

Bridging the gap: a qualitative study exploring the impact of the involvement of researchers with lived experience on a multi-site randomised control trial in the National Probation Service in England and Wales

Simes, Elizabeth; Butler, Stephen; Allison, Elizabeth; Barrett, Barbara; Bateman, Anthony; Cameron, Angus; Crawford, Mike; Frater, Alison; Hoare, Zoe; McMurrin, Mary; Moran, Paul Anthony; Pilling, Stephen; Wason, James; Yakeley, Jessica; Fonagy, Peter

Health Expectations

DOI:

[10.1111/hex.70162](https://doi.org/10.1111/hex.70162)

Published: 04/02/2025

Peer reviewed version

[Cyswllt i'r cyhoeddiad / Link to publication](#)

Dyfyniad o'r fersiwn a gyhoeddwyd / Citation for published version (APA):

Simes, E., Butler, S., Allison, E., Barrett, B., Bateman, A., Cameron, A., Crawford, M., Frater, A., Hoare, Z., McMurrin, M., Moran, P. A., Pilling, S., Wason, J., Yakeley, J., & Fonagy, P. (2025). Bridging the gap: a qualitative study exploring the impact of the involvement of researchers with lived experience on a multi-site randomised control trial in the National Probation Service in England and Wales. *Health Expectations*, 28(1), Article e70162. <https://doi.org/10.1111/hex.70162>

Hawliau Cyffredinol / General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal ?

Take down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Bridging the gap: a qualitative study exploring the impact of the involvement of researchers with lived experience on a multi-site randomised control trial in the National Probation Service in England and Wales

Abstract

Introduction

Methodological and ethical arguments support the involvement of individuals with lived experience in research to reduce engagement barriers and ensure those directly affected by studies contribute to knowledge generation. However, there is limited evidence on the impact of including researchers with lived experience of serving a prison or community sentence in clinical trials. This qualitative study aimed to explore the value of involving researchers with lived experience of the criminal justice system as data collectors in the *Mentalization for Offending Adult Males (MOAM)*, a multisite RCT conducted in the National Probation Service in England and Wales.

Methods

Semi-structured interviews were conducted with 30 trial participants and 17 key stakeholders, either in person or via telephone. The interviews were transcribed verbatim and analysed thematically.

Findings

Five themes emerged for trial participants and 11 for key stakeholders. For some, lived experience researchers helped overcome engagement barriers by fostering common ground with participants who were serving a prison or community sentence during recruitment. Participants reported that the involvement of lived experience researchers enhanced the study by facilitating knowledge transfer in certain instances. However, their inclusion did not eliminate all barriers and, for some participants, introduced new challenges to engagement.

Conclusion

Forensic lived experience researchers bridged the gap by fostering trust between data collectors and participants. Future studies should ensure that lived experience researchers receive adequate clinical supervision to support their role. The adopted methodology

31 challenged assumptions about knowledge generation and stereotypes associated with being
32 an ex-offender, benefiting both lived experience and traditional researchers.

33 Patient or Public contribution

34 The study was developed in collaboration with User Voice (charity number: 1136047), who
35 contributed to the study's design and conduct. The service user organisation co-designed
36 the interview schedule and directed the protocol for participant payments, emphasising a
37 consistent approach to avoid tokenism and ensure equal recognition of all contributions [1].
38 The dissemination plan was developed in partnership with individuals with lived experience
39 of the criminal justice system.

40 Key words

41 patient and public involvement, peer researchers, lived experience, randomised control trial,
42 national probation service, antisocial personality disorder.

43 Introduction

44 The value of knowledge gained through experience can be traced to the rise of the Disability Studies
45 movement in the 1960s in Canada and its subsequent establishment in UK healthcare research from
46 the 1990s onwards. This approach has been shaped by government policy, influencing how
47 healthcare research is conducted [2, 3]. Many UK funding bodies now mandate Patient and Public
48 Involvement (PPI) in all grant applications [4]. The National Institute for Health Research defines this
49 involvement as research conducted “with” or “by” members of the public rather than “to,” “about,”
50 or “for” them [5].

51

52 Involving individuals with lived experience of the research topic is believed to enhance the quality of
53 research by incorporating diverse perspectives [6]. Moreover, an ethical argument underpins the
54 inclusion of such individuals, as they are directly affected by the research outcomes. The Salzburg
55 Seminar, “Through the Patient’s Eyes,” encapsulated this argument with the principle: “nothing
56 about me, without me” [7]. Empowerment through participation is particularly vital for populations
57 that are challenging to engage in healthcare research, such as those involved in the criminal justice
58 system.

59

60 The literature highlights how PPI in NHS clinical trials and longitudinal studies can positively
61 influence recruitment rates and participant engagement [8-10]. In the criminal justice system, the
62 value of service user involvement in aiding rehabilitation is well documented and often

63 conceptualised as the role of the “wounded healer” [11], which supports reducing recidivism [12].
64 Building on these insights, the first multisite randomised control trial conducted in the National
65 Probation Service in England and Wales—*Mentalization for Offending Adult Males* (MOAM) [13]—
66 ensured PPI was central to its methodology. This RCT evaluated the effectiveness of Mentalization-
67 Based Treatment in reducing aggression among male offenders with Antisocial Personality Disorder.

