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DEVELOPMENT CENTRE *for* SCOTLAND

*Towards Effective Practice*

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# **Formative Evaluation of the Constructs PSSO Groupwork Programme**

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## EXECUTIVE SUMMARY

### Introduction

Constructs: PSSO is a groupwork programme for men aged 18 and above who have offended. It aims to achieve a measurable reduction in re-offending for participants who complete the programme. To achieve this, the programme focuses on assisting participants to become better problem solvers and better able to implement pro-social solutions to problems they experience that might typically have resulted in their offending.

Constructs is targeted at male persistent offenders, aged 18 and over, who are at medium or high risk of reoffending. Prospective participants are also need to demonstrate the criminogenic needs addressed by the programme, namely problem solving skills, goal setting, impulsivity and concrete/abstract thinking. Exclusion criteria are: having been convicted of a sex offence or domestic violence, being a first time offender, suffering from significant mental health problems and other factors that could prevent learning or attendance, such as significant drug dependency or a learning disability.

### Formative evaluation

The Criminal Justice Social Work Development Centre *for* Scotland was invited by the Scottish Government's Effective Practice Unit to conduct a formative evaluation of the implementation of Constructs. The purpose of this evaluation, as outlined in the Evaluation Specification, was:

- To evaluate the extent to which the programme is implemented in line with the standards of the evaluation and management manual.
- To establish the extent to which Constructs: PSSO achieves the aims of the programme as defined within the Assessment and Evaluation manual and the Management manual

In order to fulfil these objectives, a data collection spreadsheet was developed in collaboration with the first areas to deliver Constructs. This spreadsheet was used to collect the information specified in the evaluation manual, including profile data, programme outcomes and attendance and drop-out. Additionally, an extra sheet to be used at reviews was developed to capture participants' criminogenic needs not addressed by Constructs and to allow practitioners to standardise their assessments of participants' understanding and participation. This information, along with a client questionnaire on the impact of Constructs on their lives, fed into the developed data collection spreadsheet. Copies of this and a spreadsheet previously developed by the Effective Practice Unit and the Scottish Prison Service that captured psychometric scores, were requested from the authorities delivering Constructs on a monthly basis. The CJSW Development Centre then used the spreadsheets to assess the availability and accuracy of information in each area and to address problems when these occurred. The findings in this report are based on data and information collected between April 2007 and October 2008.

Limitations of the current data system mean that the time between the participants' referral and the start of Constructs is not recorded and that the system does not record who completes assessments, thereby potentially obscuring training needs. Also, because of the timing of the first review (after session 10) and the fact that the post-programme report is filled in only for those participants who complete the programme, information on other needs and responsivity is not available for the majority of 'drop-outs'.

## Data gathering good practice

Gathering data every month from the authorities delivering Constructs and several visits to the groupwork teams allowed the CJSW Development Centre to establish the kinds of conditions that need to be satisfied for effective data gathering to take place. These included:

- Sufficient admin support and a contingency plan for periods of absence of the main admin worker.
- Sufficient treatment manager time dedicated to the programme and a contingency plan for prolonged absences of the treatment manager
- A **data champion** in place (either the administrator or the treatment manager, depending on the local situation) who is able and willing to make sure the data is gathered routinely, to check the integrity of the data and to take steps towards addressing any gaps in the information available.
- Routine information sharing systems that include the admin worker so that data can be updated on the spreadsheets regularly rather than being shared on an ad-hoc basis.
- An efficient and clear filing system that allows practitioners and admin workers to quickly locate the forms or information related to Constructs.

In the course of the evaluation it became clear that it is very difficult for the groupwork teams to access information on all the orders coming into the area with the purpose of assessing what proportion of the total target population Constructs can accommodate. The effective and exhaustive accomplishment of this task may require the development of new ways of interrogating data systems used by the local authorities.

## Attrition

At the start of September 2008 28 programmes had started in nine areas, with 306 participants: seven were successfully completed, nine had collapsed due to lack of attendance and 12 were still running.

Twenty-three percent (33) of the 146 participants who started one of the 16 programmes that had come to an end successfully completed Constructs. Information on the numbers of participants referred to each programme was not provided by two areas, which means the total number of referrals may have been higher than the 180 recorded, but using this figure, 18% of those referred completed the programme. The most common reasons for attrition were non-attendance (n=57), employment or training (n=10) and a return to custody (n=10). Attrition seemed to happen more in the earlier stages of the programme, with 94% of drop-outs happening during the first two staged of the programme; before the 11<sup>th</sup> session.

While attrition is still a serious problem, a greater proportion of participants are successfully completing in the programme September 2008 than reported in April 2008, when the completion rate was around 13%. The current situation is starting to come close to those achieved by the Pathfinder programmes in England, which had completion rates of at least 22% (Hollins et al 2002) - though this was considered unacceptably low.

## Targeting

Almost all participants on Constructs were subject to probation orders, with only a very small minority (6%) on a supervised release license. All were male and their ages ranged from 18-59, with 22% of participants aged under 21.

Targeting for Constructs programmes had generally been appropriate. Only nine people (3%) were offered the course in error: seven had no previous offences and two were assessed as being at low risk of reoffending. This suggests that generally Constructs teams are well aware of the eligibility and suitability criteria and check that these are adhered to.

## **Responsivity and other needs**

While participants' understanding of and engagement with the programme was generally rated by practitioners as either “good” or “very good”, this rating was not available for most of the participants who drop out, as the first time this information is collected is at the first review after session 10 of the programme. The same is true for information on participants' other criminogenic needs, which showed that 78-97% of participants had other needs (the percentage fluctuated between reviews) and that at least 37% had three or more issues to deal with. The most commonly recorded needs were alcohol/drugs and education/employment. Most needs that practitioners were aware of were recorded as being actively addressed, with the participant engaging with this work.

## **Psychometrics**

Participants taking part in Constructs are required to complete three psychometric tests pre- and post-programme. The Social Problem Solving Inventory - Revised: Short Version (SPSI-R:S) measures people's social problem solving ability, the Locus of Control (LOC) measures the extent to which people feel they have control over what happens to them and the Psychological Inventory of Criminal Thinking Styles (PICTS) measures whether people are prone to making errors of thinking that are linked to a criminal mindset.

The participants completing the pre-programme tests can be divided into two groups: all those who started the programme and the special group contained within the first of those who went on to complete the programme. The scores for both groups were very similar: they scored within the normal range on the SPSI-R (n=194 for starters and 23 for completers), but outside the normal range on the LOC (n=213 and 23) and the PICTS (209 and 29). This suggests that limited problem solving ability may be less of a criminogenic need for Constructs participants than their not feeling responsible for their own behaviour and pro-criminal attitudes and beliefs. After the programme, the group of participants who completed the programme had average scores within the normal range on all three tests.

With only 23 sets of complete post-programme scores available, it is too early to say if any changes in the scores can be attributed to the Constructs Programme, as the numbers are too small for statistical significance. First indications are, though, that participants generally move in a positive direction on all the scales and that most of those who score ‘abnormally’ on a scale before the programme score within the normal range after completing Constructs. These trends are encouraging, but need to be monitored to see if they are true for larger groups of participants who complete the programme.

## **Document analysis**

Free-text documents used in Constructs were sampled and analysed. Relapse Prevention Plans are the forms participants work on during the final sessions of the programme, when they identify high-risk situations and how they are going to avoid or cope with these. Analysis revealed that participants identified many internal states (such as low self-esteem, being selfish and feeling down) as reasons for or precursors of past offending. However, when focusing specifically on future high-risk situations these internal states were hardly ever mentioned.

Many of the coping strategies described seemed overly simplistic considering the likely complexity of the situation, but it was difficult to assess without knowing the participants or having feedback from facilitators whether they were realistic or likely to be effective. The plans are limited in that they only focus on what the participants themselves can do to avoid relapse and ignore other factors in offending, such as poor housing or drug habits, that participants are unlikely to be able to address on their own. It is therefore essential that relapse prevention plans feed into the final review meeting and an ongoing action plan.

Post-programme reports are completed by the facilitators when a participant has successfully completed the programme. Analysis of a sample revealed that practice varied between areas on how these are completed, with some groupwork teams providing much more evidence for their judgements of participation and understanding than others. Perhaps this is an area in which authorities can learn from each other and start to look for the same indicators of engagement and comprehension.

