. Most service users who attended a hub during the period 22nd January to 21st February 2018 were recorded as doing so on one occasion. A much smaller number attended on two or three occasions. These figures reflect the typical reporting patterns of community supervision and confirm attendance described by the service users in the interview sample. For example:

Researcher: *'How frequently are you coming at the moment?'*

AC01: *'At the moment it's pretty frequent – every fortnight – but every time I come down, more progress, they start to get further away and as long as I stay on time and keep up appointments it goes to about once a month then I think.'*

CC09 explained that he had monthly appointments at the hub, but would sometimes drop in at other times, particularly to see the voluntary organisation that provided mentoring and resettlement support.

The charts above show a number of service users recorded as keeping no appointments at the hub. These are individuals who were instructed to keep a supervision appointment at the hub, but did not attend. In a minority of cases these service users were recorded as attending an appointment elsewhere that month (presumably at their local CRC office).

Case record data about the 35 people in the interview sample provides evidence about their reporting patterns over the course of their supervision period. As the study has no comparison or control group, the data cannot answer questions about whether the existence of the community hub affected frequency or reliability of appointment keeping.

The data from the interview sample also reflect the different operating models at each hub. For example, as discussed in Section 4.3.1, it is not unusual for CRC service users to attend Centre B regularly but to keep all their formal supervision appointments at Office B in town. Indeed four service users (all from Hub B) are recorded as never attending a supervision appointment at the hub, despite being introduced to the researcher by a CRC worker while at Centre B.

It does not make sense to compare the total number of appointments kept by each service user interviewee for a number of reasons. Some had been subject to statutory supervision for much

longer than others and, consequently had attended more appointments. It is also the case that the CRC case management system had not always allowed staff to identify the hub as the location for the appointment. For example, service users attending Hub A prior to November 2017 (some of whom are in the interview sample) are shown as attending appointments at the location 'other' as there was no option to record the location as Centre A until November 2017.

The CRC records show, for the interview sample, little evidence of non-compliance leading to breach or recall action and a small incidence of recorded further offending. Breach or recall action was initiated in four (of 35) cases. A record of further offending (from the start of supervision to the end of the research period) was made in five (of 35) cases.

4.4.2 The importance of relationships

One theme that emerged at every hub is the importance, for engagement and compliance, of the relationships between staff and service users. This finding is in-line with evidence from many studies of probation practice, where the quality of supervisory relationships is linked with positive outcomes in areas like compliance and reducing re-offending (Ugwudike 2010; Dowden and Andrews 2004).

At Hub A, 13 (of 14) service users spoke in very positive terms about the CRC staff that they met at the hub. (The 14th interview was particularly short and the interviewee did not comment specifically on his relationship with his supervisor.) The CRC staff at Hub A were praised for their skills and their personal characteristics.

AC05 and AC11 described their supervisory relationship as something like friendship. Asked how she got on with AS01, AC11 said *'Brilliant. I know she's my probation worker but she's like a friend as well. I see her as a friend even though she's not really, but I see her as a friend.'*

AC07 said *'AS02 is a lovely lovely person, and she's always been tidy to me.'* Asked what he meant by tidy, he continued *'Always been tidy. So, I've given respect back to her. That's what I mean, can't ask for better. You treat people nicely, they treat it you back then.'*

Service users also valued being supervised by someone who knew them well and had a good understanding of their circumstances.

'My brother was on probation a few years ago and he had AS01 so I knew who AS01 was before I met her. You know, she's a brilliant, brilliant probation officer. So, she's really great, she makes you feel really comfortable, you know?' (AC13)

Service users at Hub C made similarly positive statements about the CRC hub staff, sometimes making the point that they knew the hub staff better than their Responsible Officer based at Office E. CC01 had known CS01 for about four years.

'It's good because if I can't get hold of my probation officer, CS01 can always say to them "yeah, he's popped in, I've seen him, he's looking alright, he's okay". And they know - they've seen me come in here before in states and they know things have been wrong. And they can tell, because they've known me so long.'

