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VIEWPOINT

Recovery and desistance: what the emerging recovery movement in the alcohol and drug area can learn from models of desistance from offending

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ABSTRACT

In the last 20 years, the recovery movement in alcohol and other drugs has emerged as a major influence on alcohol and drug policy and practice in the UK, US and Australia. In roughly the same period of time, the desistance movement has become increasingly prominent in academic criminology, and is increasingly influential in criminal justice practice, particularly in the area of probation. Furthermore, the populations involved in recovery and desistance research have significant overlap, yet there has been little shared learning across these areas. The current article explores the evolution of thinking around desistance and what lessons it might offer conceptual models of recovery. It will be argued that one of the most important shared assumptions relates to identity change, and the extent to which these identity changes are intrinsically social or 'relational'. The paper will advance a social identity model as a mechanism for understanding the journey to recovery or desistance and the centrality of reintegration into communities for a coherent model and public policy around addiction recovery.

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Introduction

Recovery has become a core theme for policy makers in the alcohol and drug field in the UK (Scottish Government 2008; Home Office 2010) and US (SAMHSA 2014), and has resulted in a significant paradigm shift in our understanding about substance use problems and their resolution (White 2008a,b). In the introduction to the UK Drug Strategy (Home Office 2010) Home Secretary Theresa May called for a fundamental change in how specialist services were delivered, an approach that was reinforced and extended by the Home Office (Inter-ministerial Group on Drugs 2012). The explicit and primary goal of treatment was to support 'abstinent recovery', moving policy and practice further away from the tenets of the harm reduction strategy. Yet the academic literature on recovery and models of achieving and sustaining recovery remains relatively light and there have been few attempts to extrapolate the evidence from parallel academic disciplines. This paper considers the evidence around desistance from offending, and the underlying conceptual frameworks, to assess their potential contribution to enhancing our understanding of recovery from alcohol and drug problems. The paper starts with a brief overview of the overlap between offending and substance use, and provides a short summary of the recovery evidence base before outlining the key desistance models and their relevance to recovery.

Offending and substance misuse

The research literature suggests a strong relationship between substance use and offending. Bennett and Holloway (2004) found that 69% of arrestees tested positive for at least one illegal drug and 38% tested positive for heroin and/or crack cocaine (HCC). Indeed, 75% of HCC users had committed one or more acquisitive crimes in the last year and rates of these crimes were nearly six times higher than among non-drug using arrestees (Bennett & Holloway 2004). The estimated socio-economic costs of drug misuse are up to £18 billion per year (Holloway et al. 2005). Meta-analysis established that treatment interventions for substance misuse meant that the odds of reduction in criminal behaviour were 41% higher than among those receiving other interventions (Bennett & Holloway 2004). The focus of research has typically been on establishing the strength of the association during onset and periods of active use, and the impact of interventions targeting one behaviour (typically substance use) or the other (offending), with the UK National Treatment Outcome Research Study (NTORS) finding marked reductions in offending among drug users entering specialist drug treatment (Gossop et al. 2001, 2005). Relatively little attention has been paid to the impact of desisting from one behaviour on stopping the other, and it is the association between desistance from offending and recovery from substance use that is targeted here.

The Ministry of Justice (2010) accepted this connection when they reported that alcohol and, more strongly, drugs were associated with reconviction rates. While the evidence for the impact of substance use interventions on offending behaviour is robust and consistent (Gossop et al. 1998; Bennett & Holloway 2004), the long-term impact of these changes induced by addiction treatment are less clear, and what the predictors are of sustaining short-term changes in

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substance use and offending. Seddon (2000) has argued that, while there is a strong association with drug use and acquisitive crime, policy makers have assumed the drugs-crime nexus to be a simple causal relationship, in a way that is not consistent with the evidence.