### **Feedback from participants**

Feedback from participants was obtained in a variety of ways: through the participant feedback sheets that are part of the Constructs pro-forma, through a questionnaire that is part of the final review and assesses participants' views on the impact of Constructs and through three focus groups. The feedback from participants was overwhelmingly positive, with one participant saying:

*"I wish, I wish I had done this years ago. It could have opened my eyes up and opened my head up."*



## CHAPTER ONE INTRODUCTION

1.1 Constructs: PSSO is a groupwork programme for men aged 18 and above who have offended. It aims to achieve a measurable reduction in re-offending for participants who complete the programme. To achieve this, the programme focuses on assisting participants to become better problem solvers and better able to implement pro-social solutions to problems they experience that might typically have resulted in their offending. The key objectives identified in the Management Manual for the programme are to:

- reduce re-offending rates amongst those successfully completing the programme;
- enable group members to develop competence in problem solving, a variety of social skills, and their ability to take action to prevent a lapse or relapse;
- challenge group members pro-criminal attitudes and beliefs;
- promote a pro-social lifestyle; and
- enable group members to produce and act upon a viable action plan to avoid further offending.

1.2 Constructs is targeted at male persistent offenders, aged 18 and over, who score either medium or high on the LSI-R assessment of risk of reoffending. Prospective participants are also assessed on the criminogenic needs addressed by the programme, namely problem solving skills, goal setting, impulsivity and concrete/abstract thinking (see checklist section 5.2ff Evaluation Manual). The programme should be offered when they score at least medium on all the needs, or high on one, while the suitability of those who score medium on some domains should be discussed by programme staff. Exclusion criteria are: having been convicted of a sex offence or domestic violence, being a first time offender, suffering from significant mental health problems and other factors that could prevent learning or attendance, such as significant drug dependency or a learning disability.

1.3 The Criminal Justice Social Work Development Centre *for* Scotland was invited by the Scottish Government's Effective Practice Unit to conduct a formative evaluation of the implementation of Constructs. The purpose of this evaluation, as outlined in the Evaluation Specification, was:

- To evaluate the extent to which the programme is implemented in line with the standards of the evaluation and management manual.
- To establish the extent to which Constructs: PSSO achieves the aims of the programme as defined within the Assessment and Evaluation manual and the Management manual

1.4 As well as this, the CJSW Development Centre developed some data gathering tools to ensure that information likely to have an impact on the success of Constructs, such as participants' other needs, was collected and so that free-text Constructs forms could be aggregated.

1.5 The findings in this report are based on data collected and information gathered between April 2007 and October 2008. The remainder is split into six chapters. Chapter two details the formative evaluation activities undertaken, the data gathering system that was developed in the course of these activities and its limitations. Chapter three outlines the extent to which the teams delivering Constructs were able to collect and provide the data requested and makes recommendations for data gathering based on the experience of the formative evaluation. Chapter four and five discusses early findings based on the information routinely provided by the authorities delivering Constructs, with chapter three focusing on participants' profiles and attrition and chapter four at psychometric scores. By contrast, chapter six discusses the results of a one-off document analysis which aimed to uncover information held on forms which cannot easily be aggregated and are therefore not routinely available to the evaluation team. Finally, chapter seven contains feedback from participants who completed Constructs, which was given, obtained in three focus groups in three different areas.



## CHAPTER TWO DEVELOPMENT OF DATA GATHERING SYSTEMS

2.1 This chapter details the activities carried out in the course of the formative evaluation of Constructs and the data gathering system that was developed in the course of these activities. It also discusses the limitations of the current system along with recommendations on how these could be overcome.

### Identifying what data to collect

2.2 One of the first tasks carried out by the evaluation team was to examine whether the data gathering tools that were part of the programme's pro-forma were able to capture the information specified in the Evaluation Manual in such a way that this could be aggregated nationally. In addition, it was examined whether there were other important factors that research suggests have an impact on the success of cognitive behavioural programmes, on which additional data would need to be collected.

### Targeting

2.3 The Evaluation Manual sets out the need for monitoring whether or not Constructs is appropriately targeted (p.6). Do those who participate need the programme, and does everyone who is eligible and has a criminogenic need addressed by Constructs receive it? The Evaluation Manual also details the information to be gathered to answer these questions (p.7). Most of this data was expected to be collected during the normal referral process, including profile data (the participants' age, number of previous convictions), the assessment of need and risk of further reoffending. All of this information was easy to record electronically and aggregate nationally. However, profile data on those who fit the basic criteria for the programme, but were either not 'referred' or deemed unsuitable was not gathered by normal Constructs procedures, making it impossible to assess whether Constructs was offered to all those who were eligible. Therefore, treatment managers were instructed to look at all the orders coming into their areas and to identify for those who were eligible but were not offered Constructs why this was the case and what alternative intervention these people had been offered.

### Outcomes

2.4 The Evaluation Manual states that "the evaluation of programme effectiveness is ultimately judged by recidivism data" (p.18). However, the manual acknowledges that such data has limitations in that it cannot give an entirely reliable picture of re-offending. Also, gathering this type of data necessitates a longitudinal approach and is ideally carried out two years after the completion of the programme. Therefore, while reoffending data may be collected during later stages of the implementation, this has not been part of the formative evaluation.

2.5 To provide provisional measures of programme outcomes and to assess whether Constructs is achieving its treatment objectives, as specified in the Evaluation Manual (p.19-20), psychometric tests are administered before and after the programme. The participants' *problem solving ability* is measured using the Social Problem-Solving Inventory (SPSI-R-S), their *impulsivity and pro-criminal attitudes and beliefs* through the Psychological Inventory of Criminal Thinking Styles (PICTS). The extent to which participants *feel responsible for their own behaviour* is also measured, using a Locus of Control assessment tool. The comparison of pre- and post programme test results are intended to provide some insight into whether the programme has had an impact on any of the tested domains. Psychometric scores achieved by participants on the tests both before and after the programme are entered by Social Work staff into the "Psychometrics database" developed by the SPS and the Effective Practice Unit.

2.6 The Evaluation Specification stated that one of the tasks of the evaluation was “to analyse levels of change in participants' ability to produce and act upon a viable action plan to avoid further offending”. Participants develop their Relapse Prevention Plan during sessions 24 and 25 of the programme. Because these are free text documents without standardised or easily quantifiable elements, their content can only be sampled and qualitatively analysed. However, as these are an integral part of the programme, areas where Constructs programmes had been completed were asked in July 2008 to provide copies of these plans either in paper or electronic format, when their content was analysed (chapter six)

2.7 While a Participant Feedback Form which focuses on participants' experiences of the programme is included in the Evaluation Manual (p.8-9), this does not solicit participants' view of the *impact* of Constructs. During the first programme in West Lothian it became clear that these views were of interest and could provide some measure of triangulation for the outcomes of the psychometric tests. Therefore, an extra questionnaire was developed to give participants a chance to feed back their views about the impact of the programme. The questionnaire (in Appendix 1) was designed to be completed at the last review meeting through discussion between the case manager and the participant. It includes scaled answers that should be recorded on the database, as well as free text ones which should be of interest to practitioners. Areas were asked to provide copies of all Participant Feedback Forms in July 2008 so that these could be analysed (chapter six).

### ***Responsivity***

2.8 The Evaluation Manual specifies that attendance and attrition rates are to be recorded regularly by local areas (p.8). When reasons for non-attendance and drop-out are also recorded, it becomes possible to examine what barriers exist to people attending Constructs, as well as how successful the program (design) is in keeping attrition to a minimum.

2.9 Individual performance is, as outlined in the programme manuals, already recorded on the session progress and feedback sheets completed after each session and summarised in the post-programme report. In the Evaluation Manual, this report is described as an outcome measure, in that it charts participants' progress and to what extent their needs have been addressed (p.10). However, as it currently elicits open text answers, it is impossible to aggregate the information it contains for large numbers of people. To overcome this, an additional data gathering tool (in Appendix 1) was developed to be used as an extra sheet for local review forms, which gathered aggregatable information on participants' level of understanding and participation (as well as other needs, see below).

### ***Other needs***

2.10 The Management Manual points out that Constructs is “far less likely to achieve the desired results on its own, than if it is delivered as part of a comprehensive plan of intervention that addresses all the offence related needs identified in relation to the particular individual” (p.13). This is a recognition that the programme targets only a limited number of ‘crime related needs’ that may be identified through LSI-R assessment which are likely to impact on reoffending. However, the Evaluation Manual does not include any data gathering processes that are able to capture information on other interventions taking place with participants to target needs not addressed by Constructs. For this reason the evaluation team felt it would be important to get some insight into the factors which may influence the success of Constructs by identifying whether or not high scored domains of need are subject to other forms of intervention in addition to Constructs. While review forms are likely to record information on clients' other needs and the work done to address these needs different Local Authorities are using different forms and most of these yield free text responses. Therefore, the data gathering tool described above also solicited basic data on participants' other areas of need and how these were addressed (see Appendix 1).

