

Early Testing of the Community Link Worker Service for the re-design of future rehabilitation services

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This paper sets out a plan for early testing of the **community link worker model** [name TBC] that will form a central component of the recommissioning design of future rehabilitative services in the community and custody. The 'community link worker' will (broadly speaking) incorporate current Personal Wellbeing Being (PWB) and Dependency and Recovery (D&R) services, as well as add new elements into the design. The paper sets out:

- Section 1: overview of "early testing"
- Section 2: sharing learning with the market
- Section 3: service design ([and Annex A](#))
- Section 4: questions to explore
- [Annex A](#): Description of community link worker model

1. Overview of early testing

- 1.1. The "early testing" will initially be very small scale to explore some aspects of the implementation of the 'community link worker' model. The aim is to learn quickly about feasibility, any implementation issues, and what modifications or further resources/conditions are needed to aid delivery of the recommissioned services. This initial learning will take place between November 2024 and March/ April 2025. At this stage we are not looking to understand the outcomes/effect from delivery.
- 1.2. We will start in three geographic areas and ask CRS Personal Wellbeing providers to redirect 2-3 staff to deliver the new model (6-9 in total across the sites). The ambition is that one region will focus delivery with people sentenced in the community (Yorkshire and the Humber), one with people being released from prison (North-East), and the third on young adults (18-25) (London).
- 1.3. The testing will be delivered through agreement with existing PWB CRS contracts (rather than new funding). The community link worker shares many similarities to the existing PWB services. Where there are aspects of the new design that have interdependencies with other current CRS services, commissioners will explore locally whether there are new opportunities for cross-working, and/or what is practical within the remit of early testing. We may also make additional funding available to community groups not currently commissioned by CRS, for example lived experience and local grassroots organisations.
- 1.4. Probation practitioners will continue to refer people to PWB as before, with any contact/feedback with probation practitioners delivered as per existing protocols. We will update practitioners in relevant PDUs that the provider is testing new delivery approaches.

2. Sharing learning with the market

- 2.1. We have selected three sites as the initial places to start the early testing of the model. Selection was based on the capacity of the PDU area to support the testing, and where there are other available community resources and organisations in those sites that will enable quick implementation of the proposed model. This decision is therefore not linked to the existing CRS providers in these areas.

2.2. We will use existing market engagement channels to inform the market that we are undertaking early testing. Materials shared by HMPPS with the early testing sites (for example this document) will be made available to the whole market. We will provide a briefing and further information on the early testing to all potential provider colleagues at the Market Engagement event scheduled for December. We will then share our learning from these sites with the market by the end of April/May in order that this is available prior to competition launch for the recommissioned services. The Authority will pause its early testing activities during the bidding element of the tender process. During all testing HMPPS will ensure providers have access to the latest information to drive transparency through the further recommissioning of services.

3. Overview of the re-commissioning design

3.1. Commissioned rehabilitative services for people in prison and on probation are intended to support an individuals' journey towards living a crime free life by supporting the community aspects of their lives. These services operate alongside sentence management in the community and custody, and other HMPPS and statutory services, which they are intended to complement. Delivered by VCSE and private providers, they provide practical help and support in areas that can reduce reoffending, but for which people with a conviction can find it hard to access including:

- Support to access housing and prevent homelessness
- Support to access education or training or volunteering and/or to be employment-ready or to apply for or sustain employment, (ETE)
- Support to improve finances, access benefits and manage debts (FBD),
- Support progress towards substance misuse recovery,
- Support to improve family and supportive relationships,
- Support to develop new lifestyles and social networks (i.e., how people spend their time and who with)

3.2. These services are currently being re-commissioned, with the launch of new competitions expected in summer 2025. For the recommissioning, we aim to reduce the number of separate pathways and contact points that the user interfaces with and deliver a strengths-based model focused on practical support alongside social and community integration. The recommissioning model places a greater emphasis on active community participation and giving back (be it through employment, voluntary work, supporting peers or family) and puts the individual and people with lived experience at the centre of delivery. **We are continuing to gather evidence, learning and stakeholder feedback on the development of this service and aspects of the design may change.**

3.3. For the recommissioned service, everyone referred will get support from a specialist **'community link worker'** who will, in consultation with sentence management¹ and using a strengths-based approach, connect people to resources, opportunities and social networks in line with their strengths and any unmet needs. The community link worker will offer coaching, coordinate group-based and peer-led activities and provide practical support. **For a more detailed description of activities that will fall under the community link worker**

¹ In the early testing phase, any joint working with probation supervision should be in line with what is currently delivered. We are unable to place new requirements on practitioners during SDS40. This will be reviewed in January.