The overlap between offending and problem substance use is not only about the co-occurrence of the two behaviours, it is also about societal responses. According to the World Health Organisation reporting that illicit drug use is the most stigmatised health condition in the world, with alcohol dependence the fourth (WHO 2001). Corrigan et al. (2009) found that the general public perceived addiction to drugs to be more blameworthy and more dangerous than mental illness, and that their problems were seen as more their own fault, therefore addicts were likely to be subject to greater stigma and discrimination. Equally, having a criminal record has been shown to have a negative and lasting impact on offenders' employment prospects, earning potential, and ability to secure social housing, access to mortgages and insurance and to civic participation. Braithwaite (1989) has argued that, when society's response to offenders is to stigmatise and exclude, they are left with limited opportunity for achieving self-respect and affiliation in socially approved groups and institutions, and become increasingly marginalised. Both populations face the problem, not only of overcoming the behaviour but of convincing friends, family and the wider community that they have 'really' changed. Loftland (1969, p. 210) confirms that long years of conformity and service to society may not be sufficient to lift the stigma of 'offender' status from the individual. Maruna et al. (2004, p. 272) posit that establishing a deviant identity is easy – the ex-offender remains at best, 'risky until proven innocent'. As will be outlined below, problems relating to a stigmatised status, including bars to socially and institutionally approved means of achieving a fulfilling life, has led theorists to consider recovery as a process over time and desistance as a staged journey which includes the re-engagement with more socially acknowledged groups and institutions (see Sampson & Laub 2003; Maruna & Farrall 2004; Best et al. 2010; Irving 2016).

Models and theories of addiction recovery

The Betty Ford Institute Consensus Panel defines recovery from substance use disorders as a 'voluntarily maintained lifestyle characterised by sobriety, personal health and citizenship' (2007, p. 222). The concept of citizenship resonates with the recovery model developed in the mental health area by Rowe et al. (2012) who has characterised citizenship to include key recovery concepts including caring for self and others, civil rights, legal rights and personal responsibility.

Recovery is described by the UK Drug Policy Commission as 'voluntarily sustained control over substance use which maximises health and wellbeing and participation in the rights, roles and responsibilities of society' (2008, p. 6). Recovery has been conceptualised as a journey taking place over time and as involving three stages – early recovery (the first year), sustained recovery (between one and five years), and stable recovery (more than five years in recovery) (Betty Ford Institute Consensus Panel 2007, p. 224). Recovery therefore has temporal dimensions – there is an evidence base suggesting that relapse risk reduces up to five years from achieving abstinence and that it plateaus after this point (Best et al. 2010).

Central to the notion of recovery is the concept of wellbeing and there is a growing research evidence base in the addiction recovery field relating to quality of life (De Maeyer et al. 2009, 2011). De Maeyer and colleagues have argued that empowerment and self-determination are central to the experience of positive quality of life and its impact on psychological wellbeing. In an earlier qualitative paper, De Maeyer and colleagues had argued that the core underpinning concepts of quality of life in problem drug users were personal relations, self-determination and social inclusion, suggesting a strong overlap between positive life experiences and the concept of CHIME (Leamy et al. 2011) outlined below.

The concept of recovery has been dominated by two models – one drawn from the 12-step fellowships, the other from the Therapeutic Communities tradition. For 12-step fellowships, specifically Alcoholics Anonymous (AA), recovery is initiated only when abstinence has been achieved, with alcoholism considered to be a chronic condition, requiring a lifelong commitment to its 12 Step Program (AAWS 2001; Smith 2007). In contrast, the recovery model espoused through the Therapeutic Communities model (summarised in De Leon 2000) is that graduates of the programme are recovered, and that by 'right living' they become ex-addicts who have no need for ongoing support or 12-step fellowship involvement. These two distinct approaches represent two powerful traditions of recovery with fundamentally different philosophies that result in different models of intervention.

As a consequence, the concept of recovery can seem rather elastic, ill-specified (see White 2008a,b), and it remains a contested term, too often used as if conterminous with abstinence (Ashton 2007; Neale et al. 2011). Indeed, from a mental health recovery perspective, Deegan (1996) has argued that this elasticity and personalisation is essential for recovery to be embedded in ideas of self-determination and empowerment. Similarly, in a recent review in the British Journal of Psychiatry of studies showing positive results from recovery interventions, a model was produced of 'essential elements' of recovery, summed in the acronym CHIME (Leamy et al. 2011). This stands for Connectedness; Hope; a positive sense of Identity; Meaning and Empowerment. In assessing the evidence base around addiction recovery, Humphreys and Lembke (2013) identified three components of recovery practice that have a strong and supportive evidence base – mutual aid, peer-delivered interventions and recovery housing.