## **Developing the evaluation spreadsheet**

2.11 In order to facilitate the data gathering process, the evaluation team designed an Excel spreadsheet which captured the data needed in consultation with the first two areas to deliver Constructs, West Lothian and Glasgow East CHCP, and the Effective Practice Unit. This spreadsheet was distributed to all the areas delivering Constructs in October 2007 along with guidance on how to complete the different fields. Areas were not required to use this spreadsheet as their main data gathering system and were encouraged to send the required data in other forms (for example, on an Access database) if this made it easier for them to copy the data from their main system. In practice all areas returned the data using the Excel spreadsheet. Over the following months, it became clear that some parts of the spreadsheet were counter-intuitive, especially the part regarding attendance, and that it failed to collect programme data (how many people started on a programme, how many dropped out and for what reasons) as individual programme data was overwritten when a participant joined a new programme in order to avoid double counting. The existing spreadsheet was adapted to address these concerns and more drop-down lists were used to limit possible responses and aid efficient data input. The new version of the spreadsheet, along with its guidance document, was piloted by Falkirk in May 2008 and was thereafter distributed to the other areas, with a member of the evaluation team visiting those areas who needed assistance in transferring their data from the old to the new version of the spreadsheet. By July 17<sup>th</sup> all areas were using the new spreadsheet.

## **Monitoring of data collection**

2.12 After the implementation of the first evaluation spreadsheet, areas delivering Constructs were requested to send this and the spreadsheet containing the psychometrics scores to the CJSW Development Centre at the start of every month. This enabled the evaluation team to monitor whether or not the data was being collected in accordance with the guidance and to identify any gaps in the data. When obvious errors or gaps occurred, this would be fed back to the administrator or the treatment manager of the area in question, who would then have the opportunity to address the problem. Support was also provided to areas when data collection was problematic due to staff or skills shortages. For example, most areas were visited by a member of the evaluation team at some point during the implementation process and the use of the different spreadsheets and data gathering tools was demonstrated. When no improvement with specific data gathering problems was noted over time in a particular area, the Effective Practice Unit was notified.

2.13 For June and July 2008 the sending of data was suspended, as there were concerns about the security of the data when they were being sent and received by unsecured email addressed. From August 2008 areas were requested to send the spreadsheets from a GSI/GSX address to a similar address at the Effective Practice Unit, where they were then collected by the evaluation team using an encrypted memory stick.

## **Evaluation Group**

2.14 The CJSW Development Centre convened an evaluation group consisting of all treatment managers, the evaluation team and representatives from the Effective Practice Unit, which met at least quarterly. At these meetings, any problems areas faced with the data gathering process were discussed, as well as issues and problems identified by the Development Centre or the Effective Practice Unit.

## **Limitations of current Constructs data gathering methods**

2.15 Since the implementation of the new spreadsheet, additional issues have emerged in relation to the limitations of the spreadsheets used to gather the data arising from Constructs. Consideration needs to be given to decide if any of these issues are sufficiently serious to warrant another change of data gathering tools or methods.

- The spreadsheets at present do not show when programmes have been amalgamated, so this can only be inferred from the high numbers of people referred to the completed programme. This problem could be overcome by including “merged with group X” as an option in the Group outcomes column in the Programme data sheet of the evaluation spreadsheet.
- Spreadsheets carry no information on the waiting time between the referral and the start of Constructs; the date of the order is not recorded, and start dates of programmes are irrelevant as these are overwritten when someone joins a second group after failing to complete an earlier one. To overcome this, the evaluation spreadsheet would need two more columns, asking for the “date of order” and “date started first programme”.
- There is a potential problem with the recording of programme outcomes, as the decision to breach someone may take some time, followed by another period of time during which the breach is processed. Without a natural data-point for breach decisions to be fed into the spreadsheet, case managers need be acutely aware of the need to inform administration workers of both their decisions and those made by the court if breaches are to be accurately recorded.
- Where areas have difficulty getting information from other sources (e.g. the assessment of need part of the referral form is left blank) but find their own solutions (e.g. completing this at the pre-session meeting) evaluators will not be aware of this unless it is reported. If not notified, such actions will hide problems with data sharing and the training of SER authors and case managers or others.
- As other needs are only assessed at the review stages, as a result this information is only gathered for those participants who attend at least ten sessions. This makes it impossible to assess whether there is a difference in need between those who drop out early and those who participate longer. It would be helpful to start filling in the “other needs” table at the start of the programme or to tap into the limited information on “any issues to note” and “action needed & by whom” contained in the 1:1 session checklist for case managers”.
- Similarly, information on participants' understanding and participation is only recorded at the time of the first review and is therefore unavailable for the majority of ‘drop-outs’. It may be necessary to design an “exit form” for participants who leave the programme before the tenth session that could capture this information. This could also allow non-completers to give feedback on the programme, although obtaining any responses is likely to prove problematic.

2.16 One unintended consequence of the involvement of the CJSW Development Centre was a tendency for areas only to concentrate on the data contained in the spreadsheets and to no longer complete the forms that were part of the design (and the pro-forma) of Constructs containing other information. A clear example of this was areas failing to complete the pro-forma “End of programme completion and drop-out record” when the earlier version of the evaluation spreadsheet did not explicitly request programme data (number of people started, number of people, reasons for attrition, etc.). In this instance, the problem was solved through a back-tracking exercise by the CJSW Development Centre and the inclusion of this type of data in the new version of this spreadsheet, but it is not known to the Development Centre whether other forms not asked for are being completed as intended.

2.17 Forms that are part of the pro-forma of Constructs but are not tapped into by the current data gathering systems and have never been seen by the evaluation team are:

- Programme Agreement
- Consent Form
- 1:1 Session Checklist for Case Managers
- Programme Delivery Log
- Groupwork and progress feedback sheet
- Video Monitoring forms

2.18 Forms that do not directly feed into the current data gathering systems but have been sampled by the evaluation team (see chapter six) are:

- Participant feedback sheet
- Post-programme report



## CHAPTER THREE FINDINGS ON DATA GATHERING PROCESSES

3.1 From December 2007 until June 2008 the areas delivering Constructs were asked to send their spreadsheets to the CJSW Development Centre at the start of every month. Also, at various times in the formative or implementation evaluation, treatment managers were asked to provide different bits of information, such as copies of free-text forms or feedback from the data controller in their area. Additionally, visits were made to all the areas to provide advice and discuss difficulties in the data gathering processes. These different strands of the formative evaluation allowed a picture to be built up regarding the challenges areas faced in gathering the data and the under what conditions these challenges could be overcome. This chapter outlines what needs to be in place for effective data gathering by discussing the situation in each area and then identifying the lessons that can be learned from these descriptions. It ends with an outline of major challenges in the data gathering; instances where either most or all areas delivering Constructs have been unable to provide sufficiently accurate or complete data for findings to be reliable.

### Highland

3.2 The Highland Constructs delivery team faces difficulties because of ongoing staff shortages in one of the local Social Work departments and Constructs being delivered by Action for Children, the team has only limited contact with the social workers who make the referrals and case managers. Information on referrals is not sent electronically to the groupwork team, but is photocopied in the social work offices by one of the facilitators, who also uses this as an opportunity to ask for more referrals. This method of data gathering depends on the availability of the facilitator, which will become a problem when more groups are up and running. It is also not clear whether this method is effective: participants' number of convictions is frequently missing, although Highland is also the only area in which the needs assessment is complete for all participants. It is important that a routine method of passing on of new referrals and other information between the social work teams and the groupwork team is developed.

3.3 With the local social work teams lacking staff and hiring new people, very few referrals have been coming in (exacerbated by only a small proportion of orders being suitable) and few local social work staff have been trained in Constructs. This has meant that programmes in Highland have started with small numbers of participants, which contributed to their collapse, and could also have consequences for data gathering as many case managers are not aware of the information required for Constructs.

3.4 Another problem is the shortage of admin worker and treatment manager time. The part-time admin worker in place is only able to input data once there is a back-log, so all the work can be done at the same time, but this compromises her ability to interrogate the data and potentially the data's accuracy. For example, the participants' status in the psychometric spreadsheet has never been updated from "pre-programme" even though all the programmes collapsed. Also, there is no back-up system for data input when the admin worker is on leave. The treatment manager is equally pressed for time, which makes it difficult for him to have an overview of the data.

3.5 More effective data sharing systems within the team need to be developed. Previously, information about the group sessions (attendance, reasons for absence, attrition etc) was passed on to the admin worker on an ad-hoc basis, with a facilitator passing this information on verbally. It was recommended to Highland in July 2008 that the admin worker is copied into the email that is sent to case managers after each group containing this information. Also, the spreadsheet suggests that little feedback is received from case managers on the outcomes of non-attendance: for the 15 participants who had failed to attend, only one breach was recorded. A system or time frame should be set up for case managers to inform the groupwork team of their decision to breach or to take other measures in each case.