68

69 The study team collaborated with User Voice, a service user-led organisation, to involve peer
70 researchers (PRs) with lived experience of serving community or custodial sentences as adults. In the
71 MOAM trial, PRs worked alongside traditional research assistants (RAs) to collect data. The study
72 protocol adhered to best practices for recruitment and engagement, emphasising culturally
73 competent design, trauma-informed training, and collaborative relationships [14-16]. Safeguarding
74 procedures and confidentiality protections were implemented [14, 17], drawing on prior research
75 conducted in the criminal justice system with lived experience researchers [18, 19].

76

77 The study team hypothesised that involving PRs would reduce barriers to recruitment and retention
78 among participants currently serving a prison or community sentence by fostering common ground
79 between PRs and a population often described as “hidden” in healthcare research [20]. Additionally,
80 this collaboration was expected to facilitate knowledge exchange between PRs and the wider
81 research and clinical team. However, the actual value of including PRs in the trial and the degree to
82 which stakeholders in the RCT agreed on the impact of this PPI approach remain unknown.

83

84 This qualitative study aimed to address the following research questions:

- 85 1. Explore the MOAM participants’ experiences of being interviewed and followed up by a
86 researcher with lived experience of the criminal justice system.
- 87 2. Examine the impact of the peer researcher approach on the peer researchers themselves.
- 88 3. Investigate the impact of the peer researcher approach on the research and criminal justice
89 professionals involved in the randomised control trial.

90 **Methods**

91 **Design**

92 A semi-structured interview approach was selected to ensure a comparable dataset while allowing
93 participants to freely express their experiences. Each interviewee was asked standardised questions
94 regarding their interactions with PRs and the impact of this approach on the RCT [21]. All

95 participants were provided with a participant information sheet and gave written informed consent
96 prior to participating in the study.

97 Participants

98 Five groups directly involved in the RCT were eligible for the qualitative study:

- 99 1. **Trial Participants:** Individuals who consented to participate in MOAM and interacted with
100 either a PR or RA were interviewed to share their experiences of completing self-report
101 outcome measures with both types of researchers.
- 102 2. **Research Assistants (RAs):** RAs who collected data for the clinical trial but had no lived
103 experience of the criminal justice system were invited to share their experiences of working
104 in a research team that included PRs.
- 105 3. **Senior Operations Managers (SOMs):** SOMs, responsible for screening and recruiting
106 participants for the RCT and supporting PRs in arranging follow-up appointments, were
107 interviewed to provide insights from the perspective of criminal justice professionals.
- 108 4. **User Voice Operational Staff:** Staff members who line-managed PRs during recruitment and
109 data collection phases of the RCT participated to provide a managerial perspective.
- 110 5. **Peer Researchers (PRs):** PRs who collected data for MOAM were eligible to share their
111 experiences and reflections.

112 Sample

113 A purposeful sampling approach was adopted [22]. The analysis by Guest et al. informed the number
114 of interviews required to sufficiently understand the experiences of different participant groups.
115 Data collection and analysis continued iteratively until sufficient information power was achieved to
116 address the research questions [23].

117 Recruitment and data collection

118 Interviews were conducted between April 2019 and March 2020 during the final phase of the RCT by
119 two interviewers without lived experience of the criminal justice system. Participants were initially
120 approached via text message or email. At least 24 hours after the initial contact, participants were
121 invited via telephone to take part in the interview, and a paper copy of the participant information
122 sheet and consent form was mailed to them.

123

124

125 Once the signed consent form was returned, the interview was conducted either by phone or in
126 person. Interviews varied in length depending on the participant group, with regular breaks offered
127 as needed. The longest interviews were conducted with PRs and lasted up to 180 minutes.

128 Interviews with key stakeholders lasted between 60 and 90 minutes, while interviews with MOAM
129 participants ranged from 10 to 60 minutes. All interviews were conducted in one sitting, except for
130 one PR interview, which was conducted over two sessions at the participant's request.

131

132 The variation in interview length reflected individual preferences. Trial participants were asked
133 about their experiences of interacting with a PR or RA, while key stakeholder interviews focused on
134 experiences of working alongside PRs. An abridged topic guide is included in Table 1. Before
135 concluding, participants were invited to provide additional feedback not covered by the interview
136 schedule.

137

138 All participants received a £35 voucher as a token of appreciation for their participation.

139 Data Analysis

140 Interviews were transcribed and analysed by a researcher with no lived experience of the criminal
141 justice system. Thematic analysis [24] was employed to identify patterns of meaning within
142 participant groups and across the entire dataset. Initial inductive coding, driven by the data itself,
143 was completed manually, with codes then organised into potential themes. All themes were
144 manually cross-checked against the extracted codes. The dataset was subsequently entered into
145 NVivo 12 qualitative data analysis software, where specific themes were refined to develop an
146 overall narrative. Each theme was defined and named.

147 Credibility and validity checks

148 To ensure consistency, all data collectors received standardised training prior to meeting
149 participants. Interview schedules were developed in collaboration with the service user organisation
150 and informed by systematic literature reviews [8, 25]. These schedules were piloted with a non-
151 clinical population with no observable or diagnosable mental health conditions.

152

153 To mitigate reporting bias, data collection was conducted by two interviewers not involved in the
154 MOAM trial. Participants were reminded at the start of the interview that their involvement would
155 remain confidential. No participants withdrew from the study, and all were given the opportunity to
156 review their interview transcript before data analysis. Emerging qualitative themes were reviewed
157 by the study team until consensus was reached, ensuring credibility.