CC03 described CS01's manner as *'great for the type of person I am. She's no nonsense and that keeps me in place. She's very encouraging, she's down to earth, and she doesn't go round the houses. If she's got something to say she'll be direct and so, she's picked up on how I am quite quickly.'*

CC06 explained that Hub C compared well with his previous experiences of supervision and linked this to the approach of the staff. *'Some of them, it's like, it's just no good. But this one is just really good. The staff are the right staff for this kind of job, you know?'*

In Hub B, service users had built relationships with the staff and volunteers at Centre B, alongside the link with the CRC supervisor. Their positive comments were often general, encompassing all the workers at the Centre.

'You couldn't ask for a better lot of people, to be fair with you. And they've done so much for me since I've been here.' (BC06)

BC01 explained how, as a female service user, she felt safe and welcome at Centre B. It had been a supportive environment for completing her community sentence.

BC02 explained that she felt comfortable discussing her problems with workers who had known her a long time. This included workers at Centre B, and also BS02 from the CRC. *'We go back years but we're alright. We've had our fallings out in the past. Only because, again, I wasn't behaving myself, not turning up for appointments, I wasn't taking the help. And, obviously, that's not good is it? So, this time round, as you can see, I am trying and I've been really open and honest with her about everything.'*

As in other studies of probation supervision (Shapland et al 2012), the importance of being able to talk to staff who had the time and inclination to listen was stressed by a number of service users, who explained that this was something that they valued about their attendance at the hubs.

'I can tell her anything. I take her advice and listen to her advice. Its hard to connect with a probation officer really. You know, person of authority like. And, she's easy to get on with- easy to talk to. She'll always listen.' (AC02)

'She's a lovely lady and she listens to me. She doesn't judge me, she helps me.' (BC03)

CC09 described his interaction with CS01 as *'doesn't seem formal, like talking to a friend'*.

AC04 specifically linked talking to his supervisor with a reduction in the risk of further offending. He was asked whether there was anything else he wanted to say about why he liked having supervision appointments at the hub. He replied *'Well, coming here, the thing I need to talk about is the issues that I've got- like what I've done. I go over that with AS01, I need to go over that with her. And it's like, I dunno..... it's like she's easy to talk to. And she tells me things not to do, what I can do- some advice- it keeps me out of trouble.'*

The theme of staying out of trouble emerged in other interviews. For example, AC02 described his supervision as *'making me stay out of trouble'*. AC12 contrasted his experience of Hub A with supervision in a large city. He felt that the quieter environment at Hub A increased his chances of leading a stable and crime-free life. *'With [the city] you got all the other ones coming there. They might be taking drugs, they might be pinching cars. They're all there in that same room. They all talk together about how to do it again. If you're on your own you got no one to talk to, you're not gonna be getting involved in that there, are you?'*

The emphasis at Hub B and Hub C was slightly different, with service users making the link between the services available at the hub and the support that this provided through the process of change.

BC09 (who was aiming to set up a small business) was impressed with the access to computers offered at the hub and BC11 talked of the help he had received with housing and benefits.

CC01 highlighted the way that the services available at the hub enhanced his experience of supervision. He was asked whether he identified any gaps in the provision offered at the hub and replied: *'I don't think so, no. It's probation isn't it? It's designed for one thing- to stop you going back to prison. So, all the added services that are here is a bonus, isn't it? - which have helped me.'*

4.5 Involvement with other agencies

Providing access to a range of community services and organisations is a key feature of community hubs. This section of the report considers the ways that hubs build links with other agencies.

4.5.1 Awareness of the opportunities available at the hub

Differences in the operation of the hubs affected the way that service users learned of the range of available opportunities. Most of the work of Hub B and Hub C was conducted in one large room and, as a result, service users could see other agencies at work. Service users attending at Hub A would wait (and usually not for long) in a reception area containing lots of posters and leaflets giving information about the more than 30 organisations delivering services from the building. In all three hubs, CRC staff also informed service users about the other agencies, encouraging involvement. Service users in the interview sample showed high levels of awareness of the opportunities available to them at the hubs.

