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The Social Components Model of Recovery from Addiction and Desistance from Crime

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Acknowledgments

"For this is what we do. Put one foot forward and then the other. Lift our eyes to the snarl and smile of the world once more. Think. Act. Feel. Add our little consequence to the tides of good and evil that flood and drain the world. Drag our shadowed crosses into the hope of another night. Push our brave hearts into the promise of a new day. With love; the passionate search for truth other than our own. With longing; the pure, ineffable yearning to be saved. For so long as fate keeps waiting, we live on."

Gregory David Roberts, Shantaram

In memory of

Andrew Lucas

Abstract

Recovery from addiction and desistance from crime are processes which are often experienced and supported in the same physical spaces, while recovery and desistance are also frequently experienced by the same people. Research so far has predominantly explored the two processes separately, however there are a number of social factors that have been identified separately by research as having the capacity to positively influence both processes. Examining the common social factors which shape these processes will strengthen the evidence base and better support people in practice. This thesis has synthesised existing evidence and theory on social factors, with three categories emerging from the two literatures: Relationships and social bonds; Social identity, group membership and social networks; and Social capital. Using a mixed methods approach, the thesis outlines a new 'social component model of recovery and desistance', based on two studies. The samples consist of recovery support group members, the first from social enterprise Jobs, Friends and Houses; and the second across three settings: Blackpool, Sheffield and Lincoln. The influence of the social components is explored with regards to their capacity to influence recovery and desistance from onset, in order to fully understand their change roles in consequential desistance and recovery. This research also examines the possibility of the existence of a radius of trust (Fukuyama, 2001) as something that emerges in group settings as a mechanism through which the social components are enhanced, producing beneficial effects for group members and their recovery/desistance. The results show the presence of each of the social components, and indicate that trajectories into addiction and offending were shaped by a lack of or damaging versions of the social components, and the consequent journey into recovery/desistance was shaped by each of the pro-social components, including a 'lead component' which was prioritised by the participant in order to progress their recovery/desistance. The radius of trust was identified in both studies as important to the social components model, acting to enhance each component (for example through strengthening relationships) and reduce perceptions of stigma. The radius of trust requires further examination from a community perspective for its potential to extend beyond the perimeters of the group and have positive effects on social cohesion in wider communities through promoting the accessibility and visibility of the pro-social components.

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Chapter 1: Introduction: Conceptual Overview & Project Introduction

This research proposes a model which encompasses important pro-social factors to both recovery from addiction and desistance from crime. The research aims to build an understanding of which factors are supportive of both processes and how they work and interact with one another. The mixed methods approach examines each of the identified social factors within four supportive group-based settings and is presented by study, determined by sample location: Study 1 was based in social enterprise Jobs, Friends and Houses and Study 2 is the larger of the two studies, including a group from Blackpool, one from Sheffield and a third from Lincoln. The remainder of this first chapter provides a conceptual overview of the model proposed in the thesis and the broad research aims in order to contextualise the literature review which follows. Section 1.1 introduces the concepts of recovery from addiction and desistance from crime, and section 1.2 argues for them to be explored simultaneously within a strengths-based approach.

Chapter 2 provides information about each of the social factors identified following a review of the recovery and desistance literature, with the later sections of the chapter (2.6-2.8) acknowledging the social context within which these components operate. Chapter 3 explains the methodology for this research, beginning with a grounding in mixed methods research rationales before specifying the characteristics of the mixed methods approached used within the two studies which comprise this research. Chapter 4 introduces Study 1, based in Jobs, Friends and Houses, which begins to establish and examine the social component model, and includes data and analysis from the mixed methods used at this setting. Chapter 5 continues to explore the model in the three further settings over two data collection sweeps, and presents qualitative results by theme within which complementary quantitative data is embedded. This chapter also provides an overview of the model, through the inclusion of an example case study of the model and the role of the radius of trust for one participant in order to synthesise the findings from the two studies into one coherent example. Chapter 6 addresses the extent to which each research aim has been responded to by the research, identifies challenges and limitations experienced, and concludes by making future recommendations for research in this area. What follows therefore is the introductory conceptual overview for this research, which outlines the key social factors, broad research aims and hypotheses, and discusses the rationale behind simultaneously researching both recovery from addiction and desistance from crime.

Conceptual Overview

The social experiences in which our lives are embedded have the potential to reveal the nature of personal journeys into, and out of, periods of crime and addiction. Social factors and networks are known to be associated with the onset and persistence of criminal activity (Boman and Mowen, 2017) and alcohol and drug abuse (Latkin et al, 1995), and it is only recently that these same factors have been seriously considered as capable of influencing recovery and desistance (Mericle, 2014; Best and Lubman, 2016; Weaver, 2014). Desistance and recovery have begun to grow in parallels as areas of research, with both spheres moving increasingly towards strengths-based support, and with a growing emphasis on the importance of productive and accepting pro-social relationships in encouraging and maintaining change (Weaver, 2014). The similarities between recovery and desistance research are still under-theorised despite processes of both desistance and recovery often being experienced by one individual either concurrently or consecutively. Desisters and individuals in recovery are also frequently supported in the same physical spaces by both professionals and by one another. Criminological theory could better support this blend of groups in practice by appropriately researching theories and methods of support that can be applied across recovery and desistance paradigms (Best, Irving and Albertson, 2016).

The relevance of various social factors to desistance and recovery progress are being increasingly demonstrated through research, with terms such as social capital, social networks and social identity gaining prominence, and joining established literature on social bonds and relationships (Warner, 2001; Adler, 2002; Haslam and Reicher, 2006; Best et al., 2017). The term 'social components' refers to a new all-encompassing model proposed in this thesis, referring to several socially-based factors that have been repeatedly identified by existing research as separately having the capacity to contribute to, or negate, the processes of recovery and desistance. The components chosen for focus within this study have been selected for this reason; when reviewing the literature each component was evident singularly and in combination with others as playing significant roles in the processes of both desistance and recovery. These social components consist of: relationships and social bonds; social identity, networks and group membership; and capital and cohesion. Each of these components has been found to play varied and important roles in effecting and affecting desistance and recovery (Wolff and Draine, 2004; Colvin, Cullen and Vander Ven, 2002), and this research will explore the interaction of these components in relation to these processes, and to each other.

Relationships have been increasingly emphasised by research for their impact on recovery and desistance. From childhood and familial relationships, to intimate and romantic, to work-based

relationships – all have the capacity to significantly alter our decisions and journeys through life. Relationships may consequently negatively impact recovery and desistance progress; many individuals who are experiencing or have experienced these processes have a history of trauma, including experiences of emotional, physical and sexual abuse (Williams, Papadopoulou and Booth, 2012), which are known to impact relationship attachment ability (Lieberman et al, 2011). The long-lasting impact of these experiences has the potential to limit social skills growth and damage an individual's capacity to develop positive and meaningful relationships that provide essential support, consequently barring access to other social components that are desistance/recovery supportive. If pro-social support is evident in a relationship however, and is consistent and beneficial, levels of trust between those involved can be increased; this then forms the basis for the development of a strong social bond resulting in higher levels of self-control and fewer mental health problems (Colvin, Cullen and Vander Ven, 2002).

Desistance research continues to explore the importance of social bonds, having evolved from studies such as Sampson & Laub's (1993) age-graded theory of informal social control which, expanding on the importance of social bonds (see Hirschi's 1969 social bonding theory), identifies the formation of strong attachments to institutions of social control as playing a significant role in an individual's movement away from crime. The extent to which one may be bonded with individuals and groups will affect the extent to which one identifies, belongs and relates to others. The stronger the social bonds created with others, the more likely it is that the relationship will be maintained, whether or not it is beneficial to recovery/desistance progress. These bonds have the ability to mediate an individual's actions (through formal or informal institutions of control) and when evident in a pro-social capacity have also been shown to be associated with more consistent levels of support, lower anger levels and strengthened moral commitment to others (Colvin, Cullen and Vander Ven, 2002). Investment in pro-social, well-bonded relationships could therefore support the processes of both desistance/recovery (Trotter, 2009), and therefore comprise an aspect of one of the key social components under exploration in this study.

Adopting social identities through the groups you belong to has been acknowledged by research as a catalyst for adopting lifestyle change (Mawson et al, 2015), and extensive research regarding the role of social identity in recovery from addiction and desistance from crime has cited its importance to each process (Best et al., 2016). The more strongly an individual identifies with a group the more likely they are to adopt the values of the group, and consequently this can have beneficial or detrimental effects. Belonging to groups is beneficial for mental health and wellbeing, and the more groups the better (Haslam and Reicher, 2006). The social networks in an individual's life,

particularly when they are diverse, will comprise of relationships with groups and individuals with whom there are varying levels and consistency of capital, various depths of connection (bonds) and consequently multiple social identity and group membership options. The more varied the social network the more likely it is that access to various resources is increased (Best and Aston, 2015); for these reasons research on participants' social networks in connection with the other social components will aid the clarification of the influence of group membership and belonging on recovery and desistance identities.

Social capital and social cohesion are distinctly separate constructs however each can benefit the other when operating harmoniously. Social capital is considered a resource, and includes access to information and knowledge, social networks and mutual support through the development or maintenance of supportive relationships, networks and groups (Coleman, 1988; Kawachi, Kennedy and Wilkinson, 1999). Social cohesion is present in cohesive societies that work together for the wellbeing of the community whilst working against social exclusion and marginalisation (Kawachi, Kennedy and Wilkinson, 1999). Social cohesion can therefore be described as 'a strategy of collective resistance and subversion against oppressive social norms' (Carrasco et al, 2016: 545), or a positive social structuring scaffold from which there are greater opportunities. A group can provide social capital whilst disrupting wider community social cohesion however, as demonstrated by research on criminal gangs (Kawachi, Kennedy and Wilkinson, 1999). For desistance/recovery processes to flourish therefore it is hypothesised that both social capital and cohesion must be features of the relationships present: examining the role of social capital throughout participants' lives will inform an understanding of its connection to recovery/desistance and social cohesion.

Research on the ability of social factors to influence recovery and desistance is therefore required as new support services evolve based on recent paradigm shifts towards less individualistic, pro-social treatment and support, which "provide an opportunity to study the characteristics and dynamics of these intentional recovery [and desistance] support networks" (Mericle, 2014: 180). A predominantly qualitative understanding of the impact of relationships on the processes of recovery and desistance, combined with a mixed methods exploration of the identified social components and their effects on both these processes and on one another will be presented in this thesis. It is hypothesised that socially supportive groups in which there are a blend of individuals experiencing recovery and/or desistance may result in the enhancement of individuals' social components to the extent that a 'radius of trust' (Fukuyama, 2001: p.8) is formed, which is described as facilitating the extension of the positive effects of well-bonded groups beyond the circumference of the group itself (see Figure 1.1). This study also seeks an explanatory theory regarding the role of trust and the mechanisms

through which positive relationships operate to encourage recovery/desistance and reduce perceptions of stigma.

FIGURE 1.1: The radius of trust/social component hypothesis
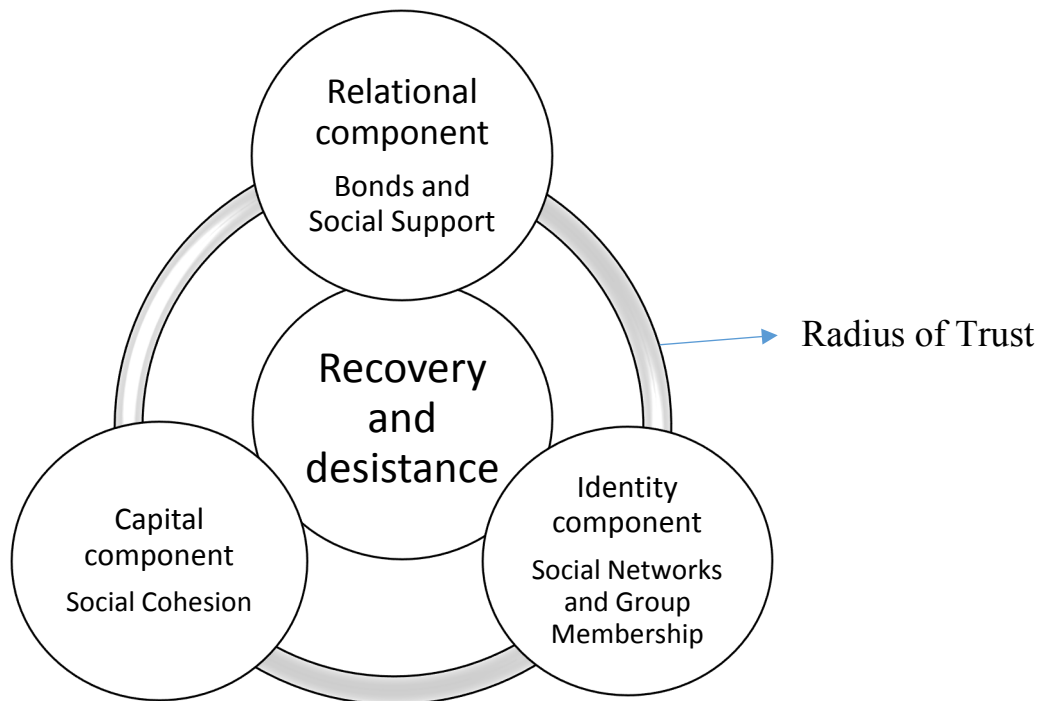
The mechanisms through which these components facilitate and mediate these processes will be explored through both qualitative and quantitative measures, where each of the components will be analysed separately and in relation to the others regarding their contribution to and impact on the participant's recovery/desistance. This will be achieved through capturing and analysing participants' journeys into and out of addiction and offending, in order to establish the context within which the components are developed and shaped. An understanding of the recovery and desistance mechanisms of each component, and of the role of trust, may provide a causal chain model for how each factor may trigger another (see Figure 1.2). The development of such a model could aid the development of an appropriately staged, well-rounded social support framework, however further testing would be required to identify the applicability of this model and framework to other recovering/desisting groups.

FIGURE 1.2: Proposed Social Component and Subcomponent Mechanism Model
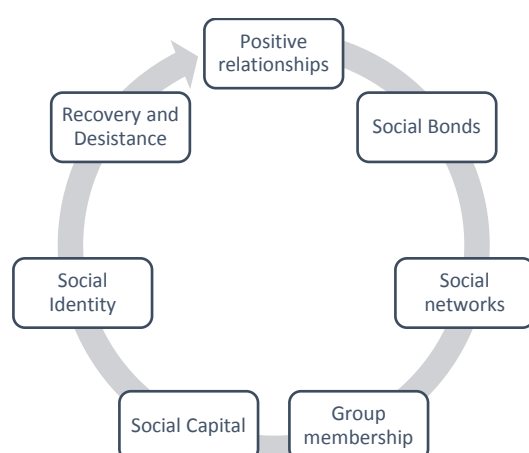
The development of trust as pivotal to the process of forming supportive relationships has been recognised by several studies, particularly concerning successful desistance support (Coleman, 1988; Höing, Vogelvang and Bogaerts, 2013; Bates, Macrae, Williams and Webb, 2012; Ruiu, 2016). As social cohesion is characterised by high levels of trust (Kawachi, Kennedy, and Wilkinson, 1999), the importance of its presence in recovery/desistance orientated social networks as a catalyst is paramount for increasing social capital and cohesion. Specifically, consistent social support has been identified as necessary to produce high levels of trust, the results of which have been found to decrease anger, increase levels of self-control, increase levels of prosocial behaviour and minimise levels of criminal behaviour (Colvin, Cullen and Vander Ven, 2002). The consideration of trust as related to, but not indicative of, the presence of social capital has been recently highlighted by Carpiano and Fitterer (2014), who have suggested it should be analysed and measured before being considered in relation to social capital and other social factors.

This research therefore explores the impact of the outlined components and their relationships with desistance and recovery in group-based supportive settings, across two separate studies. The broad aims include:

1. To examine the presence, interaction and impact of the social components for individuals experiencing recovery and/or desistance in supportive group-based settings over time
2. To establish what a synthesised model of the social components of recovery and desistance looks like
3. To explore how trust operates with regards to the social components

Each of the components have been established and explored by research, however the focus on individual components one at a time has limited practical applicability; in practice, more than one component is frequently operating and interacting, and individuals often experience desistance and recovery operating together. For example, more than 60% of heroin users and cannabis users report that their drug use began in prison (Boys et al., 2002). Exploring the social components simultaneously intends to create an overall picture of the group; their lived experiences of recovery and desistance; and an understanding of how the components interact and operate to benefit recovery and desistance. The rationale for basing this research in supportive group settings is two-fold. Firstly, the levels of trust that are built within a group who meets regularly are likely to be higher and easier to detect than the trust levels of individuals. Secondly, conducting research with different groups will allow for the creation of an overall understanding of each group and their social components, supporting the creation of a model which has greater likelihood of generalisability. Research on desistance in group settings has been recently encouraged (Braithwaite, 2017) due to a lack of criminological research which studies groups and their interactions as a whole. This thesis will therefore commence with an examination of the literature in both fields regarding the social components, and will also consider the wider social context within which they operate. First, an overview of recovery from addiction and desistance from crime will lay the foundational rationale behind a theoretical synthesis of the social factors.

1.1 Recovery from Addiction and Desistance from Crime

Research on recovery from addiction to alcohol and other drugs has increased exponentially over the last decade, and a concerted effort has been made to develop broad and inclusive definitions of what recovery is (Kaskutas, Witbrodt and Grella, 2015). Recovery definitions have evolved beyond a focus on descriptions of pure abstinence to incorporate experiences of wellbeing and life satisfaction - the Betty Ford Institute Consensus Panel (2007) defined recovery as "a voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship". William White (2007) similarly conceptualised recovery to be:

"…the experience (a process and a sustained status) through which individuals, families, and communities impacted by severe alcohol and other drug (AOD) problems utilize internal and external resources to voluntarily resolve these problems, heal the wounds inflicted by AOD-related problems, actively manage their continued vulnerability to such problems, and develop a healthy, productive, and meaningful life" (White, 2007: 236)

The UK Drug Policy Commission (2008) defines recovery as "the process of recovery from problematic substance use is characterised by voluntarily-sustained control over substance use which maximises health and wellbeing, and participation in the rights, roles and responsibilities of society" (P.6). Almost a decade later, a study by Borkman, Stunz and Kaskutas (2016) looked to develop an experiential definition of recovery and found recovery being characterised as a way of being; an element of this involved living a life free from substance abuse, but more broadly included evidence of moral values, self-awareness and responsibility. The various definitions and conceptualisations of recovery that are most pertinent to this study and have broader implications in terms of social justice are those which resonate with the lived experiences of people in recovery; they emphasise the importance of becoming well-rounded individuals, who feel like active and engaged members of the community, with good health and meaningful lives. Such understandings of recovery that move away from definitions that focus on medicinal, individualised perspectives are supported by a volume of research that suggests the pathway to recovery is socially mediated, and significantly more complex than achieving abstinence in itself (Bathish et al., 2017). In other words, the recognition of the complexity of recovery as a journey towards overall wellbeing is the basis of the inclusion of the term in this study: for some people recovery may not include abstinence from all substances but simply abstinence from their primary problematic substance. Others may consider themselves as in recovery whilst continuing to take a substitution treatment such as methadone. It is not the place of this research to judge one person's recovery as more 'legitimate' than another's but to explore the meaning of recovery and its positive implications for each individual.

As a result of research which has explored the idea that addiction is socially mediated, research has consequently focussed on the potential influence social interaction has on the consequent recovery process. Recovery research has shown that an individual's social networks are capable of enhancing and encouraging the recovery process (Best et al., 2016a), and that consequently a socially supportive approach as opposed to an individualised medicinal approach best enhances recovery. Such approaches focus on building personal strengths, resources and creating a sense of community spirit (Pillay, Best and Lubman, 2014) as opposed to treating addiction as a disease; in isolation and therefore arguably perpetuating a sense of shame and helplessness. Indeed, social support has been described as paramount for individuals embarking upon the recovery process: "Social supports are critical for individuals recovering from substance use disorders" (Mendza, Resko, Wohlert and Baldwin, 2016, p.137).

Similarly, crime has been described as "a social mirror" (Kawachi, Kennedy and Wilkinson, 1999, p.719), in that the presence of crime alludes to problematic contextual undercurrents often related to social deprivation and disorganisation. Desistance definitions are debated in much the same way; due to the personal nature of the circumstances which shape peoples' identities, attitudes and behaviours, journeys into desistance are varied and personal. However, desistance is usually considered to be the end of a period of involvement in offending, with primary desistance defined as a short-term crime free period and secondary desistance as a more permanent move away from involvement in criminal activity (Farrall & Calverley, 2006). Tertiary desistance has more recently been added to the staged process, and has been described as a journey towards social inclusion (McNeill, 2014), supposedly achieved when the ex-offender is fully involved in and accepted into the community, and involves a complex interplay of both internal and external factors (Healy, 2012; Farrall, Bottoms & Shapland, 2010; Weaver, 2013). For example, literature exploring the process of 'knifing off' identifies the importance of leaving behind old behaviours, people and outlooks to the desistance process (Maruna and Roy, 2007), demonstrating the interaction required between internal identity change, and external actions and social context. The dynamic changes that support a sustained life free of criminal involvement, such as identity and social network change, are acknowledged to be varied therefore, and the focus of desistance definitions much like those of recovery are becoming increasingly inclusive.

Interestingly, a key difference between the conceptualisations of 'desistance' and 'recovery' is perhaps the spectrum of people who take ownership of these terms to define their own journeys. Recovery is an ever-visible movement in the UK, with services, walks and bike-rides utilising the term in demonstration of the positive shift away from disease-models towards more inclusive and positive portrayals of what being an 'ex-addict' really looks like (Beckwith, Bliuc and Best, 2016). Desistance however is almost exclusively an academically-constructed and deployed term, with a tangible disconnect between those who are experiencing desistance and those who are describing the process. These distinctions are important to consider given that those in recovery have available to them an existing and visible pro-social identity with which to associate, for which there is no real comparator available for desistance. For this reason, recovery is arguably easier to identify and monitor in terms of data collection, and this will likely influence measurement of the identity component under study.

1.2 Combining the fields

The choice to explore the overlap between these two fields is based on an in-depth exploration of the literature in both fields. Both desistance from crime and recovery from addiction can be socially mediated processes, in the same way that journeys into addiction and criminal activity can be. Research in both fields exploring these socially mediated factors has explored similar aspects, with solutions running parallel if under different terminology (for example, tertiary desistance and community recovery capital). The components seem to be interlinked and some are arguably interdependent, however research has tended to focus on one component at a time, with other components appearing in a supportive or explanatory fashion within the same articles (see for example Mills and Codd, 2008, whose article on social capital refers to social ties and familial relationships, concepts which are not *always* synonymous with the social capital component). Research has also used various components interchangeably due to their inter-related nature, for example conflating terms such as social ties, social bonds and social support (Taylor, 2016). The role that each component plays, with regards to recovery and desistance but also with regards to one another, is important to understand if we are to enhance the collective experiences of professionals, groups and peers who are actively engaged in experiencing and/or supporting processes of recovery and desistance.

The practicality of adopting an interdisciplinary approach to the social aspects of these processes is three-fold. Firstly, people in recovery and those in desistance frequently share the same spaces. When we think of the various organisations that people desisting or in recovery will encounter, many cater to supporting both groups. Secondly, they are also frequently the same people. Many ex-offenders have experienced problems with alcohol and substance use, and many people in recovery have also engaged in criminal activity, even if this has not always resulted in contact with the criminal justice system. Of the adults who were held in secure settings within the criminal justice system during 2016/17, 59,258 were in contact with drug and alcohol treatment services (PHE, 2018). Finally, the parallels that exist in the research of the social aspects of both processes could be clarified and combined to provide a more easily accessible and comprehensive approach to informing policy and enhancing recovery and desistance supportive settings. Rates of recidivism are high, particularly for adults who are released from custodial sentences of less than 12 months at 64.5% (MoJ, 2018), and the costly and ineffectual cyclical movement of individuals through

treatment for substance abuse demonstrates the need for a recovery-oriented shift in addiction treatment (White and Kelly, 2011).

The areas that research can realistically benefit through adopting an interdisciplinary approach are not necessarily limited to the social factors, but the prioritisation of researching the social aspects in both fields stems from a) socially-based support groups and their ever-evolving and increasing nature and b) research which accentuates the benefits of researching and supporting desistance and recovery in a social context (see Chapter 2). The capability of researchers to ensure that research conducted benefits both people in recovery and desisters whilst enhancing their recovery and desistance journeys provides a solid rationale for the development of interdisciplinary approaches to researching desistance and recovery that already exist in practice.

Research is in its infancy regarding the dual exploration of both recovery and desistance. Colman and Vander Laenen (2012) have explored the desistance process of drug-using offenders. They argue that desistance is subordinate to recovery because drug users see themselves as exactly that: drug users as opposed to criminals. This has further implications around the identities available to individuals post-addiction and post-offending, as discussed within section 1.2. Best, Irving and Albertson (2016) explore the overlaps between recovery and desistance, focussing on the importance of identity to both process and the extent to which it is formed relationally. They argue that identity change is a socially negotiated process, and that for both recovery and desistance positive identity change is critical. Studies have also begun to explore the interchange of terminology, applying concepts of desistance explicitly to the experiences of drug-using offenders, arguing that this could better enhance our understanding of the process (Van Roeyen et al., 2016). Van Roeyen and colleagues (2016) argue that there is a complex relationship between crime and drug use: their review of the main findings of studies on desistance in drug-using offenders results in the conclusion that should reductions in drug-use reduce involvement in crime and vice versa, it makes sense to focus on research production on the overlap. It is clear therefore that the relationship between offending and addiction, and consequently recovery and desistance is complex, and requires further exploration to identify the most effective approaches of supporting both processes given the extensive overlap.

1.2.1 Positive Criminology and Strengths-Based Approaches as Bridges between Recovery and Desistance

The combination of criminological theory utilised in this study and the practical crossover between recovery and desistance provides a platform to explore the importance of social context to these processes in a strengths-based manner. Better understanding the social components outlined is intended to clarify which aspects are most important to prioritise for people at various stages of these journeys, acknowledging the individual nature of these journeys whilst incorporating the wider group contexts in which they occur in order to understand the factors which can shape and influence both journeys more broadly.

Positive criminology concentrates on the positive influences, experiences and behaviours which have helped encourage the desistance process (Ronel and Elisha, 2011). Positive criminology can be seen in the expression of preventive measures, treatment and rehabilitation which focus on positive methods of achieving their intended outcome. Resilience for example has been identified as a focus of criminological research which has had positive outcomes (Ronel and Elisha, 2011), and indeed by focussing on resilience itself researchers are fostering data collection conducive to positive, as opposed to negative responses. Understanding an individual's position within the community has also been identified as relevant to positive criminology, as overcoming perceptions of stigma and achieving social acceptance are methods associated with achieving both tertiary desistance and stable recovery (McNeill, 2014; Best, 2016).

Strengths-based models constitute a tenet of positive criminology and have become increasingly prominent and represent a shift in the addictions field, moving away from a focus on individualistic symptom reduction towards a more-inclusive approach that expands concepts of recovery support to focus on a greater quality of life in general (Best and Aston, 2015). Burnett and Maruna (2006) have outlined that strengths-based approaches, including themes of community partnership, help to provide more successful reintegration prospects through the provision of opportunities for socially-excluded individuals; helping them to develop prosocial identities and combat stigma through the positive overhaul of their public image. This is significant for individuals in recovery as illicit drug use has been identified as the most stigmatised heath condition in the world, with alcohol dependence as the fourth most stigmatised (The World Health Organisation, 2001).

The less individualistic, strengths-based shift in supporting recovery is still in its early stages, and substance abuse relapse and recidivism remains a significant problem (Jason et al., 2006); even resilient individuals within the recovery community require high levels of support to help them begin

and maintain their recovery capital levels that will enable them to embrace long-term recovery and establish a sense of belonging within the community in which they live (Burnett and Maruna, 2006). High levels of support have also been indicated as beneficial when reintegrating desisters successfully into the community, and necessary to maintain tertiary desistance which involves the submersion of the desister into existing community networks which are supportive of a crime-free lifestyle (McNeill 2014; Weaver and McNeill, 2015).

Strengths-based approaches provide a good conceptual framework within which both recovery and desistance-orientated supportive practice can be based, for example the shift away from looking at risk of relapse to looking at the number of positive collective resources an individual has available to them to support their recovery (recovery capital, Granfield and Cloud, 2001) exemplifies an implicit strengths-based movement in the recovery field. Similarly, research in the desistance field has established that protective factors such as positive healthy relationships with probation staff as opposed to risk-orientated relationships help to support desistance (Healy, 2012). Although this study will explore the life-story narratives of individuals prior to recovery and desistance, the intention of this is to provide context for the consequent achievements and processes which have positively supported the recovery/desistance process. It is felt this is necessary due to the lack of research which has yet explored both recovery and desistance simultaneously, and therefore the need to fully understand the ways in which social factors operate and impact both processes. This research therefore aligns with 'growth out of trauma' research (Ronel and Elisha, 2011, p.308), which explores the mechanisms by which individuals overcome adversity. For the literature review which follows in Chapter 2 therefore, a focus on the various social factors which can help to enact positive change when it comes to recovery and desistance are the primary focus.

Chapter 2: Literature Review - The Social Components
2.1 An overview

It is clear that examining the intersection of research on social factors which can support both recovery and desistance from strengths-based perspectives has the potential to provide beneficial information to those in research and practice regarding evidenced, positive social factors which require enhancement to further support progress. The exploration of the various social components of recovery and desistance intends to identify the effects of these components for people accessing recovery/desistance supportive groups. The components identified and included in this study have been chosen following an in-depth analysis of criminological literature on the processes of desistance and recovery. Research has explored the components singularly and in various combinations, however the combined exploration of each component in relation to both desistance and recovery simultaneously has yet to be undertaken. The importance of exploring the components collectively is enhanced by their often inextricable nature – social capital cannot exist without social relationships for example – and yet this does not mean they are identical concepts. In practice, it is likely that more than one component will be in operation at any given time, and that certain components may be present and interact in a way that either supports or undermines desistance and recovery.

For individuals experiencing desistance and recovery, or supporting others in this position, a complete understanding of the social elements that can affect these individuals could help to increase understanding and even enhance outcomes at group level. Although the components could contribute in their negative forms to journeys into addiction and offending, the value of focusing on their pro-social counterparts and their impact on the recovery/desistance process is intended to help inform strengths-based, empowering practices. Focussing on risk, and methods of managing the 'negative' components (for example, lack of social capital, negative peer relationships or drug-using networks) would arguably further exacerbate the problems already encountered by risk-focussed working practices experienced during incarceration for example. Concentrating on the pro-social components therefore, how they affect recovery/desistance, and how to build and support them resonates with positive criminology approaches, and so although it may be necessary to contextualise some of the 'negative social components' in terms of peoples' trajectories into offending/addiction, the ultimate focus of this study is to explore participant's pro-social components and their operation in relation to recovery/desistance, not addiction and offending. A rationalisation of the inclusion of the defined components based on the literature review conducted therefore follows.

2.2 Relationships in recovery and desistance: Types and consistency of social support

A compelling amount of desistance and recovery research has highlighted the importance of social relationships and their capacity to contribute to and negate from these processes. From childhood and familial relationships, to intimate and romantic, to work-based relationships – all have the capacity to significantly alter our decisions and journeys through life. Not only can relationships benefit lives in a variety of ways, particularly regarding the support they can provide people experiencing recovery/desistance, they can also have a negative influence; many individuals who are experiencing or have experienced recovery/desistance have a history of trauma, including experiences of emotional, physical and sexual abuse, which are known to impact relationship attachment ability (Lieberman et al., 2011). The long-lasting impact of these experiences has the potential to limit social skills growth and damage peoples' capacity to develop positive and meaningful relationships that provide essential support, consequently barring access to other social components that are desistance/recovery supportive. If pro-social support is evident in a relationship however, and is consistent and beneficial, levels of trust between those involved can be increased; this then forms the basis for the development of a strong social bond resulting in higher levels of self-control and fewer mental health problems (Colvin, Cullen and Vander Ven, 2002). Connecting the literature on social relationships from these fields will allow for an interactive understanding of how the processes of desistance and addiction recovery may inform one another in this regard. What follows therefore is an exploration of the impact of relationships on recovery and desistance.

Since Sampson and Laub's (1993) study highlighting the importance of marriage to the desistance process, research has been produced exploring in greater detail what it is about marital relationships that help to effect and maintain this behavioural change. Marital relationships have long been viewed as capable of creating a turning point, or hook for change, for desistance (Wyse, Harding and Morenoff, 2014). Due to its protective properties and when characterised by high levels of attachment, marriage has also been found capable of producing levels of informal social control (Wyse, Harding and Morenoff, 2014); where behaviours are modified and actions held accountable by the bonds developed within the relationship. In other words, marriage increases the costs of crime due to threatening the bonds and attachment that have been developed.

Marriage can also create social distance between the desister and situations or relationships that could have a negative effect on their desistance; it provides structure and accountability and can provide identities for both parties that are inconsistent with criminal behaviour (Wyse, Harding and

Morenoff, 2014). Marriage is also seen as able to solidify a couple's attachment and dedication to one another (Lytle, Bailey and Bensel, 2017) and it is perhaps for this reason that relationships characterised by marriage have been initially emphasised for their capacity to improve the desistance process, however it is of course the case the some marriages will not be defined by a high quality of consistent support. Also, it became important to consider that marriage is becoming increasingly rare amongst the general population and even more so amongst the prison population, therefore increasing demand for research analysing the effects of a broader range of romantic relationships on desistance (Wyse, Harding and Morenoff, 2014).

Longitudinal research by Wyse, Harding and Morenoff (2014) explores non-marital romantic relationships with men and women leaving prison. This study identified six pathways to desistance within three categories: Material circumstances (instrumental support, role strain); Social bonds and patterns of interaction; and emotional supports and stressors (expressive support, relationship stress). The study describes how participants received material support from relationships, however the pressure the men felt to provide and generate income could exert role strain when combined with not being able to secure a job - pushing them towards crime-based methods of generating income. Some participants' relationships exemplified the literature on social control, with descriptions that demonstrated the accountability the relationship exerted, however others through for example provision of access to drugs provided an opposing influence. In some cases, men received emotional support which benefitted their sobriety and desistance, in others the conflict and stress caused by the relationship could have contributed to relapse and recidivism (Wyse, Harding and Morenoff, 2014). This is not to say however that relationships between couples with a similar background in terms of their offending and substance will always jeopardise the individual's capacity to maintain their desistance but it could increase their risk (Wyse, Harding and Morenoff, 2014).

Gender differences regarding the impact of the relationship on desistance were also highlighted by this study - linked to entrenched gender roles meaning that men were more likely to report role strain and women were less subject to monitoring/supervision by their partners often due to their partner's involvement with offending or substance abuse (Wyse, Harding and Morenoff, 2014). Research on the impact having a girlfriend has on the desistance journeys of young male offenders has also shown that serious intimate relationships can contribute to the desistance and maturation process (Zdun and Scholl, 2013). The implicit link between relationships, identity and desistance/recovery are already emerging in the literature, and support the social component model as a viable approach for exploring the various established social factors and their roles in a more comprehensive and cohesive approach to recovery/desistance.

Work on the relationships of desisting sex offenders has emphasised the importance of relationship quality in supporting desistance - to promote desistance, open communication, shared values and positive support should be evident within the romantic relationship to develop a level of informal social control (Lytle, Bailey and Bensel, 2017). The way that participants discuss their relationship has implications for analysis, as terminology such as 'we' versus 'me' suggested a more unified approach to problems. The presence of a relationship is not significant enough to causally trigger desistance, the quality of the relationship should be documented before inferences are made to desistance. Relationship support and quality cannot be viewed as static measures however (Lytle, Bailey and Bensel, 2017) and this should be considered in terms of the implications of data collection and measuring the relationship quality at more than one time-point to explore the consequent effects on desistance.

There is less work available in the recovery field which explores the positive impact of informal relationships and substance/alcohol use and recovery, however there are some similarities between the literatures that exist in the two fields. Relationship quality is positively associated with reduced substance/alcohol use; for example being in a committed relationship is associated with reduced binge drinking (Angulski, Armstrong & Bouffard, 2018). Angulski et al. (2018) draw on the work of criminologists from the desistance field to explore the impact of romantic relationships on substance use in emerging adulthood, and found that monitoring and anti-social behaviour had the most consistent association with substance use in romantic relationships, and that relationship status over time was negatively associated with substance use. Strong interpersonal relationships have also been shown to help to support and sustain recovery (Stokes, Schultz & Alpaslan, 2018), and important people or groups have been acknowledged by research participants as a trigger for recovery (Dingle, Cruwys and Frings, 2015). What is clear from research on both recovery and desistance is that it is the quality and consistency of support available within the relationship that is of utmost importance to the processes. Roles within relationships, open communication, emotional support, and high levels of attachment have been identified across the recovery and desistance fields when it comes to supporting each process.

A difference in perspective between the fields can be seen in the exploration of the roles of romantic relationships. There is more literature with a negative emphasis placed on the discussion of the effects of romantic relationships for people who are in the early stages of recovery: clinicians have been known to warn people in recovery away from relationships – with an article by one clinician even providing the acronym Real Exciting Love Affair Turns Into Outrageous Nightmare - Sobriety Hangs In Peril (Duffy, 2011). However, research that has studied how best to create good quality

relationships has demonstrated that people have the capacity to create high-quality relationships for themselves and for others when they are based on compassionate goals to support others: being responsive also increases perceptions of understanding, validation and caring (Canvello and Crocker, 2010). Research by Canvello and Crocker (2010) suggested that goals and motives predict relationship behaviours and predict the interpretation of relationship behaviours, and so it is important to consider the foundations of the romantic relationship in the exploration of its pro-social quality. Compassionate goals predict responsiveness, however self-image goals predict unconstructive beliefs about relationship problems and decreased responsiveness (Canvello and Crocker, 2010) and so it is logical that continuing to commit crime/take drugs to maintain the self-image is more likely to predict unconstructive beliefs and lower levels of responsiveness which are known to damage relationship quality.

Positive healthy relationships can help support desistance, however 'snares' are considered to be the opposite and can pull people back into offending behaviours - substance abuse is considered such a snare (Hussong, Curran, Moffitt, Caspi & Carrig, 2004). Hofman, Finkel and Fitzsimmons (2015) posit that goal progress and relationship satisfaction are linked dynamically and reciprocally; high relationship satisfaction facilitates everyday goal pursuit and consequently this good performance feeds back to promote relationship quality. They suggest that when people feel particularly satisfied with their romantic relationships they experience a shift in their motivational mind-set. This work suggests that the quality of close relationships has important implications for how well people accomplish their everyday goals, and that relationship satisfaction may translate into better goal achievement by making people feel happier/more confident that they can control their outcomes, allowing them to focus their action on what is truly useful and leading them to see the social world as supportive of their goal pursuit. When trying to desist and recover therefore it is important that partners share compassionate goals and are responsive to one another. This should create an increased perception of a close/satisfying relationship for both parties, of which is known to support desistance and recovery, and is therefore important for research to further explore in light of the perceived parallels between both fields.

Research has consistently demonstrated that family support is a powerful and protective factor against recidivism - they provide needed prosocial ties and support in engaging pro-socially within the community and a consequently increased level of accountability (Boman and Mowen, 2017; Phillips and Lindsay, 2011; Uggen, Manza and Behrens, 2004; Western et al., 2015). Family support for released prisoners is significant and negatively related to substance abuse in a study by Boman and Mowen (2017), and individuals with greater numbers of prior convictions and arrests report

significantly higher levels of substance use than the rest of the sample, crystallising the importance of research which explores evidence-based support around familial relationships for both processes. However, being incarcerated is known to create instability for many families, therefore having the capacity to reduce the strength of bonds and trust levels (Wolff and Draine, 2004). For people who have been in prison as well as battling addiction, families are a potentially life-changing resource, who with the right support can help develop hope, social capital levels and access to pro-social groups that may otherwise be difficult to access for someone with a criminal record (Hall et al., 2018).

The benefits of recovery have been described as capable of diffusing through the family; family members who are in treatment and enter into recovery could also benefit the recovery of their addicted loved one (Bradshaw et al., 2015). A family working together can promote the health of each family member, as established within family systems theory (Bowen and Kerr, 1988). Family systems theory sustains that families engage in morphostatic or morphogenic processes; where the morphostatic processes drive stability, and morphogenic processes generate growth, change and adaptation. Research has suggested that individual-level change precedes family-system change and so individual members' health and recovery should be focussed on primarily (Bradshaw et al., 2015). This may be due to the family members also requiring time to change their responses to, perceptions of, and trust in a person following a change of previously ingrained behaviours: family members' willingness to adapt and change has been described as similar to that of individuals moving into recovery.

Research has also explored the influence of relationships between members of staff in various professions with ex-offenders. The underpinning of the modern probation practise in England and Wales by a rational choice model, which sees offenders as rational actors who make cost-benefit analyses of their criminal activity (Cusson & Pinsonneault, 1986), has been reflected in the significant rise of cognitive behavioural programmes, however it has been found that offenders rarely respond well to treatments based exclusively on this rationale (Healy, 2012). Although a sense of optimism therefore pervades among probation supervisors concerning low risk offenders, aspirations concerning high risk offenders focus primarily on public protection. Healy's work (2012) examined the long-term impact of probation supervision upon the lives of probationers, however although most participants of this study expressed positive views of probation, few believed the experience had a direct impact on their behaviour; this has been supported by research that concludes that 'probation is not the main explanatory factor as to why people stop offending' (Farrall & Calverley, 2006: 64).

Despite this, many probationers described the probation experience as indirectly successful in supporting their own efforts to change their lives; confirming that probation techniques can have some level of impact on behavioural outcomes (Healy, 2012). Specifically, probationers who described a welfare model particularly valued the practical assistance and friendship they received within the supervisory relationship (Healy, 2012). More recent research revising the long-term impacts of probation has also found that although the value of advice offered by probation officers may not be initially recognised by probationers, after a longer period of time probationers did recognise the difference that advice offered by probation officers made to their desistance (Farrall, Hunter, Sharpe & Calverley, 2014).

Research has found however that when a surveillance approach was adopted, probationers described their experiences as stressful, to the extent that the absence of a strong relationship resulted in formal, not true, compliance (Healy, 2012). Examining the viewpoints of professionals and non-professionals who support offenders, on the basis of how they feel they best help to affect desistance, and what *they* believe are the most important elements of such relationships in contributing to the desistance process could therefore shed further light on how best to encourage desistance. Clearly, should offenders' requirements and the support they are provided with misalign then there is little hope of supporting an offender's attempts to desist: as recognised by Farrall et al (2014), who have acknowledged that for probation officers to have any chance of supporting desisters to change they need to have acquired an accurate knowledge of the obstacles a probationer faces (Farrall, Hunter, Sharpe & Calverley, 2014). Regarding recovery, good relationships with staff are acknowledged as important for influencing long-term recovery, and that empathic engagement, and helping to enhance the agency of in-patients specifically can help to support positive relationships (Wyder et al., 2015). Positive relationships between staff and desisting service users were, in a study by Rowe and Soppitt (2014), found to be a key aspect towards motivation to desist. Again, there is more limited literature on the effects of relationships on recovery, rather there is more which explores staff-patient relationships during treatment.

A further understudied relationship concerning desistance is that of non-professionals (volunteers) and offenders (Fox, 2015). Successful reintegration continues to be a challenge to offenders leaving prison, although in recent years re-entry programmes have begun to emerge. The re-entry agencies and services are managed by professionals however, and the use of non-professionals is arguably under-examined and under-utilised (Fox, 2015). Although research has identified the importance of professionals, their impact on desistance and the importance of the relationships they build in various capacities with offenders (Trotter, 2009; Weaver, 2014; Healy, 2012; Farrall & Calverley, 2006;

Farrall, Hunter, Sharpe & Calverley, 2014), the perceptions of how both professionals and non-professionals feel they support the desistance process, how desistance support could be improved and the value they place on their relationships with offenders is still an 'underexplored area', despite their informed position to further illuminate desistance discourse (Weaver, 2014: 20; Fox, 2015).

The increase of non-professionals working within the Criminal Justice domain has been attributed to increasing government emphasis placed on volunteers; markedly the 'Make a Difference Campaign' of John Major's Conservative Government from 1994 to 1997, the enthusiasm of which was maintained by New Labour from 1997 onwards (Rochester, Paine & Howlett, 2009). Since 1997 the government has been described as 'hyper-active' in its implementation of programmes and initiatives that have promoted volunteering, however even prior to this, the economic crises of the late 1970's and 80's had prompted the government to promote volunteering more actively in order to lighten the load on public services (Rochester, Paine & Howlett, 2009: 85). More recently, the launch of the Big Society plan in May 2010 has promoted volunteering further still, with a focus on the inclusion of young people, through policy measures such as providing volunteering training to local citizens (Bartels, Cozzi & Mantovan, 2013).

An example of the incorporation of community members into the criminal justice domain with the aim of supporting offenders' desistance is demonstrated by research on Circles of Support and Accountability (CoSA) by Fox (2015); CoSA is a charity led initiative that incorporates community members into the reintegration process of recently released medium to high-risk sexual offenders, who are then re-classified as a core member deemed as in need of social support (Hannem, 2011). This programme aims to ensure that the core member feels included within the community as a means for promoting desistance; one method of achieving this is by communicating to the core member through the involvement of volunteers that released offenders share the same moral space as ordinary citizens (Fox, 2015). The incorporation of community members, or non-professionals, intends to demonstrate to the core member a model of normative social relationships, behaviour and routines and also help to initiate a de-labelling process through their engagement with a known offender. Research has found a significant reduction in recidivism for those offenders who took part in this programme, at times as high as 70% for high-risk sexual offenders involved in CoSA compared to those without (Fox, 2015). In this respect, it has been argued that the support of unpaid volunteers may be a more powerful prompt for offenders to desist than the support of paid professionals (Fox, 2015). The current climate of extensive risk management has been found to affect the restorative justice principles of the original Circle ideology however, by being employed as a form of 'community surveillance' in England and Wales (Hannem, 2011: 284). Should a successful

balance between reintegration and surveillance be achieved therefore, it is believed that this perspective and the incorporation of non-professionals can be significantly worthwhile, and is underutilised in comparison to the prevalence of peer mentors within recovery support.

Voluntary support has long been entwined with the recovery from addiction process. Many peer supports are volunteers, however as peer support roles become a 'paraprofessional' position, they require training and often certification; individuals are formally employed by treatment agencies (Mendza, Resko, Wohlert and Baldwin, 2016: P.138). Literature regarding working relationships built between 12-step sponsors and sponsees has highlighted that therapeutic connections can help to enhance substance use outcomes (Kelly, Greene and Bergman, 2016). Peer support services have come to represent the paradigm shift from pathology to recovery, specifically a shift from acute care to models of sustained recovery management. Peer supports assist service users in helping them to achieve improved wellness across various life domains, for example in the self-management of symptoms, relapse prevention, and successful integration into the community (Mendza, Resko, Wohlert and Baldwin, 2016). Poignantly for voluntary recovery support, an aspect of the bonding process includes self-storying – the act of sharing one's own story with others (Mendza, Resko, Wohlert and Baldwin, 2016). This helps allow reciprocal relationships to be developed upon the basis of open communication and shared norms and values – identified aspects of positive relationships. This is important when we think about the nature of the settings under study - group-based peer support often requires self-storying to an extent. This mechanism could help catalyse expressive support from the existing social ties, which then develops into bonds with some level of attachment to the group; increasing the likelihood of developing a group identity (at least for those who are successful in their recovery or dedicated to turning up to the group). A peer support service's study on women's experiences of peer support explains how "Ultimately it may be that in women's treatment, relationships are the impetus and context in which lasting change occurs. These relationships are built on a foundation of experience and recovery" (Mendza, Resko, Wohlert and Baldwin, 2016, P.146).

Social Support and Social Ties

Social support has been defined as "the delivery (or perceived delivery) of assistance from communities, social networks, and confiding partners in meeting the instrumental and expressive needs of individuals" (Colvin, Cullen and Vander Ven, 2002, p.20), and has been identified as important in the prevention of engagement in criminal activity. Social ties are considered a precondition for supportive relationships to be developed, and social bonds include an element of

attachment and commitment (Taylor, 2016). Colvin, Cullen and Vander Ven (2002) categorise the support in terms of its effects: expressive support refers to the emotional support provided by a relationship; instrumental support is the support from a relationship that leads to the recipient achieving a goal (Cullen, 1994). These types of support can occur at three levels - individual, community or society, and can be given formally by institutions for example, or informally by family and friends. The effects of the support are however dependent on the perception of the support rather than the objective perception of support given (Cullen, 1994). More than just helping to prevent crime, social support has been found to have a positive impact on a number of life domains, for example "High quality close relationships contribute to mental and physical well-being; poor quality close relationships create stress and undermine health and well-being" (Canvello and Crocker, 2010, p.78).

It is clear however that it is not just any social support which has beneficial impacts, the quality and the consistency with which the support is provided and received are fundamental variables in the impact of social support. Consistent social support facilitates a stronger sense of trust between the giver and recipient, and it is this trust which helps to develop strong social bonds, encouraging moral commitments to others and to legitimate social institutions (Colvin, Cullen and Vander Ven, 2002). Colvin, Cullen and Vander Ven (2002) found that consistent social support is associated with low anger, a high internalised sense of self-control, and strong social bonds based on a moral commitment to others. For people who are incarcerated, social support can reduce the negative effects of imprisonment and consequently improve re-entry experiences (Hochstetler et al. 2010). Research has also shown that the development of new and strengthening social relationships has been linked to individual motivation to change in the early stages of desistance (Bottoms and Shapland, 2011); indeed research on Circles of Support and Accountability (CoSA), a charity who provide structured social support for medium to high risk convicted sex offenders, also identified that expressive social support is vital for CoSA programme success (Bohmert, Duwe and Hiple, 2018). Instrumental support specifically has been acknowledged as beneficial to recovery, particularly in the context of forming a positive recovery-orientated identity formed on the basis of relevant skill building (Johansen, Brendryen, Darnell and Wennesland, 2013).

Canvello and Crocker's (2010) study argues that people's interpersonal goals for their relationships (their compassionate goals to support others and their self-image goals to create and maintain desired self-image) predict positive and negative responsiveness dynamics, respectively, changing the relationship quality for those within it. People contribute to their own perceptions of responsiveness

in relationships by being responsive: they *project* the reception of responsiveness through being responsive. Responsiveness is a transactional process between partners and this valuable reciprocal process increases relationship quality (Canvello and Crocker, 2010), a finding supported by extensive research by Gottman and colleagues on stable and happy relationship predictors (see for example Gottman, Coan and Carrere, 1998). Therefore, people have the capacity to create responsive, high-quality relationships for themselves and for others (Canvello and Crocker, 2010), suggesting that people are in control of their own relationships and can improve them through interpersonal goal-orientated behaviour. Here we see the connection between relational support and social capital: high quality, responsive and reflexive relationships provide access to resources, structures and values: social capital, which has been identified by research as supportive of desistance.

Motivation to change has been also found to be related to the available opportunities, or 'hooks for change' that may be the result of a positive social relationship (Giordano et al, 2002: 1000; Bottoms and Shapland, 2011; Weaver, 2014). Desistance-reinforcing factors such as those that may emerge due to changes in social relationships have been recognised as potentially pivotal for the desistance process (Weaver, 2014). Social support for recovery has also been highlighted as an important aspect of treatment, particularly for younger people, as social isolation has been found by Johnson et al. (2018) to significantly increase the likelihood of relapse, incarceration and violent crime for juveniles 12 months post-treatment. It is clear from both desistance and recovery studies that the consistency, quality and reflexivity of the social support are important to both processes within the relational component. It is also important that the support is in alignment with the values of recovery and desistance as opposed to being embedded within using/drinking/offending behaviours.

2.2.1 Social bonds

In one of the most influential studies of crime in recent years, it has been argued that as the building of relationships is a gradual process consequently so is that of desistance; the more social bonds are invested in and valued by offenders, the greater the incentive is to stop committing crime (Laub, Nagin and Sampson, 1998). Sampson and Laub (1993) proposed this originally in their age-graded theory of informal social control which built on Hirschi's (1969) social bonding theory, in which the formation of strong attachments to institutions of social control is believed to play a significant role in the movement away from crime. Furthering their research, it was found that individuals who desist from crime are likely to have entered into a significant turning point in their life course, most notably

marriage and employment, both of which are considered to be crucial processes of change for offenders who are desisting from crime (Laub, Nagin and Sampson, 1998). Despite critiques of the possibility of understanding the differential and ordered importance of internal versus external factors (LeBel, Burnett, Maruna and Bushway, 2008), research continues to search for a better understanding of the importance of such variables to desistance.

Social bonds are said to be characterised by: attachment to significant others; commitment to/involvement in conventional activities; and belief in the common value system of society, with attachment argued to be the most vital element (Hirschi, 1969). This approach has been embedded in desistance research and studies have explored bonds and their capability to influence desistance (Sampson and Laub, 1993; Nielson, 2018; Giordano et al., 2002). The links between relationships and social bonds have made clear that the type of support and the more consistent the support produce stronger social bonds and that this can be both a good and a bad thing: strong bonds between people who support a crime- or drug-orientated lifestyle are likely to create barriers to desistance/recovery, whereas strong and consistent bonds with pro-social people or groups are more likely to foster opportunities for behaviours that are recovery/desistance supportive. Stronger bonds between romantic partners for example have been associated with a significant reduction in offending, and have also been associated with greater access to social capital (Nielsen, 2018).

Research which examines the roles of social bonds with regards to recovery is lacking, however it has been found that having a high number of supportive social relationships has been shown to predict lower relapse rates (Beattie and Longabaugh, 1999). It is clear that a variety of relationships can affect both desistance and recovery; there are many parallels in the research areas concerning pro-social relationships, good professional relationships and relationship change when it comes to these processes, of which all are clearly important to consider given the susceptibility of recovery/desistance to social mediation. It is therefore logical that social bonds will also play a key role within the relationships identified by people in recovery. In the context of strong pro-social bonds that in some way promote recovery/desistance, there is sometimes an opportunity or catalyst for motivation: a 'hook for change' (Giordano et al, 2002: 992). The capacity for hooks for change to lead to identity transitions and desistance could be translated across to the recovery experience: people who experience meeting others in recovery with whom they develop a pro-social relationship and subsequent bond could define the start of an individual's recovery journey through similar mechanisms.

Indeed, research on the "social cure" has acknowledged the importance of social factors to wellbeing, identity and consequently recovery from addiction particularly in the context of belonging and group membership (Jetten et al., 2017), which arguably translates similarly to evidence on the importance of social bonds: belonging and pro-social connection are important aspects of both recovery and desistance. Social support and developing a sense of community work to strengthen social identities, having positive effects on both physical and mental health (Jetten et al., 2017) and again implying the importance of understanding connection between components and subcomponents. This research will therefore examine the effects of social bonds within relationships for both desistance and recovery, in order to better understand how the strength of connection and quality of support available within relationships can affect change when it comes to both of these processes, and also to better understand the relationship between social bonds and other core components. Given the capacity of particularly strongly bonded relationships to exert forms of social control (Sampson and Laub, 1993), their capacity to be relevant for better understanding and supporting recovery from addiction as well as desistance from crime justifies their dual exploration in this research.

2.2.2 Negative or Non-Existent Relationships and Relationship Change

Not all relationships are present, accessible, stable or even beneficial. Although better understanding the operation and interaction of the positive forms of the components is the primary aim of this research, the context of negative relationships or the difficulty of maintaining or accessing positive relationships should not be neglected, particularly considering the infancy of combined desistance and recovery research. People are said to remain in alcoholic relationships for six reasons: the maintenance of self-identity; the protection of a social identity; values of love as expressed by relational behaviour; security; stability; and hope that the relationship could improve (Young and Timko, 2015). Addiction negatively affects families in a variety of ways and increases family members' risk of developing unhealthy behaviours, roles and boundaries (Bradshaw et al., 2015). The costs of alcoholic relationships are more visible than the perceived 'benefits' and include: physical symptoms for both parties; injury; mental health problems; financial difficulty; legal troubles; and relational distress (Young and Timko, 2015).

Experience of interpersonal violence such as domestic violence or child maltreatment that occur alongside the time at which primary attachments would be formed can restrict an individual's ability to see others as trustworthy, caring and responsive (Brown, 2016); such traumatic experiences are

often cited in recount of childhood experiences for people in recovery/desisting. Intra-familial dynamics can also play a substantial role in the development/maintenance of drug-abusing behaviour in young people. A study by Reilly (1975) considers drug abuse to be a family pathology; a symptom of family system dysfunction, and although arguably outdated and potentially marginalising, similar research in the desistance field also identified that children from coercive family backgrounds were more likely to become early starters in delinquency and continue to be life-course-persistent (Moffitt, 1993). More current research has supported that prisoners' children have an elevated risk of future criminality and extreme examples include criminal behavioural training within the family (Lipsey and Derzon, 1998; Butterfield, 2002; Wolff and Draine, 2004). The lasting effects of imprisonment can reduce the likelihood of desistance for individuals re-entering society (Maruna & Toch, 1999), and consequently increase the likelihood of the intergenerational transmission of offending behaviours.

Research has shown that some romantic relationships can encourage criminality, particularly if romantic partners are themselves engaged in antisocial behaviours (Wyse, Harding and Morenoff, 2014; Capaldi, Kim and Owen, 2008). The negative impacts of substance abuse in a relationship have also been evidenced, and can include imbalance of household responsibilities, relationship dissatisfaction, and negative role modelling: however despite the potential problems associated with substance abuse, an intimate relationship may not necessarily result in negative repercussions, as evidenced in various theories pertaining to the function of substance misuse (Morrissette, 2010). A study by Angulski et al (2018) has demonstrated that within a criminal justice involved sample, romantic relationships can exert important influence on substance use; indeed, monitoring behaviours and partner antisocial behaviour were found to be the most influential factors for the sample under study when it came to substance use.

Bonds between people can be destabilised by changing situations, values, expectations or behaviours. This has been explored specifically in the context of incarceration – the instability and change that imprisonment can cause particularly with regards to external familial relationships has the ability to reduce trust and weaken social bonds (Wolff and Draine, 2004). Although 'knifing off' (Maruna, 2001: 87) some connections may be healthier than maintaining them, a lack of positive relationships and bonds is almost equally problematic. Fewer close social relationships and inadequate levels of support have been linked with depressive symptoms (Kawachi and Berkman, 2001), and studies have shown that there is frequently reduced contact with family/significant others whilst in treatment for addiction due to the length of time it can sometimes take to achieve recovery

(Pillay, Best and Lubman, 2014; White and Kelly, 2011). Social relationships are developed and can change over time. Connections detrimental to recovery may be severed, and those which are beneficial to recovery may be encouraged. Important relationships can change context, as a friend in recovery who relapses could put recovering friends at risk (Stout et al., 2017), however the dependable delivery of support from others helps protect against strain and anger from arising and induces a strong sense of internalised self-control (Colvin, Cullen and Vander Ven, 2002). The erratic delivery of social support can however result in the learnt behaviour of not relying on receiving assistance from others/social institutions. People receiving erratic social support may return to seek social support from illegitimate sources (such returning to using/offending groups or maintaining connections with them) (Colvin, Cullen and Vander Ven, 2002).

Institutions of informal social control and specifically relationship change have been highlighted as important in reviewed literature concerning the desistance processes of drug-using offenders but the negative and positive implications of relationships should be considered (Van Roeyen et al., 2016): the context within which the relationships operate, the behaviours they promote and the effects they have must be adequately explored to identify the outcomes of the relationship. For example, different types of relationships evident and the networks within which they operate have the capacity to influence the nature and levels of outcome, or social capital, which is produced (see Section 2.4 for an in-depth examination of social capital). It is clear therefore that relationship change, non-existent relationships and negatively influential relationships are able to influence behaviours that can detract from recovery and desistance opportunities, and this should be considered in the dual exploration of these processes. Quality, responsivity, and consistency are three of the key aspects of relationships the literature has identified in each field as beneficial to recovery/desistance and wellbeing more generally. It is therefore important to this research that relationships are examined in light of this evidence in order to better understand the relational context of this component for these processes simultaneously. A number of social factors related to, but distinct from, relationships have also been the focus of research in these fields, and these factors will now be explored, beginning with 'Social networks, Group Membership and Social Identity'.

2.3 Social Networks, Group Membership and Social Identity

We are immersed in ever-evolving social networks of varying levels of relational connectedness and bonding, all of which have different effects on our lives. The extent to which people feel they belong and can relate to one group over another exemplifies certain aspects of our character, and is demonstrated in how we act differently with our family versus for example our work friends. Understanding how the presence of certain groups in someone's life, the extent to which they feel they belong to said groups, and the extent to which they feel they can identify with others in that group all have the potential to enhance our ability to support the positive influence on life processes such as recovery and desistance through means of social support. The literature on the roles of social networks and group membership, and social identity with regards to both recovery and desistance will therefore be evaluated.

2.3.1 Social Networks and Group Membership

The social networks present in an individual's life have the capacity to influence behaviours, values and norms dependent upon the extent to which the individual feels they belong within a certain group. Data from the Framingham Heart study has for example demonstrated that not only medical problems such as obesity can spread across a social network (a person's likelihood of becoming obese increases by 57% if they have a friend who becomes obese during a certain time period) (Christakis and Fowler, 2007) but also social issues, such as divorce (McDermott, Fowler and Christakis, 2013): a person is 75% more likely to be divorced if someone they are directly connected to experiences divorce. The implications for offending/using/drinking behaviours to diffuse across social networks, or at least maintain negative behaviours, are demonstrated by such research. There is also the capacity for positive effects to result from social networks; happiness is increased for those who are surrounded by more happy people, and is more likely in the future when the individual is centrally located within a network of happy people (Fowler and Christakis, 2008). And so, the possibility for social networks to influence the recovery/desistance process is considered within this literature review.

It is known that for people who are being released from prison, repairing broken family ties can be a daunting and difficult process, and so such individuals may instead turn to peers for support (Boman and Mowen, 2017). The social networks that released prisoners turn to in such scenarios may involve the people with whom they offended in the first place, increasing the likelihood of re-engagement in criminal activity and consequent re-incarceration. A lack of family support, compounded by re-
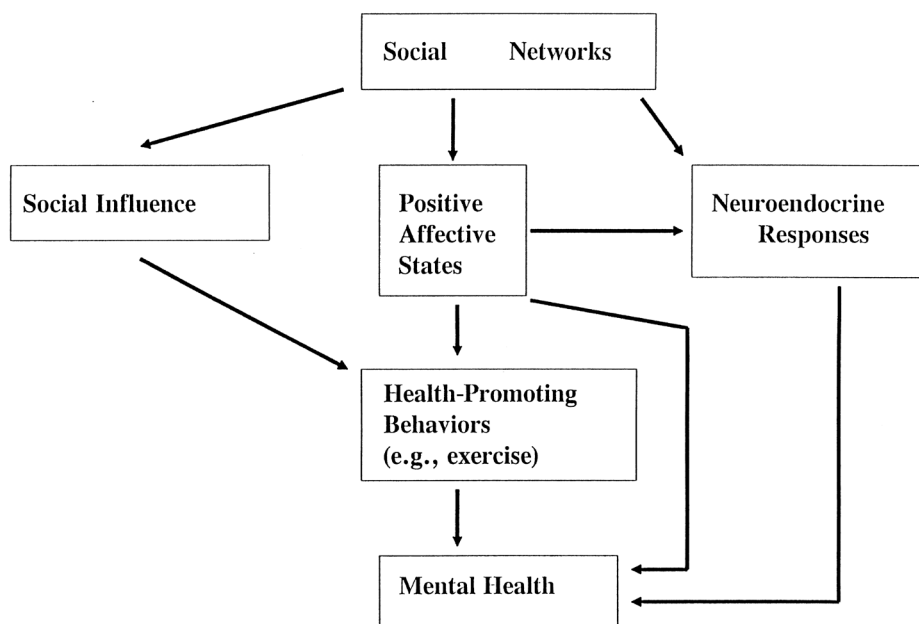
engagement with criminal peers upon release from prison, demonstrates the conflicting relationship between family support and social networks, and as such researchers are beginning to suggest that pro-social peer-based support programmes should be acknowledged by policy makers as a helpful tool for reducing recidivism (Boehm, 2014; Hiedemann, Cederbaum and Martinez, 2014). Such suggestions are delayed when considered in parallel to recovery initiatives, which have long-acknowledged peer-based support groups as a pivotal element of recovery for many.

Associating with criminal peers post-release from prison has been found to be significantly associated with reoffending by Boman and Mowen (2017), however as this study was developed within the risk-need-responsivity (RNR) model as opposed to a more strengths-based approach, suggestions were made that programmes and professionals who work with offenders should encourage severing all connections with criminal associates. A replacement of negatively-influencing networks with pro-social groups was not suggested however; embedding this study within a strengths-based framework would strengthen this rationale as we know from the recovery literature that cutting all ties with using peers results in isolation, and it is only when these lost friendships are replaced with positive friendships that the chances of maintaining their recovery are increased (Litt, Kadden, Kabela-Cormier and Petry, 2009). Furthermore, recovery research on social networks has also established that one of the strongest predictors of recovery has been demonstrated by those who moved from a social network characterised by support of drinking to networks supportive of recovery, and increased contact with others in recovery increases quality of life scores (Longabough, Wirtz, Zywiak and O'Malley, 2010; Best et al., 2012).