158 Findings

159 Demographics

160 Forty-seven semi-structured interviews were conducted across five participant groups:

- 161 • **MOAM Participants:** 15 participants who interacted with a PR and 15 who interacted with
162 an RA during the trial.
- 163 • **Peer Researchers (PRs):** All five PRs who collected data for MOAM participated.
- 164 • **Research Assistants (RAs):** All five RAs involved in MOAM participated.
- 165 • **Senior Operations Managers (SOMs):** Of the 13 SOMs involved in recruitment, five
166 participated.
- 167 • **User Voice Operational Staff:** Two staff members involved in day-to-day trial operations
168 participated.

169

170 Participant demographics are summarised in Tables 2 and 3.

171 Themes

172 The analysis generated 15 themes and 44 sub-themes, summarised in Table 4 by participant group.

173

174 Participant group 1: MOAM participants – peer researchers

175 Three themes emerged from interviews with the 15 MOAM participants who interacted with a PR:

176

177 *Theme 1.1: Trial participants felt understood by the peer researcher*

178 Participants noted that PRs' shared lived experience fostered understanding and connection. One
179 participant remarked, "Understand your answers a little bit more than someone who's never been in
180 that situation" (MOAM/PR 3). Effective communication skills were highlighted as crucial: "If I didn't
181 understand it, you know, they could recognise that pretty quickly and explained it a little bit more"
182 (MOAM/PR 4). However, some participants expressed concerns about relating to PRs with different
183 offending histories. "We don't really like people like that. Maybe that would be a disadvantage if the
184 person was like a sex offender" (MOAM/PR 14).

185

186 *Theme 1.2: The peer researchers enabled some participants to feel more relaxed*

187 PRs often helped participants feel at ease, breaking down barriers to engagement. "It made me feel
188 a bit more relaxed, knowing that they had been in like my shoes" (MOAM/PR 1). Conversely,
189 participants expressed hesitation about engaging with PRs who appeared not to have moved on
190 from criminality or who seemed closely tied to the criminal justice system. "Even if they have been in
191 prison, they can still, you know, change and want to be part of that system" (MOAM/PR 9).

192

193 *Theme 1.3: The peer researchers were seen as role models*

194 Participants viewed PRs as inspiring role models given a second chance. "It's just to look at it [the
195 peer researcher], you think fair play" (MOAM/PR 2). Some participants reflected on their own lives
196 as a result of the research process. "It has made me look at life... where I was going wrong and that,
197 the need for direction" (MOAM/PR 1). PRs demonstrated that change was possible, instilling hope
198 and a sense of purpose: "It gives me hope that I can definitely get somewhere myself" (MOAM/PR
199 4). However, not all participants reported a personal impact. "I think it is good work, and it will
200 benefit a lot of people, even if I don't personally think it will benefit me" (MOAM/PR 14).

201

202 Participant group 2: MOAM participants - research assistants

203 Two themes emerged from the interviews with the 15 MOAM participants who met with an RA:

204

205 *Theme 2.1: Experience of meeting with a research assistant*

206 Participants initially reported difficulty in trusting the RA due to uncertainty about the process. "At
207 first, I was a bit nervous about what questions they were going to ask" (MOAM/RA16). However,
208 most participants felt more comfortable after the meeting, describing RAs as patient and clear
209 communicators. "They used to speak back to me normal...I didn't feel any pressure" (MOAM/RA30).
210 For some, the process was reflective and even therapeutic. "I find it like therapeutic, like
211 counselling" (MOAM/RA16).

212

213 *Theme 2.2: Reflections of the peer researcher approach*

214 Participants reflected that PRs might better relate to them due to shared experiences. "Until you
215 actually walked in someone's shoes, it's like well you don't really know" (MOAM/RA17). They
216 emphasised the importance of lived experience for researchers collecting data from individuals in
217 the criminal justice system. "If they're a trainee who hasn't had any life experience really...It's like
218 'well, what the fuck do you know really?'" (MOAM/RA17).

219 These reflections echoed findings from participants who had met with PRs, underscoring the
220 potential advantages of lived experience in building rapport. Participants highlighted key skills
221 required for PRs, including strong listening abilities and self-control. "When someone's got a big ego,
222 they don't like to listen to other people" (MOAM/RA29).

223

224 Perspectives on the preferred type of researcher varied:

225 Some participants valued PRs for their lived experience, which they felt fostered better
226 understanding. "They'd just understand more" (MOAM/RA20).

227 Others preferred RAs, noting the opportunity for knowledge transfer and the benefit of keeping
228 prison experiences separate from community life. “They're telling me things I don't know, and I can
229 tell them things they don't know” (MOAM/RA28).

230 A third group expressed no preference, believing the outcome would be the same regardless of
231 researcher type. “It is same end result...I wouldn't feel any different” (MOAM/RA27).

232

233 Participant group 3: User Voice peer researchers and operational staff

234 Four themes emerged from the interviews with the five PRs and two User Voice operational staff
235 members:

236

237 *Theme 3.1: Skills set*

238 Lived experience was identified as essential for understanding participants' perspectives, but it
239 needed to be sufficiently distant to allow PRs to maintain professional boundaries. “You have to be
240 able to take a step back from it...if it's too close, it's too sensitive” (UVPR4). Beyond lived experience,
241 PRs required additional skills to engage participants and collect data effectively. “The idea that
242 anyone with the experience can therefore play a role. Absolutely wrong. People need the skills in
243 order to do that” (UVOS2).