[see Annex A.](#) Our evidence and learning from existing contracts is that a flexible, person-centred 'wraparound' service can support a range of community-based outcomes, including providing people with practical and emotional support to enter new employment, or settle into new accommodation. Their main job is to walk alongside people to help connect them to a range of diverse resources and social opportunities, with the aim that people will continue to engage with these long after their involvement with the service. A route for existing service users into becoming peer mentors, community link workers and/or other relevant roles is also key aim of the new service. The community link worker model will be the focus of early testing.

- 3.4.** In addition to the community link worker, rehabilitative service providers will deliver advocacy and advice services that specialise in helping people with convictions gain access to housing, education, training and employment (ETE) and deal with financial issues. Advocacy and advice services will focus more on the legal, technical and administrative aspects of delivery, which is likely to require less contact time with individuals. However, it will be for providers to determine how and by whom these services are delivered. Advocacy and advice services will not form part of early testing, however where feasible we are interested in understanding the interdependencies between services, how access to (and coherence of) the services is experienced by users, and how the community link worker service may support ETE, accommodation and FBD outcomes.
- 3.5.** People in prison will receive support from the community link worker as they approach release, and then as they resettlement into the community. People sentenced in the community can be referred to the community link worker as part of the delivery of Rehabilitation Activity Requirements (RAR) days. Referral processes and changes to 'Refer & Monitor' are not within scope of the initial early testing phase.
- 3.6.** The outcomes for all rehabilitative services (not just the community link service) are:
- a) Secure and sustain suitable housing and/or prevent homelessness;
 - b) Better financial management, including access to benefits and reduced debt ('FBD');
 - c) Secure and sustain education, training, employment (ETE) or voluntary opportunities;
 - d) Progress towards substance misuse recovery;
 - e) Build and/or strengthen relationships with and give back to family, friends and social networks (build social capital);
 - f) Establish meaningful (pro-social) ways to spend time and increase community capital (e.g., engagement with community-based resources and activities such as volunteering, college courses, leisure clubs).
- 3.7.** We have also identified outcomes at an 'organisation/system' level that will be key to the success of the services:
- g) New community resources generated (e.g., mutual aid groups, volunteering, art clubs) where these were previously lacking (we do not want duplication where they already exist);
 - h) Improved confidence from housing providers and access to housing provision;
 - i) Probation practitioners and prison staff feel supported;
 - j) Recruit, train and retain provider staff and support their wellbeing.

4. Questions for the Early Testing phase

4.1. This section sets out key questions that are of interest as we test and learn about new approaches. There will be an ongoing processing of learning, and we do not expect that we will have clear answers by the end of the initial 4-6 month period. Due to the iterative nature of the testing, we may amend the questions listed in 4.3 - 4.8 below as we gain early insights.

4.2. Data will mainly be gathered via interviews and feedback from provider staff, people using the service and probation commissioning and contract management teams; and also with practitioners once the restriction on interviews with front line staff is lifted. We will also explore the use of tools that can measure people's social and community capital, and where available use early data from this (appreciating that numbers will be too small for statistical analysis).

Implementation Questions for Early Testing

4.3. What process and tools are needed to conduct a strengths-based assessment of social and community capital (that takes account of an individuals' circumstances) and deliver an appropriate and motivating plan of activity:

- What are the key features that make assessment a positive and productive task for everyone involved?
- What tools might assist in this process? What is the experience of using these tools and integrating them into probation/prison ways of working?
- Can the same assessment tool be used to measure changes in social and community capital? Do repeat assessments happen? (literature suggests baseline and follow up every 90 days).
- (In the future): How does this assessment link with other HMPPS assessments in prison and probation? How far will 'ARNS' support the assessment of strengths and unmet needs (ARNS is the new Assess Risk, Needs and Strengths programme of work that aims to replace OASys)