Bathish et al's (2012) study exploring social networks and social identity in recovery from addiction draws on such research, with the aim of examining how the number of alcohol or drug users within a social network changes following entry into recovery. It was found that, as hypothesised, the number of alcohol/drug users within the participants' social networks at time two, having entered into recovery, was smaller. Their overall social network size had however grown since time one, with multiple group membership being positively associated with wellbeing outcomes. These positive changes in social networks suggest the importance to recovery of social networks and vice versa, supporting existing research which posits that the more groups you belong to the better for your mental health (Haslam and Reicher, 2006). As with desistance, research shows that familial relationships tend to be more stable for people in early recovery who are re-entering the community than those with friends (Stone, Jason, Stevens and Light, 2014), and this aligns with such research which examines changes in social networks which often occur following a significant life event such as overcoming addiction.

Social networks have also been identified by research as capable of influencing mental health, and can be categorised within two causal models, the main effect model and the stress-buffering model (See Figure 2.1, below for an example of the main effect model operates) (Kawachi and Berkman, 2001). Levels and effects of support received through social network participation has been found to be different across genders and different groups within society (Kawachi and Berkman, 2001), and so it is important for research to consider in-depth the various factors which may influence social network change and group belonging such as perceived support levels. Shifting away from social isolation is likely to be a difficult move to achieve in areas characterised by social disorganisation and/or rurality (for further information, see section 2.6.1) and so although improving social connectedness has been said to characterise the move away from addiction towards recovery (Bathish et al., 2017), a consideration for this research should be the social and environmental barriers of the chosen research settings.

FIGURE 2.1. Main Effect Model of Social Ties and Mental Health.[1]

Social   Networks

Social Influence

Positive Affective States

Neuroendocrine Responses

Health-Promoting Behaviors (e.g., exercise)

Mental Health

There is less research available on the positive social repercussions of group membership and desistance than there is within the recovery field – arguably because there are few desistance social

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[1] In Kawachi, I., Dr, & Berkman, L. F., Dr. (2001). Social ties and mental health. *Journal of Urban Health, 78*(3), 458-67. doi:http://dx.doi.org.lcproxy.shu.ac.uk/10.1093/jurban/78.3.458 Adapted from Cohen S, Underwood, L.G., & Gottlieb, B.H. (2000) *Social Support Measurement and Intervention. A Guide for Health and Social Scientists*. New York: Oxford University Press

support groups which could provide data on mechanisms of belonging which actively and explicitly support desistance. Much research which explores group membership therefore does so in the context of offending and gangs. A study exploring the desistance process for gang members by Pyrooz and Decker (2011) highlighted how desistance is rarely an abrupt process, and similarly leaving a gang is most likely to happen gradually. Some ties between gang members have been found to be so strong that connections are maintained despite an individual ceasing to be involved in criminal offending, and it is also important to note that detachment from the gang does not automatically precede desistance from offending.

Within co-offending network structures, different members have different roles (Lantz and Hutchison, 2015), and research argues that this could create role strain for people with an offending history who are attempting to transition their social networks to be more pro-social. Visher (2017) has argued there is a desperate need for further social network research within the desistance field, to increase our understanding of what aspects of relationships are important, and to address gaps in the measurement of these social networks and gaps in the development of effective interventions. Desistance research argues that people should be supported to engage with restorative social networks (Weaver and McNeill, 2015), and this again aligns with the fundamental message of research on recovery from addiction which has demonstrated the importance of full, pro-social networks to the recovery journey. Given the various group-based settings of this research, the importance of social networks and group membership to recovery and desistance will be included for exploration within this study.

2.3.2 Social Identity

The connections developed between people are often central to interventions whose aim is to instil a lasting change, and such connections have also been found to have the capacity to significantly influence the process of how offenders begin to recreate their internal and consequently external identities (Weaver, 2014). Social relations can cause people to modify their actions and behaviours; however the extent to which reciprocity is enacted depends on the wider structural and cultural context, which in turn is shaped by the nature of the relationship itself (Weaver and McNeill, 2015). It has therefore been suggested that attempts to support desistance should focus on 'maintaining, protecting and developing the ties that matter to the individual' and to help build on skills that would

enhance the maintenance of positive relationships that have been found to have the capacity to create a 'hook for change' (Weaver, 2014: 12; Giordano et al 2002: 1000).

With research showing that multiple group membership is supportive of health and wellbeing (Haslam and Reicher, 2006; Bathish et al., 2017), groups who are involved in deviant norms and who are consequently stigmatised and marginalised have an increased chance of health and well-being vulnerability (Best, 2016). The sense of belonging and purpose that result from social connectedness have been argued to fulfil psychological needs (Baumeister and Leary, 1995; Dingle, Cruwys and Frings, 2015); a key component of desistance and recovery support should therefore include the incorporation of supportive social networks (Dingle, Stark, Cruwys and Best, 2015). The importance of belonging to pro-social support networks is supported by social identity theory, which posits that in a range of social contexts our sense of self is derived from our membership in certain groups, and that the resulting identities can structure and change a person's perceptions and behaviour (Tajfel and Turner, 1979; Haslam, 2014; Dingle, Cruwys and Frings, 2015). The Social Identity Model of Recovery (SIMOR) has synthesised existing social identity literature from the recovery field, and argues that recovery is a socially negotiated process which emerges through process of social learning and control, and can therefore be spread through social networks (Best et al., 2016a). Self-defining as belonging to a gang or self-labelling as a "stoner" or "junkie" consequently has negative implications for substance use and offending behaviour (Sweeten, Pyrooz and Piquero, 2013; Schofield et al., 2001).

A study by Dingle, Cruwys and Frings (2015) explored social identities as pathways into and out of addiction with a sample of 21 adults residing in a drug and alcohol therapeutic community. The results of the thematically analysed semi-structured interviews showed that two main identity-related pathways into addiction were evident: the first involved a loss of a positive social identity as a result of or alongside involvement with substance use and activities related to obtaining substances; as such the resulting identity involved perceptions of stigmatisation or degradation due to criminal activity. The second involved negative early life experiences and a lack of positive social connections resulting in social isolation, and so addiction provided an identity within a substance-using network. Conversely a number of processes, including self-efficacy and social support, can affect cessation maintenance particularly in group therapy settings, and the Social Identity Model of Cessation Maintenance (SIMCM) provides a framework for understanding how social identity can be mediated in such settings to support cessation maintenance (Frings and Albery, 2015). Moving out of addiction, positive ties and a sense of belonging to the therapeutic community from where the sample was recruited helped to define participants' recovery identity, and the two emerging identity

pathways were defined as renewed and aspirational. A renewed identity involved the repairing of a positive identity held prior to addiction, and aspirational referred to the hope of achieving fulfilling goals or roles now accessible through recovery (Frings and Albery, 2015). The clarity with which this research identifies pathways into and out of addiction as mediated by a social identity will help to inform this study's examination of social identity: as trajectories into addiction are clearly definable and linked to recovery identity pathways, understanding the histories and social context of the research participants will be important for testing the social components model.

Hooks for change can influence identity shifts (Giordano, Cernokovich and Rudolph, 2002) although neither this theory nor social control theories are considered sufficient to causally explain the initiation of desistance (Paternoster, Bachman, Kerrison, O'Connell and Smith, 2016). Social identity theory of desistance posits that offenders have a working self in the present with preferences/social networks consistent with this self; a positive possible self, consisting of desires and hopes about the future; and the feared self or anxiety over what they may become (Paternoster and Bushway, 2009). Crystallization of discontent provides the motivation to change in this model, in other words not wanting to turn into the feared self. This motivation to change brings about new social structures and preferences that stabilise the new emerging identity (Paternoster and Bushway, 2009). This study builds on the theoretical work of Shadd Maruna, Stephen Farrall and Peggy Giordano et al., and proposes that offenders will continue to offend for as long as the benefits from committing crime outweigh the costs, and when the feared self becomes a tangible prospect due to repeated failures this provides the motivation to change (Paternoster and Bushway, 2009). This study therefore resonates with the concept of hitting 'rock bottom' in the world of recovery: indeed a recent study by Gila Chen (2018) identified that for both the recovery process and desistance initiation, hitting rock bottom could induce the motivation to change and to build personal resources.

Immersion in one specific group to the extent that contact with other groups is compromised has the potential to weaken social capital resources. This has been demonstrated by prison research: identifying with prison culture above and beyond all other groups results in fragile social capital and weaker resettlement prospects (Wolff and Draine, 2004). Although in-group social capital and trust may be high, the stability of this group is not sustainable due to impending release, and so a variety of components are likely to be negatively impacted if this transition is not sufficiently supported, and this group may lack access to external resources or status. Strongly identifying with certain groups could also increase perceptions of stigmatisation (Wolff and Draine, 2004), as identifying generally to groups of people who are negatively targeted by the media and society has the potential to strengthen in-group solidarity and consequently reduce access to bridging capital. Desistance identity

research has found that self-belief correlates with desistance from crime (O'Sullivan, Kemp and Bright, 2015); given the level of stigma within society against ex-offenders it could be argued this helps to sustain desisters' identities.

Employment has been explored as influential for desistance due to its provision of a number of social resources, however it is not possible to distinguish whether employment or identity change occurred first (Opsal, 2012). In today's economic climate it is also important to consider the number of desisters who will struggle to find a stable well-paid and meaningful job. Amongst a group of ten Canadian Aboriginal female desisters, developing a greater sense of self-worth and pride in their identity was acknowledged as the most important factor for their desistance process (Hundleby, Gfellner and Racine, 2007). It has also been noted that women desisters have been documented as adopting more prosocial values as their identities evolve (Breen, 2014). A recent study by Na, Paternoster and Bachman (2015) using data from 1044 participants from a longitudinal analysis of serious drug-involved offenders released from Delaware correctional system has found that offenders released from prison who develop a more positive self-image and take steps towards getting help with their drug problem demonstrate signs of moving towards desistance through arrest and self-reported drug use data over time. There is not yet a definitive quantitative study of identity and desistance over time (Paternoster et al., 2016). The exploration of self-control has also been embedded within an identity model which can be applied to the desistance process: the identity-value model argues that identity may be useful for enhancing social control through the engagement of a valuation system to achieve goals, as aligned with how an individual sees themselves (O'Leary, Uusberg and Gross, 2017). It is also the case that a coherent, identity narrative has been associated with psychological wellbeing (Waters and Fivush, 2015).

When it comes to vulnerable populations and supporting recovery, nurturing positive connections and identities is therefore key. Associations with previous dysfunctional social identities can undermine the recovery process (Best et al., 2017), and recovery research on mutual support groups such as AA has shown that the emergent social networks are associated with abstinence from alcohol and other drugs (Moos, 2007; Groh et al., 2008). Similarly, desistance literature on identity demonstrates that ex-offenders must develop pro-social identities centred on optimism that are accepted by those around them (Maruna, 2001; McNeill, 2014). Belonging to a pro-social or recovery-orientated group therefore has the power to influence desistance/recovery maintenance and detachment from social networks which may encourage damaging behaviours (Best et al., 2014). The difficulty of negotiating social groups with a variety of identities should not be underestimated however, as, for example, research has demonstrated that the number of intravenous drug users in a

social network is related to continued use of intravenous drugs (Latkin et al., 1995). Even within a recovery-orientated group therefore there could be a risk of networking with users in early recovery who have not yet, or have no intention of, achieving abstinence.

If social identity change can be encouraged by surrounding an individual with pro-social support networks however, this may provide the individual with a greater chance of envisioning their identity change and working towards it. The opportunities for social learning and social control or social capital 'pool' which can be created by recovery supportive groups and initiatives may therefore provide a "hook for change" (Giordano et al, 2002: p.992; Moos, 2007) for individuals who are new to desistance or recovery on which their positive identity change may pivot. This application of desistance theory to recovery in practice provides an important example of how criminological theory has the potential to provide an inter-disciplinary approach towards desistance and recovery, two overlapping groups who are already condemned, treated and supported in shared physical spaces. Increasing the accessibility and applicability of criminological research should therefore facilitate the application of research to practice, synthesising and strengthening the evidence base from which systems of support should evolve. The difficulties of accessing pro-social groups and relationships are increased within communities that have high levels of social disorganisation; a catch-22, as social disorganisation is a feature of societies with higher crime rates (see Section 2.6.2). Desistance and recovery support in practice must therefore include assistance in envisioning an alternative future identity through social context conditioning (Opsal, 2012; King, 2012; Mawson et al, 2015) according to the research from both fields.

The importance of life scripts and identity change has been well recognised and documented in recent years within the context of exploring the desistance process (King, 2013; Maruna & Farrall, 2004). It has been argued that desisting strips an offender of their identity to the extent that desisting offenders may incorporate existing narratives into their new identity to help maintain a sense of self (Maruna 2001). Work by Maruna (2001) has found that life stories of desisters frequently demonstrate an establishment of a 'true self' or 'real me' which may help maintain their perceptions of themselves despite contradictory external actions. More often than not, desistance is not an abrupt, sudden occurrence and as such primary and secondary desistance have been linked to the internal thought processes; primary desistance can be considered as a lull in criminal behaviour whereas secondary desistance involves a shift of self-perception to a non-offending 'changed' person (King, 2013; Maruna & Farrall, 2004). An important part of secondary desistance therefore is believed to be the narrative the offender employs to aid their transition from offender to ex-offender, and research by Weaver (2014) has found that positive social relationships have the capacity to affect

this. Narratives are used to help understand and structure events in our lives, and are therefore of particular importance to desisters (O'Sullivan, Kemp and Bright, 2015), and are often socially negotiated: narratives possess transformative powers (Maruna, 2001) and can act as hooks for change (Giordano et al., 2002), when shared and shaped by social context. For example, through the application of labelling theory, Maruna examined how ex-offenders navigate new narratives and identities based on other peoples' perceptions of them, undergoing "the negotiation of a reformed identity through a process of prosocial labelling" (Maruna et al., 2004, p. 279). Narrative identity theories of desistance have also been applied to a sample of desisting women in a study by Rebecca Stone (2016), who it was found developed narrative identities centred on their moral agency. The application of the narrative identity theory to a population for which it was not designed has been argued to support the applicability of the theory to a wider range of desisting populations (Stone, 2016).

Understanding the internal factors, such as identity change, that contribute to desistance is clearly vital therefore. Recovery may in fact be the hook for identity change for some desisters – in Paternoster, Bachman, Kerrison, O'Connell and Smith's (2016) study, it is established that reformed addicts are statistically significantly more likely to maintain their desistance, most likely because they have already been through identity change when entering into recovery (P.1217). Both recovery and desistance are supported by high quality, consistent relationships, and it is also clear that the formation of a positive identity narrative is also important to both processes. Social identity therefore will comprise a component within this study.

2.4 Capital

A multitude of factors have been implicated in the onset of substance use, however various social factors have been repeatedly identified as capable of having significant influence, particularly the influence of peers during adolescence (Newcomb and Bentler, 1989; Dingle, Cruwys and Frings, 2015). The importance of recognising the potential of social factors to positively influence peoples' journeys out of addiction therefore deserves further attention, as do the structures within which they operate and the resources they produce. Recovery capital is an umbrella term for the internal and external resources that people who are initiating their journey into and sustaining recovery can draw upon to support and enhance their journey:

Recovery capital refers to ''the breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery from AOD [alcohol and other drug] problems'' (Granfield and Cloud, 1999: 32).

Social capital is an important aspect of recovery capital and is of particular interest to this study due to its applicability to both recovery and desistance. It has been argued that recovery capital is a 'conceptual extension' of social capital and encompasses the aggregation of personal and social resources required to recover from addiction (Granfield and Cloud, 2001; Collins and McCamley, 2018). The conceptualisation of social capital is a discussion that has spanned multiple disciplines, including disaster research (Aldrich, 2012), information technology (Huysman &Volker, 2004) and politics (Magnum, 2011), and as a result it has been defined and considered within the boundaries of various fields. Discussions of social capital within the field of criminology have evolved over the past twenty years, to contextualise the capacity of social capital to alter offending, addictive and desisting and recovery behaviours, and shape professional responses to these processes. Social capital has been referred to as the value of aspects of social structure to social actors and how they can draw on different aspects of this as a type of resource (Coleman, 1988); the goodwill that is generated as a result of investment in social relations (Adler, 2002); and as an 'investment in social relations with expected returns' (Lin, 1999: 30). It is clear that social capital can be considered structurally, functionally, and in terms of the relational benefits it can manifest (Cattell, 2001) - Adler (2002) synthesised existing definitions of social capital into the following summary:

"Social capital is the goodwill available to individuals or groups. Its source lies in the structure and content of the actor's social relations. Its effects flow from the information, influence, and solidarity it makes available to the actor." (Adler, 2002, p.23)

Although various definitions are available therefore, social capital is arguably most usefully regarded from a strengths-based perspective as a positive resource that results from social relationships, and which may be utilised to support not only personal growth but also the growth of networks and communities. The formation of social capital can be triggered by various social processes, however access to social relationships are required initially to make social capital acquisition possible and to facilitate its growth. It follows that the number and types of relationships evident and the networks within which they operate have the capacity to influence the levels of social capital produced. The composition of social networks can affect access to social capital, with sparser, less closed networks including dissimilar people being more likely to have increased access to external resources whereas more bonded, denser social networks of similar people provide greater access to support (Cattell,

2001). It follows that social exclusion has been associated with reduced access to social capital and poorer health.

When considered with regards to the desistance process, the role that social capital can play is multi-faceted, and research has explored the theoretical and practical implications that social capital can and does have on desistance. Social capital can be constructed horizontally and hierarchically; the former refers to lateral ties between members of a community, the latter may, if accompanied by strong bonds, stifle access to a wide range of resources and is often exemplified by the type of social capital created within gangs (Warner, 2001). Although gang members would perceive resultant social capital as beneficial to them, it is likely that this social capital would contribute to social disorganisation, or poor social cohesion, within the wider community through facilitating criminal activity, instead forming 'criminal capital' (Lantz and Hutchison, 2015: 661). As the consequences of different forms of social capital have different effects, the term has been distinguished into three categories; bonding, bridging and linking capital (Chapman and Murray, 2015). Bonding social capital is characterised by variations in the intensity and consistency of the social relationships: close relationships that provide consistent support produce strong bonds, and the resources that result from this include for example emotional support and trust. Bridging capital is most often associated with weaker bonds between individuals and groups which provide greater access to a wider variety of networks, information and knowledge, and is often about relationships between groups. Linking capital is hierarchical, and concerns relationships between people with various levels of power, important in terms of employment and access to organisations.

Social capital has been recommended as a framework from which probation staff can work from a strengths-based perspective with offenders, as it has been argued that the process of getting to know the offender's social network and looking to help move them forward can help foster a rapport which better supports them in their journey (Wilson, 2014). Utilising a social capital-based approach to desistance support could represent an important step away from current risk-based practice towards more strengths-based approaches. From this perspective, pro-social relationships and the individual's commitment to those resources can be prioritised due to their beneficial effects; in doing this the negative effects which have been found to emerge alongside the current extensive focus on risk-management may be reduced (Weaver & McNeill, 2015; Weaver, 2014; Healy, 2012). Social capital is not just built by professionals, but by people and groups who invest their time and effort into constantly refreshing and extending connections (Wilson, 1997). Social capital will be most easily built by those who are best positioned to be adaptable and prosperous (Wilson, 1997), and in this regard social capital is structurally and culturally bound. Awareness of this is essential if social

capital is to be successfully enhanced for others, and it should be remembered that social capital is fluid and will change as life circumstances change, for example following the transition from prison to the community.

The benefits of positive social capital are numerous and include access to employment, information, knowledge and good family relationships (Farrall, 2004; Ruiu, 2016), domains known to be important to both processes of recovery and desistance. Support, social control, trust and civic engagement are also resources known to result from the social capital formed by pro-social relationships (Wilson, 2014; Ruiu, 2016). Both employment and positive family relationships are not only outcomes of social capital, they are also precursors, although existing familial capital may require additional attention and structuring from professionals who are supporting desisters (Farrall, 2004). A study by Braden et al. (2012) examining the role of support groups for medium to high-risk sex offenders leaving prison found such support groups beneficial for the offenders' housing, work and relationships. The study also found the support groups beneficial for encouraging the offender to see themselves more constructively; in other words, a result of the support provided was the social mediation of identity transformation that often concurrently occurs alongside the lifestyle changes that are adopted during processes of desistance. Essentially, the strengths-based support helped participants to mould their identity in accordance with the pro-social norms and values of the group, aligning with research by Maruna et al (2004) which examines the 'Pygmalion effect' of a socially negotiated desisting identity and argues that reformed identities result from prosocial labelling. The links between capital and identity bridged as they are by social mediation supports the argument for the inclusion of both components within this model.

Social capital production can occur naturally through the ties that are formed recreationally, at work and in other formal institutions of control. The benefits of social capital acquisition have been outlined, and when considered in the context of desistance can be seen to play a role in beginning, supporting, and maintaining the process. Methods of strengthening social capital have consequently been explored, and a study by Chapman and Murray (2015) argues that restorative practices that embody frameworks such as the Good Lives Model (Ward and Brown, 2004; Ward and Maruna, 2007; Ward and Fortune, 2013) to encourage the community-based support of ex-offenders help to generate bridging capital and enhance the overall social capital of group. The de-centralisation of governmental power to more local and democratic levels has also been identified as a means of achieving strengthened social capital (Warner, 2001). In other words, members of the community must have participatory, active roles that are structured in a manner that most effectively achieves this. Research by Brewer (2003) demonstrated the importance of employment to engaging with civic

affairs, and suggested that public servants can act as catalysts for building social capital in wider society. Examples of hierarchical social structures with localised roles can also be seen in religious communities, which are known to be capable of producing extensive social capital through their shared values and practices (Fukuyama, 2001). In the same vein, military networks also produce forms of social capital which are intrinsically linked to the structures, roles and regimes with which its members identify – the loss of such structure through disassociation with the group can therefore result in the loss of this sense of belonging, collective identity, and the benefits of readily available forms of social capital that are distinctly associated with this identity.

Barriers such as stigma may restrict the production of social capital, particularly for groups in recovery or desisting due to existing pre-conceptions of the general public (Best, 2016). The poorly connected structure of our societies makes social capital acquisition more difficult, particularly for those who are socially disorganised and/or marginalised, despite such groups being most in need of access and utilisation of such resources (Coleman, 1988). In this regard, bridging capital may act as the base from which desistance-supportive social capital may be amassed, and professionals may be best positioned to catalyse this. A key feature of socially disorganised and criminogenic societies is a depletion in social capital stock. Social capital is an important resource when pro-socially produced to help encourage social cohesion within the community. The trustworthiness of the environment can help to facilitate co-operation between community members (Coleman, 1988); "…networks of civic engagement foster sturdy norms of generalized reciprocity and encourage the emergence of social trust" (Putnam, 1995: 2). As trust actively plays a role in the formation of particularly bonding capital, visible immersion in the community through, for example, voluntary work could operate as a mechanism by which barriers such as stigma are overcome, enhancing social cohesion and access to social capital as a result (Putnam, 1995; Kawachi, Kennedy and Wilkinson, 1999). This process should cyclically increase trust as social cohesion and social capital levels improve.

The structure within which social capital is formed and utilised can affect its impact. The density of the social network may be more or less appropriate dependent on the intentions of the network: should the group be too densely bonded this could reduce access to bridging capital and other resources (Fukuyama, 2001). Any instability in the group could be detrimental if departing members leave decreased levels of social capital which are not easily regenerated. Recent research in recovery has shown that connecting ex-offenders to their families is of limited benefit if their families also have no social capital (Best, Musgrove and Hall, 2018), a finding that is supported by Putnam's 'Bowling Alone' - it's the friends of friends that help produce capital. Immersion in one specific group to the extent that contact with other groups is compromised has been demonstrated by prison

research to reduce social capital resources: individuals in prison who identify with groups that strongly embody prison culture have more fragile social capital and weaker resettlement prospects (Wolff and Draine, 2004). Although in-group social capital and trust may be high therefore, the stability of this group is not sustainable due to the ultimate release of the prisoner, and so a variety of components are likely to be negatively impacted if this transition is not sufficiently supported.

Communities have been told for years to leave it to the professionals (Kretzman and McKnight, 1993) and may be out of practice in the art of practicing forgiveness, apology, and mutual aid, however restorative practices appear to be creating spaces that encourage these learning processes and the provision of a restorative/relational model of desistance demonstrates how social support and asset building can enhance desistance (Bazemore & Erbe, 2004). In terms of assessing levels of social capital with it being a social construct, work by Lappe and Du Bois (1997) has suggested that social capital can be measured by citizens engagement in 'extracurricular activities' that include hope and enhance life skills, and with people in recovery known to spend more time volunteering within their local communities than the general public (Best et al., 2015), the link between social capital and giving back is clearly connected to the recovery process; indeed it has been recommended that providers of correctional treatment for ex-offenders should provide support in a way akin to that of recovery support (McNeill, 2006).

Social capital can fluctuate over time (Wolff and Draine, 2004) (hence the two-stage methodology). Available social capital should, based on existing evidence, therefore be utilised by individuals, peers, groups and professionals to help reverse damaged bonds and the isolation of excluded people, and to enhance connectedness and wellbeing through social control, group membership, and the development of pro-social identities. Social capital has also been suggested to have the capacity to act as a bridge to the community from prison (Wolff and Draine, 2004). It is evident that social capital is consequently of importance to both recovery and desistance, and better understanding its role should facilitate an understanding of how to best enhance it in a beneficial approach for both processes.

2.5 Social Component Model Overview

The presence of the outlined social components in relation to recovery/desistance will be explored by this research due to their separately established capacity to influence each process. Increased contact with various social networks has been identified as capable of enhancing mental wellbeing (Haslam and Reicher, 2006), however individuals who are transitioning social networks, for example from

prison back to the community, often experience restricted access to resources due to barriers such as stigma (Wolff and Draine, 2004), which access to positive social capital can help overcome through the support and bridging capital it can manifest. Social identity has also been deemed important by research in both fields when it comes to navigating the recovery/desistance process internally, and is inextricably related to the individual's social networks and sense of belonging within social groups (Best et al., 2016a). Consistent and high-quality social support developed within pro-social relationships can help foster strong social bonds, which are known to have the capacity to act as a hook for change (Giordano et al., 2002). Both desistance and recovery are therefore more likely to begin and be sustained in the presence of high-quality social support.

A desistance-focussed article which has so far included most of the social components does so under the title 'Dynamics of Social Capital of Prisoners and Community Re-entry: Ties That Bind?' (Wolff and Draine, 2004). The main component under focus in this study is social capital, however also discussed in passing are social relationships; different groups, social networks; identity; trust; and social bonds. The terms are sometimes used interchangeably which risks conflating and confusing our understanding of the component effects, this is important to avoid, as it is not always the case that capital and relationships are healthy and beneficial, as supported by the recovery literature on 'negative recovery capital' (Cloud and Granfield, 2008); people and groups may produce and mobilise social capital that benefits them, but which is not pro-social or conducive of social cohesion. Of course, the social aspects under study within this article have also not been considered with regards to the recovery process, and so as yet no study has explicitly explored each of the identified 'social components' in relation to both recovery and desistance.

A study by Wilson (2014) found that probationers often experienced social isolation due to their desistance attempts. They understood that their lives were unlikely to change whilst spending time with problematic drug users, and strategies to change this included moving away, living alone and changing friendship groups. Probation officers were in a position to explain how to engage with different groups however probationers in the sample were often restricted by structural limitations in their area (for example, lack of employment, housing). It is clearly difficult therefore to mediate and support the 'pro-socialisation' of the social components, given the drastic changes this often requires. This is supported by Nugent and Schinkel's (2016) article 'The Pains of Desistance', which examined the impact of the various aspects of desistance on fourteen desisters' narrative interviews from two separate studies and their work divides desistance into three 'spheres', act, identity and relational desistance: act desistance referring to non-offending, identity to the internalisation of a desisting identity and relational for acknowledgement of change by others (Nugent and Schinkel,

2016). These three spheres fit closely with the social component model proposed by this research, and the findings clarify that low levels within each of the three spheres can cause pains of desistance, including that act-desistance often led to isolation for the participants under study, limiting chances of desistance success.

It is clear from the literature reviewed that the various social factors, or social components, identified are pertinent separately to the processes of recovery from addiction and desistance from crime. It is therefore important to examine these components and their effects on both processes simultaneously in order to synthesise the theory on the various factors from both fields to provide more accessible evidence regarding socially mediated recovery/desistance pathways. Policy and research could support professionals in facilitating groups/probationers/ex-offenders/ex-addicts to alter their own social components. The social components model could also potentially benefit a peer-delivered setting – increased awareness of how the social aspects support both processes could decrease the likelihood of contradictory advice which whilst supporting one process may undermine the other. It is therefore intended that a short accessible workbook resulting from this research which describes the social components and the generalised outcomes from this study could be shared with the groups with whom the research is conducted in order to ensure an element of reciprocity.

Focussing on how to increase the components which are evidenced within this study as supportive to both processes aligns with strengths-based approaches, and also with the transformative mixed methods paradigm within which this work sits (see Chapter 3 for commentary on the methodological approach of this research). Social factors do not operate within a vacuum: their malleable nature exemplifies the capacity the setting (such as prison versus the community for example) has to influence social change. The next section of this work, section 2.6, explores the social context within which the social components operate, as certain groups and communities are likely to experience varying degrees of social component accessibility based on a number of factors, such as stigma and deprivation. This is important to consider, as certain groups of desisters /people in recovery may have greater access to the components than others, and encouraging people to build their social components, should the evidence support this, is only feasible if contextual barriers are acknowledged and combatable.

2.6 The Social Component Context

2.6.1 Communities and Their Role: Stigma versus Inclusion

It has been recognised that an important step on the journey towards desistance following an offender's release from prison is their successful reintegration into the community (Healy, 2012). Despite the fact that to desist fully, factors such as access to new social resources and 'knifing off' past criminal connections are of importance, the reality is that offenders experience high levels of social marginalisation (Healy, 2012). According to Garland (2001), public anxieties have risen alongside increasing crime rates, undermining any support for penal welfarism; this has impacted on probation practise due to the increasing doubt surrounding the effectiveness of rehabilitation, therefore resulting in an emphasis on public protection, risk management and accountability (Cohen, 1985; Healy, 2012). This shift has resulted in offenders being differentiated by their offence category and their potential to cause harm, and this distinction has also been found to align with whether or not an offender is considered to be morally deserving and capable of social inclusion (Weaver, 2014). Although crime rates are now declining (ONS, 2018) there remains much work to be done in supporting desistance maintenance and embedding desistance-orientated approaches in policy (see section 2.8.1 for further commentary on recovery and desistance research and policy implications).

Communities' fear of crime has been well documented (Fox, 2015), and for people returning from prison, issues such as stigma, social exclusion and perceptions of power imbalances can severely limit the resources available to desist. Barriers to accessing social capital for people in recovery have also been identified: in a study by Radcliffe, Tompkins and Boeri (2016) more barriers than opportunities were identified for their 29 participants, such as access to mainstream networks outside of recovery-orientated groups. The workplace was also identified as strewn with barriers, with issues such as inconsistent employment and co-workers' drug use inhibiting access to positive social capital. People experiencing pharmaceutical opioid addiction have reported considerable levels of perceived stigma in each domain studied within Cooper et al's (2018) research, particularly regarding childcare and employment. The results of this study suggested a complex interaction between stigma and relationships, as being married or in a relationship was found to be the strongest independent predictor of higher perceived stigma (Cooper et al., 2018). It was recommended as a result that drug-free partners be included in their loved one's treatment to better understand the experience of addiction with which their partner is battling, further emphasising the importance of intimate relations in supporting desistance (and recovery) pathways.

With the perception and experience of stigma capable of acting as a barrier to successful recovery from addiction/desistance from crime, the importance of inclusive support which helps individuals to develop pro-social identities is clear. Support groups, programmes and treatment embedded within strengths-based approaches help people to achieve this: it has been found that the modelling of normative behaviours by volunteers for CoSA helps to encourage community integration by providing reference points for the core member to base the development of appropriate relationships on and to develop enhanced normative, empowered identities (Fox, 2015). Two desistance projects aimed to normalize lifestyles of chaotic offenders have also been examined by Rowe and Soppitt (2014). The charitable nature of one programme, and its independence from the criminal justice system resulted in enhanced the trust and confidence of the service users which were described as significant motivational factors to desist. The service users of the second programme identified a strong relationship with staff as motivational and beneficial to desistance, a finding supported by existing evidence of professional relationships with ex-offenders.

2.6.2 Social Cohesion, Disorganisation and Deprivation

The experience of stigma, and the consequent importance of inclusion, should be considered in the context of the social geography of the sample. Social disorganisation has been defined as the "inability of a community structure to realize the common values of its residents and maintain effective social controls" (Sampson & Groves, 1989, p.777). Cohesive communities, in contrast, have been found to be better able to control gangs and deviant youth behaviours (Kawachi et al, 1999). Within social capital approaches (Coleman, 1990; Putnam, 1995) features of social organization are represented by reciprocal norms, and trust in others that facilitate cooperation between citizens for mutual benefit. Depletion in stocks of social capital therefore features as a key distinction of socially disorganised communities (Kawachi, Kennedy and Wilkinson, 1999).

Social cohesion and its inextricable relationship with crime and health in society is explained by theories of social disorganisation, which posit that depleted social capital is a key feature of socially disorganised communities resulting in less available resources for members of the community to support one another (Kawachi, Kennedy, and Wilkinson, 1999). This can result in social inequalities and consequently resentment and high levels of distrust; key features of a less cohesive society. The differences between social capital and social cohesion are distinct; a criminal gang could provide its members with social capital (particularly bonding capital) whilst simultaneously disrupting social

cohesion (Kawachi, Kennedy, and Wilkinson, 1999), and crucially damaging bridging capital to community resources and assets. Blackpool, the setting for a recovery group involved in this research, ranks in the top 10% for the most deprived areas of England (Department for Communities and Local Government, 2015), suggesting communities in the area are less likely to embody high levels of social cohesion and have reduced bridging capital as a result.

Poverty will affect the consistency with which social relations can act out their roles and responsibilities (Wolff and Draine, 2004), and it is known that social isolation and experiences of marginalisation may increase risk of substance use (Dingle, Cruwys and Frings, 2015). This is supported by a study which looked at peer smoking in schools and found that isolated individuals who had few or no social connections were more likely to smoke (Ennett and Baumann, 1993). The cyclically damaging process of limited social cohesion, high levels of social disorganisation, and the damaging effects this can have on offending and substance using behaviours emphasises the importance of understanding the social context within which the components operate from onset: indeed, mechanisms that exerted the most influence in recovery have been identified as adaptive social network changes and increases in social abstinence self-efficacy (Kelly et al., 2011; Stout et al., 2012). Within social settings where there is limited access to alternative social networks, such changes are likely to be much more difficult to achieve.

The development of pro-social approaches to desistance and recovery however have the power to improve community attitudes and perceptions and consequently social cohesion (Wilton and DeVerteuil, 2006; Kawachi, Kennedy, Wilkinson, 1999), increasing community capital availability (Best et al, 2015) through the formation of positive relationships and the consequent development of a wide radius of trust (Fukuyama, 2001). Literature on therapeutic landscapes exemplifies the wide-ranging effects which can result from immersion within a pro-social community: including improved employment prospects (Vanderplasschen et al., 2013), which undoubtedly contributes to social cohesiveness of the local community through contributing at least economically. Pro-social approaches could therefore create an upward spiral effect, breaking the cyclically damaging effects of social disorganisation. The presence of well-developed social components and the existence of trust as a feature of relationships developed in pro-social groups within deprived areas therefore could have the capacity to increase levels of social cohesion. However, in Dingle, Cruwys and Frings' (2015) study based in a therapeutic community, despite widespread social cohesion and support with the TC a few participants experienced difficulties integrating: it may be the case that when groups are particularly well bonded the radius of trust (Fukuyama, 2001) becomes almost 'exclusive', knifing off bridging capital and resulting in a contracted number of benefits to the wider

community therefore creating a closed social network (Christakis and Fowler, 2010). Higher levels of distrust is a feature of a less cohesive society (Kawachi, Kennedy and Wilkinson, 1999), and should an exclusive radius of trust develop this may, however beneficial for group members at that time, in fact contribute towards higher levels of social disorganisation. This will therefore be considered within this research regarding the different groups under study.

Many areas in which offending/addiction and consequent recovery/desistance are experienced and therefore studied are some of the most deprived (Shaw, Egan and Gillespie, 2007), and "Within rural communities, young people are highly visible and therefore more readily stigmatized and marginalized. At the same time they tend to be, paradoxically, invisible in terms of research, service delivery and policy" (Meek, 2006, p.90). The impact that social context can have on social component accessibility (for example, pro-social capital, pro-social bonds/hooks for change) is important to acknowledge within recovery/desistance research. Research by Oser et al (2011) exploring the differences in addiction treatment for rural compared to urban probationers identified that there may be additional barriers for individuals accessing treatment in rural areas. The importance of supportive groups is therefore increased in deprived areas as they could become the visible hook for change opportunities. People who are addicted to drugs/alcohol/committing criminal offences are likely to be having a negative impact on social cohesion and so begins a vicious cycle of detrimental bonds and capital leaving the most in need most unable to access support.

The importance of trust to social cohesion has been touched upon, and it is clear that such values are important to the healthy functioning of communities. Taking pride in a supportive group identity has been shown to have clear links between community involvement, stigma reduction, social cohesion and deprivation. Recovery/desistance supportive groups therefore have the capacity to positively impact upon all of these aspects and consequently become sources of the components required for people to overcome stigma and marginalisation and to start/maintain their recovery/desistance. Mutual help groups have been evidenced to improve the likelihood of achieving and maintaining positive outcomes such as self-esteem and hopefulness (Timko, Halverson, Kong and Moos, 2015) and so it is likely that each of the social components will be more easily recognisable and measurable. Social support groups therefore comprise the intended settings for this research.

2.7 The Value of Trust & Hope

Given the deprived nature of many communities in which desistance and recovery are required, the importance of building positive outcomes is vital. Building on the work of Fukuyama (2001), the concept that all groups develop a radius of trust which can be larger than the group in which it is produced may play a role in the process through which perceptions of stigma are broken down; the creation of a strong radius of trust within the recovery community which is extended beyond the group through the visibility and immersion of the group in its wider surrounding community may be a mechanism through which barriers to recovery such as stigma are overcome.

A mental health recovery review to identify the characteristics of successful support services identified that the availability of connectedness, hope, identity, meaning and empowerment (CHIME) have been associated with enhanced recovery (Leamy et al, 2011): in translating this acronym to recovery/desistance focussed support, it is clear that such characteristics are also important. The identification of connectedness and hope within CHIME as key categories of recovery (Leamy et al, 2011) has also been emphasised in desistance research; the encouragement of positive attitudes and emotions for example through positive relationships with criminal justice professionals have been highlighted as capable of instilling hope and enhance desistance probability (Farrall and Calverley, 2006).The development of trust can be seen to be operating implicitly in many desistance-focussed support groups which utilise volunteers: the initiative CoSA, which incorporates voluntary community members into the accountable reintegration process of medium to high risk sex offenders through weekly meetings and activities over the period of around 12 months, has had a marked impact on rates of reoffending for those who take part (Elliott & Beech, 2013). This process has been found to have the potential to produce reciprocal norms and pro-social relationships (Fox, 2015), and the disclosure process, where the sex offender must personally disclose their crimes to volunteering community members, means that there is a basis of trust expected and established between the offender and the circle of volunteers from the first meeting.

This trust could be considered as extending beyond the group itself should the circle volunteers be considered as representative of, or well connected to, the general surrounding community. The bonding and bridging capital that may be more readily available as a product of the circle may also increase as an effect of stronger levels of trust developed; the increasing sense of familiarity that builds between the volunteers and the core circle member as they meet each week has the potential to increase the trust the group members feel for one another. As this trust develops, so the emotional

reciprocity of the group may come to represent to the core member their gradual reintegration back into the community, encouraging them to engage with wider society through their connections with the circle volunteers.

Trust has been implicitly linked to increased mental health and wellbeing, which in turn has been associated with group membership (Carpiano and Fitterer, 2014; Haslam and Reicher, 2006). Fukuyama's (2001) examination of social capital within an economic and political context identified the importance of trust as an implicit aspect of social capital. Groups with social capital can develop a radius of trust which has the capacity to expand beyond the boundaries of the group, as depicted in Figure 2.2 (below):

"All groups embodying social capital have a certain radius of trust, that is, the circle of people among whom co-operative norms are operative. If a group's social capital produces positive externalities, the radius of trust can be larger than the group itself. It is also possible for the radius of trust to be smaller than the membership of the group, as in large organisations that foster co-operative norms only among the group's leadership or permanent staff. A modern society may be thought of as a series of concentric and overlapping radii of trust" (Fukuyama, 2001, P.8).

The figure demonstrates how radii of trust belonging to different groups can overlap, having beneficial effects for group members and those on the periphery of the group (Fukuyama, 2001).

FIGURE 2.2 Networks of trust (Fukuyama, 2001, p.9)
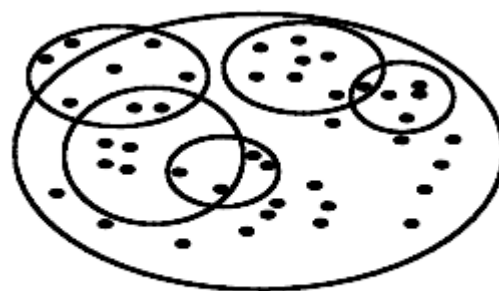
Networks of trust.

The existence of a wide radius of trust within a group (Fukuyama, 2001), specifically a group of individuals in recovery/desisting, may not be indicative of the presence of social capital, but could still benefit the wellbeing of the group members and produce a ripple effect out into the wider community, reducing the negative impact of perceptions of stigma. As more groups emerge, so there is more support for offenders but also a greater pool of helping capital that exists within the community to cyclically benefit group and community members respectively.

Social trust in a study on the health effects of social capital was found to be significantly related to self-rated health before and after controlling for socio-demographics and/or individual levels of social support (Poortinga, 2006). This is important because it demonstrates the underpinning of trust evident in line with social capital due to its capacity to mediate the component; social trust in this study was treated as an aggregate of social capital. The same study found that social capital is important for population health - and in this sense the link between social capital and social cohesion is made explicit (Poortinga, 2006). The findings of Poortinga's (2006) study are supported by a study by Kawachi, Kennedy, Lochner and Prothrow-Stith (1997), which demonstrated that the extent of participation in civic associations was related to the degree of trust between citizens and showed (using regression models) that variations in trust levels explained 58% of the variance in total mortality across states and statistically significant associations with most major causes of death including heart disease, stroke, homicide and infant mortality (Kawachi, Kennedy, Lochner and Prothrow-Stith, 1997; Kawachi, 1999). A lack of recovery capital has also been found to be associated in not only lower trust in oneself but also in lower trust in others (Topor, Skogens and von Greiff, 2019), highlighting the interconnected nature of recovery from addiction and trust.

There is clear evidence of the importance of trust to societal wellbeing and this highlights the importance of understanding how trust is important to the processes of recovery and desistance, and whether/how it interacts with other social components. Hope has been defined for addiction recovery as: "a reawakening after despair" (Shumway and Kimball, 2012: 9); motivating mental energy and capacity that precedes behavioural action (Snyder, 1994); and although related to self-efficacy, optimism and outcome expectancies, is a distinct construct (Magaletta and Oliver, 1999). Hope is also more broadly related to physical recovery from illness (Vignansky, Addad and Himi, 2018). It also important for family members of the person in recovery to develop a sense of hope, in order to increase confidence levels and develop healthy coping skills, as fostering hope in family members can lead to increased levels of coping skills in the future (Bradshaw et al., 2015). Hope is widely acknowledged by researchers as acting as a building block of desistance: a study by Vignansky, Addad and Himi (2018) for example identifies hope as a key variable for rehabilitation post-incarceration. It could be that the radius of trust operates within socially supportive group settings to help build the component growth in supporting recovery and desistance, and also facilitate the social contagion of hope (Best, In Press) required to help include new members within the social network.

2.8 Desistance and recovery treatment and support

Should a unified approach to the understanding of the contributions of theory and research on social relationships to AOD recovery and desistance be applied, a bridge may be built between these otherwise separate fields that may aid coherence and consistency for policy makers and practitioners who often work with both ex-addicts and ex-offenders simultaneously, and support the translation of innovation and learning between and across the two areas.

Existing methods of recovery support are extensive, targeting different aspects of the post-addiction journey in a variety of ways. When first considering the importance of social support these include community-based approaches such as Oxford Houses, Recovery Residences and Cohousing designs. Oxford Houses, founded in 1975 by Paul Molloy, provide a community-based approach to substance abuse abstinence. There is no maximum stay and financial independence is encouraged as each resident pays for the accommodation and does chores, contributing to the wellbeing of the house (Jason et al, 2006; Jason and Ferrari, 2010). It has been suggested that the positive results that Oxford Houses can produce can be accredited in part to the availability of a close abstaining social support network (Jason et al, 2006; Jason, Light, Stevens and Beers, 2014). Recovery residences have also been credited as capable of supporting individuals to build recovery capital (Mericle, Miles and Cacciola, 2015); and the social networks of residents of sober living houses are also beneficial for supporting ongoing sobriety (Polcin, Korcha, Bond and Galloway, 2010).

Cohousing design similarly promotes social interaction through higher density and visibility; grouping houses to create defensible spaces helps to bring individuals together in a physically shared space so social capital can be more easily generated (Ruiu, 2016; Clarke, 1997). Elements of social capital, bonding and bridging capital consist of reciprocated emotional support in similar groups and the sharing of information through external networks respectively; the production of these forms of capital through the creation of visible formal and informal supportive networks within such communities should help to promote a sense of belonging and the availability of a shared recovery identity that may protect against perceptions of stigma. The process of creating bridging and bonding capital can also help to generate new resources and activities for the community. Regarding methods of supporting social network transition, Oxford Houses and recovery residences help enact this change due to increasing contact with others in recovery (Stone, Jason, Stevens and Light, 2014), and retention in recovery housing contributes to continued abstinence due to the provision of

opportunity to develop a sense of purpose and a healthy, beneficial identity and connection to the wider community (Cano, Best, Edwards and Lehman, 2017).

Addiction is socially isolating, and so treatment should consider social support for recovery an important part of treatment planning: helping others within Alcoholics Anonymous (AA), a peer-led social support group, has been associated with reduced risk of relapse, incarceration and violent crime during the 12-months post-treatment, whereas simply receiving support did not (Johnson, Pagano, Lee and Post, 2018). Peer support has been identified in a number of recovery support and treatment settings and theories as fundamental to recovery: social learning theory (Bandura, 1977) for example can be enacted within peer support communities, or therapeutic communities (DeLeon, 2000) due to the opportunities available to develop new friendships which help to guide individuals in their recovery journeys (Boisvert, Martin, Grosek and Claire, 2008). The building of friendship based on the shared stories of lived experience has the potential to play a role in expanding the radius of trust and also access to the social components, for example group membership and social identity.

Therapeutic communities are substance-free environments where people who are trying to overcome addictive problems reside together in an organised way, and their effectiveness has been demonstrated to be good for a number of outcomes, such as employment and psychological functioning (Vanderplasschen et al., 2013). It is argued that the opportunity for social learning, role modelling and identity formation through like-minded peer engagement underpin the success of such models (Boisvert, Martin, Grosek and Claire, 2008). Bassuk et al's (2016) systematic review of peer-delivered recovery support in the United States highlights, despite there being limited evidence of sound methodological quality, that peer support is beneficial across a range of recovery-supportive outcomes (Bassuk, Hanson, Greene, Richard and Laudet, 2016).

Reciprocal social support is clearly important across treatment/support setting for recovery from addiction. Co-production is defined by the National Institute for Health and Clinical Excellence (NICE, 2008) guidance "Community engagement to improve health" as the "process whereby clients or service users work alongside professional as partners to create and deliver services" (p.39), and has been found when elements such as an agreed shared agenda is present to provide collaborative recovery support (Tober et al., 2013). Social cooperatives foster coproduction, and within the justice system can provide a structure through which the development of collaborative responses to problems usually experienced by desisters can be overcome, through for example providing employment (Weaver, 2016). Social cooperatives are said to prioritise the people who function within them as opposed to profit, and they can foster positive relationships and provide a number of

opportunities that support social integration (Weaver, 2016). Similar to AA, prison-based peer support roles for sexual offenders have been associated with reduced perceptions of stigma due to the positive experiences of helping others, and have therefore been theoretically linked with better reintegration outcomes (Perrin, Blagden, Winder and Dillon, 2018). The social support provided within the context of CoSA, which blends a mixture of professional and community-based support, has also been evidenced to increase beneficial skills such as self-regulation known to support the desistance process of sexual offenders (Hoing, Vogelvang and Bogaerts, 2017).

Although we can look for and foster characteristics identified by the acronym CHIME (Leamy et al., 2011) in respect of the wider context of recovery/desistance support and treatment, it is important to understand the financial and political climate shaping responses to individuals experiencing these processes and looking for help. Data shows that local councils have made the decision to reduce budgets for substance use disorder services (SUDs) by tens of millions of pounds since 2013: these cuts are creating a "vicious cycle" leaving the needs of seriously vulnerable people unmet (IOGT International, 2017). Freedom of Information figures show that the 118 councils in England that replied are spending a total of £452m on SUDs strategies from public health grants in 2017, compared with £535m in 2013/14 – a cut of 15.5%. Meanwhile, drug-related deaths are at a record high across England and Wales, and hospitals are seeing more than one million hospital admissions relating to alcohol each year (IOGT International, 2017). There are less studies available which explore the outcomes of desistance-orientated support groups than for recovery. An example of a study which does however examine the importance of group-based support for desistance is presented by Alisa Stevens (2012): based on semi-ethnographic research conducted with a therapeutic community in prison, the strengths-based sharing of whole life stories was seen to encourage participants to understand the context within which offending developed and consequently strengthen desistance-supportive identities. Due to similarities in research outcomes and accessibility of comparable studies that do exist therefore, settings for this research will comprise of community-based peer-led social support groups, as the emphasised importance of helping others as beneficial to both recovery/desistance could be important to the functioning of the social components model. The opportunities that peer-based friendships provide to group members could include increased access to social capital and peripheral social networks, hooks for social identity change, and increased trust levels. Awareness and exploration of such relationships which are based on shared lived experience could therefore allow for optimal identification of the social components and their operation.

2.8.1 The Role of the State: Policy, Risk and Strengths-Based Shifts

It is important to bear in mind the underpinning of addiction and desistance support and treatment in England and Wales by governmental policy, and to explore the lessons that could be learned from each of these fields when it comes to evidence-based approaches to supporting recovering/desisting groups. The influence of policy on support available to individuals experiencing recovery/desistance has the potential to reduce access to the socially supportive factors identified in the literature review: an overview of recovery and then desistance orientated policies now follows.

Recovery Policy

For policy to be effective, it must be theoretically informed (Kerr et al, 2011). The importance of research-based evidence in informing policies that work in practice is a key consideration, and the crossover between the theoretical and practical spheres is intended to support this by improving the accessibility and applicability of theory and research. To achieve successful recovery, a social approach is required which focuses on reintegration, a sense of belonging and building strengths and resources (Pillay, Best and Lubman, 2014). U.K. drug policy has progressively emphasised the importance of recovery over recent years, with its strategies developing to promote not only the achievement of abstinence from drug/s of dependency, but also end-to-end support, and community-based continuity of care (Best and Ball, 2013; Lancaster, Duke and Ritter, 2015). A core theme of *Drug Strategy 2010: Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug-Free Life* (Her Majesty's Government, 2010) is the building of recovery in communities, based on the notion that "recovery can be contagious" (Her Majesty's Government, 2010, p. 21). The suggestion that recovery can be a socially mediated process has been supported by research, and the provision of such strategies creates the opportunity for a strong foundation for positive changes which prioritise and support recovery as an ongoing process. Issues with the practical implication of these policies have been highlighted however, including the lack of frameworks to guide this shift from treatment to recovery-orientated care. Treatment services have therefore been described as facing the challenge of recovery when it comes to balancing the needs of different groups who access the service, including implementing effective support and treatment to those individuals who are not interested in entering recovery (McKeganey, 2014).

Some policies are argued to create problems rather than addressing them (Lancaster, Duke and Ritter, 2015). As alluded to in the defining of recovery earlier in this chapter, the fluid

conceptualisation of what recovery is poses issues for policy-makers, with differences in opinion regarding what recovery should encompass, resulting in controversy when creating over-arching drug policy (Lancaster, Duke and Ritter, 2015). A comparative study between Australia and Britain's drug policies analysed the extent to which policy is contextually bound and the implications this has in practice. The results showed that responsibility for drug use is perceived as residing with the individual and that although wellbeing and citizenship should be the outcomes of recovery, barriers such as poverty and stigma are not acknowledged by policy in Britain. Regarding Australian drug policy, recovery was posed as a threat to the medicalised treatment models of drug addiction, where drug users are labelled as patients in need of help. By describing drug users as autonomous individuals, responsible for their own recovery, drug policy echoes the rhetoric of criminal justice policies which emphasise blame, risk-management and control. Those who are not attempting to achieve recovery are therefore implicitly labelled as deviant through this rhetoric, acting as a mechanism through which the rest of society's perception of addiction is controlled by their desire to avoid such stigmatisation.

This act of labelling therefore works to further stigmatise and infantilise drug users, by simultaneously demanding and yet removing their agency through ascribing them as able to help themselves and yet the sufferers of a disease – implying victimisation. This compares to strengths-based approaches to policy which acknowledge social contexts and look to enhance what people do well and enjoy doing as mechanisms to encourage and support recovery. Some researchers have therefore critiqued recovery policies as ignorant of the extent to which addiction is embedded in and shaped by contextual factors - particularly in consideration of neo-liberal approaches to the drug user as a responsible agent and the stigmatising connotations this could create through ignorance to oppressive and excluding social structures (Lancaster, Duke and Ritter, 2015).

The UK's 2017 Drug Strategy's third section (HM Government, 2017) on 'Building Recovery' (p.28) acknowledges the need for integrated care pathways, equitable treatment across the criminal justice system and aspects such as employment and housing as core aspects of recovery, and also highlights the need for methods of addiction prevention for those at risk. However there remains greater need for an explicit reference to the imbalanced nature of addiction onset and prevalence amongst marginalised and disadvantaged groups and a consequent sharing of responsibility regarding recovery support. The strategy does however include a recommendation for service user feedback (p.30) as a mechanism for further enhancing addiction treatment and recovery support, which if implemented has the potential to start weaving discussion of societal imbalance into addiction and recovery discussions. Also included in the strategy is a section that refers specifically to the journey

from custody to the community and the need for continuity of treatment for those in recovery - this explicit reference to groups who will be both in recovery and desisting exemplifies the importance of theory and research that dually explores these processes.

Despite evidence pointing to recovery-orientated interventions being successful and cost-effective (Humphreys and Lembke, 2014), funding cuts and service closures demonstrate the difficulty faced by recovery treatment provision and support to continue to provide the recovery community with any promise of stability; 38% of community drug services and 58% of residential services reported a decrease in funding in 2015 (Recovery Partnership: State of the Sector, 2015). As drug-related deaths remain high (Office for National Statistics, 2017), a majority of services reported a decrease in funding, with funding cuts for treatment having been reported to have negatively impacted services and the experiences of service users and staff (Recovery Partnership, 2015). It is clear over the last ten years that massive changes have occurred in the policy arena regarding recovery from addiction, however there are still areas of uncertainty when it comes to translating these policies successfully into practice (McKeganey, 2014), compounded by the evolving nature of treatment services mediated by tendering. The global wars on drugs has been described as a failure and the harsh prohibitionist policies of the United States have been attributed as the leading cause of the global drugs epidemic (Wild, 2013), further emphasising the importance of championing recovery-orientated policies . Recovery initiatives and services therefore require strong and inspiring leadership that helps to guide and embed recovery-orientated practice (Best and Ball, 2013), and a greater understanding of the mechanisms that operate within peer-based support groups to generate and support recovery will better clarify how best to develop policies that support practice.

Desistance Policy

Desistance is not a term that is explicitly used in ministerial speeches, and despite policies adopting some desistance-supportive steps, emphasis on risk and public protection continue to dominate political rhetoric (Annison and Moffatt, 2014). Such barriers reduce the likelihood of desistance being explicitly incorporated into the reducing recidivism agenda, alongside austerity and a narrow focus on prisons and probation. Although pre-dating these recommendations, Beth Weaver and Fergus McNeill's (2007) work still stands in its suggestion of eight principles that should be included when 'Supporting Desistance in Criminal Justice' as outlined in their article 'Giving Up Crime: Directions for Policy' P.1:

1. Be Realistic

2. Favour Informal Approaches
3. Use Prisons Sparingly
4. Build Positive Relationships
5. Respect Individuality
6. Recognise the Significance of Social Contexts
7. Mind our Language
8. Promote 'redemption'

Also suggested are greater attention to social contexts and the community. Suggestions made by Annison and Moffatt (2014) following analysis of Ministry of Justice, Home Office and other political documents and speeches, as well as interviews with academics, politicians, civil servants and senior public and voluntary sector representatives, likewise include the adoption of strengths-based policies and practices; training for staff-offender relationship development; to involve and support families in the desistance process and for desistance to be recognised in political narratives as a continuous process. It is clear from such analyses that when it comes to a specific desistance agenda there remains room for improvement – with a particular need for contextual, ongoing, strengths-based support for desisters, and a public voice for those who manage to achieve a well-rounded, crime-free life.

Rehabilitation Activity Requirements (RARs), a common feature of community sentence orders introduced two years ago, intended to reduce reoffending and encourage innovation. A report found that insufficient impact had been made on reducing the prospect of reoffending overall (HM Inspectorate of Probation, 2017). There is also financial pressure on services to do more with less (Rowe and Soppitt, 2014), with payment by results having been described as the spread of capitalism into the criminal justice system (Whitehead, 2015). The Transforming Rehabilitation reforms were introduced in 2012, having profound impacts on probation (Walker, Annison and Beckett, 2019): significant operational concerns regarding the Transforming Rehabilitation reforms were voiced (Burke and Collett, 2016), and the deconstruction of probation has been described as a tragedy (Burke and Collett, 2016). A report by Clinks found that voluntary sector involvement in the Transforming Rehabilitation was undermined by funding cuts, a lack of transparency and a lack of clarity regrading which services would be funded by commissioners under the new arrangements (Burke and Collett, 2016; Clinks, 2015). It has been argued that Transforming Rehabilitation missed the point entirely, and heeds that advice should be taken regarding probation and resettlement being "undertaken as collective, public responsibilities" to best achieve the desired aims (Corcoran and Carr, 2019 p.4).

It has been argued that to be successful, policy must be desistance as opposed to offending focussed (Farrall and Maruna, 2004). Policies should acknowledge 'what works' for its intended recipients, and reference the needs of individuals as outlined by the evidence. Social innovations in criminal justice have been argued to be the most successful in recent years for successfully reducing reoffending and addressing harm; they involve the utilisation of social relationships to formulate and implement strategies in response to social problems (Fox and Grimm, 2015). Such approaches are social impact driven and if implemented more consistently could involve the flattening of hierarchies through methods of co-production and personalisation, as communities are often best-placed to understand and respond to social problems (Fox and Grimm, 2015).

The need for the political promotion of desistance from crime is made more salient by policies intended to tackle the relatively small proportion of offenders who are responsible for a disproportionately large volume of offences (Rowe and Soppitt, 2014), however the recidivism rates of such offenders no doubt appear to undermine such policies and the likelihood of desistance being achieved; consequently diminishing positive public perception and increasing stigma. The re-designation of 89 prisons in England and Wales as 'resettlement prisons' and the use of Through the Gate resettlement services intended to increase cohesiveness of approach, however evaluation of the Community Rehabilitation Companies' (CRC) efforts were described as 'pedestrian at best' (CJJI, 2016, p.3) and was unlikely to achieve resettlement. Prisoners in Millings, Taylor, Burke and Ragoneses' (2019) case study of Through the Gate described how they felt unsupported and unprepared for release. It is understandable that to create a balanced approach to both recidivism and desistance in a way that appeases public demand for punitiveness may be a challenge, however the inclusion of explicit desistance policies may pave the way for a visible, pro-social identity for people to hook onto, improving the chances for people to change. The principles of Integrated Offender Management identified by the Home Office/Ministry of Justice (2010) include multi-agency working with an emphasis on the offender not the offence (Rowe and Soppitt, 2014); suggesting that forms of support should be more personalised and less risk-orientated. Approaches such as this are supported by the desistance literature, where it is demonstrated that positive relationships between professionals and offenders can support desistance, however in practice the need for a cultural shift regarding the attitudes of staff is still required.

Weaver (2013) uses relational theory to explore stories of desistance and concludes that UK policy should focus on encouraging the growth of social capital. Policy should focus on harbouring reflexivity and connection – which are implicit factors in relationships, and which generate social capital – both of which are key components. Peer mentoring/self-help/peer-led groups are suggested

as a potential solution to the individualised approaches that currently result from UK policy on offenders, adopting a more recovery-like approach like that of AA (Weaver, 2013). Penal policy focuses more on encouraging employability than actually facilitating employment despite prisoners wanting to work and viewing it as important. Social cooperative structures of employment, as an example of coproduction, can support social integration and desistance:

"If we, in the UK, are serious about supporting social integration and desistance, we also need to develop collaborative approaches that engage constructively with and invest in the communities that we are trying to support the integration to – but those approaches need to be grounded in particular values, principles and practices if they are to generate the experiences and achieve the kinds of outcomes here." (Weaver, 2016, p. 22)

Clearly, the road to the political and practical inclusion of desistance is long and complicated, however the great volume of research that exists on processes of desistance is well-positioned to inform this process should it become more publicly visible. Policy on offender management and recovery from addiction could also inform one another more effectively, as recovery policy is steps ahead in terms of its explicit political voice, and lessons learned from the implementation of this could arguably be transferred to desistance policy. From the existing literature it can therefore be seen that the social and political context within which the social factors identified in the literature review operate are vital to better collectively understand in order to better inform policy. There have been three main social factors, or components, identified: Relational; Identity and Capital, each including subcomponents of social bonds; social networks and group membership; and social cohesion respectively. It is clear that each of these three components and their respective subcomponents have the capacity to collectively influence both the recovery and desistance process.

Consistent and high-quality social support within relationships can form strong social bonds, which are capable of producing self-control effects and fewer mental health problems (Colvin, Cullen and Vander Ven, 2002). Relationship quality is positively associated with reduced substance/alcohol use; for example being in a committed relationship is associated with reduced binge drinking (Angulski, Armstrong & Bouffard, 2018), and strong interpersonal relationships have also been shown to help to support and sustain recovery (Stokes, Schultz & Alpaslan, 2018). Various relationships have been evidenced to have an impact on the recovery/desistance process: for example, positive relationships with professionals can support both recovery and desistance (Wyder et al., 2015; Rowe and Soppitt, 2014) and voluntary support both in recovery in terms of peer support and in terms of community members volunteering to support desisters has been identified as beneficial Mendza, Resko, Wohlert

and Baldwin, 2016; Fox, 2015). Social support can reduce the negative effects of imprisonment and consequently improve re-entry experiences (Hochstetler et al. 2010), and "High quality close relationships contribute to mental and physical well-being; poor quality close relationships create stress and undermine health and well-being" (Canvello and Crocker, 2010, p.78). The links between relationships and social bonds have made clear that the type of support and the more consistent the support produce stronger social bonds (Hirschi, 1969; Sampson and Laub, 1993; Nielson, 2018; Giordano et al., 2002), and their relevance to both recovery and desistance exemplifies the rationale for their inclusion within this research.

Recovery research on social networks has also established that one of the strongest predictors of recovery has been demonstrated by those who moved from a social network characterised by support of drinking to networks supportive of recovery, and increased contact with others in recovery increases quality of life scores (Longabough, Wirtz, Zywiak and O'Malley, 2010; Best et al., 2012). The importance of belonging to pro-social support networks is supported by social identity theory: a range of social contexts shape our sense of self through our membership in certain groups, and the resulting identities that form can structure and change a person's perceptions and behaviour (Tajfel and Turner, 1979; Haslam, 2014; Dingle, Cruwys and Frings, 2015). The Social Identity Model of Recovery (SIMOR) has synthesised existing social identity literature from the recovery field, and argues that recovery is a socially negotiated process which emerges through process of social learning and control, and can therefore be spread through social networks (Best et al., 2016a). Desistance identity research has also found the concept of identity to be important to the process, in finding for example that self-belief correlates with desistance from crime (O'Sullivan, Kemp and Bright, 2015) and that there exists a 'Pygmalion effect' of socially negotiated desisting identities which argues that reformed identities result from prosocial labelling Maruna et al. (2004).