244

245 Effective communication, active listening, and genuine interest in others were critical. “Being able to
246 build a genuine rapport with someone, but communicate on different levels” (UVPR3). Strong
247 leadership skills and the ability to maintain boundaries were also essential for building rapport.
248 “Being able to use your own lived experience to be able to talk about that in an appropriate way, but
249 in a way that inspires and motivates other people to open up” (UVOS2). These findings aligned with
250 trial participants' feedback about the importance of communication skills.

251

252 *Theme 3.2: Collecting data in prisons and probation offices*

253 PRs faced challenges accessing prisons and probation offices due to staff suspicion of their motives.
254 “Despite the fact that you know obviously MoJ are supposed to have the overall say. It was very
255 difficult” (UVPR4). However, building relationships with local staff helped overcome access barriers.
256 “I had a really good relationship with one prison where I could literally ring them up and go”
257 (UVPR4).

258

259 Most participants engaged well, though some felt uneasy meeting with a PR in a probation office,
260 projecting their caution about the environment onto the PR. “They just thought you're another

261 probation officer or another sort of somebody else there to judge them” (UVPR1). Maintaining
262 boundaries was highlighted as essential to mitigate risks for participants, PRs, or other staff. PRs
263 were seen as more vulnerable due to their lived experience. “If you’ve got someone sitting in front
264 of you that’s gone through that, and you’ve got a similar experience, it’s quite heavy” (UVPR5).
265 PRs were generally treated as professionals, facing similar access challenges as RAs, though some
266 staff exhibited negative attitudes. “You’re an ex-con, you shouldn’t be back in here” (UVOS2).

267

268 *Theme 3.3: Impact on the participant of meeting with a peer researcher*

269 PRs felt they could break down engagement barriers by creating a safe space through shared
270 experiences. “You've got an edge that somebody that hasn't had that lived experience can't have”
271 (UVPR4). These findings supported trial participants’ reports of feeling more relaxed with PRs.
272 Nevertheless, barriers related to trust and fear of judgment persisted for some participants. User
273 Voice noted that many MOAM participants struggled with trust. “If they think you're one of them,
274 because, then they might not want to be honest and admit to things that they think you might judge
275 them for” (UVPR1).

276

277 PRs were often seen as role models who had broken the cycle of reoffending. “It's quite amazing to
278 meet somebody that has actually got off, has managed to stop that cycle” (UVPR4). However, this
279 could also lead to demoralisation for some participants who had not achieved similar success. “Why
280 haven’t I been able to achieve that?” (UVOS2).

281 Not all participants felt PRs’ lived experience influenced their interaction, with one PR stating, “The
282 role was data collection; it wasn’t much more than that” (UVPR2).

283

284 *Theme 3.4: Impact of the role on the peer researcher*

285 PRs reported that the role had a positive impact on their confidence and personal growth. “I was
286 able to do that...having the confidence to go into a room full of people and present to them as an ex-
287 offender” (UVPR3). The experience allowed PRs to reflect on their own progress. “It made me think
288 about what made me vulnerable and put me at risk of the criminal justice system” (UVPR2).

289 Collaboration within multi-agency teams provided opportunities for knowledge exchange between
290 PRs and RAs. “I always felt welcome, well respected...I might learn something from [the research
291 assistant] and then vice versa” (UVPR3).

292

293 Despite positive feedback, PRs highlighted challenges, including feeling excluded from certain
294 aspects of the study. “A large part of being a peer was about giving someone a voice, but there was
295 nowhere for our [the peer researchers'] voices to be heard” (UVPR2).
296 Emotional challenges arose from meeting participants in prisons or probation offices, collecting data,
297 and maintaining boundaries. “It can be quite stressful...particularly if the person you're interviewing
298 has got life experience that's quite negative and it's very similar to your own” (UVPR4). User Voice
299 noted that PRs had developed coping mechanisms to manage these challenges. “[The peer
300 researchers] have kind of this capacity to cope with that somehow” (UVOS1).

301

302 Participant group 4: Research assistants

303 Three themes emerged from the interviews with the five RAs who worked alongside the PRs:

304

305 *Theme 4.1: Levels of Engagement*

306 RAs observed that the involvement of PRs positively impacted engagement levels and facilitated
307 more authentic interactions with participants. “[The peer researchers] get more; get good quality
308 data from participants in terms of the honesty at times” (RA2). The importance of consistency and
309 confidentiality was highlighted to ensure participants understood that PRs were not part of the
310 criminal justice system. “It's very important that the peer researchers are able to make it clear that
311 this is all confidential—we're not going to hand anything over” (RA1).

312

313 These findings aligned with reports from trial participants who met with PRs and emphasised the
314 value of clear boundaries. However, RAs noted that engagement levels were not universally
315 improved, as some participants were indifferent to shared lived experience. “I think they either trust
316 you to not hand over [the information] or they don't” (RA4).