4.4. Community link worker (Staff) experience, skills and wellbeing

- What works well in recruiting and retaining people, including people with lived and local experience, and what are the barriers? (*new recruitment is likely to be outside of the scope of early testing phase*)
- What helps community link workers feel more - or less - supported in these roles?
- What does adequate supervision look like for people in these roles?
- What elements of training are essential prior to starting the work? What are the skills and knowledge needed to conduct this work safely and appropriately?
- How do community link workers safely work with vulnerable people with complex needs?
- What training and opportunities are needed for ongoing career development?
- Can HMPPS deliver a vetting process that works for these services?

4.5. Embedding the service within probation and prison resettlement work

- Do prison and probation practitioners understand the new service?
- Are staff referring people? (if no, what are the barriers – e.g. understanding the service offer, difficulties in referral processes, not having confidence in it?)
- What helps build practitioner confidence and involvement in this service?
- Are probation practitioners engaged in activities? What is helpful for co-working?

4.6. People using the service.

- Do people understand the service offer, and remit?
- Levels of engagement (attending initial appointment and retention)?
- What helps people to engage and stick with the service?

4.7. Generating and linking to community resources

- Are providers able to identify and link people to diverse community resources, including those which are open access to our service users? What helps/hinders this?
- What is the experience of small/grassroot organisations in this model? What enables these organisations to be involved and for this to be sustained?
- Are resources available to suit people with different strengths, circumstances and protected characteristics?
- How much have providers needed to seed funding and generate new activities (versus linking to existing resource)?
- What role can HMPPS commissioners and contract managers play in supporting local partnerships and access to diverse resources?

4.8. Interface with other community services (including 'specific' services for accommodation, finance and employability support)

- What role can the 'community link worker' play in supporting other outcomes?
- What other crucial partnerships/service links enable this service to be successful or causes barriers/confusion? (e.g., local authorities).
- [In the future/where feasible] What helps to make community services feel coherent for the person (and particularly in relation to accommodation, finance and employability support)?

ANNEX A: Further description of community link model [please note this model is in development]

5. Community Link Service [name TBC]

- 5.1. The primary delivery model for the service is flexible and tailored support delivered by a **community link worker** who will deliver one to one coaching, help link people to community resources and coordinate access to group-based activities with peers or members of the community.
- 5.2. The community link worker will act as a 'human bridge' to resources and support in the community; and ideally will themselves be a part of that community, either by having lived experience of criminal justice involvement and/or addiction (including 'affected' others), or being someone who is active in and understands the community that the person lives in. Their main job is to walk alongside people to help connect them to a range of diverse resources and opportunities, with the aim that people will continue to engage with these services long after their involvement with the service. A route for existing service users into becoming peer mentors and community link workers themselves is also key aim of the new service.
- 5.3. The underpinning model of change for this service is that access to 'external' opportunities will support personal (i.e., internal) growth by *creating a more optimistic future orientation, providing non-criminal and non-drug alternative rewards and social opportunities, and enhancing personal self-efficacy* (Hennessy et al 2023; Best et al 2021). For this reason, coaching and group activities (as outlined below) should be closely aligned to work to assertively link people to new resources. Structured psycho-social (e.g., CBT) approaches and thinking skills for offending and substance misuse related issues are outside of the scope of commissioned services and provided to individuals elsewhere (where needed).
- 5.4. The relationships formed between the individual and the community worker, and with their peers and community, is key to the support. These relationships provide opportunities for learning, social connection and a sense of belonging – all of which are key evidence-based components of moving people away from lifestyles involved in crime or substance misuse.