Social capital is arguably most usefully regarded from a strengths-based perspective as a positive resource that results from social relationships, and which may be utilised to support not only personal growth but also the growth of networks and communities. The composition of social networks can affect access to social capital, with sparser, less closed networks including dissimilar people being more likely to have increased access to external resources whereas more bonded, denser social networks of similar people provide greater access to support (Cattell, 2001). The benefits of positive social capital are numerous and include access to employment, information, knowledge and good family relationships (Farrall, 2004; Ruiu, 2016), domains known to be important to both processes of recovery and desistance. Support, social control, trust and civic engagement are also resources known to result from the social capital formed by pro-social

relationships (Wilson, 2014; Ruiu, 2016). The extent to which these components are interconnected and effect the recovery and desistance process requires further examination: lessons learnt from the failures of Transforming Rehabilitation emphasise now more than ever the need for a coherent and cohesive approach to supporting desistance and recovery journeys, which are founded in the evidence on how best to support these processes. Synthesising desistance and recovery research on the social factors should facilitate this process, by increasing accessibility to information which clearly defines the relevant social components that should be focussed on to increase the likelihood of overcoming problems associated with lifestyles characterised by offending and addiction. The next chapter of this thesis will describe the methodological approach of the first known step towards achieving this aim.

Chapter 3: Methodology

3.1 Mixed Methods

Through synthesising the research regarding the social factors and their influence on recovery and desistance, it is clear that the key factors (termed the social components) operate in connection, and are evident in both the fields of recovery and desistance. Due to the interactive nature of the components, and the need to better understand this complex interaction, data collection methods must be comprehensive in their ability to capture these interactions. The research design and rationale for this study must therefore be grounded in the literature, and adopt an appropriate design for the exploration of the social components model. A review of philosophical and methodological approaches within the social sciences has been conducted. What follows is a synthesised overview of this review, including the most applicable methods identified for this research and the rationale justifying their inclusion.

Quantitative data collection is primarily conducted from post-positivist/positivist standpoints and is associated with the collection and analysis of numerical data: answers to research questions are presented numerically and analysis usually looks to establish significant differences between groups or variables (Teddlie and Tashakkori, 2009). Qualitative research however is predominantly concerned with narratives, and is therefore orientated within constructivist worldviews. When conducting research, the ontology (beliefs about the nature of reality), epistemology (the nature of knowledge and the relationship between the knower and that which would be known) and the methodology (the process of systematic inquiry) must complement one another, and the philosophy of quantitative and qualitative approaches contrast starkly. The epistemology for positivists posits the knower and the known are independent from one another, for constructivists however the converse is true and in fact the knower and known are seen to be inseparable. The ontological perspective of positivists is that there is one single reality; constructivists however believe there can be multiple realities. Regarding the axiology, or the 'nature of human nature' (Bawden, 2006: p.38), inquiry is value *free* for positivists and value *bound* for constructivists.

The contrasting philosophies of quantitative and qualitative research result in theoretical and methodological conflicts. Mixed methodologies combine the use of both quantitative and qualitative approaches, and although they easily overcome such conflicts in practice through the simultaneous or sequential implementation of for example both interviews and questionnaires, to overcome the philosophical conflicts of utilising both research methods and to integrate the results of the

consequent data researchers resolve such conflicts prior to research inquiry. To achieve this, researchers often adopt a pragmatist world-view: instead concentrating on what works in practice as opposed to understanding the truth or reality of knowledge (Teddlie and Tashakkori, 2009). Another method of employing mixed methods and resolving philosophical conflicts is by conducting transformative mixed methods research. A paradigm has been summarised to refer to a set of beliefs which guide action (Denzin and Lincoln, 2005): the transformative mixed methods paradigm provides a framework of belief systems which focuses directly on increasing social justice for members of culturally diverse groups.

The axiology of transformative mixed methods refers to beliefs about the meaning of ethics and moral behaviour – the researcher must approach the work ethically and provide a voice for communities which have historically not had a say in decisions made about them (for example, regarding governmental policy and individuals in recovery from addiction). The promotion of human rights and social justice underpin this approach (Mertens, 2010; Jackson et al., 2018); and so considerations must be made regarding power relationships and the implications this could have on data collection and analysis. Mertens (2010; 2012) provided further philosophical rationale and guidelines for employing the transformative mixed methods paradigm: ontologically, the researcher must develop an awareness of power issues and include this awareness when considering different versions of what is believed to be real within this paradigm. Epistemologically, the transformative paradigm raises questions about the nature of relationships between the researcher and the knowledge obtained: the researcher must develop an interactive link with the community under study and develop a level of trust. Considering the implicit nature of trust as a variable component of social capital, it is logical to develop trust with the research communities in order to aim to provide them with a level of reciprocal social capital in the hope of mediating skewed power relations[2]. Although it is argued this stance may affect neutral objectivity this has been challenged in that power relations must be acknowledged, and this is particularly poignant during the research of vulnerable or marginalised populations.

To conduct research within the transformative mixed methods paradigm, the research should be developed within guidelines identified by the community itself. Strategies should be developed to determine different versions of reality for the community; the factors related to those versions in terms of power and privilege and should make visible the potential for social change associated with those different versions of reality. It is recommended that relationships are established between the

[2] I have since (end of 2018) been able to support the writing of a reference for the nomination of the leading member of a group studied during this research for a CBE, due to connections/rapport developed

researcher and the community to clarify the ways the study can be more culturally responsive, and the approaches of this research which have been adapted to address this are discussed in section 3.3. Mixed designs can be employed to address the informational needs of the community, and it is also important that the research design is action-orientated. Mixed methods designs can help to broaden understanding and inference of marginalised communities; however it is important to consider the challenges of community participation as the researcher (Mertens, 2010; 2012).

<u>Conducting Mixed Methods Research</u>

Mixed methods designs must therefore be creative and flexible due to their adoption of both quantitative and qualitative orientations. Mixed methods designs tend to adhere to the following format (Teddlie and Tashakkori, 2009):

1. Conceptualisation stage - formulation of research purposes and questions
2. Experiential stage - methodological operations, data generation, analysis
3. Inferential stage - emerging theories, explanations and inferences

More specifically, mixed methods designs are conducted either sequentially or in parallel. A parallel mixed methods design is where quantitative and qualitative methods occur at the same time throughout each of the above three stages and address related aspects of the same basic research question. Sequential mixed designs operate in phases where quantitative and qualitative methods are utilised in a chronological or cyclical order, with results from one form of method often informing the next.

Morse (1991, 2003) designed the basic notational system which helps clarify the typology of mixed method research being conducted, and begins with determining whether quantitative or qualitative orientation will be dominant (QUANT or QUAL), and whether the projects will be conducted simultaneously/concurrently (+) or sequentially (→). For example, QUAL + quan indicates a qualitatively driven, quantitative simultaneous design. The identification of the design as simultaneous has also been categorised as parallel mixed methods, and imply that the quantitative and qualitative components of the study occur at the same time throughout each stage of the research design, implementation and analysis process. Following this, the Methods-Strands Matrix can help to further define the mixed methods study: monostrand employs a single phase that incorporates conceptualisation, experiential and inferential stages; multistrand is often multiple phases each combining each stage. A fully integrated mixed design is therefore a multistrand parallel design, where the mixing of qualitative and quantitative approaches occurs interactively at all stages of the

study. The results from conducting mixed methods research should interact dynamically to present different perspectives on aspects under study.

Philosophy

Mixed methodologists tend to work primarily within the pragmatist paradigm (Teddlie and Tashakkori, 2009). However, transformative approaches to mixed research methods which emphasise the role of ethics and of moral behaviour due to the belief that our duty as researchers is to conduct work grounded in social justice (Mertens, 2012). This approach is most fitting to this research as it is embedded in strengths-based practice; working with marginalised and disorganised communities; and grounded within the advocacy of social justice. By utilising a 'mixed methods' approach therefore, this research draws on the epistemological approach of exploring the various realities of the participants under study, through the piloting of measures with the participants to allow for feedback on the methods. Time has been spent outside of data collection with the research participants, in order to develop trust. The transformative paradigm is dedicated to social justice; marginalised communities comprised of people who have experienced addiction or who have been through the criminal justice system require support to successfully (re)integrate into the communities in which they live: an important aspect of recovery from addiction/desistance from crime.

The axiology of transformative mixed methods refers to beliefs about the meaning of ethics and moral behaviour – the researcher must approach the work ethically and provide a voice for communities which have historically not had a say in decisions made about them. The promotion of human rights and social justice are core factors of this approach. Examining the role of support groups for marginalised subgroups via an exploration of their impact on the group's social components and recovery/desistance is intended to bring to light the experiences of such communities, and the things that have either supported or challenged their recovery/desistance as a mechanism for supporting such groups to support one another. The supportive nature of these peer-based groups have the potential to help change lives and enhance marginalised communities, and so the importance of supporting them to function optimally is high. As per the transformative paradigm it is essential to consider the impact of social inequality on the experiences of those from marginalised communities with whom research is conducted: social deprivation and trauma shape the lives of many who suffer from addiction or who have been involved in offending, and as such this theme was explored within the literature review and remained a key consideration for data collection, analysis and beyond.

The transformative paradigm focuses on the strengths that reside in communities that experience discrimination and oppression on the basis of their cultural values and experiences; the stigma people who have been through addiction/the criminal justice system experience is known to act as a barrier to their successful recovery/desistance (Best, 2016). In accordance with this, the research has been embedded within a strengths-based approach. Although the life histories of participants are collected and included in this research, it is not an aim to present a risk-focussed inquiry that intends to establish managerial approaches to addiction and offending, but instead present research and analysis which explores past negative experiences to better understand the trajectories which shape positive influences for individuals under study. The positive social factors then becAme the focus of the study, contextualised qualitatively within their histories (which are often defined by experiences of social inequality - to ignore the negative experiences of the past would be to further marginalise and blame the actions of socially excluded groups through ignorance: see section 3.7 for an introduction to the project settings). Bearing in mind the typologies of mixed methods research, a description of the research aims and of the research design and rationale that underpins the methodology of this research follows, before detailing of the measures; limitations; strategy of analysis; and research settings.

3.2 Research Aims

The literature review for this research has identified the importance of the social factors to recovery and desistance processes and the policy implications of better understanding the influence of such factors, or social components model. An examination of mixed methods literature has supported such an approach for this research, given the novelty of the model and the requirement for a comprehensive wraparound design which explores multiple realities through the utilisation of both quantitative and qualitative research. Exploring the social components simultaneously intends to create an overall picture of the group; their lived experiences of recovery and desistance; and an understanding of how the components interact and operate and influence recovery and desistance. As new support services evolve, as does the need for innovative research which explores the capability of social factors to support these processes. The research aims (outlined below) will therefore be achieved via a mixed methods exploration of the identified social components and their effects on both these processes and on one another, with detailed rationale and measures described in the next section (3.3).

Research Aims:

Q1a. Derived from the literature, what social components of desistance and recovery can be identified in Study 1 and 2?

1b. In Study 1 and 2, in what ways are the social components interconnected?

Q2a. In Study 1 and Study 2, what empirical evidence is there for a radius of trust?

2b. In Study 2, what is the association between the radius of trust and the social components?

Q3a. In Study 1 and 2, to what extent do the social components or the radius of trust change in a predictable way over time?

3b. How do component and radius of trust changes link to the lived and shared experiences of desistance and recovery (Study 2)?

Q4. What does a synthesised model of social components (including the radius of trust) based on the findings look like (Study 2)?

The first research aim (part a) will be explored using data from both quantitative and qualitative measures: the multi-faceted nature of the components and the novelty of the model means that a more comprehensive research design which utilises mixed methods is appropriate in order to establish the mechanisms of the components collectively within the model. The second part of the first research aim (part b) concerning the interconnection of the components will be established through quantitative and qualitative research methods, with connective thematic analysis acknowledging the links between the components qualitatively and bivariate analysis where possible being conducted quantitatively to provide complementary data which either confirms or brings into question qualitative links. Social component change for the third question (part a) will be evaluated using qualitative and quantitative research, with the radius of trust being monitored qualitatively. Part B of the third research aim will qualitatively examine the potential mechanism of social component change as a group phenomenon for participants in this study, and how this is achieved. The final research questions will be assessed through compiling a participant case study in order to present a coherent example of the social component model, its operation and its connection to the radius of trust hypothesis. It is tentatively hypothesised that the socially supportive groups in which there are a blend of individuals experiencing recovery and/or desistance may result in the enhancement of individuals' social components to the extent that a 'radius of trust' (Fukuyama, 2001: p.8) is formed, which is described as facilitating the extension of the positive effects of well-bonded groups beyond the circumference of the group itself.

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3.3 Research Rationale and Design: How the Project Aims will be achieved

Mixed method typology: QUAL + quant

Researchers have demonstrated the strengths of mixed methods research for providing rich and yet reliable data (Steckler et al., 1992). This research utilises both qualitative and quantitative research in order to examine the social components comprehensively, as the new social component model based on the synthesis of theory from both fields requires a wraparound research design that has the capacity to evaluate the effects of the social components. For this research, the conceptualisation stage can be seen as comprising of the literature review, where a critical review and synthesis of existing desistance and recovery theory highlighted the need for a comprehensive exploration of the factors that can shape both of these processes. Due to the complex, and seemingly interactive nature of the social components, to best capture their influence on recovery and desistance both quantitative and qualitative measures are required, to both establish correlations between components where possible and to explore the context within which the components function qualitatively.

This research has been divided into two stages, defined as 'Study 1' and 'Study 2'. The rationale for this is based primarily on the adaptions that had to be made to the research settings (see section 3.3.2b): for Study 1, the research was based in social enterprise Jobs, Friends and Houses in Blackpool, and had one data collection stage. Study 2 was set in recovery support groups from three locations: Blackpool, Lincoln and Sheffield, and includes data gathered across two separate data collection time points. Due to these differences in experiential design, the rationales are explored separately within this chapter (see sections 3.3.2 and 3.3.3). Overall the research designs for both studies can be defined as aligning with a number of mixed method typologies due to the multi-faceted nature of the design. In consideration of the various typologies, this design can most appropriately be described as a 'Qualitatively driven complementary multistrand embedded mixed methods design' with a conversion mixed methods element due to the inclusion of the SIM. The design is complementary, as it places the most emphasis on the rich and descriptive qualitative results, utilising the quantitative research to enhance the strengths and minimise the weaknesses of the qualitative measure (Mayoh and Onwuegbuzie, 2015). It is multistrand, as the research involves two stages of research as distinguished by Study 1 and Study 2, and Study 2 also includes two data sweeps (Tashakkori and Teddlie, 2003), and is also embedded, as the quantitative data provide a secondary supportive role based on the primary qualitative data as depicted by Figure 3.1 below:

FIGURE 3.1. Embedded Design (a) (Creswell and Clark, 2007, P.68)
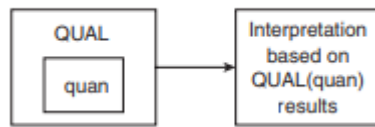
The data collection measures which have been used across Study 1 and 2 and the rationale for their inclusion will now be described.

3.3.1 Measures

It is important that the methodology for this research captures the various social components and their interactions in as dynamic and all-encompassing an approach as possible. As has been explored, mixed methods approaches provide a more in-depth method of exploring research questions from a variety of angles, and due to the complex and perceived interactive nature of the social components it is important to select tools that create a wraparound research design. As the components have not previously been researched collectively for the exploration of both recovery and desistance, implementing both qualitative and quantitative measures was intended to help inform and add to the theoretical underpinnings of the model; capture the interactive nature of the components and their impact on desistance and recovery; and begin to inform our understanding of the mechanisms of the components at individual and where possible group level with the ultimate goal of understanding how to enhance recovery/desistance supportive social components. The measures used include the semi-structured interviews; the REC-CAP (Best et al., 2016); The Social Identity Tool, an abridged version of the SONAR (Social Networks and Recovery) questionnaire (Best et al. 2016); and the Social Identity Map (Mawson et al., 2015). Outlined below are each of the measures and the rationale for their inclusion.

1. Episodic Semi-Structured Interviews

Life-history, or experience-centred, interviews allow for a deeper understanding of the impact of past events on people's lives (Bold, 2011; Squire, 2008), and specifically for this research allow for an

examination of the social changes. Semi-structured interviews are usually best suited to such interviews, particularly when they concentrate on exploring themes and are typically shorter than unstructured interviews (Bold, 2011). Semi-structured interviews also allow for the more subtle invitations known to activate stories (Gubrium and Holstein, 2009) to be acknowledged and pursued. Given the voluntary nature of the research and time constraints on data collection, it was therefore considered more appropriate for the interviews to be conducted as semi-structured, allowing for both structure and depth. It was accepted that the interviewer would undoubtedly impact the interview process, and in line with the transformative approach every effort to develop a rapport with participants prior to interview was made. Rapport is supported by researcher reflexivity, with acknowledgement given to the influences of gender marked as a key consideration for relationship building (Stahl, 2016): see Appendix 1.3 for researcher reflection on data collection and analysis.

The data sweep 1 interview schedule (see Appendix 1.1) for Study 1 and the first sweep of Study 2, explores the narrative of participants right from childhood to present day within the context of the addiction and offending behaviours through to their recovery/desistance. This is important to capture, as factors such as trauma, social disorganisation and stigma have been evidenced to be capable of influencing access and influence of the various social components. To disregard the context within which the addictive/offending behaviours were formed would be to obscure the context within which the resultant social components shaped the recovery/desistance process. The interview begins with the participant being asked to describe what recovery means to them, in order to support the development of an understanding of recovery as broad and inclusive (Kaskutas, Witbrodt and Grella, 2015). Whether or not the participant has ever committed a crime is be established at the beginning of the interview, in order to decipher whether or not the participant is desisting as well as being in recovery. Aspects of relationships, bonds and social support are explored throughout, with questions such as 'Looking back, which relationships were important to you and why?' which aim to unpack the relational component and its influence on the processes from childhood to present day.

Such relational questions build on the work of Beth Weaver, who emphasises the importance of relationships to desistance from crime (Weaver, 2016). The exploration of belonging within groups and the local community intended to establish impact on levels of social cohesion and perceptions of stigma, and the value of trust within the participant's support group was also examined with the aim of understanding if and how a radius of trust (Fukuyama, 2001) is in operation, and its relationship to recovery and desistance. Time one and Time two interview schedules differed, as at time one a full retrospective narrative was required to help contextualise the journey into, and out of, recovery and

addiction. By time two therefore, a review of the participant's progress regarding their social lives and recovery/desistance since the time of last interview was required but recounting the childhood experiences was not. An abridged version of interview schedule 1 was therefore used for sweep 2.

2. The REC-CAP

The REC-CAP is a psychometrically validated tool and an abridged strengths-based version of the Assessment of Recovery Capital (ARC) (for psychometric properties see Groshkova, Best and White, 2013; Best et al. 2016). It is the only tool of its kind which provides a sensitive measure of recovery capital – the resources attributed to successful recovery from addiction, several of which may be used to examine identified social components. The scales included in the questionnaire include: Demographic characteristics; Quality of life and satisfaction; Barriers to Recovery; Accommodation; Services involvement; Personal recovery readiness; Social recovery capital; Involvement with recovery groups; Commitment; Substance use; Group membership; Social support; and Support groups. Although the REC-CAP is a measure orientated towards recovery, the measures of social recovery capital and social support, quality of life and satisfaction and accommodation are transferrable to desisters. Each sample included people experiencing both recovery and desistance separately and simultaneously, and so this measure primarily intended to capture in relation to recovery and desistance: recovery readiness, social capital, quality of life and satisfaction and demographic information. The results from this measure should support the development of a deeper understanding of the impact of the social components as positive or negative in terms of the participants' recovery/desistance. As has been established in the literature review, social capital is of evidenced importance to recovery and desistance, and so the scores from this scale are utilised to examine the social capital component. As the REC-CAP is a sensitive measure of change in recovery wellbeing it was utilised in two sweeps for Study 2, in order to examine how the components changed over a period of approximately six months.

3. The SIT – Social Identity Tool

The social identity tool is an amended measure that was originally created for a certain sample in Australia for the SONAR study – standing for Social Networks and Recovery. It is formulated based on social identity theory and the social identity model of recovery (SIMOR) (Best et al. 2016). The tool documents the social networks, group membership and social identity of the individual under

study, and is therefore intended to measure the identity component within this research. The questionnaire covers demographic information; substance use; social connection and group membership; social support; support groups; self-identification; and belonging. The questionnaire was shortened due to negative responses from pilot participants regarding the length of data collection, and in order to avoid the repetition of information being collected already using the REC-CAP: the focus on measures from this instrument therefore was on the identity-based scales. The identification of correlations between aspects of the components or between components can be facilitated by the measure, providing an alternative perspective on the mechanisms of the social components.

4. The SIM – Social Identity Map (Mawson et al., 2015)

The social identity map visually documents an individual's social networks, with stickers used to identify the nature of relationship and using/drinking/offending status of the individual, and its design is based on the conceptual model outlined by Jetten and colleagues (2012). The purpose of this quantitative instrument is to discover who an individual has contact with on a regular basis, and to better understand the nature of their social networks and relationships with groups within their social network. The instrument can help to identify the presence of strongly bonded links to groups and also the presence of conflict. The categorisation of the group using a key (see Figure 3.2 depicting the SIM key, below) then helps to inform an understanding of the identity and influence of the group in relation to the participant's desistance/recovery. The perceived level of group substance use documented in the maps is a self-report measure and follows conventions established in project match (Longabaugh, Wirtz, Zywiack, and O'Malley, 2010) for assessing severity of alcohol consumption in the social network from abstinent to heavy drinker. Participants rated the substance use of individual group members. Group substance use categories were based on the most frequent category assigned to the members of that group.

To complete a Social Identity Map for this study, participants are asked to first place themselves in the centre of the map. They are then asked to define how they would best described their identity using the key: Red for heavy user/drinker; Yellow for casual user/drinker; Blue for abstinent; Green for in recovery; and Clear for 'Don't know' (See Figure 3.2 SIM Key below). The distinction between blue and green is important, as this helps us to understand how the participant views their recovery and whether or not abstinence plays a part in that. For this research project, two more classifications were added: pink for history of offending; and pink with a cross through it to signify currently

offending. The participants are then asked to surround their central bubble or post-it note with groups they are currently in contact with on a regular basis. These do not have to be professional groups, and can include for example Alcoholics Anonymous (AA), gym and church. These groups are then labelled by the participant with stickers to represent the kinds of people that attend that group. The participant then labels how frequently they have contact with each group each week, signified by an 'L' for low, once or twice a week, 'M' for medium, or a few days a week, and 'H' for high, the majority of the week. Finally, the participant signifies their strength of attachment to the group based on how much they feel they have in common with each group. The more straight lines between groups indicates having more things in common, and vice versa for less straight lines. To indicate any ongoing conflict with a group, jagged lines are used. This map will help to provide a visual picture of participants' broader social networks and group membership, creating a more well-rounded understanding of the identity component for participants under study through allowing for an understanding of how the quality of bond with the groups depicted has the capacity to shape the participant's identity. Indeed, new research by Melinda Beckwith and colleagues (2018) has supported the capacity of identity mapping to capture key identity constructs in recovery and to analyse social networks and group based relationships due to their documented impact on the recovery process.

FIGURE 3.2. SIM Key:

Code	Red sticker	Yellow sticker	Blue sticker	Green sticker	Clear circle	Pink circle	Pink circle + cross sticker
	🔴	🟡	🔵	🟢	⚪	🩷	⊗
Meaning	Heavy user/drinker	Casual user/drinker	Abstinent	In recovery	Don't know	Desisting	Offending

Table 3.1 below depicts each of the data collection instruments and what they intend to measure for each study, and where relevant for each data sweep.

TABLE 3.1: Data collection instruments

Type of Instrument	Components to be Measured	What the instrument will measure: Study 1 and Study 2 - Data Sweep 1	What the instrument will measure: Study 2 - Data Sweep 2
Semi-Structured Interview	Relational and Trust Capital Identity	The semi-structured interview in the first data sweep explores the participant's relationships from childhood to present, highlighting key relationships around periods of addiction/criminal behaviour and recovery up to present day. Concerning present day relationships, feelings towards the support group are also covered with questions including whether or not they feel trust is present between group members.	The second interview did not need to re-explore childhood/past relationships again unless this data was not captured in the first sweep. The second interview therefore intended to cover relationships from the day of the last interview up until the day of second interview. The contentl still included an exploration of ongoing/discontinued relationships between group members and people in their life, particularly in relation to their recovery/desistance journey. The value of trust to the participant with regards to their journey and the group was also re-examined.
REC-CAP	Capital	This instrument was used to measure recovery and social capital levels. It also captures demographics, the results of which will be used for describing sample characteristics. The instrument is predominantly quantitative.	The same instrument was re-implemented. The results intend to demonstrate any changes or stability in the levels recorded of strengths and resources.

Social Identity Tool & SIM	Identity	The SIT documented past substance use, group belonging, social networks and social identity. The SIM documented social groups in the participant's life on the day of data collection, their recovery/desistance status and any conflict/things in common with the groups.	The re-administration of this instrument helped to monitor the participant's social groups and their status', demonstrating including any change that has occurred in relation to the participant's recovery/desistance and their identity component. This is a strengths-based method, as the participant can actively own the tool and the process

3.3.2 Study 1

Study 1 was based in the social enterprise Jobs, Friends and Houses (introduced in further detail in section 3.7), and was initially intended to be the sole setting for this research. Changes occurred which resulted in methodological adaptions having to be made (see section 3.3.2b), and this underpinned the rationale behind the separation of the research aims and data into Study 1 and Study 2. The experiential stage for Study 1 included working closely with the JFH community as per the transformative mixed methods approach, which suggests working with the community and developing an understanding of working with vulnerable populations. Time was spent with JFH over several months during 2016, and rapport with group members increased as a result. The experiential stage involved piloting the methods with a member of the team (see section 3.3.2a), again in order to align with the philosophies of transformative research, who helped to shape the final suite of data collection methods. Study 1 aims to identify the social components of recovery and desistance and to explore the ways in which the social components operate in what was a particularly unique setting (research aim 1a), with a specific focus on the ways in which the context mediated the components and therefore the radius of trust. Inferentially therefore, the qualitative results will provide context for the ways in which the social components operate and evolve; whilst the quantitative results will be embedded within the qualitative result where possible to clarify connections between their operation and help to diversify an understanding of the group level social component operations.

TABLE 3.2. The Mixed Methods Research Design for Study 1

Study 1: Convergent/Parallel Mixed Methods Design			
Conceptualisation stage	Experiential stage - validated quantitative measures - piloted interview schedule	Inferential stage - mixed method individual-level case studies - group level quantitative results	
Literature review Thematic synthesis	*Setting: JFH*	*Methods of analysis and reconciliation of the data*	
QUAL - recovery/desistance - relationships - support, bonds, trust - group membership - social networks - social identity - social cohesion - social capital	Semi-structured interview schedule	Connective thematic analysis	The qualitative data will constitute the predominant results of each study, with the quantitative results inserted in a complementary style where relevant within each theme
+	+	+	+
Quan - group membership - social identity - social capital	REC-CAP Social Identity Tool (SIT)	Capital scores Identity scores Correlations	The quantitative data will be inserted to support the qualitative data and to examine the extent of the relationships between components
+	+	+	+
Conversion - recovery/desistance - social identity - social networks - quant ↔ qual	Social Identity Map (SIM)	Quantitised – group membership averages: descriptive statistics Qualitised - connective thematic discussion building on quantitative results regarding group membership and social identity	The SIMs results will be presented within the identity component theme to compliment and expand on the qualitative and quantitative data results

The qualitative data will be analysed using connective thematic analysis to identify key aspects of each component in relation to recovery/desistance as part of a greater whole. The quantitative results will be embedded thematically by social component within the qualitative results. This is intended to provide depth to the results of the qualitative interviews: the interviews will provide individual-level context and depth of understanding regarding the social component model, and the quantitative results will provide an alternative perspective on the operations of the same component wherever possible at group level; particularly in relation to one another.

The research aims for this study specifically are captured using the following methods outlined in Table 3.3:

TABLE 3.3. Mapped Research Questions and Data Collection Measures

Study 1: Research Question	Data Collection Method and Rationale
Q1a. Derived from the literature, what social components of desistance and recovery can be identified in Study 1?	Should each of the components be captured by the measures in relation to the processes of recovery and desistance, this will comprise novel evidence of the combined model. Each of the data collection tools will be required to answer this question.
1b. In Study 1 and 2, what ways are the social components interconnected?	For Study 1, the interconnection of the social components regarding journeys into and out of addiction and offending will be explored, in order to better understand the context within which the social components operate. This question will predominantly be answered through data from the semi-structured interviews, however bivariate analysis from quantitative results may reveal connections between components for the group.
Q2a. In Study 1 and Study 2, what empirical evidence is there for a radius of trust?	This question is intended to be answered through the qualitative semi-structured interviews, but the SIMs may also provide a visual representation of trust levels through evidenced bonds/conflict.
Q3a. In Study 1 and 2, to what extent do the social components or the radius of trust change in a predictable way over time?	Within Study 1, only an aspect of this question can be addressed, and that is the way which the radius of trust has changed over time. This will be answered through the interview data and complementary SIM data

3.3.2a Pilot

The data collection measures were implemented with one participant from JFH. The pilot was intended to test the strength of the four data collection methods in terms of their capability to capture the core social components, and also to gauge the perceived appropriateness of the research and data collection techniques with a member of the community under study. The participant was asked throughout, and again upon completion of piloting the data collection methods, about any improvements or questions they would recommend including. The participant suggested that certain questions may be relevant or irrelevant dependent on the individual's progress on their recovery journey. The participant's recommendations were therefore integrated and the data collection tool has been streamlined with more straightforward instructions to aid clear communication between the researcher and the participant (See appendix 1.1 and 1.2 for final data collection tools). Understanding these marginalised groups and their experiences as guided by their wishes is a vital aspect of applying the transformative paradigm in practice in this research.

From the pilot, it was learnt that the time taken to collect data using the four data collection methods, if kept the same, would take an hour and a half with each participant at each data sweep, and the qualitative aspect of the data collection would not be completed to sufficient depth. This length of data collection time would be considered impractical to participants, particularly for Study 1 as removing team members from their work to participate in the research would deduct a significant amount of time overall from the working day. To remedy this, the data collection tool has been streamlined and compacted into categories covering past familial relationships and friendships, current familial dynamics and friendships from childhood, through addiction/offending and into recovery/desistance, then exploring group-based relationships and trust. It is hoped that sufficient depth will be recorded from the data gathered by the reduction of questions with a focus on quality of response over quantity.

3.3.2b Methodological Adaptions: Changes in Setting

Over the course of this research, a variety of methodological adaptions have had to be made to accommodate the nature of the lives of the participants involved in the study. Initially, it was intended that data would be collected across a one-year time-period with volunteers, apprentices and staff at Jobs, Friends and Houses (JFH) in Blackpool only. The methods of data collection included a

qualitative semi-structured interview embedded in a narrative approach of at least thirty minutes; the REC-CAP, a quantitative measure finished with a set of qualitative questions; the Social Identity Tool, an abridged version of the quantitative SONAR measure; and a Social Identity Map. It was intended that a rapport would be developed with the participants at JFH, and that this would allow for three data sweeps across the twelve months. Although these tools remained consistent across the entirety of the data collection period, with only one measure being added to the social identity tool, following the first data sweep at JFH, drastic structural and managerial changes within the social enterprise made the possibility of continuing data collection with this group impossible. The social enterprise was taken over by the local council, and the entire team were made redundant. The data that was collected with this group makes for Study 1 of this research, and could be argued to stand alone in its unique setting and results – particularly regarding the role of trust in supportive group settings.

Following the change of setting, adaptions were been made to the data collection plan. The measures remained consistent, due to the fact they had been piloted, shaped and deemed appropriate, however for Study 2 were implemented in two sweeps, the second following a gap of around 6 months for each participant. The intention of maintaining at least two data sweeps was to capture any change in each participant's results over this time period. From the pilot, it became clear that due to the length of time it took to complete the measures more than two data sweeps would be unfeasible. However, multiple sweeps were considered important as although assessing the various social components of each participant is vital, to build an understanding of how the group functions and grows, implementing the same data collections tools twice allows for such changes and growth to be monitored and analysed for each participant in relation to one another.

Due to established connections in Blackpool and an ethical obligation to attempt to maintain working relationships with the JFH community, snowball sampling allowed for a recovery group in Blackpool to be contacted, and following an initial group discussion about conducting the research with them using the established measures, became a setting for data collection. To strengthen the sample sizes and data, two further recovery-supportive groups were contacted and included in the pool of participants with whom the measures were implemented using opportunistic sampling – one based in Lincoln, and the second in Sheffield. The rationale for including two more groups was that the strength of the quantitative data would be increased, and this should better support the identification process concerning the nature of the social components and an understanding of how they are recovery/desistance supportive for the communities involved come data analysis. The data from groups in Blackpool, Sheffield and Lincoln will comprise Study 2 of this research (See Table

3.4 for a clarification of methods for Study and Study 2). It is hoped that the results of this research and future research in this area will help contribute to understanding the effects of the evolving social components on the lives of marginalised and excluded communities, and the consequent importance of supporting such groups to continue in the face of financial adversity and uncertainty.

TABLE 3.4: A Table Demonstrating the Methodology of the Two Different Studies within this Thesis

Study 1	Study 2
Jobs, Friends and Houses (Blackpool)	Blackpool, Lincoln and Sheffield
REC-CAP SIT SIM Interview	REC-CAP - twice over 6 months SIT (+ desistance identity scale) - twice over 6 months SIM - twice over 6 months Interview - twice over 6 months
Sample: (opportunistic) of many of the group as possible who are well enough and willing to take part, and who signed the consent form	Sample: (opportunistic) of many of the group as possible who are well enough and willing to take part, and who signed the consent form

The adapted methodological approach learns from issues experienced with data sweep 1 conducted at JFH (Study 1). The adapted approach consists of the same measures with one minor amendment in the SIT – the inclusion of an offender identity measure. For increased sample size, the adapted approach included 2-3 recovery groups of 5 or more participants per group. One of these groups was the Blackpool Recovery Group, as due to existing ties and connections with people in the group, access has already been granted. This also supports the ethics of this research; a few participants who were part of JFH attend this recovery group and through adopting this approach opinions on issues that are extremely important to the recovery community in Blackpool will still be represented. A second sweep was also be conducted six months after the first with the three additional settings, which intended to capture change in the social components.

Approaching explicitly recovery-supportive groups has implications regarding the capacity of this research to adequately explore the salience of a desisting identity within the groups. The difficulties faced when it comes to finding explicitly desistance-focussed groups has clarified the need for a desistance movement akin to that of recovery. To attempt to mediate this problem, questions within the quantitative and qualitative measures and the use of an allocated 'history of offending' sticker for the SIM aim to establish whether or not the participant had an offending history/contact with the criminal justice system/ongoing criminal activities. The implicit presence of a desistance orientated lifestyle was therefore intended to be detected this way for those to which it may be applicable.

3.3.3 Study 2

The data collection design for Study 2 was very similar to Study 1 (see Table 3.5 below). The methods were implemented across two data sweeps, with participants from three different settings: Blackpool, Lincoln and Sheffield. It was initially intended that three data sweeps would be beneficial in order to capture component changes over time for the setting under examination in Study 1, however the changes that had to be made methodologically decreased time available, and the results of the pilot also suggested this would over-burden research participants.

TABLE 3.5. A table to depict the mixed methods design for Study 2

Study 2: Multi-strand Convergent/Parallel Mixed Methods Design			
Conceptualisation stage	Experiential stage - validated quantitative measures - piloted interview schedule		Inferential stage - mixed method individual-level case studies - group level quantitative results
Literature review *Thematic synthesis*	*Settings: Blackpool, Lincoln, Sheffield*		*Measures analysed separately, results presented in a complementary style*

QUAL - recovery
   - desistance
   - relationships
   - support, bonds, trust
   - group membership
   - social networks
   - social identity
   - social cohesion
   - social capital
	SWEEP 1
	
	Semi-structured interview schedule
		SWEEP 2
		
		Semi-structured interview schedule
			Connective thematic analysis

+	+		+

Quant - group membership
   - social identity
   - social capital
	REC-CAP
	Social Identity Tool (SIT)
		REC-CAP
		Social Identity Tool (SIT)
			Capital scores
			Identity scores

+	+		+

Conversion - recovery
   - desistance
   - social identity
   - social networks
   - quant ↔ qual
	Social Identity Map (SIM)	Social Identity Map (SIM)	Quantitised - number of groups, connections
			Qualitised - connective thematic discussion regarding group membership and social identity

Study 2 uses the same methods of data collection as Study 1, with an additional social identity measure added to the SIT as a result of the outcomes from Study 1: the social identity tool lacked a

measure of desistance identity and so a question was designed based on the format of recovery identity questions in SIT Section 2.5 (18-21) (See Figure 3.3 below):

FIGURE 3.3. Desistance Identity measure:

Variable	Scores totalled from answers to the following questions			
Criminal identity	Being a criminal is a central part of who I am	I would describe myself as a criminal	I identify with other criminals	Even when I am not committing crimes I think of myself as a criminal
User identity	Being a drug user / drinker is a central part of who I am	I would describe myself as a drug user / drinker	I identify with other drug users / drinkers	Even when I am not using / drinking I think of myself as a drug user / drinker
Group identification	Being a member of the [insert group name] community is a central part of who I am	I would describe myself as a member of the [insert group name] community	I identify with other members of the [insert group name] community	Even if I find myself using or drinking I still think of myself as a member of the [insert group name] community
Recovery Identity	Being in recovery is a central part of who I am	I would describe myself as being in recovery	I identify with other people in recovery	Even if I find myself using or drinking I still think of myself as in recovery

Each scale was scored from 1 to 7, with 1 being 'Strongly disagree' and 7 being 'Strongly Agree'. Criminal identity was measured, rather than a desisting identity, as desistance tends to be an academically bound word, and would therefore restrict participant's ability to define themselves as in desistance, and therefore their ability to answer the scales accurately. It is acknowledged that the term 'criminal' has severe negative connotations which could potentially influence a participant's willingness to answer, however it was felt that this term aligned most closely with the term 'addict' when considering the levels of stigma perceived. A lower score on Criminal Identity is interpreted as suggesting the presence of desistance. The intention behind exploring correlations between these scores is to identify any relationship between the factors which make up the social networks, membership and identity component for recovery and desistance.

The design for both studies that comprise this thesis are convergent, as quantitative and qualitative methods will be used concurrently but separately, with the quantitative methods collected as close to the interview as possible for each participant. Integration at the inferential stages will be operationalised to explore the social components from different perspectives and the results will be presented in a complementary approach (Mayoh and Onwuegbuzie, 2015) to provide a more comprehensive level of understanding. Quantitative and qualitative methods have been integrated from conceptualisation to experiential stages, and the results will also be integrated and utilised to inform one another, however emphasis will be placed on the qualitative results, with the quantitative data being used to further explore and support some aspects of the components and their relations from alternative perspectives.

The iterative steps of this mixed methods study were therefore ultimately conducted as follows:

Step 1: starting point was a) prior research in the field of recovery / desistance and relationships and b) academic study

Step 2 and 3: Synthesis of the literature on recovery and desistance and initial propositions and questions

Step 4: Deductive, parallel mixed methods study design based on existing research methods which led to

Step 5: Data collection simultaneously of both qualitative and quantitative data with the first group under study (Study 1)

Step 6: (QUAL) Connective thematic analysis led to two distinct trajectories defined by respective negative and positive social components

Step 7: (quantitative) Statistical analysis that examined and supported hypotheses for example regarding the importance of group identity to recovery/desistance identity through conducting correlations between such variables

Step 8: The qualitative and complementary quantitative data were embedded along with the quantitised *and* qualitised social identity maps

Step 9: The reimplementation of these parallel methods within the three support groups from Blackpool, Sheffield and Lincoln for Study 2 due to the disintegration of the Study 1 setting

Step 10: (QUALITATIVE) The same interview schedule was implemented; (quantitative) a measure was added that more explicitly focussed on a desisting identity

Step 11: Sweep 1 data for each group was collected, and then analysed and presented thematically by components

Step 12: Sweep 2 data was collected, and then analysed and inserted thematically by components

Step 13: A case study example provides an overall picture of the social component model, capturing each of the complex strands

Step 14: Propositions, theory and conclusions are drawn from the complementary mixed methods, and from the converted and embedded data

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Although complex, the logical progression of data collection as pivoting on the changes to sample but utilising the same measures (with the addition of a desistance identity measure to the social identity tool) increases the consistency of the design, and the 'decision-trail' outlined above intends to support clarity and replicability of the research (Noble and Smith, 2015).

The project aims for Study 2 include each of the research aims as follows:

Research Aims:

Q1a. Derived from the literature, what social components of desistance and recovery can be identified in Study 1 and 2?

1b. In Study 1 and 2, what ways are the social components interconnected?

Q2a. In Study 1 and Study 2, what empirical evidence is there for a radius of trust?

2b. In Study 2, what is the association between the radius of trust and the social components?

Q3a. In Study 1 and 2, to what extent do the social components or the radius of trust change in a predictable way over time?

3b. How do component and radius of trust changes link to the lived and shared experiences of desistance and recovery (Study 2)?

Q4. What does a synthesised model of social components (including the radius of trust) based on the findings look like (Study 2)?

Each of these research aims will be addressed as comprehensively as possible within Study 2, particularly given methodological adaptations following Study 1 (as outlined in section 3.3.2b) which were intended to strengthen the results gathered from data collection. The limitations of this

research will now be discussed, followed by the ethical framework; the analysis strategy; and an introduction to the project settings.

3.4 Limitations

This research includes a number of data collection methods: the complicated nature of this mixed methods design make it difficult to compare to existing studies (Baskarada and Koronios, 2018), however the synthesis of existing criminological theory should help to clarify and support the research design and rationale. The use of validated quantitative measures and the theoretically informed interview schedule design aimed to create an evidence-based approach which underpins the various methods and tools adopted in Study 1 and 2 of this research. The multi-faceted nature of desistance/recovery further emphasise the need for a holistic understanding of the processes which can arguably only be achieved by such a comprehensive methodological design. The changes in setting could not have been predicted, and the consequent adaptations increased the complexity of this research. The rapport built with JFH participants had been intended to strengthen the qualitative data collected and maximise ethical conduct through developing a safe environment for participants to discuss the personal nature of their journeys into and out of addiction and crime. However, as the JFH group dissolved, the affiliation between the researcher and the management team began to be viewed with suspicion due to the redundancies being made. Despite reassurance of a lack of involvement with the operations of the enterprise and a focus purely on the research being collected, participants had come to associate myself as researcher as embedded within the structure of JFH, and this likely impacted on the richness and depth of data regarding participants' feelings about the enterprise in relation to their recovery/desistance, due to the manifesting mistrust growing in their daily lives.

The sample sizes of the recovery support groups are small, and this will decrease the generalisability of the quantitative results. The nature of addiction/offending lifestyles means that attrition is a limitation of this research: for Study 1, following the termination of the social enterprise, participants dispersed, and some have since been re-incarcerated. Again, the association of the researcher with the enterprise also made following up with participants complicated and likely impacted participants' willingness to continue engaging with the research. Attrition was also an issue for some participants in Study 2 who were unavailable for sweep 2 due to such issues as lapse, relapse and re-offending/incarceration. The complex lives of people who have experienced addiction/offending and the deleterious effects this can have can be long-lasting, and can resurface during recovery and desistance – as acknowledged by the literature examining the ebb and flow of the processes and their

benefits particularly in the early stages. A lack of trust can be one of the most influential factors when it comes to engaging successfully with marginalised populations (Roberson, 1994), and the transformative approach favouring the development of a rapport arguably improves levels of engagement at time 1, and so despite the problems which meant that participants were sometimes unable to contribute to sweep 2, data for both sweeps is rich and open.

3.5 Ethics

Ethical approval had been obtained prior to the pilot study data collection (Reference: AM/KW/D&S-241 3rd May 2016). An information sheet was provided and consent obtained. A de-brief sheet was also provided with relevant contact numbers for emotional support should the interview have stirred any unpleasant emotions regarding historical relationships. A minor modification was applied for and granted regarding working with the Blackpool Recovery Group (Reference: AM/KW/D&S-241 2nd May 2017). Following this, a workshop was conducted with the group which covered their opinions on the importance and relevance of the research. The group were in favour of the research being conducted and all agreed to taking part, and so data collection with this group commenced over the 9-11th June 2017. Further ethical minor modifications have also been applied for and granted for the two further settings of Sheffield and Lincoln (Reference: AM/KW/D&S-241 10th July 2017). Information sheets and consent forms were provided (see Appendix 1.2a and 1.2b) and the interviews were recorded in order to increase accuracy of data analysis and therefore validity and reliability.

The emotional wellbeing of the participants remained the key guiding principle during interviews, to ensure any negative memories elicited from taking part were kept as minimal as possible, and that the interviews ended positively and with a full and appropriate debrief. The piloting of the measures alongside a member of the recovery community helped to clarify the meaning and wording of certain questions particularly within the semi-structured interview, aiding the flow of the process and therefore participants' comfort during the data collection. The style of the narrative interview encouraged participants to share their stories as negotiated through key recovery/desistance milestones as they saw fit, and this often led to emotional interviews where deeply personal experiences were shared. Previous counselling skills training helped me as the researcher to deal with these emotional reactions as appropriately as possible: practicing unconditional positive regard; leaning forward in times of particular participant upset; and allowing space between answers for the participant to reflect were some of the techniques employed to increase participant comfort. Open body language, for example un-crossed arms and legs, was also practiced, and it is believed that this

helped encourage participants to engage more openly and settle more quickly into the interview. This training also provided me with the ability to process information shared of a traumatic nature by participants, and the friendship and support offered by fellow researchers and supervisors supplied emotional comfort.

The physical responses of participants during interviews and other observations made during time spent with each group would have contributed rich, almost ethnographic data, however due to the ethical outlines of the research and the level of rapport developed it was felt that to include descriptions of this kind would have overstepped the boundaries developed with participants considering the personal nature of reactions and stories shared. The nuances of the interview process and rapport developed outside of data collection have therefore only been discussed when strictly necessary to the data story (for example, regarding the radius of trust dissolving at JFH) and have otherwise been retained as a private aspect of the data collection process out of respect for the participants. The importance of sharing results with groups under study and continuing to maintain working relationships post-data-collection is important ethically considering the transformative paradigm within which this research is set. Working with recovering and desisting communities to translate research into practice is the ultimate goal of this research, and sharing results will be the first step of maintaining the rapport built within, and ethical standards of, the transformative paradigm.

3.6 Analysis Strategy

In order to address each of the outlined project aims, the collected data must be analysed appropriately and efficiently. What follows therefore is a brief outline of the intended data analysis strategy for each data collection approach.

Qualitative Data Analysis:

The data gathered from the qualitative interviews will be transcribed, and will be thematically analysed using connective thematic analysis. Thematic analysis refers to a flexible method of analysis which is used for identifying and describing patterns within qualitative data, wherein a theme refers to a prevalent feature within the data (Trahan and Stewart, 2013). Connective thematic analysis builds on a reductivist approach to analysis, and can best be described by its founder:

"Let us abandon the notion of perfect [atomistic] simplicity in concepts; let us abandon the notion that analysis must always be in the direction of greater simplicity. Let us imagine, instead, the model of an elaborate network, a system of connected items, concepts, such that the function of each item, each concept, could, from the philosophical point of view, be properly understood only by grasping its connections with the others." (Strawson, 1992, p. 19).

The complex nature of the blended theoretical approach, from multiple components across two fields of research, requires a clear solution as far as analysis and resulting presentation is concerned. The thematic analysis of the interview data by component, whilst acknowledging connections between components, intends to allow for a more coherent and integrated thematic understanding of the component model within the context of both recovery and desistance. The starting place for coding is therefore the identification of the components throughout the life-history narratives, within which prominent and recurring themes will be coded for: the results sections will therefore comprise of the coded and themed social components by study. Should it emerge that in fact a component has not been identified, this will be addressed within the appropriate chapter for the setting.

Quantitative Data Analysis:

Data from the quantitative instruments will be analysed in SPSS using bivariate analysis: this form of analysis examines the presence and strength of association between two variables in order to establish Pearson's correlation coefficients to examine the interconnected nature of the components, and will be integrated from the quantitative instruments by theme. In connecting the result of the components identified in interviews with those of the quantitative questionnaires, an insight into the desistance and recovery journeys is intended to be created that provides a whole picture albeit from different perspectives, therefore overcoming the epistemological and ontological 'conflicts' of the methods (Mertens, 2012). Using this method is also intended to identify the key components in relation to the others present and to move beyond an individualised level of presentation – exemplifying connection and making the use of this complimentary analysis even more fitting.

SIMs:

The Social Identity Map data will be inserted into the relevant component for presentation, and will be analysed both quantitatively and qualitatively, in order to derive descriptive and contextual information regarding the social networks, group membership and identities of the participants, in relation to their recovery and desistance journeys and the overarching social component model.

Study 2 – Sweep 2 data:

For Study 2, as the data will be presented thematically (by component), each component will include the available sweep one and sweep two data, so that component level change over time can be more easily comparable.

Mixed Method Example Case Study:

A meta-inference is a conclusion generated through an integration of the inferences from the results of the qualitative and quantitative strands of the study and can therefore verify and generate theory at the same time (Teddlie and Tashakkori, 2009), and it is hoped that the utilisation and blend of existing theory explored from a mixed methods perspective will help to establish a valid and reliable new social component model which is testable for other populations. Case study participants for whom there is sufficient data will therefore be presented in each study, and a case study for one participant will also be presented in the penultimate chapter, Chapter 5, which utilises the complementary qualitative and quantitative data and the time one and time two SIMs to discuss the overall component model for an individual case for whom there is a complete data suite. This case study approach will aid the presentation and clarification of the synthesised model and its nuances, and help to present a coherent overview of its operation and results which will have previously been discussed thematically. Transformative case studies should be built on a rapport between the researcher and the marginalised participant and should where possible include evidence-based propositions for effecting change (Sweetman, Badiee and Creswell, 2010). The clarification of the model being tested and applied within this research through an example case study is intended to create the opportunity for developing a better understanding both the recovery from addiction and desistance from crime process, to ultimately present cohesive information that can be useful from a policy perspective and also at support group level.

3.7 Introduction to the Project Settings

<u>Jobs, Friends and Houses: Study 1 setting</u>

Jobs, Friends and Houses (JFH) was a social enterprise based in Blackpool which took people who are in recovery or ex-prisoners on as volunteers before training them in a skilled trade as apprentices with the intention of employing them. The team, of around thirty upon initial introduction to the setting, renovated and leased properties within the community, and had visible logos on their work clothes and vehicles to promote the enterprise as not only a business comprised of a professional team of workers but also to dispel pre-conceived negative views about the histories of the workforce; seeing a group of ex-prisoners and ex-addicts make a visible difference to the local community was an intended goal of the visibility of the enterprise concerning the views of the local community. Initiatives that aim to successfully reintegrate marginalised individuals have shown that managed, pro-social contact with the community is beneficial for both the wider community and for those who have previously felt socially excluded (Almond, Bates and Wilson, 2015). Should emerging enterprises and support groups provide an opportunity for social bonds and consequently forms of informal and formal social control to manifest this may impact not only desistance processes therefore but potentially also those in recovery and their available resources and success. As innovative enterprises emerge which adopt pro-social, strengths-based approaches to supporting both those in recovery and desisters, the importance of understanding how criminological theories manifest and how such initiatives support and enhance the capabilities and social components of marginalised communities also grows. Implementing the data collection methods with this group was intended to explore how the components affect recovery and desistance not only for individuals but also at a group level, and the setting provides a unique opportunity to observe and monitor the presence or lack of a radius of trust evident within the group.

<u>Study 2 Settings: Blackpool, Sheffield and Lincoln</u>

Blackpool is ranked 7th in the top 20 most deprived areas when it comes to having the largest number of neighbourhoods in the most deprived one per cent of all neighbourhoods nationally in England according to the 2015 English Indices of deprivation, with Liverpool ranking 1st (Department for Communities and Local Government, 2015). Blackpool has the highest proportion of its neighbourhoods in the most deprived one per cent nationally however. Blackpool has been described by its local media as 'a dumping ground for the social excluded' (McBain, 2013), and also that it is believed lives are at risk as a result of the budget cuts to drug and alcohol treatment in Blackpool, a

loss of £1.3 million (The Gazette, 2017). Alcohol-related liver disease deaths are known to be linked to levels of deprivation, and Blackpool has the highest number of deaths from liver disease (Public Health England, 2017).

Around one in four people live in poverty at any one time in Sheffield (Sheffield City Council, 2018). The Manor - where the second recovery group in this study was located - is the most deprived ward in Sheffield with 36.7% of children eligible to receive free school meals (Public Health Intelligence Team, 2017). The area has a significantly lower than Sheffield average life expectancy at birth for males, and significantly high levels of alcohol related admissions and smoking related deaths (Public Health Intelligence Team, 2017).

Lincoln was the third setting for Study 2 research. As of 2013, it was approximated that 10,000 Lincoln residents live in areas considered deprived (Lincolnshire City Council, 2013). In 2015, out of a population of around 725,000, Lincoln had approximately 17,000 dependent drinkers, nearly 30,000 high-risk drinkers and 3000 people dependent on heroin or crack cocaine (Lincolnshire County Council, 2015). Lincoln's sparse rural nature means that resources are stretched thin, and there are gaps where treatment needs are consequently unmet (Lincolnshire County Council, 2015). Acknowledging the context within which the support groups operate is key for accurately considering the capability of the components to be both more important to the processes and regarding how they interact. Chapter 3 has provided the methodological approach for the research conducted in both Study 1 and 2 of this research, as well as discussing the measures, aims and potential limitations of the research. An analysis strategy has been provided to help clarify the approach to exploring the results from the various data collection methods, and Chapter 4 will now present the results from Study 1.

Chapter 4: Study 1

This chapter provides the introduction, methods, results and discussion from the data collected for Study 1. The setting will be introduced, with acknowledgement of the wider context of social deprivation as a key factor for consideration during the study. The methods and aims for this study specifically will be briefly reiterated, followed by the results and discussion for this study exploring the trajectories into and out of substance/alcohol use and offending as characterised by the social components. The conclusion and implications Study 1 may have for Study 2 will then close this chapter.

4.1 Introduction: Jobs, Friends and Houses

It is easy to promote the importance of pro-social relationships and resources as the key underpinning struts of successful desistance and recovery, however the reality of attempting to access and improve these components is difficult, especially for those who need them most. It is known that deprivation and social marginalisation and exclusion limit access to the vital resources required to initiate and to maintain the processes of recovery and desistance (Kawachi, Kennedy, and Wilkinson, 1999; Dingle, Cruwys and Frings, 2015; Shaw, Egan and Gillespie, 2007). Premature deaths from liver disease are directly affected by levels of deprivation, with people living in the most deprived districts of England twice as likely to die prematurely from liver disease as those in the least deprived districts (Public Health England, 2017). Blackpool has the highest number of deaths from liver disease and also has the highest number of neighbourhoods proportionally that are classed as highly deprived in England (The English Indices of Deprivation, 2015). Blackpool has been described by its local media as 'a dumping ground for the socially excluded' (McBain, 2013), and with funding cuts to drug and alcohol treatment that risk compromising the health of those who are most in need of it (Advisory Council on the Misuse of Drugs, 2017) it is vital to consider methods of supporting the ways in which people are attempting to recover and desist.

Initiatives that aim to successfully reintegrate marginalised individuals have shown that managed, pro-social contact with the community is beneficial for both the wider community and for those who have previously felt socially excluded (Almond, Bates and Wilson, 2015). Should emerging enterprises and support groups provide an opportunity for components such as social bonds to develop and consequently forms of informal and formal social control to manifest, this may impact not only desistance processes but also recovery and their available resources and success. Jobs,

Friends and Houses (JFH) was a social enterprise based in Blackpool which took on people who are in recovery or ex-prisoners as volunteers before training them in a skilled trade as apprentices with the intention of subsequently employing them. The team, of around thirty upon initial introduction to the setting, renovated and leased properties within the community, and also had visible logos on their work clothes and vehicles to promote the enterprise as not only a business but also to dispel pre-conceived negative views about the histories of the workforce; seeing a group of ex-prisoners and ex-addicts make a visible difference to the local community was intended to help reduce perceptions of stigma (Best, 2016).

The adoption of strengths-based approaches to desistance and recovery support are particularly poignant in areas as deprived as Blackpool - empowering marginalised groups by working with their strengths as opposed to diminishing them with an overt focus on risk-management has the potential to enhance and build the resources they require to achieve stable/tertiary desistance. Research conducted with JFH has shown that more than providing employment, JFH provided an accessible recovery-orientated social network who engaged with meaningful activities together outside of work; recovery social and community capital; and a strong JFH identity (Best et al., 2016). Participants from case studies from Best et al.'s 2016 paper described JFH as playing a key role in supporting their wellbeing, and the JFH identity has been described as exceptionally strong, with evidence of a large amount of bonding capital (Best, 2016).

It is clear therefore that a number of positive social components have been identified and evidenced as operating at a group level to contribute to the success of the enterprise and its group members' desistance/recovery progress. Indeed, from observations made at the enterprise prior to data collection, group dynamics suggested that the team were a well-bonded, supportive group who could be inferred from their levels of capital as evidenced by Best, Beckwith, Hodgkins and Idle (2016) as having developed a good level of trust - an intrinsic element of social capital. Building on the work of Fukuyama (2001), the concept that all groups develop a radius of trust which can be both smaller and larger than the group in which it is produced may play a role in the process through which the social components of recovery and desistance are developed; the creation of a strong radius of trust developed within the group which is extended beyond the group through the visibility of the enterprise and immersion of the group in the surrounding community may be a mechanism through which barriers to desistance and recovery such as stigma are overcome. Research by Best et al. (2018) ran social network analysis on the Facebook page of the JFH group, and found that the social support facilitated by key members of the group underpins the strong recovery network that was present, and can help to contribute towards long-term recovery-sustaining identity change. From the

pilot and from ongoing research on the enterprise therefore it was deemed important to explore the radius of trust as a mechanism which has the capacity to support or encourage social component growth and consequently recovery/desistance.

However, it is possible that a group could be well-bonded to the point of creating an 'exclusive' radius of trust; not only could this result in new members finding it difficult to integrate but it could also result in lower levels of bridging capital or instrumental support. By the time of data collection, JFH had undergone a number of structural and managerial changes which directly impacted the time group members spent together and altered their focus to be primarily work-oriented. This meant that not only is the intention of Study 1 to test the methods, but also to explore the impact of these negative changes on the group in comparison to how it was before, specifically regarding the group's components and the radius of trust.

Implementing the measures outlined in section 3.3.1 and briefly summarised below in section 4.2 with this group intends to test the measures' capacity to establish the presence of the various social components and to explore how the components affect recovery and desistance not only for individuals but also at a group level; the setting also provided a unique opportunity to observe and monitor the presence or lack of a radius of trust evident within the group by building on established research conducted with the enterprise. In order to establish the parameters and operation of the component model and radius of trust, exploring participants' journeys into offending/addiction through the qualitative interviews was intended to clarify the context within which these factors are important and influential, before examining the resultant recovery/desistance process components: as identified in Chapter 2, social context has the capacity to increase and decrease access to the social components, and so understanding the ways which the components have evolved is important to truly understanding their consequent importance and roles.

4.2 Methods and Aims

The research design for Study 1 is as described in Chapter 3 and involves the implementation of: the REC-CAP, a validated measure that assesses the number of recovery resources available to an individual, however this research would be particularly focussing on social capital due to their applicability to both recovery and desistance. The Social Identity Tool, an abbreviated version of the SONAR instrument intended to measure an individual's social networks, group membership and social identity; Social Identity Maps (SIMs), a visual tool that can be analysed quantitatively or

qualitatively and which provides a representation of the groups of people in a person's life, the status of people in those groups as per their desistance/recovery, and the quality of ties with those groups (evidence of conflict or things in common); and finally the semi-structured interviews, which intended to explore, from childhood to present-day, journeys into and out of addiction and crime and the social aspects that have shaped these journeys including relationships, support, bonds and the impact of the group under exploration. The qualitative aspect of this research will comprise the bulk of the findings, with the quantitative data providing additional results and perspectives where relevant (See Table 3.2 in Section 3 for an overview).

As observations of the group had been underway for a year prior to data collection, with the intention of better understanding the community and developing a rapport prior to interview, it was clear that group dynamics were shifting as a result of managerial, structural and process changes that directly affected the ways in which JFH team members operated on a day-to-day basis. The aims for Study 1 specifically therefore developed to address the following:

Q1a. Derived from the literature, what social components of desistance and recovery can be identified in the experience of JFH participants?

1b. In JFH, what ways are the social components interconnected?

Q2a. In JFH, what empirical evidence is there for a radius of trust?

Q3a. In JFH, to what extent do the social components or the radius of trust change in a predictable way over time?

The interviews were conducted over a three-day period and ranged from 20 to 50 minutes in length. This variation was due to the emotional state of the participant being taken into consideration on the day of interview, as for some participants in early recovery taking part in a long interview was too emotionally taxing. The quantitative tools were disseminated during the same week in a focus group, where participants were able to feedback on how they felt about the data collection, and whether there was anything missing or that they felt should be removed. This also meant that the data collection demanded less time of the participants, as rather than individually requiring an extra forty-five minutes post-interview slot during their workday, the workshop ran during their weekly evening behavioural meeting. As many of the participants as possible were asked to complete both an interview and the quantitative booklet, however due to time-constraints for some and for others emotional issues at the time of data collection, this was not always possible. The volunteers and staff at JFH were the intended purposive sample, and as many participants were recruited as possible

using snowball and opportunistic sampling from this group; all of the JFH team who attended the weekly behaviour meeting (and so were in recovery and/or desisting) took part in the quantitative workshop. It would however have been impractical to interview the entirety of this team due to their work deadlines and social commitments, and so a number of interviews were conducted to compile case studies of a more in-depth nature including their qualitative and quantitative data. Ultimately, 13 participants completed the quantitative booklets, and 5 of these participants took part in an interview for the case study element of the research (section 3.6 for analysis rationale). The interviews were then analysed using a form of thematic analysis: connective analysis. As outlined in Chapter 3, connective analysis builds on a reductivist approach to analysis and it is intended that through connecting the result of the component themes identified in interviews and then connecting such results with those of the quantitative questionnaires, an insight into the desistance and recovery journeys is intended to be created that provides a whole picture albeit from different perspectives, therefore overcoming the epistemological and ontological 'conflicts' of the methods (Mertens, 2012). Quantitative research conducted by Best et al. (2016) with the JFH sample prior to the point at which data collection for this research began has also been incorporated into section 4.3.3.d, in order to add further context and detail to the results. Using these methods is also intended to identify the key components in relation to the others present and to move beyond an individual level of presentation – exemplifying connection and making the use of this analysis is therefore even more fitting.

4.2.1 Sample Characteristics

Team members at JFH were frequently engaged in work-related activity, and so it was decided that opportunistic sampling would work optimally for data collection. A data collection workshop was therefore arranged to coincide with the weekly behavioural meeting for the team members, where the quantitative instruments including the SIM could be completed with researcher oversight. 12 males and one female (n=13) attended and were ultimately included in the quantitative sample. Their ages range from between 25 years to 59 years, and all participants described themselves as White British. The sample's recovery length ranges from 2 to 16 years, and two members of JFH included in the sample had used substances in the last 90 days. These participants were not excluded from data analysis: as outlined in Chapter 2, recovery as a process is not simply characterised by abstinence. Similarly, one participant reported being involved in offending in the last 90 days, but was not excluded from analysis for the same rationale that desistance, and particularly primary desistance, can include 'lapses' in law-abiding behaviour (McNeill, 2014). Qualitative data was collected

opportunistically during the team's working week, and therefore only seven of the JFH team members were available for the more in-depth qualitative data collection. Presented in Section 4.3 are the results of participants for whom there was both quantitative and qualitative data available (n=5), with quantitative data being inserted in a complementary style where applicable to further examine the role or interaction of the component/radius of trust for group members. The small quantitative data size reduces the merit of presenting the results singularly, and so the qualitative emphasis, supported where useful and appropriate by quantitative data is intended to increase the quality and comprehensiveness of the data.