317

318 *Theme 4.2: Shared learning*

319 RAs noted that PRs developed confidence and skills in research, organisation, and communication
320 through their role. “Recognising the unique kind of extra skill, they have from their own lived
321 experience” (RA1). These observations echoed the PRs’ own accounts of increased confidence.
322 Working alongside PRs was a positive experience for RAs, offering opportunities for mutual
323 knowledge exchange. RAs improved their research and engagement skills and gained a deeper
324 understanding of the criminal justice system. PRs’ local knowledge was particularly valuable. “They
325 taught us just how much the prisons have changed as well over the years and how much more
326 understaffed they are” (RA5).

327

328 *Theme 4.3: Support and supervision*

329 RAs highlighted that meeting participants in a probation office or prison could be triggering for PRs,
330 especially when visiting a prison where they had previously served time. The emotional impact
331 varied depending on how much PRs had moved on with their lives. “You know if it brings up stuff for
332 them that they've not had a chance to think about in a while, or it's still quite painful for them, I
333 think it could be quite difficult” (RA1).

334

335 These findings supported User Voice's assertion that lived experience should not be too recent and
336 that maintaining boundaries was critical for PRs. RAs felt that PRs required greater emotional
337 support in their roles, describing the existing supervision as insufficient. “They [the peer researchers]
338 might need more supervision and support, or space for that because of the parallels there might be”
339 (RA1).

340

341 Participant group 5: Specialist Offender managers

342 Three themes emerged from interviews with the five SOMs who were part of the clinical team and
343 worked alongside the PRs:

344

345 *Theme 5.1: Breaking down barriers to engagement*

346 SOMs described how PRs were effective in breaking down barriers to engagement with participants.
347 “It became really hard to maintain that contact with him. It was almost when he spoke to the peer
348 researcher, it reminded him that he wanted to talk to us [Mentalization-Based Treatment team] as
349 well” (SOM4). PR involvement facilitated knowledge transfer between PRs and SOMs. “What we've
350 got to do is learn and think about, in terms of a service user's experience, what might help them”
351 (SOM1).

352 However, the SOMs emphasised the importance of PRs maintaining a clear boundary between their
353 former and current lives to safeguard against being drawn back into criminal activity. “You know it's
354 a powerful life... so I do think they really need that degree of separation for their own safety”
355 (SOM4). These findings align with reports from RAs and User Voice interviews, which highlighted the
356 significance of boundaries and supervision to mitigate the emotional impacts of the role.

357

358 *Theme 5.2: Challenging the ex-offender stereotype*

359 The SOMs noted that, in most research sites, PRs were trusted and treated as professionals.

360 However, they also recounted instances where PRs faced suspicion and unequal treatment. “I

361 remember they weren't allowed in the office, and some of the service users are given a little talk at
362 the team meeting" (SOM1). These observations mirrored the access challenges described by PRs in
363 their own interviews.

364

365 Despite these challenges, PRs were seen as proof that meaningful change was possible for MOAM
366 participants and the wider probation service. "That person being allowed to come in must mean
367 they've really made it, because they really have. They've crossed that divide" (SOM1).

368

369 *Theme 5.3: The therapeutic effect of the role for the peer researchers*

370 The SOMs highlighted the dual benefit of the PR role: participants felt valued and hopeful after
371 interacting with PRs, while PRs themselves experienced personal growth and validation. "They found
372 it empowering that someone was in that position interviewing him" (SOM1). PRs described feeling
373 rewarded and respected through their contributions. "Big boost to self-respect and you know, how
374 they see themselves. They are not an ex-offender when they come in" (SOM4).

375

376 These findings align with trial participants' reports of PRs as role models. However, SOMs also raised
377 concerns about potential emotional challenges for PRs, particularly when meeting participants in
378 custody. "You hear information that takes you back to where you were yourself in prison, and
379 sometimes that's tough" (SOM2). These concerns underscored the importance of providing PRs with
380 adequate supervision to support their emotional well-being.

381

382 Discussion

383 Despite the limited evidence on the effect of PPI in clinical trials within forensic settings, MOAM
384 represents the first attempt to explore the impact of involving researchers with lived experience as
385 data collectors in a multisite RCT conducted within the National Probation Service in England and
386 Wales. This approach aimed to reduce barriers to participant recruitment and retention by fostering
387 common ground with a population that often struggles to engage in research [8], while facilitating
388 knowledge transfer between key stakeholders.

389

390 Overall, MOAM participants reported feeling at ease with PRs, who created a safe space that
391 potentially strengthened the breadth and depth of the data collected. Stakeholder interviews
392 supported these findings, noting that the involvement of researchers with lived experience generally
393 helped participants feel more relaxed. However, PR involvement did not always guarantee

394 engagement. Some participants expressed concerns about PRs, fearing they might still be involved in
395 criminal activity and thus could not be trusted. These findings align with Livingston et al.'s study of
396 treatment planning in a forensic mental health hospital, which found that some participants were
397 reluctant to disclose information to researchers with similar lived experiences [26].

398

399 In contrast, stakeholder interviews did not raise concerns about trust but emphasised the
400 importance of ensuring adequate separation between PRs' former and current lives for their own
401 safety and well-being. Some participants cited pervasive mistrust stemming from their own lived
402 experiences as a barrier to engagement. This pattern of mistrust aligns with personality traits
403 associated with Antisocial Personality Disorder [27] and the effects of imprisonment [28], which can
404 generalise across relationships and interactions. These factors should be considered when
405 interpreting the study's findings.