AC12 explained that he read the information on the waiting room notice board. *'There's all different things on the board there and they say that these things are there. So, I'm aware that there are other things here.'*

Service users at Hub A had generally not known of the work of Centre A until the start of their supervision. AC10 was asked whether he knew anything about the things that happened at the Centre. He said *'No, until I come here I always thought it was flats. I didn't know they done all probation and stuff in here until I actually come here.'*

The position at Hub B was rather different. More than half of the service user interviewees knew of the work of Centre B before it became the location for their supervision appointments and some had been regular Centre users for a number of years. BC07 first started using the facilities at Centre B about ten years ago. *'I was homeless, I was actively involved in criminality and it was a place to- as it is now- for me then... somewhere to get out of the cold, get something to eat and what have you. As I said, I think it does somewhat more than that now.'*

BC11 had first attended Centre B earlier in the year, on his release from prison. He said that he had heard of the Centre in the past, but never visited. *'Well I wasn't in any problems then. I got loads now.'*

Three (of 11) service users had been unaware of the work of Centre B until referred by CRC staff. BC06 explained that he had arrived back in Town B, homeless and broke, after a brief unsuccessful attempt to make a fresh start elsewhere. *'And I went to probation on a Monday, they told me about it. (....) She said about coming up here and I could get my clothes washed and all that lot. And I come up here, and I've been coming up here every day, since.'*

Service users at Hub C learned about the range of agencies involved at the hub when they attended for their first appointment. They spoke positively about the opportunities available at the hub.

'So, it ain't just probation, I think the whole thing is good in the way it works' (CC02)

'It's all in the one room and you can hopscotch from one desk to the other. And, when I leave, I feel like I've achieved something- "I've got stuff done today!"' (CC03)

4.5.2 The range of services offered at the hubs

Each hub offered a different menu of agencies and community groups. The wide range of services available at Hub A reflected the health and well-being focus of Centre A, with projects in areas including substance misuse, bereavement, counselling, sight loss, domestic violence, pregnancy and housing.

Centre B directly provided a number of services, including food, clothing and advice, while also operating as a base for workers from other agencies bringing specialist skills in areas such as substance use and housing.

The organisations represented at Hub C had all been approached by the CRC staff and persuaded of the advantages of the hub model. They included agencies working in the fields of employment, mentoring, housing, money advice and substance use.

This mix of interventions is appropriate for the group of service users attending the hubs. As described in Section 4.2.1, accommodation, employment, drugs and alcohol are all frequently assessed criminogenic needs. OASys assessments across all three hubs also identify relationship problems as a commonly occurring need, supporting the need for services in areas such as counselling and mentoring.

Service users and CRC staff were asked to identify gaps in provision and areas for improvement at the three hubs. Service users at Hub A made no specific suggestions for improvement. CRC staff were looking forward to the addition of Citizens Advice to the list of agencies represented at Centre A. They expressed frustration that the contractual arrangements with the agency providing drug rehabilitation requirements required service users to travel to Town D for testing and prescribing services. They also stressed that telephone and printing facilities, necessary for their work, were in need of improvement. AS02 explained the need for a landline *'We need a better facility for service users making calls to the DSS. Service users can't use the staff mobile phone for 40 minutes.'*

When asked about gaps, service users at Hub B tended to focus on the service offered by Centre B (rather than more narrowly by the CRC). As a result, a number of suggestions were about longer opening hours and the provision of overnight accommodation.

'It's not open at a weekend at all, is it? And people are still hungry and homeless at the weekend. So yeah, that's what I would say. Maybe something over the weekend where people can go, cos a lot can happen over a weekend' (BC02)

BC07's recommendation, based on his own observations, resonates with the evidence (in Section 4.2.1) about the levels of poor health and disability experienced by service users. *'Certainly, from what I can see is that there are a lot of people that come up here with medical issues. You know? And for whatever reason, they have problems accessing various medical things. Perhaps having some sort of rota system where a doctor can be here once, twice, a week and see people up here that otherwise*

wouldn't get themselves to a surgery.' BS01 also identified the scope to improve the medical services available at Centre B, highlighting the need for chiropody provision.