4.3 Results and Discussion

4.3.1 Trajectories into substance use and offending: The two-sided coin of the social components

Results

Each interview conducted at JFH evidenced at least one of the social components as influential regarding the recovery/desistance pathway during thematic analysis. The components were coded for within each qualitative interview, following which prominent themes were compiled within each. The social components also became evident in different forms during analysis: as recovery and desistance are arguably strengths-based concepts, to explore the role of the components from a negative perspective felt incompatible with the nature of the research. However, connective analysis demonstrated that detrimental forms of the social components were universally referenced when the participants discussed the key events in their lives which resulted in or contributed to their criminal activity and/or problematic substance use. This exemplifies the social nature of offending and addiction and makes poignant that the 'social cure' to these experiences may well be a process of improving the components that contributed to the behaviours in the first place. Contextualising the experiences of the participants in relation to the negative or lacking social components is therefore intended to further inform the role of the social components throughout the life-course. Two trajectories into offending/addiction emerged from the interview analysis: the first being abuse or trauma in childhood, and the second being peer pressure or early contact with using/offending networks, sometimes combined with a trigger event that is described as a causation factor. The first trajectory can be seen to be characterised by weak or non-existent social bonds and a lack of positive relationships and social support, sometimes compounded by experience of trauma; and the second by engagement in drug/alcohol use and/or offending, sometimes with reference to the problematic use

beginning as a coping mechanism when a key life event occurs. These trajectories fit very closely with Dingle, Cruwys and Frings' (2015) study which identified two trajectories into and out of drug and alcohol addiction mediated by the importance of either renewing or gaining positive social identities, shaped by experience of either identity loss or social isolation. The trajectories identified within the current research however are not characterised by one component (social identity) but instead look more broadly at the other social components evidenced throughout the interview as having shaped the participant's journey. The trajectories for each participant interviewed at JFH follow, supported with evidence to demonstrate how each fits into the trajectory as defined following connective analysis. The rationale for presenting the data in this case study approach is due to the low numbers of quantitative data reducing its generalisability. Therefore, qualitatively exploring the presence and interaction of the social components and trust, utilising quantitative data where possible, will help to build a more accurate presentation of the data overall.

Participant 2 (Gerald[3]):

Gerald is a 45 year old white male who describes how he has been in recovery for five years on and off. For him, recovery now means complete abstinence from drug and alcohol use. Gerald grew up with his mum, dad and sister, and described his family as close growing up. He specified that although he grew up with no experiences of violence or abuse he was considered the black sheep of the family. Gerald also had historical contact with CJS, and discussed how the offences began as assaults, described as minor and nothing serious, but intensified as time went on. Gerald described himself as always under the influence when committing crimes. Regarding his trajectory into addiction and offending, Gerald described how "a lot of it was peer pressure." (P.3.L.84) and that although "no one forced [him] into anything, it was just around [him]" (P.4.L.88). He mused how when it all began, he had left school at 16 to go into work, and over the next year he began going to the pub with his friends from work. Although there was no particular friend he considered himself as especially close with, his friends and social life gradually became more important than his relationships with his family. His drug use began with cannabis, and moved onto amphetamines, tablets and by 20 years-old, heroin. Gerald bought the heroin off a friend who he hadn't realised at the time was a dealer, and around the same time entered into a relationship with a girl who had had problems with heroin in the past, albeit unbeknownst to him. They began to use together, and Gerald describes this as the start of four or five years being addicted to heroin.

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[3] All names used throughout this thesis are pseudonyms to protect the identity of the participants

Participant 4 (Robert):

Robert is a 35 year old white male, who has been in recovery for ten years, and whose experiences also clearly ascribe to trajectory two. Although a parental divorce was described as the catalyst for engaging more seriously in alcohol and drug-use, Robert described having a "…good childhood, break-up of the family during the teenage years, went a bit off the rails, blamed it on that." (P.1.L.14-15). Robert started spending time with peers who were experimenting: "in the initial stages, there was a group of friends I grew up with from school from the actual experimental days. And then, basically, as they were starting to still do proper work and live normal lives, I still continued to buy stuff." (P.2.L.52-54). Being embedded in this network gave rise to the opportunities for alcohol and drug use. However although others began to control their use, Robert described how he "…continually progressed on, um, in which that er, things got out of control. Eh, in terms of relationships, in terms of family, in terms of friendships, the whole shebang." (P.1L.19-21). Although his experience of parental divorce was blamed at the time for "going off the rails" therefore, with hindsight he feels that was 'just an excuse'.

Participant 12 (Dennis):

Dennis is younger than the previous two participants at 26 years old and is also a white male who has been in recovery for four years. Dennis described growing up as a child as part of a single parent family – living with his mum and brother. He described how he felt it must have been hard for his mum to manage with two boys, who were always fighting: "it'd be hard bringing two lads up. Always fighting each other and stuff- causing havoc." (P.4.L.110-114). He describes having had close friends at primary school, and that his Mum always supported him. His description of good family bonds with his mum throughout his life may have exerted a level of informal social control, particularly now Dennis has entered desistance/recovery as looking back he feels bad for how he treated her: "[I] put her [Mum] through so much. But you don't realize that when you're actually doing it, when you're a teenager" (P.5.L.116-117). Dennis identifies his downfall used to be smoking cannabis, which he started doing at 12 y/o with peers, explaining how he believes "it's all learnt behaviours. They're the people that, um, around when I'm 12 years old, they was obviously smoking first. I've started smoking." (P.7.L.195-196). Again, Dennis' journey into crime and addiction can be categorised within trajectory 2, as the location of his social networks and peers as easily accessible contributed to his access to experimentation with drugs and offending behaviours.

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Participant 09 (Steve):

Steve is a 35 year old white male who has been in recovery for ten years. Trajectory 2 best characterises Steve's offending and problematic substance use. Much like Robert, a parental split was described as a motivator for engaging with drugs and alcohol problematically, but peers and social networks played a key role in making the drug use accessible and acceptable. Steve describes how a group of about 20 friends began using heroin together at ages 15/16. Out of that group, Steve discussed how most 'sorted themselves out' but three including him developed a problem - "I don't know, we all used together. You know, we all-- it was about 20 of us using heroin at about the age of 15, 16. And, um, out of the 20, I would say three of us carried on and the rest of them just got their lives sorted out and carried on." (P.4.L.101-104). When Steve's parents divorced, he defined this experience as the cause of his drug-taking behaviours: "My mom and dad split up when I was thirteen and that's when I started, um, using [drugs]" (P.2.L.45-46), as Steve remembered feeling that "…my dad sort of, like, used me as a weapon against my mother" (P.3.L.71-72) When asked about his offending behaviours, Steve ascribed them directly to his addiction, stating how his offending "was more like, uh, petty thefts, burglaries of all different nature, um, all that stuff really that sort of, goes with that act of addiction." (P.2.L29-30).

Participant 11 (Tim):

Tim is a 44 year old white male who has been in recovery for five years. Contrastingly to the previously described participants, Tim's trajectory into alcohol/drug use and offending can be defined as the first trajectory. Tim's parents were alcoholics: "my mum was an alcoholic, my dad was an alcoholic. Never met my dad, my real dad." (P.3.L61). As a younger child, Tim described how he had four sisters, and how he sadly experienced one of his sisters dying at home - "I had four sisters, I am – I'm the only boy. One died when she was very young, fell down the stairs." (P.9.L250-251). Following this tragic incident, the children were put into care. Not only this, but during his time in care Tim experienced abuse; "So I ended up through the care system. And um, suffered at the hands of some people, abuse. Physical, mental and sexual. And, and then I found substances which I quite liked and relieved me of all that." (P.9.L253-256).

4.3.1.2 Trajectories into Offending and Addiction: Discussion

From using connective analysis to establish the presence of the social components and their roles as portrayed through the interview transcripts, it became apparent that some of the social components were evidenced as characterising peoples' journeys into lifestyles shaped by addiction and offending. Although not the intended focus of the study, acknowledging the negative impact the social components could have in certain situations or a lack of certain components may be relevant. Due to the small sample size, these trajectories could not be assumed to be applicable to all who experience offending/addiction, but it is important to consider the influence that negative, or missing, components had on the journeys of those interviewed in the JFH team in order to provide context for understanding contrasts or similarities between the roles of the social components upon entering recovery/desistance. The majority of the participants interviewed at JFH described journeys into offending/addiction that defined Trajectory 2, with only one participant's journey into offending/addiction being categorised within Trajectory 1.

Each of the participants described a chaotic or unsettled lifestyle from an early age as accompanying their journey into offending/addiction – and indeed research on young people and their offending behaviours/drug/alcohol use, particularly crack and heroin, highlights higher frequencies of school drop-out, homelessness, and living away from the family home amongst offending drug/alcohol users (see Baron, 2006; Vaughn, Ollie, McMillen, Scott, & Munson, 2007). A less stable home life has also been associated with young substance users (McCuish, 2017). This lack or disorganisation of social structure could be argued to initiate or compound behaviours such as offending/substance use, which in turn then reduces access to positive relationships and the beneficial resources and social networks that can result from such relationships. From Gerald's description of his initial path into addiction and offending, the influence of peers and social networks are the predominant negative social components that played a role in these behaviours, with his entering into a romantic relationship as explicitly linked with his use of heroin. Recent research has supported this finding – with romantic relationships implicated as having an important influence on substance abuse in emerging adulthood for a criminal justice involved sample (Angulski, Armstrong & Bouffard, 2018). This study further supports that it is the various dimensions of relationship quality that aggregate, including relationship consistency and social control, to influence the outcomes of the relationship on the presence or absence of drug/alcohol use; running parallel with criminologists' work on romantic relationships and their influence on desistance.

Both Steve and Robert discussed their parents' divorce alongside peer use of alcohol and substances as the beginning of their addictions. Alcohol use typically occurs with peers during adolescence, and it has been argued that reinforcement and modelling of alcohol use by 'deviant' peers is the mechanism through which adolescents initially use alcohol (Trucco, Colder & Wieczorek, 2011). Delinquent peer groups are characterised by rebellion against adult authority, rule breaking and premature adoption of adult roles (Trucco, Colder & Wieczorek, 2011). Having close peer network members who use substances and friend/family encouragement of use of substances is associated with higher substance involvement (Tucker et al., 2015); desistance research has similarly identified 'delinquent peers' as a consistent correlate of delinquency (McGloin, 2009). An unstable home life accompanied by access to and modelling of alcohol consumption/substance use/delinquency arguably left these two participants more vulnerable to developing problematic behaviours. The influence of negative social networks and relationships is arguably and logically more poignant therefore if experienced alongside a life-altering event. As identified in the literature review (Chapter 2), social networks when pro-social can provide access to resources, a new identity and support that is recovery/desistance supportive; the bi-variate nature of the social components is therefore emerging for these participants.

The experience of a traumatic event during childhood is known to be associated with alcohol dependence (Lotzin et al., 2016), and correlates with Trajectory 1; Tim whose journey into offending and addiction was preceded by growing up with alcoholic parents, witnessing the death of a sibling in the family home, and going into care where he was subject to abuse was the only participant in the JFH sample whose journey into offending/addiction aligned with this trajectory. His direct association of drug and alcohol use to his past experiences as a way to forget what had happened exemplifies how he began to use as a form of self-medication for unresolved trauma. The lack of quality relationships can be seen as being evident firstly in his unstable life within his family home and in his removal to another damaging environment, where access to positive networks, relationships, activities and therefore identity are likely to have been extremely minimal as he was subject to physical, emotional and sexual abuse. Tim's ability to develop positive, high quality relationships may also have been affected by his childhood experiences therefore, and so even if there had been positive networks in his vicinity, his ability to access them may have been diminished: maladaptive social information processing has been shown to be affected and intensified by experiences of childhood trauma (Chen, Coccaro & Jacobson, 2011).

What is interesting to consider following exploration into the participants' journeys into offending/addiction is that two clear trajectories were evident; and that the social components during

this period were evident in their negative form. For these participants and their support system, this could be potentially useful information: identifying negative or lacking components and working to enhance them could provide the basis of a recovery/desistance plan. In order to establish whether or not this could be achievable or useful, further insight to the roles of the negative social components regarding the participant's offending/addiction pathways is required. It is important to note however that although the trajectories are clearly defined for these participants, the sample size is small, and only one participant aligned with Trajectory 1, although this does not detract from the importance of understanding the results of the connective analysis and exploring the socially shaped journeys of the JFH participants' pre-recovery/desistance in order to examine the importance and roles of their social components and to establish the feasibility of examining the model in further samples for Study 2.

4.3.2 The 'Negative Social Components' Evident During Years Characterised by Addiction/Offending: Results and Discussion

As the interviews covered the participant's life from childhood to present day to contextualise their processes of desistance and recovery, in the same way that negative forms of components became evident during their trajectories into offending and addiction, their lives continue to demonstrate negative forms of the social components. These pro-social components can offer a key insight to how people can be supported to desist and recover, and it is important to explore their negative or lacking counterparts to understand how positive social components enhance and support these processes. Exploring the negative social components is not intended to suggest that this process should always be applied in practice, as this does not resonate with a strengths-based approach to support. Although the negative social components may further our understanding of the importance and functionality of the positive social components in a research-setting, it is not necessarily an appropriate mechanism of assessment in practice. Below, each negative component evidenced through connective analysis as playing a role in the lives of the participants' during their addictive/offending years is explored as a theme with a view to understanding the reach of the impact that negative or lacking social components can have.

4.3.2a Relationships and Social Bonds

Relationships and social bonds have been shown to positively influence desistance and recovery journeys (Sampson and Laub, 1995). The dimensions of the relationships and bonds are of course

able to fluctuate, and research has demonstrated that in order to be beneficial, relationships must be characterised by consistency, social control, quality and support. Similarly, experiences of addiction and offending are often characterised by negatively influential or inconsistent relationships, and a lack of positive relationships. To better understand the importance of relationships and social bonds for the JFH participants, the role of the relationships and social bonds component in a time of adversity for the group will be explored, to provide an enhanced understanding of the value of the role of the positive component for their desistance/recovery.

Early into his drug use, Gerald describes entering into his first serious romantic relationship with a girl with a heroin problem: "I got-- And I got into a relationship at the same time with a girl who had a previous, uh, problem with heroin which I didn't know at the time. When we got together, it just all started again. And four or five years now. Four or five years addicted to heroin" (P.5.L.129-133). He acknowledges with hindsight that this romantic relationship likely enabled his addiction and began a cyclical process of being addicted to heroin over a four- or five-year window. He described how at the time the relationship "…was pretty good but – At the time it was being good but looking back now I know it weren't really. It [the relationship] was all just based around substances." (P.6.L147-149). Gerald remembers eventually realising that their relationship was based entirely on substance use, and the couple went their separate ways. A year later, Gerald met another woman when he was just beginning to get clean. This was the start of a 13-year relationship with a woman who was not addicted to drugs or alcohol, and who helped him get clean from heroin: – "Yeah, got off-- finally got off everything, and in the first six months of being with her, she accepted that I had a problem, but she helped me" (P.6.L.168-169). During this relationship, the couple moved in together and had two children, however Gerald described still engaging in behaviours which ultimately ended the relationship: "on and off throughout those years I-I still liked to party with the lads, spells where we were mad on cocaine and stuff" (P.7.L.181-182). These occasional encounters with drugs ultimately cost him this relationship; Gerald spent £250 on cocaine one night behind partner's back and she found out, describing how – "towards the end [of the relationship], which was six year ago now, I was spending 250 for the damn cocaine behind her back. And she knew about-- Obviously knew about it because she looked after all the money. And she realized those 200 were gone, and she left me". (P.7L.186-192).

Using their money to buy drugs and keeping it a secret damaged the bonds and trust they had developed to an extent that Gerald's partner did not feel the damage to be reparable, and she consequently left. Giordano, Schroeder & Cernkovichs' (2007) work describes how emotions are inherently social; applying this approach and understanding to Gerald's experiences of romantic

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relationships and their interconnection to detrimental behaviours could provide enlightening contextual information for someone supporting Gerald to desist/recover.

From this time onwards, Gerald describes a downward spiral of drug use and offending which resulted in a prison sentence: "[There was] A lot of cocaine use. And then I ended up getting five charges in one night. After I've been in rehab, come back, relapsed…I went to prison for nine months, came out and started doing well again, and then relapsed again. I picked heroin up again. Crack, after 16 years of not touching it." (P.7.L.201-208). The detrimental effects of the termination of the relationship can be seen in the consequent reduction in positive and beneficial behaviours and relationships – the informal social control which had prevented Gerald from picking up was no longer in effect.

During his interview, Gerald also discussed a separate romantic relationship which occurred prior to his recovery, during which time they "were both drinking heavily and she was crowd fighting person" (P.15L.414). It is clear from Gerald's interview that romantic relationships were a prominent feature of his substance using and offending years, and the descriptions of the relationships as pivotal for further enabling alcohol and substance use clarify the negative impact and barrier to recovery that this negative component could have. It is clear however that Gerald valued and sought out romantic relationships, and it could be that this is something he highlights as important to consider when discussing his recovering/desisting trajectory. Although romantic relationships can support recovery and desistance when characterised by social control and consistency (Angulski, Armstrong & Bouffard, 2018), it should be considered that Gerald's experiences of romantic relationships were intricately entwined with drug and alcohol use and offending. Re-engaging in a relationship prior to stable recovery/tertiary desistance could therefore hold the potential to jeopardise his recovery/desistance progress.

For Tim, the craving of consistent familial bonds and support as a child were recalled with longing: "As a kid, I just wanted to go home even though they [parents] weren't the best people to be around." (P.12.L337-338). Following his transition into care and experiences of abuse, "[there was] lots of violence in the house, so I was put into care. In care-- And obviously we all know what goes on in care systems" (P.3.L.64-65) it would be logical for Tim to place subsequent emphasis, consciously or subconsciously, on the need for supportive bonds, relationships and networks to help him achieve his desistance and recovery and to help him shape his identity - positive social components that were extremely limited if not non-existent during his childhood and consequent years of offending/addiction. Robert however utilised weaker family ties to help him begin his

recovery when he first acknowledged there was a problem by moving to live with other family members: "I moved down south to other members of family to try and better myself. Eh, it failed, terribly and I actually I came out worse" (P.3L.69-70). As the relationships developed were not recovery-supportive and ultimately were described as having exacerbated his alcohol and substance use it is clear therefore that although familial support and bonds may be assumed to be positive social components, the complex reality of many peoples' families may mean this is not the most desistance/recovery supportive path to follow. This is supported by work by Brauer and De Coster (2015), who argue that the salience and conventionality of the relationship with parents must be considered, as the relationship may not always provide a form of social control. Understanding that the relational and bonding components may be better enhanced by pro-social peers, professionals or friendships is an important route to consider for people supporting or embarking on recovery/desistance, as such people may find more beneficial and consistent social support from such groups. A lack of the social components identified by the existing literature as recovery/desistance supportive doubtlessly detracts from an individual's ability to recover/desist on their own, and this also provides a viable explanation for Steve's offending/addiction trajectory as his narrative evidenced a lack of good relationships and support during his addictive/offending years.

Much like Gerald, a re-emerging theme for Dennis was the detrimental relational component: at 15, he met a girl – who he described as his first proper girlfriend – who he stayed with for around 6 years. He also has a child from this relationship. Although Dennis described meeting this girlfriend as a life changing event, the relationship was not identified as a trigger for desistance as his offending behaviours continued throughout the relationship. A number of factors could explain this; it could be that Dennis had not reached an age of maturation which combined with this relationship may have catalysed desistance (Sampson and Laub, 1995; Matza, 1964; Maruna, 1997); or there may have been no significant event which deterred his commitment to the offending behaviours and group (Giordano et al., 2002).

It may also have been that his existing bonds and ties to the gang were strong enough to resist the social control of the relationship with his partner, and that he felt his relationship was not worth damaging his position within the gang. His identity as a member of the gang is also presented as particularly strong: "people would say, "Oh, the gang like this-this gang and that gang." I wouldn't look at it as a gang. I would just look at it as a group of people, who we was--We were like-- How can I put this? E-even-even the police knew this. My group of people were-were good." (P.13L.364-368). During his time with the gang even his mother was accidentally caught up in a violent attack, "A lot of violent stuff happened and stuff, people getting hurt. My mum got hurt as well"

(P.14L.388-389). Dennis justified his involvement in the gang by referring to the actions of rival gangs as the cause for violence, with his gang as acting in reciprocation and for the protection of victims of rival gangs: "Something happened to my little cousin, he end up getting stabbed by like 10-10, 15 of them [rival gang members]… They just-- The gang just escalated from there. So we got one back, they got us, we got them. It-- Started fighting with each other, getting-- Getting arrested and stuff like that." (P.13.L.376-384).

Events spurred rather than deterred his involvement with the group, as Dennis wished to maintain the bonds with the group and uphold his identity as a member to the extent that he internalised this narrative to reduce any dissonance he felt from maintaining his identity as a gang member, despite the repercussions of his actions. The strength of Dennis' bonding capital with the gang, and his lack of bridging capital to positive external groups, likely inhibited his ability to knife off connections with the group and disengage in offending behaviours through engagement in pro-social meaningful activities.

Dennis eventually moved into a house near his mother, and lived there for two years. Although this could have ultimately provided the opportunity to develop a level of stability required to desist, during this time he split with girlfriend after finding out she had been sleeping with his father: "-but nothing was going well. I was-I was in a-- I was in a depressive mode. Like I found out that-- I found out, uh, that my daughter's mother was sleeping with my father." (P.18.526-528). Not long after discovering this news, Dennis describes hitting "rock bottom" (P.18.L.533), and committed a crime which left a rival gang member in a coma, resulting in a 6 year prison sentence. The repercussions of chaotic romantic and familial relationships, compounded by the other negative components that interacted with one another (to be discussed in subsequent component sections) culminated and peaked, resulting in this prison sentence for Dennis.

4.3.2b Lack of Pro-Social Capital and Cohesion: Social Disorganisation and Exclusion

Social capital is arguably most usefully regarded from a strengths-based perspective as a positive resource that results from social relationships that may be utilised to support not only personal growth but also the growth of networks and communities. The formation of social capital can be triggered by various social processes, however access to social relationships are required initially to make social capital acquisition possible and to facilitate the growth of this resource. It follows that the number and types of relationships evident and the networks within which they operate have the

capacity to influence the levels of social capital produced. The composition of social networks can affect access to social capital, with sparser, less bonded networks including dissimilar people being more likely to have increased access to external resources whereas more bonded, denser social networks of similar people provide greater access to support (Cattell, 2001). It follows that social exclusion has been associated with reduced access to social capital and poorer health. Conversely, resources from relationships developed upon foundations such as addiction do not form a positive basis for the formation of social capital that is recovery/desistance beneficial, because of the norms and values of the group and their lack of access to community capital. Therefore, although relationships developed between individuals and groups who are actively offending/engaged with problematic or addictive behaviours may provide some form of capital, for example resources such as weak social ties that benefit this lifestyle, this cannot be characterised as pro-social or socially cohesive (Cloud and Granfield, 2008). This section therefore explores the participants' lack of positive, or pro-social, capital and the influence this had on their offending/using behaviours.

Gerald's use of cocaine frequently resulted in contact with the criminal justice system and culminated with five charges in one night. He "…went to prison for nine months, came out and started doing well again, and then relapsed again. I picked heroin up again. Crack, after 16 years of not touching it." (P.8.L.206-208). The association of the end of his prison sentence with resuming his drug use suggest his implicit acknowledgement of the prison sentence as culpable for picking up, and it could be argued that negative social capital and resources he would have returned to provided him with access to the substance. People released from prison experience limited access to accommodation, employment and positive relationships (Hunter et al., 2016), and so upon release from prison, Gerald relied on negatively influential existing contacts and social networks to acquire the resources he needed to support himself.

Tim used drugs for what he reflected was probably 30 years. He described himself as a 'loner' and as having associates not friends during this time. He identifies the isolation as beginning during prison sentences: "[I've] been in prison a long time, by myself" (P.10.L264-265). Having been isolated for a long time (one prison sentence was an Imprisonment for Public Protection (IPP) sentence, where he was imprisoned for seven years and this resulted in a life-long licence), this social exclusion will have resulted in reduced access to social factors evidenced to be desistance/recovery supportive. His experiences of being fostered, entering secure mental health units and prison will have culminated in restricted access to resources and this is exemplified in his referral to the people in his life during this time as acquaintances, not friends. With Tim's limited ability to draw upon pro-social relationships to build his networks and social capital will have meant he had to build relationships that were not

necessarily beneficial for his recovery/desistance. His traumatic childhood may have also impacted Tim's ability to develop the skills required to build positive relationships defined by strong bonds and trust which can help increase access and cyclically result from acquiring social capital (Chen, Coccaro & Jacobson, 2011). His committing of drug-related offences, including armed robbery indicate his role in contributing to social disorganisation and therefore disrupting social cohesion, further distancing him from access to linking capital that could be built upon to provide access to resourceful social structures.

When Dennis was a child, he was made to take part in Fairbridge 'activities for disengaged youth' (a phrase Dennis himself used to describe the activities, which encourages reflection on his early experiences of labelling): "So, um, I was-I was doing this thing called Fairbridge. It's-it's activities when you been a naughty boy… Oh we'll take you to activities," like three-three times a week." (P.11.L.308-311). Whilst attending the activity camp for several weeks over a summer, he was accused of robbery. Fortunately, he had proof that he was not involved due to having been at the Fairbridge activities when the robbery took place – however he recognised from this moment that he was guilty by association with the people who did commit the robbery, saying "So I remember that. That's when I started learning about that. Who you hang around with, guilty by association." (P.12.L325-326). For some young people, involvement in the activities may have provided structure and routine that could have supported the move away from involvement in criminal activity. However, for Dennis, his experience of being blamed for a crime despite his lack of involvement resulted in his continued involvement with crime (Becker, 1963), and his lack of positive social capital that could have been utilised to move forward positively is likely to have limited Dennis' options growing up.

Dennis describes being arrested for carrying a weapon in the Trafford Centre – "Got arrested for it, got bailed or remand-- Not remanded got bailed. E-ended up going to prison for it anyway." (P15.L.417-421). Dennis consequently spent his 18th birthday remanded in prison. When he woke up in prison on his 18th birthday – he recognised things had to change. He described being given a chance by a judge when being sentenced by not being given prison time: "-so I was getting the 12 months. But the-the judge said to me-- He stood me up there, "Right. I'm going to give you a chance now to-- If we let you out now, what are you going to do?" And he just put it to me on the spot and in the dock. And so I said, "Well, I've got a girlfriend," I was looking to get a flat. "I'll get a job, sort myself out, stay on my girlfriend while I move away from the area." And he was like, "Right, you go and do that. We're gonna let-- Set you free now, give you some order thing."" (P.15.L.439-446). This opportunity could have provided a hook for change and access to recovery/desistance-supportive

capital for Dennis, however he ended up getting back in trouble due to problems with neighbours whilst his girlfriend was pregnant, and for Dennis these housing problems undermined the opportunity. At the time, Dennis was an apprentice chef, but following his problems with the neighbours was rehoused. He then lost the apprenticeship, "So I lost that job, but he said, "Come back when you've sorted and you've got a house and that." End up-end up getting this house back in Peel Green, back in that same area. Back looking over my shoulder with the gangs again." (P.17.L.502-504). Following moving back to living in a bad area and being back in with the gangs again, Dennis committed a crime for which he received a 6-year sentence after throwing a brick at a man in a car and was left in a coma for 6 days:

"Um, for the first three, four months, I was blaming the other guy who had committed the crime. So I-I bricked him while he was driving a car. He approached me when I had my little two-year old daughter in my arms and jumps me and all. And uh, my little girl was crying, "Daddy, I'm scared. Daddy, I'm scared." He's got a bike helmet or something, so there's nothing I can do apart from protect my little girl. Not-- When I threw the brick, it just knocked him clean out. His fucking heads hit the steering wheel. He's-he's carried on driving while he's unconscious. He's trying-- He's hit a traffic light, traffic light's hit the car. Turned out differently, not the way I wanted it to. I was on the run… He's in a coma for six days. So it was pretty heavy stuff, like I'm-I'm-- He could've-He could've died there…" (P19-20.L.560-580).

Dennis' negative social components can be seen as structurally constricted during this time in his life: re-establishing his ties with the gang followed his move of house, and the lack of other pro-social components that could have helped him scaffold his recovery/desistance despite being pulled in other directions by those around him will have exacerbated his lack of agency. This is exemplified in Dennis' discussion of feeling resentful when he was first serving his prison sentence, describing how he felt, thinking "It's his fault," and all "I'm in here because of him. Can't see my daughter no more." I'm in there, I'm getting a long time. I'm just having loads of resentment, thinking, "Oh, the bastard's got me in here."" (P.20.L.592-594). From childhood, Dennis was involved in crime (beginning at age 13) and was caught and labelled as a 'naughty boy' from a young age. The resulting lack of pro-social components will have reduced any agency Dennis felt after being labelled from a young age, and the experience of being incarcerated. His years involved in crime, and particularly violent crime, will have disrupted social cohesion in his local area, and although he may have had a form of social capital from the gang he was a part of this is not a form of social capital that will ultimately produce access to positive resources. Gerald discussed how he could not recall ever having been arrested sober: "Um, [clears throat] every crime I've ever committed, I've been under the influence… Um, I don't think I've ever been arrested sober" (P.2.L.34-37) and this demonstrates the interconnected nature of offending, addiction and social cohesion.

Like Dennis, Steve's experience of prison although acting as a deterrent whilst he was incarcerated, did not provide him with the social components required to successfully settle back into the community. Steve's 'false' turning point or hook for change although resulting in rehab did not last:

"I've done umpteen detoxes at home, I got prison sentences and I just remember going into-- I was in Strangeways [prison] in Manchester. I was-I was a young early to mid-25 and there was like, blokes in their '40s and '50s and that sort of, like, didn't know anything else. But I had had this experience of a good childhood and what life was meant to be like and I was talking to these blokes in their '50s, and they were like, they've done all these old school jails and-and-and-and all that. And they didn't know anything else, but-- And I just thought, "There's got to be something out there for me. Something else." And I managed to pull a few strings while I was inside and got funding in place to go to rehab. And then that's when they're talking that, you know, drugs aren't the problem, it was me." (P5.L.124-137).

During his time in rehab, Steve did not understand the requirement for not drinking alcohol, as he did not feel that this was a problematic substance for him - "I kind of like, put heroin down and got clean, but they still want you to-- I wasn't ready to sort of, give everything else up like the drinking and all the other stuff." (P.5.L.144-146). Following rehab, Steve describes how he found it easy to source the wrong kind of people and lifestyle, discussing how:

"You could put me anywhere in the country and I will find that group of undesirables that I want to try and stay away from. And the first person I bump into wherever I go and I'm doing that stuff is myself. You know what? If I'm using and I'm drinking and I'm doing whatever and committing crime, then it doesn't matter where I'll go. You know, like, you can drop me in the middle of nowhere and I'll score within half an hour." (P.6.L.156-163).

The skills that Steve had amassed over the years in terms of acquiring the resources he needs through his development of the negatively influential social components demonstrate his ability to connect with and source what he needs from others, however such connections were not beneficial to him when attempting to recover or desist. It is logical that familiarity with the routines of offending and addiction mean that an individual feels more competent and confident engaging in the usual behaviours and routine that feeds their habit, and it is perhaps the case with Steve that numerous detoxes and imprisonments further enhanced his connections with social networks and resources that were based on offending and abusing substances/alcohol; known barriers to recovery/desistance (Tucker et al., 2015; McGloin, 2009).

4.3.2c Offending and Using Orientated Social Networks, Group Memberships and Social Identities

The influence of social networks emerged as a common theme regarding the JFH participants' trajectories into lifestyles characterised by addiction and offending, and it has been demonstrated by

existing research and by the participants in this sample that negatively influential social networks are capable of catalysing problematic behaviours. Gerald discussed how his initiation into drinking began around the time of his first job at 16, when he began frequenting pubs with his older colleagues. He directly attributes the behaviours of his peers as having influenced his behaviours when it came to drinking, describing how "A lot of it was peer pressure." (P.3.L.84). Existing research acknowledges this experience as a common experience, and that peer pressure and the modelling of positive behaviours towards alcohol increases the likelihood of drinking (Trucco, Colder & Wieczorek, 2011). Gerald describes how he did not have particularly close friends during this period of time, but that equally his social life became more important than relationships with his family.

Once Gerald realised he had a problem he entered a community rehab:

"I was doing well in a community rehab in Blackpool, going daily. And I felt pretty good, pretty strong. I put myself around other people, thinking I would be able to help them. And I put myself right back in the frying pan, basically. We were both using heroin, crack, both alcohol dependent. And within a couple of weeks, I was back on all three." (P.8.L.212-218).

As someone in early recovery, working alongside others who were attempting to enter into recovery ultimately jeopardised Gerald's efforts to recover. It could be argued that the negative connections he made in the rehab overcame the fragile transitioning identity he may have developed, and rather than encouraging his recovery and desistance instead undermined it. The salience of social networks and their transmission of behaviour has been well-documented (Christakis and Fowler, 2010), and early recovery is known to be less stable (White and Kurtz, 2006) and therefore arguably more vulnerable to the influences of using groups within the social world.

Steve also describes an extremely social introduction to drug use, of discussing his use of heroin he said "I don't know, we all used together. You know, we all-- it was about 20 of us using heroin at about the age of 15, 16. And, um, out of the 20, I would say three of us carried on and the rest of them just got their lives sorted out and carried on." (P.4.L.101-104). Interestingly, Steve also discusses how his time on probation introduced him to the wrong people, placing great emphasis on the importance of synthesising research on recovery and desistance:

"I relapsed and I've been put on some like, probation order. And I didn't know anyone in the area, but while on probation and I'm, you know, doing this and I'm doing that and I'm back in the fold with all those people that I'm trying to stay away from. So probation services and DRRs and all the other stuff that they do, it was just sort of, putting me back in a place to be around the people I need to stay away from." P.6.L-166-171

Dennis exemplifies the detrimental effects of negative social networks, group membership and identity most poignantly due to being part of a criminal gang from a young age. He began getting into trouble at a young age, and attributed this to the area he lived in and the people he was around: "That's how I look at it anyway. I've-- You learn your behaviours from others…You pick everything up from others… It's all learnt behaviours. They're the people that, um, around when I'm 12 years old, they was obviously smoking first. I've started smoking." (P.7.L.184-196). Dennis emphasises his adoption of behaviours from those around him and who lived nearby, and this could be important to consider as it suggests that he is more likely to embed himself more deeply in groups by adopting the norms and values of others, and indeed this is the very essence of what underpins becoming a gang member slightly later in his life.

At 12 years old, Dennis was spending time with older children, who were committing burglary in the local neighbourhood, and he uses this example to portray himself as despite engaging in deviant behaviours, still a good and moral person. This allows the two versions of his identity to co-exist: despite being engaged in deviant and ultimately criminal behaviour, he assigned moral values to his past decisions:

"Obviously-- This one time-- I'll tell you this one, actually. This one time, he was robbing this house. They've got through the back window or something. I v-vaguely remember it. I've got through the back window with them. This is the first time I've been in a-in a house. And, um, I'm-I'm in-- I'm in this house. I'm looking to see-- I don't know-I don't know-- Never done it before. Looking in drawers, looking for stuff. I've gone to run to the stairs, and, uh, there's this like-- There's this chair. Like [unintelligible 00:06:40]-- So the way I remember it is, a metal pole going up the stairs- with a chair attached to it. It's obviously like a-an escalating chair. It's obviously-- That tells me that-- And the chair was at the top of the stairs, so they said this guy was at the pub. But if that chair is at the top of the stairs-- I think I was 13 here. That chair's at the top of the stairs that means he must be in. Started freaking out here. And obviously, he's disabled as well. So I know what-I know what disability is when I'm 12, obviously… So I've just freaked out. And I've-I've just-- I've just left... And just like said, "I'm getting off." My head fell off a little bit. You know? Like, "I'm robbing a disabled person here". So, got off, and after that I just never-never did it again. I never got caught for that, actually." (P.9.L.234-261).

This presentation of identity has been described by desistance research as a redemption script (Maruna, 2001), it is suggested by this description therefore that Dennis' current pro-social identity is maintained through reflecting on how good aspects of his character were present even when he was engaging in offending behaviours, demonstrating the link between component change and growth between onset, persistence, and consequent desistance/recovery. At the age of 14, Dennis changed his social circle and made a new friend with whom he began to spend time. It was during this stage of his life, whilst his friendships were in transition, that he became involved with the criminal gang, and was involved with violence and fighting between gangs: "Something happened to my little cousin, he end up getting stabbed by like 10-10, 15 of them… And the-- They just-- The

gang just escalated from there. So we got one back, they got us, we got them. It-- Started fighting with each other, getting-- Getting arrested and stuff like that." (P.13.L376-384). The violence escalated and family members continued to be affected by his involvement with the gang:

"A lot of violent stuff happened and stuff, people getting hurt. My mum got hurt as well… And uh, this-this other group chased us. They-they was old enough to drive, we wasn't. We're 15, 16, they're old enough to drive and we're not. They're chasing us, got out the van with big machetes--running down the street, getting, "But what's that?" This big blade he's got. We didn't know to call them a machete at the time. So that-so that made us carry weapons." (P14.L.388-389:405-412).

Rather than leave the gang and criminal warfare behind, Dennis instead chose to protect himself by carrying weapons, including an axe and a hammer: "So I carried a hammer to protect myself. And when I was-- I carried it for two years, until I was 17." (P15.L.417-419). Dennis went to prison twice for carrying a weapon. It is clear therefore that despite the physical repercussions from his involvement with the gang, his bonds and identity were strong enough to 'soften the blow' and for him to maintain his role as a gang member.

The results discussed in this section exemplify the prevalence and interconnected nature of the social components in their detrimental forms when considering their roles with regards to recovery and desistance. It would be logical to hypothesise that addiction and offending orientated components evidenced during periods of addiction/offending that have characterised participant's lives may be evident in their pro-social and beneficial forms following entry into these processes. What now follows is the strengths-based examination of the pro-social components and their roles when it comes to the processes of recovery and desistance for these participants.

4.3.3 Recovery/Desistance Trajectories: The Social Components Results and Discussion

The social events and connections that surround and shape the participants' entry into recovery from addiction/desistance from crime, either as causal, supporting or consequential factors will now be explored from the strengths-based component model perspective, to support an understanding of the role of the components with regards to both processes of recovery and desistance and to one another.

4.3.3.a. Relationships, Social Bonds
As established in Chapter 2, literature and research exploring the roles of relationships in recovery but particularly in desistance has demonstrated the importance of positive relationships, defined by quality and consistency as beneficial for these processes. If pro-social support is evident in a

relationship and is consistent and beneficial, levels of trust between those involved can be increased; this then forms the basis for the development of a strong social bond resulting in higher levels of self-control and fewer mental health problems (Colvin, Cullen and Vander Ven, 2002). This relational component is therefore explored in detail through the interview transcripts of the participants from JFH following their entrance into recovery/desistance, in order to better understand the importance of this specific component for members of the group and its connection to other components.

Familial and Romantic Relationships

Each of the JFH participants interviewed detailed relationships that in some way enhance their life, and support them in their recovery/desistance maintenance. Upon entering into recovery and desistance, Gerald began rebuilding family relationships, undertaking the process of clearing the air with some of the family despite describing how he feels ashamed of his past actions regarding a particular undisclosed crime which had a direct impact on certain family members: "I feel embarrassed that I am part of their family, you know." (P.12.L.353). Despite this feeling of embarrassment, Gerald is looking to rebuild past relationships he once enjoyed with family members – "There's obviously still more bridges to build with him [his Uncle]. Obviously with his wife and my cousins. And they're just all really nice" (P.12.L.347-348). The desire to re-engage with members of his family is a process acknowledged by research as having the potential to support the desistance process (Farmer, 2017), and the hope that this will be achieved in the future will likely help to shape the meaning and importance of the desistance journey for Gerald.

Gerald is making a conscientious decision not to engage in romantic relationships, which may have been a decision made when considering his trajectory into and maintenance of offending and addiction as interwoven with negatively influential romantic relationships: "No. Completely nothing [no romantic relationship] at the minute…And so my head's in a better place. I haven't-haven't had relationships like in the last four or five years as well." P.14.L.410. For somebody who placed emphasis when recounting their life narrative on the roles of romantic relationships, particularly in connection with their damaging behaviours and actions, it could be argued that developing alternative, close, healthy and supportive friendships could help Gerald sustain his recovery and desistance progress. There are positive and close relationships with members of the JFH team evidenced in Gerald's interview, with two particular members cited as having earnt his complete trust, and with whom he partakes in activities such as going to the cinema. These close pro-social

relationships may therefore be a 'gap-filler' for romantic relationships which have been sought after despite being damaging in the past, and that could therefore help to maintain and enhance Gerald's recovery and desistance. Research has found that for men, relationship status can be directly linked to crime, and higher quality relationships are positively associated with desistance (Barr & Simons, 2015): Gerald's understanding of the influence a romantic relationship has had and could have on his desistance and recovery progress is arguably a positive protective mechanism. The conscious lack of a romantic relational component can therefore be interpreted as beneficial for this participant.

Tim describes how due to his traumatic childhood, and consequent lifestyle and time spent in prison, he now struggles to build relationships with others - "Obviously, I've got relationships with people but I still find it very hard." (P.9.L258-259). Wolff and Draine's (2004) study supports that bonds between people who are incarcerated can be destabilised by changing situations, values, expectations, or behaviours, and the instability and change that imprisonment can cause particularly with regard to external familial relationships has the ability to reduce trust and weaken social bonds (Wolff and Draine 2004). Tim spent seven years in prison serving an IPP sentence, and so it is unsurprising that his access to, and ability to build, positive relationships will have been impacted. Tim describes how during his time with JFH, he relapsed when his romantic relationship ended as a result of his infidelity, and he consequently went to rehab before coming back to JFH. Tim describes how although he was in recovery and he did not want his relationships to be over, he described his ex-partner as a good girl, and that he had felt out of his element during the relationship. He also discussed how the 'addict' element of his identity still can pervade in making life-choices meaning that "Again, because you always think the grass is greener on the other side. We [addicts] always want more." (P.23.L.656-657).

Tim's romantic relationship breakdown leading to relapse, and his identification of the difficulties he faces when building positive relationships, suggests that this component is clearly impactful in this participant's life and for their recovery and desistance, and considering his lack of close, supportive relationships prior to recovery it is logical that they now have the poignancy when present to alter Tim's trajectory. However, he now stays in touch with his sisters and could be described as taking his social components back to basics: he is now sticking with strong familiar friendships in times of change, describing how he has "got some good relationships with friends" (P.13.L.351) and much like Gerald is not looking for a new romantic relationship. Steve also identifies a change in how his romantic relationships evolved following his entry into recovery: "I-I was in a relationship for about two years, uh, but that's come to end. But that hasn't come to an end, because of the-- anything I used or anything like that. Which is quite a change." (P.10.L.305-307). He describes how normally

"it was more like a-- loads of destruction behind them and as it happens, this time it's been quite amicable." P.10.L.307-308. Steve still supports his most-recent ex-partner if she needs him – she is also in recovery and currently undergoing major surgery. What Steve describes is a more positive and healthy end to a romantic relationship than that described during periods of addiction, to the extent that the social support available between the couple has not been eroded.

Dennis also discussed romantic and familial relationships in the context of his desistance and recovery. As his licence conditions prevented his return to the city in which his crimes were committed, he moved in with his grandmother, who he describes having a close relationship with. Dennis is not currently in contact with his ex-partner, but since beginning to pay child maintenance following the beginning of his desistance process, he hopes this will change. Whilst Dennis was in prison, he reached out to his father, despite the fact that his father is now dating his ex-girlfriend, but describes not receiving the effort back that he expected. Steve similarly discusses how due to circumstances that arose during his addiction he is not currently in contact with his father: "I've not spoken to my dad for about four years, because of addiction. You know, he kinda like, he doesn't understand it and he's not meant to." (P.3.L.82-83). Although these may be relationships which now develop over time, the participants' acceptance of the current status of their relationships with their fathers is a healthy outlook to adopt. Forgiveness of the self and forgiveness of others are two experiences associated with recovery, with both being found to increase over time (Krentzman et al., 2017); acceptance, forgiveness and gratitude have also been described as protective characteristics associated with wellbeing (Gupta & Kumar, 2015). Steve also discussed his desire to rebuild a relationship with his father, through demonstrating his recovery-orientated achievements: "You know that's-- it's attraction rather than promotion. I'm not gonna, you know, go and turn up at his [dad] door and expect him to put his arms out. But what I'm just gonna do, I'm just gonna keep doing what I'm doing [recovery] and-and if-if it's meant to be that we start talking again, it's meant to be." (P.9.L.265-268).

Robert has developed an honest relationship with his mother who has also been in recovery for thirty years, and it is this relationship he referred to when asked if he could identify relationships which explicitly supported his recovery: "I have, eh, a couple of family members - just one solely, recovering member, which is my mother, who is in thirty years of recovery now" (P.5.L.147-149). Robert uses his recovery to communicate and connect with her, "Em, so I actually have good conversation with her [about recovery]" (P.5.L.149), and this process of connecting on the basis of a shared experience of recovery is something that is evidenced within the identity and group membership component also. From a relational perspective, building a relationship on a foundation

of shared experiences is likely to increase access to and/or perceptions of instrumental support, the term given to the support from a relationship that leads to the recipient individual achieving a goal (Cullen, 1994). As discussed in chapter 2, the benefits of recovery are also thought to be capable of diffusing through the family; family members who enter into treatment and consequently recovery can also benefit the recovery of their addicted loved one (Bradshaw et al., 2015), and this relationship may have benefited from such a diffusion.

Robert describes how despite being 10 years in recovery, you have to keep moving forwards, and it could be argued that he uses family relationships as motivation to progress. It is clear that prior to and during his addiction, Robert longed for close social bonds, and as a consequence his family are his main focus during his interview:

"…because actually in the early days [of recovery] I always wanted to create a family, er, and I never knew why I couldn't in addiction. Why it never happened, why my relationships all failed and everything I couldn't - I couldn't pinpoint it. Post recovery I then went down the route of actually doing that. I've actually gained a family again and a wife of eight years and so on and so forth and two children." (P.8.L.253-258).

Robert successfully built a family for himself, however recently experienced the breakdown of his marriage and divorce of his wife. He sees his recent divorce as a personal failure, but reflects that himself and his partner was perhaps not completely transparent during his marriage, as with his partner also being in recovery the relationship was at times "toxic" (P.9.L.281). Robert describes how within his marriage there was always conflict, however he wanted to appear in control to others.

Robert: "Um to say that there were differences of opinion, to say that there was, there was always a conflicting problem-

Interviewer: "Okay."

Robert: "-er from either side in which there was a lot of control based upon that everyone you know trying to figure out how life on life works whilst juggling children and everything, it sounds chaotic I know but yeah I assure you it wasn't as bad as you know over, stretches of time but quite honestly that yeah that was the basis of a lot of things in which I kept hidden to all those, because obviously, I didn't want to promote the fact that what was actually going wrong or all the fact they even see that it was going wrong until actually the end of it there was actually something wrong with it." (P.9.L.284-294).

He also had a different perspective on how to raise his children to his ex-partner, as he had a very strict upbringing and does not wish to raise his children this way – however his ex-partner saw things differently. Research by Canvello and Crocker (2010) suggests that goals and motives predict relationship behaviours and also predict the interpretation of relationship behaviours, and so although a key aspect of the relationship was the mutual experience of recovery between Robert and his partner, their differences in parenting roles were pinpointed as contributing to the breakdown of the relationship. Compassionate goals predict responsiveness, however self-image goals predict

unconstructive beliefs about relationship problems and decreased responsiveness (Canvello and Crocker, 2010), and so it could be theorised that each partner having to focus on maintaining their recovery left them less room for compassion and responsiveness when it came to differing parenting styles. This aligns with research on role strain, which within the context of desistance and recovery can in some cases increase likelihood of relapse and recidivism (Wyse, Harding and Morenoff, 2014).

Robert is now in a new relationship however and is maintaining his recovery, with a woman who is aware of his recovery and who also has children, but who is not in recovery herself – "We do a lot of things together, we spend a lot of time together um, for the sake of the kids when I have the children we make sure we- we get them out and getting walking and muddy and everything like that" (P.10.L.326-328). The parenting of the children was something that divided his last relationship, and so it is interesting to see that Robert discusses enjoying spending time with their children as a uniting force in his new relationship. Robert acknowledges the need for more communication in his relationships at this point however, as he feels his friendships are tested at this time due to his ongoing divorce:

"In fact more communication [is needed]. Um, a lot takes over. I there's a lot of different things that go on, everyone's got their different lives I could -- I'd like to engage a lot more but sometimes I've got so much going on it sometimes can be difficult. So yeah it's never perfect but yeah, I'd er, it's- it's not -- I don't feel neglected or anything like that not as much" (P.11.L.347-351).

Despite feeling supported therefore, Robert demonstrates an awareness of keeping his channels of communication open at this difficult time, and this is a positive approach to ensuring his recovery is not damaged by the emotionally detrimental side-effects of divorce: although Robert is not a desister, desistance research posits that open communication, shared values and positive support should be evident within romantic relationships to develop a level of informal social control (Lytle, Bailey and Bensel, 2017), and it could be argued that this research is transferable to the experience of relationships, recovery and communication in Robert's case. Although not romantic, his friendships with group members at JFH are based on open and honest communication about past experiences, and Robert feels he can talk about anything with JFH group members.

Steve realised his behaviours were harming those he cared about, and his mum's cancer diagnosis and treatment were big parts of the initial attempts to really recover:

"So, um, my mom had breast cancer and I was in a rehab in Birmingham when my mom had breast cancer and I didn't know at the time. And they've called me and my mom's having a meeting with me and the management and they said like, "Do you want to tell him?", and she told me she got breast

cancer. At that point, you know, for one, never used again, um, I'm gonna support my mom best way I can. And I think I was about, two and a half, maybe three years clean at the time." (P.6.L187-193).

However, although his relationship with his mother was his initial 'hook for change', Steve relapsed and lost everything:

"And I've stopped doing what I was meant to be doing and I picked up a drink. And-and it just went from there. I lost my job, lost my home, lost my Missus, lost every-every single thing you can think of. I lost my dignity, lost my self-respect, I lost everything. And then I ended up in, uh, at my mum's…and she was still going through like, this kind of, I suppose, aftercare for her cancer. And she used to sit there and tell me what you know stress brings you back on and all these and I was blind to it. Well, I suppose, I wasn't blind to it, I just didn't wanna hear it and because it was getting in the way of my using. And then in the end, it just like, I couldn't hide from it anymore.

I couldn't hide from the fact that I couldn't use it as a justification. I couldn't use it for anything like that. The way it was, was the fact that my mum was telling me the truth and I was killing her. And that was kind of, like, and there were other things that were going on at the time, my sister was having a baby. And my sister is like, really tough on me and she just said that, uh, you know, "If you don't sort yourself out, you're not going to be a part of your niece's life." And-and I thought, Well, I want to be a part of her life."

So it got me. Mum had gotten cancer. I was-I was caught-- in-in recovering from cancer. Me there, I just wanted to die on a daily basis, because I just couldn't take it anymore and two, I wanted to be-- three, I wanted to be a part of this little girl's life and my sister's life. And if I didn't sort this out first, I wouldn't have any of that." (P.7.L.195-214).

It is clear from Steve's description he places a lot of value on his familial bonds and relationships, and in wanting to preserve and develop his bonds with his family, he recognised his behaviours would have to change. Steve therefore used his familial relationships and bonds as motivation to enter into, and to maintain, his recovery.

Relational Component Summary

In summary, it is clear that the relational component was enhanced for JFH participants by their recovery/desistance. The results from qualitative analysis demonstrate the influential role of the relational component for these JFH participants regarding their recovery/desistance processes. The key emergent themes described involved the rebuilding of or acceptance of familial relationships, and a cautious approach to embarking on new romantic relationships, with healthier and more positive relationships universally discussed as both motivating entry into recovery/desistance or emerging as a result. It is interesting that it was the participants in recovery for 5 years or less who preferred to refrain from engaging in a romantic relationship at the time of interview. The choice participants in earlier recovery made not to engage in romantic relationships could suggest a preference for keeping relational involvement as simple as possible. This could also be the result of

advice given by recovery support services (see, for example 'Rose Rehab's' website: https://www.roserehab.com/about/articles/dating/ or 'Skywood Recovery': https://skywoodrecovery.com/why-are-romantic-relationships-a-bad-idea-in-early-recovery/) which suggest waiting to pursue a romantic relationship due to the amount of time required to fully practice self-care. This contrasts with desistance literature, which has repeatedly looked to pro-social romantic relationships as a catalyst for desistance.

It is clear however that familial relationships can catalyse and support both recovery and desistance according to the literature in each field and the results of these participants support the theory to be true for them. Building and rebuilding those fundamental relationships could therefore be something that professional support could focus on for these participants, to improve both their recovery and their desistance progress. A basis for connecting within the relationships was cited as the shared lived experience of recovery. Communication in this sense and in an open emotional sense were referred to as mechanisms for ensuring healthy relationships that were recovery/desistance supportive. Self-storying (the process by which recovery-orientated life stories are shared) is often an inherent aspect of recovery support, however the lack of social support groups that are desistance explicit mean that communicating past life experiences and methods of overcoming adversities is perhaps a more accessible process to those for whom both processes could be/are applicable. Circles of Support and Accountability (CoSA) are a charity who support the desistance process of medium to high risk sex offenders who have been released back into the community, and research has shown the initiative, which is founded on principles of honest communication and accountability to be successful (Fox, 2015). It is logical that other existing or pre-existing relationships such as familial relationships are going to have the potential to be supportive, high quality, and consistent (qualities identified by the literature as important for desistance/recovery) due to their established status, considering that they are not formed on the basis of using or offending behaviours.

4.3.3.b. Social Capital and Cohesion

The JFH participants cited social capital and cohesion in different forms and settings in relation to particularly the onset of recovery/desistance for capital, and cohesion as a result of the processes of recovery/desistance. Gerald describes how in the recovery room in prison he met people visiting from JFH: "So I became what we call the Jobs, Friends and Houses' advocate whilst I was in prison so I could help ones do some workbooks for when they get released to go come to Jobs, friends, and

houses" (P.9.L.257-259). This bridging capital is ultimately what established his connection and transition into the group. He was released three months early on license and became a member of the JFH community. He resides in a recovery house which was renovated and is maintained by the JFH community. At the time of interview, he describes struggling with some of the other residents due to their using, and consequently has to watch his temper, however he gets on well with everyone in the group outside of the recovery housing. Gerald attends music concerts and meals with the friends that he has made at JFH – demonstrating the access his social relationships have provided him to meaningful activities. He discussed having no friends outside of the JFH group, so this could indicate low current bridging capital levels, but he is in a good position to begin changing this and adding pro-social groups to his network.

Tim discussed his currently reduced bonding capital and his lack of bridging capital, evidenced in his reduction in close friends within JFH, and his lack of friends outside of the group. This is arguably attributable to his growing mistrust in the enterprise, due to multiple redundancies and also a result of changes to managerial structure: "Like it was more of a family unit then, but now it's more of, like, a corporation." P.6.L.167.Tim's categorisation within trajectory 1 suggest that the drastic changes to group structure could have negative consequences for Tim's recovery/desistance: his description of the group as a family unit (a relational component missing from his childhood) and his clear longing to belong within and connect to the group as being threatened by the changes arguably restricts and diminishes his radius of trust, and his consequent access to other forms of social capital/relationships/groups that could support his ongoing recovery/desistance. See Section 4.3.3.d for the discussion of the importance of trust to the operation of the social components and recovery/desistance for JFH participants.

Robert cited JFH as having supported the visitation of his children during his divorce: this type of instrumental support stemmed directly from the close, supportive relationships team members had developed with other people in recovery who are conscious of the implications of such a process to an extent that other places of employment are unlikely to be. Steve supports this, in his description of the relational resources available from working with JFH: "Sorry, but I was on a building site, years ago. I probably wouldn't be able to go up to someone and say, "I feel a little bit emotional today-" Yeah, but yeah. I kind of, go up [to someone in this group] and say, "Do you know what? I'm not really feeling it today." And people understand that." (P.13.L.397-403). It is clear that Steve acknowledges and is grateful for the social capital that is available through JFH that is specifically recovery (and therefore, for many of the group, desistance) supportive: "I think I am quite happy, you know, things could be different, things could be better, but, you know, I kinda have to think that

[coughs] that's how I can get really ungrateful. I can get really ungrateful really irritated, angry and, you know. I only have to think that three years ago, I would've dreamt to have the life that I have." (P.15.L.442-447).

Dennis looks back to his prison sentence in terms of crediting his desistance and recovery, as he undertook an anger management course and read a spiritual book which he credits his desistance to. Looking back, Dennis thinks it took the prison sentence to help him stop using cannabis and to disengage with crime: it could be argued that his removal from the social disorganisation that characterised and reinforced his gang involvement was what supported his desistance, and from this perspective it is an absence of social disorganisation rather than a presence of abundant pro-social capital which helped to begin his desistance and recovery, although he drew on the available resources whilst in prison. At time of interview Dennis had begun with JFH by volunteering before eventually moving on to a paid apprenticeship. He hopes the group holds up as he is being paid the national living wage for an apprenticeship, which he knows would be hard to find elsewhere given his background. Getting on with the group was vital in his continuation of the voluntary role for such a long time (30 months) prior to progressing to an apprenticeship: when asked why he stayed as a volunteer for so long, Dennis responded, "The people [are the reason], the-the-the feeling's-- The feeling's good, yeah. It's just the opportunity-- It's the opportunity-- It's the opportunity of having apprenticeship at 26 years old. You ain't getting that nowhere else." (P32.L.950-952). The various forms of capital, including recovery, social, bonding and physical capital that belonging as a member with JFH presented Dennis with have all accumulated to catalyse and support his desistance and recovery, processes which can be largely attributed to his relationships developed with members of the JFH team.

The JFH group's role within the area as renovating and leasing property also gave them the visible opportunity to increase the social cohesion and wellbeing of the local community: through engaging in work that was physically visible to community members and which had a clear and measurable impact, the benefits of recovery/desistance were made tangible. Their impact on community cohesion was exemplified when they responded to the violent attack of a woman during work one day, and acted to intervene and save her life. Relations with police were improved following this event, and their efforts were celebrated during a ceremony in a public setting in Blackpool (see Best, 2016 for research on this event), working to reduce perceived levels of stigma around their identities.

It is clear that from first entering the group participants advocating group membership increased external members' access to recovery through the group and also strengthened and pooled recovery-supportive social capital for existing group members. The visible skills building and employment opportunities within the local community acted to improve community cohesion, and the positive JFH identity which formulated as a result of their work at the start of data observation/collection and the unique 'unlikely hero' event (Best, 2016) demonstrates the interconnected nature of the identity and the capital/cohesion component for JFH team members. The group acted to provide one another with social capital and bonding capital, however there is less evidence of bridging capital for the JFH group members. It could be the case that the structural changes negatively impacted and worked to reduce the group's radius of trust, therefore reducing members' capacity to develop bridging capital with external group members due to reduced faith in the enterprise and out of protecting existing bonding capital with group members. Although it is clear that the type of social capital the participants provide one another with is very important for their recovery/desistance, as evidenced through the work opportunities and support present within JFH, it is potentially the case that through group changes bonding capital was cemented and immobilised as a result of reductions in trust and increased suspicion. Exploration of the group's social networks will give greater insight as to their available pro-social groups and connections in the next section: 4.3.3.c Social Networks, Group Membership and Social Identity.

4.3.3.c. Social Identity: Social Networks and Group Membership

Results so far for Study 1 demonstrate the positive transformation and building of components for JFH participants alongside entry into recovery/desistance, including efforts to form and enhance strong and healthy familial relationships and to protect against recovery/desistance instability through romantic relationship avoidance in early recovery; increased social capital upon entry into the group however diminished social capital as a result of the group's structural changes and reduced levels of trust; and enhanced social cohesion through the efforts of the team to give back within the local community and a cyclically strengthened identity component, helping to reduce perceived levels of stigma. Examined now are the participant's 'identity components' (which encompass social network and group membership aspects), utilising qualitative, quantitative and SIM data.

Social Identity Mapping (SIM)

During the behavioural group quantitative workshop, participants were guided to complete their Social Identity Maps which act to provide a visual representation of their social networks. Below, the SIM key from Chapter 3 identifies the representation of the stickers used by the participants.

FIGURE 3.2. SIM Key:

| Code	Red sticker	Yellow sticker	Blue sticker	Green sticker	Clear circle	Pink circle	Pink circle + cross sticker
	🔴	🟡	🔵	🟢	⚪	🟣	⊗
Meaning	Heavy user/drinker	Casual user/drinker	Abstinent	In recovery	Don't know	Desisting	Offending

JFH SIM Data

13 SIMs were completed by JFH participants. 52 groups were identified by JFH group members within their social networks collectively; 12 included heavy users/drinkers; 32 included casual users/drinkers; 28 included people identified as abstinent; 33 as 'in recovery'; 22 included people who were desisting; 6 included people who were actively offending; and 26 groups were depicted as experiencing conflict, either with the participant completing the SIM or between groups.

TABLE 4.1. JFH SIM Results

Group Setting	Number of participants who completed a SIM	Number of groups in total	Number of groups including heavy users/drinkers	Number of groups including casual users/drinkers	Number of groups including people who are abstinent	Number of groups including people who are in recovery	Number of groups including people who are desisting	Number of groups including people who are offending	Groups with whom there is conflict
JFH	13	52	12	32	28	33	22	6	26

FIGURE 4.1. The proportion of social groups containing people of the listed identities for JFH participants
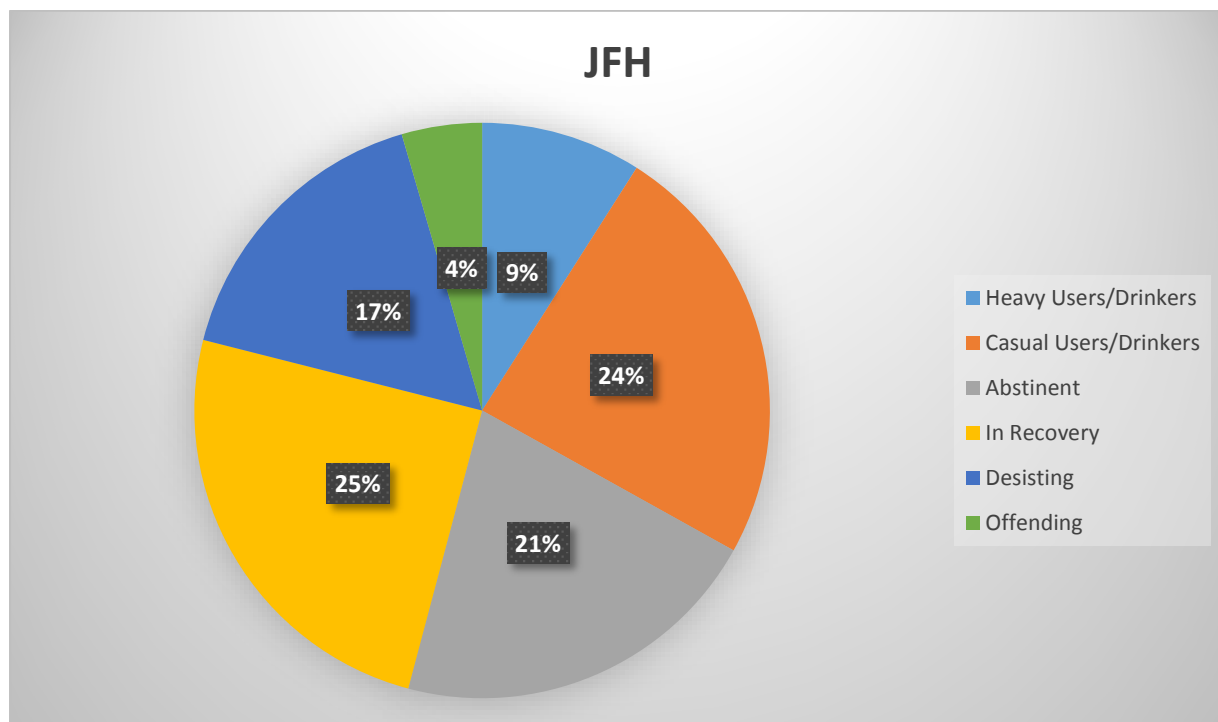
It can be seen from the pie chart that for JFH participants' social networks, many groups depicted included people in recovery at 25%, with a lower percentage of heavy users/drinkers at 9%, and only 4% of groups including individuals who were actively engaged in offending. Only three participants did not cite ongoing conflict with the JFH group – the majority referenced evidence of conflict between themselves and JFH, however eleven participants depicted at least one straight line (representing the level of social bonding) but no more than two, between themselves and the group. Although there remains a level of social bonding between group members therefore, the presence of conflict for the majority of group members at the time of data collection is indicative of the dissolving trust. Now presented will be the individual SIM results for the case study JFH participants.