There are additional areas of recovery evidence that are consistent with the desistance literature about the mechanisms for change. The first of these is psychological change process – with Moos (2007) concluding that increased coping skills, motivation and desire (which Moos referred to as 'behavioural economics') were accompanied by two social factors: 'social learning' referring to the imitation of successful recovery behaviours modelled by peers and 'social control' where recovery is shaped through group norms and beliefs. This impact of social factors is further emphasised by

Longabaugh et al. (2010), in an analysis of alcohol outcome data, asserting that a strong predictor of recovery from alcoholism is shifting from networks supportive of drinking to networks supportive of recovery. Similarly, in the UK, Best et al. (2008) found that, while initial cessation of substance use was triggered by psychological change and trigger events, maintaining long-term recovery was more strongly predicted by transitions in peer groups from using to recovery-focused. Subsequent assessment of recovery processes in a cohort of heroin and alcohol addicts in recovery in Glasgow identified two crucial predictors of wellbeing in recovery – engagement with other people in recovery and engagement in meaningful activities, including but not restricted to paid employment (Best et al. 2012). In the area of recovery from gambling problems, Reith and Dobbie (2012) have argued that moving away from gambling can be conceptualised in terms of new roles that are linked to new activities – new job or training opportunities or the development of new relationships.

The other key development in recovery writing and thinking has been around the idea of recovery capital (Granfield & Cloud 1996) based on concepts of social capital. This has provided the foundation for examining key elements of recovery resources at the intra- and inter-personal levels as well as the community resources required (Best & Laudet 2010) and has provided the foundations for attempting to map and measure recovery wellbeing and progress (e.g. Groshkova et al. 2012). The strongest evidence to date argues that individuals attempting to recover from alcohol and drug dependency, fare better when integrated into pro-abstinent social networks and the concomitant opportunities for accumulating the necessary skills and social capital that exposure to and membership, of such groups presents. The focus of the paper will now turn to examining models of desistance from offending to identifying areas of overlap and to consider some of the possible opportunities to learn lessons for improving our understanding and conceptualisation of recovery.

Theories of desistance

Desistance has been defined as a process involving 'the long term abstinence from criminal behaviour among those for whom offending had become a pattern of behaviour' (McNeill et al. 2012, p. 3). Desistance originated as a central component of life-course and criminal career criminology (Glueck & Glueck 1950; Lemert 1951). As a result of a re-examination of the Glueck's data, Sampson and Laub reinvigorated rehabilitative discourse (Sampson & Laub 2003; Laub & Sampson 2006), by scrutinising the contextual factors around the age-crime relationship. Pathways out of offending, through attachment to stable employment, romantic, family relationships and the associated social status afforded to those persons transitioning from offending generated a new approach based on the mediating effects of informal social controls, social processes and social bonds. A corollary of these findings has had the effect of advancing practitioner approaches to assisting those seeking routes out of offending and a more consistent 'pull' towards desistance (McNeill & Whyte 2007).

The significance of Laub and Sampson's work lay in their conclusions that when considering age-related experiences and opportunities, desistance from crime was not linked to age per se, but was associated with life transitions that resulted from informal social control. Sampson and Laub (1992) demonstrated that these life transitions are dependent on wider social variables such as changes in social status and with the expanding repertoire of life experiences. This work acted as a catalyst for the introduction of aspects of identity change and individual agency often omitted from earlier desistance approaches (Patternoster & Bushway 2009). However, the key text from Laub and Sampson, 'Shared Beginnings: Divergent Lives' (2003) adapts their original position to recognise the importance of the situational context and structural factors, and also to incorporate a greater role for individual choice and agency. The concept of dynamic influence between structures, contexts and individual decisions has been highly prominent in many key desistance models, reflecting the notion of a process that takes place over extended periods of time. In a review of their life course model, Laub et al. (2011) assert that 'we recognise that both the social environment and the individuals are influenced by the interaction of structures and choice. . .. In other words, we are always embedded in social structures' (pp. 281–282).