Key Components (the 'What')

- 5.5. There is no 'one size' fits all approach, but there are some broad components that we expect will apply in most cases. Whilst these components are described separately; they may be delivered or experienced as combined sessions. For example, a 'one to one session' could take place whilst travelling to an appointment, or 'assertive linkage' activities could be delivered as a group activity. The aim is to describe key components of the model, rather than the mode of delivery (which should be determined by providers and adapt to individuals' needs and preferences). Some aspects may also be delivered by other organisations (particularly grassroots organisations). That is the entire service offer does not need to be delivered by one person. Furthermore, commissioners may not commission all components where there are existing services in place and/or providers may also choose to focus on some components over others.
- 5.6. Key components of the community support model are described below, and can be summarised as:

- Activity planning (5.6)
- Assertive linkage/connection to diverse community resources (5.7)
- One to one coaching (5.8)
- Group peer-based activities (5.9)
- Training as peer mentors and community workers (5.10)
- Generating lived experience communities (5.11)
- Life skills [and housing support?] (5.12)
- Family Support (strengths based) (5.13)
- Mapping, linking to and generating diverse community resources (5.14)

5.7. Activity Planning:

- 5.6.1 The community link worker will meet with the individual and (ideally) their probation practitioner to identify the individual's current social and community capital, covering both strengths and unmet community-based needs (e.g., housing, income). This will lead to a plan for community involvement and support that is realistic and appropriate (based on any prior information from the practitioner, for example on the individuals' risk).
- 5.6.2 Activity planning for commissioned services will need to align and support HMPPS's overall approach to assessment, including information gathered in OASys. . It may be necessary to supplement information gathered by probation practitioners with other tools; and or develop a bespoke tool to capture the information needed for the commissioned services. Existing tools such as the assessment of recovery capital (REC-CAP) instrument which measures strengths, unmet needs and barriers to recovery² (see Cano et al 2017, Best et al; 2024) may be relevant. This will be explored during the preparation stage of the recommissioning process.
- 5.6.3 The planning session itself should build trust and generate purpose and feelings of self-worth; focusing on the strengths, skills, resources, or interests that the individual has and how they might use these for their benefit and others. This could be previous employment, qualifications, volunteering experience, giving mutual aid, or hobbies.
- 5.6.4 The planning process should also identify any support or practical resources the individual needs that could be realistically met by the community link worker, including through one of the specific advice services offered within the service for housing, ETE and FBD. People value support to get practical things done and this can help engagement or overcome immediate barriers which may otherwise preoccupy the person's time or headspace (e.g., accessing food banks, access to a phone). The community link worker will need to be clear about their remit and any limitations and where other services/referrals may be needed and who should help with these (e.g., responsibilities for referring people to clinical services is likely to be beyond the remit of the community link worker).

² The REC-CAP contains five recently experienced barriers to recovery (problems with accommodation including eviction; recent substance use; recent injecting risk behavior; ongoing involvement in crime or the criminal legal system and lack of meaningful activities), participant perceptions of unmet support needs around housing, drug and alcohol treatment, mental health treatment, primary care support, family and relationship help, and criminal legal support) as well as four areas of strengths—personal and social recovery capital, recovery group involvement and motivation.

5.8. Assertively Linking (Connecting) to Community Services and Resources:

- 5.7.1. 'Assertively linking' means helping people to identify relevant services, making and attending appointments with them if necessary, arranging transportation, and supporting them to be active contributors to an activity. Involvement in the activity should continue once the community link worker has stepped away. In this way it is far more than signposting or helping someone make initial contact. Assertive linkage activities require the community link worker to identify and map the services and opportunities available locally that the individual could be linked to; and create an individualised directory of information about the groups/services, including contact details, practical details on how to get there, and concrete plans for engagement. It may also include establishing pathways for people into these services, engaging with and supporting organisations to do so (e.g., to deal with concerns or stigma around the conviction (see Hall et al 2018).
- 5.7.2. Broadly the types of resources people are linked to might include:
- i. Professional Services (particularly helping people access specific services for accommodation, ETE and FBD; with some referrals to specialist services as appropriate and possible in the local area).
 - ii. Peer based mutual aid groups (e.g., for alcohol or drug addiction, mental health, veterans, gambling support, or groups supporting desistance from crime and social inclusion).
 - iii. General community assets and resources (e.g., colleges, football clubs, faith groups and also friends and family).
- 5.7.3 The focus of the community link worker will specialise in linking people to ii and iii above: mutual aid groups and general community activities. It is not expected that the community worker takes on the responsibility for referrals to and participation in other professional services (e.g., mental health services). Key to the success of community workers is having a role that is specific and significant to them, and staff will need to be clear about what is within their remit to support.
- 5.7.4 Assertive linkage could form part of one-to-one delivery or be delivered alongside other peers depending on the type of service/resource.