3.6 When a member of the evaluation team visited Highland in July to transfer the data held to the new version of the spreadsheet, the information was also brought up to date. With no new programmes starting between then and the end of August, this up-to-date spreadsheet was used for the data analysis, making it difficult to assess how well data gathering systems have been working in Highland since then. Also, with all groups having collapsed relatively early on, only one review has so far taken place and no outcome data are available, so it has not been possible to assess the recording of these. However, considering the difficult situation in Highland and the limited time available for data entry, Highland's spreadsheets have been relatively complete and accurate. Other areas could especially learn from Highland's success in ensuring needs assessments are complete.

## **Inverclyde**

3.7 After the first group collapsed in March 2008 in Inverclyde, subsequent groups were facilitated in partnership with Renfrewshire. Given that the data for these groups was processed by Renfrewshire, little new feedback on Inverclyde's data processes can be given. At the time of the last report, as the first programme had run with only eight participants, Inverclyde staff had not had to handle a large amount of data. However, the data systems in place seemed to have worked well, with spreadsheets complete, up to date and sent to the CJSW Development Centre promptly at the start of each month. The exception was missing needs and risk assessment data for two participants - one quarter of the total which would be a worrying proportion if it held true for larger groups of participants. For the two participants from Inverclyde on a programme run jointly between Inverclyde and Renfrewshire, the assessment data was complete. It is not clear whether contingency plans to cover for the possible absence of the admin worker and treatment manager have been developed and this may be worth considering before the next programme starts. As no visit was made to Inverclyde, where the change-over to the new spreadsheet was successfully completed by the admin worker, it is not clear how information is shared between the Action for Children groupwork team and the local social work teams. However, as no problems with data gathering have been evident or reported, Highland may be able to learn from the systems that have been set up here.

## **Renfrewshire**

3.8 Data collection and recording methods are working well in Renfrewshire. The data is regularly updated, sent promptly and admin workers are proactive in solving problems. One notable contributory factor to this is the amount of admin worker time available: one administrator is dedicated to Constructs full-time while another admin worker keeps track of one of the groups part-time, which allows them to have a high level of involvement in the programme and a real insight into the nature of the data needed and means that cover is in place when one of them is on leave. Also, the treatment manager is dedicated to the groupwork team full-time, which allows her to have an overview of the data, to be aware of the requirements of the data collection and to ensure that the information flow routinely includes admin workers, which makes their task easier. This high level of staffing, along with the presence of seven facilitators (some of whom also perform other tasks) also means that Renfrewshire has been able to establish a rolling programme of Constructs groups, with up to five running at one time.

3.9 After each session the treatment manager sends out an email to case managers and the admin workers detailing attendance, reasons for non-attendance (if known) and what needs to happen (home visits, reviews etc.). When the treatment manager is not present, a back-up system is in place, with the administrators receiving this information from the facilitators and then sending out the email to case managers. Again, this is only possible because the admin workers are involved enough with Constructs to understand what information is required by whom. In the event of a long-term absence of the treatment manager, it is likely they would be able to ensure that the data systems in place would continue to work.



3.10 Other examples of good data practice in Renfrewshire that other authorities delivering Constructs could try to emulate include:

- When administrators receive any information (review sheets, referral forms, attendance info) they update all the spreadsheets at the same time, thereby ensuring that they all contain data on the same participants.
- When any data is missing this is noted straight away and the admin workers contact the referring social worker, or for the URN, the police department to ask for the information necessary.
- After the pre-programme session a file is made up for each participant. Files are kept colour-coded (with one colour per programme) in a dedicated Constructs filing cabinet. This ensures that all members of the Constructs team know where paper documents, such as psychometric tests forms, are kept, which reduces the chance of them going missing.

## West Lothian

3.11 The main issue in data gathering for West Lothian was the lack of a contingency plan when the admin worker left, exacerbated by the fact that no one knew where she had stored the data and how the spreadsheets were to be completed. The lack of data entry has meant that there was a gap in data gathering between December 2007 and May 2008, when one of the facilitators was nominated to take on the administration of the programme. Around this time a member of the evaluation team visited West Lothian to transfer the old information available to the new spreadsheet and to show the facilitator and treatment manager how the spreadsheets were to be used. Since then the data gathering has been working reasonably well, although review information often seems to be missing: out of the eight final reviews that should have resulted in summary information (the summary form had not yet been developed when the first group completed) for only four, information had been entered onto the spreadsheet. Even more strikingly, there was evidence of only one second review. It is not clear what is causing this lack of data flow or generation: whether reviews are not taking place, the summary sheets are not used or this information is just not finding its way onto the spreadsheets.

3.12 While the psychometric spreadsheet is well maintained and almost complete, there is some missing data. Post-programme scores are missing for two participants who completed the programme, with pre-programme scores missing for two participants (on PICTS for three) who did attend subsequent sessions.

3.13 Additionally, at times it seems difficult for Constructs staff in West Lothian to locate forms related to the programme. When asked to provide samples of free-text forms to be sampled, West Lothian struggled to provide these. Copies of relapse prevention plans had not been kept for the second group to complete, because most participants' orders were coming to an end and the wrong review summary forms (those for the second review, rather than the third) were sent, although all post-programme reports were provided. Feedback forms about the programme were only provided for the second group, but it was unclear whether these had not been completed by the first group or could not be located. Feedback early on in the programme from the admin worker before she left suggested that sheets containing information that should feed into the spreadsheets sometimes also get misplaced in the office. To address these problems a more effective filing system may have to be developed, so that all Constructs-related forms can be stored in the same place, with everyone aware of their location.

3.14 With new admin staff hopefully being recruited soon, West Lothian should be in a better position regarding data gathering. Now that a facilitator has taken charge of the data system for a number of months, she may be able to provide back-up when necessary, along with other admin staff. Also, given that the last admin worker was very proactive in gathering and examining data, that good systems for information sharing were set up at the start of the programme and that case managers and facilitators are based in the same office (and sometimes are the same person), West Lothian should be able to build upon the current level of data gathering to achieve high levels of accuracy and completeness. It has also been

encouraging that, when there was no administrator and facilitator time was limited, it was decided in May 2008 not to start two programmes, because this would have made it impossible to keep Constructs information up to date.

## **Forth Valley**

3.15 In Forth Valley there were some initial teething problems with the psychometrics: one group was given the wrong version of one of the tests, leaving the pre-programme scores incomplete, but these have now been overcome. Pre-programme scores for the later groups and post-programme scores for the group that finished are complete.

3.16 Problems with reviews seem to be ongoing, however. Earlier on, some first reviews were not completed on time, but even now reviews seem to be missed out. Out of the four completers, only two had had their final reviews by the end of August 2008, even though their programme finished at the beginning of July. Similarly, second reviews were only completed for three out of five participants (or recorded on the spreadsheet). In the three later programmes 17 people were still participating in the programme at session 10 (one programme is now at session 14, one at session 11 and the remaining one collapsed after session 10) but no reviews are recorded for these programmes at all. Feedback from the treatment manager suggests that there are problems in Forth Valley with some of the case managers, which may make setting up reviews more difficult, but it is important that they take place and/or are recorded more consistently than at present.

3.17 Even though Forth Valley was one of the few areas in which a second admin worker could cover for the main admin worker in the case of absence, both workers left the Constructs team at the same time, illustrating that it is impossible to prepare for all eventualities. However, the resulting lack of admin was handled well, with managers moving quickly to appoint new staff and a person from another team covering one day a week. The fact that someone was able to step in implies that others within the team knew what was required and where the relevant information was stored. This approach of making sure that the facilitators and treatment manager are aware of data gathering demands is something that other areas should consider, especially when not enough admin staff is available to provide cover.

3.18 Despite the changes in the staff team, data gathering and recording are still progressing well in Forth Valley overall. The information recorded on the evaluation spreadsheet (other than review information) is almost totally complete and good systems seem to be in place for sharing information with whoever is inputting the data.

## **West Dunbartonshire**

3.19 West Dunbartonshire faces particular difficulties in data gathering due to staff shortages. Since the treatment manager resigned before the summer this post has not been filled, with the manager of the probation team trying to fill the gap. No new admin worker was appointed for Constructs, instead this task was added onto an existing administrator's responsibilities, with less than half her time being dedicated to the programme. The four facilitators take on some of the admin tasks, including data input, but themselves struggle with other responsibilities, such as caseloads, studying for a SW qualification and the demands of the SWIFT system. Despite these problems, the team does run 3 to 4 Constructs programmes simultaneously. Perhaps unsurprisingly, then, there are some problems with the data gathered.