Giordano et al.'s symbolic interactionist approach to desistance stressed the significance of social processes, social interactions and socially derived emotions (Giordano et al. 2002). The focus is on *the other in desistance*, asserting that individuals do not desist alone. Giordano et al. proposed a four-part 'theory of cognitive transformation' (2002, pp. 999–1002), where emphasis is on understanding how one engages, in the first instance (cognitively) with opportunities or 'hooks for change'. Recognising the 'hook' is the pivotal moment that integrates this model with elements drawn from Sampson and Laub's work on informal social control – such as engaging positively with an employment opportunity, in turn lessening the opportunity for offending. Giordano and colleagues' work, addresses the structure-agency divide that other commentators (see Farrall & Calverley 2006, p. 15) find wanting in Sampson and Laub's (1992, 2003) work.

The application of desistance models in the UK has primarily occurred in probation research (e.g. Rex 1999) and has highlighted desistance-focussed officer–offender relationships as characterised by trust, emphasising the role of the worker as a therapeutic agent of change. Likewise, Farrall's (2002) study of 199 probationers, identified desistance as being closely related to the offender's motivation to change and to the social and personal support networks that supported these changes. In Maruna's (2001) Liverpool Desistance study, based on interviews with 50 former or current offenders, 30 of whom were classified as desisting and 20 as persisting offenders. Maruna argued that to desist from crime, ex-offenders needed to develop a coherent, pro-social identity. Maruna highlighted the significance of the self-narratives of the desisting cohort in his study as being care-orientated and other-centred; rather than focusing on *just* the individual (and their intimate social networks). Successful desistance is often signaled through engagement in socially visible generative activities: giving back earns a form

of social redemption; engaging in visible pro-social activities, the enactment of redemption activities or roles that legitimise claims to a changed status (Maruna 2012).

In a paper reflecting on the Sheffield Desistance Study (Shapland & Bottoms 2011), emphasis was given to the importance of both identity and social networks in predicting change and in particular the role of offending friends as a barrier to desistance. They conclude that 'moving towards desistance means accepting the constraints of a non-offending life, for the benefits conveyed by respectable and conventional social bonds – partners, children, relatives' (p. 277). They frame this as a life course model involving maturation but one in which agency and choice plays a key part.

However, there is a recognition in the desistance literature that the pathway to desistance for substance using offenders may be different. Farrall and colleagues, who also studied a group of desisting and persisting offenders, there was a distinction between desisters who also had a substance use history – 'In relation to our first hypothesis, that desisters exhibited fewer self-centred values than persisters, the considerable evidence in support of the hypothesis came overwhelmingly from former substance users. For ex-users, volunteering or working in drug rehabilitation centres were not simply attempts to make amends for their past, or to "save" others from leading the sort of life they had led. Such work was specifically cited by them when we asked them how they understood citizenship and what it meant to them in the context of their lives' (Farrall et al. 2014, p. 262). This notion of giving back is a central component of 12-step recovery and suggests the importance of understanding the overlap between substance using and offending populations.

Similarly, Colman and Vander Laenen (2012, p. 1) asserted that, '...desistance is subordinate to recovery' in a cohort of substance-using offenders, recruited through a snowballing method in addiction treatment and social work services. Using Giordano et al.'s (2002) cognitive transformation theory, the authors argued that for their cohort of 40 ex-drug using ex-offenders interviewed, '...most of our respondents consider their desistance from offending to be subordinate to their drug use "desistance"' (Colman & Vander Laenen 2012, p. 3). The authors' analysis indicated that motivation, or openness to change, emerged in several ways for the respondents. Relinquishing an old, problematic and often traumatic life style, and the wish to become a more active member of society, provided a solid rationale for seeking behaviour change. In concert with an openness to change, exposure to hooks for change provided a secondary, but nonetheless important chance to desist from problematic behaviour.

