

The Offender Personality Disorder Pathway for Men: Staff Perceptions About Possible Impact on Re-offending in High-Risk Individuals with Personality Disorder

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Abstract

The Offender Personality Disorder Pathway was introduced in England and Wales in 2012 to manage high risk offenders with personality disorder. One of the key outcomes of the Pathway is to reduce re-offending. A national mixed methods evaluation was undertaken, and this paper presents findings from the qualitative interviews focussing on staff's perceptions of the Pathway's ability to impact on re-offending in this population. Interviews were carried out with 38 staff and analysed using a framework analysis. Staff reported that the Pathway: improved their understanding of individuals and what drives their offending; developed their confidence to manage this population; and enhanced inter-agency communication. They were less convinced of any direct impact on re-offending. Early indicators of the Pathway show it has value in improving engagement, risk management, staff skills, and inter-agency working. Whether this is enough to reduce re-offending will take time to establish.

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Plain Language Summary

Supporting Men with Long-Standing Personality Difficulties Linked to Serious and Violent Offending Behaviour: Staff Views on a Pathway Programme designed to Reduce Repeat Serious and Violent Offending

The Offender Personality Disorder (OPD) Pathway was introduced in England and Wales in 2012 to improve how services manage people who have long standing personality difficulties which are linked to serious and violent offending behaviour. These individuals are considered high risk of repeating serious and violent offences and one of the key aims of the Pathway is to reduce this repeat re-offending by improving how these individuals are assessed, supported and supervised. A national evaluation was carried out which involved collecting criminal justice system data and also carrying out interviews with both staff working in these services and individuals receiving the services. This paper reports on findings from interviews with 38 staff working in services involved in the Pathway. The interviews explored staff views about whether the Pathway is helping to reduce re-offending among high-risk individuals with personality difficulties. Overall, staff were positive about the changes the Pathway has brought. They felt it had improved their understanding of the people they work with, particularly the complex factors that contribute to offending behaviour. Staff also reported feeling more confident in managing individuals who present high levels of risk and have personality difficulties. In addition, they described better communication and collaboration between agencies, such as prison, probation and health services, which they believed led to more coordinated and consistent support. However, staff were less certain about whether the Pathway can directly reduce repeat offending. Many felt that changes in repeat offending rates can take time to become clear. Instead, they saw the Pathway's impact as more indirect. By improving engagement with individuals, improving risk management, and increasing staff knowledge and skills, the Pathway may create the right conditions for repeat offending to reduce over the longer term.

Keywords

personality disorder, re-offending, pathway, criminal justice, offender, psychological

Introduction

The Offender Personality Disorder (OPD) Pathway was introduced in England and Wales in 2012 as a joint initiative between the Ministry of Justice (MoJ) and NHS England to improve the management of high risk individuals with personality disorder (PD; NOMS & NHS England, 2015). PD is highly prevalent within criminal justice system (CJS) populations globally (Brown et al., 2022; Rebbapragada et al., 2021), particularly Cluster B presentations (anti-social, borderline, narcissistic and histrionic), which are associated with elevated rates of violent and sexual offending (Dellazizzo et al., 2018; Eher et al., 2019; Lowenstein et al., 2016), as well as complex

interpersonal difficulties, and high service costs (Gatner et al., 2023). These characteristics pose significant challenges for both public protection and effective rehabilitation.

Policy Context and Origins of the OPD Pathway

The OPD Pathway evolved from the earlier Dangerous and Severe Personality Disorder (DSPD) Programme, commissioned in 2002 following a high-profile case (see Jarrett et al., 2022 for further details on the background to the Pathway). DSPD brought with it significant changes to policy and mental health legislation; investment in research, interventions and new clinical guidelines for PD (Pickersgill, 2013). It was decommissioned in 2011, and its funding redirected to the OPD Pathway. In contrast to DSPD, OPD was designed as a system-wide pathway rather than a small number of specialist units solely in high security settings. Instead, OPD services were rolled out across prisons of all security categories, secure hospitals, in the community in probation and outpatient settings. Eligibility criteria, which were highly stringent relating to psychopathy scores for DSPD, were broadened out to capture a much larger population (detailed below). Whereas DSPD was accessed by 202 individuals (Burns et al., 2011), by July 2016, an estimated 36,459 individuals—approximately 37% of the National Probation Service caseload—had met eligibility criteria for the Pathway, most of whom were in prison settings (Bali et al., 2023).