In the months prior to this study, some services had been withdrawn from Centre B in response to budget cuts. The loss of the gym (or, more specifically, the worker qualified to undertake gym inductions) was felt by both service users and CRC staff. BC08 explained that regular exercise in the gym helped him manage his anxiety problems. BS01 described the withdrawal of the gym instructor as a *'great loss'* and BS02 explained how the prospect of using the gym had been an incentive to attendance at Centre B.

Service users at Hub C most frequently identified the need for more help with housing. A local homeless support agency did attend the hub but, if the weather had been particularly cold (as was the case during the fieldwork period), the charity's workers were deployed away from the hub to check on rough sleepers. CC08 said that it was *'unhelpful'* not to be able to link in with this organisation. The CRC staff at Hub C had identified housing as an area where they wanted to boost hub provision, and planned to involve more agencies at the hub and build its reputation with the local authority housing department.

Both workers at Hub C identified physical and mental health as priority areas. CS01's vision for the future included closer joint working with health service staff, bringing a greater range of services together *'under one roof'*.

4.5.3 Service user engagement with other agencies

Community hubs are aiming not only to provide information about the work of other agencies, but to engage CRC service users with relevant help, advice and support. CC03's quote (on p27) about hopping between agencies is a positive illustration of someone taking advantage of the opportunities provided at the hub.

Almost all the service user interviewees at Hub C gave examples of their involvement with agencies at the hub. Only two (of 10) were not clear on this point, both citing health problems which impacted on their ability to remember and to engage with help. CC06 explained how his mental health problems meant that, some days, he could not get out of bed. CC10 acknowledged that he had been given information about the services available at the hub but *'it's not for me'*.

Similarly, at Hub B, all but two service users gave examples of the hub services that they used. They spoke about practical help with food and clothing, specialist support with housing and drug problems, and advice about income and benefits.

BC05 was a particularly reluctant service user, resentful of recent probation and social services intervention in his life. He had only recently moved to Town B and explained that he did not like the noisy open-plan setting at Centre B.

Researcher: *'There are a lot of different things that go on here as well as probation. Are you involved in any of those?'*

BC05: *'Nope.'*

Researcher: *'Are you planning to be involved in any of them in the future?'*

BC05: *'I'm thinking about it. I don't really do stuff like that but... I got to do what probation ask me to do really. Gotta listen to them'*

The position at Hub A was different, with service users less likely to give examples of involvement with the other services available at Centre A. Four (of 14) gave specific examples of services that they had received as a result of their link with the CRC (in the areas of mental health, addiction, services for ex-armed service personnel, homelessness and employment). A couple of service users also gave examples of services that they were receiving independently of the CRC (for example, through the health service).

Service users at Hub A were also less likely to express a need for help. AC06 acknowledged that AS01 had offered to link him with other agencies, but he had declined the opportunities. *'That would be great but I don't really have the time for it you know. It depends on where you are in your life, how settled you are, whether you're employed or not employed, or, frankly, whether you want to do something or not want to do something.'*

AC04 explained that he did not currently use any of the services at Centre A, but conceded that things could change in the future. *'I've been trying to sort it out myself without asking anybody. Perhaps if there comes a time when I might need some help, I'll ask them and they probably will be there for me. At the moment, I haven't asked for no help.'*

4.5.4 Inter-agency work at the hubs

Community hubs provided a distinctive opportunity for inter-agency work. This was appreciated by both service users and staff. BC07 said that one of the advantages of keeping CRC appointments at Centre B was having a number of services *'all under the umbrella of one building'*. Summing up his experience of the hub, CC02 said, *'The access to the services is great. The staff that I've dealt with are great. And, as I say, having all the services in one place is like a one-stop-shop.'*

CRC staff made a number of points about inter-agency work at community hubs. Everyone spoke about the benefits of having a closer working relationship with practitioners from other agencies. Being able to *'put a name to a face'* (AS01) made it easier to pick up the phone with a query or respond to a service users in crisis. BS02, despite answering that the hub did not affect the way she worked with staff from other agencies, went on to explain that she appreciated being able to have face-to-face chats with workers from housing and drug treatment agencies. BS01 explained that working closely with staff from other agencies led to more creative practice, *'if you're sat with someone, it's easier to have ideas.'*