3.20 The problems with no one having an overview of the requirements for data gathering are illustrated by the gaps in psychometric scores in West Dunbartonshire. For the first three groups, no SPSI-R data is available, including post-programme scores for those who completed the programme. Similarly there are no LOC post-programme scores for completers, although the PICTS information is complete. Other causes for concern are:

- Non-compliance reasons for non-completers are missing
- The programme data for the completed course is missing
- The psychometric spreadsheet is frequently emailed without the names of participants being removed
- Review information for group 03/2008 (progressed to session 21) is completely missing

3.21 However, there has also been progress since the April 2008 Interim Report. At the time information sharing was a major issue due to the fact that the Constructs delivery team is separate from the assessment team and the throughcare team, with no manager in common. There had been particular difficulties in getting the assessment team to complete the needs assessment on the referral form, which has led to a lot of missing needs scores, with the number of previous convictions also often missing. The picture for the latest group is very different: whereas for the earlier groups 21 out of 28 assessments were incomplete, this proportion has now been brought down to 3 out of 14 new starters. Also, four out of six of the final reviews for those who finished the programme were complete, with the two others both being partially completed.

3.22 Another concern was the discrepancies between the entries on the two spreadsheets, with feedback from the admin worker suggesting that sometimes people were allowed to start on a programme without information on them being available or having been entered on either of the spreadsheets. For the latest group, entries on the both spreadsheets include almost exactly the same people, with fourteen participants entered onto the psychometrics spreadsheet and thirteen of these also represented on the evaluation spreadsheet. Attendance and drop-out information is also much improved, so that is now is up-to-date and complete.

3.23 For West Dunbartonshire to further improve it seems crucial that someone is enabled to oversee and monitor the data gathering process, which means that more administrator time needs to be available and a treatment manager recruited. The lack of cover for those on leave is also a concern, especially now that the administrator is (about to go on) maternity leave.

### **Glasgow East**

3.24 Glasgow East is the CHCP where Constructs has been running the longest. The first programme started in June 2007 and was completed in February 2008 by three participants. However, the groupwork team had several issues to cope with:

- Lengthy absences, which resulted in two changes of the treatment manager, which meant three people took on this role in a year and that in the interim no one was able to take responsibility for the data process or to ensure that data gathering took place.
- A lengthy absence of the admin worker, with no one available to take over data gathering.
- Practitioners not completing all the fields on the referral form and/or the client database used by the area. This problem was exacerbated by the size of the team and the fact that treatment manager, admin workers, facilitators and case managers are not necessarily based in the same building, making it more difficult for the admin worker to chase up this data.
- Glasgow social work computers not having 'Access' included as one of their standard programmes, which meant that PICTS standard scores could not be calculated until the spring of 2008.

3.25 These factors, especially the lack of a treatment manager, will have contributed to the fact that the second Glasgow East Constructs programme did not start until August 2008, along with a programme run in partnership with Glasgow South West and Glasgow South East.

3.26 Recently, facilitators in Glasgow East have made a real effort to bring the information on the first (completed) group up to date and have been reasonably successful. Referral information on the twelve participants recorded is complete, along with their programme outcomes, attendance and review information. One anomaly is that a third review seems to have been completed for a participant who was

returned to custody after session 19. Unfortunately, with the treatment manager responsible in post at the start of the programme now having left her post and the considerable amount of time between the completion of the tests and the data entry, the pre-and post-programme psychometrics scores for this group could not be located.

3.27 It is encouraging that the data for the ten participants on the next Glasgow East Group is almost complete. The same ten participants are recorded on the psychometrics and the evaluation spreadsheet (although one URN has been entered for two participants on the former by mistake) and only one needs assessment and one LSI-R score are missing. Additionally the scores for all three psychometrics tests are complete. This does raise the issue whether Glasgow East only records the information for those participants who attended the first session, when data on all those referred to the programme and expected to start should be included. Another potential problem is that the programme and area codes used on the psychometrics are unsuitable ("Glasgow City Council" and "2" respectively) in that they will not allow evaluators to distinguish between areas and programmes when the data are combined. Instead, the codes used on the evaluation spreadsheet should be adopted.

3.28 For the joint group the picture is somewhat different. While Glasgow East should be commended for being the only area to provide data for this jointly run programme, for the five participants the information on four needs assessments, one URN, and two number of convictions is missing. Also, while SPSI-R scores and LOC scores are complete, the PICTS scores are missing. This level of missing data may be due to the recent start of the programme, but needs to be addressed before the spreadsheets are sent in again at the start of the next month.

3.29 While Glasgow East has improved considerably on the completeness and accuracy of their data, it is not clear what systems have been implemented to achieve this. Recommendations are that:

- Practitioners are made aware of the importance of completing all the questions on the referral form and of entering these onto the client database, so the admin worker is able to access them
- Data systems are set up which ensure that the admin worker routinely has access to the information emerging during the running of the programme, including review data and session-by-session information on attendance, drop-out, programme outcomes and reasons for these.
- If the treatment manager or the admin worker is likely to be absent for a considerable period of time, someone should be nominated as soon as possible to take responsibility for their role in the data gathering process. In order to make this possible, candidates should be trained and made aware of what is necessary and where data is stored, so that they can step in whenever necessary.

## **Glasgow West**

3.30 Glasgow West was the only other CHCP in Glasgow to provide information on a Constructs programme in time for this report. It is very encouraging that on the evaluation spreadsheet almost all the referral information was complete and accurate, with the only exception two fields that were formatted as dates instead of numbers. No copy of the psychometric spreadsheet was sent, but this may be due to the recent start of the programme.

## **Glasgow North, South East and South West**

3.31 Even though (joint) programmes had started in these areas, no information was provided. While this may be due to the recent start of the programme in South East and South West, in Glasgow North a programme started earlier in the year and collapsed after only a few sessions, with no data recorded for evaluation purposes at all. Feedback given suggested that this was due to lack of admin support, but leaving data gathering until a considerable time after the programme is inevitably going to cause gaps in the data and inaccuracies, so it is recommended that in the future someone is nominated to take on the administrator role whenever a programme commences.

## Discussion

3.32 It is clear from the above that different areas have experienced different problems in gathering the data required for the evaluation. Problems encountered were:

- lack of admin support
- difficulties in communicating with the social work teams (where Constructs is not delivered by people within these teams)
- lack of a treatment manager
- poor systems for passing on information to admin support.
- poor filing systems for Constructs paperwork
- incomplete information provided by other teams

3.33 These issues have highlighted some of the elements that are absolutely essential to the integrity of the programme and maintaining accreditation.

3.34 It is very important that there is a **data champion** in place in all authorities delivering Constructs, who is able and willing to make sure the data are gathered, to check the integrity of the data and to take steps towards addressing any gaps in the information available. While this is partly the remit of the treatment manager, in practice it is often the administrator who has the most insight into the data available. Data gathering has been especially effective where administrators were able to take on the data champion role and to be proactive in examining the data and their contact with the Development Centre. This may be something to consider when recruiting people to take on the Constructs administrator role. The added responsibility may also have implications for pay scales.

3.35 In general, teams where more staff is allocated to Constructs manage to run more programmes simultaneously and achieve higher levels of data accuracy and completeness. The importance of sufficient admin support has already been discussed, but when the treatment manager and facilitators have some extra capacity they can often provide support when needed, are more likely to take feedback regarding data on board and to develop an understanding of the (demands of the) data gathering system. On the other hand, when the facilitators and treatment manager are overstretched problems with data gathering and/or lack of admin support are less likely to be resolved.

3.36 To be able to 'champion' the data, administrators (or the data champion, if this role is not taken on by the administrator. If this is the case, the data champion will then have to be responsible for passing the information onto the administrator.) have to be in a position where they are an integral part of the information gathering systems, rather than having to rely on facilitators or treatment managers passing on information on an ad hoc basis. The flowchart in Appendix 2 illustrates the ways in which information could be passed on routinely from those who collect and record the data to the administrator.

3.37 There are a few discreet data points during Constructs (referral, pre-group session, last session and reviews) from which the data is generally collected effectively. The main difficulty seems to be with the routine data gathering that happens during the programme, when attendance, drop-out and reasons for non-attendance and attrition have to be recorded on a regular basis. Perhaps the easiest way of achieving this would be to routinely provide the administrator with a copy of the "At a glance" absence and drop-out record and the "Attendance and catch-up" record after each session and catch-up session, on which the reasons for absence are recorded in the "Notes" column.