Aims and Structure of the OPD Pathway

The overarching aims of the OPD Pathway are to: (i) reduce serious sexual and/or violent re-offending; (ii) improve the psychological wellbeing of people accessing services; (iii) enhance staff competence and confidence in managing complex risk; and (iv) improve the cost-effectiveness of services (NOMS & NHS England, 2015). Importantly, the Pathway does not conceptualise a reduction in risk of re-offending as arising solely from discrete treatment programmes. Instead, it explicitly frames relationships and environments as mechanisms for change, stating that it ‘*uses the environment and relationships between staff and service users as a method for change in its own right*’ (NOMS & NHS England, 2015, p. 12).

Eligibility for the OPD Pathway is based on three criteria: (i) a high likelihood of repeat violent or sexual offending and high or very high risk of serious harm; (ii) likelihood of severe PD; and (iii) a clinically justifiable link between the PD and risk of re-offending. The latter is judged via case consultation process where NHS clinicians (usually clinical psychologists) explore the person’s history, personality traits and risk of harm with probation staff to assess the link to offending behaviour (Joseph & Benefield, 2010). Screening items are used to aid the process (see HMPPS & NHS England, 2020 for more details). A formal diagnosis of PD is not required; rather, individuals are expected to present with complex emotional and interpersonal difficulties that are understood to underpin risk behaviours (NOMS & NHS England, 2015).

Concepts Underpinning the OPD Pathway

The OPD Pathway is underpinned by a relational and psychologically informed theory of change (NOMS & NHS England, 2015). Central to this model is the assumption that risk is informed by early life experiences, that offending behaviours have precipitators and that individuals can be better managed when their particular personality difficulties are taken into account (HMPPS & NHS England, 2020). Risk escalation is understood to occur not only through individual traits, but also through fragmented services, inconsistent staff responses, poorly attuned environments, and limited shared understanding of behaviour (Willmott & Shaw, 2025).

The Pathway assumes that improving staff understanding of individuals in its services—through shared psychological formulation—leads to more coherent, consistent, and proportionate responses (Minoudis & Kane, 2017). In turn, this is expected to facilitate and support reflection and eventually support adaptive coping strategies (HMPPS & NHS England, 2020). Psychotherapeutic evidence highlights the centrality of the therapeutic relationship in PD treatment (Fassbinder et al., 2016), while prison research suggests that perceptions of safety and positive staff relationships can facilitate engagement and change (Auty & Liebling, 2020). OPD integrates these insights by embedding formulation, reflective practice, and relational work within everyday service delivery.

Within this framework, formal treatment programmes are only one component of risk management (NHS England & HMPPS, 2023). Equally important are psychologically informed environments and approaches, staff supervision, and organisational practices (case formulation, continuity of care) that reinforce consistent relational approaches over time (Willmott & Shaw, 2025).

Pathway Processes and Staff Roles

Once eligibility is identified, case consultation and formulation are used to develop a Pathway-informed sentence plan (discussed in the findings section; NHS England & HMPPS, 2023). Offender Managers (OMs; who work in probation) retain responsibility for overseeing sentence planning and progression through the CJS, while clinicians, usually psychologists, contribute expertise through formulation, consultation, supervision, and—in some services—direct therapeutic work (NOMS & NHS England, 2015).