Four (of 6) staff interviewees gave specific examples of the efficiency of work at the hub. For example, CS01 said *'We can do something quickly, there and then.'* This speed and ease of access was important to service users too. CC02 said *'They'll strongly recommend that you talk to someone in here. Which, you know, sometimes takes a week or two just to get an appointment, but it's freely available here, do you know what I mean? It's easily available here.'*

Hubs also facilitated information sharing between professionals. Sometimes this was for the direct benefit of the service user: CS01 gave the example of agencies working together so that a service user could establish a sufficiently strong local connection with Town C to meet the criteria for local authority housing. Other examples of information sharing between professionals focussed on the gains for agencies, for example, sharing details relevant to risk and need assessments. Inter-agency work at the hubs also reduced the likelihood of duplicated effort between agencies. Three staff interviewees specifically offered 3-way meetings (with the service user, CRC officer and

representative from another agency) as a useful practice which was more likely to take place at the hub than in a CRC office.

5.0 Community Hubs

5.1 Different Ways of being a Community Hub

This study makes clear that there are significant differences between community hubs. These differences affect the experience of the service user, the way that staff work, the organisational structure required to deliver the hub, and the relationship with other agencies. The prominence of the CRC and the formality of the hub environment are two examples of this variation.

The Prominence of the CRC

At one end of the spectrum, community hubs are run by the CRC. In this case, the CRC:

- provides the venue (either in its own premises or by renting space elsewhere),
- sets the tone for the hub (will it be open-plan? will there be refreshments? how will security (of people and belongings) be managed?),
- invites other organisations to join in,
- makes the rules about which service users are eligible to attend.

At the other end of the spectrum, community hubs are hosted by another organisation on its terms. In this case the CRC:

- has little control over the style or reputation of the hub,
- uses the facilities provided by the host organisation,
- works within the host's operating framework (e.g. about opening times, the behaviour of service users and who is excluded from the premises),
- links with the agencies partnering with the host organisation.

In this study, Hub C was led by the CRC. Hub B and Hub A were hosted by other organisations, but good working relationships enabled CRC staff to work constructively within both hubs. One significant difference between Hub B and Hub A relates to the local reputation of the host agencies, with Centre B strongly associated with homelessness and drug problems.

Formality of Environment

Community hubs can operate in day centre settings. The centre is open for a number of hours and service users are able to attend as often as they wish and stay as long as they like. Day centre facilities are likely to include refreshments and leisure facilities (e.g. games and television) along with staff offering guidance and support.

At the other end of the spectrum, community hubs can operate more like GP's surgeries or traditional probation settings. Here service users attend for a planned appointment, report to a receptionist, wait until they are called for their session, and leave when the session is over.

In this study, Hub B was located within a day centre; some CRC service users were regulars at the day centre, a minority attended only for the purpose of keeping a CRC appointment. Hub A was operating with the appointment model used by Centre A. Hub C combined attendance by appointment with the facility for service users to drop-in to seek help. The offer of basic refreshments (hot drinks and biscuits) added to the informal feel. Service users were not expected (and did not seek) to stay at the hub after they had met with relevant staff; Hub C was not a day centre.

5.2 Signs of Success

This study suggests that, whatever the structure of the community hub, there are some common signs that indicate successful practice.

Staff

The characteristics and skills of community hub staff are paramount. Service users in this study responded positively to staff who were welcoming, warm and reliable. They appreciated consistency of staffing, and avoiding the need to tell and re-tell their personal story.

Staff working in community hubs need to be committed to inter-agency work and interested in developing community links. Staff working at more informal community hubs need to be confident in an unstructured environment (they need to be able to think on their feet).

Other Agencies

Community hubs depend on the wider network of partner agencies. Meeting the criminogenic needs of CRC service users requires input from agencies working in these key areas: housing and homelessness, drugs, alcohol, mental health, employment and training. A wider network of community agencies are valuable in building community links and supporting desistance, including provision for mentoring, service user volunteering, counselling, improving physical health, education, sport, the arts, and family support.