Case study SIMs

1. Gerald

Gerald was in prison until 5 months prior to interview, and in the short amount of time since being out has managed to cut any social ties with purely using groups. It can be seen that Gerald describes himself as in recovery, abstinent and desisting. From Gerald's SIM, we can see that there is some conflict between him and someone also residing in the recovery residences, depicted by wiggly lines,

and also that there is conflict between JFH and the recovery residence. It could be that the same person, who is identified as a heavy user/drinker by the red sticker on the recovery residence group, is also causing the conflict with the JFH team more generally. This could be an important issue to be monitored for Gerald's recovery, as it is important that Gerald's recovery is not threatened by the using resident. Gerald feels like he belongs in the recovery residence and JFH group, signified by the straight lines which represent the participant feeling like they have a lot in common with those groups. Both the JFH and recovery residence group are relatively new to Gerald, and so it is positive that he has already developed a sense of identification and things in common with these new social networks. Gerald does not feel able to connect with old friends due to their using, and hasn't yet filled the gaps: "I don't feel strong enough to go around and watch football and drinking soft drinks while I'm there… I don't like to test myself at the moment you know what I mean. It's – I know too many people that like to be on cocaine around me." (P.17.L475-479). It is interesting to note that Gerald presents his social networks in a core triangle, with his family somewhat on the periphery. The connected groups identified are each recovery and desistance orientated, and also identified as more closely bonded with through the use of straight lines than that of his family. This has positive implications for Gerald's identity component in that closeness with others in recovery/desistance increases the likelihood of adopting shared norms and values which are supportive of these processes.

FIGURE 4.2. Gerald's SIM:
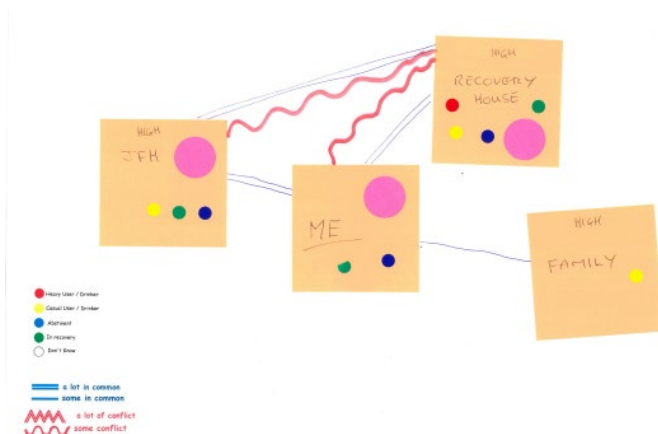
2. Tim

Tim describes himself as capable of being a sociable person, describing in his interview how he was able to make friends in prison. However, he also acknowledged that he does find it difficult to develop strong relationships. On first meeting Tim, he was enthusiastic about JFH, and made several good friends in the group – who he described as like a family. Since the structural and managerial

changes experienced by JFH, Tim has understandably fostered anger and resentment towards the situation. This can be seen in the high frequency of conflict captured in his SIM between him and all groups except one, with work being the same as JFH but distinguished separately on Tim's SIM, likely to demonstrate Tim's wish to remain professional at work whilst balancing the ongoing conflict within the team.

Tim's map shows four key groups within his social network, and that he spends high amounts of time alone and at work, which is of importance to note given Tim's categorisation within Trajectory 1 and the difficulties he has highlighted regarding being structurally social isolated. It is clear from the straight lines on his SIM that Tim still feels a sense of belonging and has things in common with the groups in his life despite the ongoing current conflict. For Tim, we can see that although he identifies as 'in recovery' and 'abstinent', he is also a casual user/drinker. What this is likely to suggest is that he is abstinent and in recovery from his problematic substance, but can still use, for example, alcohol without the belief that this could compromise his recovery. Tim included a pink sticker – representing 'desisting' for himself and for each of the groups present in his life, and no group members within his social network were identified as currently offending as demonstrated by the absence of pink stickers marked with a cross. The fact that Tim documents spending much of his time at work (represented by the 'H' written on the group's post-it note) has positive implications for his contribution to social cohesion within the community, and given the visibility of the work he engages in as advocating recovery/desistance could indicate positive identity component implications. However the level of documented conflict could undermine such benefits: there is conflict documented between Tim and each group on his map except from 'work'.

FIGURE 4.3. Tim's SIM:
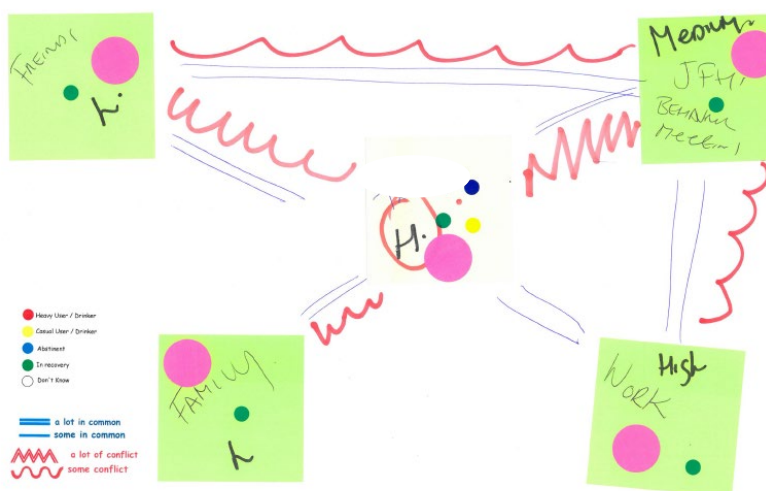
3. Robert

Robert documents four groups on his SIM: friends; family; JFH; and a romantic relationship. He describes feeling closely bonded with each through the depiction of multiple straight lines, however much like Tim, considerable conflict is documented through the use of wavy lines between most of his social groups – three out of the four groups documented. Robert initially completely changed social networks in order to maintain his recovery; when he changed social groups, he kept no friends from the past who were in active addiction: "I-I don't really know anyone from the past. Yeah, I changed my entire lifestyle. I kind of went off the radar for the six months in treatment and just came back and started afresh." (P.7.L.230-232). Robert describes this as a fundamental part of his recovery progression: "Yeah I mean if you choose to go back to the way you were you're not really moving forward, if you stay in the same position you are moving backwards I do believe" (P.8.L234-236).

The exclusion of old using groups and the inclusion of recovery-orientated and present groups is a positive indicator of recovery maintenance (Best et al., 2016a), and so it is positive for Robert that three of the four groups include people in recovery. Like Tim however, there is also evidence of conflict on his SIM. The only connection without conflict documented is that of his intimate relationship. Robert feels he has changed since his experience of addiction, and that he is not the same person he used to be. This suggests that he views himself when in the recovery as different to who he was during addiction, and this fits with desistance literature on identity (Maruna, 2001). Robert has developed a sense of pride in his recovery identity: "I've always expressed that [past troubles with addiction/current recovery] in most workplaces, kind of proud of where I am you know" (P5.164-165), and this is likely to help protect his recovery whilst the changes in his life, including JFH changes and divorce are ongoing. The length of time he has spent in recovery (ten years) is also likely to be protective during these social changes: the strength and stability of his relational and identity components are therefore likely to help him to overcome this time of uncertainty without compromising his recovery progress.

FIGURE 4.4. Robert's SIM:

4. Dennis

When Dennis first started in the group, he describes how he didn't think he was in recovery. However, when he first came to the JFH group and listened to others talking about recovery, he realised he was also in recovery from cannabis – as he had stopped smoking in 2012 when he went to prison: "So at first-- I just-I just didn't-- "No, I'm not in recovery. I've come out of prison. Jobs, Friends and Houses take on ex-prisoners. That's me." When you hear other lads' stories, I start relating to them and think, "Well, hang on a minute. I'm in recovery from cannabis here." (P.6.L.153-157). Dennis therefore used to identify as an ex-prisoner, not as in recovery. However, after listening to others he internalised these approaches and norms, and recognised his own recovery from cannabis use. His recovery identity was therefore adopted through joining the group – signifying his sense of belonging and his transition into identifying as a member of the team. Dennis describes how these identity changes enhanced, not changed, him. Rather than create a new version of himself, he says these approaches helped to enhance who he already was deep down. Dennis no longer is affiliated with the gang: the bonds created with the gang members were ultimately knifed off to prevent future reoffending. Identity is arguably the lead component for this participant, understanding this in practice would mean acknowledging that the more internal changes are shaped by context, and he connects with and is influenced heavily by those closest to him socially. This can be seen right through from his gang-related behaviours to his adoption of a recovery identity, and is supported by existing research around identity transition (Best et al, 2016).

Dennis' map (below) supports this hypothesis: his close, albeit slightly strained relationship and bond with JFH and people who are desisting is countered by the relationship with his (ex) best friend, who is depicted as using/drinking heavily and also currently engaging in offending behaviours. The high level of conflict with this person, the amount of contact time as low, and the description as an ex-best friend suggests that Dennis is transitioning this person out of his social network due to their offending/addictive behaviours. Dennis documents four other groups within his social network: family; JFH; Gym; and JFH recovery group. Each of these groups has people either desisting or both desisting and in recovery, which has positive implications for Dennis' own recovery/desistance. Despite describing himself as in recovery during the interview, Dennis used the casual user/drinker sticker on his SIM, perhaps due to the fact that he is not completely abstinent from, for example, alcohol. Project MATCH findings demonstrated that the biggest predictor of effective recovery was moving from a social network supportive of drinking to a network supportive of recovery (Longabaugh, Wirtz, Zywiack, and O'Malley, 2010), and this is true for participants

from JFH. Like Tim and Robert, Dennis documents conflict with JFH, and this begins to present a visual picture of the reducing trust levels within the group.

FIGURE 4.5. Dennis
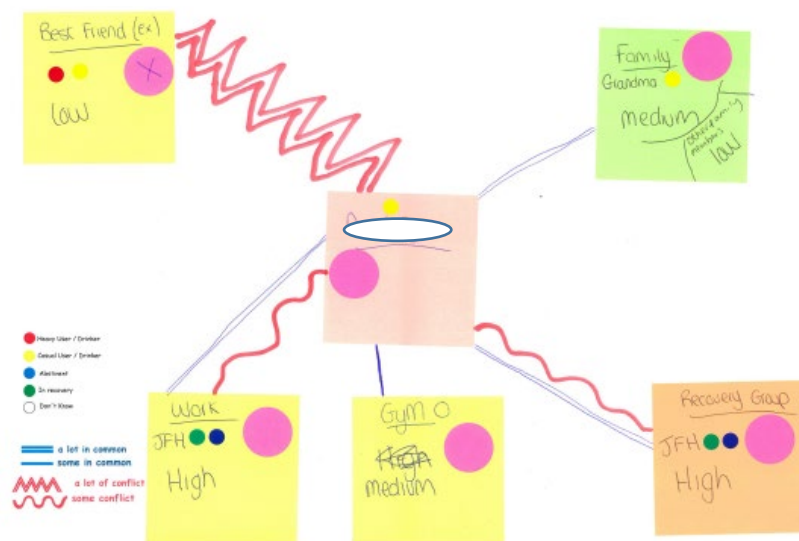
5. Steve

Steve's SIM does not show evidence of conflict between most groups documented, four out of the five, apart from JFH. Groups listed include friends; relationships; family; fellowship and JFH. The majority of the groups documented include people desisting/in recovery/abstinent. Regarding being part of JFH, Steve describes how "I don't wanna be a part of the community all of the time. I like my own space." (P.9.L.285-286). Steve is one of the minority of participants who cited having friends outside of JFH, who are depicted on his SIM as including group members who are desisting, in recovery and abstinent. With the changes occurring at JFH and the lack of group membership depicted on his SIM, it could be interpreted that Steve has greater bridging capital due to the other groups present in his social network, and that his wellbeing would be protected following redundancy by multiple group membership. Steve still identifies as in being recovery and desisting according to the blue and green stickers on his SIM, which is positive as despite the conflict and lack of social bonds identified on the SIM with JFH, he is maintaining his pro-social identity. The JFH identity could be described as having residual recovery/desistance protective effects in this regard, supported by the other recovery/desistance orientated social groups included within the network. Three of the five groups within Steve's social network include desisting group members, and Steve

has also used a desisting sticker in describing himself. Given Steve's historical engagement with crime this has positive implications for his contribution to local social cohesion.

FIGURE 4.6. Steve's SIM:
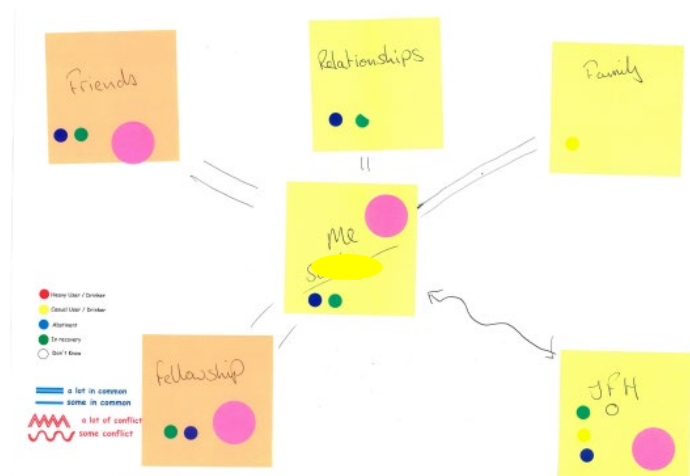
Each participant documented groups including desisting/recovering group members, which given existing literature on the influence of group membership and social norms and behaviours on identity formation could have supportive effects for these individuals (Best et al., 2016a). It is clear from the maps presented however that ongoing conflict with JFH was a prominent issue for these participants, and this theme will be discussed further in the following section – the dissolution of the radius of trust.

<p style="text-align:center">4.3.3.d. The dissolution of the radius of trust</p>

"All groups embodying social capital have a certain radius of trust, that is, the circle of people among whom co-operative norms are operative. If a group's social capital produces positive externalities, the radius of trust can be larger than the group itself. It is also possible for the radius of trust to be smaller than the membership of the group, as in large organisations that foster co-operative norms only among the group's leadership or permanent staff. A modern society may be thought of as a series of concentric and overlapping radii of trust" (Fukuyama, 2001, P.8)

The development of trust as pivotal to the process of forming supportive relationships has been recognised by several studies, particularly concerning successful desistance support (Coleman, 1988; Höing, Vogelvang and Bogaerts, 2013, 2015; Bates, Macrae, Williams and Webb, 2012; Ruiu, 2016). As social cohesion is characterised by high levels of trust (Kawachi, Kennedy, and Wilkinson, 1999), the importance of its presence in recovery/desistance orientated social networks as a catalyst for increasing social capital and cohesion is paramount. Consistent social support has been

identified as necessary to produce high levels of trust, the results of which have been found to decrease anger, increase levels of self-control, increase levels of prosocial behaviour and minimise levels of criminal behaviour (Colvin, Cullen and Vander Ven, 2002).

During fieldwork prior to data collection, where the opportunity was taken to pilot measures with a member of the group and to build a rapport with group members more generally, the strongly bonded nature of the group became evident. Group members described feeling like a family, and took visible pride in being in recovery, belonging to the JFH enterprise and improving the local community. It was during this time that the radius of trust (Fukuyama, 2001) hypothesis was created and applied to the JFH group in the context of the social component model. It was predicted that a well bonded group would more easily support one another's pro-social component growth and therefore support each other's recovery and desistance through the cyclical growth of trust. Should the radius of trust be prominent enough, it is theorised that the beneficial effects could span beyond the group itself, and in this case this was perceived through the evidence of socially cohesive behaviours like the renovation of property in the local community, and the range of social activities the group undertook together. However, in the time leading up to data collection, the structure and management of the enterprise began to disintegrate, with tangible repercussions at group level with reductions in recovery activities and laying off of some staff, and so instead data collection focussed on capturing the levels of trust to explore whether in fact the data collection could capture the role and function of trust in the group at all. What was captured was the dissolution of the radius of trust, demonstrated in participant's descriptions of how the group used to be, and the lack of trust in the enterprise at time of data collection, as depicted through the documented conflict on the Social Identity Maps. This was exacerbated by redundancies which further compounded the trust dissolution. Data will now be presented which captures this dissolution and which sheds light of the impact on the participants' social components.

The JFH interview participants were all asked about their views on the current status of the group, given its drastic changes and redundancies which moved them far from how they had originally experienced the group operating. Tim describes how "Like it was more of a family unit then, but now it's more of, like, a corporation." (P.6.L.167-168). He feels cheated by the loss of what the group once was. It is possible that the structural and political changes in the group have the potential to negatively impact the growth of his social components, as Tim lives alone and currently feels no trust towards the JFH group. This is reflected in the conflict represented on his SIM between himself and the group. Tim's access to alternative social networks is arguably limited due to his work and

social life stemming from this one predominant group – his limited bridging capital could have profound repercussions should the group ultimately disintegrate.

"You know, so I was like coming in from day one. Told you-- you know, coming here from day one, this company is going to be this, it's gonna be that. You're gonna be on this. You're gonna do this. Yeah so don't get me wrong, it's been a blast… Joining it has been something. You know wonderful stuff happened." (P.18.L.491-496). Tim was proud and invested in the JFH community, and his belonging is particularly poignant given his trajectory into addiction and offending being characterised by trauma and isolation. Initially, his strong group identification observed prior to data collection had positive effects when the group was stable: Tim exemplified the positive norms and values of the group and projected them to other group members, allowing group members to connect with him on the basis of shared values (and this is demonstrated by his continued close bonds described in the interview with a few of the JFH team).

A lack of communication also fostered mistrust for Tim, with witnessing perceived injustice: "Getting all those volunteers manipulated for like months and then never got paid or got sacked." (P.19.L.519-520) Tim feels the group's management 'used' people in recovery for their identity to grow from a business perspective with little regard to the recovery progress of team members, and he consequently lost pride and faith in the group identity, shrinking his radius of trust from radiating beyond the group as a core visible JFH advocate to including only a few JFH members. Robert also describes how the conflict and reducing levels of trust are negatively impacting upon him: when things are going well in life Robert feels more trusting generally, when they are not he is more sceptical:

"Basically, if something has happened, er, normally if things are going well, and work and everything, and you're feeling good in yourself, and your personal life, then you don't have that um scepticism. You don't have that feeling that's er, of distrust itself. When things are not going so well, when things are going a lot more negative, then you're a bit more conscious with people and things like that." (P.4-5.L.129-134).

The changes within JFH can be described as unsettling the participants who were interviewed, and affecting their identification levels with the JFH community. This is also represented quantitatively for individual participants; for example, identification with JFH from Dennis' social identity tool was 24 out of 28 when data was collected from him a year previously by Best et al. (2016), and was down to 17 by the point of data collection for this study. His recovery identity had also decreased from 28 (Best et al., 2016) to 18 at time of data collection. Although these reductions cannot be described causally, the clear reductions in both identity scores suggest more research should explore the correlations between support group and recovery identity. Dennis describes finding it hard to

trust people, "It's hard-- It's hard to-- Yeah, it's hard to-- It's hard to trust people, isn't it? Because they say 'don't trust anyone' and I still live by that." (P.30.L.869-870). Dennis is hopeful the group stays together, however the uncertainty limits his ability to develop trust within group members due to the possibility of group collapse.

It could be argued that the group's dissolving radius of trust is exemplified in the reduction in group identity over time (See Figure 4.7 below): although there is no statistically significant difference between Best et al's (2016) time 2 data collected with JFH and this research's identity measures, this could be explained by the reduced sample size by time of data collection for this research.

FIGURE 4.7. Changes in level of group identification over time using Best et al's (2016) data for baseline and time two, and data collected for this Study 1 research for the third time point
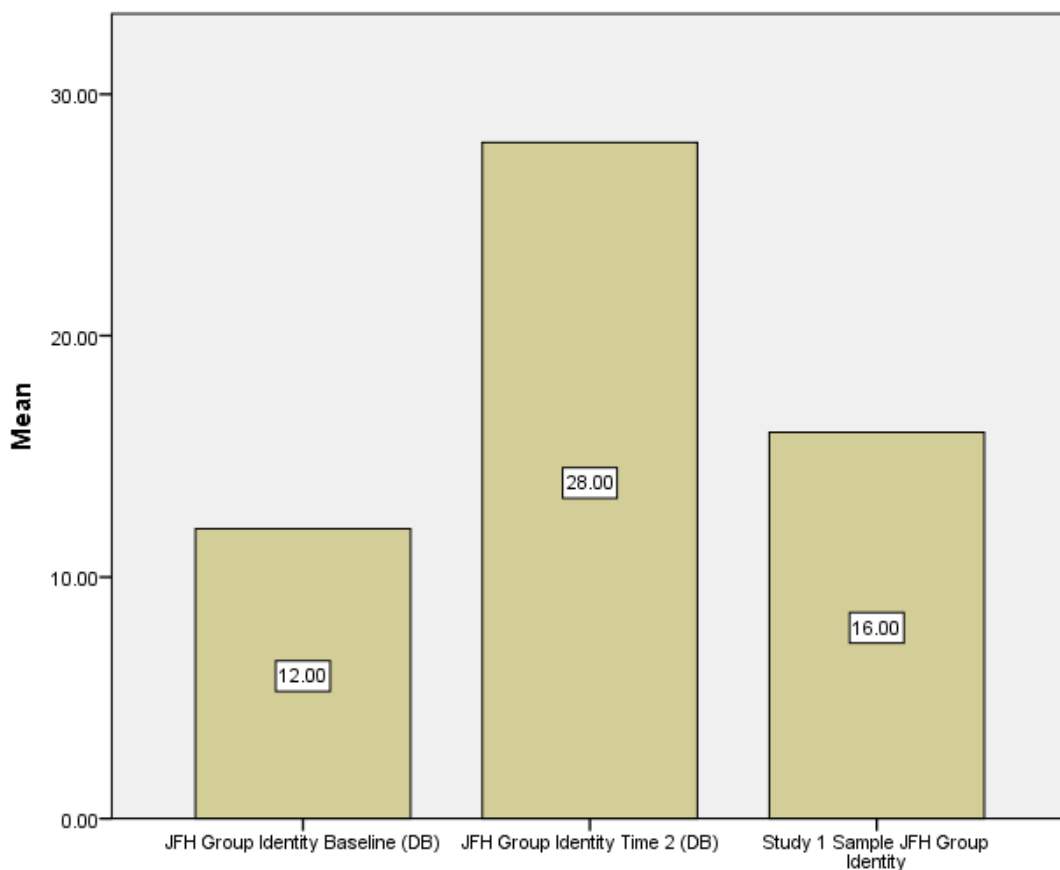
These data suggest an underlying trend of decrease in group identification since the management changes within the group began: Best et al's (2016) research documented an increase in JFH team members' group identification levels – increasing from 12 to 28 between time 1 in 2015 and time 2

in 2016. By the time data was collected for this research, identification with JFH had reduced to 16 - almost baseline levels. These findings are not generalizable due to small sample size, and so further research would be needed which the situational constraints made impossible, however it is of importance to note that each of the five participants whose results were presented as case studies for this research referenced conflict with JFH on their Social Identity Maps, providing further evidence for the dissolution of the radius of trust. Interviews also captured the past feelings of JFH as a family unit comparatively to the uncertainty, conflict and relational fragmentation over the period of data collection. At the time of data collection for the current research the group identification scores and Recovery identification scores are significantly positively correlated (See Table 4.2 below): data collected a year previously to data collection for this research (Best et al., 2016) using the same measures with a larger sample of the JFH team also show significant positive correlations (See 4.3 below) however the strength of the association was weaker at this point in time. In other words, recovery identity is more closely linked to identification with JFH than it had been previously, although with a small sample size as shown in tables 4.2 and 4.3. This may be due to the redundancies which have occurred since the original data collection, resulting in core members remaining who associate strongly with the group. For those still engaged, the two things are strongly linked which would be a risk for relapse for anyone who then leaves JFH.

TABLE 4.2: Study 1 Correlations between recovery identification and JFH group identification

		JFH Recovery ID	JFH Group ID
JFH Recovery ID	Pearson Correlation	1	.687[*]
	Sig. (2-tailed)		.028
	N	10	10
JFH Group ID	Pearson Correlation	.687[*]	1
	Sig. (2-tailed)	.028	
	N	10	11

*. Correlation is significant at the 0.05 level (2-tailed).

TABLE 4.3: Best et al's. (2016) Correlations between JFH group identity and recovery identity

		Time 2 JFH Identity	T2 Recovery ID
T2 JFH Identity	Pearson Correlation	1	.496[*]
	Sig. (2-tailed)		.043
	N	17	17
T2 Recovery ID	Pearson Correlation	.496[*]	1
	Sig. (2-tailed)	.043	
	N	17	17

*. Correlation is significant at the 0.05 level (2-tailed).

We know from social identity theory that adopting the norms and values of a group increases a sense of belonging and identification, and when this group embodies a recovery identity this is a strong predictor of achieving recovery (Best et al., 2016a). It is therefore beneficial to the remaining JFH group members that a strong sense of group identity pervades, despite the unusual circumstances meaning that group identification is lower than six months previously. It is highly probable that the dissolution of the group's radius of trust has the capacity to influence all of the remaining group member's social components; relationships and social bonds may be damaged, social capital resources reduced, and social network size impacted. This is evidenced in each of the participant's maps and interviews, where conflict was evident between group members and JFH, and suspicions had risen, casting doubt on certain members of the group and their actions. Of the thirteen SIMs, ten cited conflict between themselves and the JFH group. However, positive aspects associated with recovery had not completely dissolved by time of data collection, as some protective residue from the strong beneficial identity is still evidenced: in spite of a small sample (n=13), there are consistent positive associations between wellbeing and identity factors. Overall, stronger identification with JFH was associated with better physical health (r=0.60, p<0.05) psychological health (r=0.73, p<0.01), quality of life (r=0.83, p<0.01), stronger social networks (r=0.72, p<0.01) and higher social recovery capital (r=0.80, p<0.01). These results from the REC-CAP and Social Identity Tool demonstrate the interconnected nature of the properties of the social components and recovery/desistance, and these connections are supported by the links between components identified

during the interviews. Shortly after data collection the entire team were made redundant, and further data collection was no longer possible due to the dispersed location of the team members.

4.4 Conclusion and Implications for Study 2

What is clear from the result from Study 1 is that the presence of each of the social components was evidenced for participants in this study, as a catalyst for and a result of recovery/desistance: the thematic analysis of the interviews and SIMs and statistical analysis of the quantitative data elicited the presence of each social component. Within the offending/addiction trajectories, the 'negative' social components appeared distinctive based on trajectory categorisation: for the relational component, participants who fell within Trajectory 2 (social) described substance use as associated with romantic relationships/unstable romantic relationships; familial relationships as sometimes complicated and not always recovery/desistance beneficial; and there was evidence of deviant peer connections and bonds. For the participant who can be described as aligning with Trajectory 1 (trauma), isolation was experienced socially due to the various contexts which shaped his life, including his traumatic childhood, distance from family and incarceration. Regarding the capital/cohesion component, the Trajectory 1 participant described social environments as not conducive to producing or harbouring positive social resources, arguably the opposite (e.g. prison) in fact, and it would seem that this stunted social skills growth and therefore capital acquisition. For Trajectory 2 participants, stigma from associations and actions acted to block access to pro-social capital/identities, and although skills were referenced in terms of developing the capital/connections required to support addiction/offending behaviours/lifestyle, lost opportunities (e.g. employment) were referenced in reflecting on this time period. For all desisting case study participants (n=4), offending negatively affected community cohesion, however they were structurally bound in terms of pro-social capital access by their using/offending networks, identities and their lack of positive relationships. The identity component for Trajectory 2 participants was characterised during the period of offending and substance/alcohol misuse by large but loosely linked using/offending networks; identities shaped by group membership to offending/using groups; jeopardised recovery from attempting to support others in early recovery during early recovery; and negative repercussions from the using/offending social network/group membership/identities resulting in damaged relationships and reduced access to pro-social capital.

Following entry into the recovery/desistance trajectory, themes elucidated from the participants' interviews within the relational component fell within familial and romantic categories: for

Trajectory 1 it was evident that work was being undertaken regarding being able to develop strong/stable relationships, and that closeness with JFH team members and the evident strong JFH identity was likely attributable to lack of/budding familial group/reconnections to embed within and draw on. For Trajectory 2 participants, avoidance of romantic relationships for those in recovery [and desistance] five years or less as a positive coping mechanism was discussed, as well as familial relationships as motivators to enter into recovery/desistance and familial relationship building once in recovery/desistance, particularly for those whose relationships were damaged during addiction/offending. Open communication was also described as underpinning positive relationships. It may be the case that family relationships are easier to develop the qualities required to be recovery/desistance supportive as they already encompass some level of familiarity – a 'baseline' to return to and begin again from. Social capital/Cohesion components for the Trajectory 1 participant described social capital levels diminishing due to structural changes in the group, and reduced trust levels. These reduced levels have resulted in lower levels of bridging capital. This is supported by research which has identified trust as a key aspect of social capital: the participant's smaller radius of trust acts to restrict resource and relational access.

Trajectory 2 participants described advocating recovery, and increasing other peoples' access to recovery. This was achieved primarily through the identity component: visible identities facilitate capital access by increasing awareness of recovery/desistance support and resources, consequently improving social cohesion as a result. Both trajectories described the employment opportunities and skill building which had resulted from the connections developed socially with group members, and stigma reduction (again connected with the identity component) was seen to result. Finally the identity component highlighted conflict between JFH participants and the JFH group (and further demonstrated the dissolution of trust levels). Despite this, participant still evidenced feeling well bonded with group members through interviews and the SIM, and adopting the norms and values of the group. This had facilitated recovery contagion for one group member– demonstrating recovery identity adoption through group membership and belonging. A positive identity and group with whom to associate acts to 'fills the void' for participants who are otherwise socially distanced from family members and avoiding romantic relationships.

It was clear from the analysis that the components had the capacity to impact both trajectories into addiction and crime and out; the difference between the impact the components had appeared to be the quality of the components and how pro-social they were. This will be explored further during the main body of data collection in Study 2. A further issue which has been identified as requiring greater emphasis within Study 2 was a measure that identified the presence of a desisting identity,

and so based on the format of the recovery identity questions, a measure has since been included for use in Study 2 which intends to establish the extent to which someone identified as a 'criminal'. Such terminology was chosen as opposed to the term 'desistance' as many desisters are unfamiliar with the term, and therefore would not be able to identify as such. The correlations between various aspects of the social components, qualitatively and quantitatively suggested their interconnected nature, and suggest their collective importance to the recovery/desistance process. The documented reductions in group identification alongside the qualitatively reported decline in trust levels and conflict evidenced on the SIMs suggests the intrinsic importance of trust to the health of the social components.

TABLE 4.4. Study 1 Project Aims and Findings

Project Aims	Study 1 Findings
Q1a. Derived from the literature, what social components of desistance and recovery can be identified in Study 1?	Each of the social components of recovery and desistance has been identified
1b. In Study 1 and 2, what ways are the social components interconnected?	The social components have the capacity to affect one another, and seem also to be linked to the participant's trajectory into offending/addictive behaviours
Q2a. In Study 1 and Study 2, what empirical evidence is there for a radius of trust?	The radius of trust was captured in Study 1, but in a state of decline, which has implications for the health of the social components due to trust underpinning and facilitating component growth
Q3a. In Study 1 and 2, to what extent do the social components or the radius of trust change in a predictable way over time?	Due to structural changes, a second sweep was not possible within this study. However, data captured the change in the radius of trust, and the initial implications this had for the social components

A radius of trust was observed, but what the analysis captured was the slow decline of the group and dissolution of the radius of trust, but demonstrated the protective properties of the identity to be strong enough to remain in some aspects. The results of data collection arguably captured the beginning of the dissolution of the radius of trust. Unfortunately, as discussed in Chapter 3 shortly after data collection, the enterprise was taken over by the local council, and all team members were

made redundant. When considering the importance of the components developed to recovery/desistance as a result of belonging to this group, it is a shame that this was the result. Unfortunately, as alluded to in the discussion of funding cuts this is not something that those in need of support are strangers to. The importance of identifying how groups do support social component growth and therefore recovery and desistance is heightened if policy makers are to truly appreciate the value of support such as that offered by JFH.

Research on self-storying in recovery may further explain the importance of communication to relationships which support recovery, as it has been suggested that it is exactly this communication which facilitates change (Lederman, 2015). In the context of both desistance and recovery, sharing stories may be the mechanism through which a radius of trust, and its access to the various social components including healthy supportive relationships, is developed. The idea that stories are shared confidentially, and in a risk and judgement-free environment is something that people who have been isolated or marginalised (for example through incarceration) may greatly benefit from, particularly in terms of their access to social capital and social skills development. In the notable absence of desistance-focussed groups which encourage the process of self-storying, people who are in recovery as well as desisting arguably have an opportunity to develop their social components through this mechanism that pure desisters would also benefit from.

It also became clear through the analysis that participants tended to 'lead' with a specific component and this was dependent on key missing or negative components that lead into their trajectory into offending/addiction: for example participants who described a lack of emotional support or social bonds in earlier life tended to prioritise the importance of these variables in their recovery/desistance. From the research collected and analysed within this study therefore, the social component model has been demonstrated as a viable approach to understanding, and therefore a step towards better supporting, recovery and desistance journeys for individuals in supportive group-based settings. The research aims pertinent to this study have been addressed, and improvements for Study 2 have been acknowledged and addressed. What follows in Chapter 5 is the data collected and analysed from recovery support groups in three settings: Lincoln, Sheffield and Blackpool, in order to explore the remaining research aims considering the inaccessible nature of the JFH setting due to the redundancies at the enterprise.

Chapter 5: Study 2
5.1 Introduction to Study 2: The settings and sample

As outlined at the end of Chapter 3 the consequent settings for this research were the result of snowball sampling due to the closure of Study 1 group JFH, and are based in socially deprived and excluded areas in order to maintain a level of consistency when exploring the social component presence and roles, as it is possible that more affluent areas provide greater access to the social components and that they behave differently. Each of the three settings provide informal social support for people in recovery from addiction to drugs and/or alcohol (See Section 3.7 for further detail on the location of the support group). Sheffield holds a weekly support meeting in a local community setting which is run by a local member of the recovery community voluntarily, and had the greatest fluctuations and attrition in group members, with only 4 to 5 core group members consistently turning up each week and group totals shifting from anything between 6 and 20. Quantitative data was collected for fifteen participants at time one, and from the participants from whom quantitative data was collected, ten were males and five were females. Ages ranged from 29 to 61 years old, and quality of life scores from the REC-CAP ranged from 24 to 90 out of 100.

Lincoln's groups run twice weekly and are located within a recovery support service, and are therefore facilitated by a member of staff from the service who is in recovery. Lincoln had the greatest number of attendees, however again this was spread across the period of data collection, with an average of 8 people attending regularly. Quantitative data was collected from 29 participants at time one, from 11 females and 18 males. Ages ranged from 19 to 59 years old, demonstrating a wider age range than the Sheffield group. Quality of life scores for the Lincoln cohort at time one ranged from 35 to 92 out of 100.

The Blackpool group runs once a week in a local community centre, and has been established independently by a prominent figure in the local recovery community. The Blackpool group had a smaller group of around 6 people who attended each week: time one quantitative data was collected from 8 people, 3 females and 5 males, with ages ranging from 45 to 61years old and a quality of life score range from 60 to 89 out of 100. The core group members for each support group are most likely those to have taken part in both the qualitative and quantitative aspects of data collection, which must be considered in terms of the possible influence this could have on group membership and identity bias.

Due to the complex nature of recovery/desistance, many participants were unavailable for data collection at time two. Table 5.1 below details the participants for whom data is presented in detail for Study 2. Participants are included based on their provision of qualitative data at time one, and quantitative data is included where appropriate in a complementary style thematically by component for the group regardless of their qualitative data contribution.

TABLE 5.1: Interview Participants, Trajectories and Time Two Table

Participant Pseudonym	Process	Trajectory	Time Two Interview	SIM Time One	SIM Time Two
Simon (Lincoln)	D+R	1	Yes	Yes	No
Richard (Lincoln)	D+R	1 (+2)	No	Yes	No
Matilda (Lincoln)	D+R	1 (+2)	Yes	Yes	Yes
Jordan (Lincoln)	D+R	1 (+2)	Yes	No	Yes
Micky (Lincoln)	D+R	1	No	No	Yes
Alex (Lincoln)	D+R	1	No	Yes	No
Charlie (Lincoln)	R	1 (+2)	Yes	Yes	Yes
Josie (Lincoln)	R	2	Yes	No	Yes
Ash (Lincoln)	R	2	No	No	No
Darryl (Lincoln)	D+R	2	Yes	Yes	Yes
Mark (Sheffield)	D+R	1	Yes	Yes	Yes
Aaron (Sheffield)	D+R	1 (+2)	No	Yes	No
Kate (Sheffield)	D+R	1	Yes	Yes	No
Lenny (Sheffield)	D+R	2	Yes	Yes	Yes
Darren (Sheffield)	D+R	2	No	No	No
Nancy (Blackpool)	D+R	2	Yes	No	No
Jim (Blackpool)	D+R	2	No	Yes	No
Jill (Blackpool)	D+R	1	Yes	Yes	Yes
James (Blackpool)	R	Anomalous	Yes	Yes	Yes
Tina (Blackpool)	D+R	2	Yes	Yes	Yes

Data was collected with each group from 2016 to 2018, using the same measures as in Study 1, the REC-CAP; social identity tool; social identity maps and qualitative interviews, with the addition of the desistance identity scale in the social identity tool and follow-up data sweeps 6 months after the

first sweep of data collection. Time was spent outside of data collection with each group in order to build a rapport and to better understand the experiences of group members in consideration of the duty of transformative mixed methods to give voice to marginalised communities accurately and thoughtfully. It was intended that qualitative and supporting quantitative results would be compared at times 1 and 2 for this study and be matched with as many qualitative component results as possible, however due to attrition due to imprisonment, moving out of the area, and inconsistent group attendance, the quantitative time 1 and time 2 results will only support the social capital, identity and belonging aspects of the social components. What follows therefore are the results which emerged from the connective thematic analysis across recovery groups for each component qualitatively, with supporting quantitative data where possible and beneficial.

5.2 Results

Time one data is presented first for each component, followed by time two data. The logic behind presenting time one and time two data consecutively for each component was that any changes in the component over time would be clearer and easier to follow for the reader. Social identity map results are incorporated into section 5.2.5 'The Identity Component: Social Networks, Group Membership and Social Identity Results', and have been analysed both quantitatively and qualitatively. Section discussions will be integrated into each component to aid clarity, before a comprehensive discussion reiterates and examines the key overall findings for all social components and their roles within recovery/desistance processes for these participants. A case study example which exemplifies the social components model and their recovery/desistance mechanisms will follow in the final chapter, to draw together the various strands in a coherent and comprehensive manner.

5.2.1 Trajectories into offending and addiction: Blackpool, Lincoln and Sheffield

As established in Study 1, two main socially-mediated trajectories into offending/addiction emerged from the interview analysis: the first being the experience of abuse or trauma in childhood, and the second being peer pressure or early contact with using/offending networks, sometimes combined with a trigger event that is described as a causation factor. The first trajectory can be seen to be characterised by weak or non-existent social bonds and a lack of positive relationships and social support, sometimes compounded by experience of trauma; and the second by direct association of

learnt behaviours to engagement in drug/alcohol use and/or offending, sometimes with reference to the problematic substance use beginning as a coping mechanism when a key life event occurs. Five participants' onsets presented as a combination of the two trajectories: a traumatic event compounded by drink and/or drug use which began within a social circle. The participants' qualitative interviews from Study 2 have therefore been thematically analysed in light of the Study 1 trajectories. Of the twenty time 1 interviews, in which childhood experiences and journeys into offending and addiction were discussed, eleven aligned with Trajectory 1, five of which also included elements of Trajectory 2. Eight participants aligned with Trajectory 2, and one did not align with either category. There were participants from every setting across both trajectory categories. Quotations from various participants will therefore be included in the trajectories results section, and will be followed by a discussion section which will analyse and evaluate the described trajectories, including the anomalous participant whose experiences could not be categorised within either trajectory but who will still be detailed within the following Trajectory descriptions.

Trajectory 1

Participants who could be categorised within trajectory 1 predominantly described childhoods shaped by domestic violence, experiences of emotional and physical abuse, and a lack of social bonds and positive relationships. Jill from Blackpool discussed how her first husband died of cancer, following which she became addicted to heroin. Her second marriage was not a positive experience, as there was "violence, infidelity, he ran off with my daughter. Who he's not related to by the way…He's now living as a couple with my daughter" (P.6.L. 188-191). Jill's drinking, drug use, and contact with the police for minor crimes (for which she never received prison time) were directly linked to the experience of the loss of her husband, and negative events that followed. A traumatic childhood event was alluded to but not disclosed. Mark from Sheffield described how growing up, he did not feel close with his family members, describing how "I don't think there was a lot of love there [with family]." (P.3.L.59-60) through finding himself spending large amounts of time alone: "I found meself on me own a lot…I didn't feel loved" (P.3.L.69-71). As a result of feeling isolated and disconnected, he became addicted to masturbation, started glue-sniffing and began shoplifting at a very young age.

Simon from Lincoln described fearing his mum and regarding her as an authority figure - "my earliest memories are being told off and being given a whipping with the old belt" (P.1.L.13-14). Like Mark, he describes feeling alone from a young age: "I think from very early on I felt very

separated from people" (P.1.L.15). Simon's mother became a victim of domestic violence whilst he was a child and he remembers bearing witness to this: "I remember hearing my mum absolutely screaming, which I later found out she had broken her back" which ultimately meant "Eventually we had to leave Leicester…It just culminated with knives being held at our throats and we had to leave Leicester" (P1.L.32-34). He consequently described developing addictive behaviours from a young age, and first became intoxicated on homemade orange wine at a family event at 14, and the following morning woke up in own sick, which he feels set the tone for his relationship with substances. Experiences of abuse, isolation and trauma were disclosed by all participants who aligned with trajectory 1, and descriptions of offending were interconnected with drug use.

Trajectory 2

Participants who described trajectories into addiction/offending as primarily shaped by their time spent with peers were organised into trajectory 2, with some participants highlighting a 'trigger' event which compounded their problematic use/offending behaviours. For example, Josie (Lincoln) described experiencing a parental split at a young age when asked about her life in relation to the development of problematic drinking behaviours. She described drinking socially, particularly after starting University, however, "I've always been the one who would go too far" (P.3.L.62). Following starting at University, Josie described an event which catalysed her problematic drinking: "I started uni; I found out I was pregnant and had an abortion and then it was after that I really started to struggle" (P.3.L.80-81). It is clear from Josie's interview that her drinking behaviours were established within social situations to an extent prior to the traumatic event which followed, however it was the experience of the abortion which escalated the drinking.

Darren's (Sheffield) initial introduction to substance use began similarly in a socially mediated situation – "I got in with the wrong crowd they all smoked so I started smoking with them" (P.1.L.29-30). Ash (Lincoln) also began heavily drinking in a social context however for Ash this was in the military: "You know in the military there's a- when you sign- you know, you do your bit for the Queen and sign and all this kind of stuff, but there is a line in there that's hidden that says and I do swear by Almighty God, to the Queen, that I will become a professional alcoholic." (P.5.L.45-48). Ash described it as socially acceptable and reinforced to drink during his time in the military, and these behaviours were ingrained during this time. Trajectory 2 participants describe a strong socially mediated aspect to their drinking/using/offending behaviours, and although sometimes compounded by a challenging or traumatic event this followed the introduction to such behaviours

by peers or social connections. Lenny, from Sheffield, for example aligned with trajectory 2 and discussed how:

"I used to move drugs around. I used to take all sorts of stuff for a good five or six years. Quite deep into it, you know. Did some stupid things. Would have been looking at long stretches in jail if I'd have been caught. I was lucky that I worked, did alright at work then kind of drifted into that because the more I started to use drugs and drink at the weekends the closer I got to the proper criminals and before you know it you look around you and nearly all your best friends, they've become serious criminals and suddenly you're in the middle of it all and so you start to take chances and do stupid things." (S2) (P.3.L.86-92)

This social immersion within groups who engaged with such behaviours is common for Trajectory 2 participants: the social normalisation of behaviours and the magnetic effect of negative bonding capital developed between associates characterises Trajectory 2 participants' journey into lives characterised by substance/alcohol use and/or offending, and consequent stagnation within this life period.

TRAJECTORY 1 + trajectory 2

There were five participants who predominantly described trajectory 1 in their discussion of their childhood and journey into addiction/offending, however there were elements of the use of social peers or groups to compensate for the lack of closely bonded relationships aligning partially with trajectory 2. These participants were Richard, Aaron, Charlie, Jordan and Matilda.

Richard (Lincoln) describes how "by about the age of 8 I was witnessing it [domestic violence]…shouting and bawling in front of us kids…we would see him [father] slap her [mother]… smashing my mum's head into the floor, off cupboards" (P.1.L.24-28). This physical abuse in the home escalated and Richard and his sister began to be targeted: "it progressed from shouting and bawling and giving us a slap to me getting a punch being the oldest and then my sister *name removed* getting a slap" (P.2.L.40-42). When discussing his relationship with his mother growing up, Richard highlighted how the abuse experienced at the hands of his father, and his mother's continued relationship meant he developed a level of resentment towards her. The use of alcohol/cannabis then began socially and was ultimately used to block out memories of violence.

Aaron (Sheffield) discussed a childhood characterised by trauma: he experienced his brother perpetrating different forms of abuse, including sexual abuse, during childhood. Aaron was involved with the police from a young age, and the social groups he was in contact with as a result of his contact with the criminal justice system introduced him to alcohol use: "I left home when I was 16. Um, I went into a youth hostel to stay in Doncaster. I started hanging about with a much older age group…Started drinking more, getting in trouble with the police" (P.1.L.28-30). His chosen narrative

in relation to his journey into addiction and offending highlights his childhood trauma and his socially mediated use of alcohol, combining primarily trajectory 1 with a component of trajectory 2.

Charlie (Lincoln) also experienced abuse in the home as a child: "…as a young child, so there was lots of physical abuse, verbal abuse, no support." (P.5.L.150-151). His social life was fragmented due to frequently moving home "…we were moved from caravan to caravan…my teenage life was ruined because basically I couldn't make friends, I couldn't be in groups of people" (P.5.L.178-181) and his father had an alcohol problem - "My dad spent all the money on booze." (P.5.L.152-153). His problems with binge drinking developed during and following his time in the military. Charlie developed a very close bond with the army – arguably replacing what he had missed as a child – and upon leaving was consequently isolated and turned to alcohol for 'comfort'.

Jordan (Lincoln) also describes how his father used to be violent towards him, and these aggressive themes continued through adolescence:

"He was a big drinker my dad, he used to violently attack me, do you know what I mean? He abused me in a real bad way, he did. Say if he made me beans or sausages or whatever, if it was too hot or too cold he would get it and smash it over my head and I was only a little bairn, I didn't know what was going on." (P.1.l.22-26)

He also experienced family encouragement to drink from a young age (8 years old):

"I would say when I was 8 I went camping with all my aunties and stuff and they said 'I'll give you 50p if you down this half a pint' and I didn't know what I was doing, I did it and I had gone back to the tent and gone to sleep and they were all looking round for me thinking I had jumped off a cliff and that, do you know what I mean? Honestly, that's what they did to me. Then back to teens, from my estate, it was my school against another school fighting with tree trunks and very, very violent, do you know what I mean, that was from a young age that, and I was smoking weed at that age, sniffing cocaine in my teens, an early age. It was just the norm, everyone fighting from my estate. And drugs and, yeah." (P.2.L.53-60).

Matilda (Lincoln) witnessed violence from her Father towards animals on the farm where she grew up, and following admission to boarding school experienced social isolation and was groomed and sexually abused at the age of thirteen by school grounds staff:

Matilda: "Unfortunately I then – I spent more time with the cleaners actually than anybody else but the caretaker of that school then started to groom me and basically sexually abused me for two terms, by which time" –

Interviewer: "What sort of age were you then?"

Matilda: "I was 13, 12 ½, 13".

Each of these participants therefore aligned most closely with trajectory 1 coupled with the socially influenced aspect of Trajectory 2. There was one anomaly who did not align with either trajectory: James, who began drinking through stress due to caring for his mother. James was highly educated and had worked as an optometrist, and was purely in recovery as opposed to also desisting. James

had been drinking two bottles of wine an evening at the height of his problematic drinking, but never engaged in drug use, and reported a privileged life which was otherwise free of traumatic events. His recovery has since been smooth, and he feels he has moved past this brief problematic time in his life and does not feel as though it will be a challenge to maintain his sobriety.

Trajectories: Conclusion

Interestingly, during analysis of the social components in light of their assigned trajectory it became clear in Study 1 and also in Study 2 that participants discussed a certain component most prominently throughout their interview, as credited for contributing in one form to both their addiction/offending and recovery/desistance journeys. This introduced the theoretical concept of having a 'lead component'; in other words an identified lack of social bonds during childhood and addiction as affiliated with Trajectory 1 for example resulted in a consequential emphasis on positive relationships and social bonds as a key aspect of the recovery/desistance trajectory, with the other social components growing in response to the lead component. Nineteen of the participants acknowledged the presence of at least two social components in connection to their recovery/desistance at time one, and the key themes for each component will be explored to provide greater clarity around the operation of the social components when it comes to recovery/desistance. One participant who was struggling with a number of addiction related issues at the time of interview only elicited one of the social components, however it is hypothesised that this is due to a significant level of disorganisation and unstable recovery having been observed at the time of interview. Following a greater insight to the individual social components of recovery/desistance and the 'lead component' hypothesis, a case study in Chapter 5 will then provide an overall comprehensive picture of the social component model for three participants, with the 'lead component' identified and discussed to establish the role of the lead component for recovery/desistance and in relation to the other social components.

5.2.2 Recovery/Desistance Trajectories: The Social Components

Analysis now moves into the portion of participants lives characterised by their entry into recovery/desistance. Following thematic analysis, each of the social components and subcomponents emerged, and are now presented by component, with prominent themes which emerged from analysis presented as subcategories within each component. Where possible, as determined by the measures and sample size, complementary quantitative data will be inserted within each over-arching component theme.

5.2.3 The Relational Component: Relationships and Social Bonds Time One Results

Following entry into recovery/desistance, the participants discussed their relational and bonding components within the context of three clear themes: Reaching out and reconnecting: rebuilding relationships; the presence of more positive familial relationships and relational responsibility; and romantic relationships. Each of these themes will be discussed, with examples from the qualitative data across each of the three sites for Study 2.

Reaching out and (re)connecting: high quality support

Participants discussed how relationships improved in quality following entry into recovery/desistance, through the new relationships available to them; through their renewed capacity to connect and reciprocate support; and through reconnecting with people whose friendships had been lost due to addiction/offending: this was described as of particular importance to maintaining both processes. Simon (Lincoln, D+R, Traj 1[4]) described how upon joining a recovery support group and connecting with a certain member of the group, he began feeling safe in recovery-orientated relationships: "I felt love actually. That is the first time I had truly felt love" (P.6.L.202). Simon also discussed recognising "It's true, [what they say] if you want a friend you've got to be a friend, and I am starting to understand that now." (P.7.L.226-227). His relational component was strengthened through his experience of a reciprocally supportive and healthy relationship, during which he recognised that he must give in order to receive support. This also demonstrates the connection between the relational and the capital component for this participant.

Simon is a volunteer with the support group, and in supporting others' recovery he is developing friendships and receiving support that is beneficial for his recovery/desistance, and reciprocating in enhancing the relational component for others in the group also. For example, Charlie (Lincoln, R, Traj 1) discussed experiencing a kind of 'brotherhood' with the recovery group, and mentioned Simon explicitly when referring to group members he felt he could turn to discuss the emotional labour of his personal recovery journey:

"So somebody like Simon or whatever or, I don't know, but we don't tend to talk about our- within ourselves, it's just that we all know that somewhere along the line there's been a problem. So you might be five years down the line, you might be five months. So everybody knows and supports and their support is- well it's just- it's incredible. It's a pleasure to come to work. You come through the door and everybody's pleased to see you and so on." (P.8.L.286-291).

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[4] Each participant's location; process experienced with 'D' standing for desistance and 'R' for recovery; and trajectory will be specified in brackets in order to aid clarification for the reader due to the complexity of analysis

Richard (Lincoln, D+R, Traj 1) similarly feels his recovery group are "very supportive" (P.9.L.315), and this high quality, 'lived experience' support is a key theme for the Lincoln group in discussing their relational component in the context of their recovery/desistance.

Aaron (Sheffield, D+R, Traj 1 (+2)) has made a close friendship characterised by high levels of expressive support with the leading member of his Sheffield-based support group – "I'm so grateful for what I've got today in my life and the people around it. Especially that big lout there… through my recovery Mark has helped me a lot and I'm grateful for that… he's a good friend" (P.5.179-180). Mark was the first point of contact when Aaron relapsed, and with Mark's direction began re-attending meetings and strengthening his recovery: it can be seen that this friendship provides Aaron with bonding capital that is specifically beneficial to his recovery. His consequent bond with the group is particularly strong and he feels "It's [the group] like a big family up here for me. Do you know what I mean?" (P.15.L.210). Aaron is now over twelve months in recovery, and learning to accept the trauma experienced as a child in order to move forward through the expressive support received from the group when self-storying. Mark, (Sheffield, D+R, Traj 1) the leading member of the Sheffield support group, plays a key role in integrating people into the group primarily through his identity/membership component, however the relationships he develops aim to keep people returning to the group and ultimately aim to help maintain their recovery. He explicitly discusses facilitating this through the consistent and reliable nature of the connections he makes, and this in turn helps to hold him accountable for his own recovery: "I don't sort of-- But t-the reason-- One of the reasons why I don't is because I can't use drugs…because tomorrow I have to go and facilitate a meeting, chair a meeting. People are relying on me. So I how I can go use?" (P.14.L.524-530).

Mark also discusses how the mechanism of honestly self-storying with the group helps to develop connections and bonds with others, as demonstrated through his friendship with Aaron: "You know, that's why I share honestly. I share all, and I share my story. I don't hold anything back." (P.15.L.561-562). For the Sheffield group therefore, there were similarly echoes of how lived experience and high quality support are vital to the recovery/desistance process, and how sharing their life stories are a mechanism for facilitating connections and developing bonds. Participants at Blackpool echoed these findings: Jill (Blackpool, D+R, Traj 1) described how members of her support group connect based on their shared lived experience, "If I come in and I've had a bad week... Or there's things on my mind or I'm worrying about certain things, they just sit and talk to me and well… Just listen, make fun of me and then it's all good" (P.1.L.27-31).

It is important to attempt to better understand the role and interconnected nature of the social components for recovery and desistance at group level, due to the previously unconnected theoretical exploration of the components collectively for both processes. Therefore, the quantitative data was collated with the qualitative results for this component, and variables 'Social support' and 'Social recovery capital' from the REC-CAP were computed across the groups by adding together the scores from the relevant scales. Bivariate analysis revealed a positive correlation between the two variables ($r=.70$, $p=<0.01$); demonstrating that participants in the sample who had higher social recovery capital scores also perceived higher levels of social support. The perceived support levels are therefore linked for the participants in Study 2 with the perception of recovery-orientated social resources. It would have been ideal to draw quantitative comparisons between the different group's results however due to small sample numbers this is not a feasible exercise. However, the demonstrable link between the perceived level of social support and the strength of their social recovery capital supports the presence of an aspect of this relational component as important to the recovery process. It is clear from the connective analysis that across settings, participants referred to strong and reciprocal relationships where empathy and often lived experience are fundamental aspects of supporting their recovery/desistance.

Positive familial relationships and relational responsibility

Another strong emerging theme for the relational component from the qualitative data for Study 2 Time One participants was that of positive familial relationships and taking on greater responsibility within their families. The REC-CAP data (Table 5.2) shows that the majority of Blackpool and Lincoln recovery groups reported feeling satisfied with their familial relationships, and half of the Sheffield recovery group reported feeling satisfied. Sheffield participants reported higher numbers of heavy users/drinkers being present within social networks than the other settings; it can be inferred that recovery is less stable and established than the other settings for whom quantitative data was collected, negatively impacting upon familial relationship satisfaction. This hypothesis is supported by observations of the group which revealed more chaotic and transitional experiences between group members in the Sheffield setting.

TABLE 5.2 Satisfaction with family relationships by recovery group

Recovery Group	Satisfied with family relationships	Not satisfied with family relationships
Blackpool	6	2
Sheffield	8	8
Lincoln	17	8

Simon (Lincoln, D+R, Traj 1) described how he was reconnecting with family members: "The relationship building, I am building bridges back with family members. I am experiencing relationships actually in a way I've not experienced them before." Simon is living with his mother again at the time of interview, and describes the time spent together as making up for time lost due to addiction: "At the end of the day we're having a time with like a bit of a relationship that maybe we missed out on, if that makes sense" (P.8.L.273-275). Simon acknowledges the impact his addiction had on his relationship with his mother, and is now making amends through increasing quality time spent with her. Since his recovery, Micky (Lincoln, D+R, Traj 1) has also been welcomed by his family: "Well, people just say I'm happier and nicer and cleaner, not smelly. Not disappointing but I do turn up and I do this and I do that, whereas before they weren't sure and there's a thing where I went the other week to my ex-wife's 50th birthday… Her husband said just go out and have a coffee, the four of you, so me and my ex-wife and my two kids… I can phone her whenever I want now." (P.7.L.188-203). Micky has been pleasantly surprised by the welcoming reaction of his family and his extended family since his recovery and desistance, and is humbled by this reaction. It is clear that Micky's rekindled relationships could therefore serve to exert a level of informal social control when it comes to practicing recovery and desistance orientated behaviours. The expansion of the positive effects of his recovery/desistance beyond an individual scope to encompass his relational component exemplifies his radius of trust growth: the reciprocally positive effects of entering into recovery/desistance as building trust not only benefits Micky but also his family members, increasing their pride in him and strengthening not only his relational but arguably his identity and capital components as a result.

For Aaron (Sheffield, D+R, Traj 1 (+2)), recovery meant reconnecting with his daughter, a relationship he had lost during his addiction. He describes having a "brilliant relationship" with her and yet also describes how he "ain't got that proper bond back with her yet." (P.6). Although Aaron has had a good relationship with her since entering into recovery/desistance therefore, he accepts that there is room for a closer bond to be developed through continuing their positive relationship. The

development of social bonds are exemplified here as a distinct and yet connected aspect of the relational component, supporting existing literature which posits that it is the quality of the bond developed within the relationship, and not the mere presence of a relationship, which helps to support and maintain recovery/desistance through increased accountability and informal social control (Hirschi, 1969; Sampson and Laub, 1995). Lenny (Sheffield, D+R, Traj 2) also discusses making amends with family members as a key part of his recovery journey, as his father saved his life when he once overdosed and has struggled to build an amicable relationship with him due to his alcohol and drug use:

 "me dad's always -- me dad's always there -- he's always there to pick pieces up but he does it in such a -- a judgmental and opinionated way that it makes me squirm and like even now physically I'm -- I can feel it and I just wish he'd just take a big deep breath and just let things -- let things go cause if he did that I think I'd be able to - I'd be able to let go of it as well but I really try now and we -- we getting on now, better than we've ever done. He respects me, I respect him so you know, without him last year, I'd be dead." (P.7.L.240-250).

Lenny also highlighted how when looking to the future he hopes to have a spare room for his daughter to stay over, something that has not happened since he was arrested for drink driving: "I'd like to think I'm in a different house [in six months], with two bedrooms so my daughter can start sleeping over again." (P.18.L.633-634).

The experience of offending and arrest as resulting in the need to repair relationships is also a theme discussed by Richard (Lincoln D+R Traj 1(+2)), however he describes how "I have managed it drill it down and build up a relationship with my sister" (P.8.L.275-276): once his licence finished and his restraining order lifted that had resulted from an altercation with his abusive father, Richard reconnected with his sister, a relationship that had been strained during his court case and prison sentence. Richard now is allowed to visit his nieces once a week, and has been on day trips with them and his sister to the beach. When asked about important people in his life post-prison, his sister and nieces were among the first people mentioned, followed by his recovery group. The complicated nature of his desistance journey as connected to the abuse he suffered as a child arguably increases the importance of this familial relationship for Richard, and provides an insight to the 'lead' component hypothesis which will be explored in greater detail in section 5.2.6.

Matilda (Lincoln D+R Traj 1 (+2)) cited her daughter as one of her key motivating factors to achieve stable desistance/recovery:

"[I thought] 'do you really want to spend the last years of her childhood locked up in here speaking to her every morning at 7.30 for ten minutes and maybe seeing her once every two to three months for a couple of hours? Is that what you want and is that what she would want?' I decided, I don't

really know why, I decided to give up the drugs but that was certainly one of the factors." (P.10.L.362-367).

Taking on the responsibility of a relationship with her daughter was a clear motivational factor for Matilda when it came to desisting from selling drugs and entering into recovery, and has been maintained until the day of interview which is made possible due to the lack of resentment harboured towards her: "She's [Matilda's daughter] been great actually all her life. She never throws it in my face or anything like that. Yeah, she's good." (P.15.L.578-580).

Some participants discussed having to rebuild relationships that had been damaged during periods of addiction/offending. Jim (Blackpool D+R Traj 2) for example describes: "But I'm contented, my family's happy with me...I made amends with a few friends who were upset, family I've upset [since entering into recovery]" (P.7.L.203-205). Accepting responsibility for damage done and asking for forgiveness is often described as an important aspect of relational component enhancement following entry into recovery/desistance by participant. It is known that contact with the criminal justice system and the development of an addiction can put strain on families (Bradshaw et al., 2015; Pillay, Best and Lubman, 2014; White and Kelly, 2011; Wolff and Draine, 2004), however for these participants the opportunity is given through recovery/desistance to begin making amends and repairing these damaged relationships.

Romantic relationships: 'You stop smoking drugs but you start smoking people'

The majority of participants across the three settings described actively avoiding romantic relationships at time of first interview predominantly for the reason that they did not have the emotional availability to pursue a romantic relationship at this time. This is interesting, as desistance research encourages healthy romantic relationships due to the evidenced ability of a 'good marriage' (Sampson and Laub, 1995) to help encourage and maintain the desistance process. Romantic relationships in recovery however are often discouraged by professionals, due to the amount of time and energy they require. This is likely due to evidence which has identified that when compared to couples where neither partner has an addiction, couples where one or both partners experience addiction have been shown to report less relationship satisfaction, poorer communication and more intimate partner aggression (Schumm and O'Farrell, 2013).

Simon from Lincoln (D+R, Traj 1) describes how he has never been able to develop strong and successful relationships and links this directly to his addiction/offending:

"I have always been shit at relationships, to be quite truthful. Again, I think that is probably a symptom of whatever it is, you know, we're talking about addiction, of that kind of thing, and that separation and so I

guess I was never going to build a relationship with somebody I can't see, you know, so again that is all the process I am building up and building on now." (P.6.L.219-223).

Simon insightfully describes how his capability to develop a relationship is growing alongside his recovery/desistance, and that skills he had arguably missed out on acquiring are now able to be developed and enhanced. However, he still does not feel as though he is in a position yet to pursue a romantic relationship:

"Again, I am not in a position to give what I need to give in a relationship, I believe. I mean I have pursued some physical relationships but ultimately I know that that is not right for me. Or the other person. I'm not coming from a place of love, you know. Don't get me wrong, I've had some lessons to learn over this short period of time around relationships because again a phrase that was always said to me was 'You stop smoking drugs but you start smoking people' and my behaviours can come out around relationships, so at this point in time I've got to a point where I know that I don't need to pursue a relationship and I certainly don't need to pursue like the sexual relationship either with someone, one night stands or things like that, because ultimately that is not healthy for my wellbeing. Or for the other person actually. But yeah, ultimately I just feel I've got to probably leave it for as long as it takes until such time as I feel calm around that kind of thing. I can feel I can get excited in a way that is a bit like my old self and it's not healthy. So yes, you have to be really aware before you go in to your relationships." (P.8.L.285-297).

From the interviews it emerged however that not all participants were actively opposed to romantic relationships, and had in fact entered into recovery with their significant other. Tina (Blackpool, D+R, Traj 2) for example can be regarded as an apparent exception to the no romance 'rule' advocated by the recovery field: Tina describes experiencing a stronger, more trusting relationship with her romantic partner since they both entered into recovery together 8 months previously: **"We have each other…very supportive of each other we've been really supportive what things I want to do"** P.9.L.250-252. Nancy (Blackpool D+R Traj 2) also entered into recovery with her partner, who she has been with for 26 years through times of offending and addiction and throughout the consequent recovery/desistance process.

Matilda (Lincoln D+R Traj 1 (+2)) developed an honest and trusting relationship with a man who is being held on remand at the local prison since she has entered into recovery/desistance. Matilda volunteers at several local organisations including probation, and describes how the relationship is built on foundations of honesty and being able to relate to and support one another:

"With my partner I have a great relationship and it's all based on open and honesty because both of us have trust issues and things like that that can set us off so maybe it's a bit too honest sometimes but it is a good thing because any of these little chinks start to come undone, obviously the spiral back to addiction could happen. I don't think it ever would but it could, that's the whole point, and I don't want to go back there so I have to put myself in an environment where there's a lot of support around me and that's what I get from my partner, and a lot of understanding that this might seem like an absolute minor issue to 99% of the population but to me it's huge" (P.15.L.552-559).