OPD services include a network of treatment and non-treatment settings. These range from PD treatment units which offer individual and group psychological therapies where length of stay is approximately 2 years; to Psychologically Informed Planned Environments (PIPEs) and Democratic Therapeutic Communities (DTCs), lasting 1 to 2 years. In PIPEs, psychologists primarily support frontline staff through supervision and consultation, enabling staff to provide consistent, relationally informed containment rather than direct therapy (Kuester et al., 2022). PIPE models vary, including preparation (pre-PD Treatment), provision (residents attend treatment elsewhere), progression (post-PD Treatment), and Approved Premises PIPEs in

the community (formerly known as probation hostels and designed to support people following their release from prison), reflecting different stages of an individual's sentence and rehabilitation. In prisons, individuals reside within normal locations within the prison when not in the PD Pathway service.

Evaluation Evidence and the Need for Process-Focussed Outcomes

An independent national evaluation of the OPD Pathway was commissioned in 2014, with a stated focus on assessing risk of serious re-offending (Joseph & Benefield, 2010). Quantitative findings showed that individuals screened into the Pathway met high-risk criteria (Moran et al., 2022), but no significant differences in re-offending were identified between those receiving Pathway services and those awaiting access (Vamvakas et al., 2025). These findings are likely to reflect limitations in follow-up duration, data quality, and the difficulty of isolating Pathway effects within a complex system. Previous literature has reported on Pathway service users' experiences of being in Pathway services which are generally viewed much more positively compared to normal prison locations (Jarrett et al., 2025). Given these constraints, there is increasing recognition that early indicators of success within the OPD Pathway are likely to be early and process-based, rather than immediate reductions in reconviction. These include improvements in staff understanding of factors that contribute to re-offending, coherence of care, relational stability, and service user psychological wellbeing.

Focus of the Present Study

As part of its stated aims, the OPD Pathway seeks to improve staff's '*understanding of behaviour, risk factors and effective management strategies*' (NOMS & NHS England, 2015, p. 5). This paper examines whether these aims are being realised from the perspective of staff working within OPD services. Specifically, it explores staff views regarding: (i) whether the Pathway enhances understanding of the individuals in these services; and (ii) and whether the staff perceive the Pathway to have an ability to impact on re-offending. By focussing on staff perceptions and relational processes, this study addresses a critical but under-examined component of the OPD's underpinning concepts and contributes to a more nuanced understanding of how complex interventions may support long-term desistance.

Methods

Sites

The Pathway network covers a range of services at various levels of security throughout the country. We undertook data collection in the then five National Probation Service (NPS) regions in England and Wales: North East, North West, Midlands, South West, and South East England (Wales and London were excluded as they were

undergoing separately commissioned evaluations). Our sampling of OPD Pathway services and probation regions aimed to (i) capture all components of the Pathway, (ii) be inclusive geographically, and (iii) include a range of security categories.

The services comprised of:

- PD treatment services in prisons of three different security categories (from Category A, highest security category to Category C).
- Psychologically Planned Informed Environments (PIPEs) within prisons of three different security categories (Category A–C)
- A National Health Service (NHS) Medium Secure Unit
- A PD treatment service in the community
- Approved Premises (community)
- Case consultation and formulation in probation services

Participants and Recruitment

We aimed to recruit a convenience sample of two staff in each service. The sample size was prescribed by methodological (obtaining representation from all types of services) as well as pragmatic considerations of limited resources (one researcher, wide geographical area and different types of services). Inclusion criteria for staff were as follows: (i) aged over 21 years, (ii) had been working within the Pathway service for at least 6 months, and (iii) not subject to any disciplinary procedures. Information sheets for all participants were emailed to the lead clinician at each site and discussed with potential participants at least 1 month before the researcher's planned visit.