The community hub model enables a quicker response to service user need, and increases (for service users and staff) knowledge about and confidence in local agencies and resources.

Facilities and Privacy

Community hubs require adequate facilities. Hubs are accessible and informal settings, but they still require staffing levels and security arrangements that keep everyone safe. Buildings of adequate quality play a part in making service users feel welcome and staff feel valued.

In order to be able to make phone calls, provide information to service users, send messages to colleagues and keep records, CRC staff need access to telephones, computers and the internet. The absence of printers and photocopiers at community hubs complicates some case management tasks.

Crucially, service users and staff need the possibility of privacy. Much of the work of community hubs can be conducted in busy open-plan settings, but some conversations require a greater degree of privacy.

Location

The location of a community hub does affect service user compliance and engagement. Service users appreciate reporting in their local area, close to home and to other neighbourhood facilities. For those with health problems, avoiding the need to travel is a significant benefit.

For staff, working closely with other agencies brings the potential for increased local knowledge and more creative solutions to problems posed by service users.

5.3 Questions about Community Hubs

The study also identifies some questions about the aims, priorities and operation of community hubs.

Including a greater proportion of service users

A proportion of service users who may benefit from the services of the community hub are currently seen elsewhere. Community hubs have limited opening hours, and may not be able to accommodate people who need to be seen first thing in the morning or in the evening. Community hubs operating a day centre-type model may not be suitable for service users with particular vulnerabilities.

Is evening opening of community hubs possible or desirable? Is there merit in community hub sessions that are exclusively for particular groups of service users (e.g. women, young adult offenders, those with particular treatment needs)?

Organisations that host community hubs

Where organisations outside the CRC host the hub, that organisation's policies, ethos and image affect the reputation of the hub. For example, service users may be reluctant to attend a centre strongly associated with providing services in areas like drugs, alcohol or mental health. Staff and service users may have concerns about close involvement with faith groups.

What are the appropriate criteria for selecting host organisations for hubs? When are CRC-led hubs more appropriate?

The relationship between the community hub and the CRC office

Community hubs rely on the CRC office in a number of ways. The CRC office may accommodate staff who attend the hub only rarely but are the Responsible Officers for service users who report there. The CRC office may provide services not available at the hub (e.g. groupwork programmes or IT facilities). Some service users choose to report to the CRC office in preference to the hub. Some service users are deemed 'not hub appropriate' by staff and are required to report to the CRC office.

To what extent is attendance at community hubs a matter of choice (service user choice or staff choice)? Is reporting at the CRC office the only option for service users who are 'not hub appropriate'? What is the appropriate balance of resources between community hubs and CRC offices?

5.4 The Study Objectives

This section links the study's findings to the objectives set at the outset of the work. The study began with five objectives.

Examine experiences of supervision taking place at community hubs

The diversity of service users and the differences between community hubs lead to a rich variety of experiences of supervision. The themes of informality, accessibility and convenience all emerge from the study.

Section 4.2 gives a picture of the circumstances and needs of people attending community hubs while Section 4.3 details their experience of supervision.

Establish the types of offender engagement and patterns of compliance evident at community hubs

Section 4.4 draws on case record and interview data to examine issues of attendance, engagement and compliance. As noted in Section 4.4.1, case record data paints only a partial picture of reporting patterns at the hubs, as not all (particularly the informal) contacts between staff and service users are recorded as appointments kept.

Interview data (see Section 4.4.2) points to the importance of staff/service user relationships to building and sustaining attendance at appointments and involvement with interventions.

The study was not set up to compare patterns of engagement and compliance between different community hubs, or between community hubs and CRC offices.

Identify possible outcome measures for use in subsequent research

This study suggests a number of possible outcome measures for use in subsequent research. These, along with options for further evaluation of the community hub approach, are discussed in Section 5.5.

Assess the extent to which attendance at community hubs leads to involvement with organisations other than the CRC

Service users at community hubs are provided with information about a range of services. The community hub approach speeds, smooths and sometimes does away with the referral process to these services. Service users appreciate the ease of access to specialist workers in areas such as drugs and housing. Longer term research would be needed to assess the duration and extent of this involvement with agencies other than the CRC.