Lenny (Sheffield, D+R Traj 2) is nine months into his recovery at interview time one, and is considering the possibility of pursuing a romantic relationship although he would like this to happen organically, and his outlook on this has changed since entering into recovery: "So I. It's kind-- I've been sober nine months now and I've, I have been kind of thinking it would be nice to meet someone…But it ain't on no dating sites like I used to do. I'm not doing anything like that no more…Cause you know, if, if it's gonna happen, it'll happen for the right reasons. So I'm letting, I've left that out to God as well." (P.18.L.639-646).

It is clear therefore that romantic relationships are not a straightforward aspect of the relational component, as existing literature provides conflicting advice for recovery and desistance. However, the results of this study suggest as discussed within the preceding themes that it is the quality of the relationship and the levels of support provided that are fundamental if the relationship is not to jeopardise experiences of both recovery and desistance, but instead to help enhance and maintain them *both*. Should an individual not have the emotional energy or time to spare for a romantic relationship, it is logical that the relationship quality would suffer, and this is supported by both desistance and recovery literature (Schumm and O'Farrell, 2013; Wyse, Harding and Morenoff, 2014; Capaldi, Kim and Owen, 2008), and by the life stories of participants in both studies when recounting their relationship quality during periods of offending/addiction.

5.2.3.1 Relationships Time Two

By Sweep Two of data collection for the three sites six months after the first sweep, thirteen of the twenty originally interviewed participants were available for interview, and their transcripts were again analysed using connective thematic analysis to explore how the relational component had evolved during this time. The rationale for this is to establish the role of the component in relation to people who are predominantly experiencing both recovery and desistance. Two prominent themes emerged: 'Improvements in the relationships and support'; and 'Relapse, bridging capital and residual radius of trust'.

Improvements in relationships and support

Twelve of the thirteen participants discussed how since the previous interview friendships had been maintained or added to, and support was available to them that was beneficial to or a direct result of their recovery/desistance. Participants have made new friends, strengthened familial relationships and developed stronger bonds with their recovery groups. Matilda (Lincoln D+R Traj 1 (+2)) for

example is still with her partner who remains on remand in prison yet to be sentenced and is described as "very supportive of everything I do" (P.1.L.25). Matilda's relationship with her daughter has also improved since the time one interview: "Good times with my daughter, they've improved a bit…" (P.1.L.28) as she now stays over during the week and so they are spending more quality time together. This was something Matilda specifically expressed having a desire to change in the first interview, and is supported by Matilda's Social Identity Maps which depict an increase in social bonds between time one and two (See Section 5.2.5 for Matilda's SIMs).

Jill (Blackpool, D+R, Traj 1) has made new friends since the time 1 interview, discussing how "I still have a good circle of friends around me and support network… I've got good friends that I've made. I've made a couple of new ones since I met you." (P.2.L.46-52). Jill was much calmer during the second interview, and although there are still ongoing family issues regarding her children, their relationships and substance use, Jill is well supported by friends who are in contact with her daily. Jill has therefore maintained her recovery and desistance, despite a hoax phone call to the police made by her son which resulted in her arrest for one night. Jill was released the next morning without charge to find that during this time her son had robbed her house to fund his habit. A contact Jill has at the homeless shelter lets her know if her son has been in, and she is otherwise keeping her distance in order to help her own recovery and desistance progress.

Lenny (Sheffield, D+R, Traj 2) is still in recovery and desistance and sees the various recovery groups he attends as like a family to him, and that these friendships have been fundamental and even inspirational when it comes to his recovery and desistance maintenance: "I need to be more. I need to be better and that's what I've been trying to do. But we have support at [group name removed], [names removed], all my friends up here, everybody. There's too many people to list individually but I wouldn't have done it [without them] because I couldn't do it. I tried to do it for a long time, 15, 20 years I've been trying to do it and all I could ever do was put myself back together and then fall apart. This time I've pulled myself back together and it's sticking." (P.2.L.45-50). Lenny describes how his connections inspire him to improve, and that friendships developed with group members have underpinned his recovery journey, to the extent that he refers to them as family members: "Yeah. That's it, so that's that. Obviously I've got all my family, I've got my Kickback family, I've got my SASS family. It's great. I've got good - I've got loads of support." (P.6.L.182-185). The support that the group members provide Lenny is something he expresses significant gratitude for, and that this support is reciprocal:

"The [group name removed]? I love them. It's my family isn't it? My extended family really. I've got proper love for them all, especially [names removed], key staff, [name removed]. We look after each other. We've

always got us eye out for each other and you can tell if somebody's not quite right. 'Are you alright? Do you need help?' That goes all the way, it's a two-way street, it's not one way. It's an amazing bunch of people, it really is. You can't believe that we're one of the poorest areas of Sheffield how much people just want to give up here. It's a lesson really to everybody out there." (P.7.L.229-235)

It can be seen that Lenny's radius of trust overlaps with other group members, and acts to provide them and him with positive social components as a result, which arguably extends beyond the group to inspire community members.

Lenny sees his real family regularly: "Yeah, I see my dad. We have a family meal every Wednesday, that's me, my dad, my brother, my sisters, my nana, my aunty, my daughter. My step-mum cooks for up to 12 people, especially if my sisters bring their boyfriends and my brother brings his missus and he's having a baby now, he's about two weeks off." (P.5.L.176-180). He is also looking forward to spending more time with his daughter, who he is going on holiday with: "I'd like to spend some good time with my daughter. It's always been good but I want to – We've got a holiday planned on 25th May. We're going away for four days." (P.10.L.310-312).

Mark (Sheffield, D+R, Traj 1) has developed an increased awareness of the role of the relational component in his desistance and recovery since time 1, and describes how he can become strongly attached to people and try to help them to an extent that it is detrimental to his own wellbeing. "I've got to work on boundaries. I'll be honest, I started really, really liking people, becoming friends with people, lending people a bit of money, helping people out with electric bills and stuff like that, friendships, going to cinema. What were work and what weren't work I don't know. It was just all work for me and that become a bit unhealthy for me." (P.3.l.89-91). Mark has however maintained his strong relationship with his son, despite acknowledging the need for stricter boundaries with others.

Charlie (Lincoln, R, Traj 1) described how his familial relationships continue to improve: his son's wedding is close at the point of second interview, something which had been postponed due to his drinking. His relationship with his wife is also improving as she is beginning to trust his recovery, "My wife, obviously, and that relationship is just incredible. The trust is growing each day." (P.5.L.162). The growth in level and quality of support and bonds for these participants, and for the developing trust as a result, is explicitly connected to their recovery and their desistance.

Relapse, romance and residual radius of trust

For two of the participants, a relapse was experienced between the first and second interview: Jordan (Lincoln) and Jim (Blackpool). Jordan was still available for interview at time 2, however Jim was not. Although Jordan (Lincoln, D+R, Traj 1 (+2)) relapsed and left his recovery group since time one

interview, he maintained a friendship with Ash from the recovery group who is trying to help him maintain his recovery through an alternative recovery support group. This bridging capital is evidenced for this friendship therefore as arguably extending the radius of trust of the Lincoln group to help maintain the recovery of a member who is no longer actively involved. This relational aspect therefore has an almost residual protective effect in this instance.

Tina's (Blackpool, Traj 2, D+R) partner Jim (Blackpool, D+R, Traj 2) relapsed since the previous interview, however did not engage in prolonged use and was described by Tina as having "got that sorted straight away." (P.1). Tina discussed continuing to support her partner – which has positive implications for his recovery/desistance given the importance of strong, consistent support and monitoring and supervision (Sampson and Laub, 1993; Wyse, Harding and Morenoff, 2014). Tina did not feel as though this threatened her own recovery, and she has continued to attend the group in his absence. Mark (Sheffield, D+R, Traj 1) however has ended his romantic relationship since time 1, as he feels as though he has evolved since entering into more stable recovery:

Mark: "Yeah, I had a partner. We've kind of split up because I think I've come in to recovery, I've found myself again. I did meet my last partner when I was just at the end of my addiction. I'd been in recovery but still relapsing and stuff like that. I started the relationship up, then I eventually got clean and become this new person and just decided that really I were a bit unhappy in the relationship. I were people pleasing because I felt this person – I didn't feel like – This person had properly looked after me and helped me, gave me a foundation, recovery is a place where I could get clean and she looked after me but I felt indebted to her and I felt like I was just staying with her for those reasons and I just couldn't do it anymore. We're still friends.

Interviewer: That's good.

Mark: Yeah, it's really good. So I'm on my own. So I have to be a bit aware of getting carried – I have to be careful around them. I might get feelings towards somebody but I have to really think and be careful about who I'm getting feelings for, where it's going, just be aware of certain things, where it could take me if I get carried away because the addiction can flare up with lust and that line between lust and love and stuff. It's just trying to get it right this time because I can't mess up this time." (P.1.L.16-31).

The relational component is clearly linked to both recovery and desistance when the quality of the relationship and type of support offered is taken into consideration. It is also clear that this component can be linked to others, for example social networks or social capital, and this helps to demonstrate the interconnected nature of the social components. Mark (Sheffield, D+R, Traj 1) for example described how his developing recovery identity caused him to re-evaluate his romantic relationship. Some participants spoke more explicitly about this component than others and vice versa, and this helped to form the lead component hypothesis to be discussed later in this chapter. To identify this component as the lead component is worth focussing on therefore, a participant would discuss a lack of relationships and bonds as characterising their journey into offending/addiction (most likely trajectory 1) before focussing on improving this component as part of their

recovery/desistance. It is hypothesised that growth in the other components increases as a consequence. It is also clear that the relational component is linked to the radius of trust hypothesis: recovery/desistance progress builds and improves trust, which helps to enhance the relational component, as evidenced for example for Charlie in his romantic relationship, and Micky in his improved familial relationships.

5.2.4 Social Capital and Cohesion Component: Time One Results

Social cohesion and its relationship with crime and health in society is explained by theories of social disorganisation, which posit that depleted social capital is a key feature of socially disorganised communities resulting in less available resources for members of the community to support one another (Kawachi, Kennedy, and Wilkinson, 1999). This can result in visible social inequalities and consequently resentment and high levels of distrust; key features of a less cohesive society. Section 5.2.4 examines the role of social capital within the context of recovery and desistance, first for the groups' quantitative results and then for individuals' qualitative results for whom there is more than one type, and/or sweep of data collected and who clearly exemplify the mechanisms of this component.

<u>All participants: Group-Level Collated Quantitative Results</u>

What is important about Table 5.3 is that the participants with higher levels of multiple group membership at baseline also had a stronger recovery identity (r=0.41, p<0.05) and more social recovery capital (r=0.42, p<0.05), suggesting that engaging in positive social activities was associated with more powerful identification with recovery and with more secure social support systems, and the perception of more positive resources to support the recovery journey.

TABLE 5.3. Correlations between Social Recovery Capital, Multiple Group Membership and Recovery Identity (Time One, REC-CAP):

Correlations

		Social Recovery Capital	Multiple Group Membership	Recovery Identity
Social Recovery Capital	Pearson Correlation	1	.417*	.073
	Sig. (2-tailed)		.014	.672
	N	61	34	36
Multiple Group Membership	Pearson Correlation	.417*	1	.407*
	Sig. (2-tailed)	.014		.012
	N	34	38	37
Recovery Identity	Pearson Correlation	.073	.407*	1
	Sig. (2-tailed)	.672	.012	
	N	36	37	40

*. Correlation is significant at the 0.05 level (2-tailed).

Overall changes from baseline to follow-up

Repeated measures t-tests were used to assess changes in the key functioning variables from baseline to follow-up. There were 13 paired samples across the data base and the means and significance levels are reported in Table 5.4 below:

TABLE 5.4: Changes in wellbeing scores (from the REC-CAP) from baseline to follow-up

	Baseline mean	Follow-up mean	t, significance
Psychological health	14.4	14.1	0.21, ns
Physical health	14.2	14.4	0.14, ns
Quality of life	14.5	13.9	0.56, ns
Quality of accommodation	15.0	14.1	0.76, ns
Social support	15.0	16.0	1.15, ns

There were no statistically significant changes, and slight deteriorations in three of the factors - however, the mean scores have remained broadly consistent. What this may suggest is that the time window was not sufficient to demonstrate robust changes and provides evidence that recovery and desistance are not simply linear journeys of growth. Nonetheless, there remain strong associations

between the wellbeing factors at follow-up. Better psychological health is associated with better physical health (r=0.60, p<0.05), quality of life (r=0.92, p<0.001), although there were no associations with quality of accommodation or social networks. Physical health was also strongly associated with quality of life at the follow-up point (r=0.52, p<0.05). What appears to be the case at the follow-up point is that there are strong associations between physical and psychological health and quality of life. There is no clear association with either accommodation or social support network, which is different from the baseline findings. However, all of these results must be treated with caution because of the small numbers involved.

Change variables were created for all five wellbeing indicators by subtracting the baseline scores from the follow-up scores for those who had been retained in the study. These change measures were then correlated and showed there are strong positive associations between changes in physical and psychological health and between psychological health and quality of life (see Appendix 1.4). There were no linked associations with changes in quality of accommodation or changes in social support. However, when follow-up levels of group identification are added to this correlation matrix, the only significant association found is that there is a positive correlation between increase in social support and group identification at follow-up. In other words, for people who have high levels of ongoing group engagement and identification, this is associated with positive growth in social support. However, significant levels of attrition may have contributed to this outcome, and so results should be considered with caution.

Participants also report various levels of social capital contribution in association with their recovery/desistance. Social capital is a reciprocally beneficial result of relationships, however it became clear during analysis that for some participants giving back was an explicit aspect of their recovery/desistance. In order to examine this selfless contribution of social capital to others, quantitative measures were assessed in order to establish whether or not a variable could be computed which shed light on this process. The 'Giving Capital' variable was therefore computed by adding together scores from the REC-CAP, including: Working full time; Working Part Time; Volunteering; Do Not Let Others Down; Proud of the community I live in and feel part of it; It is important for me to contribute to society and or be involved in activities that contribute to my community; I speak at recovery meetings; I carry a message of hope to others (and openly talk about my own recovery); I encourage others to attend my recovery group; and I socialize before and / or after meetings. This gives an available score of 10 (as it is presumed that participants will not be working both full and part-time) (See Table 5.5 below). Although the scores for this variable can

only be computed for time one due to attrition, they are still important to include due to the context the scores provide (at group and individual levels) about the capital component reciprocity mechanisms.

TABLE 5.5. Descriptive Statistics of the Giving Capital Variable for Blackpool, Lincoln and Sheffield

Giving Capital

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	2	3.0	4.3	4.3
	1	3	4.5	6.4	10.6
	2	2	3.0	4.3	14.9
	3	8	12.1	17.0	31.9
	4	6	9.1	12.8	44.7
	5	1	1.5	2.1	46.8
	6	7	10.6	14.9	61.7
	7	8	12.1	17.0	78.7
	8	5	7.6	10.6	89.4
	9	4	6.1	8.5	97.9
	10	1	1.5	2.1	100.0
	Total	47	71.2	100.0	
Missing	System	19	28.8		
Total		66	100.0		

The mean scores per group are presented in Table 5.6 below, and are presented in a visual format in Figure 5.1:

TABLE 5.6 Average Group 'Giving Capital' Levels

	Blackpool Giving Capital	Sheffield Giving Capital	Lincoln Giving Capital
Mean	4.88	6.44	4.46
N	8	16	13
Std. Deviation	2.475	2.658	2.634

FIGURE 5.1: Mean 'Giving Capital' Scores for each Recovery Group
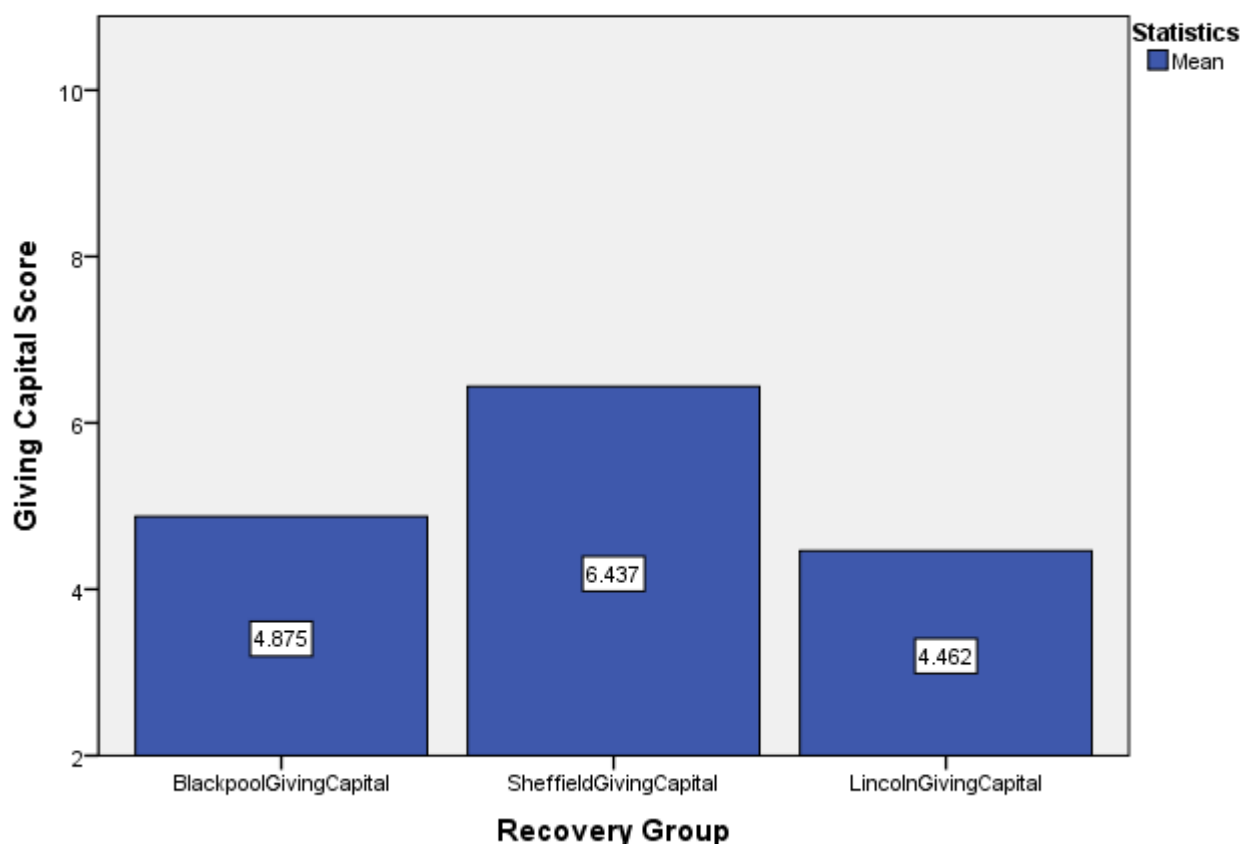
It can be seen from the mean scores that Sheffield participants report engaging in the most activities which have the capacity to provide social capital access to others, but that there are indications of Giving Capital in all of the locations. Individual Giving Capital scores will now be matched where possible, and integrated in a complementary style into the time one qualitative data analysed and presented in the following section, in order to better understand the importance of 'giving capital' as an aspect of the capital component. It is hypothesised that for some participants, particularly the socially mediated Trajectory 2 participants, giving capital is a more important part of their personal journey than for others. A higher giving capital score (six and above) would be interpreted as indicating this.

Qualitative and matched complementary individual social capital and cohesion data

Studies have encouraged the exploration of desistance signalling, observable characteristics which suggest desistance readiness, such as beginning employment (Bushway and Apel, 2012). For the social capital and cohesion component in this study, desistance is partially signalled by the immersion in and contribution to societal cohesiveness. Social capital is known to increase as recovery stabilises (Cano, Best, Edwards and Lehman, 2017) and is therefore included, as

established in the literature review, as relevant and important to both processes. Two themes emerged from analysis of the participants' interviews, the provision of social capital as indicated by a discussion around efforts to support their local recovery community, and accessing social capital made available to them. The presence of pro-social capital is indicative of social cohesion for this component: contributing to the wellbeing of the community by offering support to fellow members of their recovery group, or pursuing courses with the aim of ultimately securing a job help to give back to the local community as opposed to disrupting it through engagement in offending behaviours.

Simon (Lincoln, D+R, Traj 1) has made a number of connections through the support group he has been accessing which have provided him with social capital and the opportunity to reciprocate with the provision of social capital to others – he has, through high levels of engagement, acquired a volunteering position within his recovery group, supporting others in recovery. The group has also provided him with social capital in the form of helping him to develop his social skills: "It [the group] built up that confidence and self-belief and believing that if you want something you could go out and get it yourself and you've got the power within yourself to do these things and they help me understand myself…I needed the bit of training." (P.7.L.242-246). Simon not only contributes to social cohesion by providing social capital and supporting other peoples' recovery in the community, and consequently often their desistance, but also through amassing higher levels of social capital through his role. The reciprocal, almost cyclical, growth of social capital here mirrors the radius of trust (Fukuyama, 2001) hypothesis, which argues that pro-social recovery support groups often tend to develop a radius of trust which spans beyond the group itself. Giving back to society and contributing to social capital and cohesion is something Simon mentioned explicitly: "Yeah, and [recovery for me is] becoming a constructive member of society as opposed to a drain, actually." (P.1.L.6-7).

Similarly to Simon, Lenny is a key contributor to the group's social capital levels. Lenny's (Sheffield, D+R, Traj 2) whole week is structured around volunteering to support his local recovery community, where he describes how everyone helps out and is made to feel welcome: "yeah we all keep an eye on each other, we all keep in touch on Facebook--we all-we all attend other recovery based programs and groups and we will we want-we want-- arrange to meet up and then when we do it's great. It's like you know-- Sheffield's got a really big recovery community" (P.13.L.451-458). This is supported by Lenny's giving capital score of 10 out of a possible score of 10: recovery research has shown that 79.4% of people in long-term recovery have volunteered since entering into recovery, a statistic that is much higher than the general population (Best et al., 2015), and Lenny's

attitude exemplifies the willingness to provide capital with those who most need it: "…we've got a phrase on this "team work makes the dream work". And it does honestly it does. Everyone pulls together." (P.14.L.481-484). Aaron (D+R Traj 1 (+2)) also attends his Sheffield group very regularly, and all of his friends are in recovery. Aaron gained his own accommodation through a recovery connection, which is a place where his daughter can now visit, demonstrating clearly the link between the capital and relational components within this model.

Richard (Lincoln, D+R, Traj 1 +2)) has significantly benefitted from the social capital available to him from connections made with his group members. He found out about his recovery group from one of the students there who was visiting probation as a volunteer at the group for a connect event. He has since been given advice and guidance from members of the group, and feels completely comfortable in discussing his recovery with them:

"Everybody is open, and it's nice to be able to talk about my experiences and it's just with people that have gone through their own stuff, so it's no different to say being out at my mates house talking about a TV programme, that type of thing, you know what I mean? So it's nice. In a sense it's kind of like therapy in its own right, it's just that breath of fresh air being around people that have shared similar experiences and definitely don't judge you and genuinely do want to help you." (P.9.L.300-306).

Jill (Blackpool, D+R, Traj 1) is eighteen months in recovery and struggling with mental health issues. Despite this however, she has a job, and is therefore contributing to community wellbeing not only by contributing to the economy but also through desisting: "Like I say, the only time I've got in trouble with law enforcement, was when I was using drugs. Never been in trouble with the law before using drugs or after using drugs." (P.19.L.587-589). Nancy (Blackpool, D+R, Traj 2) is eight years into her recovery, and is responsible for running the independent recovery group in Blackpool which she set up five years ago due to the instability of commissioned services. It is clear from these two participants from Blackpool demonstrate that there are different degrees of contribution to pro-recovery/desistance capital and cohesion, but each are incredibly important to the local community. The provision of resources to one another in areas of relative deprivation, which the settings for research are, is made even more salient.

5.2.4.1 Social Capital and Social Cohesion Time Two

At follow-up, six months after the first period of data collection, there were significant individual improvements in social capital levels, with ten of the thirteen participants indicating having received benefits from social capital or providing social capital. Tina (Blackpool, D+R, Traj 2) is now

working in a detox centre and has not had any contact with the police or CJS since last interview, and Jill (Blackpool, D+R, Traj 1) is undertaking a foundation degree with the view to completing the full degree. Lenny (Sheffield, D+R, Traj 2) continues to go out of his way to support the various recovery groups he attends, providing others in his local community with his time as a way of giving back and supporting others:

"Busy busy. Busy busy. [Group name] probably five, six days a week. [Treatment service] one day a week. I do my own construction professional work one day a week. I'm volunteering with SMS which is family service at [treatment service] so I'm working with young kids that are a bit naughty that haven't got no role models and I'm trying to give a little bit back that way. I really enjoy that. That's absolutely awesome. We're playing Wembley which is the football game on Monday night at youth service and we had them all out, they were all blasting ball at me. It were great. It were brilliant. I've got bruises all over my fingers. It were very good. I really look forward to it on a Monday night. That's like a no brainer. I finish here and I cycle straight down there. Yeah, then I'm on it with them but what's happened is one little kid down there who's been right naughty, he's been barred two or three times and nobody can do owt with him and he's said, 'can Lenny be my mentor?'" (P.4.L.125-138).

His dedication to supporting his local community has extended beyond the recovery community, and is therefore now contributing to social cohesion at a greater level. An increase in this component for both recovery/desistance benefit therefore seems to stem from the relational component for Lenny, but is also about wanting to give something back to society and help others. Simon (Lincoln, D+R, Traj 1) similarly continues to contribute to his group's social capital and the cohesion of the local community: his 'giving capital' score increased from 3 to 6 out of 10 between time 1 and 2 and he describes wanting to spread the benefits he has experienced as a result of recovery/desistance:

"Yeah, I'm just really enthused and want others to feel that. I think I'm quite compassionate towards other people and I've got empathy because I've been on the fringes of society, I want to include everybody and I try and do that in my job as best I can. I just like to draw people in I guess and that's what I'd like to do as much as possible. As far as my colleagues, as time's going on I'm feeling more and more a part of a team and [group name] as well, you know, part of that organisation and actually I reflect the organisation as well which is interesting, that's a concept that I haven't quite understood fully but I'm just starting to in the last couple of weeks." (P.4.L.102-109).

Darryl (Lincoln, D+R, Traj 2) similarly describes how he is looking forward to the normality of entering into employment, a process which fundamentally contributes to social cohesion: "I think that I will feel a lot better when I'm working again. I think that will be my final little 'Ooh' in my head. So yeah, in general." (P.7.L.209-210).

It could be argued that this desire to 'give back' resonates with Dingle, Cruwys and Frings' (2015) identity-based aspirational recovery identity, where the aspirational trajectory referred to the hope of fulfilling goals accessible through recovery). It would seem that the social capital and cohesion component is inextricably linked with both the relational component and the social networks

components: social capital cannot exist without social contact. It could be identified as a lead component in the context of a participant basing their recovery/desistance on giving back to the community and helping others, something participants in this sample discussed but not exclusively of other components. The giving back component is part of a contract with the recovery community to support and promulgate it as an act of gratitude.

5.2.5 The Identity Component: Social Networks, Group Membership and Social Identity Results

With research within the Social Identity research tradition showing that group membership is supportive of health and wellbeing (Haslam and Reicher, 2006), groups who are involved in deviant norms and who are consequently stigmatised and marginalised have an increased chance of health and well-being vulnerability (Best, 2016). The sense of belonging and purpose that result from social connectedness have been argued to fulfil psychological needs (Baumeister and Leary, 1995; Dingle, Cruwys and Frings, 2015); a key component of desistance and recovery support should therefore include the incorporation of supportive social networks (Dingle, Stark, Cruwys and Best, 2015). The importance of belonging to pro-social support networks is supported by social identity theory, which posits that in a range of social contexts our sense of self is derived from our membership in certain groups, and that the resulting identities can structure and change a person's perceptions and behaviour (Tajfel and Turner, 1979; Haslam, 2014; Dingle, Cruwys and Frings, 2015). This component has therefore been collected via interviews and social identity mapping. The interviews have been analysed using connective analysis to explore the social networks, feelings of belonging, and recovery/desistance identities of the participants from each of the three settings. This section will begin with overall group level quantitative results from the social identity maps (SIMs), and will be followed by qualitative results, where individual participant's components will be explored and supported by their individual qualitative SIM results.

Social Identity Map (SIM) and Quantitative Results Time One

As described in Chapter 3, section 3.3.1, the social identity map captures participants' social networks and helps to understand the identities of the groups within the social networks. Social identity maps were collected opportunistically for each group setting. This section therefore begins with an overview of the SIM data collected, before exploring in more detail the SIMs of those for whom there is supporting qualitative data and where available a sweep two SIM in order to provide further context for the SIM, and to better understand identity component change within the recovery/desistance context.

FIGURE 3.2. SIM Key:

Code	Red sticker	Yellow sticker	Blue sticker	Green sticker	Clear circle	Pink circle	Pink circle + cross sticker
	🔴	🟡	🔵	🟢	⚪	🟣	❌
Meaning	Heavy user/drinker	Casual user/drinker	Abstinent	In recovery	Don't know	Desisting	Offending

Blackpool

7 SIMs were completed in total at time one in Blackpool. Participants listed 32 groups in total when asked to record their current social network. Of those groups, 9 included heavy users/drinkers; 26 included casual users/drinkers; 17 included people who are abstinent; 15 included people who are in recovery; 5 included people who are desisting and 3 of those groups included people who are actively offending. Of those 32 groups, 7 were listed by 4 people as eliciting conflict for the individual at the time of data collection.[5]

TABLE 5.7: Table showing the number and identity of groups for Blackpool, Lincoln and Sheffield participants by setting

Group Setting	Number of participants who completed a SIM	Number of groups in total	Number of groups including heavy users/drinkers	Number of groups including casual users/drinkers	Number of groups including people who are abstinent	Number of groups including people who are in recovery	Number of groups including people who are desisting	Number of groups including people who are offending	Groups with whom there is conflict
Black-pool	7	32	9	26	17	15	5	3	7
Lincoln	6	33	8	16	23	14	1	0	10
Sheffield	16	75	29	44	41	40	3	9	11

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[5] For an individualised breakdown of group numbers and identities for Blackpool and Lincoln, see Appendices 1.5.

6 SIMs were completed in total at time one in Lincoln. Participants listed 33 groups as present in their current social networks. Of those groups, 8 included heavy users/drinkers; 16 included casual users/drinkers; 23 included people who are abstinent; 14 included people who are in recovery; 1 included someone who is desisting and none of the groups included current offenders. 10 of the groups listed were in current conflict with 3 of the participants.

Sheffield

16 SIMs were completed in total at time one in Sheffield. 75 groups were listed as present within the participants' social networks; 29 groups included heavy users/drinkers; 44 of those groups included casual users/drinkers; 41 groups included people who are abstinent; 40 included people who are in recovery; 3 included people who are desisting; and 9 included people who are actively offending. 8 participants identified 11 groups with whom they currently had conflict.

Sheffield had the most SIM completions, however this group also had the highest rate of transitional members observed during data collection, with around five core members attending regularly. Sheffield had the highest proportion of groups containing heavy users/drinkers out of the three settings, and also had more offending groups than desisting groups identified in members' social networks. Blackpool had the highest proportion of casual users/drinkers in the group members' social networks, and Lincoln was the only setting with no reported offending group members within their social networks. 25% of the Sheffield group's social networks included people in recovery from addiction; 23% at Lincoln, and 20% at Blackpool. The number of abstinent groups reported by the Sheffield sample was 24%; 37% in Lincoln and 23% in Blackpool. Proportionately therefore, the Lincoln group had the highest number of abstinent or recovering groups in their social networks.

FIGURE 5.2: The proportion of social groups containing group members of the listed identities
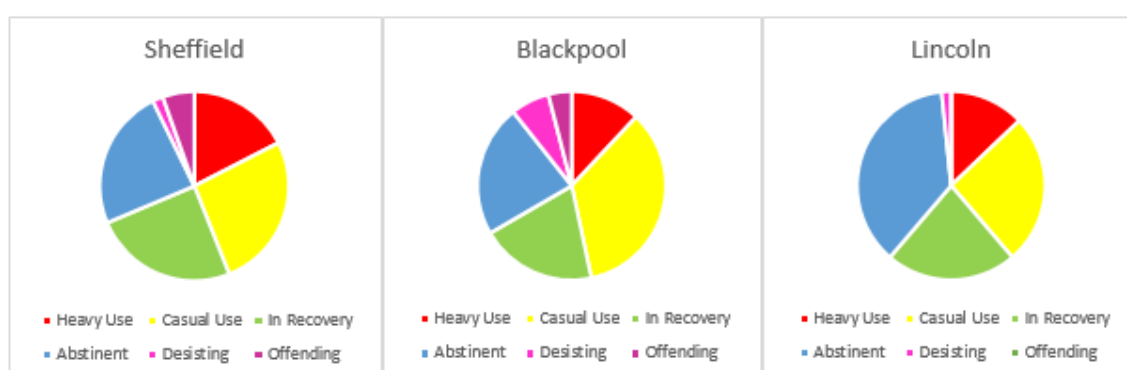
Bivariate analysis revealed that for all three of the groups, identifying as a member of the recovery group (computed from the SIT) was significantly positively correlated with a stronger recovery identity.

TABLE 5.8. Correlations between recovery identity and group identification Time 1

		GroupIDT1	RecoveryIDT1
GroupIDT1	Pearson Correlation	1	.718**
	Sig. (2-tailed)		.000
	N	32	29
RecoveryIDT1	Pearson Correlation	.718**	1
	Sig. (2-tailed)	.000	
	N	29	29

**. Correlation is significant at the 0.01 level (2-tailed).

At time 1, scores across the groups were totalled to compute each of the following variables from the Social Identity Tool 'criminal' identity; user identity; group identification; and recovery identity. Using bivariate analysis, data analysis shows that although not significant, there is a non-significant negative correlation between criminal identity and recovery group identification, and criminal identity and recovery identity (See Table 5.9):

Table 5.9: Correlations between criminal identity and group identity time one

		Criminal Identity	Group Identity
Criminal Identity	Pearson Correlation	1	-.126
	Sig. (2-tailed)		.587
	N	22	21
Group Identity	Pearson Correlation	-.126	1
	Sig. (2-tailed)	.587	
	N	21	29

There was no significant relationship between recovery group identity and criminal identity (Table 5.10) suggesting that these factors are not linked negatively as might have been anticipated.

Table 5.10: Correlations between criminal identity and recovery identity time one

		Criminal Identity	Recovery Identity
Criminal Identity	Pearson Correlation	1	-.071
	Sig. (2-tailed)		.758
	N	22	21
Recovery Identity	Pearson Correlation	-.071	1
	Sig. (2-tailed)	.758	
	N	21	29

Similarly, in Table 5.10, there is no association indicated between criminal and recovery identity. It is important to note the small sample size however, and acknowledge the capacity this has to diminish statistical power (Muller, LaVange, Landesman-Ramey, & Ramey, 1992).

Discussion

Social groups are able to provide social support, a sense of belonging and a sense of purpose, and also have the capacity to encourage recovery through social learning and the modelling of norms and behaviours (Best et al., 2016a). Belonging to social groups is also key in shaping life domains such as psychological and physical health (Jetten, Haslam, Haslam, Dingle, and Jones, 2014). The Glasgow Recovery Study (Best et al., 2012) found that spending more time with people in recovery and engaging in meaningful activities are two of the strongest predictors of a good quality of life in recovery, and so it is a positive finding for the participants of this study that at least 20% of the social networks for each setting are comprised of people in recovery. A recovery identity is central to recovery from addiction, and is socially mediated by an individual's social networks (Bathish et al., 2017), and this is arguably demonstrated by the data from this study, which shows that group identification and recovery identification are positively correlated. In other words, identifying more strongly with the group also means participants are more likely to have a stronger recovery identity. This is logical: more time spent with the support group increases the likelihood of adopting the group's norms and values, and therefore identity. The fact that the support group is centred on supporting recovery means that the values inherent to the group are likely to be supportive of recovery, as demonstrated by the correlation. It could be hypothesised therefore, that the support group offers greater access to positive social components, such as a recovery identity, to those who attend more frequently and consistently.

It is known that changing social networks to contain groups supportive of recovery as opposed to groups supportive of drinking has been shown to be one of the strongest predictors of drinking

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cessation (Longabaugh, Wirtz, Zywiak & O'Malley, 2010), and similarly when it comes to offending, close relationships with friends who have offending histories, 'criminal peers', increase the likelihood of recidivism, and also have the capacity to weaken the effect of family support on offending (Boman and Mowen, 2017). Lincoln is the only group who did not report having groups within their social networks containing current offenders, and for Sheffield more offenders were identified within the group's social networks than desisters. This could potentially have implications for the desistance maintenance of participants in the future therefore, and arguably has the capacity to negatively influence the group's social components. Social groups can provide access to social support (Haslam, O'Brien, Jetten, Vormedal and Penna, 2005), and it is therefore positive for this study's participants that across the settings, 140 social groups were referenced as currently evident within their social networks, as this increases the likelihood of access to positive social components such as social capital and instrumental/expressive support (Cullen, 1994), although these groups do contain a mixture of recovering/desisting and using/offending members, illustrating how difficult this transition can be.

The Identity Component: Detailed examples of individual participants and their SIMs Time One

For some participants in the sample, their identity component was particularly prominent within their addiction/offending and recovery/desistance trajectories. These participants will therefore form the focus of this section, described predominantly qualitatively with their social identity map included where possible.

Mark (Sheffield, D+R, Traj 1) leads very strongly with his identity component, and has adopted a visible, leading recovery identity through running two Sheffield recovery support groups, which redemption narrative desistance theory can be aptly applied to (Maruna, 2001). Mark went from running bars, selling drugs, and illegitimately earning millions of pounds during his period of addiction/offending to being a proud, voluntary advocate of recovery:

Mark: "And uh, some people are shocked by what I've done. But what-- But here's-- But-but past has kind of propelled me a bit, 'cause people are like, "What, what?" So it's give me something about me, and it's kind of-- I can promote recovery. Some people don't even know what recovery is. They don't-- They're not interested in recovery, what it's about, and they don't-- they don't need it in their life, they're not interested. But I can, like, shove-- Not shove it down their throat, but you know, this is me. "Is he what? What-what's wrong? He's doing recovery? But he's recovering." You know what I mean?

Interviewer: Mm-hmm.

Mark: And I can say, "Oh--" And then it's like, "Wow. But if that guy, who I know used to stand on the door at his own nightclub and his own bar, he's now in recovery. He's now trying to fight all that stigma stuff and that it's all right", you know? It's all right. Don't be ashamed to say you're an addict or you're struggling.

"Well, I-I-I-I I'm gonna do-- Kinda try and follow him, and get well." 'Cause if he's got well, then I can get well, 'cause he used to be a real—He used to be a right mess, him." (P.12.L.445-458).

Mark also promotes recovery through social media, and having evolved from being known for his criminal connections, businesses and drug selling to recovery-based support and desistance, is clearly not shy of promoting his change in character. Mark has maintained the 'big' identity and social influence (Turner, 1991), as it were, but reinvented it: maintaining the fact that he is an important key figure in the community, but within the 'recovery world' as opposed to the 'underworld'. The number of groups (N=12) within Mark's social network is high and demonstrates his desire to share his recovery identity with others (see SIM, below), and the majority of groups within his network include people in recovery. The map acknowledges the presence of individuals in the groups who are still in active addiction/offending, which suggests that Mark is acting as a bridge between groups demonstrated by the bonds developed and his visible recovery identity described in interviews. Mark's social network is varied, however demonstrates the bonds he feels he has developed particularly with recovery-orientated groups, with the number of straight lines representing bonds being higher for groups that are recovery-orientated comparably to the gym and church for example. Mark has cited ongoing conflict with one group in his social network (Narcotics Anonymous), however has still demonstrated that he feels a level of bonding with the group in spite of this.

FIGURE 5.3. Mark Time One SIM:
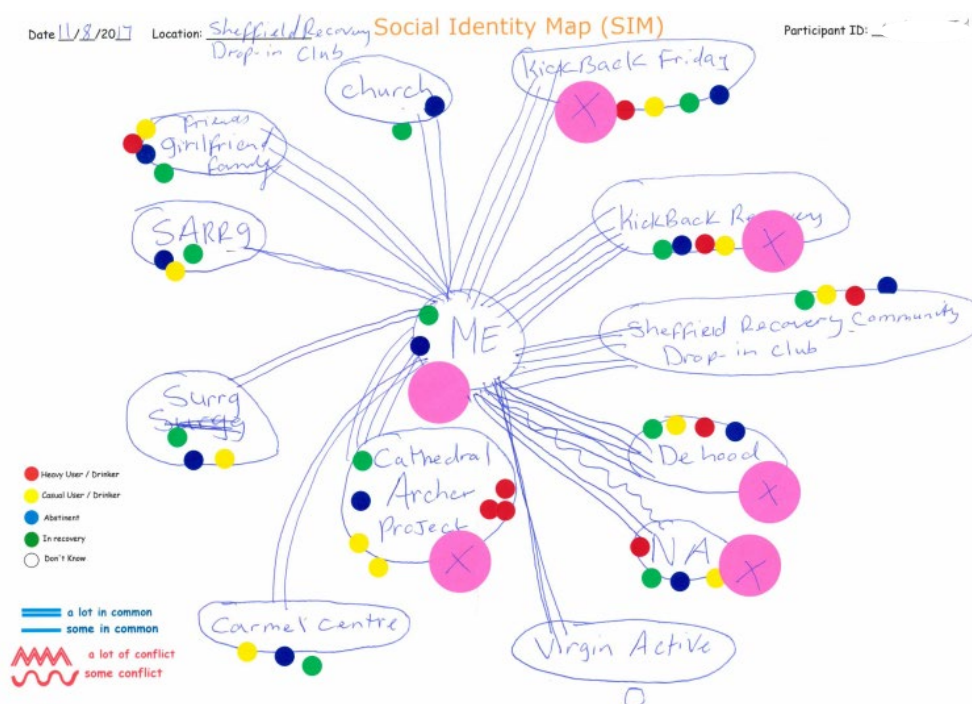
Ash (Lincoln, R, Traj 2) similarly had a strong sense of self when his addiction developed, however in a different arena: Ash had a strong military identity when his alcohol addiction began. His military identity was still a core aspect of his sense of self, and so he treated his recovery in a regimented way: "I think with my background being military, I think it- I knew I had to be quite regimented in that. They expected you to adhere, but you could easily just say sod it I'm not going to bother." (P.7.L.245-248). Ash lost his 'military family' but talks about this in the context of meeting understanding people at the recovery group who welcomed him and helped shape his consequent recovery identity through these connections, and has consequently become a firm advocate of recovery in the local community and surrounding areas.

Charlie (Lincoln, R, Traj 1) also had a strong military identity when he developed his alcohol addiction. He is however much more reluctant to adopt the recovery identity/persona because of the stigma around the people who experience addiction, and continues to retain the ex-military label over that of being in recovery:

"For a start I don't actually like the word recovery. I don't know an alternative word. Perhaps recovery- yeah recovery is all right, but the problem is that it's the stigma that goes with the words that we use. That's probably what I'm trying to say. But if we use the word recovery in this context, recovery to me is an ongoing process which started at the realisation that you have a problem. It's getting help and its having continued help from- its self-help, its help from family and friends, its help and understanding from family and friends and its also professional help. To me, recovery is a starting point. It's a positive; it's something that is ongoing. The problem is we think of recovery as something that is a negative thing to something you've done wrong, i.e. drugs and alcohol. But surely we're recovering - all of us are recovering every day from something, whether it's a heavy night the night before, a lack of sleep or a situation in our life that we're dealing with. So again it's the use of words that I don't like. But in this context recovery is ongoing, it's a positive, it's improving self-esteem, it's improving your health, your welfare, your knowledge and moving forwards each day. So each day is a new day and moving forward. The problem is we do go backwards a lot for causes and reasons and so on, you can't help that. But it's really a starting point each day to go forward… That's why in a way I hate the fact that if you've got a problem with alcohol you're all put in the same basket and called a name. But we're all different. We all do it in a different way." (P1.L.7-23…P3.L.78-80).

Although Charlie acknowledges and describes recovery as a positive thing, he does not like the associated stigma of addiction as a man who has been employed his whole life – something he perceives separately to people who typically experience addiction. Charlie is very enthusiastic about the group however and proud of his own progress. His experiences of addiction and ability to relate to others in the group does however support his sense of belonging around people in recovery from his group:

"But that's because- the interesting thing is, *you're not considered new because you're part of the process*. You're part of- let's see, how can I put this? Yeah, you've already been there for years, so it's a skill. I'm sorry but it's a skill that you have because you know the problems, because you've experienced them. So if you've all experienced the same thing but you're perceived as positive or negative, you belong straightaway. So the great thing is, and the wonderful thing is, is that I don't feel any stress or anxiety getting up in the morning and

thinking I'm going to work on Tuesday or Thursday, which means I don't have to think about alcohol, because there is no stress and anxiety which I need comfort for. So again to answer your question, I feel part of the team." (P12.L.428-436).

Unlike Mark however, Charlie's SIM demonstrates a much smaller social network (see figure 5.4, below), with few social bonds reported. It is unsurprising that Charlie maintains his forces identity over his recovery identity due to the amount of time spent in the forces comparatively to time spent in recovery, and it may be that as time goes on further recovery-orientated groups are added to his social network which support the development of his recovery identity. He does however use both a green (in recovery) and a blue (abstinent) sticker in self-identifying at time one.

FIGURE 5.4. Charlie Time One SIM:
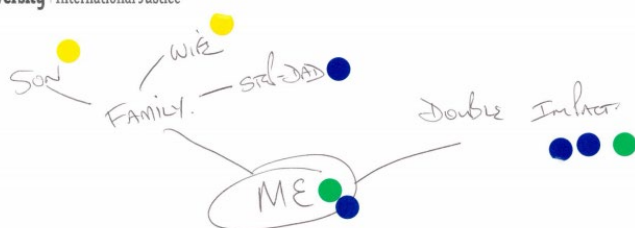
Simon's (Lincoln, D+R, Traj 1) identity component is not as evident as the previous participants discussed, as Simon leads more obviously with his relational component, however is of note as he developed his religious identity adopted through one of his recovery groups: "And, do you know, trying to be humble, loving your fellow men, loving god as well. I always believed in something more than myself but the [recovery group name] has enabled me to build on a connection with the god of my understanding." (P.6.L.212-214). Recovery is a positive identity for Simon, and he is proud of it, describing how recovery for him is: "it's being the person I was always meant to be, it's not being that selfish and self-centred person which I don't know if I was always that way, but I certainly had become that…" P.6.L.210-212. He also suggests that he feels part of the group, and able to come to them for support: "Well ultimately I've got a support network from the guys here" P.9. This feeling of support and belonging is exemplified on Simon's SIM (figure 5.5 below) which indicates the presence of strong social bonds between himself and the Lincoln recovery group, further supporting the importance of the relational component for Simon. Four groups are depicted

on Simon's SIM, of which two are recovery orientated, and each group except his family group contains individuals who Simon describes as abstinent or in recovery. Simon is only one year in recovery, and so this could be an explanatory factor for the evidenced conflict on the SIM for each group documented: transitioning social networks, identities, is life-changing, and emotional repercussions are bound to be encountered along the way. As supported by the qualitative interviews, Simon identifies as 'in recovery' as well as desisting and abstinent on the SIM.

FIGURE 5.5. Simon Time One SIM:
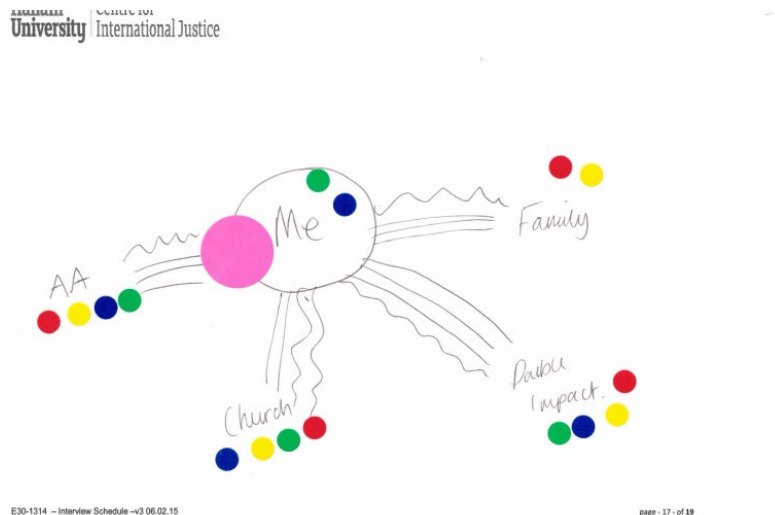
Aaron (Sheffield, D+R, Traj 1 (+2)) is learning to accept and forgive as part of his recovery identity. As a child, Aaron's brother sexually and physically abused him, and part of his recovery identity is therefore acceptance – "I've heard that saying, "Forgive yourself for you to get well, and not for other people". (P.4.L.149-150) His social networks are centred on recovery, particularly the group who promote values like forgiveness and acceptance and discuss them each week, and so it is clear that Aaron is to some extent absorbing these shared and promoted values to support his belonging within the group. This is supported by Aaron's SIM (see figure 5.6 below) which depicts that four of the six documented groups are recovery-orientated, and that he feels very well bonded with the support group under study.

FIGURE 5.6. Aaron Time One SIM:
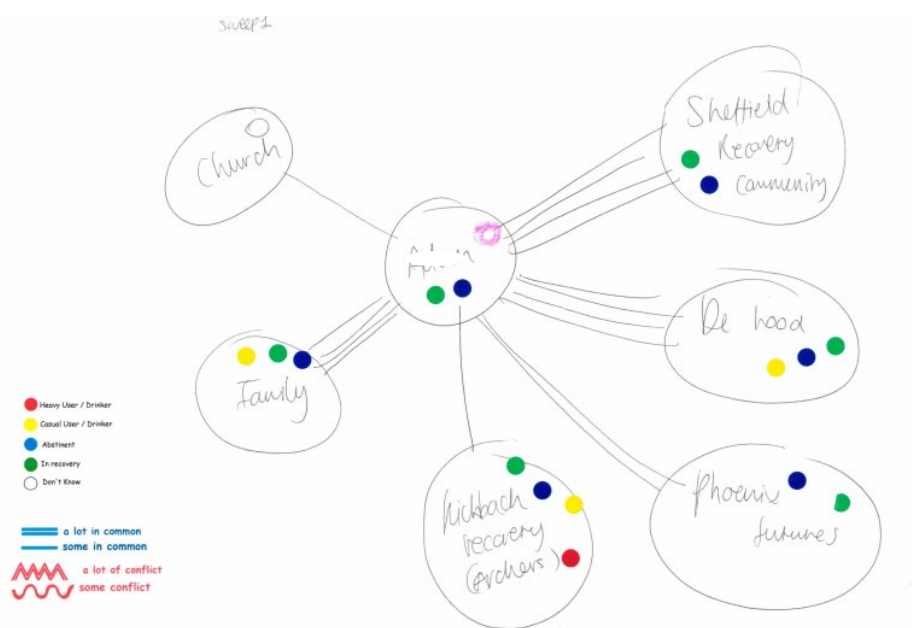
Darryl (Lincoln, D+R, Traj 2) depicts six groups within his social network, each containing individuals in recovery and abstinence, and he also self-identifies as desisting. Darryl also evidence conflict between himself and familial groups, as well as one support group (not the group under study). However he also depicts social bonds between himself and recovery-orientated support groups on his map.

FIGURE 5.7. Darryl Time One SIM:
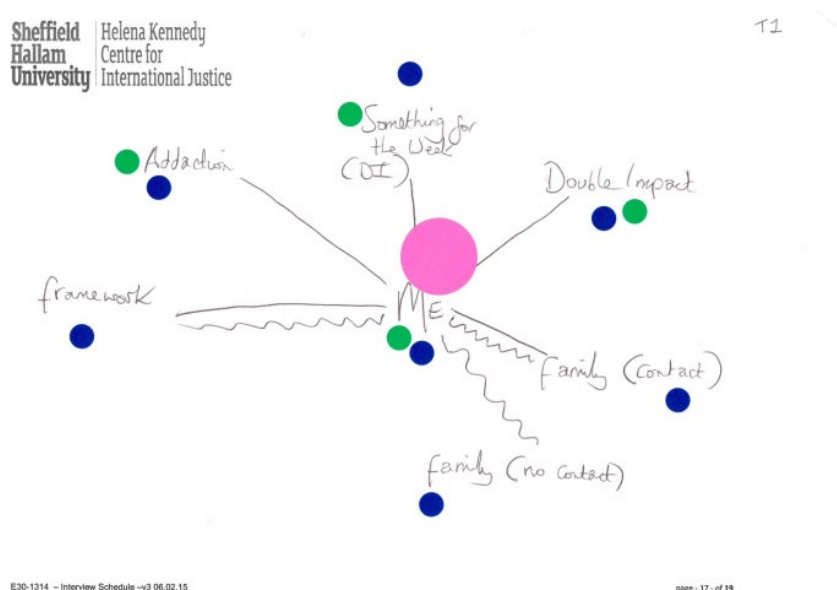
Research has demonstrated the importance of a full and varied social network made up of pro-social group members (Best et al., 2016). Lenny (Sheffield, D+R, Traj 2) depicts a full social network with a wide array of identities, including people in recovery, heavy users/drinkers, and people who are offending. 14 stickers depict people who are in recovery/abstinent compared to the use of 9 stickers depicting heavy users/drinkers however, and in connection with Lenny's capital component analysis it can be seen that Lenny acts as a form of bridging capital between groups and the community: his visible identity and dedication to giving back and helping others expands his social network size. This is positive according to the quantitative data from this study which demonstrated the significant positive correlations between multiple group membership and social recovery capital; and between multiple group membership and stronger recovery identity, and is supported by his 'Giving Capital' score (9 out of 10) as detailed in section 5.2.4.

FIGURE 5.8. Lenny Time One SIM:
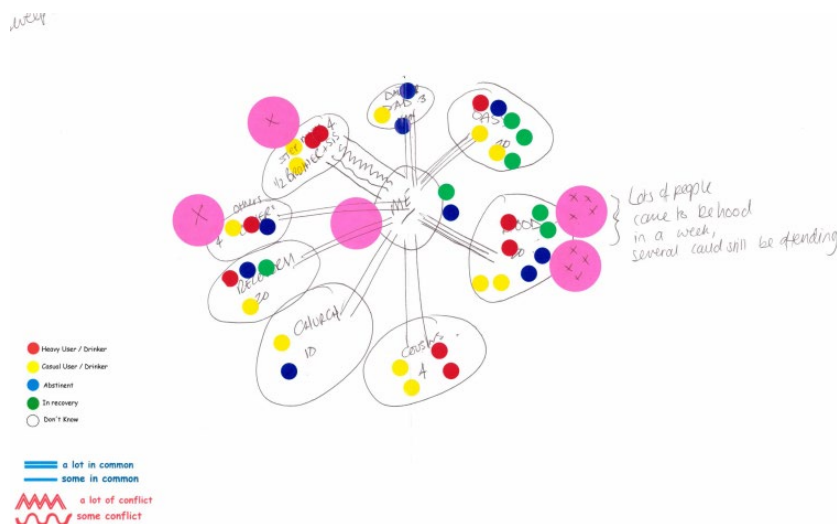
As examined and evidenced by the quantitative data, and from the qualitative interviews and SIMs that identification and social networks are an important component of recovery/desistance at time one, for some participants seemingly more than others.

For the eleven participants who had maintained stable recovery since time one interview (no chronic lapses or relapses) their identities had either remained stable or grown. For example, Simon's (Lincoln, D+R, Traj 1) recovery identity continues to grow since his first interview, to the extent that others in the community are recognising him as a leading figure in their groups: "For me, my recovery life is part of me becoming whoever I'm meant to be I guess. It just seems to be going from strength to strength at the moment. I'm responsible, a sponsor of the people now which is amazing. I didn't see that coming actually. Two people asked me at the same time which was rather - Like I said, it was quite a shock but I chair meetings now as well and other things that make me – It's sort of affirming that people recognise that my recovery is good stuff if that makes sense? So that's nice that it's affirming in that way." (P.1.L.6-13). Simon also feels belonging in his group, and such a strong identity, that he feels he reflects the group:

Simon: "I reflect the organisation as well which is interesting, that's a concept that I haven't quite understood fully but I'm just starting to in the last couple of weeks."

Interviewer: 'What do you mean? Could you explain that?'

Simon: "Well, in terms of – I am [group name] and that's something that maybe I've – Because of where I've come from I've found it probably difficult to understand. Because I've been separate from everything and everyone, I've separated myself, I've probably found it difficult to be part of something but actually I'm realising that I'm not just the face of something. What I bring to work on a daily basis is what is making [group name] what it is I guess I'm trying to say." (P.4.L.102-116).

This is supported by the fact that Simon travels and presents to different areas of the county as part of his volunteering role, affirming his identity through becoming the face of recovery (also again demonstrating the connection between the capital and social identity components): "So, yeah, I've done loads of things. Public speaking is not exactly everyone's cup of tea anyway. It's culminated so far in speaking in front of 75 pharmacists." (P.1.L.20-22).

Matilda (Lincoln D+R Traj 1 (+2)) feels more confident in how people perceive her, and how they trust her to complete tasks as a result of her recovery/desistance:

"I think other people [trust] towards me has, well, my perception of it has improved. I think I have proved what I can do, what I can cope with. I haven't relapsed or fallen down any dark and dingy holes that people may have expected me to do or, you know. In general I've kind of – I think any worries that people may have had have been put to bed so, yeah." (P.7.L.231-234).

Matilda's social identity map depicts eight groups within her social network (see figure 5.9, below), and she self-defines as in recovery, abstinent, and not offending. Two of the groups in her network include individuals in recovery, and her probation mentee who is still currently offending. Her trusted role as a volunteer with probation, supporting someone who is still currently offending, demonstrates the trust others have in her desister/recovery identity. Even for groups in Matilda's social network which are not recovery-orientated, abstinent group members are depicted, such as at the badminton and quiz groups. The strongest bonds Matilda depicts are with family, recovery and desisting orientated groups, which has positive implications for her identity, and also her relational support and social capital access.

FIGURE 5.9. Matilda Time Two SIM:
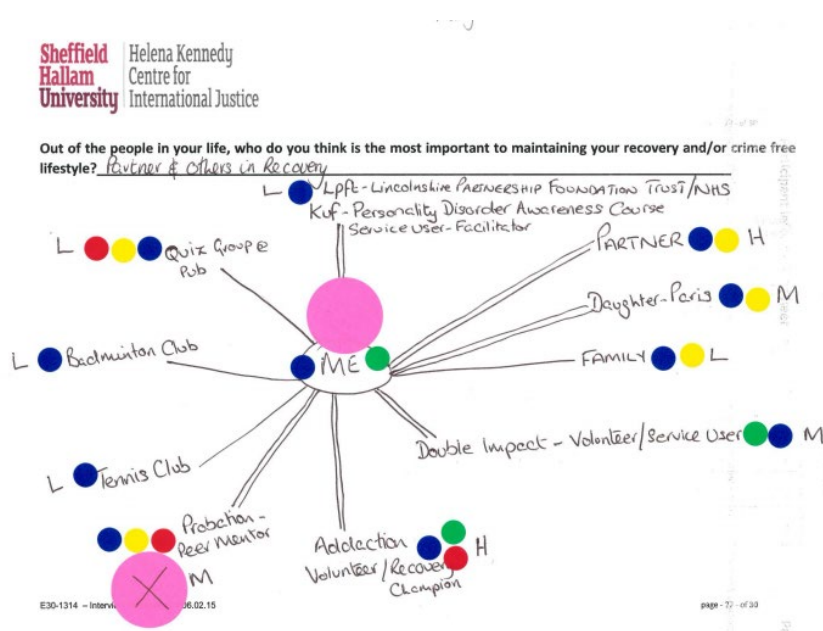
Lenny (Sheffield, Traj 2, D+R) also discusses how his identity component has strengthened, through demonstrating to others the benefits that recovery can bring:

"I think it's having that – You kind of take the lead don't you? You start to become a role model for people and I feel that it's happening now. Before I'd have been a little bit too shy to say that but I can see it. I want to give it to them. I want to say, look, come on, you can do it, I've done it. If I've done it you can do it. I think encouraging people not to give up and to keep plugging on because, you know, people think they've hit rock bottom but they haven't, rock bottom is dead and then you don't come back from that. It's amazing what's happening in Sheffield, the recovered community, it really is." (P.2.L.52-59).

Lenny acknowledges however that without the support he has experienced, he would not have achieved his recovery and desistance: "I feel for them [homeless] people. That could have been me because without a good support network, without my family, without my friends I'd have been on the street. I'd have lost my accommodation, I'd have been kicked out." (P.2.L.67-69). Indeed, Lenny's SIM demonstrates his strong connections with recovery/desistance-orientated groups; of the seven groups identified within his social network, his strongest bonds (demonstrated with multiple straight lines) are with the two listed recovery groups, over that of his family (see figure 5.10, below). This

suggests that these groups are likely to provide him with support and social capital which due to their recovery-orientation is beneficial for his recovery/desistance, and strengthen his pro-social identity: Lenny identifies as desisting, in recovery and abstinent, which aligns with his qualitative data which depicts the importance of being in recovery to him. Although heavily using/drinking group members are included within the groups with whom Lenny feels most strongly connected, his identification suggests Lenny acts as bridging capital for group members who have not yet begun the recovery/desistance journey.

FIGURE 5.10. Lenny Time Two SIM:
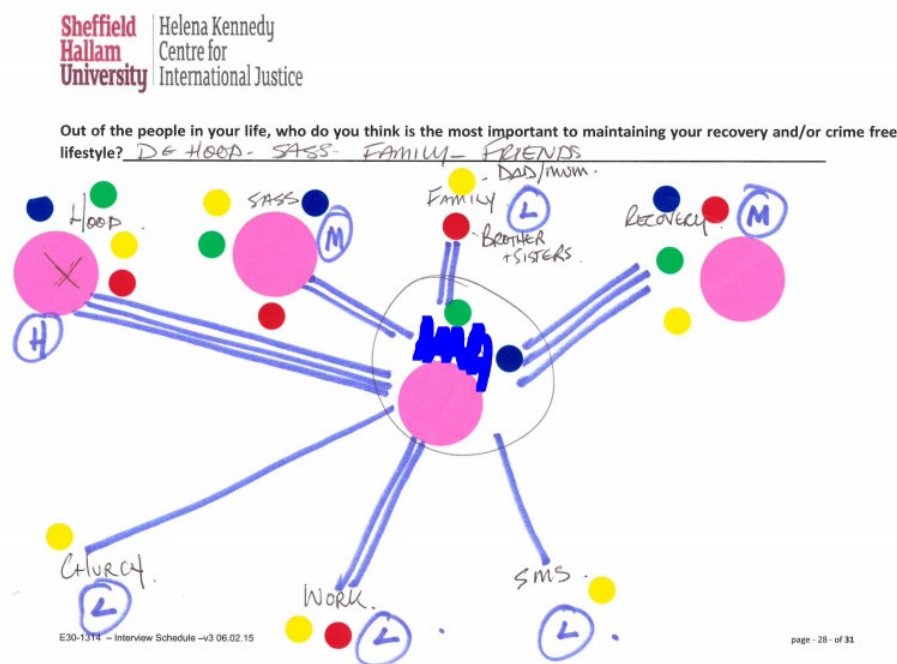
Mark (Sheffield, D+R, Traj 1) although feeling stable in his recovery, has learnt the responsibility his recovery identity carries with it:

"I've got to be proper, I've got to learn, I've got to grow up again, I've got to be like it's whiter than white. I struggle with that sometimes because the life I used to live before was a bit rebelling against society, not so much society, authority. I lived like that for a bit and now I want to work with everybody and I don't want to – you know. I felt like little things were diluting me as a person. The reason why I've took some time out of work as well, and I've been advised to because people care for me, it's also to have a cut-off point where work finishes. With me it was just work all the time. Recovery, I wanted to save the world. I can't describe it. I, I was swimming it was like I was drawing everybody towards me and I wanted to help everybody and I can't help everybody. Some people don't want to be helped, you know. So I've learnt now maybe I'm just like, yeah. I've got to work on boundaries." (P.3.L.77-87).

Mark has found since the first interview that he became so immersed in helping the recovery community, he did not prioritise time for himself, and began to feel lost. He feels as though he needs

to do things outside of just recovery-orientated groups and activities now: it may be that Mark provided a rich pool of social capital for others but did not receive an equal level of resources and support as a result, and this left him feeling depleted. This is supported by his time one 'giving capital' score of 9 out of 10. Again, this explanation would account for the interconnected nature of the components and how they both grow and deplete in connection with one another and with recovery/desistance. Mark's SIM supports his discussion of needing to enact his boundaries, as his social network size has reduced from twelve groups to nine. It is possible that Mark's visible identity functions to exert a level of social control (Sampson and Laub, 1993) which helps him to maintain his recovery/desistance.