3.38 However this is not the only way and the relevant part of the flowchart is not prescriptive; other effective solutions have been achieved by some areas. In several areas the treatment manager sends an email after every session to case managers and admin support, so that everyone is aware of the attendance of the session. In another area the admin worker is included in the team meeting on the morning after the session where this information is routinely reported. Areas have to decide on a procedure that works for them but that allows the administrator to keep abreast of the attendance and drop-out rates of the sessions, plus the reasons for both.



3.39 It is imperative that all the assessments have been completed before participants are referred to a particular Constructs programme. Someone, whether treatment manager or administrator, has to check that all the referral information is complete before someone is allowed to start, in order to avoid people attending Constructs who are actually not suitable. It also is good practice to enter and alter participants' records on both spreadsheets (the evaluation spreadsheet and the psychometrics spreadsheet) at the same time, so that both sheets include the same cases with the same characteristics.

### **Challenges in gathering data for all areas**

3.40 Throughout the formative or implementation evaluation, and especially during visits to the Constructs delivery teams, it has become apparent that it is very difficult for many of the treatment managers to gather the data on those orders that were eligible but not referred to Constructs. This data was asked for because Constructs is intended to engage “the majority of men (aged 18 and over) who offend persistently and are assessed as having difficulties with” the needs addressed by Constructs (Theory Manual, p. 6). Therefore, it is necessary to examine and record whether those who were not referred were unsuitable or left unreferred in error; if errors were made these needed to be addressed. Also, information on those who are eligible but unsuitable is of interest because it sheds light on reasons for unsuitability: for example, if many orders are unsuitable because of clients' work commitments it may be useful to run an evening group.

3.41 Some treatment managers made considerable effort and were fairly successful in gathering this information. For example, in Forth Valley the treatment manager overcame the difficulties inherent in delivering the programme across three Local Authority areas and gathered more information than in any other area on eligible but unsuitable orders by communicating with the other teams. In Renfrewshire the treatment manager set up a data query on the computer system that returned the orders that fit some of the eligibility requirements, but these then had to be filtered by hand. However, whatever the system in use, it was not possible for the treatment manager and evaluators to know whether the information gathered was exhaustive.

3.42 Many of the authorities (presumably especially the ones in Glasgow) do not yet have the capacity to provide Constructs to the entire target group. As a result there should be data on list of orders that are eligible and suitable but not offered Constructs because of capacity limitations. None of this information has been sent to the CJSW Development Centre. All information on those not receiving the Constructs programme related to people who were not suitable. This may imply that the groupwork teams are more successful in obtaining information on those who are legitimately not referred than on those who are left unreferred in error.

3.43 Moreover, as raised during a Constructs evaluation group meeting, this level of data gathering remains insufficient to provide clear targeting data. To establish the proportion of orders coming into each area that are targeted by or for Constructs, it is necessary to examine *all* probation and release orders coming into an area, not just the ones that have been considered eligible for Constructs. Without knowing what proportion of orders result in Constructs, it is not possible to establish how suitable the programme is as the general offending programme for each area nor to establish, if it proves to be the case, why people might be considered unsuitable. For example, if most orders coming into an area are for women, or men with domestic abuse convictions, as may be the case in Highland, this is important information for the design of service provision in that area and for establishing the place for Constructs. However, treatment managers are likely to find it impossible to carry out this extended task without changes to the system.

3.44 The client databases for criminal justice in each authority should be capable of identifying the number of orders received and possibly which resulted in Constructs and which did not. For Constructs, the systems should be able to provide an automatic report detailing how many orders fit the eligibility criteria for Constructs (male, over 18, medium or high risk of reoffending and no domestic abuse or sexual offences) and how many do not. As Constructs was designed to be the main provision for the

eligible group, systems may need to have a mechanism or 'tick box' to establish whether or not orders had been referred to Constructs and if not, why not. All that would remain to be done by the data champion in the groupwork teams would be to record the referrals that are either ineligible or unsuitable and the reasons for this.

3.45 Without such a system it is unlikely to be possible to report with confidence on the reliability of referrals and the targeting of Constructs. However, the difficulties discussed here are not specific to Constructs but part of a larger challenge of data gathering on all orders coming in to social work or criminal justice social work. If authorities were able to report on the characteristics of all orders held, and had a capacity to interrogate these client databases, the issue for Constructs would be resolved without resort to extra and additional data sets.





## CHAPTER FOUR ANALYSIS OF EVALUATION DATA

4.1 All the areas delivering Constructs were asked to send their evaluation and psychometric spreadsheets to the Effective Practice Unit by September 1<sup>st</sup> 2008 so that these could be passed onto the CJSW Development Centre for analysis. Areas which failed to do so were Glasgow North, where one programme collapsed early on, and Glasgow South-East CHCP and Glasgow South-West CHCP, where a joint course with Glasgow East is currently running. While the other areas did send one or both spreadsheets, they also had a variety of problems in gathering data. Each section of the report states when data are missing.

### Number of courses and attrition

4.2 At the start of September 2008, 28 programmes had started in nine areas: seven were successfully completed, nine had collapsed due to lack of attendance and 12 were still running. For one collapsed programme, run by Glasgow North, no evaluation data was available. For the other areas the results of completed programmes are summarised in Table 4.1.

**Table 4.1: attrition levels finished programmes**

Area	Programmes completed	Programmes collapsed	Referred	Started	Completed
West Lothian	2	2	41*	41	12
Renfrewshire	2	-	32	26	8
Glasgow East	2	-	12	11	3
Highland	-	3	31	18	0
Forth Valley	1	2	29	26	4
West Dunbarton	1	1	19*	16	6
Inverclyde 01/08	-	1	16	8	0
<b>Totals</b>	<b>7</b>	<b>9</b>	<b>180</b>	<b>146</b>	<b>33</b>

\* These areas did not provide details on the numbers referred for all programmes started, so for these the lowest possible number (the number of participants who actually started) has been used.

4.3 At most 18% (33 out of 180) of those who are referred to Constructs complete the programme (data on the number of participants referred to the completed West Dunbartonshire and all West Lothian programmes was not available) or 23% (33 out of 146) of those who attend the pre-programme group session. However, there is variability between the areas, with some reaching completion rates of almost 30% while in others no participants completed the programme successfully.

4.4 Attrition happened more for unacceptable reasons (64) than for acceptable ones (37). Table 4.2 gives a further breakdown of the reasons participants failed to complete the programme.

**Table 4.2: Reasons for attrition.**

Reason for attrition	Number of participants
Non-attendance	57
In custody	10
Employment/Training	10
Illness	8
Addiction/Substance problem	6
Licence revoked	3
Moved away	2
Other	5

4.5 The attrition picture is slightly more positive for the 11 programmes that are still running and for which attrition data is available (Glasgow North did not provide this information). Of the 114 people recorded as having started on these programmes, 68 (54%) are still engaging, five have been breached and 38 suspended. However, it is the programmes that have started more recently that have the higher number of participants.

### Timing of attrition & consequences

4.6 There are still problems in gathering accurate attendance information from the different areas. This extends to the information on how many sessions participants attended when they dropped out and what the consequences of this were. However, an analysis of the recorded number of sessions participants had attended revealed an average of four sessions before drop-out. Table 4.3 gives a further breakdown of the timing of attrition and its outcome.

**Table 4.3: Timing of attrition**

Number of sessions attended	Number of participants suspended	Number of participants breached
0	27	8
1 - 3	32	8
4 - 10	38	13
11 - 18	3	1
19 - 24	3	1
<b>Totals</b>	<b>103</b>	<b>31</b>

4.7 It is clear that most participants either drop out before the programme starts or in the first two parts of the programme. There is very little attrition in the latter parts of the programme and none at all after session 24, which may be partly explained by practitioners being reluctant to suspend or breach someone when they are so close to completion. The reasons given for breaching participants was invariably non-attendance, while the reasons for suspension were more varied. Non-attendance was still the most prevalent, followed by the participant having attended too many catch-up sessions, but others were suspended for reasons such as depression, having been assaulted, having found employment and starting rehabilitation.

### Discussion

4.8 While attrition is still a serious problem, a greater proportion of participants are successfully completing the programme than reported in April 2008, when the completion rate was around 13%. The current rate of 18% for those referred and 23% for those who started the programme is starting to come close to those achieved by the Pathfinder programmes in England, which had completion rates of at least 22% (Hollins et al 2002). However, even those programmes that complete successfully often do so with only a handful of people and the overall rates are still low compared with the more successful Pathfinder programmes, which had completion rates of 38%, even in the early stages of implementation (ibid.)