5.9. One to One Coaching: Initial sessions between the individual and community link worker should build trust and motivation to try new experiences and explore any issues that are causing barriers to engagement. The ultimate goal of coaching is to help individuals to start and sustain involvement in new community-based activities or services; be it volunteering, mutual aid groups, or even in new employment. Some people may need more one-to-one support prior to being ready to engage in these activities, or to help them deal with set-backs and move forward if things don't work out. For example, addressing fears of failure, rejection or stigma, strategies for coping or motivation to try out a new experience (these may also be picked up through peer-based group activities). Thereafter, ongoing one to one check-ins should help provide opportunities for positive reinforcement and reflection on the benefits of participation, including how this has helped support the individual personally (e.g. building confidence, resilience, self-agency).

5.10. Group 'peer' based support activities are about providing connection to others, new social networks who can support recovery/desistance and opportunities for social learning and a sense of pride and belonging. These activities could be delivered via other local (grassroots) organisations. Group based activities could include:

- **General Activities:** Which may include arts, sports activities. Where possible, the focus should be on linking people to existing activities that will be available to the individual in the long term. It may also be necessary to deliver some activities as part of the core offer. There should be a diverse range of activities.
- **Recovery and desistance specific activities:** These activities are about providing mutual aid to support an individuals' addiction recovery or desistance journey. Mutual aid groups are more established in the field of addiction recovery, but a key aim for the service is to see how we can extend this type of support to people without substance misuse addictions. Services should draw on and link to existing mutual aid groups where these are already available in the area.
- **Community empowerment:** These are approaches that aim to respond to issues around cultural identity, structural inequality and racialised discrimination (Williams 2006). Participants are encouraged to explore how they see themselves both within the context of the family and the wider society they come from (Wright and Williams 2015). Such explorations are a precursor to addressing questions around what sort of person they would like to be and how they might move forward within the constraints of the society within which they live (Wright and Williams 2015). Williams (2020) describes that typically empowerment programmes include sessions on black and Asian history, providing a positive experience of achievements unlikely to have been experienced elsewhere in the school curriculum or media. Williams (2006) also suggests that wider application of these approaches should be considered, for example looking at dynamics of class and social exclusion.

5.11. Training as peer mentors, community workers and other relevant roles.

Providing routes for people using the services to become peer mentors or in paid employment as community workers is a core part of this strengths-based model. *[note: we are currently developing our evidence and knowledge around recruiting and training people with lived and local experience].*

5.12. Life skills [including for housing support?]. Wraparound support to help people to sustain a tenancy, prevent evictions and live independently and well in that community. This could include practical life skills such as cooking and shopping, paying bills. *[NOTE: we are still designing this aspect of the service, and whether other types support, such as tenancy check-ins, should form part of this service].*

5.13. Family support: Within a strengths-based model this is about involving family and significant relationships in the individuals' desistance and recovery journeys. This may include – where appropriate - involving families in activities to 'assertively link' people to community resources, drawing on the networks and resources that family members/significant others have and helping link the individual on probation into these networks. The service would need to provide training and or support to families to do so (See Hall et al). This in turn can support family bonds. *[NOTE: we are currently exploring the scope and feasibility of including aspects of work to address complex family breakdowns within this model].*

5.14. Mapping and generating community resources. This is about out-reach work with a diverse range of community groups and organisations to create pathways into these for people on their caseload. The range and types of services that the service connects people with will be highly dependent on the locality, for example, city or rural locations as well as

other factors. A key aim will also be to establish a diverse range of connections that will appeal to people that are referred, particularly considering age, ethnicity and faith.

- 5.15. Generating Lived Experience Recovery and Desistance Communities:** This is a broader strategic aim to be explored in consultation with grassroots organisations, commissioners and statutory partners. Taken from work on Recovery Cities, it is about having a visible recovery and desistance community of people who remove the shame, stigma and social exclusion associated with substance misuse and previous offending, and the reciprocal role of these communities in enhancing the overall quality of the wider community (see Best and Colman 2023).

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