406

407 All interviewees highlighted external factors—such as the environment, the nature of lived
408 experience, and the attitudes of some staff members—as important considerations when evaluating
409 the impact of PRs. Communication and organisational skills were universally emphasised as essential
410 for researchers, regardless of their level of lived experience. Despite these challenges, most PRs
411 found their role meaningful and believed they contributed valuably to the trial's implementation.
412 The qualitative accounts revealed that the inclusion of PRs created opportunities for knowledge
413 transfer, challenging stereotypes associated with being an “ex-offender” and positioning PRs as role
414 models. By drawing on PRs' experiential knowledge, the study team helped break down barriers
415 created by the “us and them” culture. This suggests that knowledge gained through lived experience
416 can enhance clinical trials, offering insights not replicable through academic expertise alone.

417

418 RAs reported improvements in their research and engagement skills and a deeper understanding of
419 the criminal justice system through collaboration with PRs. SOMs described how PRs enriched their
420 understanding of the service user experience, while PRs benefited from learning through their
421 participation in a multi-agency team. Standpoint theory provides a framework to understand this
422 dynamic, suggesting that the knowledge of traditionally excluded individuals is validated through
423 PPI, as peers contribute unique perspectives inaccessible to traditional researchers [29].

424

425 PRs felt empowered by their roles, as their knowledge was valued in discussions with academic staff,
426 supporting Arnstein and Boote's models, which argue that higher levels of participation lead to
427 greater redistribution of power [30, 31]. SOMs suggested that future studies should more fully

428 embed PRs in the research design to maximise their impact. These findings align with Rise et al., who
429 demonstrated that user participation strengthens the authenticity of research outcomes [32], and
430 support prior evidence on the value of PPI in RCTs [33-36].

431

432 The MOAM case study demonstrates that involving researchers with lived experience in clinical trials
433 can bridge the gap between service users and professionals by creating common ground and
434 facilitating knowledge transfer. This approach can also address broader structural power imbalances,
435 benefiting individuals, science, and society.

436 **Strengths and limitations**

437 This study is the first to explore the impact of PPI on an RCT within a forensic setting in England and
438 Wales. The involvement of lived experience guided the study's aims and design, highlighting its
439 innovative approach. However, the findings must be interpreted in light of several limitations.

440

441 The study focused on a highly stigmatised population, and the findings may not generalise to other
442 contexts. The study involved one service user organisation and five PRs, meaning the reported PPI
443 impact could be specific to these individuals and challenging to replicate in different settings. Data
444 were collected at a single time point during the final phase of the RCT, potentially limiting the results
445 due to recall bias.

446

447 Moreover, the MOAM participants interviewed had not exclusively interacted with either PRs or RAs
448 during the follow-up period, which may have influenced their descriptions based on prior
449 encounters with different research team members. Data analysis was conducted by a single
450 researcher, which may have constrained the interpretation of the findings.

451

452 Interviews were conducted by RAs with no lived experience of the criminal justice system, which
453 could have introduced further barriers to engagement. Future research should evaluate the impact
454 of PPI across multiple case studies within a single evaluation to enhance generalisability and work
455 collaboratively with lived experience colleagues to optimise the benefits derived from their
456 involvement.

457 **Conclusion**

458 This study explored the impact of involving PRs in the first RCT conducted within the National
459 Probation Service in England and Wales, capturing perspectives from trial participants, RAs, SOMs,
460 and the PRs themselves. Researchers with lived experience helped to break down power

461 differentials and engage participants who often struggle to take part in research. The methodology
462 bridged the gap between two communities, creating opportunities for knowledge transfer while
463 challenging conventional ideas about knowledge valuation and stereotypes associated with being an
464 “ex-offender.”

465

466 However, PPI did not universally break down barriers to engagement. For some participants, it
467 introduced new challenges, as trust issues arose when PRs were perceived as part of the
468 authoritarian system.

469

470 The findings underscore the importance of soft skills, particularly clear communication, and highlight
471 the need for adequate clinical supervision to support PRs in managing the emotional demands of
472 their role. More broadly, the study challenges assumptions about knowledge definition and who is
473 best suited to study whom. These findings provide a foundation for best practice in implementing
474 PPI across diverse research contexts, regardless of the type of lived experience involved.