Interview Protocol

We used a semi-structured interview schedule to ensure coverage of key themes. The interview schedule, consent form and participant information sheet were developed by the research team, in consultation with (i) specially convened Expert Reference Groups comprising senior psychology, prison and probation staff in the Pathway, (ii) the PD clinical and probation leads in two regions, and (iii) members of the MoJ OPD research team, and Patient and Public Involvement members. Following circulation and amendments of interview schedule drafts, the final interview schedule included questions relating to the individual's role, current way of working compared to previous, staff perceptions of Pathway impact on Pathway users, management of this population, and re-offending risk. Full details are in the final report (Moran et al., 2022).

Procedure

All participants provided written informed consent. All interviews were conducted face-to-face in a confidential setting by one member of the research team (MJ). She trained as a Registered Mental Nurse and had worked in prisons for 9 years prior

commencing on this study. She had not worked in the prisons and probation services where the interviews took place and had not previously met any of the participants. Interviews lasted approximately 30 min to 1 hr. All interviews were recorded on a digital audio recorder meeting the security requirements of the Ministry of Justice and were transcribed by an approved transcribing service. We also sought consent from a subset of participating staff to follow them up approximately 1 year after their initial interview, to determine whether their views of Pathway services had changed with the passage of time.

Data Analysis

Transcripts were analysed using a framework analysis as described by Ritchie and Spencer (1994). Framework analysis allows for large quantities of data to be analysed in a systematic way; it is suitable for evaluation and policy research; and is not tied to any particular epistemology (Goldsmith, 2021; Parkinson et al., 2016;). In order to facilitate the analysis, a word template was designed, which allowed us to summarise the salient features of each case, based on the key questions of the interview schedule. The information from these ‘case summaries’ was then transferred to excel sheets, where each row represented a participant and each column related to a thematic area (e.g., perception of risk of re-offending). This approach ensured that our analysis identified themes that would yield information on perspectives about Pathway services while retaining a ‘whole case’ perspective enabling us to link key characteristics of each individual participant to these themes. The strength of this approach is that it permitted a systematic and transparent review of a large volume of data, enabling us to capture key themes to inform an understanding of the experiences of participants, without compromising the richness of the data.

A reflexive approach was maintained by the research team throughout the development of the interview schedules, analysis and writing up via discussing and challenging established assumptions. To enhance the interpretive validity of the analysis, several members of the team contributed to the critical review, interpretation, and contextualisation of the emergent themes.

Ethics

Research governance approvals were granted by the National Research Ethics Committee South Central—Berkshire (Ref: 15/SC/0076) and the National Offender Management Research Committee (Ref: 2015-081 NRC).

Results

We interviewed 38 staff in total. Follow-up was undertaken with a subset ($n = 16$) of participants, 11 of whom were re-interviewed approximately 1 year later; five were unavailable due to service moves or sickness. Staff characteristics are outlined in Table 1.

Table 1. Participant Characteristics.

Participant profiles	N of participants (Total = 38)		
Occupation	4		
Senior commissioners	10		
Offender Managers	6		
Other probation staff (regional, area and AP managers, support workers, probation service officer)	8		
Prison officers	4		
Psychologists	6		
Other clinicians (MH Nurses, OT and CAT Therapist)			
Settings	N		
HMPPS and NHS England	4		
Prison PD Treatment Unit	5		
Prison Progression PIPE	5		
Prison Provision PIPE	2		
Democratic Therapeutic Community	2		
NHS Medium Secure Unit	3		
Community PD Treatment	3		
Community PIPE	3		
Other Community (Probation offices, Approved Premises)	11		
Gender			
Male	19		
Female	19		
	Mean	(SD)	Range
Age*	41.7 years	(11 years)	26–61 years
Length of time in profession**	13.6 years	(8.3 years)	4 months–3 years
Length of time in pathway***	27.5 months	(16.2 months)	4–66 months

*N= 15, **N= 23, ***N= 30.