The community hub approach also strengthens inter-professional relationships. Staff working at the hubs explain that they know more about the work of other agencies and benefit from opportunities for informal discussion.

Staff and service user perspectives on inter-agency work are discussed in Section 4.5.

Contribute to the conceptual development of community supervision.

Bottoms (2008) identified that probation supervision was becoming less community-based. Probation supervisors were increasingly office-based and rarely visible in the neighbourhoods where supervisees lived. Bottoms went on to argue that one consequence of this trend was that offenders would lose confidence that their supervisors understood their circumstances and were able to provide relevant help and advice.

Community hubs represent a significant shift away from office-based supervision practice. While there is no single community hub model (see Section 4.1) each hub in this study provides good access to a range of community resources in the context of helpful and encouraging supervisory relationships. Supervision at community hubs can provide individualised support for change and enable service users to make community links that will last beyond their contact with the CRC. This approach is in keeping with principles for desistance focussed practice (McNeill et al 2012).

5.5 Next Steps for Evaluation

This study has explored differences between community hubs, suggested factors underpinning positive practice, and raised questions about future hub development.

There are a number of ways of building on this study and drawing on the learning from (and limitations of) this piece of work.

A research project with a longitudinal element

This study took a 'snapshot' of the views and opinions of service users at a single point during their period of supervision. A longer-term study could build a more detailed understanding of the contribution of the community hub at different stages of supervision. Such a study would also be able to gather more data about service users' engagement with the other community agencies, including information about the nature and duration of that engagement.

Building a purposive sample

The 'interview sample' in this study included men and women, service users across the age range, and those with a history of poor compliance with supervision. However, there was an inescapable element of convenience to the sampling process arising from the limited amount of time available for fieldwork. A larger study could adopt a more systematic approach to sampling, setting out to include all service users meeting a specified set of criteria. Such a sample could also include service users who, for whatever reason, reported to CRC offices rather than hubs.

Measuring outcomes

Possible outcome measures that could form part of a future research project include:

- Service user engagement with other community hub agencies
 - number of sessions
 - duration of involvement
 - assessment against objectives set by that agency,
- Intermediate outcomes directly or indirectly associated with reductions in reoffending (for example drawing on work undertaken for the Ministry of Justice by RAND Europe and the University of Glamorgan),
- Reconviction data.

Making greater use of existing CRC data

The learning from this study suggests two ways of making greater use of existing CRC data:

- Drilling into the detail contained in assessments and contact logs to gather data about criminogenic needs, compliance and engagement,
- Creating a dataset, building on the 'hub sample' of this study, containing data about the reporting pattern of a larger number of service users.

Case records are kept for practice rather than research purposes and, as a result, are never a perfect resource for evaluation (Hedderman, Palmer and Hollin 2008) but information for staff (produced for a future research study) could include an explanation of how and why case record data will be used.

Focus on particular service user needs or characteristics

Future research could focus on the applicability of the community hub model to particular groups of service users. For example, this study identifies that poor mental health is a prevalent problem among service users, suggesting that mental health services (from both statutory and voluntary sectors) have an important role to play in community supervision.

The position of women service users (and service users with children) was raised in this study, with some support for the provision of women-only space at community hubs.

5.6 Final words

Community hubs are not the first practice model designed to strengthen probation's local links and increase the likelihood of service users find lasting sources of support and help. Initiatives like probation drop-in centres, patch and neighbourhood offices, and one-stop-shops for female offenders share the aim of delivering a service in local communities and alongside partner agencies.

The community hubs in this study were appreciated, by staff and service users, for delivering a local service with access to specialist providers in a welcoming environment. The report concludes with more of their words.