475

476 References

- 477 1. Ocloo J, Matthews R. From tokenism to empowerment: progressing patient and public
478 involvement in healthcare improvement. 2016;25(8):626-32. doi: 10.1136/bmjqs-2015-004839 %J
479 BMJ Quality & Safety.
- 480 2. Department of Health. Health and Social Care Act 2012. 2012.
- 481 3. Department of Health. A first class service: Quality in the new NHS. 1998.
- 482 4. Boylan AM, Locock L, Thomson R, Staniszewska S. “About sixty per cent I want to do it”:
483 Health researchers’ attitudes to, and experiences of, patient and public involvement (PPI)—A
484 qualitative interview study. *Health Expectations*. 2019;22(4):721-30.
- 485 5. Health Research Authority. What is public involvement in research? 2021. Available from:
486 <https://www.hra.nhs.uk/planning-and-improving-research/best-practice/public-involvement/>.
- 487 6. Brett J, Staniszewska S, Mockford C, Herron-Marx S, Hughes J, Tysall C, et al. A systematic
488 review of the impact of patient and public involvement on service users, researchers and
489 communities. *The Patient-Patient-Centered Outcomes Research*. 2014;7(4):387-95.
- 490 7. Delbanco T, Berwick DM, Boufford JI, Ollenschläger G, Plamping D, Rockefeller RG.
491 Healthcare in a land called People Power: nothing about me without me. *Health expectations*.
492 2001;4(3):1.
- 493 8. Crocker JC, Ricci-Cabello I, Parker A, Hirst JA, Chant A, Petit-Zeman S, et al. Impact of patient
494 and public involvement on enrolment and retention in clinical trials: systematic review and meta-
495 analysis. *bmj*. 2018;363.
- 496 9. Ennis L, Wykes T. Impact of patient involvement in mental health research: longitudinal
497 study. *The British Journal of Psychiatry*. 2013;203(5):381-6.
- 498 10. Brett J, Staniszewska S, Mockford C, Herron-Marx S, Hughes J, Tysall C, et al. Mapping the
499 impact of patient and public involvement on health and social care research: a systematic review.
500 *Health Expectations*. 2014;17(5):637-50.
- 501 11. Cressey DR. Changing criminals: The application of the theory of differential association.
502 *American Journal of Sociology*. 1955;61(2):116-20.
- 503 12. LeBel TP, Richie M, Maruna S. Helping others as a response to reconcile a criminal past: The
504 role of the wounded healer in prisoner reentry programs. *Criminal justice and behavior*.
505 2015;42(1):108-20.
- 506 13. Fonagy P, Yakeley J, Gardner T, Simes E, McMurrin M, Moran P, et al. Mentalization for
507 Offending Adult Males (MOAM): study protocol for a randomized controlled trial to evaluate
508 mentalization-based treatment for antisocial personality disorder in male offenders on community
509 probation. *Trials*. 2020;21(1):1001. doi: 10.1186/s13063-020-04896-w.
- 510 14. Ejioogu N, Norbeck JH, Mason MA, Cromwell BC, Zonderman AB, Evans MK. Recruitment and
511 retention strategies for minority or poor clinical research participants: lessons from the Healthy
512 Aging in Neighborhoods of Diversity across the Life Span study. *The Gerontologist*.
513 2011;51(suppl_1):S33-S45.
- 514 15. Sankaré IC, Bross R, Brown AF, Del Pino HE, Jones LF, Morris DAM, et al. Strategies to build
515 trust and recruit African American and Latino community residents for health research: a cohort
516 study. *Clinical and translational science*. 2015;8(5):412-20.
- 517 16. Parmar A, Earle R, Phillips C. Seeing is believing: How the layering of race is obscured by
518 “white epistemologies” in the criminal justice field. *Journal of Criminal Justice Education*.
519 2022;33(2):289-306.
- 520 17. Bonevski B, Randell M, Paul C, Chapman K, Twyman L, Bryant J, et al. Reaching the hard-to-
521 reach: a systematic review of strategies for improving health and medical research with socially
522 disadvantaged groups. *BMC medical research methodology*. 2014;14:1-29.
- 523 18. Richards SC, Ross JI. A convict perspective on the classification of prisoners. *Criminology &*
524 *Public Policy*. 2003;2(2):243-52.

- 525 19. Leyva M, Bickel C. From corrections to college: The value of a convict's voice. *W Criminology*
526 *Rev.* 2010;11:50.
- 527 20. Lambert EY. The collection and interpretation of data from hidden populations: US
528 Department of Health and Human Services, Public Health Service, Alcohol ...; 1990.
- 529 21. Marks DF, Yardley L. *Research methods for clinical and health psychology*: Sage; 2004.
- 530 22. Smith J, Noble H. Bias in research. *Evidence-based nursing.* 2014;17(4):100-1.
- 531 23. Guest G, Bunce A, Johnson L. How Many Interviews Are Enough?:An Experiment with Data
532 Saturation and Variability. 2006;18(1):59-82. doi: 10.1177/1525822x05279903.
- 533 24. Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology.*
534 2006;3(2):77-101. doi: 10.1191/1478088706qp063oa.
- 535 25. Kearney A, Williamson P, Young B, Bagley H, Gamble C, Denegri S, et al. Priorities for
536 methodological research on patient and public involvement in clinical trials: A modified Delphi
537 process. *Health Expectations.* 2017;20(6):1401-10.
- 538 26. Livingston JD, Nijdam-Jones A, Team P. Perceptions of treatment planning in a forensic
539 mental health hospital: A qualitative, participatory action research study. *International Journal of*
540 *Forensic Mental Health.* 2013;12(1):42-52.
- 541 27. Kaylor L. Antisocial personality disorder: diagnostic, ethical and treatment issues. *Issues in*
542 *mental health nursing.* 1999;20(3):247-58.
- 543 28. Western B, Braga A, Hureau D, Sirois C. Study retention as bias reduction in a hard-to-reach
544 population. *Proceedings of the National Academy of Sciences.* 2016;113(20):5477-85.
- 545 29. Kokushkin M. Standpoint theory is dead, long live standpoint theory! Why standpoint
546 thinking should be embraced by scholars who do not identify as feminists? *Journal of Arts*
547 *Humanities.* 2014;3(7):8-20.
- 548 30. Arnstein SR. A ladder of citizen participation. *Journal of the American Institute of planners.*
549 1969;35(4):216-24.
- 550 31. Boote J, Telford R, Cooper C. Consumer involvement in health research: a review and
551 research agenda. *Health policy.* 2002;61(2):213-36.
- 552 32. Rise MB, Evensen GH, Moljord IEO, Rø M, Bjørgen D, Eriksen L. How do patients with severe
553 mental diagnosis cope in everyday life-a qualitative study comparing patients' experiences of self-
554 referral inpatient treatment with treatment as usual? *BMC health services research.* 2014;14(1):1-
555 11.
- 556 33. Campbell, Shryane, Byrne, Morrison. A mental health promotion approach to reducing
557 discrimination about psychosis in teenagers. *Psychosis.* 2011;3(1):41-51.
- 558 34. INVOLVE. Briefing notes for researchers:public involvement in NHS, public health and social
559 care research. In: Research NifH, editor. 2021.
- 560 35. INVOLVE. Exploring the impact of public involvement on the quality of research: examples.
561 Eastleigh: INVOLVE2013.
- 562 36. Staley K. Exploring Impact: Public involvement in NHS, public health and social care research.
563 In: INVOLVE, editor. Eastleigh2009.