4.9 It should be noted that attendance rates for generic social work appointments are generally not recorded. If someone misses an appointment this appointment will be rescheduled and the probationer will often not be breached when they miss this second appointment as well. Therefore, the attendance requirements for Constructs may be a real departure from normal practice in some areas, with attendance being made even more difficult by the inflexibility in the timing of the programme, compared to one-to-one appointments. Also, with breaching practices varying between areas, in some there may be a culture where probationers do not expect to be breached for non-attendance. While the data on outcomes of non-compliance is patchy, indications are that participants who are taken off the programme are more often suspended than breached and allowed to join the next programme, which may have an impact on

future compliance. Even if Constructs staff are very strict about attendance and succeed in breaching most of those who do not attend, if general social work practice differs this will still not result in a change in culture.

## Participant Profile

4.10 A total of 306 participants were recorded as having started Constructs by September 1, 2008 on the evaluation spreadsheets<sup>1</sup>. Table 4.4 shows the number of participants that started programmes in each area.

**Table 4.4: Participants per area and programme**

Area	Number of participants	Programmes started	Average number per programme
Renfrewshire	78	6	13
West Lothian	55	5	11
Forth Valley	53	5	10.6
West Dunbartonshire	42	4	10.5
Highland	31	3	10.3
Glasgow East	27	3	9
Glasgow West	12	1	12
Inverclyde	8	1	8
<b>Total</b>	<b>306</b>	<b>28</b>	<b>10.9</b>

4.11 It needs to be noted that for Glasgow East one programme is included that is run with Glasgow South-East and Glasgow South-West, but Glasgow East was the only area to provide information on their (four) participants. If this programme is excluded, the average number of participants per programme in Glasgow East would be 11.5.

4.12 By far the majority of participants were on a probation order (285), with only a small minority of 19 (6.3 %) on a supervised release order or parole. Only two participants identified themselves as being from an ethnic minority (Black Scottish and Black Other), while 34 saw themselves as British. All others defined themselves as White (58), White Scottish (116), White British (87) or White European (5), indicating that 6 participants may have come from outside the UK.

4.13 By far the most common type of offence for which participants were convicted were violent offences (101), accounting for almost a third of the convictions. This was followed by dishonesty offences (54), public order offences (49), motoring offences (35) and drug offences (27). Only 11 participants had committed firearms/vandalism offences, while 26 offences were classified as "Other".

## Targeting

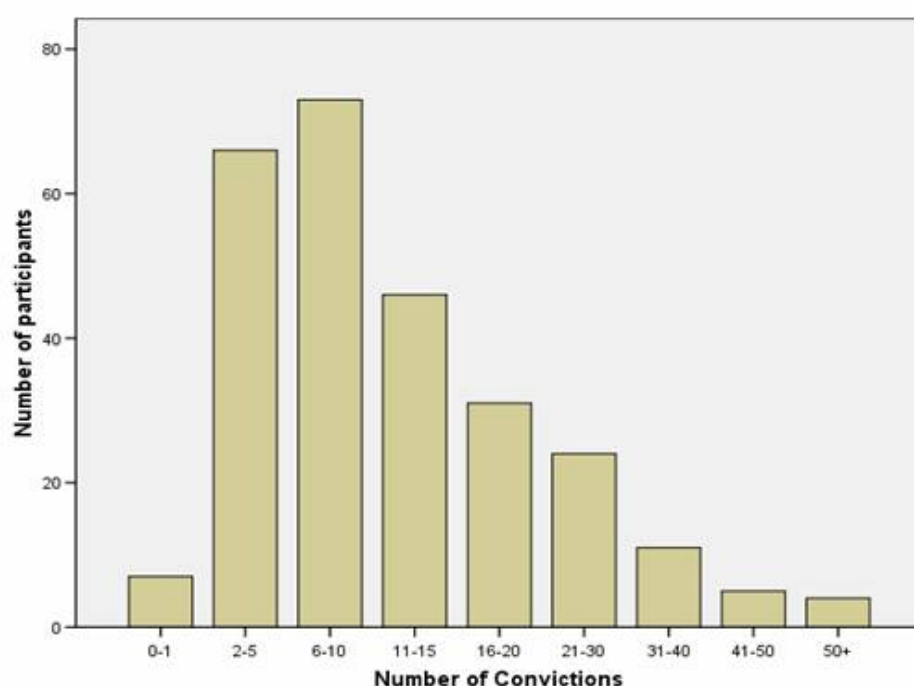
4.14 All participants were male and their age varied from 18-59, with an average of just over 27. Sixty-seven participants (22%) were under 21 when they started the programme. Table 4.5 shows that most participants were relatively young. However, all participants fulfilled the age and gender criteria of Constructs.

<sup>1</sup> The discrepancy with the psychometric spreadsheet's total of 245 highlights the fact that participants are not always recorded on both spreadsheets. It may be good practice to record participants on both at the referral stage, even if they never complete the psychometrics. In the latter case, they should be recorded as having dropped out and having attended 0 sessions on both spreadsheets.

**Table 4.5: Participants' age.**

Age	Number
18 - 19	48
20 -24	96
25 - 29	55
30 - 34	44
35 - 39	26
40 - 44	17
45 - 50	11
50+	5
<b>Total</b>	<b>302</b>

4.15 Participants' number of convictions ranged from none to 65, but was missing for 36 participants. The average number of convictions was just over 12. Figure 4.1 shows the number of convictions for Constructs participants. As the referral form states that the number of convictions includes the current conviction (rather than previous convictions) and Constructs is not designed for first-time offenders, having only one conviction should actually mean exclusion from the programme. Therefore, the fact that two participants were recorded as having no convictions and five as having one conviction, suggests mis-recording and/or mis-targeting.

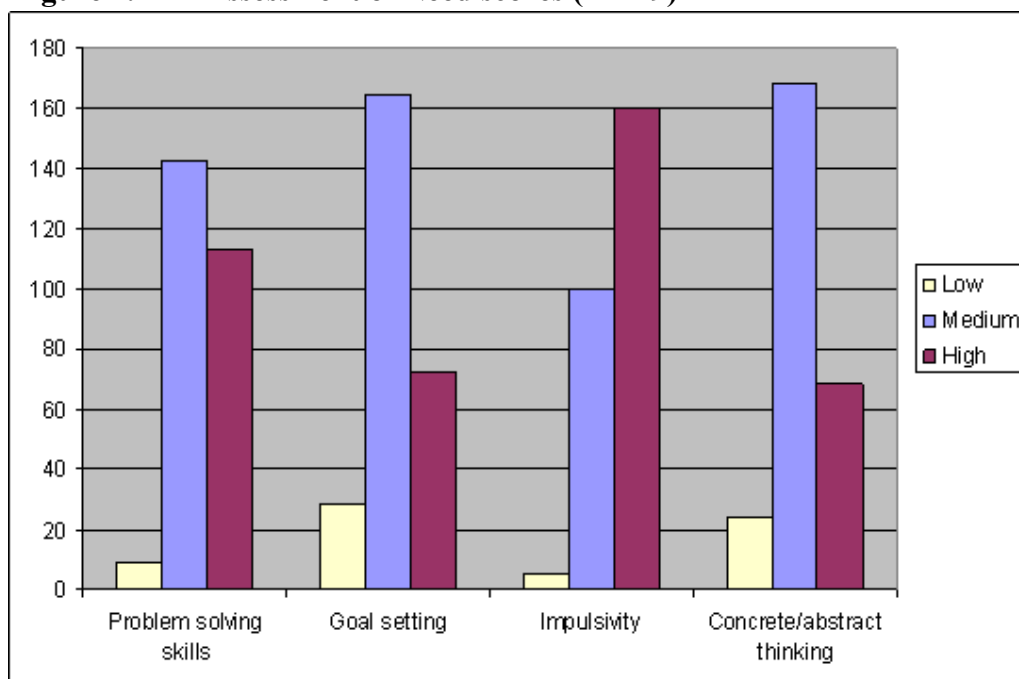
**Figure 4.1: participants' convictions**

4.16 Risk of reoffending scores were available for 282 participants. While the majority of participants scores either medium (166) or high (106), eight participants were at very high risk of reoffending. At the other end of the spectrum, two participants scored as being low risk, which means that they should not have been offered or considered for Constructs.

4.17 The assessment of needs was missing for 40 participants: 24 in West Dunbartonshire, 6 in Glasgow East, 4 in West Lothian and between 1 and 3 in the other areas, except for Highland where this data was complete. The three participants with the least extensive needs scored medium on one need and low on the other three. The introduction to the check list for assessment of need states that “If [participants] score some [medium's] and some [low's] then it would be appropriate to discuss the individual's needs with programme staff” (Assessment and Evaluation Manual, p. 40). From this

guidance it is not entirely clear whether only one medium score means that discussion should take place, and therefore whether these three participants should have been included in the programme. Another six participants scored medium on two needs and low on the others, which should have led to the stipulated discussion. At the other end of the scale eighteen participants scored high on all the domains, while most participants scored somewhere in between these two extremes. Figure 4.2 shows that especially problems solving and impulsivity were areas of high need for participants.