Identity as common ground in theories of desistance and recovery

The focus on identity from the work of Maruna and Farrall (2004) *inter alia* provides common ground with theories of addiction recovery, although this has been contested both by Laub and Sampson (2003) and Bottoms et al. (2004). The importance of the relationship between subjective identity and wellbeing has been stressed by LeBel et al. (2008) indicating in their 10-year follow-up study of 130 male offenders that 'belief in one's ability to go straight, or belief in self-efficacy....may be a necessary if not sufficient condition for an individual to be able to desist from crime' (LeBel et al. 2008, p. 154). In the same paper, LeBel and colleagues report that self-identification as a 'family man' contributes positively to the desistance process while, by contrast, feelings of stigmatisation were predictive of reconviction and re-imprisonment. With regard to addiction recovery, Biernacki (1986) argued that, in order to achieve recovery, "addicts must fashion new identities, perspectives and social world involvements wherein the addict identity is excluded or dramatically depreciated" (Biernacki, 1986, p. 141). McIntosh and McKeganey (2000) found in a study of 70 individuals in recovery from heroin problems, argued for the 'restoration of a spoiled identity' as central to the idea of addiction recovery. Further work on changes in identity by Marsh (2011), specifically focussed on the narrative building process undergone by five former persistent drug-addicted offenders. Marsh's results demonstrated the mechanisms of identity change promulgated by engagement with 12-Step fellowships, also supported the desistance process.

More recently, Dingle et al. (2014) have asserted that identity transitions in recovery are more focused on social identity where group membership enables an effective identity transition towards recovery. This paper was developed within the tradition of Social Identity Theory (Tajfel & Turner 1979) which proposes that, in a range of social contexts, people's sense of self is derived from their membership of various social groups. The crucial argument here is that social groups matter first in terms of their values and second in terms of their access to social capital. Not all the groups to which individuals belong have a positive impact on physical and psychological wellbeing (Haslam et al. 2012; Jetten et al. 2014), nor that they all promote healthy behaviours (Oyserman et al. 2007). These negative effects are shared by both offending and using networks in that both are likely to be at the margins of society and excluded from various forms of social and community capital. Belonging to those groups sustain the values and lifestyles of addiction and offending, but they will also typically be excluded from resources in the community, such as access to jobs and houses, and will be associated with the members being stigmatised and negatively labelled. In other words, not only will membership of using and offending groups challenge attempts to stop, they will also add to social exclusion and stigmatisation.

Within the addictions field, Social Identity Theory can be used to explain the beneficial effects of group membership found in previous studies on recovery from substance use (e.g. Best et al. 2010; Zywiak et al. 2009). This has resulted in the development of the Social Identity Model of Recovery (Best et al. 2016a) in which the pathway to sustainable recovery is characterised as, intrinsically, a change in social identity, with the example used in the paper of AA as a powerful social identity that supports sustainable recovery through strong social bonds, linked to expectations, values and norms. Additionally, the 12-step fellowships also have a strong focus on 'giving back' as a central component of the recovery

process, enshrined within Step 12 of the AA Big Book (Alcoholics Anonymous 1939). Similarly, Frings and Albery (2015) have also developed a Social Identity Model of Cessation Maintenance (SIMCM), which draws on previous research showing that group interventions that create a sense of shared identification are the basis for cure or, in the present context, recovery (see Haslam et al. 2010; Jetten et al. 2012; Haslam 2014).

This idea of a social identity for sustainable change has also been proposed in terms of desistance theory by Weaver (2012). In discussing the desistance of a cohort of lifelong friends, Weaver introduces Donati's (2011) relational theory of reflexivity to discuss how changes in network norms and values can change both the group and its members in terms of their values, norms and behaviours. Weaver argues that 'desistance is co-produced within and between individuals-in-relation, foregrounding a conceptualisation of a reflexive individual whose ultimate concerns emerge from, are immersed in and shape their relational worlds' (Weaver, 2012, p. 405). She cites Donati in arguing that social identity is in a dialectical relationship with personal identity through the social roles individuals perform. In discussing the practical implications of this for practice, Weaver suggests that practitioners must focus on building positive relationships as social capital through promoting positive networks. Increasingly, there is a move to explore this final aspect of the desistance approach in relation to the 'potential of restorative justice: that is, as an opportunity to facilitate a desire, or consolidate a decision, to desist' (Robinson & Shapland 2008, p. 337).

This is entirely consistent with a recovery literature and evidence base that has shown the merits of engaging in positive social networks, but the desistance literature goes beyond this in also addressing wider social responses to desistance efforts. The social recognition of desistance is recognised as critical in allowing individuals to 'identify themselves credibly as desisters' (Maruna 2001, p. 164) within their communities, with opportunities for desisters to 'give back', or to employ the 'helper principle' (Burnett & Maruna 2006, pp. 101–102) by gaining opportunities for generativity (McNeill & Maruna 2007). This focus on narratives and identity has been characterised by Marsh (2011, p. 50) as indicative of the 'great deal of overlap between these two literatures in the function that narrative performs in desistance from crime and recovery from addiction'.