FIGURE 5.11. Mark Time Two SIM:
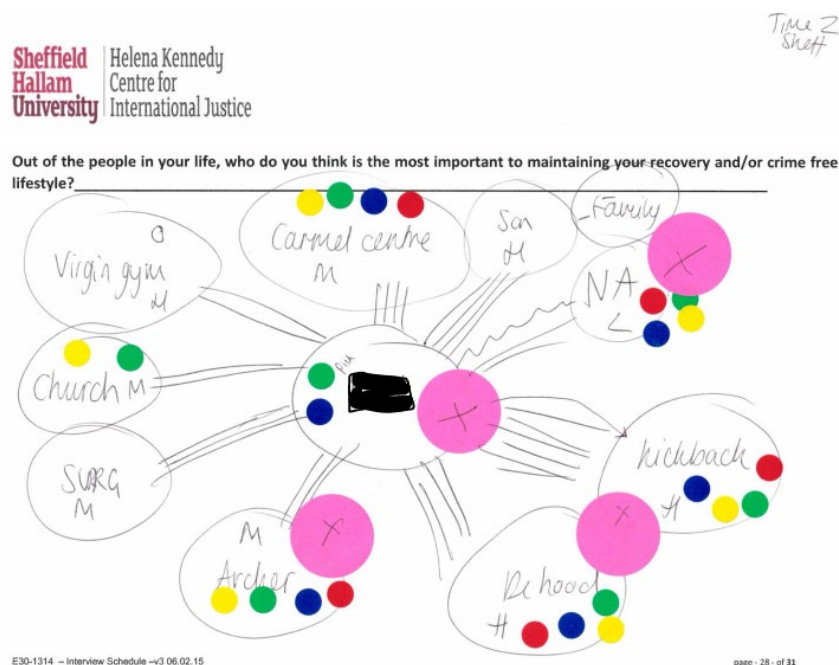
Charlie (Lincoln, R, Traj 1) has since felt conflict between how he sees his recovery and how others still view him since his time one interview, explaining how his wife could not help but to ask him not to drink whilst she went away, something he had not considered doing:

"I think when you go through this individually, once you make the decision it's like instantaneous, you've done it, that's it, but of course that's not the same for everyone else. So I will give you an example. A couple of weeks ago half-term, my wife is a teacher, so she went to London to see her eldest daughter and so before she left she made the comment 'Please don't drink', and I didn't even think of it, and that did-   It didn't get me angry but initially there was a response of 'for goodness sake, but, but, but' but then once you stop and pause you can understand because in the past that was an opportunity to get wasted." (P.1.L.9-16).

Charlie's self-perception of his new recovery identity jarred with his wife's seemingly lower than expected trust levels, however he managed his response and was able to protect his relational

component through practicing empathy. Charlie still does not feel comfortable with the recovery 'label', however will happily still identify as ex-forces. He feels the connotations around the word recovery, as a result of stemming from public perception of addiction, mean that it is unhelpful to how he sees himself to adopt the term:

"I think what it's proven to me is that I don't like the words 'recovery' to be honest, I don't like any of the labels like 'alcoholic' and all the rest of it because I think that everybody is different and for me being ex-forces it's now proved to me that it was a habit that was learned because it was encouraged and celebrated and if you didn't do it then there was something wrong with you." (P.2.L.49-53).

Charlie avoids accountability for his addictive behaviours by transferring explanations for his drinking onto the lifestyle whilst in the forces and even his genes. He goes on to explain that his problem with recovery is in the deep-rooted sense that to be in recovery, there must have been something wrong: "So the problem is recovery is the word that is associated with a negative, some form of addiction, so there's something wrong with you. I wish that they had just changed all the labels, but I suppose that you can't." (P.3.L.74-76).

Charlie explains how he shaped his emerging abstaining identity using his military identity, and is trying to reconcile the dissonance between his old and new identity now:

"I had a really bad problem, binge drinking 'How did you sort it' and I said I woke up one day and I thought you've been in the military, you're used to being able to deal with the problem, to define what the problems are within that and then come up with solutions, so this is just another problem. This is like your boss saying to you we need to be at point B by a certain time with these resources, and sort it quickly and that's what I did. I treated it like a military test, if you like. And I said to myself what am I doing, where do I need to get to and what do I need to get there and what time do I have, what resources do I have and then I went from there. I suppose in a way I was lucky the fact I have that skillset, the skillset, and I just treated it like that and rather than 'I'm ill', it's just a problem I've got to sort out. So you are bringing your old life in and marrying the two together." (P.4.L.123-133).

However, Charlie feels he is now more able to talk about his experiences than he was at last interview:

"Here is an interesting one, 4 months since I last saw you. I am much more able to talk about it and to be honest about it and to not revel in it but it's who I am now. It's who I am and I think actually I'm coming to the opinion that other people don't view you in such a bad way. They actually view you in a way of strength that you've got the strength to admit to it and perhaps it makes them look internally at themselves and go 'Well, do you know what?' Yeah." (P.3.L.89-94)

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He reflects that:

"I think I've become more used to who I am. I feel a lot happier in my own skin, I can use that phrase. I've used the word proud, so I am proud of where I am, and the support I get, and the help I can give others, and I am probably less in to me now, does that make sense? I think probably right at the beginning, if you had taken ....god, did I really say those things, did I really act that way? You don't realise it at the time but you're just in that place, aren't you. And it's all about how you feel sorry for yourself and I suppose a lot of that is fading away and I'm not in recovery, I'm just here today healthy and I've been healthy for the last however many months and that's it." (P.9.L.302-309).

It is clear that Charlie's identity component is an important although conflicting aspect of his 'recovery', and reconciling this conflict may help him to get the most out of the related opportunities and support by enhancing his feeling of belonging within the community. Charlie's recovery-orientated social networks have expanded since time one (see figure 5.12, below): he is developing a connection through Addaction to a veterans' support group called 'Right Turn', who support ex-forces individuals struggling with addiction. It may therefore be the case that interaction with this group help Charlie to overcome the identity dissonance between recovery and the military by marrying the two. However, at time one he identified as both in recovery and abstinent on the SIM, but by time two only uses a blue, signalling abstinent, sticker. This suggests that he may continue to move away from the recovery identity, and this could have implications for his sense of belonging in the group[6]. His strongest connections depicted as with his family, who include casual and heavy users/drinkers, could also have an impact on his 'recovery' progress.

FIGURE 5.12. Charlie Time Two SIM:

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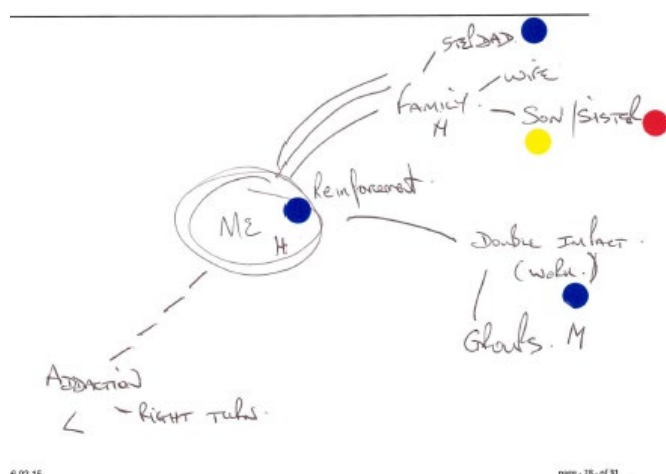
[6] It has since been learnt that Charlie unfortunately left the group and lapsed following time two data collection. His small social networks and resistance to the recovery identity have greater scope for being explored in light of this, however for consistency the analysis will remain as having been conducted within the same timeframe as other participants.

Darryl (Lincoln, D+R, Traj 2) in comparison feels stable in who he is now, and does not feel as susceptible to the negative perceptions that society may have of him: "I probably did [feel judged by society] at one point. I'm not conscious of thinking that anymore. I still know that people look at me from times past from a year, a year and a half ago and they still see me as the heroin addict, the crack head sort of thing, but I've come to terms with the fact that I can't change them and it doesn't really bother me at all." (P.7.L.212-217). Interestingly, Darryl no longer depicts conflict on his map below (conflict was present between three groups at time one), and the number of social bonds between him and groups depicted has also increased. Darryl include four groups on his social identity map, two of which include group members who he perceives as in recovery and one which includes people who are no longer offending. Darryl documents feeling the strongest bond with the recovery group documented on his SIM, above that of his family. Again this suggests the importance of sharing lived experience as a foundation for enhancing the relational, capital and identity components in a recovery/desistance supportive manner for Darryl.

FIGURE 5.13. Darryl Time Two SIM:
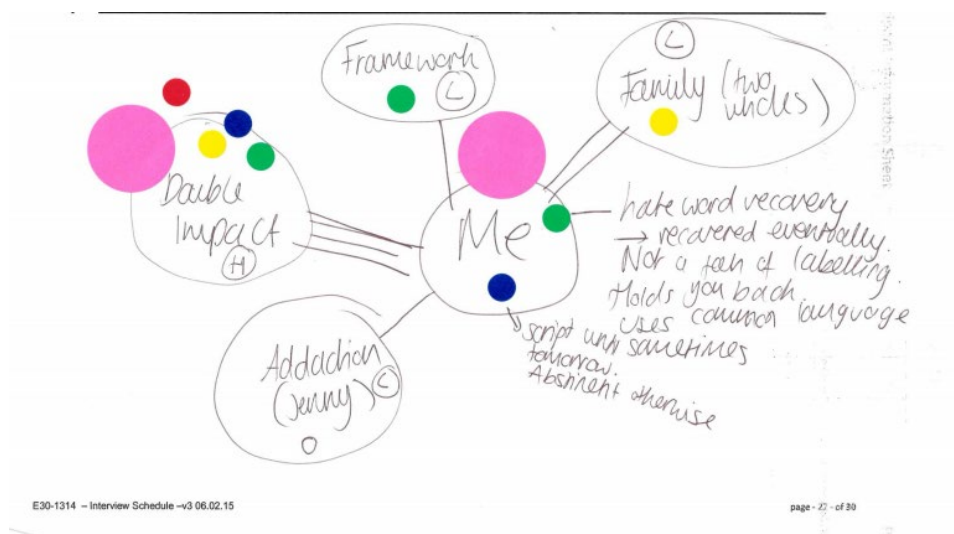
It can be seen that by time two, identity stability/growth has been evidenced by the qualitative and SIM data, as well as discussion by participants regarding feeling pride in their identity, therefore helping to create bridging capital between the group and wider community. Also evidenced has been the process of managing social networks and social network expansion – important given the capacity of social relationships and social networks to influence norms and behaviours and therefore identity adoption and growth.

Quantitative Results Time Two

By time two, no significant correlations were identified between the group identification and recovery identification variables – however this is likely influenced by the significant attrition between time one and two, from 29 to 11 participants (descriptive statistics presented in Appendix 1.4a), as shown in Table 5.11 below:

TABLE 5.11. Correlations between group identity and Recovery Identity at Time Two

Correlations

		GroupIDT2	RecoveryIDT2
GroupIDT2	Pearson Correlation	1	.158
	Sig. (2-tailed)		.643
	N	11	11
RecoveryIDT2	Pearson Correlation	.158	1
	Sig. (2-tailed)	.643	
	N	11	12

The identity component, and its related aspects of social networks and belonging, is clearly complex and intricately connected when it comes to recovery and desistance. Participants reported increasing pride in their identities, and many recovery/desistance orientated groups were referenced by participants in their social networks, as depicted on their SIMs. Only one participant referenced concern regarding adopting the recovery identity, due to stigmatising views existing in society regarding the kinds of people who have previously battled addiction. For participants for whom the recovery identity is positive and visible, it is likely that recovery/desistance contagion is facilitated through such group members' visible identities. Part of the new identity development involved an improved relationship with the self, in terms of practicing self-forgiveness and also through learning to forgive others. Desistance is much more difficult to measure as an identity when it has not been adopted by the participants, however it is indicated as present for these participants in the positive presence of the social components, such as positive relationships and social capital/cohesion, and in the lack of any reported continued offending behaviours. For some participants, the identity component is explicitly described as being interlinked with their recovery/desistance; playing a vital role in holding themselves accountable and wanting to inspire change in others. This links directly with research which argues that the development of a positive identity can support the development and maintenance of recovery and desistance (Na, Paternoster and Bachman, 2015; Best et al.,

2016a), and is tentatively supported by the quantitative data for this study which suggest a correlation between group and recovery identity at time one.

5.2.6 Lead Components of Recovery/Desistance Trajectories

Following the connective thematic analysis of each of the components qualitatively, it became clear that each of the participants placed emphasis on a certain component (named the 'lead component') as important to their recovery/desistance which had been lacking or distinctly unhealthy during their childhood and consequent period of offending/addiction. Trajectory 1 participants have a broader range of leading components than Trajectory 2 participants, who tend to lead with the identity component, and centre their recovery/desistance on giving back to the community in some form – most often employment or volunteering. In this section, three participants whose lead component can be easily recognised from the data collected will be discussed as examples of this hypothesis and its potential implications for recovery/desistance support.

Micky (Lincoln, D+R, Traj 1) was in care from being six months old to fourteen, and lived in a children's home which later became renowned for child abuse. He had no contact with his blood relatives, and discussed how staff working in care homes were discouraged from developing too close a bond with the children, and as a consequence his childhood was characterised by isolation.

Interviewer: Okay. So whilst you were growing up in care was there anyone around you, friends or adults that were consistent in your life and a good presence for you?

Micky: "Not particularly."

Interviewer: No, okay, that's -

Micky: "Children's homes are too fluid. The staff are not encouraged to make too close a bond and then the kids don't want to make too close a bond because they're scared that that person's going to run away." P.2.L.42-48

His later years, characterised primarily by addiction were chaotic, and his drinking developed alongside both the breakdown of his marriage and within his consequent romantic relationship, "Then I left there and I went to live with another girl, I spent 14 years with a young lady, I'm not going to say her name but the culture we had from day one was drinking and it was three bottles of wine for a tenner and it went worse and worse, whereas she could draw back I found myself going in more the other direction." (P.4.L.87-90).

His behaviours and unreliability damaged relations between Micky and his family members. However, when encouraged to talk about how his life has evolved since entering into recovery and

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desistance, the first topic mentioned was that of an improved and healthy relationship with family members. It is clear for Micky therefore that his relational component plays a key role: both in its distinct lack during childhood and growing up and consequent entanglement in romantic relationships and addictive behaviours, and then following entry into desistance/recovery as a positive and beneficial experience of distinct and emphasised importance. For Micky it can be argued that the relational component is therefore his 'lead' component within this model.

Charlie (Lincoln, R, Traj 1(+2)) described a childhood characterised by both parents suffering from alcoholism, and also by the experience of physical abuse at the hands of his father. Following his mother's departure from the relationship with his father, Charlie was moved around regularly growing up, and as a result changed schools frequently and found it difficult to make friends. Upon joining the forces at age sixteen, Charlie was provided with supportive and consistent friendships, and describes how he was successful in his role, portraying a sense of pride in who he reflects on being during this time in his life. He did however describe how his unhealthy relationship with drinking developed whilst in the forces, and this explains his alignment with both Trajectory 1 and 2. Charlie links the binge drinking episodes which followed this departure from the forces, the breakdown of his marriage, and his inability to face the events which occurred during his childhood. Charlie engaged his identity component to help him embark upon his recovery journey, using the way he would handle a situation at work as an approach to stopping drinking, however this was done with the encouragement of family members:

"Realised [the problem] was really family members. Of course you have your own sort of feelings that, oh god this isn't right, people don't- they might do it once a year at Christmas or whatever, but they don't do it once a month. You feel pretty bad about yourself…The realisation was my wife sort of- she's the gentlest woman you ever met, but the way she dealt with it was- not unique, but she didn't get angry, she just blocked me out. Which I hated. Silence for three days. It was like making me- like a child, you know, you've done something wrong, so you're not going to be part of my life so I'm going to block you out for three or four days. Eventually that would ease off until I did it again. So it was a case of not enjoying the response, it was not liking myself anymore…" (P.9.L.300-325).

Upon entering into recovery, Charlie describes how his relationships continue to improve as a result of increasing trust placed in him by family members. Charlie's relational component is arguably his lead component, although his conflicted identity component is also undoubtedly important. For example, his lack of close relationships and support growing up was replaced by his forces 'family', and it was within this setting that his drinking behaviours developed. Charlie's wife encouraged his entry into recovery by demonstrating to him his behaviour was unacceptable, and yet Charlie's sense of self remains conflicted. His continued identification with the forces, and reluctance to associate with the word recovery both holds him in the past and arguably stagnates him: his confusion

regarding his identity is clear in his frequent referral to metaphors, thought processes explored and self-protective mechanisms used throughout the interviews. For example, Charlie describes using time spent alone to help self-soothe, and placate any worries or dissonance he feels as a result of his 'adrift' identity, supported by his frequent use of the first person:

"I don't think about material things anymore, I don't think about money, because I get up every day- and when I go to bed I'll do the same thing, I've got a little IKEA chair my wife bought me as a present, one of these rockers- and I actually sleep in the spare room, because to cut a long story short she snores her head off and I love it, I've got my space, I meditate. I was telling Fiona this and she was laughing. I said, I sit in that seat and I talk to myself and I say, well done mate, wasn't that a brilliant day. I don't need money, I don't need- the only present I need every day is to go to bed, get under the sheets and go, this is brilliant. I can enjoy sleep." (P.14.L.512-519).

Lenny (Sheffield, D+R, Traj 2) described a social entry into addiction and offending behaviours, compounded by an explosive relationship with his father, aligning with Trajectory 2. Lenny describes how his social drinking and drug use escalated in his late twenties, and culminated in the loss of jobs due to becoming unreliable. Lenny sustained injuries from his habits, and also became involved in the movement and selling of drugs during this period. Following entry into recovery however, Lenny now volunteers at recovery-orientated groups in Sheffield, and his days are structured around these activities. He also uses collective terminology frequently, suggesting his sense of belonging within these groups:

"We always try and advise them and guide them and say "look you don't need to be doing that you know. Come-if you go-if you still if you're thinking about going to commit crime and if you think about using drugs or you think about drinking come up to [group name]. Come up here, I'll get over that over all from it so when you try and help people that way as well and then look out-we try and look after people we try to care for them you know" (P.15.L.522-527).

The capital component is very important, however Lenny's lead component is arguably his identity component: he aims to give back to his local community, and goes above and beyond by offering his time for free to support children and adults alike which strengthens his pro-social identity:

"The [group name]? I love them. It's my family isn't it? My extended family really. I've got proper love for them all, especially [names removed]. We look after each other. We've always got us eye out for each other and you can tell if somebody's not quite right. 'Are you alright? Do you need help?' That goes all the way, it's a two way street, it's not one way. It's an amazing bunch of people, it really is. You can't believe that we're one of the poorest areas of Sheffield how much people just want to give up here. It's a lesson really to everybody out there." (P.7.L.229-235).

It can be seen from participants across the sample, but these three explicitly, that key components are prominent throughout periods of addiction and offending as primarily shaped by adverse experiences and environments, and the same component goes through a transformation following entry into recovery/desistance. It could therefore be the case that focussing on increasing or improving this lead

social component could act to increase the other interconnected components and improve recovery/desistance. The component model as a whole is arguably underpinned by a radius of trust, which helps to enhance the components and therefore the recovery and desistance process, and this second hypothesis will be explored below in section 5.2.7 The Trust Hypothesis.

5.2.7 The Trust Hypothesis

Trust and hope were values that were discussed across participant interviews as underpinning and resulting from the social components, and as a result of recovery/desistance. These values were discussed in relation not only to the support group as a whole, but also with regards to individuals and how others viewed them. Shared norms are an aspect of social capital, and it became clear that the definition and internalisation of these shared norms, and therefore development of trust, is likely operationalised through the self-storying mechanism with which participants engaged when attending their support groups. This would explain how recovery support groups develop such a wide radius of trust which spans beyond the group and into the community: the honesty with which their members share their life story increases access to social capital and a sense of belonging, defining the group's social norms and embedding their identity, and then expanding their positive social networks due to the visible nature of this positive identity.

The honest nature of this self-storying helps people to develop trust in the group, and the support and capital provided help to cement this. Participants such as Simon or Lenny then act as embodiments of bridging capital, pushing their identity, and therefore their recovery group's identity out into the wider community through their volunteer work; cyclically giving back and receiving and therefore expanding the boundaries of the radius of trust beyond the confines of the group works to strengthen components whilst also having a positive impact at community level. Simon for example has given talks to medical professionals and students regarding his lived experience of recovery, and has demonstrated the benefits in connection to his support group. Participants at time two also reported reduced perceptions of stigma from wider society; further evidencing that these mechanisms are therefore arguably extending the radius of trust, and consequently increasing hope for the future. There are exceptionally high levels of social capital reported across the three sites, with means of 24 (out of a possible 25) in both Sheffield and Lincoln as depicted in the bar graph (figure 5.14) below:

FIGURE 5.14 REC-CAP Social capital levels by group
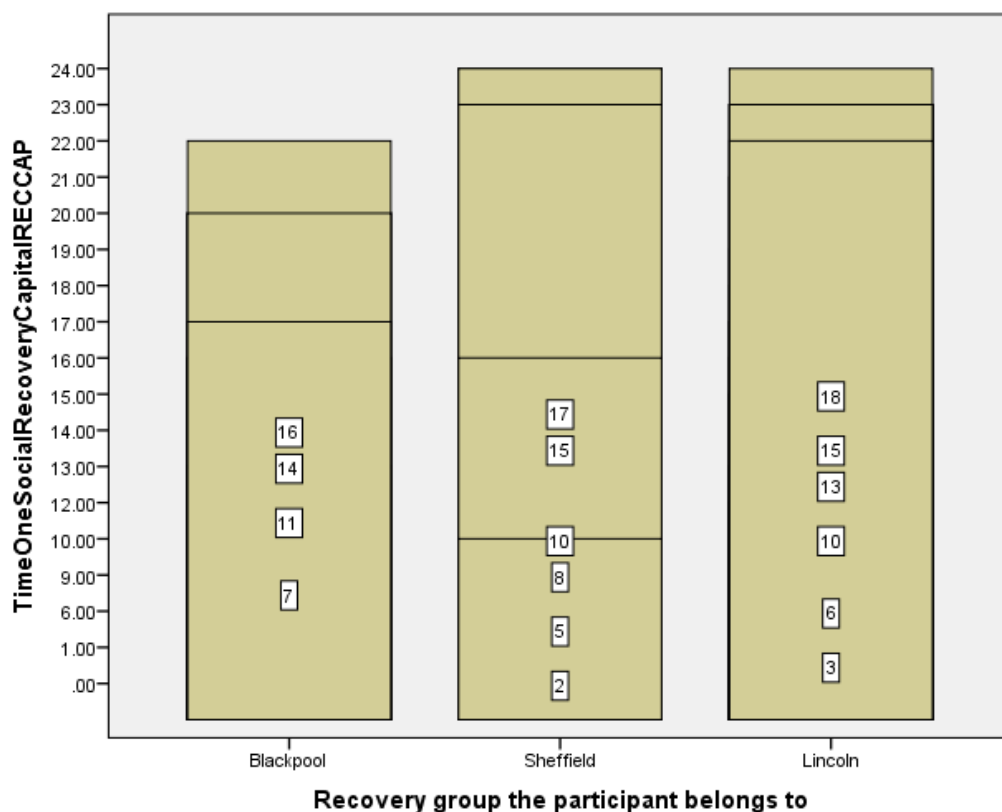
The presence of social capital and trust is interconnected (Fukuyama, 2001), and in line with the above social capital results participants from each of the three settings discussed the importance of trust to their journey. This suggests the potential for a radius of trust to develop, which would arguably be of benefit to the recovery support group, and could be encouraged via a focus on enhancing the group's social components, however further research is required to confirm this. Aaron (Sheffield, D+R, Traj 1(+2)) describes how important trust is to his recovery: "You need trust…For me, as an addict, through all-all the stuff I've come through, abuse, being with other junkies stabbing each other in the back, trust is a major thing…If somebody breaks trust with things, [the walls go] straight back up." (P.6.L.217-220). Richard (Lincoln, D+R, Traj 1(+2) described how during addiction and offending, trust is low, but as a result of recovery and desistance, and the prioritisation of pro-social support networks he now experiences trust: "it's been an issue throughout my life, not being able to trust people…So that trust and reliability thing, and yeah, I have definitely

got that in my life now, because like I say I've cut everybody out of my life that lets me down or causes me a problem." (P.10.L.335-340).

The linking of untrustworthiness to addiction was a key theme that emerged during thematic analysis. Simon (Lincoln, D+R, Traj 1) for example explains how as a result of enhancing his relationships and support network, people now trust him: "I've built that support network from people here and the trust thing is I was totally un-trustworthy and I wasn't moralistic in my addiction but I believe that I am becoming more moralistic and more trustworthy and honesty actually plays in to my recovery as well." (P.9.L.303-306). Jordan (Lincoln, D+R, Traj 1) relapsed between time one and two, and consequently described extremely low trust levels, both with regards to the group he had belonged to and others more generally: "it's hard for me to trust people" (P.13.L.49).

Charlie (Lincoln, R, Traj 1 (+2)) however discusses feeling more trusted since entering into recovery, due to the fact he can be more honest with those around him, therefore enhancing his relational and capital components:

 "I think people trust me more because I'm open now. You don't realise but when you are using if I can use that expression, you are dishonest. It's dishonest in the fact that you probably say you haven't had a drink when you have. You steal people's time, you do tell white lies, so. That starts to soften out- we all tell white lies, it's a fact of life, yeah. I think we tell between two and 200 lies a day or something, everybody. Well we do. But the thing is, you normalise yourself, you become a normal part of society. In fact I think you become better than most people. I know that sounds awful. But you do because you understand more about life, what is real in life that we're all here, in it together, that we all need help in our lives at any one time. We all have three or four big events in our lives that could kill us, we could die from it, we could get mental illness, we could get a physical illness. We all need help, we're not alone, you know" (P.19.L.677-687).

Ash (Lincoln, R, Traj 2) quickly recognised the importance of trust upon entering rehab: "But I recognised pretty early on that the trust that they give you, it's there for you quite simply to screw up completely. If you want it, you can have that freedom, we are going to give you everything on offer and work very hard with you, but equally you can just throw it all away in a second." (P.7.L.242-245). Since entering recovery, Ash describes the process of trust building as connected to improving social connections, networks and capital:

 "I think it's absolutely paramount because I've had to learn to trust other people and I think that comes about because I know what it's like not to be trusted Lauren and to build- for people to trust me has taken a long time because they knew that I'd been there. It's not pretty but it's- you'd be diving off to get a drink at any corner. But trust is something that I don't think we should ever expect very quickly as recovering addicts of any nature, but we do, many people do. I'm at great pains to say to everybody who I work with here and in AA [Alcoholics Anonymous] when we're talking, you've got to be very steady and slow, don't expect- we do by nature, it's addiction we're dealing with but you've got to really take your time with everything we do, because believe me there's so many barriers to overcome. But it's just having that bit of humility in your life again and understanding that you know, things are going pretty well, don't think you're just going to be better overnight because you're going to have all the problems that everybody has in life anyway and a lot of them

seem a lot bigger and a lot of them are bigger because you've made them so much worse, so don't rush. Then people do begin to trust you more, you know. But don't go out expecting anybody to trust you because it ain't going to happen, you know, just nice and gently. Everything is baby steps as I call them, baby steps and you might get a bit of trust back one day." (P.11-12.L.401-417).

Micky (Lincoln, D+R, Traj 1) also describes an improvement in trust as a result of his recovery and desistance, explaining how his familial relationships have been enhanced by increased responsibility:

 "Trust, it's now, to me, the ability to be able to – For my son to trust me. The thing is, right, there's a – I'll just use an analogy. My son now will give me £20, a £20 note. If you'd asked him to give me a £20 note say, eight, nine, ten weeks ago?, he wouldn't, it would have been a fiver and the trust he's built over time it's where you can go, do you know what? I haven't got to worry too much, da, da, da, and there's your trust. It's that thing. Your grandkids trust you to do the right thing when you're with them and then they trust you with their kids so it's not a bad match. Then I've got the trust the honesty … my two children to tell me if I'm going wrong. There you go, that's trust." (P.8.L.225-232).

Positive, reciprocal and reflexive relationships can help to maintain 'relational goods' such as trust and loyalty (Weaver and McNeill, 2015), and it is clear that Micky's recovery and desistance are encouraging the growth of such reciprocal goods. Mark (Sheffield, D+R, Traj 1) links his growth in trust in others directly to his identity component, operationalised through the self-storying mechanism: "My recovery groups were all built on the foundation that is trust...You know, that's why I share honestly. I share all, and I share my story. I don't hold anything back." (P.15.L.559-562).

He went on to say "Do you know what I mean? I think by me being me, and saying what I'm saying, it's-it's-it's getting people's trust." (P.16.L.570-571). It is clear from the discussion of trust that this value is positively related to recovery and desistance, often as a result of these processes, and has a direct benefit on the social components, such as the formation of a positive identity. The gradual dissolution of the radius of trust for the support group under study in Study 1 demonstrates the importance of trust to helping protect and enhance the social components, and how it cannot be assumed to be permanent or irreversible. The implications of the results from these two studies could ultimately be utilised by social support groups: encouraging the development of a trusting environment for self-storying, supported by the maintenance of confidentiality and honesty has the capacity to support and increase the social components and the progress of recovery/desistance, benefitting not only group members but also the local community into which the radius diffuses

Study 2: Discussion and a Case Study Presentation of the Social Component Model

The results from Study 1 and 2 have confirmed the presence of each of the social components as influential in recovery and desistance, providing evidence towards Research Aim 1. There can be seen to be three core components, each with sub-components: the relational component (subcomponent social bonds and support); the identity component (subcomponents social networks and group membership); and the capital component (subcomponent social cohesion). All of the participants in study 2 referenced the social components as playing a role in addiction/offending onset and consequent recovery/desistance: core themes for each component will now be summarised, discussed and contextualised within existing literature, and any stark differences between the identified trajectories will be elucidated.

Relational Component (sub-components: bonds and high-quality support)

Many individuals who have experienced recovery/desistance have a history of trauma, including experiences of emotional, physical and sexual abuse, which are known to impact relationship attachment ability (Lieberman et al, 2011). Participants who aligned with Trajectory 1 were participants who described childhoods shaped by experiences such as observations of domestic violence; emotional, physical and/or sexual abuse, and a lack of social bonds and positive relationships. Participants who described trajectories into addiction/offending as primarily shaped by their time spent with peers aligned with Trajectory 2, with some participants highlighting a 'trigger' event which compounded their problematic use/offending behaviours. Trajectory 1 (+2) participants predominantly described trajectory 1 in their discussion of their childhood and journey into addiction/offending, however there were elements of the use of peers or groups to compensate for the lack of closely bonded relationships during addiction/offending years, therefore aligning partially with trajectory 2.

Poignantly, a key theme for Trajectory 1 participants regarding their relational component upon entry to recovery/desistance included feeling well-bonded and safe in lived-experience orientated friendships. Participants described feeling love, support and the ability to share honestly with other members of their support group. Research has established that social bonds are said to be characterised by: attachment to significant others; commitment to/involvement in conventional activities; and belief in the common value system of society, with attachment argued to be the most vital element (Hirschi, 1969), and benefits of strong social bonds include higher levels of self-control and fewer mental health problems (Colvin, Cullen and Vander Ven, 2002). Regarding recovery,

having a high number of supportive social relationships has been shown to predict lower relapse rates (Beattie and Longabaugh, 1999) and for desisters the more social bonds are invested in and valued by offenders, the greater the incentive is to stop committing crime (Laub, Nagin & Sampson, 1998). Openly and honestly sharing the journey of emotional evolution with other group members with lived experience was described by participants for each trajectory as a key mechanism for strengthening friendships and bonds that are recovery/desistance orientated; improving the quality of support referenced, and the reciprocal nature of this support further acting to strengthen bonds developed. That participants who lacked social bonds and positive relationships in their trajectory consequently reported their importance upon entry into recovery/desistance demonstrates the capacity trajectories into offending/addiction have to manipulate the roles and prominence of the resultant relational components, however the reference by participants of greater quality support, centred on lived experience, and enhanced social bonds indicates the universality of the relational component to recovery and desistance.

As found within Study 1, reconnecting with family members was also a core theme that emerged during connective thematic analysis for Study 2. Rebuilding relationships and strengthening familial bonds, and making up for missed time and damaged relationships were discussed by participants within each trajectory as important aspects of their relational component following entry into recovery/desistance. Family support is described within existing literature as a powerful and protective factor against recidivism – such relationships provide needed prosocial ties and support in engaging pro-socially within the community, and a consequently increased level of accountability (Boman and Mowen, 2017; Phillips and Lindsay, 2011; Uggen, Manza and Behrens, 2004; Western et al., 2015). Family support for released prisoners is also negatively related to substance abuse (Boman and Mowen, 2017), and so the positive effects resulting from the enhanced familial aspect of the relational component can be seen as both stemming from and enhancing recovery/desistance.

These growing familial relationships and bonds can be described as morphogenic according to research by Bradshaw et al. (2015): the engagement by families in processes that generate growth, change and adaption is relevant to the relational developments that are described by participants in this study. It is important to acknowledge however that research has suggested that individual-level change precedes family-system change and so individual members' health and recovery should be focussed on primarily (Bradshaw et al., 2015), and this is supported by participants who recounted that their familial relational component was growing and strengthened as a result of their recovery/desistance, not that these positive relationships necessarily preceded these processes. This caveat is important to acknowledge, as for some people who are experiencing recovery/desistance,

encouragement to reconnect with family members may not appropriate dependent on their historical influence on the relational component.

For the participants in this research, romantic relationships were described as an aspirational aspect of their relational component for most, something to be considered at a later stage of recovery/desistance. For Trajectory 1 participants, it can be seen that readiness to enter a romantic relationship seems to be anticipated to grow with the recovery process; Trajectory 2 participants however reported greater openness when it came to developing or experiencing romantic relationships. Three participants who aligned with either wholly Trajectory 2 or Trajectory 1 +2 reported ongoing romantic relationships with individuals who were also experiencing recovery/desistance, and a fourth discussed feeling more prepared for a romantic relationship than participants at a similar stage of recovery/desistance from Trajectory 1. Perhaps the rationale for this could be argued to relate specifically to the contextual development of the relational component as shaped by trauma and social experiences respectively, meaning that Trajectory 2 participants experience feeling a greater capacity comparatively to Trajectory 1 participants to engage skills relevant to maintain/develop romantic relationships in spite of drastic lifestyle changes. This is supported by work which has identified that relationship status over time was negatively associated with substance use (Angulski et al. 2018), and research which shows that *strong* interpersonal relationships have also been shown to help to support and sustain recovery (Stokes, Schultz & Alpaslan, 2018).

By time two, participants overwhelmingly reported improvements in the relational component – demonstrating its capacity to grow as recovery/desistance progresses. Social relations can cause people to modify their actions and behaviours; however the extent to which reciprocity is enacted depends on the wider structural and cultural context, which in turn is shaped by the nature of the relationship itself (Weaver and McNeill, 2015). The findings of this research therefore align with existing desistance research regarding the strength and quality of the relationship as indicative of its positive effects for people who are in recovery/desisting. It is important to note however that one of the participant's romantic partners (also within the study at time one) had relapsed. Despite this, the participant described how she would continue to support him, and that he was already abstinent once more at the time of the second sweep of data collection. Again this emphasises the importance of understanding the relational component given the capacity it has to be influenced by context.

Capital Component (sub-component: cohesion)

Social capital is considered to be a positive resource that results from social relationships, and which may be utilised to support not only personal growth but also the growth of networks and communities. Participants' capital components were discussed within two themes: the provision of social capital as indicated by a discussion around their efforts to support their local recovery community; and accessing social capital made available to them. Within each trajectory, participants reported connections developed in group settings which provide recovery/desistance support and also the opportunity for support reciprocated and the mean social capital score for each group in Study 2 did not fall below 22 out of 25. Employment; daily routines structured around giving back to community; and regular attendance at the support group were key capital enhancing component aspects, and these activities can be inferred as keeping the capital 'pool' topped up for group members to both give and receive from.

Less closed networks are more likely to have increased access to external resources whereas more bonded, denser social networks of similar people provide greater access to support (Cattell, 2001). It is important to consider that the reported pools will be primarily available to the well-bonded group members, and so support groups should be aware of the importance of bridging capital and promoting access to external group members (arguably facilitated therefore through a wide radius of trust) in order to maintain the reciprocal flow of recovery/desistance supportive resources. By time two, participants reported improvements in the capital component. However, it could be argued based on emergent analysis that the capital component acts as an enhancing or strengthening component: even when participants cite giving back to the community as a motivator for/within recovery/desistance, this has the propensity to be linked to self-perceived improvements in identity, and externally formed opinions regarding the participant's identity. O'Leary, Uusberg and Gross' (2017) identity-value model argues that identity may be useful for enhancing social control through the engagement of a valuation system to achieve goals, as aligned with how an individual sees themselves (O'Leary, Uusberg and Gross, 2017), and this work can be used to support this hypothesis and understanding of the capital component as inextricably linked to relational and/or identity components.

Identity Component (sub-components: social networks, group membership)

Desistance research argues that people should be supported to engage with restorative social networks to support the process (Weaver and McNeill, 2015); one of the strongest predictors of recovery has been demonstrated by those who moved from a social network characterised by support

of drinking to networks supportive of recovery, and resultant increased contact can increase quality of life scores (Longabough, Wirtz, Zywiak and O'Malley, 2010; Best et al., 2012). Many recovery/desistance orientated groups were documented within the social networks of group members from each location, 140 in total, and social network quality was shown to increase over time for participants who were available at time two as depicted by their SIMs: between times one and two, higher numbers of social bonds and less conflict were evident. Participants also reported feeling a sense of pride in their recovery/desistance identities, which grew between time one and two. Participants who described previously strong identities prior to recovery/desistance (such as a self-describing as a drug dealer) had a greater propensity to develop a new strong and visible recovery identity.

Recovery/desistance contagion can be seen as being facilitated through group members' visible identities within and beyond their groups, as described by participants' engagement in groups; their desire to 'give back'; and group members' accounts of the support they receive as a direct result from belonging to the social network and identifying with others. One participant from trajectory 1, feeling concerned about experiencing the negative effects of stigma as a result of adopting a recovery identity, described himself in a somewhat peripheral manner to other group members. This participant has since lapsed, and so inferences could be made regarding the protective properties of recovery identities and their representation of the extent to which the norms, values and behaviours have been internalised: indeed recovery has been described as emerging through processes of social learning and control, whereby a recovery oriented identity is adopted through the internalisation of the group's norms and values (Best et al., 2016). A distinction by category can be seen for Trajectory 1 (+2) participants for this component, who described the process of both forgiving other people and forgiving oneself as a key aspect of their recovery/desistance identity component; transitioning the undercurrents of both traumatic experiences and social influence from onset into positive resultant recovery/desistance supportive self-awareness and pro-active responses.

The categorisation of the key themes by component and trajectory type for study 2 is summarised into table 5.12 below.

TABLE 5.12: A summary of key themes by component and by trajectory

Component	Trajectory		
	Trajectory 1: Participants who could be categorised within trajectory 1 predominantly described childhoods shaped by observations of domestic violence, experiences of emotional and physical abuse, and a lack of social bonds and positive relationships	Trajectory 2: Participants who described trajectories into addiction/offending as primarily shaped by their time spent with peers were organised into trajectory 2, with some participants highlighting a 'trigger' event which compounded their problematic use/offending behaviours	Trajectory 1(+2): Participants who predominantly described trajectory 1 in their discussion of their childhood and journey into addiction/offending, however there were peers or groups to compensate for the lack of closely bonded relationships aligning partially with trajectory 2
	Time 1		
Relational	-Safety in recovery-orientated relationships, feeling bonded -Sharing emotional burdens -Support centred on lived experience -Relationships as increasing accountability -Reconnecting with family members -Readiness to enter a romantic relationship builds with recovery process	-Making amends with family and relationship building -Partner in recovery -Partner desisting -More open to romantic pursuit	-Higher quality of support -Stronger bonds with others in recovery/desisting due to support given -Building bonds with family members -Relationship reparation (clearly a key part of both recovery and desistance) -Family relationships as motivational
Capital and cohesion	-Connections made in group based setting which support recovery/desistance and provide opportunity to support others -Employment	-Daily routines structured around giving back to community	-Regular attendance at group, keeps capital pool topped up

Identity	-Pride in identity -Recovery/desistance contagion facilitated through group members visible identities -Previous strong identity translating well into new strong recovery identity (e.g. army vet or dealer…prominent figures) -Small concern regarding stigma of recovery identity _Many recovery/desistance orientated groups in social networks	-Previous strong identity translating well into new strong recovery identity (e.g. army vet or dealer…prominent figures)	-Forgiving others and forgiving oneself
Time Two			
Relational	-New friendships developed -Familial relationships improving	-Recovery groups like family	-Bonds building
Capital and cohesion	-Education	-Employment -Volunteering	
Identity	-Becoming who I am meant to be	- Positive SIM changes such as more social bonds and less conflict	-Feeling more confident in presenting and reception of identity

Component Interaction, Lead Components and the Radius of Trust

Study 2 evidenced the interconnected nature of the social components in a number of ways. Quantitative data revealed that greater levels of social support evident within relationships was associated with increased levels of recovery-supportive social capital, and social recovery capital was significantly positively correlated with multiple group membership (capital and identity components). Correlations within the identity component were also identified for participants, between multiple group membership and recovery identity, and this has been established in previous research (Best et al., 2016). Individual overlaps of radii of trust were exemplified during qualitative analysis, through the bonds discussed between group members, and through the development of relationships built on shared lived experience. It was found that 'giving back' as an aspect of the

capital component helped to strengthen participants' identity components: making amends for damage they felt they had caused, and spreading the message of recovery to others made them feel good about themselves, arguably expanding individual radii of trust. The results of the SIMs also demonstrated that bonds within networks increase the likelihood of identifying similarly with group members, as supported by existing research on recovery identities (Best et al, 2016a), again depicting the connection between the relational and capital components for recovering/desisting participants in this research.

The interconnection between components, and also the connection between component transformation from lacking or detrimental to significantly positive and beneficial, can be best understood when contextualised within the life history of participants. For trajectory 1 participants, onset was characterised by a lack of social bonds and consistent support in the home, features which continued into relationships during addiction/offending. This resulted in consequent emphasis being placed on the relational component during discussions about recovery/desistance journeys, with primary focus being on improved and healthier familial relationships. A lack of true friendships developed, and consequent isolation, also resulted in emphasis placed on improved relationships primarily following entry into recovery/desistance. For Trajectory 2 participants, socially influenced journeys into offending/addiction as mediated by relationships with peers resulted in social journeys into recovery/addiction, causing consequent lead component emphasis to predominantly be on the identity/capital components. Such participants could be seen most frequently as acting as faces of recovery – spreading the message of recovery to others and giving back through volunteering in some capacity.

TABLE 5.13. Lead components as shaped by trajectory

Trajectory 1	Trajectory 2
-Lack of bonds and consistent support in the home, continued into relationships during addiction/offending, emphasised the relational component especially during discussion of his recovery/desistance: improved and healthier familial relationships - Moving around frequently during childhood, lack of true friendships developed, consequent isolation. Emphasis on improved relationships primarily once in recovery/desistance	-Social journey into addiction/offending, social journey out. More obvious emphasis on the identity and capital components, representing the group and giving back, and descriptions of group members as like family -Most visible within and outside the group, 'faces of recovery'
Predominant lead component for participants within this trajectory: Relational	Predominant lead component for participants within this trajectory: Identity (Capital)

Participants discussed experiencing lack of trust during addiction/offending, and in some cases participants discussed experiencing and eliciting untrustworthiness. Trust was described as growing following entry into recovery/desistance however, although in some cases cautiously due to damage caused by previous experiences. Trust was reported as growing both in the participant as perceived by others, and in others as perceived by the participant: in other words, participants described feeling more trusted, and more trusting in others. Trust is an implicit aspect of social capital (Fukuyama, 2001; Lin, 1999): growth in the capital component therefore suggests growth in trust, and the mechanism for the growth in trust within the groups is self-storying, and beyond the group projecting the identity and demonstrating benefits of recovery/desistance to local community supports trust growth (perhaps still through the self-storying mechanism). Simon from Lincoln for example has given talks to medical professionals and university students about his recovery and desistance journey – demonstrating the consequent benefits of recovery and connecting them to his support group. Mark from Sheffield has taken part in similar activities at a university local to him. Trust is referenced as enhancing other social components too: relationships benefit as a result of the increased honesty and participants feel more confident in the version of themselves that they present to others as it is more congruent. It could be argued that trust is the implicit 'golden thread' which underpins and enhances each of the social components in a recovery/desistance supportive manner. When strong and visible, social component growth projects the radius of trust into the local community, creating beneficial ripple effects not only for group members but also for members of the local community.

The interconnected social components have been evidenced in each of the three settings, and as analysis has progressed it has become clear that a lead component has become evident as demanding focus and attention in order to enhance other components and the recovery/desistance process. The radius of trust, when evident in a support group such as those included in this research, can also work to enhance the components, and therefore the recovery and desistance process. However, the components, the radius of trust, and the lead component have so far been explored separately due to the novelty of this research and the need to establish and clarify the various aspects and process in relation to both recovery and desistance due to not having been collectively researched with regards to both recovery and desistance before. The case study now to be presented and examined offers an overall picture of the interconnected nature of the components and the roles they have played in affecting recovery and desistance for this participant: comprehensively answering project aim 4, 'What does a synthesised model of social components (including the radius of trust) based on the findings look like?'. The participant's narrative will therefore be summarised for the reader's benefit,

before being broken down in terms of trajectories and components. The 'lead component' hypothesis will also be exemplified through the use of the example case study, contextualised within an understanding of the radius of trust hypothesis.

Example Case Study: Matilda

Matilda, Lincoln: Matilda grew up on a farm in Lincolnshire in what she described as a middle-class family. He father was violent towards the animals growing up, on one occasion dragging their dog behind the car at 60 miles an hour. He was also abusive towards her mother. She describes an isolated childhood, void of care and affection, and she would work independently on homework so as not to anger her father. She went to boarding school, where she was groomed and sexually abused at the age of 12/13 by a member of staff. She started smoking at seven years old. She changed boarding schools due to her behaviour declining, but did not tell anyone about the abuse. She describes feeling unhappy with her body and image growing up, and this was compounded by the emotional abuse from her father regarding her appearance. Her parents had affairs, which caused ill-feeling towards her family from others involved. Her parents divorced. Her brother was also away at boarding school, and so Matilda describes feeling distant from him also. She moved away from her family at a young age, and found a group of people to travel with who she described as replacing her family, a few of whom used drugs. She describes enjoying this period of her life, although drugs were prevalent. She continued to use as her social group got older and moved away from recreational drug use. This resulted in the need for Matilda to change social groups again. She developed stronger connections with a different group who had been in her social circle, and moved in with one of the group members. She began using heroin. Whilst travelling in Spain, Matilda fell pregnant. She split up with her baby's father due to an affair on his part, her daughter was born and her using increased. Recognising she was not coping in Cambridge, she moved back to her mother's in Lincolnshire. She kept her drug use hidden from her mother, but felt her mother knew something was going on. She has struggled with depression and her mental health her whole life. She moved into her own place and became more and more engaged in criminal activities such as shoplifting. She relied on her mother for things like the shopping each week, and would occasionally steal money out of her purse. Her mother had a 'funny turn' and ended up in hospital, so Matilda recognised she needed to become more self-sufficient, however to achieve this she started dealing drugs. She managed to look after her daughter throughout this time however, who was aware of her drug use. Matilda ended up serving a prison sentence in Peterborough for possession and possession with intent to supply. Her daughter chose to live with her mother, and for the next several years Matilda continued to take drugs and spent further sentences in prison. Whilst waiting on remand in prison to be sentenced she realised that one more charge would result in much more serious prison sentences, and she did not want to miss out on her daughter growing up, and so found somewhere to live and detoxed herself. She cut off existing social connections and began to make contact with Addaction. From there she learned about the Lincoln recovery group, and began to attend the social support groups. She became involved in volunteer work with recovery services and probation, and began spending more structured time with her daughter with whom she says her relationship is improving. She is now in recovery and desisting from crime. She has a partner, who is held on remand in prison currently, but who she describes having an open trusting relationship with. She has completed her Subutex script, and is now drug free, describing herself as in recovery and no longer engaging in criminal activity.

Matilda aligns with Trajectory 1(+2), with Trajectory 1 being the experience of abuse or trauma in childhood, characterised by weak or non-existent social bonds and a lack of positive relationships and social support. Her isolated childhood and experiences of sexual abuse, make it clear how a lack of social support in the family home, compounded by the abuse she was subject to, meant that her behaviours around using substances were not monitored or controlled. Her subsequent socially mediated journey into addiction explains the addition of Trajectory 2 to Matilda's journey into

offending/addiction, as she described developing a strong connection with two separate groups of people who advocated substance use. This replacement of lacking close social bonds can explain Matilda's desire to belong to the group, and therefore her willingness to adopt their norms:

"So when these 'family', 'relationships' I say in inverted commas again, started to break down, I went looking for a new family to join, you know. Unfortunately, I mean I guess in some ways it was inevitable but I got in with some people who I already – You know, we talked about those groups, I mean I kind of was in a few social circles and one was, I would say they organised festivals and things like that which I really enjoyed and I loved doing but they also had quite a few members that were heroin addicts within that group. I basically moved in with one of them and very quickly began taking heroin." (P.5.L.170-176).

The loss of the bonds Matilda had developed with the first group impacted on her mental health, and resulted in her development of a bond, an attachment to heroin and how it made her feel:

"Because of my first surrogate family relationships breaking down I was experiencing depression, I wasn't happy, you know, I isolated myself before they isolated me, spending a lot of time on my own so being with this new group made all those feelings go away because I felt wanted, felt needed, felt like I was part of something again but heightened the need for blocking out emotions, so that's really kind of how the heroin and I kind of made this love affair and it all worked out great for a short period of time." (P.5.L.176-182).

Matilda's problems with her romantic relationship breaking down, and having to raise her daughter alone compounded her drug use, further demonstrating the importance of the relational component to Matilda's journey into addiction and offending:

"Certainly after I've had [daughter's name] and after [partner's name] and I split up because he had an affair, he went to Spain, I was basically left on my own with her. My level of using went up a lot. I started committing crime in order to fund it, crack cocaine stopped being recreational and started being more dependent, obviously mentally and emotionally rather than physically but, you know, the two went hand in hand. Yeah, I started injecting on a regular basis." (P.6.L.205-210).

Matilda began to recognise this lifestyle would ultimately damage her relationship with her daughter irreparably. Matilda's daughter being cited as a key motivational factor in her desire to desist and recover, again exemplifies the importance Matilda places on social relationships:

"[I thought] 'do you really want to spend the last years of her childhood locked up in here speaking to her every morning at 7.30 for ten minutes and maybe seeing her once every two to three months for a couple of hours? Is that what you want and is that what she would want?' I decided, I don't really know why, I decided to give up the drugs but that was certainly one of the factors." (P.10.L.362-367).

Matilda's relationship with her daughter has strengthened since her entry into recovery/desistance, with a stronger bond even developing over the period of data collection: "Good times with my daughter, they've improved a bit because she comes over on a Monday night and every other Monday she'll stay the night so it means I'm getting a bit more time just with her rather than – which is good." P.1.L.28-30. Matilda has also gained a romantic relationship following her entry into recovery/desistance, which she describes as founded on honesty, support and empathy due to both having lived experience of desistance. Significantly, by Time Two Matilda reports an identity change since time one for her partner: at time one Matilda's partner was identified on the SIM as a desisting heavy user/drinker, by time two he is depicted as a desisting abstinent/casual user/drinker. Matilda's

social network has also expanded between time one and two, as demonstrated by her SIM, below, from including 8 groups to including 10.

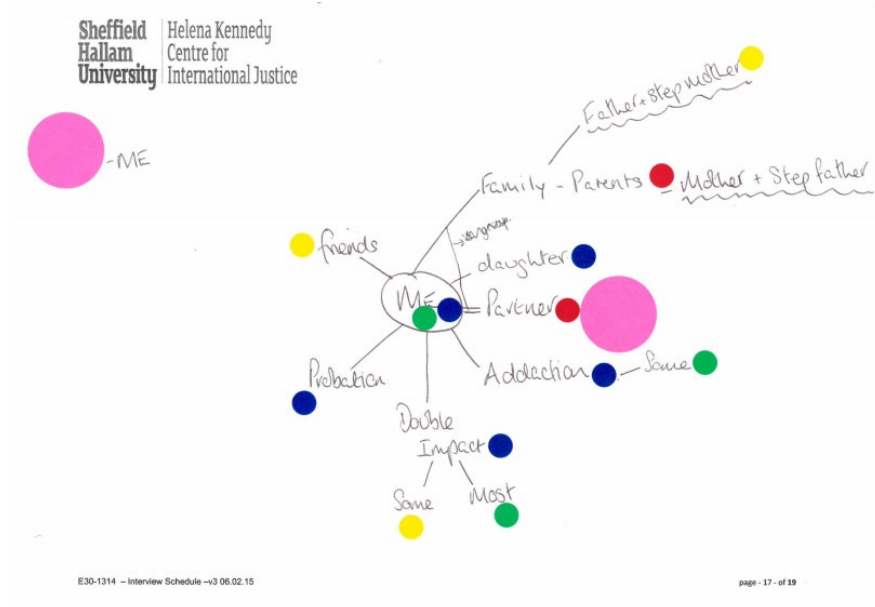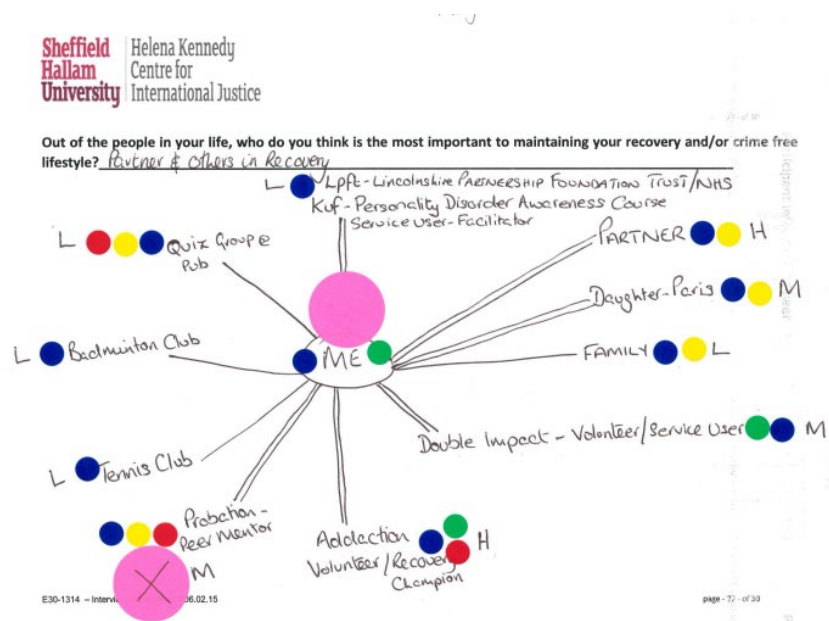FIGURE 5.15. Matilda Time One SIM

FIGURE 5.16. Matilda Time Two SIM:

Matilda's other social components have also grown. Her commitment to volunteering is providing individuals within the local community with pro-social capital, for example her probation mentee. Her identity as 'in recovery' and desisting is also stable: having reduced off her script and developed working professional relationships, through which her actions are held accountable (formal social control). It is arguable therefore that Matilda's lack of support and positive relationships throughout her life were consequently something she sought. To fit in with the social groups she came across, she adopted their norms and values such as using heroin, and this also helped to mediate the traumatic experiences she had experienced in childhood. This relational component has therefore been of incredible importance to Matilda's recovery and desistance process, as having been once damaged and depleted has become a focus of her journey out of addiction and crime. Matilda feels that sharing her experience with others who have experienced similar events and journeys works to increase her ability to trust:

"What [Lincoln Recovery Group] does is give a place, it's not just the education, it's not just giving you something to do, which is really important, but, it helps you to find your confidence in order to be able to talk about your own journey, it creates an environment of trust which also helps but, you know, for a lot of people that's a really big thing in their lives because they haven't been able to trust anybody for years and years and years, and the ones they have trusted ultimately always let you down." (P.13.L.501-506).

The mechanism of openly sharing life experiences in a safe environment, with other people who have lived experience, has supported Matilda's recovery, and arguably underpinned her development of friendships with group members:

"So it's hard to be yourself around people who really haven't been where you've been. It's an uneasy feeling because you feel like you're kind of – Well, for me, it's still that secretive way of going on. You can't really be who you are and that chips away at confidence and self-esteem in itself so it's really good to be able to trust the people in your room fully and know that they've been down the same road as you and you're all – You make new friends, it just happens that way." (P.14.L.519-524).

It is clear that Matilda's leading component is her relational component, however this has grown alongside her capital and identity components as her trust has developed alongside her recovery/desistance. Matilda's volunteering roles support local social cohesion, and strengthen her pro-social identity as her new persona is reinforced by the relationships she develops and the trust she receives from others.

TABLE 5.14. The key moments for Matilda from onset through to recovery/addiction thematically by component

Active addiction/Offending	Recovery/Desistance
Social context and trajectory: Trauma, isolation. The creation of 'family' unit with using peers	Social context: Attending recovery group, volunteering. Own accommodation
Low social component levels, substituted for negative social components with social networks who encouraged using/offending behaviours	Growing pro-social component levels underpinned by a strong radius of trust which is expanding beyond the boundaries of Matilda's support group
Relational component (bonding): friendships with using peers	Relational component (bonding): improved relationship with partner, family and daughter
Capital component: drug dealing, and hiding people from the police	Capital component: volunteering with desistance orientated organisations
Identity component (networks and group membership): centred on selling and using drugs	Identity component (networks and group membership): visibly supportive of the recovery/desistance of others
Untrusted and suspicious of others	Expanding the radius of trust

Trust has therefore been established as able to influence each component for Matilda, and for other participants in both Study 1 and 2. The radius of trust is arguably expanded through the self-storying mechanism, as detailed in Matilda's case study, and acts to make visible and increase other people's access to the recovery/desistance supportive components. Although relational components can increase trust on an individual level for the participants in this research, participants have also referenced processes that link to the self-storying mechanism and the identity/capital components as helping to expand the radius of trust, benefitting the group and arguably the wider community (and exemplifying the recovery movement's 'better than well' consensus (Best et al., 2015)). Identifying an individual's lead component could help provide a place to start in terms of supporting the recovery/desistance process which does not undermine the other components and is evidenced to support both processes when consideration is given to the context through which components have developed.

Chapter 6: The Social Component Model Conclusion

Desistance from crime and recovery from addiction have increasingly been acknowledged in each respective field as socially mediated processes (Mericle, 2014; Best and Lubman, 2016; Weaver, 2014; Best, Irving and Albertson, 2016). The evidenced similarities between the role of social factors in supporting recovery and desistance have been outlined in Chapter 2 of this research, and the results presented in Study 1 and supported by Study 2 present the recovery and desistance supportive social components, including three core components, which each include sub-components identified during thematic analysis which are closely connected to the core component and conceptually interconnected. These include the Relational component (including subcomponents social bonds and support); the Identity component (subcomponents social networks and group membership); and the Capital component (subcomponent social cohesion). Each of these factors has been studied separately in the recovery and desistance fields, and acknowledged to play important roles in the processes (Colvin, Cullen and Vander Ven, 2002; Wyder et al., 2015; Rowe and Soppitt, 2014; Tajfel and Turner, 1979; Haslam, 2014; Dingle, Cruwys and Frings, 2015; Maruna, 2001; Wilson, 2014; Ruiu, 2016), however this is the first study to explore each of the components together within the context of both recovery and desistance. People in recovery/desisters are frequently supported in the same physical spaces, by both professionals and by one another, and are also frequently the same people. Synthesising the research on the social component has therefore intended to clarify their collective roles regarding these processes, with a view to ultimately enhancing recovery and desistance processes for support group members. By better understanding and integrating theory on both desistance and recovery, practical support may ultimately be given which is evidenced as being beneficial to both processes, minimising the likelihood of conflicting advice being given and therefore enhancing the impact of practical support and the likelihood of desistance and recovery maintenance. This process could also act to build and strengthen trust between workers in criminal justice and addiction support fields, increasing the likelihood of signposting between organisations helping to create a clearer and more efficient process of support which could even work to help provide a sense of balance to support groups' workloads.

Analysis of addiction/offending onset from the life-history interviews elicited two socially mediated trajectories, and a third which included elements of each: the first being the experience of abuse or trauma in childhood; and the second being peer pressure or early contact with using/offending networks, sometimes combined with a trigger event that is described as a causation factor. The first

trajectory can be seen to be characterised by weak or non-existent social bonds and a lack of positive relationships and social support, sometimes compounded by the experience of trauma; and the second by direct association of learnt behaviours to engagement in drug/alcohol use and/or offending, sometimes with reference to the problematic substance use beginning as a coping mechanism when a key life event occurs. The combined trajectory participants (1+2) presented predominantly as trajectory one, but discussed the socially mediated aspect of Trajectory 2 as shaping their addiction/offending onset and masking emotional pain experienced from the traumatic events. Although within Study 1 there was only one case which aligned with Trajectory 1, by Study 2, six participants also aligned with this trajectory, and five aligned with Trajectory 1 (+2), solidifying its applicability and relevance to the participants in this research.

From Study 1, it began to emerge that the trajectories were capable of shaping the understanding that a lack of social bonds and support, or overtly damaging peer influence, sometimes compounded by a triggering or traumatic event, can lead to participants to place consequential emphasis on one of the components particularly in recovery/desistance – giving way to the lead component hypothesis examined within Study 2. Essentially, the social components are shaped by the participants' journey into and out of offending and addiction. This is important to understand, as the context within which the components were developed or lacking could therefore help to establish an understanding of their importance within the recovery/desistance process. This is supported by existing research in the recovery field regarding one of the components - social identity - which described a recovery pathway categorised as the renewed identity pathway, and which involved the repairing of a positive identity held prior to addiction (Frings and Albery, 2015). This also aligns with research in the desistance field which has examined the process by which desisters design redemption narratives to reconcile their past with their new behaviours and identity (Maruna, 2001). The idea that participants who partook in this research focus on one particular component as a result of experiences which shaped their route into and out of addiction and offending could, if identified, enhance the support process of recovery and desistance in group-based settings, however this is a preliminary hypothesis which requires testing with larger samples in further locations.

The practical implications of understanding peoples' journeys into addiction/offending are clear however: the social context leading up to and surrounding such events can have a profound impact on the mechanisms through which individuals negotiate their way into recovery/desistance. This can be seen within particularly identity research in both fields which highlights the social journey and its connection to internal change (Frings and Albery, 2015) and in this research through the frequently difficult, challenging and even traumatic experiences which surrounded participants' initial

trajectories and shaped their access to recovery/desistance supportive resources. The relevance of trusting and being trusted are also clear themes throughout the trajectories of people who are recovering and desisting in this research with regards to each of the social factors supportive of the processes have clear implications for acquiring the resources and sense of belonging they require to progress. Identifying and understanding the social context through which such experiences develop helps to mediate the stigmatised nature of addiction and offending, through providing an opportunity for shared experiences to be realised and for empathy to develop.

Regarding the identification of the social components in Study 1 based in JFH, each component was identified as being present for team members, however the presence of a diminishing radius of trust (Fukuyama, 2001) was also identified, and could be seen to be capable of negatively impacting the recovery/desistance supportive social components. Through examining the ways in which the social components are interconnected in both Study 1 and 2 using both qualitative, quantitative and social identity map data it was found that trust was connected at an individual level pertaining to familial relationships and fellow group member friendships (within the relational component); and on a wider scale through: the bonds depicted on the SIMs (identity component), the social capital described in the qualitative interviews and the quantitative social capital data. The fact therefore that mistrust was being fostered at the time of data collection with JFH due to the structural changes is concerning for the participants' recovery/desistance integrity, due to the implications this could have for group members' social components and also due to the existing research which highlights the pertinence of trust to mental wellbeing (Carpiano and Fitterer, 2014). The implications this has for emerging initiatives suggests that commitment to constancy should be a key requirement for policy makers and supportive organisations, and emergency plans for the redirection of group members to other local initiatives and resources could help to protect the recovery/desistance progress of those who attend should funding or resources diminish.

The importance of building and *maintaining* trust for social enterprises that support vulnerable and marginalised people is exemplified by the JFH study, and given drastic funding cuts to drug/alcohol/rehabilitative services (IAS, 2017) it is unfortunately unlikely to be an isolated incident. Providing evidence-based support is an important method of maintaining consistent care and support, however without sufficient funding, as seen in Blackpool, individuals voluntarily take matters into their own hands – setting up groups which do not rely on funding (Blackpool Recovery Group) for consistency but which are consequently restricted in their access to evidence-based practice examples and wider learning. Continuity should be prioritised in the design and practice of support

services so as not to undermine the growth and impact of trust built, and policy should be held accountable for directing funding towards such services for exactly this reason.