Interviews were carried out with staff from across all components of the Pathway. We interviewed staff from broadly speaking three main roles: prison officers, probation and clinicians. Staff worked across differing security categories of prisons, NHS settings, and community probation settings and at varying levels of seniority. We interviewed equal numbers of men and women, and most participants were of White British ethnicity. For those on whom we had complete demographic data, the mean duration in their professional role was 13.6 years (*s.d.* 8.3 years) but this varied widely within professional groups with some OM's only being in post a matter of months, while those at managerial level often had been working in that role for over 20 years.

Staff Perceptions of Whether and How the Pathway Impacts on Re-offending

Two themes were identified in the data. The first related to how case formulation helped to reframe and develop understanding of individuals in the Pathway. There was consistent agreement that case formulation enhanced understanding of individuals in the Pathway which in turn supported more informed management of these individuals. There was less consensus on whether the Pathway would reduce re-offending (second theme), with indicators of risk of re-offending being conceptualised in different ways by the professional groups. These included immediate behavioural change as well as increased insight and psychological shifts in self-understanding by the Pathway user.

Case Formulation: Understanding the Person

Across professional groups, case formulation was described as central to improving understanding of individuals in the Pathway. Case formulation comprises specific discussions between healthcare, criminal justice staff and at times, Pathway users, to better understand the individual's psychosocial and criminogenic needs. Viewed as distinct from sentence planning in that it built a chronological picture of the individual's background starting with early childhood experiences, leading to their current presentation, exploring the links between current beliefs, behaviour, and triggers and childhood experiences.

Often, you're dealing with the here and now and thinking that if you tell someone that they can't drink alcohol or drugs, then that's going to stop their risk. [...] but actually, drugs and alcohol are a soothing strategy for a lot of people and so to completely eradicate it or tell someone they can't do it, the misbehaviour is probably going to increase in other avenues. (S21, OM, Community Services)

Sentence planning, in contrast, begins with the offence led and works backward to the antecedents to the offence (e.g., alcohol use). The case formulation feeds into the sentence plan, informing interventions to reduce re-offending, but not vice versa. Staff thought that case formulation helped them reframe individuals' behaviour within the context of trauma informed approaches and patterns of interpersonal responses rather than just taking the person's behaviour at face value. One participant explained:

You end up with what are the underlying needs of the offender that are not being met that are somehow driving him towards offending, rather than what is the offending, because it could be that you have two different offences, they might be both of violence but you know and there might be different Pathways towards that offence (S26, (T2), Clinician, PD Treatment Unit).

OMs described how understanding the individual better helped them unlock additional interventions, inquire about mental health, adjusted requirements of individuals to not to overwhelm them leading to increased engagement. Incidents which

previously may have been perceived to be indicative of escalating risk could, via case formulation, be reframed as a predictable response in light of the individual's background. As one OM told us:

I suppose it helps you not over-risk them cause you think . . . if someone's kind of shouting at you for some reason you think oh, this guy's really risky but actually when you talk about him like actually this is why he does that or he can't see things that way cause he lacks empathy or whatever (S36, OM, Community services).

This reframing was perceived to reduce reactive over monitoring and prevent unnecessary escalation (e.g., recall to custody). It also meant that rather just focussing on restrictions, there was an emphasis on setting positive goals. Moreover, it enhanced inter-agency information sharing and helped to provide a rationale for decision making.

Overall case formulation provided a more comprehensive view of the individual and what drove their offending; and facilitated inter-agency communication. As a result, most staff, regardless of professional background, widely perceived case formulation to be a valuable tool in assessing and managing individuals in the Pathway. However, there was less consensus as to whether the Pathway had the ability to reduce re-offending, possibly due to the variations in the way indicators (risk) of re-offending were conceptualised.