Any interventions therefore need to provide opportunities to build social capital for communities and offenders (Farrall 2002; McNeill & Maruna 2007; McNeill & Whyte 2007). It is this further stage of social identity change as a negotiated process in the family and the wider community that is the focus of the next section.

Stages of desistance/recovery and overcoming stigma

The notion of desistance as relational has also been evident in the idea that desistance is a two-stage process from primary desistance (where offending stops) to secondary desistance (a permanent state that goes beyond the cessation of the offending behaviour) involving a complex interaction between individual, social capital and identity change dimensions (Maruna & Farrall 2004). However, McNeill (2014) has recently introduced the concept of 'tertiary desistance' to describe a sense of belonging to a community, and that desistance requires not only a change in identity but the corroboration of that new identity within a (moral) community. This is consistent with the idea of 'community recovery capital' (Best & Laudet 2010) and suggests that there are three levels of change – around personal motives, beliefs and values; second, and dynamically linked, in terms of social networks and social identity; and finally, in terms of a negotiated transition of identity and role within the wider community.

Thus, the same basic elements of change that have characterised recovery (Best et al. 2014) – identity transition, social network support, psychological changes and active engagement in and reintegration with communities – are seen as occurring within a staged process for desistance from offending. Similarly, Stephen Farrall's (2002) study inquired, inter alia, about the importance of community involvement played in the lives of desisters – as one successfully desisted male explains, 'If you don't look after your community then the community is not going to look after you and then you'll end up a nobody in society' (cited in Farrall & Maruna 2004, p. 363).

The importance of community and context has also been explored in the recovery literature to include geographical or physical setting, characterised within 'therapeutic landscapes of recovery' (Wilton & DeVerteuil 2006), in which both the physical location for healing and the socio-cultural ones are seen as key components of creating an environment that supports and enables change.

In the alcohol and drug field there has been considerable attention paid to the idea of stigma, with the World Health Organisation reporting that illicit drug use is the most stigmatised health condition in the world, with alcohol dependence the fourth (WHO 2001). In 2008, Cloud and Granfield introduced the concept of 'negative recovery capital' to outline the barriers to sustained recovery from addiction, focusing on the impact that a forensic history, significant mental health problems and older age had on recovery readiness. Best and Savic (2015) extended this concept to include the idea of 'negative community recovery capital' to incorporate stigma and exclusion, not only on the part of the general public but also on the part of professionals as a potentially significant barrier to long-term recovery from addiction. Similarly, Maruna et al. (2010) argued that, for those deeply entrenched in criminal networks and living in disadvantaged circumstances, desistance from crime requires a tremendous amount of self-belief, and is made highly difficult, if not impossible, if those around the person believe they will fail.

At the opposite end of the spectrum, Cloud and Granfield (2001) discussed the concept of 'natural recovery to describe the group of people who appear to simply be able to make the decision to stop using substances and stick with it, typically without the support of treatment or mutual aid groups. What Granfield and Cloud observed about this population was that they were typically those who had high levels of social and recovery capital (typically they had retained

employment, relationships and home throughout their substance using careers). Similarly, in the desistance literature, Laub and Sampson (2003) talk about 'desistance by default' (2003, p. 278) to describe those who simply appear to stop without any change in identity. The key from both of these studies is that there may be a population which is able to 'just stop' and we need to exercise caution by translating evidence of mechanisms and models as if they were causal rules of change that apply indiscriminately across populations.

The idea that is common to desistance and recovery models here is that changing social networks and identities is a necessary but not sufficient part of the desistance/recovery process, and the role of the wider community is essential in providing opportunities for reintegration that allow tertiary desistance or recovery to become stable and sustainable. The role of communities defined as potential resources to be utilised by offenders is made forcefully by Draine et al. (2006), however, the authors caution against perceiving all communities equally endowed with rich sources of professional and other services, citing variation in the ability of professionals to broker access to such resources that may be helpful in the recovery/desistance process. The role of the worker in this process is outlined below but this needs to be embedded within a wider, systems-level approach to promoting and enabling reintegration.