564

Table 1: Topic guide summary

	Motivation	Defining terms	Training and support	Involvement	Data Collection	Engagement	Boundaries	Collaborative working	Personal skill development	Empowerment
MOAM participants/ PR					X	X	X		X	X
MOAM participants/ RA					X	X	X		X	X
Peer researchers	X	X	X	X	X	X	X	X	X	X
User Voice operational staff members	X	X	X	X	X	X	X	X	X	X
Research assistants	X	X	X	X	X	X	X	X	X	X
Specialist offender managers	X	X	X	X	X	X	X	X	X	X

Table 2: MOAM Participant demographics

Characteristics		Contact with PR (n=32)	Contact with RA (n=44)
Age (years)		36.6 (8.6)	36.4 (10.0)
Gender	Male	32 (100%)	44 (100%)
	Female	0 (0%)	0 (0%)
Ethnicity	White British/ White Irish/ White other	25 (78%)	33 (75%)
	Black/ Black British	3 (9%)	6 (14%)
	Asian/ Asian British	1 (3%)	0 (0%)
	White and Black Caribbean/ White and Black African/ White and Asian/ Mixed other	3 (9%)	5 (11%)
Sentence type at baseline	Prison	28 (88%)	42 (95%)
	Community	4 (12%)	2 (5%)
Sentence length at baseline	>12 months	25 (78%)	31 (70%)
	<12 months	7 (22%)	13 (30%)

Data are n (%) or mean (SD), PR=peer researcher, RA=research assistant

Table 3: Key stakeholders demographics

Group		RA (n=5)	SOM (n=5)	UV operational staff member (n=2)	PR (n=5)
Gender	Male	2 (40%)	1 (20%)	1 (50%)	4 (80%)
	Female	3 (60%)	4 (80%)	1 (50%)	1 (20%)

Data are n (%), RA=research assistant, SOM=specialist offender manager, UV=User Voice, PR=peer researcher

Table 4: Themes and subthemes summary

Participant group	Theme	Subtheme
MOAM participants who met with a peer researcher Total number of interviews completed n=15	1.1 Trial participants felt understood by the peer researcher	They have been where I am It's having a connection with somebody who knows how you feel Well they explained stuff to me really well Everybody's crimes were different
	1.2 The peer researchers enabled some participants to feel more relaxed	I felt relaxed knowing they'd been in my shoes I felt I could be myself I just didn't trust the process because of my experience
	1.3 The peer researchers were seen as role models	I held them in high esteem I reflected on my own behaviour It's given me hope for the future
MOAM participants who met with a research assistant Total number of interviews completed n=15	2.1 Experience of meeting with a research assistant	Meeting for the first time In the room Impact of the meeting
	2.2 Reflections on the peer researcher approach	They understand because they have been there It depends on the individual person
User Voice peer researchers and operational staff members Total number of interviews completed n=7	3.1 Skill set	Having that shared experience Skills required to be an effective peer researcher
	3.2 Collecting data in prisons and probation offices	Getting in Levels of engagement Managing boundaries Being treated like an ex-offender Levels of honesty

	3.3 Impact on the participant of meeting with a peer researcher	The peer researchers as role models
	3.4 Impact of the role on the peer researcher	Feeling valued and a time to reflect Skill development Not feeling part of the entire process Having that lived experience meant it was more challenging
Research assistants	4.1 Levels of engagement	I think it's more authentic
Total number of interviews completed n=5		Developing a relationship over time It's going to vary
	4.2 Shared learning	Learning experience for the peer researchers We learnt so much Working together
	4.3 Support and supervision	It was too close to home for some of the peer researchers Clinical supervision
Specialist offender managers	5.1 Breaking down barriers to engagement	It feels like us and them if not Any study is just so enriched by the involving service users Being empathetic not sympathetic
Total number of interviews completed n=5	5.2 Challenging the ex-offender stereotype	You just couldn't tell Trusted professionals Proving change is possible
	5.3 Therapeutic effect of the role of the peer researcher	You haven't been forgotten you are not lost He' not an ex-offender when he comes in It can take you back to where you don't want to be