Staff Interpretations of the Pathway's Role in Perceived Changes in Re-offending

Behaviour was the first and most obvious indicator of whether an individual's risk of repeating a similar offence had changed for many staff. Prison officers in particular often perceived changes in behaviour as proxies for changes in risk. Risk of re-offending was therefore understood through daily conduct such as reduced aggression, increased compliance, improved emotional regulation, and increased capacity to tolerate frustration without violence. These behaviours provided tangible evidence that risk was being reduced. One officer explained what would be perceived as progress in terms of risk:

So his progression is that he's tolerated somebody that's been a bit of an arse for a while. So probably his progression is, like I say, he didn't go in and batter him (S13, Prison Officer, PD Treatment Unit).

This perceived reduction in risk in the prison context could then be extrapolated to other contexts:

[..] If you're reducing risk then my mind says that it's got to be reducing offending, even if it's offending in prison (S6, Prison Officer, PD Treatment Unit).

However, for psychologists, current changes in behaviour were not enough to infer future behaviour. They perceived any reduction in re-offending to be more likely the result of a gradual process in which the person developed insight into the links between their offending and their early history, maladaptive coping styles and personality traits. What the Pathway offered was a way of potentially speeding up processes of emotional maturation, self-awareness and insight that might otherwise unfold more slowly across the life course. One clinician explained:

Most people eventually will stop offending through their lifespan and I think that part of that is maturity and natural developmental processes, but I think there are things that can be put into place that can help accelerate that process (S26, Clinician, PD Treatment Unit).

OMs tended to agree with the notion that immediate behaviour indicators, while useful, were not necessarily indicators of sustained change, which they also believed would be incremental, as one participant commented:

If we can get a change in someone's behaviour it might not, they might not come here and sail through the whole experience and move on and be 100% successful. If we can get them to do better than they did inside or better than they did last time in the community then it's the start of something [. . .] I hope (S24, (T2), Other probation staff, Community services).

Psychologists' perception of longer- term goals being key to managing an individual's behaviour meant that they advocated for an individualised approaches tailored to the person's needs. This at times led to conflict with staff in prison and residential probation settings when they supported a personalised approach to rule breaking rather than a standard application of sanction. For front line staff in these settings, this inconsistent approach created difficulties, with Pathway users exploiting perceived leniency by challenging decisions and testing boundaries. A particular source of frustration was that challenges to authority often occurred outside of the working hours of clinicians. One participant told us:

I mean there's a bit of a clash in that respect where I guess the officers see these people every day and they're with them all the time when they're on duty, whereas the medical staff are doing their jobs and I don't want to say they're naive but I can't think of another word. There's like a naivety there around what we know they're [the prisoners] capable of doing and what they're up to where they tend to believe most of the stuff they get told in terms of 'well no, I'm not doing this, I'm not doing that' and we know it's going on (S31, Prison officer, PD Treatment Unit).

A similar tension played out between psychologists and OMs when an individual's risky behaviour in the community was escalating and causing concern but was not yet at a level of high harm. OMs commonly talked of their constant sense of responsibility and concern over being blamed if '*something went wrong*' (S36, OM, Community services). The responsibility for recall for the purposes of public protection lies with the OM, so there was some tension when psychologists pressed for an individual's right to remain in community. One OM commented:

The decision making has been an issue. [...] For me, as a probation officer, I feel my job is to pre-empt what's going to happen, not to wait until it happens and then act. So to have people who come from a different perspective to say, 'well, there's no evidence to say that this has happened,' my take would be, 'you don't need the evidence. It just needs to suggest something could happen and that's when we need to act, (S15, OM, Community Services).

Nevertheless, understanding the psychology behind a person's behaviour was perceived as useful. Officers and probation staff commented on how training and supervision had made them more reflective of their responses to individuals in the Pathway. They were less likely to be dismissive of their own instincts about an individual and more likely to share anxieties about individuals. One officer, for example, described how training had helped to reduce the feelings of intimidation that some staff experienced when first working with high-risk, high-harm individuals:

In the early days you were like, 'Hold on a minute, this is like Hannibal Lecter, he's going to get into my head' [. . .] Now, because of the information that people hold and what they understand about personality disorders and psychopathic traits, they can actually foresee and actually watch people come up and have a conversation with you without getting spooked by it (S6, Prison officer, PD Treatment Unit).