AC01 was asked to rate (on a scale of one to five) the community hub as a place to have supervision appointments. He replied *'It'd have to be 'five'. Considering I've never completed probation anywhere else, I think it speaks for itself really.'*

BS01 explained that the hub *'just makes things easier'*. Service users are *'more relaxed'* with *'better engagement'*

CC06, at the end of the interview, was asked if there was anything else he wanted to say. *'No, not really. It's a good hub, it's a good probation office, it just does it right. This is how probation should be.'*

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7.0 Appendices: Information and Consent Forms

Appendix 7.1 Service User Information and Consent Form



Centre for Community, Gender and Social Justice, Institute of Criminology

University of Cambridge, Sidgwick Avenue, CB3 9DA, 01223 335360

PARTICIPANT INFORMATION SHEET

The Use of Community Hubs to Deliver Probation Supervision

Dr Jane Dominey

What is the purpose of the study?

The purpose of this study is to review the work of community hubs. In particular, it aims to find out how community hubs make a difference to people's experience of supervision and affect their involvement with organisations other than the Community Rehabilitation Company (CRC). The study is being conducted by staff from the University of Cambridge. The money for the study has been provided by the Centre for Community, Gender and Social Justice. Working Links has made a contribution to the research expenses.

Why have I been invited?

You are invited to take part in this study because we are interested in your experience of the community hub.

Do I have to take part?

No - your participation in this study is entirely voluntary. It is your choice whether to participate or not and neither advantage nor disadvantage will occur as a result of your decision. You are free to withdraw at any time, without giving reason, and anything that was recorded or written down will be destroyed.

What will my participation involve?

You are agreeing to take part in an interview with one of the researchers. The researcher will ask you about your experience of the community hub and the organisations that are

based here. If you agree, the interview will be audio recorded. The researcher will also look at the records about your supervision held by the CRC.

How will my information be used?

Any information you give in the interview or that comes from records will be used anonymously. Your real name will not be used at any time during this research and you will not be identifiable in the research report. Any personally identifying information will be stored securely at the university. It will be stored until the end of study period.

The information that you give will be held in confidence. The researchers will only share information with the Community Rehabilitation Company if they believe there is a significant risk of serious harm to you or someone else.

What are the possible disadvantages and advantages of taking part?

We will conduct the interview with care and sensitivity but we know that questions about probation supervision can be intrusive and raise difficult issues. At any stage of the interview you are free not to answer, skip to the next question, take a break or stop the interview. Should you require further support after the interview, we will link you with an appropriate person from the CRC.

There are no direct benefits to you in taking part. You are contributing to research that aims to improve the experience of probation supervision.

What if there is a problem?

If you have concerns about any aspect of this study, you can contact your supervising officer or a CRC manager.

Thank you for taking the time to read the above information. We hope that you will consider participating in this study.

have read the information sheet and had the chance to ask questions.

I agree to take part in this research.

Your name (in capitals).....

Your signature.....

Researcher's signature.....

Today's date.....

Appendix 7.2 Staff Information and Consent Form



Centre for Community, Gender and Social Justice, Institute of Criminology

University of Cambridge, Sidgwick Avenue, CB3 9DA, 01223 335360

PARTICIPANT INFORMATION SHEET

The Use of Community Hubs to Deliver Probation Supervision

Dr Jane Dominey

What is the purpose of the study?

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Why have I been invited?

You are invited to take part in this study because you have relevant work experience.

Do I have to take part?

No - your participation in this study is entirely voluntary. You are free to withdraw at any time, without giving reason, and anything that was recorded or written down will be destroyed.

What will my participation involve?

You are agreeing to take part in an interview with one of the researchers. The researcher will ask you about topics including offender engagement, compliance and inter-agency work. If you agree, the interview will be audio recorded.

How will my information be used?

Any information you give in the interview will be used anonymously and your real name will not be used at any time during this research. Any personally identifying information will be stored securely at the university and destroyed at the end of study period.

The information that you give will be held in confidence. The researchers will only share information if they believe there is a significant risk of serious harm to you or someone else.

What if there is a problem?

If you have concerns about any aspect of this study, you can contact a CRC manager or the Institute of Criminology (01223 335360)

At any stage of the interview you are free not to answer, skip to the next question, take a break or stop the interview.

Thank you for taking the time to read the above information. We hope that you will consider participating in this study.

I have read the information sheet and had the chance to ask questions.

I agree to take part in this research.

Your name (in capitals).....

Your signature.....

Researcher's signature.....

Today's date.....