Recovery, desistance and the role of the professional

One of the key differences between the two movements has been around the central role of peers and grass-roots activities (White 2008a,b) in driving the 'movement' with academics and policy makers coming relatively late to the discussion. In contrast, there appears to have been much less of a grass roots movement that was peer-driven in the desistance area and less of a sense that it represents a peer-based 'movement' for change. Much of the remaining differences are in emphasis with a much stronger focus on life course in the desistance literature (in spite of the early work by Charles Winick on 'maturing out'; Winick 1962). There are, however, much stronger overlaps in terms of increasing policy interest in each area and a growing evidence base supporting the social and the identity components of transition underpinning each process.

The challenge of effective reintegration into mainstream society is partly around pragmatics (getting a job and a house that provide the foundations for lasting change) but also about overcoming exclusion and stigma. In the desistance model, the practical implication of this has been that the approach needs to be strengths-based, in contrast to deficits models, which involve 'working with offenders not on them' (McNeill et al. 2011, p. 7). In the application of this model in probation, the emphasis has been on the process of individual change *through relationships* including those with professionals (Burnett & McNeill 2005; McNeill 2006). While practical support with jobs and housing are important, developing hope and agency in individuals is vital – thus involving the identification of realistic and attainable life changing opportunities, supervision to support and develop these capacities (Maruna & LeBel 2003).

This has resonance with the CHIME model (Leamy et al. 2011) outlined above from the mental health recovery movement suggesting not only what workers should aspire to do (inspire hope and provide connections to positive groups and activities) but also about how the professional should relate to the client. Thus, it has been argued that the 'rehabilitation' process belongs to the desister, 'not to the expert' (Maruna 2012, p. 75) and therefore support needs to be built around client self-determination (McNeill 2006, p. 41) and their personal resources and strengths (Weaver & McNeill 2010).

In sum, desistance-focussed practice is an applied model predicated on supporting individuals' developmental pathways, providing alternative legitimate, fulfilling pro-social roles in the community, including practical help and support with housing, employment and the growth of positive social identities and relationships. Ultimately, desistance is, 'conceived as a pathway or process to the outcomes of good lives for good citizens' (McNeill & Weaver 2010, p. 22). This also implies a changing role for professionals, re-cast as a supporter, to assist in charting the offender's desistance journey (McNeill 2006; Weaver & McNeill 2010). McNeill and Whyte underscore the importance of offering practical help to the potential desister as this demonstrates, 'a vital expression of concern for them [the offender] *as people*' – the professional is attended to the reality of the persons social circumstances (2007, p. 145, my parentheses, italics in original).

In prison desistance based practice, the emergence of Tony Ward and Shadd Maruna's 'Good Lives Model' (2007, p. 107), comprehends, 'why individuals might choose to commit offences' (McMurran & Ward 2004, p. 297). Attention is paid to offenders capacities and strengths, 'encouraging clinicians to think clearly about just what it is that the person is seeking when committing the offence' (McMurran & Ward 2004, p. 302). Ward and Maruna's (2007) basic assumption in the Good Lives Model (GLM) is that both offenders and non-offenders are seeking the same primary needs – relationships, a sense of purpose, fulfilment and belonging. For offenders, a lack of the necessary skills and negatively experienced external conditions, a poor education and poor housing, has led to anti-social and offending behaviour. The overarching goal is not to shift expectations but to help the individual acquire the necessary skills to accrue the 'primary human goods' (sense of belonging, fulfilment, etc.), by adopting a different, more socially acceptable approach. Aligning the offender and helper's (probation officer, social worker) life expectations, has the effect of reducing the alienating effects of institutionalised roles that an offender may perceive to be un-aligned with their own goals.