Generally, prison officers and non-psychologist clinicians working in PD Treatment Units or PIPES expressed the belief that the Pathway had the potential to reduce risk of re-offending, but there were exceptions. A few officers thought that the Pathway facilitated engagement with services and interventions and that, in turn, would reduce offending. One participant explained:

If I would ever say that I've reduced his reoffending, I'd be very sceptical because he wasn't ready for treatment. The ones who actually have gone through treatment, I do think we've reduced reoffending in some of them (S6, Officer, PD Treatment Unit).

Psychologists and OMs did not believe that the Pathway itself would directly reduce re-offending. They perceived PD treatment to be useful, but that Pathway services might provide an 'anchor point' to teach them key skills in order to help begin that journey. Concerns were raised about whether individuals would be able to maintain changes following release, particularly given their complex trauma histories, long-standing difficulties and challenges they face in the community. Some were doubtful whether it would be possible to measure whether the Pathway or any specific intervention within it can be said to causally reduce re-offending.

Discussion

A key aim of the OPD Pathway is reduce re-offending in high-risk individuals with PD. We interviewed staff from broadly three professional roles: clinical, prison and probation roles. Staff perceptions of the Pathway's effectiveness were mixed: while they were confident the Pathway promotes good risk management, there was less agreement on whether this translated into long-term reductions in re-offending.

All professional groups valued case formulation, as it provided a comprehensive understanding of the individual and what drove of their offending behaviour. OMs reported it helped them understand the person, unlock additional interventions, and encourage measured responses to infractions rather than automatic escalation. These views are supported by the wider literature. A systematic review by Wheable and Davies (2020) on the topic found that case formulation increased staff's understanding of offenders as well as their motivation and confidence to work with this population. Other studies have found that case formulation is used to inform sentence planning (Lowton et al., 2026) and promotes a more reflective and considered response from staff (Webster et al., 2020). The Pathway's strengths-based approach aligns with evidence promoting resilience and focussing on aspects of the individual able to facilitate pro-social change (Schlager, 2018; Stubbs & Hart, 2020). Staff also reported improved inter-agency information sharing, which is crucial given that poor communication between agencies can undermine risk management (Waring et al., 2022).

Consensus was weaker regarding the Pathway's impact on re-offending. Staff viewed its effects through the lens of their professional role, with risk perceived relative to their institutional and cultural measures. Prison officers, for example, used daily conduct as an indicator of progress, reflecting the regulatory frameworks governing prisons (e.g., The Prison Rules, 1999; U.S. federal and state legislation) and the reliance on behaviour for decisions about security progression, privileges, and release (MoJ & HMPPS, 2025; van Zyl Smit & Corda, 2018). Officers' focus on daily behaviour is influenced by their responsibility for maintaining safety and order within the prison.

For probation staff, whose responsibilities include sentence planning and managing risk on release, the Pathway enhanced the quality of information for planning and risk assessment. Behavioural indicators were valued but interpreted cautiously, reflecting the gradual nature of change and the high levels of professional accountability, where adverse outcomes are closely scrutinised (Maier et al., 2024; Phelps, 2018; Tidmarsh, 2025). Studies of probation officers' views on desistance commonly frame it as a process or journey (Beck & McGinnis, 2024).

The OPD Pathway is grounded in a psychologically informed approach (NOMS & NHS England, 2015), assuming that re-offending risk is linked to individual histories, maladaptive behaviours, and personality difficulties (Willmott & Shaw, 2025). This aligns with theories of desistance which emphasise that reductions in re-offending occur over time, informed by internal psychological shifts and identity changes (Bersani & Doherty, 2018; Kewley, 2017).