Relational Component

Supportive familial relationships are important for successful reintegration post-prison, and so it follows that drug use and familial conflict can damage social bonds (Mowen and Visher, 2015). The results of this PhD research from a recovery and desistance orientated perspective support the existing evidence in this area. Emerging subthemes for the relational component that benefitted from and supported recovery/desistance were familial relationships and friendships developed through sharing and talking about lived experience. Quantitative analysis has demonstrated for the samples in Study 1 and 2, that greater levels of social support within relationships were associated with increased levels of recovery-supportive social capital, and statistically significant positive correlations were identified between both: social recovery capital and multiple group membership; and multiple group membership and recovery identity variables, however the small sample size and attrition must be acknowledged when considering these results. The development of stronger social bonds and higher quality social support align with existing literature on the process of particularly desistance (Hirschi, 1969; Sampson and Laub, 1993; Weaver 2013) and this was reported by participants in this research as an important aspect of the relational component, particularly with regards to the two main emergent subthemes of familial relationships/friendships.

Aspirational romantic relationships were a third subtheme which emerged, however were viewed with caution and beneficial only at a pace that suited the participant – having emotional space for high quality and supportive romantic relationships is a priority for participants not yet in a romantic relationship and who are experiencing recovery/desistance. This is important as romantic relationships can exert significant influence on ex-prisoners due to their relative social isolation, with stronger bonds eliciting greater effect, but not always with positive results (Wyse, Harding and Morenoff, 2014). Wyse, Harding and Morenoff's (2014) research is supported by the results from this research relating to addiction, as many participants cited romantic relationships as woven into their drug/alcohol use. Indeed, research has likened the early stages of romantic love to addiction neurologically (Zou, Song, Zhang and Zhang, 2016) and so feeling cautious about embarking on a romantic relationship particularly in early recovery can be better understood from this perspective.

Developing pro-social highly bonded and high quality relationships is clearly important to both recovery from addiction and desistance from crime, and the acknowledgement by participants who were not in a romantic relationship during data collection of needing to take time with such a process

arguably demonstrates recovery/desistance supportive behaviour.. The importance of not conflating desistance and recovery research without due examination is highlighted here: romantic relationships are often heralded as a hopeful turning point in the desistance field and yet cautioned against in recovery. The findings of this research suggest developing an awareness and understanding of the role and quality of the relational component as important to the recovery/desistance process: self-awareness of the relational component could be encouraged in group-based settings in order to protect and develop the component healthily and sustainably. Research on the 'social cure' emphasises the benefits of multiple positive group identities and belonging (Jetten, Haslam and Haslam, 2012), and ensuring group members are aware of their relationships and methods to enhance them could help them to materialise, mobilise and maintain their pro-social components.

Capital Component

Social capital refers to the resources and structure which result from social relations (Adler, 2002; Lin, 1999). All participants described some form of positive social capital as present during their interviews since entering into recovery/desistance: exceptionally high average social capital scores in each group were evidenced by the quantitative measures and positive growth in the relational component over time was documented in each of the qualitative interviews, further supporting the notion that the components grow in connection with one another. Relationships expand access to and strengthen the various forms of social (and community) capital and this works to improve self-perceptions (feel good factor) and reportedly outside perceptions (such as those of close friends/family) – in other words working to strengthen the participant's identity component.

Qualitatively, overlapping radii of trust between group members were exemplified through the bonds discussed and relationships built based on shared stories of lived experience, and participants also discussed how giving back made them feel good, therefore strengthening their identity. Participants such as Lenny for example worked to prevent the group's social network from becoming closed, acting as bridging capital and encouraging others to enter into recovery/desistance (providing them with giving capital), therefore working to enhance social cohesion within the local community. Bridging capital tends to refer to the weaker bonds between individuals and groups which provide greater access to a wider variety of networks, information and knowledge (Chapman and Murray, 2015): the importance of bridging capital between support groups and the community is high if the radius of trust is to span beyond the boundaries of the group. The capital component cannot operate without the presence of either the relational and identity components, due to its requirement for social contact in order to be tangible.

The interconnection of each of the components, and the likelihood that each will need to be present at moderate levels to build trust levels has begun to be established by this research. It is perhaps less likely that the capital component can operate as a lead component due to its apparent reliance on both the relational and identity components to facilitate trust building, however further research could examine this by testing the model with further groups and focussing on which component emerges as a priority for participants. Encouraging radii of trust between various support groups to overlap could help to improve the reliability and sustainability of such groups in the face of austerity and funding cuts, through developing connections which can be utilised should a group disintegrate. This approach would also help to diversify group members' social networks – a variable known to strengthen the likelihood of recovery from addiction (Bathish et al, 2017) and echo the approach discussed in work regarding community connecters and their roles in creating links between positive resources to help to build strong communities (Kretzman and Mcknight, 1993).

Identity Component

The Social Identity Model of Recovery (SIMOR) argues that recovery is a socially negotiated process which emerges through process of social learning and control, and can therefore be spread through social networks and groups (Best et al, 2016a); this is supported by desistance literature regarding socially negotiated desisting identities which argues that reformed identities result from processes of prosocial labelling (Maruna et al, 2004). In other words, pro-social support networks are able to positively influence identity formation through engagement and belonging (Longabough, Wirtz, Zywiak and O'Malley, 2010; Best et al, 2012; Best et al, 2016a).

Many different groups were documented by participants through the SIMs collected for this research, 192 in total for Study 1 and 2, 133 of which included people in recovery/desisting. This is important as research shows that norms and values of groups that individuals feel they belong to can be positively or negatively influential depending on the behaviours and actions promoted (Best et al, 2016a). At time 1, group identity and recovery identity were positively correlated for Study 2 participants ($r=.71$, $p<0.01$), and participants also reported developing a sense of pride in their transformed identity, underpinned by the developed social networks, capital and 'giving back' to others. These findings exemplify the interconnected nature of the identity and capital components, and the results that building social capital can have when it comes to strengthening recovery/desistance supportive identities, providing support for the presence of the interconnected model and the collective examination of the components.

A distinction by category can be seen for Trajectory 1 (+2) participants for the identity component, who described the process of both forgiving other people and forgiving oneself as a key aspect of their recovery/desistance identity component; transitioning the undercurrents of both traumatic experiences and social influence from onset into positive resultant recovery/desistance supportive self-awareness and pro-active responses. Visible pro-social identities which are community-facing, and the process of sharing lived experience are important for helping to expand the radius of trust and access to capital for group members on the periphery, as demonstrated by participants such as Mark, Lenny and Simon. The process of sharing stories of lived experience in group settings could be the mechanism that helps group members to develop redemption narratives (Maruna, 2001), which work to strengthen at least the identity component but likely also the capital component through the resultant empowerment effects (Maruna, 2001) – producing beneficial results such as well-bonded relationships for people desisting and in recovery alike.

Sharing stories not only acts to solidify an identity, but also works to increase trust through developing principles of honesty and perceived support as a result of sharing, having positive implications for the relational component within Study 2. Trust was reported as important to recovery/desistance in both Study 1 and 2, and documented as growing alongside recovery/desistance for the three groups from whom data was collected in Study 2. This is important given the existing research on the link between trust and increased mental health and wellbeing (Carpiano and Fitterer, 2014). Being trusted and learning to trust are experiences referenced during recovery/desistance for Study 2 participants, and this is both supported by and facilitated by improvements in the social components, cyclically enhancing the recovery/desistance process. Social component/radius of trust change over time is seen to be linked to the onset trajectory into offending/addiction from qualitative interview analysis, resulting in the lead component hypothesis.

Lead Component

Connections between each of the components have been evidenced quantitatively, qualitatively and by the SIMs. Quantitative data revealed that greater levels of social support evident within relationships was associated with increased levels of recovery-supportive social capital, and social recovery capital was significantly positively correlated with multiple group membership (capital and identity components). Correlations within the identity component were also identified for participants, between multiple group membership and recovery identity, and this is a finding that has been established in previous research (Best et al., 2016a). Qualitatively, relationships, social bonds

and trust grew following entry into recovery/desistance, and strengthening pride and a sense of self-worth could be seen in the emerging and established recovery/desistance identities, as demonstrated by the willingness participants described to share their story with others in the group in order to help them (Mark from Sheffield for example), working to increase access to capital and further develop trust due to legitimising their identity (becoming who they say they are) in the eyes of family and friends. The negative implications of the Study 1 JFH group and radius of trust dissolution are therefore more poignant given the positive effects that result from the presence of the pro-social components and trust. The connection between the trajectories and the lead component hypothesis requires further examination, however within this research a clear connection between prioritisation of a component in recovery/desistance and a severely lacking or negatively manipulated component during onset emerged. Understanding each of the components, their history and roles in practice, including how they are impacted by the mechanism of self-storying, has shown for these groups the inseparable nature of the social components when it comes to a holistic understanding of recovery and desistance. The connections between relationships, identity and capital as developed through historic experience, self-storying and trust exemplify the need for further practical testing of this model with a view to testing the lead component hypothesis further and enhancing the components whilst monitoring desistance/recovery progress.
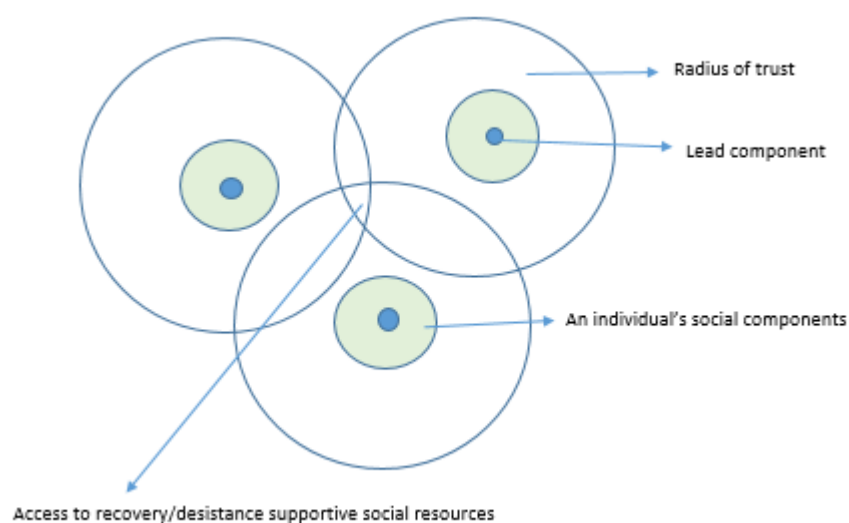
Radius of Trust Hypothesis

Groups which foster social capital can develop a radius of trust which has the capacity to expand beyond the boundaries of the group (Fukuyama, 2001). Through adopting Fukuyama's radius of trust hypothesis and applying it to the recovery/desistance support groups under study, an understanding of the role of trust with relation to the components and processes has been developed. In Study 1, Best et al.'s (2016) previous research conducted within JFH and research observations made for this research, alongside qualitative interviews, provided evidence for a radius of trust: captured by the time of qualitative and quantitative data collection however was the dissolution of the radius of trust. The structural and managerial changes which occurred and which resulted in redundancies fostered an environment which was suspicious and mistrustful, and which therefore corroded the group identity of the JFH participants, as demonstrated by the quantitative data, the qualitative interviews describing a move away from feeling as though JFH were family, and conflict evidenced by SIMs.

Despite the reduced group level radius of trust in JFH, participants in each study described moving from being untrustworthy and suspicious to developing and receiving trust in and from others

following entry into recovery/desistance at an individual level. Growth in the social components can be seen for participants in Study 2 to strengthen and expand the radius of trust for these research participants, which develops upon entry to recovery/desistance, and which has perceived beneficial ripple effects for the wider community; further emphasising the capacity of a wide radius of trust to reduce levels of public stigmatisation of people with criminal/addiction histories.

It is important to consider however that expansive radii of trust may serve to achieve exactly this aim: in comparison to the more straight forward hypothesised mechanism model depicted in Chapter 1 (Figure 1.2), Figure 6.1 depicts the over-arching social component and radius of trust mechanism model between group members within a support group. Each participant presents a lead component, and it is hypothesised that when this lead component is enhanced it may cyclically improve their other two components and therefore strengthen their recovery/desistance. This component growth is underpinned and facilitated by growing trust levels, which begin to overlap between group members, increasing their access to socially mediated recovery/desistance supportive resources such as capital, group membership and social support. If strong enough; underpinned by the presence of well-bonded relationships and visible through the presence of both bonding and bridging capital, the support group's radius of trust can then expand beyond the boundaries of the group, working to improve group members' capital, as identified in Fukuyama's (2001) work on trust and social capital. Identity components may also be strengthened through fostering pride, whilst benefitting local communities through enhanced social cohesion and decreased perceptions of stigma.

FIGURE 6.1: The group level social component and radius of trust mechanism model


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The radius of trust is arguably expanded through the self-storying mechanism described by participants in the qualitative interviews, and acts to make visible and increase access to the recovery/desistance supportive components for individuals and for other group members. Identifying the lead component could help provide a place to start in terms of supporting the recovery/desistance process which does not undermine the other components and supports both processes, however it is important to further test the model given the significant levels of attrition experienced between time one and two in Study 2. Should further research support this hypothesis, this would justify the testing of this possible strengths-based treatment intervention with recovery/desistance support groups. Examining the hypothesis that further researching the mechanisms of the lead component within the context of the radius of trust hypothesis for support groups could help to establish the feasibility and usefulness of identifying the lead component and working to enhance it, whilst monitoring the other components, and it is possible that growth could be practically encouraged through engagement in self-storying, or sharing a life narrative with a support group within which group members have similar lived experience. Future research should identify and examine the lead component in order to take steps towards encouraging tangible recovery and desistance supportive component growth in practice.

Presenting the pro-social benefits of recovery and desistance to the local community may cyclically help to increase access to pro-social capital, strengthen identities and work to overcome barriers such as stigma. Entering into recovery and desistance improves local cohesion through the process of giving back which individuals with social capital partake in subconsciously or otherwise: people in recovery are known to volunteer more frequently than members of the general public (Best et al, 2015), and the identified building of social connections and radii of trust also benefit social cohesion through the leaving behind of lives which likely deplete the social components of loved ones around them and local community trust and wellbeing. Improvements in the social components have been identified as able to enhance recovery and desistance for participants who took part in this research, with visibility and access to such resources increased through the presence of increasing radii of trust. This may also be one of the mechanisms through which the local community benefits from a wide and visible radius of trust and the social components of recovery/desistance: conducting further research involving the community would help to test this finding. Clearly, the mechanisms through which growth in the component model effect change in trust and the components in the wider community also deserve examination as enhancing the components for group members has the potential to profoundly positively impact local communities.

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Figure 6.2 below shows the social component, lead component and radius of trust model. The convergence of each component builds to strengthen and underpin the recovery/desistance process, demonstrating the interconnected nature of the recovery/desistance shaped social components: each can interact and is embedded within and underpinned by the individual's radius of trust which when strong enough can overlap with other group members' radii of trust, and when pro-social and visible has the capacity to radiate into the wider community, having positive cyclical effects. People who are desisting/in recovery contribute to local cohesion through their reduced engagement in community-damaging behaviours (such as theft for example); when this contribution is visible, and corroborated at group levels, the likelihood of the positive effects of their enhanced components is more likely to visibly improve the social cohesion of the local community and potentially therefore improve group members' identity component.

FIGURE 6.2. The social component model and radius of trust
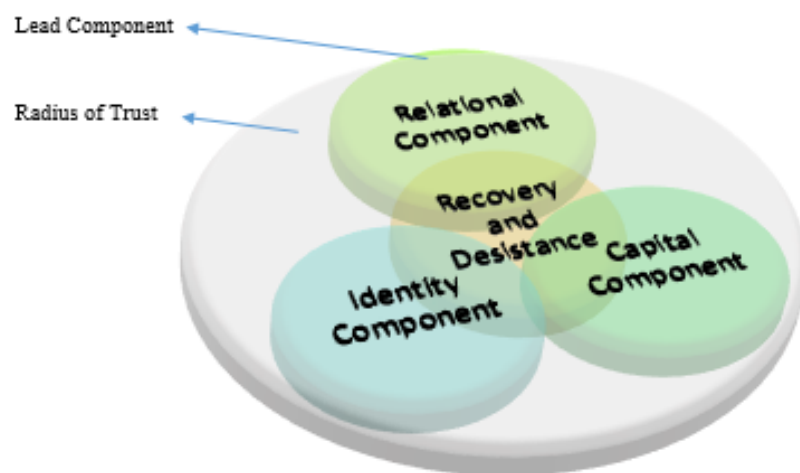
For the support groups in Study 2, the increasing social components are beneficial to participants at an individual level, due to supporting recovery/desistance; to their fellow group members due to increased available social capital and support; and to their friends and family through the strengthened relational component and developing trust. Again, the likelihood that growth in the lead

component results in catalysed growth in the further two social components requires further examination, but is hypothesised to function in a similar way to the mechanism model depicted below in Figure 6.3 as supported by Study 1 shows how this radius of trust at a group level can diminish leading to adverse effects on the social components with a propensity therefore to also negate from desistance and recovery processes.

FIGURE 6.3. An example Social Component mechanism model based on the lead component rationale:
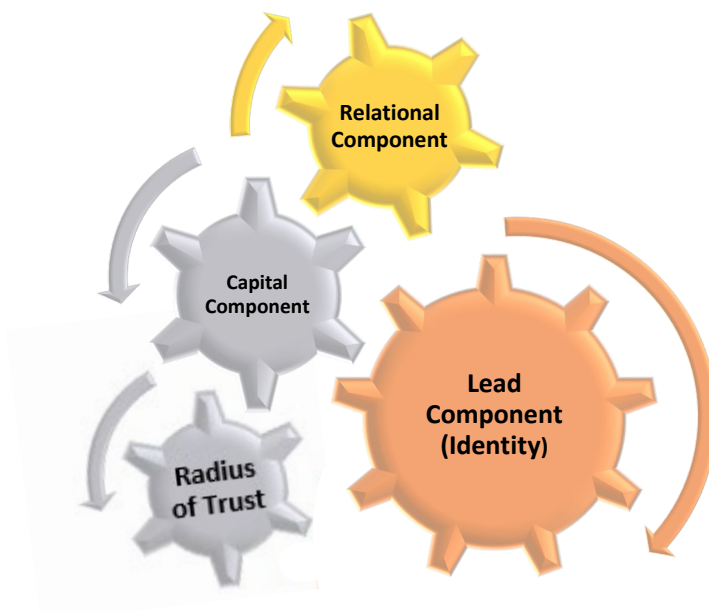
It is possible that there is a causal chain of growth between the components, and that this may create an optimum mechanism model for the growth of the components and consequent effects on recovery/desistance: this could potentially be achieved by focusing on identifying and enhancing the lead component. Although the order has not been established, it is clear from the data from these studies that as the components grow, trust is more likely to grow, and this mechanism requires further research. Growth in each of the components supports the expansion of the radius through the strengthened relationships, visible pro-social identities and enhanced social networks. The growth of one component, for example the identity lead component such as in figure 6.3 above, could trigger growth in each of the two other social components. This is not to say that a different component cannot act to rotate the wheels and facilitate movement and growth, but that the lead component is

predominantly responsible and responsive to change. It would then be logical that trust is likely to build and radiate as a result of movement and growth in the three component 'wheels'. Further research is required to examine this model with larger samples, and to continue to give voice to otherwise marginalised groups regarding how to help and support them. Such information, and indeed existing research, could be better utilised to inform policy regarding how to best respond positively in a strengths-based approach to people who have addiction problems and are in contact with the criminal justice system. It is hoped that working to enhance the lead component is a recovery and desistance supportive method which could be tested in group-based settings.

Challenges encountered during this research arose primarily during data collection following the redundancies experienced by the entirety of the JFH team. Although a rapport was built with the team in the months leading up to data collection, issues within the enterprise regarding staffing, management and costs had increased suspicion and uncertainty within group members. As redundancies were made, the available sample size obviously decreased, and although attempts were made following the redundancies to trace participants for data collection, their consequent mistrust of JFH and my previous association with the setting, and also participant relocation unfortunately resulted in an inability to continue data collection with JFH.

The resultant search for subsequent samples due to the small sample size of JFH, although an opportunity to expand the research, required further time to develop a rapport with the groups at each of the three settings. Visits were made to each of the three locations outside of data collection in order to develop trusting relationships with prospective participants and to observe the routine and interactions of the support group. The small and inconsistent group numbers in the three additional settings consequently also posed a challenge in terms of collecting a large enough quantity of data to produce generalisable quantitative results: however, the complementary style of the supportive quantitative data mean there are still useful results which have been possible to embed. The quantitative data may be put to greater use with larger samples by future research when it comes to the generalisation of the results.

The data collection instruments used to gather this research could perhaps again be streamlined for future data collection: given the novelty of the social component model, the usefulness of the various measures included within the quantitative booklet to examine the components could not have been predicted, however the measures which have been most useful for their examination within this research have been established following analysis as the measures which examine social capital levels, family relationships, group membership and social identity (including group, recovery and

criminal identities). Larger samples may better help to determine the relationship between the 'criminal identity' and other measured variables. The life-history semi-structured time one and two interviews worked well to present an overall comprehensive picture of the social component model of recovery and desistance and the importance of trust to the participants and their journeys, through the rich data acknowledging the deprived, lacking or negative components of addiction/offending and the consequent pro-social components and their interactions following entry into recovery/desistance.

The complex nature of this work, which includes presenting three large themes (the component model; the lead component; and the radius of trust hypothesis) with regards to two predominantly separately studied processes (recovery and desistance) over a total of four settings with multiple methods created a significant challenge to ordering and presenting the resultant data and findings clearly and comprehensively. The separation of the data by study and then by component intended to support the clarification of this work through allowing for the presentation of the model more cohesively, and the inclusion of the case study example within the discussion and summary of Chapter 5 ties together each of the core themes. When researching the model, radii of trust and the lead component hypothesis in the future, it could be more efficient to focus on one sample at a time in order to spend greater amounts of time with the research participants and to further observe the mechanisms of the model longitudinally, however this does depend on the stability of the support group under study as to the feasibility of achieving this.

Recommendations

It is important to reiterate the importance of conducting research which examines and supports both processes of recovery and of desistance (Best, Irving and Albertson, 2016). Given the propensity for each to be socially mediated, and the evidenced crossover of the social factors which can support each process, there is further scope for research, policy and practice to better support individuals who experience these processes simultaneously. Research examining both recovery from addiction and desistance from crime are in their infancy with very few studies having researched the processes simultaneously (Best, Irving and Albertson, 2016). The similarities identified during the literature review regarding supportive social factors and the negative implications of social deprivation on both processes (Kawachi, Kennedy and Wilkinson, 1999; Shaw, Egan and Gillespie, 2007) emphasise the importance of continuing to research the processes and what enhances them together. Given the shared spaces within which people who experience recovery/desistance are supported, the high probability of requiring treatment for substance abuse whilst incarcerated (PHE, 2018), and the

similarities characteristically of recovery/desistance, research which identifies how to better support both processes requires further attention.

Following analysis and the identification of the most appropriate scales for examining the model a streamlined version of the quantitative booklet (attached in Appendix 1.2) could be used for future data collection in order to reduce data collection time for participants. Identifying the context of the components from onset to recovery/desistance, given the results of the current and existing research on each process, could help professionals and people who work in supportive capacities to understand its importance for the individual and to examine which aspects require strengths-based enhancement. This information could also be monitored within support groups, and collated and considered with permission openly at group level, given the importance of self-storying, in order to better understand which aspects of relationships between group members require strengthening through, for example, trust building or communication clarification activities.

To support both recovery and desistance for participants who contributed data, it has emerged that it would be important to encourage an awareness of the consistency and quality of support and bond elicited from the relational component, as supported by existing research in the desistance field which emphasises the importance of strong pro-social bonds (Sampson and Laub, 1993). Higher social capital levels (particularly regarding 'giving back' to others) have been connected with stronger and more visible identities, and trust and trusting others is an important aspect of the recovery/desistance process. Further examining individual and group level component models could better support professionals, volunteers, and peers to encourage the recovery/desistance process through identifying which components require enhancement: further research which explores the mechanisms of the model, the role of trust, and the lead component hypothesis should therefore be undertaken to achieve this. An awareness of the extent to which an individual is 'giving back' could also help to prevent 'burnout', whereby an individual's enthusiasm for helping other people who are desisting/in recovery overtakes their daily routines to an extent that they ultimately have to withdraw to a certain extent to protect their own journey (as seen for Mark, from Sheffield).

Sample size and stability are difficult to predict, however conducting such research with well-established recovery/desistance support groups should help to reduce the challenges experienced during data collection for this research – although it should be acknowledged that this could have implications for sampling bias regarding trust levels. It is also acknowledged that having a better head-start in terms of social component levels or access may result in quicker participant component growth and enhanced recovery/desistance. This should be considered as although marginalised, the

entirety of the qualitative sample were white British and so are not representative of all marginalised and excluded recovering/desisting populations. Future research should therefore explore the social components model for other groups of people with either different social characteristics or different criminal histories, for example within the context of white-collar crime, or for groups not represented by this research such as ethnic minorities and young offenders. What is clear however is that the various social factors which affect recovery from addiction and desistance from crime are complex and interconnected, and deserve further examination as a whole in order to tailor better strengths-based responses that are beneficial to both processes given their practical and theoretical crossover.

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Appendices
1.1-1.2 Data Collection Documents
1.1 Semi-structured interview schedule

Sheffield Hallam University | Helena Kennedy Centre for International Justice

The Social Components of Recovery & Desistance

Interview Schedule

Data sweep 1

Duration: 20 minutes to an hour

1.1.   What does the word recovery mean to you?

2.1.   Other than using illegal drugs, have you ever committed other crimes?

3.1. What was your childhood like? (Prompts: Closeness to family, isolated, consistent, trust, who could you talk to)

3.2. What happened when your addiction/criminal behaviour began and who was around you? And the same question about recovery/desistance

3.3. Did you have close friends growing up?

3.4. Looking back, which relationships were important to you and why?

4.1. Do you have family/people like family around you right now who you feel close to and supported by? Who/Why? Is there trust present?

4.2. Are you in a relationship presently? (For how long, what happened, how do you think it affects/did affect your recovery journey, have your intimate (or any) relationships every affected your drug/alcohol use/ criminal activity)

Section 5: Friendships

5.1. Who are your closest friends right now/why? How long have you been friends?

5.2. How do you maintain your friendships? Do you ever end friendships? (Are you still friends with anyone who is using/drinking/committing crime?)

Section 6 Only: Group relationships & status

6.1. Study 1 Only: What is your job title at JFH?

6.2. Who have you bonded most with at [insert group name]? What do you think friendships in the group are like?

6.3. Do you trust people at [insert group name]?

6.4. Study One Only: How do you feel towards management at JFH? Is this different to any previous experience you have with professionals?

Section 7: Recovery/Desistance relationship factors

7.1. When you think about all of your relationships (Family, intimate, work) what do you think it is about them that helps you maintain your recovery/desistance? (What factors?)

Section 8: Community & Identity

8.1. When you think about your life and the groups of people in it, do you feel like you belong? Which people do you feel most similar to/why?

Workshop 1: Blackpool Recovery Group (BRG)

Your name:_____

Date:_____

1.2a Participant Information Sheet

Who is doing the research/ evaluation?

My name is Lauren and I am a researcher from the Helena Kennedy Centre (HKC) at the Department of Law and Criminology at Sheffield Hallam University. I am conducting a study that will explore the importance of relationships in recovery from addiction and a life free of crime. The reason I am conducting this research is to obtain my PhD qualification, which is funded by Sheffield Hallam University. The research findings may be used to help inform recovery-orientated groups on how to best support positive relationships within and outside the group.

What is the purpose of the research?

This research aims to explore the importance of different types of relationships and how they help or hinder recovery and desistance (a crime-free life).

With your permission, I will be asking questions about your past and current relationships, inside and outside of this group, and how you feel they have affected your recovery/offending behaviours. I will also be asking about the friendships you have made during your time here.

How can I be involved with the research?

If you would like to be involved, you must have a history of addiction and/or offending. You must be willing to be interviewed three times. There will also be three workshops which include some questionnaires. I will ask your permission to digitally record the interviews.

What does agreeing to be involved mean for me?

Participation is completely voluntary and there is neither advantage nor disadvantage as a result of deciding to participate or not. You are free to leave the interviews at any time. If you change your mind about your interview or any of your data being included in the study after it has been collected, you can ask for it to be deleted from the system up to 7 days later by contacting me using the contact details found at the bottom of this sheet. Please talk to me if you have any concerns or questions at all.

What will be done with my data and the research findings?

After the 7 day 'cooling off' interval, your data is given an anonymous code which means the data can only be traced back to you by myself. I will type up what has been said during the interview. This data is then stored anonymously and securely and only I will have access to it.

By taking part, you are agreeing for this anonymised data to be used and re-used for any other research purposes, including being stored and shared. The data are destroyed/ deleted completely 10 years after the end of the research project.

Confidentiality will be maintained, and should other researchers wish to use this data this will be possible with your permission. This may mean quotations from those who have taken part in interviews may be used, but these quotes are **always** used anonymously as **no names are ever used.**

Any questions or concerns?

If you would like any further information about the research, please contact: **Lauren Hall**

➕ **E-mail: lauren.hall@shu.ac.uk**
➕ **Post: 2.14 Heart of the Campus Building, Collegiate Crescent, Sheffield, S10 2BQ**

Others to talk to……

Please also discuss your potential involvement with the person who runs this group, who will know all about this research and will be more than happy to talk you through the process to make sure you are making an informed and voluntary decision to be involved.

You can also contact my supervisor, David Best, at: D.Best@shu.ac.uk

1.2b Consent Form

Please answer the following questions by ticking the response that applies:

	YES	NO
1. I have read the Information Sheet for this study. I have had details of the study explained to me and I understand that I may ask further questions at any point.	☐	☐
2. I understand that I am free to withdraw from the study within the time limits outlined in the Information Sheet, without giving a reason for my withdrawal without any consequences.	☐	☐
3. I understand that the information I share with the researcher will remain confidential, unless it concerns harm to others or myself or undisclosed illegal acts. In these circumstances I understand that the researcher must report this.	☐	☐
4. I wish to participate in the study under the conditions set out in the Information Sheet. I agree to the interviews being audio recorded.	☐	☐
5. If the researcher should become concerned about my welfare during the interview I agree to them talking to the person who runs this group to ensure I am appropriately supported.	☐	☐
6. I consent to the information collected for the purposes of this research study, **once anonymised** (so that I cannot be identified) and after the PhD has been submitted, to be used and re-used for any other research purposes, including publication and being stored and shared.	☐	☐

Name of Participant ……………………………………………………………………………………………

SHU Data code ID:

Contact Details

If I could have your contact details, that would be great! I'd love to catch up with you again in the next few months and also arrange an interview with you

Phone number:

Email address:

No one will have access to your contact details *apart from me*, and any questionnaires you fill out/interviews we do will not be able to be traced back to you as I will *anonymise* them (I will give you a number which will be used instead of your name).

REC-CAP 2016
RECOVERY CAPITAL, RECOVERY ENABLERS
AND BARRIERS AND SUPPORT NEEDS

Name: _____   Date: _____   Location: _____

Section 1: Demographic characteristics

1.1 Gender: MALE   ☐   FEMALE   ☐

1.2 Age: _____ years

1.3 Ethnicity: _____

1.4 Post Code: _____

Section 2: Quality of life and satisfaction

For each of the questions below, please give a rating on the scale for how you are feeling **today**, where higher scores mean you are feeling better and lower scores that you are not so satisfied with this part of your life. Indicate your score by marking on the 'rulers'.

2.1 How good is your psychological health?

poor   0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20   good

2.2 How good is your physical health?

poor   0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20   good

2.3 How would you rate your overall quality of life?

poor   0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20   good

2.4 How would you rate the quality of your accommodation?

poor 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 good

2.5 How would you rate your support network?

poor 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 good

Section 3: Barriers to recovery

3.1 Accommodation

3.1.1 At any point in the last month have you been:

At risk of eviction   Yes ☐   No ☐
Had acute housing problems Yes ☐   No ☐

3.1.2 Number of days in last 3 months (90 days) you have been living in:

Own Home:_____   With family:_____ With friends:_____
 Recovery house: _____ Supported Accommodation: _____
Hostel: _____   On streets/rough sleeping:_____   Hospital: _____
Treatment centre: _____   Prison:_____

Who do you live with? _____

3.1.3 Have you or do you experience any difficulties securing housing on account of historic or current debt issues?   No ☐   Yes ☐

3.2 Substance use

Have you used any substances (including alcohol) in the last 90 days?   No ☐ Yes ☐

If 'No' please respond to the first column below then move to section 3.4.
If 'Yes' please respond to all columns below and record information as indicated.

	Ever been a problem?	Used in the last 90 days	Days used in the last 90 days	Avg daily amount
Alcohol	☐ No ☐ Yes	☐ No ☐ Yes		_____ units/day
Heroin	☐ No ☐ Yes	☐ No ☐ Yes		_____ g/day
Crack cocaine	☐ No ☐ Yes	☐ No ☐ Yes		_____ g/day
Cocaine powder	☐ No ☐ Yes	☐ No ☐ Yes		_____ g/day
Amphetamines	☐ No ☐ Yes	☐ No ☐ Yes		_____ g/day
Cannabis	☐ No ☐ Yes	☐ No ☐ Yes		_____ spliff/day
Methadone (prescribed)	☐ No ☐ Yes	☐ No ☐ Yes		_____ mg/day
Methadone (street)	☐ No ☐ Yes	☐ No ☐ Yes		_____ mg/day
Buprenorphine (prescribed) (Subutex)	☐ No ☐ Yes	☐ No ☐ Yes		_____ mg/day
Buprenorphine (street) (Subutex)	☐ No ☐ Yes	☐ No ☐ Yes		_____ mg/day
Benzos (prescribed) (specify _____)	☐ No ☐ Yes	☐ No ☐ Yes		_____ mg/day
Benzos (street) (specify _____)	☐ No ☐ Yes	☐ No ☐ Yes		_____ mg/day
Other problem substance? (specify _____)	☐ No ☐ Yes	☐ No ☐ Yes		_____ g/day

3.3 Risk taking

Have you injected drugs in the last 90 days?   No ☐   Yes ☐
                                                                            (if No, skip to 3.4)

If yes, how many days have you injected on? (0-90 days) _____ days
Have you injected with a needle or syringe used by someone else?   No ☐   Yes ☐
Have you injected using a spoon, water or filter used by someone else?   No ☐   Yes ☐

3.4 Involvement with the criminal justice system

Are you currently involved in offending?   No ☐   Yes ☐
Are you currently involved with the police?   No ☐   Yes ☐
Are you currently on a community order?   No ☐   Yes ☐
Are you currently on licence?   No ☐   Yes ☐
Are you currently meeting with probation?   No ☐   Yes ☐
Have you any other form of involvement with the criminal justice system? No ☐ Yes ☐
If yes, please specify:

_____
_____
_____
_____

3.5 Work, training and volunteering

Are you currently working full-time?   No ☐   Yes ☐
Are you currently working part-time?   No ☐   Yes ☐
Are you currently at college or university?   No ☐   Yes ☐
Are you currently volunteering?   No ☐   Yes ☐
If yes, please describe the amount and nature of your volunteering work:

_____
_____
_____
_____

Section 4: Services involvement and needs

The following table assesses what services you are engaged with and whether your current level of service involvement is meeting your support needs?

	Are you currently engaged with this kind of services?	If you are, are you satisfied with the service you are getting?	Do you need help or additional help in this area?
Drug treatment services	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Alcohol treatment services	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Mental health services	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Housing support	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Employment services	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Primary healthcare services (GP, medical services)	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Family relationships	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Other specialist help or support (please specify):			

Section 5: Personal recovery readiness

Please read the following statements and tick a statement only if you agree with it entirely and unreservedly. Do not linger over the question but give your initial feeling at this moment. If you disagree or are unsure, leave it blank. These are how you currently feel and about things that have happened to you in the last 3 months (90 days).

	Tick if you agree with this statement
Having a sense of purpose in life is important to my recovery journey	
I am able to concentrate when I need to	
I am coping with the stresses in my life	
I am free from worries about money	
I am happy dealing with a range of professional people	
I am making good progress on my recovery journey	
I cope well with everyday tasks	
I do not let other people down	
I am happy with my appearance	
I engage in activities and events that support my recovery	
I eat regularly and have a balanced diet	
I feel physically well enough to work	
I have enough energy to complete the tasks I set myself	
I have no problems getting around	
I have the personal resources I need to make decisions about my future	
I have the privacy I need	
I look after my health and wellbeing	
I make sure I do nothing that hurts or damages other people	

I meet all my obligations promptly (things you have made a commitment to do)	
I sleep well most nights	
I take full responsibility for my actions	
In general I am happy with my life	
What happens to me in the future mostly depends on me	
I have a network of people I can rely on to support my recovery	
When I think of the future I feel optimistic	

Section 6: Social recovery capital

Please read the following statements and tick a statement only if you agree with it entirely and unreservedly. Do not linger over the question but give your initial feeling at this moment. If you disagree or are unsure, leave it blank. These are how you currently feel and about things that have happened to you in the last 3 months (90 days).

	Tick if you agree with this statement
I am actively involved in leisure and sport activities	
I am currently completely sober and/or clean from drug use	
I am actively engaged in efforts to improve myself (training, education and/or self-awareness)	
I am happy with my personal life	
I am proud of my home	
I am proud of the community I live in and feel a part of it – sense of belonging	
I am satisfied with my involvement with my family	
I am free of threat or harm when I am at home	
I engage in activities that I find enjoyable and fulfilling	

I feel safe and protected where I live	
I feel that I am in control of my substance use	
I feel that I am free to shape my own destiny	
I get lots of support from friends	
I get the emotional help and support I need from my family	
I have a special person that I can share my joys and sorrows with	
I have access to opportunities for career development (job opportunities, volunteering or apprenticeships)	
I have had no lapses or relapses	
I have had no recent periods of substance intoxication	
I regard my life as challenging and fulfilling without the need for using drugs or alcohol	
It is important for me to contribute to society and or be involved in activities that contribute to my community	
It is important for me to do what I can to help other people	
It is important for me that I make a contribution to society	
My living space has helped to encourage my recovery journey	
My personal identity does not revolve around drug use or drinking	
There are more important things to me in life than using substances	

Section 7: Involvement with recovery groups and your local community

7.1 Please tick if you agree with any of the following statements about any group you have attended in the community in the last month which supports your recovery. These questions refer to any group – formal or informal – that you attend that supports your recovery, including AA, NA, SMART Recovery, local peer groups, aftercare groups and any other types of recovery group you belong to:

	Tick if you agree with this statement
I attend recovery group meetings on a weekly basis or more frequently	

If I did not make a meeting at my group for two weeks, people would call to see if I was okay	
I speak at recovery meetings	
I perform service at recovery meetings	
I carry a message of hope to others (and openly talk about my own recovery)	
I socialise before and / or after meetings	
I attend recovery social events	
I visit a recovery centre or café	
I read recovery supportive literature	
I carry a recovery object (something that reminds me of my ongoing recovery)	
I have people from my recovery group who support my recovery	
I use daily recovery rituals (things I do every day to support my recovery journey)	
I do voluntary service to help my recovery group	
I encourage others to attend my recovery group	

7.2 Please specify what recovery groups you have attended in the last month:

_____

7.3 Please specify what online recovery groups you have accessed in the last month:

_____

7.4 Whether or not you are <u>currently</u> using any of the following, do you feel that you need additional support from:

Peers support	☐	No	☐	Yes
12 step mutual aid groups	☐	No	☐	Yes
Other community recovery groups	☐	No	☐	Yes
Online recovery groups	☐	No	☐	Yes

Section 8: Commitment

For each of the questions below, please give a rating on the scale for how you are feeling about the question **today**, where higher scores mean you strongly agree and lower scores mean you strongly disagree with this statement. Indicate your score by ticking the number that best describes your feeling.

8.1.   Staying sober/clean is the most important thing in my life.

1	2	3	4	5	6
Strongly Disagree					Strongly Agree

8.2.   I am totally committed to staying off of alcohol/drugs.

1	2	3	4	5	6
Strongly Disagree					Strongly Agree

8.3.   I will do whatever it takes to recover from my addiction.

1	2	3	4	5	6
Strongly Disagree					Strongly Agree

8.4.   I never want to return to alcohol/drug use again.

1	2	3	4	5	6
Strongly Disagree					Strongly Agree

8.5.   I have had enough alcohol and drugs.

1	2	3	4	5	6
Strongly Disagree					Strongly Agree

Section 9: What do you see as your needs?

Please respond to the following questions as fully as you need and wish to do, including using the back of the page if more space is required.

9.1 Where do you see yourself in your recovery journey?

_____
_____
_____
_____
_____
_____
_____
_____

9.2 What are your current life goals?

_____
_____
_____
_____
_____
_____
_____
_____

9.3 What do you need to help you get to the next goal in your life journey?

_____
_____
_____
_____
_____
_____

_____

_____

9.4 Who do you rely on to help you with your recovery?

_____
_____
_____
_____
_____
_____

_____

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<table>
<tr><td colspan="3" align="center">SOCIAL NETWORKS AND RECOVERY STUDY (SONAR)
Master Interview Schedule –BRG</td></tr>
</table>

Researcher use only

Date:____/____/_____   Site:_____   Participant ID: _____

Length of time at BRG at time of interview:

1   ABOUT YOU

1.1   Demographics – sweep 1 only

1.   What is your sex / gender?   Male ☐ Female ☐   Other ☐ Specify: _____

What is your date of birth?   ____/____/_____

2.   How many dependent children do you have?*   ☐   What are their ages?: _____

3.   What is your highest level of educational attainment? (Please circle):   Year 8 or below   Year 9-11 GCSE   A Level   NVQ   Diploma

/ Advanced Diploma   Bachelor degree   Graduate Diploma Graduate Certificate   Apprenticeship
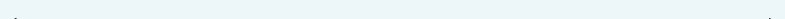
1   **What was your main drug of concern?** (you can only choose one substance)

_____

2   **How long have you been in recovery?** _____ **Have you relapsed since joining BRG?** No ☐   Yes ☐   If yes, how many times? _____

3.   **For how many years did you use/drink?**   _____ **years**

4.   **For how many years were you in active addiction / engaged in problematic AOD use?** _____ **years**

5.   **4.a. At what age did your recovery start**? _____ years

2 Social Connections and Group Membership

2.1 Group membership

How much you agree with these statements about your membership of different groups of people. **1** *means 'Do not agree.* **7** *means 'agree' completely.*

	Multiple group membership	Do Not Agree						Agree completely
1	I belong to lots of different groups	1	2	3	4	5	6	7
2	I join in the activities of lots of different groups	1	2	3	4	5	6	7
3	I have friends who are members of lots of different groups	1	2	3	4	5	6	7
4	I have strong ties with lots of different groups	1	2	3	4	5	6	7

	Maintenance of group memberships	Do Not Agree						Agree completely
5	After starting at BRG, I still belong to the same groups I was a member of before starting at BRG	1	2	3	4	5	6	7
6	After starting at BRG, I still join in the same group activities as before BRG.	1	2	3	4	5	6	7
7	After starting at BRG, I am friends with people in the same groups as I was before BRG	1	2	3	4	5	6	7

8	After starting at BRG, I continue to have strong ties with the same groups as before BRG	1	2	3	4	5	6	7

	New group memberships	Do Not Agree			⟷			Agree completely
1	After starting at BRG, I have joined one or more new groups	1	2	3	4	5	6	7
2	After starting at BRG, I have joined the activities of new groups	1	2	3	4	5	6	7
11	After starting at BRG, I am friends with people from one or more of these new groups	1	2	3	4	5	6	7
12	After starting at BRG, I have strong ties with one or more new groups	1	2	3	4	5	6	7

2.2   Social Support

How much support do you get from other people? **1** means 'not at all'. **7** means 'completely'.

		Not at all ⬅————————————➤ Completely						
1	Do you get the *emotional* support you need from other people?	1	2	3	4	5	6	7
2	Do you get the *help* you need from other people?	1	2	3	4	5	6	7
3	Do you get the *resources* you need from other people?	1	2	3	4	5	6	7
4	Do you get the *advice* you need from other people?	1	2	3	4	5	6	7

2.3   Support Groups

Since joining BRG have you attended any of the following support groups?

☐ No – go to next Page ☐ Yes If yes detail below

Group	Attended?	If yes, how often do you attend this group? 1 = Daily 2 = 3-6 times a week 3 = once or twice a week 4 = every other week 5 = about once a month 6 = less than monthy 7 = once in the past six months	If yes, roughly how many times did you attend this group in the past six months [prior to starting treatment]?
AA	☐ No ☐ Yes	_____	_____
NA	No Yes	_____	_____
SMART Recovery	☐ No ☐ Yes	_____	_____
Peer / community groups (please specify) _____	☐ No ☐ Yes	_____	_____
Online recovery support group (please specify) _____	No Yes	_____	_____
Other (please specify) _____	☐ No ☐ Yes	_____	_____
Other (please specify) _____	☐ No ☐ Yes	_____	_____

2.4 How do you see yourself?

How much do you agree with each of these statements about your social identity.

"1" means 'strongly disagree. **"4"** means neither agree nor disagree. **"7"** means 'strongly agree'.

	Drug user / drinker	Strongly Disagree			Neither agree nor disagree			Strongly Agree
1	Being a drug user / drinker is a central part of who I am	1	2	3	4	5	6	7
2	I would describe myself as a drug user / drinker	1	2	3	4	5	6	7
3	I identify with other drug users / drinkers	1	2	3	4	5	6	7
4	Even when I am not using / drinking I think of my self as a drug user / drinker	1	2	3	4	5	6	7

	Addict	Strongly Disagree			Neither agree nor disagree			Strongly Agree
5	Being an addict is a central part of who I am	1	2	3	4	5	6	7

6	I would describe myself as an addict	1	2	3	4	5	6	7
7	I identify with other addicts	1	2	3	4	5	6	7
8	Even when I am not using / drinking I think of my self as addict	1	2	3	4	5	6	7

2.4.1 .Offending.

Have you ever committed a criminal offence? (Please circle) Yes   No *If yes please complete section 2.4.1. If no please move on to section 2.5.*

How much do you agree with each of these statements about your social identity.

"1" means 'strongly disagree. "4" means neither agree nor disagree. "7" means 'strongly agree'.

	Offender	**Strongly disagree**			**Neither agree nor disagree**			**Strongly agree**
9	Being a criminal is a central part of who I am	1	2	3	4	5	6	7
10	I would describe myself as a criminal	1	2	3	4	5	6	7
11	I identify with other criminals	1	2	3	4	5	6	7

| 12 | Even when I am not committing crimes I think of myself as a criminal | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

2.5 How do you see yourself?

How much do you agree with each of these statements?

1 means 'strongly disagree. 4 means neither agree nor disagree. 7 means 'strongly agree'.

	Member of the BRG community	Strongly Disagree			Neither agree nor disagree			Strongly Agree
13	Being a member of the BRG community is a central part of who I am	1	2	3	4	5	6	7
14	I would describe myself as a member of the BRG community	1	2	3	4	5	6	7
15	I identify with other members of the BRG community	1	2	3	4	5	6	7
16	Even if I find myself using or drinking I still think of myself as a member of the BRG community	1	2	3	4	5	6	7
17	I think that people outside the BRG community judge me and my past	1	2	3	4	5	6	7

	In recovery	Strongly Disagree			Neither agree nor disagree			Strongly Agree
18	Being in recovery is a central part of who I am	1	2	3	4	5	6	7
19	I would describe myself as being in recovery	1	2	3	4	5	6	7
20	I identify with other people in recovery	1	2	3	4	5	6	7
21	Even if I find myself using or drinking I still think of my self as in recovery	1	2	3	4	5	6	7

2.6. Group Belonging and Important People

Think about different groups of people you know. Out of these groups, who do you feel you relate to most?_____

Out of the people in your life, who do you think is the most important to maintaining your recovery and/or crime free lifestyle?_____

Example Social Identity MAP - SIM

FOOTY CLUB

USING MATES

"Stay away from them"

ME

"fighting"

"bad for you"

BEST FRIENDS

"late and sickies"

WORK

Legend:

- Red: Heavy User / Heavy Drinker
- Yellow: Casual User / Casual Drinker
- Green: In recovery (drugs) / In recovery (alcohol)
- Blue: Non-user / Non-drinker

- a lot in common
- something in common
- a lot of conflict
- some conflict
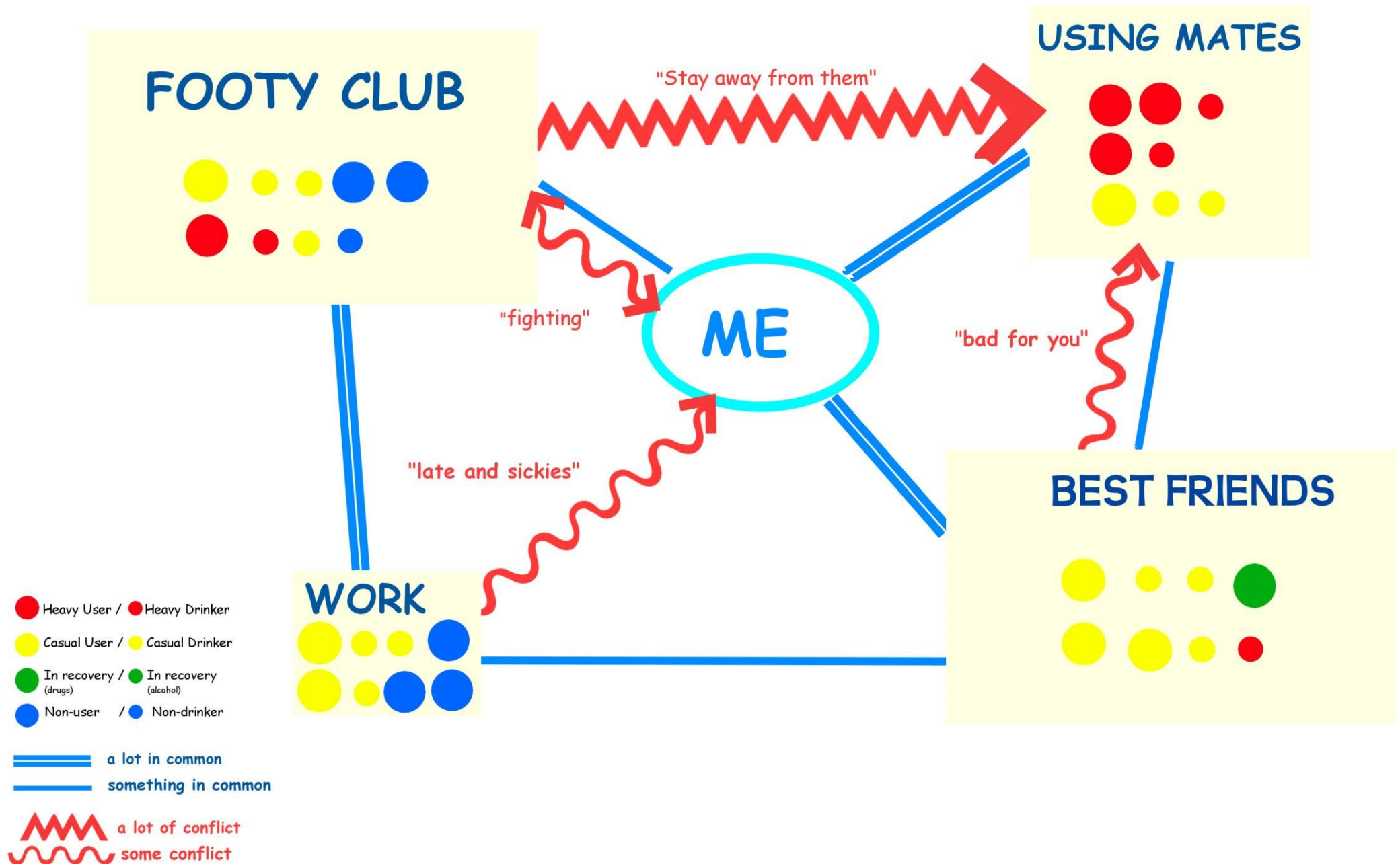
De-brief Sheet

Thank you for engaging in this research project workshop!

Who is doing the research/ evaluation?

My name is Lauren and I am a researcher from the Helena Kennedy Centre (HKC) at the Department of Law and Criminology at Sheffield Hallam University. I am conducting this research project in order to obtain my PhD qualification. This research has been funded by Sheffield Hallam University.

What is the purpose of the research?

<u>Aim of the research:</u> This research aims to explore the importance of different types of relationships and how they help or hinder recovery and desistance.

<u>Objectives of the research:</u> the exploration of relationships and group membership

How will my interview data be used?

The data will be analysed and the findings written up into a PhD thesis and may be used for other academic purposes, like publications of papers and books. Direct quotes from those who have taken part in workshops and interviews may be used but these quotes are **always** used anonymously as **no names are never used.**

Can I change my mind after the interview?

Yes! If you change your mind about your interview data being used in this way after the interview- then please get in touch with me (contact details overleaf) within 7 days of the interview being conducted and I will delete your interview data and ensure it is not included in the research project. I am more than happy to do this- so please do get in touch with me should you have second thoughts.

What if the interview brings up uncomfortable feelings?

Should I be concerned about your welfare during the interview, I have your permission (see consent form) to approach the person who runs this group, to ensure you are appropriately supported. If you feel worried, disturbed or unsettled by anything you have discussed during the interview, some time, maybe even days after the interview or you feel that talking about things have triggered negative emotions then you are very much encouraged to make contact with the support below that is freely available to you:

- The Samaritans of Blackpool: 01253 622218

- Mind Infoline: Call 0300 123 3393 or Text 86463 for advice on mental health and available support

If you would like any further information about the research, please contact Lauren Hall by

✚ **E-mail: lauren.hall@shu.ac.uk**

✚ **Post: 2.14 Heart of the Campus Building, Collegiate Crescent, Sheffield, S10 2BQ**

Or, if you wish to contact someone other than the researcher, please contact my supervisor

Professor David Best

E-mail: D.Best@shu.ac.uk

1.3 Researcher Reflections

I am particularly aware as I come to submit this piece of work that it is sprawling and complex, packed with data and theory. This complexity sums up the process for me. Interviewing people who are in early recovery and desisting can be difficult and emotional; synthesising the theory has been messy; and presenting the data in any way that resembles some sort of logic has at times felt impossible. I have learnt a vast amount from this process. Would I simplify my approach next time? Maybe. However the importance to me of designing a model which is more inclusive of the factors and processes which operate simultaneously has been too compelling to ignore, and I truly believe that further research around the model could ultimately support the design of a simplified and accessible strengths-based intervention which supports group members to enhance their social components and work together more effectively to maintain their recovery/desistance. Not everyone I have met during this process will make it out of addiction and crime. I feel we have a duty as researchers to increase the number of people who do, particularly given that such people are often structurally trapped within cycles of social deprivation and social exclusion. I see this PhD as my first step towards achieving this goal, and I am dedicated to continuing to improve my skills as a researcher to get there. I have drawn repeatedly on counselling skills training during interviews with participants who have become emotional, who have stood up swearing in anger whilst recounting their life stories and who have been under the influence of substances/alcohol during the entire interview. I feel these skills have helped me to develop a rapport with participants who have consequently shared some of the most traumatic and poignant experiences of their lives with me. In honouring the trust people have placed in me, wherever possible I have included lifted quotations from these interviews and I have attempted not to cut them any shorter than truly necessary, in order to better give

voice to participants and to increase the validity of the analysis. Despite concerns regarding power relations prior to data collection, I feel my youth and gender worked to equalise the power relations to some extent, and my previous counselling and data collection experience alongside conducting data collection in the locations within which support groups were held helped participants to feel comfortable during the process. Being on hand to support participants with the completion of the quantitative booklets and SIM was also a beneficial approach due to some participants' limited literacy skills. I would like, ethically, to continue to work with the groups who have contributed data to this thesis, and intend to share the results accessibly with each group and acquire feedback regarding their thoughts about the potential mechanisms of the social component model and the ways in which this information could practically benefit them.

1.4 Correlation Matrix
1.4

Correlations

		psychchange	physicalchange	qualityoflifechange	accommodationchange	supportchange
psychchange	Pearson Correlation	1	.727**	.819**	-.109	.263
	Sig. (2-tailed)		.005	.001	.724	.409
	N	13	13	13	13	12
physicalchange	Pearson Correlation	.727**	1	.419	-.272	-.160
	Sig. (2-tailed)	.005		.154	.368	.620
	N	13	13	13	13	12
qualityoflifechange	Pearson Correlation	.819**	.419	1	-.011	.374
	Sig. (2-tailed)	.001	.154		.970	.231
	N	13	13	13	13	12

accommodationcha nge	Pearson Correlation	-.109	-.272	-.011	1	.439
	Sig. (2-tailed)	.724	.368	.970		.153
	N	13	13	13	13	12
supportchange	Pearson Correlation	.263	-.160	.374	.439	1
	Sig. (2-tailed)	.409	.620	.231	.153	
	N	12	12	12	12	12

**. Correlation is significant at the 0.01 level (2-tailed).

Appendix 1.4a

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
NewGroupIDT2	13	6.00	794.00	139.1538	289.58299
NewRecoveryIDT2	14	5.00	787.00	131.0714	277.53765
Valid N (listwise)	13				

1.5 Individualised breakdown of group numbers and identities Identity Component Data Study 2

Appendix Table 1.5a Blackpool Time 1 SIM results Table

Participant name and Identity	Number of groups in total	Number of groups including heavy users/drinkers	Number of groups including casual users/drinkers	Number of groups including people who are abstinent	Number of groups including people who are in recovery	Number of groups including people who are desisting	Number of groups including people who are offending	Groups with whom there is conflict
Jill Abstinent, In recovery, casual drinker	3	2	2	2	2	1	1	1
Sean	4	0	4	2	1	0	0	0

Participant name and identity	Number of groups in total	Number of groups including heavy users/drinkers	Number of groups including casual users/drinkers	Number of groups including people who are abstinent	Number of groups including people who are in recovery	Number of groups including people who are desisting	Number of groups including people who are offending	Groups with whom there is conflict
Desisting, Abstinent, In recovery								
Jim Desisting, Abstinent, In recovery	4	0	2	2	2	1	0	0
James Abstinent	5	1	3	0	1	0	0	0
Cameron Desisting, Abstinent, In recovery	7	6	7	6	6	3	2	3
Amy Heavy User/drinker	4	0	3	2	0	0	0	1
Tina Desisting, In recovery, Abstinent	5	0	5	3	3	0	0	2
Totals	32	9	26	17	15	5	3	7

Appendix Table 1.5b Lincoln Time One SIM Results Table

Participant name and identity	Number of groups in total	Number of groups including heavy users/drinkers	Number of groups including casual users/drinkers	Number of groups including people who are abstinent	Number of groups including people who are in recovery	Number of groups including people who are desisting	Number of groups including people who are offending	Groups with whom there is conflict
Matilda In recovery, Abstinent	7	2	3	4	2	1	0	0
Simon Desisting, In recovery, abstinent	4	4	4	4	3	0	0	4
Darryl Desisting, In recovery, Abstinent	6	0	0	6	3	0	0	3
Richard	6	0	3	3	0	0	0	0

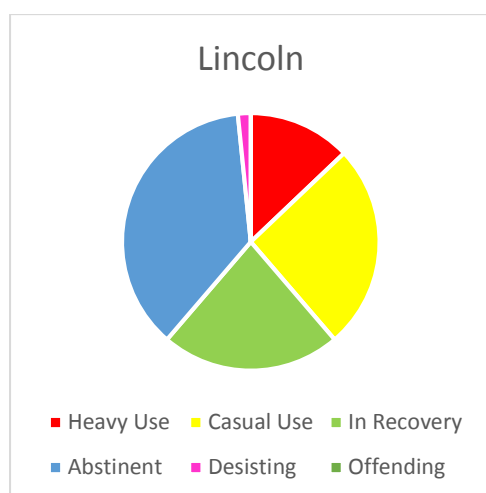| Desisting, In recovery, Abstinent								
Alex Desisting, In recovery	8	2	5	4	5	0	0	3
Charlie In recovery, Abstinent	2	0	1	2	1	0	0	0
Total	33	8	16	23	14	1	0	10

Appendix Pie Chart 1.5c. Sheffield SIM results
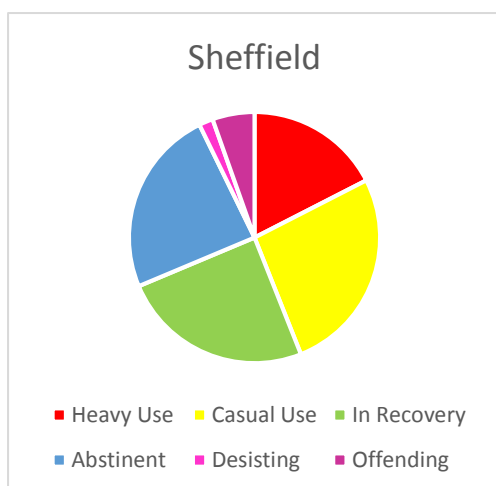
Appendix Pie Chart 1.5d Blackpool SIM results
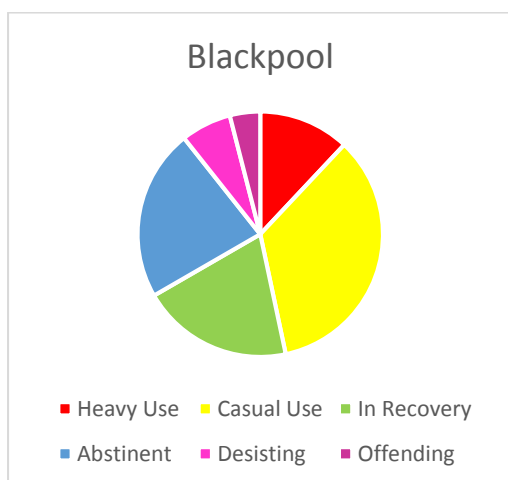
Appendix Pie Chart 1.5e Lincoln SIM results

1.6 Research Questions and Results Table

The table below depicts how and to what extent each research aim has been answered

Table 1.6. How the research findings answer the project aims

Research Question	Results
Q1a. Derived from the literature, what social components of desistance and recovery can be identified in Study 1?	The Relational component (subcomponent social bonds and support); the Identity component (subcomponents social networks and group membership); and the Capital component (subcomponent social cohesion). The presence of a diminishing radius of trust was also identified
1b. In Study 1 and 2, what ways are the social components interconnected?	• Trust on an individual level pertaining to familial relationships and group members (relational component), and on a wider scale e.g. social networks (identity and capital components) • (Quant) Greater levels of social support evident within relationships = increased levels of recovery-supportive social capital • Overlapping radii of trust between group members – exemplified

	through bonds discussed and relationships built based on shared stories of lived experience • (Quant) Significant positive correlations between: Social recovery capital and multiple group membership; multiple group membership and recovery identity • Qual – giving back makes people feel good, strengthens their identity • Qual relational support sometimes more tangible when developed between people whose identities are built on shared lived experience (E.g. friendships between group members who identify as in recovery [desisting]) • SIM: Bonds within networks increase likelihood of identifying similarly with group members (relational)
Q2a. In Study 1 and Study 2, what empirical evidence is there for a radius of trust?	Study 1 – Best et al's (2016) research and research observations provide evidence for a radius of trust. Captured was the dissolution of the radius of trust Study 2 – Trust reported as important to recovery/desistance, grows alongside the processes. This is supported/facilitated by improvements in the social components
2b. In Study 2, what is the association between the radius of trust and the social components?	Trust and learning to trust seemingly underpin and/or grow as a result of each of the components
Q3a. To what extent do the social components or the radius of trust change in a predictable way over time?	This is linked to the trajectory into offending/addiction, and the answer can be seen in the lead component hypothesis It is possible that there is a causal chain of growth between the components, and that this may create an optimum mechanism model for the growth of the components and consequent effects on recovery/desistance: this could potentially be achieved by focusing on identifying and enhancing the lead component

	Although the order has not been established, it is clear that as the components grow, trust grows. Growth in each of the components support the expansion of the radius through the strengthened relationships, visible pro-social identity and giving back
3b. How do such changes link to the lived and shared experiences of desistance and recovery?	The storying mechanism within the group setting helps to catalyse component growth, and the radius of trust increases group access to components and perceived beneficial effects at community level
Q4. What does a synthesised model of social components (including the radius of trust) based on the findings look like?	There are three core components, each with sub-components. The relational component (subcomponent social bonds and support); The identity component (subcomponents social networks and group membership); and the capital components (subcomponent social cohesion). Trust is able to influence each. The radius of trust is arguably expanded through the self-storying mechanism, and acts to make visible and increase access to the recovery/desistance supportive components. Identifying the lead component could help provide a place to start in terms of the recovery/desistance process which does not undermine the other components and supports both processes and is strengths-based in practice ('how do we make this better?')