Ultimately considering the desistance paradigm in its entirety is to understand that it is more than making practical adaptations to existing practice, calling for a complete re-think of the whole criminal justice system, creating, 'whole regimes', 'in which these new identities can be embedded, nurtured and sustained' (McNeill et al. 2011, p. 9). This is consistent with White's idea of a Recovery Oriented System of Care (White 2008a,b) defined as 'networks of formal and informal services developed and mobilized to sustain long-term recovery for individuals and families impacted by severe substance use disorders' (White 2008a,b, p. 23). This

leads us to the salient conclusion and the bridge to the recovery movement: the central messages of the desistance literature are around a broader movement for structural change based on the idea that individual endeavours are not enough and that they must be embedded in two further requirements – a change in worker practices embedded in restructured services and systems, and a change in the way that reintegration is managed in the community.

What is crucial in the contribution that the desistance literature makes to the social identity approach to recovery is the notion that the identity as socially accepted has to be accepted by third parties – families, peer and professional. 'We argue that the notion of "rehabilitation" (or "recovery" in the highly related arena of addiction treatment) is a construct that is negotiated through interaction between an individual and significant others' (Shover 1996 cited in Maruna et al. 2004, p. 273). With this in mind, Maruna et al.'s (2004, p. 272) work on the negative effects of labelling and stigmatisation, concluded that individuals who are desisting are 'risky until proven innocent'. The key point here is that perception may not only exist in the minds of neighbours, partners and family members but also in those of housing officers, college enrolment staff and employers.

Conclusion

The importance of a social identity model of recovery and/or desistance is the transition from membership of groups that support or tolerate negative behaviour and the impact this has on access to resources as well as on self-image and the feeling of exclusion, to groups who not only provide a positive sense of value and worth, but also access to social and other forms of community capital (Putnam 2000; Best & Laudet 2010). Further, the argument advanced here is that the pathway to desistance and recovery involves the subjective change process that LeBel and colleagues (2008) discuss, but one that is embedded within a social identity change that is sustained through increased opportunity to access the community capital (stable relationships, houses and jobs) that come with memberships of groups that have greater access to social and community resources.

However, what the work of Weaver, McNeill and Maruna add to the recovery discourse is the importance of that identity change as a socially negotiated process that involves a range of community stakeholders not restricted to family and friends. For both desistance and recovery, identity change is critical but is enmeshed in a socially mediated process that reflects both changes in internal states (motivation, self-perception) and societal responses (transition from excluded to accepted networks and groups). This is echoed in the arguments advanced by Bottoms et al. (2004) in the Sheffield Desistance Study arguing that community cohesion is likely to be an important predictor of desistance as community factors influence both social/cultural capital and the collective efficacy of communities in binding its members to conformity. Bottoms and colleagues also suggest that external structures around employment may provide not only access to community resource but one that 'may embrace and include the individual, so assisting him to desist' (Bottoms et al. 2004, p. 373).

This has significant implications for both policy and practice. In policy terms, Cloud and Granfield's (2009) paper on recovery capital, where they introduce the notion of 'negative recovery capital' to refer to those barriers to long-term addiction recovery, such as mental health problems and the criminal justice involvement. Heightened levels of exclusion and stigmatisation are indicative of a society failing in its social justice duties for equality of opportunity by creating structural barriers to identity change and re-integration into communities, effectively creating insuperable hurdles from primary to secondary or tertiary desistance and recovery. Thus, stigma and exclusion represent barriers to rehabilitation that must be challenged at a systemic level as part of the establishment of a sustainable recovery-oriented system of change.

This also provokes practical questions about recovery and desistance programmes and projects can more effectively operate in communities to challenge stigma and to support effective re-integration. One of the authors (DB) has been involved in work in both Australia (Salvos; Best & Savic 2015) and the UK (Jobs, Friends and Houses, Best et al. 2016b) that target services 'giving back' by both engaging in practical work in the communities and in helping to build lived communities that are inclusive and supportive. This is predicated on the notion that community or cultural capital is not fixed and that by actively engaging with lived communities, recovery and desistance projects can both alter the community and through doing so change their own status and perception in the lived community.

This also has implications for professionals involved in recovery services as it has had for criminal justice agencies. Desistance and recovery are about access to opportunity – and workers must not only inspire hope and belief in recovery but also provide access to community resources (including positive social groups and networks) to support meaningful and lasting change. There are also implications for professional training, and for the location of interventions with increased focus on community-based partnerships with housing, employment and education services and for active and positive engagements with the wider community.

Disclosure statement

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of this article.

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