Perceived differences between professional groups occasionally led to tensions due to conflicting approaches to managing offender behaviour. In this context, public safety extends beyond the community to include the safety of staff in prisons and probation services. Clear delineation of professional accountability is critical, given the organisational and public scrutiny professionals face when adverse events occur (Sabbe et al., 2021).

The key indicator by which the OPD Pathway will ultimately be measured is proven re-offending (recidivism), defined as any offence resulting in a criminal justice

sanction (e.g., conviction, caution, reprimand or warning) within a specified period, typically 12 months (HMPPS, 2023; Ministry of Justice [MoJ], 2021; Mutebi & Brown, 2023). In custody, progression to lower security categories, is contingent at least in part on compliance with prison rules. However, these measures capture only detected offences and provide a relatively narrow indicator of desistance (Wong, 2019). A fuller assessment should therefore incorporate proxy indicators of increased pro-social and reduced anti-social behaviour, recognising that individuals with entrenched offending patterns often struggle in early attempts to desist, frequently underestimating triggers and overestimating their capacity to regulate emotions in challenging situations (Halsey et al., 2016).

Strengths and Limitations

The evaluation had several strengths: it covered a wide geographical area, multiple services, and different security levels; we recruited a large, diverse sample of staff across roles and seniority; and drew on a multidisciplinary research team, allowing for rich, varied interpretation of the data.

Limitations include the lack of formal PD diagnoses for many Pathway participants, with eligibility assessed via screening and staff discussions, meaning some individuals may not meet formal criteria. The sample was convenience-based, selectively identified by psychology staff, introducing potential bias. While large by qualitative standards, the sample represents only a small proportion of staff delivering these services. Nevertheless, the views here may have the potential to resonate with professionals in these roles.

Implications for Practice and Research

The Pathway could be improved by ensuring that training and supervision be robustly protected and consistent across the Pathway to sustain the workforce. In the face of staff and time shortages, this may seem less pressing, but we believe it is crucial to maintaining the ethos of the Pathway. Staff in the Pathway should be clear about boundaries around role and responsibilities. While inter-agency discussions can be valuable in building a shared understanding of the individual and identifying possible intervention options, professional accountability must remain with the agency responsible for implementation as they bear the responsibility for the operational consequences. OM had noted that case formulations led them to consider and inquire about the person's mental health. Routine enquiries about mental health, even for those people not under mental health services may be useful in identifying or ruling out potential concerns.

Given that case formulation is a key element for all offenders in the Pathway, we think that a randomised controlled trial of case formulation should be a key priority for research commissioning. Such a trial would need to be appropriately powered to detect the important proximal effects of case formulation, including the working alliance between offender and OM and the confidence of OM in managing risk. Within the

OPD Pathway, case formulation is positioned as underpinning the Pathway user's journey via improving understanding of the individual and thereby eliciting '*the required response from staff*' (NOMS & NHS England, 2015, p. 3). Given that the use of case formulation is new in probation services and is considered to support improved engagement, broaden intervention options, and promote a more reflective and individualised approach to practice, it would be useful to establish whether and how these intended changes occur and what difference they make over time. A key research recommendation for those commissioning evaluations of criminal justice programmes is to ensure that sufficient time is built in to collect robust data on relevant outcomes, allowing for a thorough and effective assessment of the programme's impact.

Conclusion

Staff agreed that the OPD Pathway improved understanding of high-risk individuals thought to have PD and this was helpful in managing this challenging population. The Pathway was beneficial in that it boosted the confidence of the workforce. However, staff were not generally convinced that this would translate to a reduction in re-offending in any direct way. Nevertheless, they did perceive the Pathway creates an environment which enables reflection; and facilitates engagement with services and wider offending treatment programmes; and this in turn has the potential to contribute to desistance.

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Ethical Considerations

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Declaration of Conflicting Interests

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Data Availability Statement

The data are not publicly available as they contain information that could compromise the privacy of research participants, staff and others.

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