**Figure 4.2 Assessment of Need scores (n=149)**



4.18 As some areas do not use the LSI-R, they were not able to provide the participants' supportiveness of crime, which is assessed in question 51. In other areas this information was sometimes missing, leading to a total of 200 scores. The scores displayed in table 4.6 indicate that most offenders were at least somewhat supportive of crime, a situation which warranted improvement.

**Table 4.6 Participants' supportiveness of crime (n=200)**

Supportiveness of crime	Number of Participants
Satisfactory situation - no need for improvement	20 (10%)
Relatively satisfactory - some room for improvement	59 (30%)
Relatively unsatisfactory - need for improvement	86 (43%)
Very unsatisfactory - clear and strong need for improvement	35 (18%)

## Discussion

4.19 Targeting for Constructs programmes has generally been appropriate. Only nine people were offered the course inappropriately: seven had no previous offences and two were assessed as being at low risk of reoffending. This suggests that generally Constructs teams are well aware of the eligibility and suitability criteria and check that these are adhered to. One area of concern is the level of missing data, especially with regards to the risk assessment scores which indicate whether someone has the needs addressed by the programme.

## Responsivity

4.20 Very little responsivity information is actually recorded on the spreadsheet, mostly because the bulk of participants who drop out do not make it to their first review and because many programmes had not yet progressed to this stage, which is the first time responsivity is recorded for evaluation purposes.

Also, the review section of the spreadsheet is clearly not completed for all participants: even though 33 participants completed the programme, for only 21 all the final review information was entered. While Renfrewshire, West Dunbartonshire and Glasgow East were only missing this information for one participant each, in Forth Valley two reviews may not have been completed yet, while West Lothian only provided this information for three out of the eight participants for whom this should have been available (when the first West Lothian programme completed, the summary sheet had not yet been developed).

4.21 Table 4.7 and 4.8 show that participants' understanding of and engagement with the programme were most often rated as good or very good, with only a few occurrences of a (very) poor rating. However, as those who drop out do not usually make it to the first review stage, it is likely that some of their engagement and understanding would be rated more negatively. There may be a case for considering that a measure of engagement and understanding is taken at the earlier sessions to fill this gap in the information.

4.22 At the final stage of the programme, most participants are very responsive to the programme, with one notable exception. As this exception occurred in Glasgow East, from which no post-programme reports were provided, it is difficult to assess what went wrong in this case, although his progress for two of the other needs recorded for his final review was negative (for “alcohol/drugs” and “other”).

**Table 4.7: Participation**

Sessions	Very poor	Poor	Satisfactory	Good	Very good	Total
1 to 3		2	12	20	26	60
4 to 10		1	5	21	27	54
11 to 18			5	10	14	29
19 to 26	1		1	5	15	21

**Table 4.8: Understanding**

Sessions	Very poor	Poor	Satisfactory	Good	Very good	Total
1 to 3		1	9	24	26	60
4 to 10		2	2	25	25	54
11 to 18			6	10	13	29
19 to 26	1			8	13	22

4.23 While the small numbers makes it impossible to draw firm conclusions, early scores of “satisfactory” seemed to predict drop-out, while scores of “very good” were more associated with completion. For example, while only five of the 17 participants whose engagement was at one point seen as “satisfactory” completed successfully, 15 out of the 19 participants seen as having “very good” engagement at one of the reviews finished the programme.

## Other needs

4.24 Practitioners were asked to use a summary form at each review to record whether clients had any other needs at that time. The extent of needs is shown in Table 4.9. As the spreadsheet only had space for the recording of 3 needs, it is possible that those for whom three needs were recorded actually had more extensive needs.

**Table 4.9: Participants' number of needs**

	1 need	2 needs	3+ needs	Total no.	No recorded needs
<b>Review 1 (n=60)</b>	9 (15%)	11 (18%)	27 (45%)	47 (78%)	13 (22%)
<b>Review 2 (n=29)</b>	8 (28%)	9 (31%)	11 (40%)	28 (97%)	1 (3%)
<b>Review 3 (n=22)</b>	0	9 (41%)	8 (36%)	17 (77%)	5 (23%)

4.25 While a high level of need may be expected amongst Constructs participants (as amongst all offender populations), it is of interest that those with a wider range of need seem not much less likely to finish the programme than the participants with fewer needs. From Table 4.10, which details the types of needs faced by clients, it can be seen that a large proportion of participants, including those who completed the programme, had alcohol and drug issues. On the other hand, the proportion of clients with accommodation or companion issues decreased as the programme proceeded, which may suggest that these participants drop out or that these issues are addressed in the course of the programme. When the data was analysed to answer what caused this decrease in these needs it was found that all those with companion issues dropped out before the end of the programme while some of those with accommodation issues dropped out and some had this issue resolved before the time of the next review.

**Table 4.10: Type of need, by number of participants**

Need	Review 1 (n=60)	Review 2 (n=29)	Review 3 (n=22)
<b>Alcohol and drugs</b>	40 (66%)	19 (66%)	16 (73%)
<b>Education/Employment</b>	29 (48%)	17 (59%)	13 (59%)
<b>Family/Marital</b>	15 (25%)	10 (34%)	9 (41%)
<b>Accommodation</b>	8 (13%)	4 (7%)	1 (5%)
<b>Companions</b>	5 (8%)	1 (3%)	-
<b>Leisure/Recreation</b>	5 (8%)	1 (3%)	-
<b>Finance</b>	4 (7%)	1 (3%)	-
<b>Other</b>	5 (8%)	3 (10%)	2 (9%)
<b>Total needs</b>	<b>111</b>	<b>56</b>	<b>41</b>

4.26 Most of participants' needs were actively being addressed, especially towards the later stages of the programme, which may explain why even some of those with several and serious issues to address managed to complete the programme. As can be seen from Table 4.11, the proportion of needs that were actually addressed went up over time. Needs that were often left until later were education and employment, while those that were not addressed tended to be alcohol and drug issues. Over time, there is a shift from social workers taking the lead on addressing needs to other agencies taking on more responsibility. At stage 3 other agencies were taking as much of a role as social workers, perhaps because participants were coming to the end of their order as they completed the programme.

**Table 4.11: Needs addressed and by whom**

	Need Addressed?			By whom		
	Yes	Not yet	No	SW	OA	Self
<b>Review 1 (n=110)</b>	83	22	5	52	40	3
<b>Review 2 (n=56)</b>	37	12	6	26	17	-
<b>Review 3 (n=41)</b>	34	5	1	19	20	-

4.27 As can be deduced from Table 4.12, almost all participants engaged with the help they were given; at the later stages almost no clients were offered help they rejected. Also, while at the second review stage there was as likely to be no change as positive change on each issue, by the third review positive steps had been taken to address most needs. At this stage the work on all needs was to be continued, except in one case of alcohol or drug issues which had been facilitated by an outside agency and resulted in positive change.



**Table 4.12: Engagement with other needs and change over time**

	Engaging		Change from last review		
	Yes	No	Positive	Same	Negative
<b>Review one</b>	91	7	-	-	-
<b>Review two</b>	38	4	19	22	4
<b>Review three</b>	36	1	32	4	2

### Participants' views on Constructs' impact

4.28 As with most of the review information, participants' views on the impact of Constructs, which were solicited as part of the third review summary form, were only recorded for 21 out of the 33 completers. For the first four questions participants had to choose a response of “definitely”, “maybe”, “not really” or “definitely not”. Their responses are described in the section below.

4.29 All participants felt that they had “definitely” learned new skills on Constructs, while 16 thought it had “definitely” changed the way they saw themselves and/or their situation, with four selecting “maybe” and one selecting “not really”. To the questions of whether Constructs had made a difference in their life already or was going to do so in the future 17 participants responded “definitely” and four “maybe”. In relation to their offending, 15 participants thought Constructs would “definitely” make a positive difference, with 12 thinking this was “maybe” the case and one participants thinking Constructs did “not really” have any impact on his offending. Finally, only three participants thought there was anything holding them back in using the skills learned all of whom thought these could be overcome.

### Orders not suitable for Constructs

4.30 Treatment managers in the areas delivering Constructs were asked to provide information on all the orders coming into their area that were eligible but not suitable for Constructs. The extent of information gathered varied considerably across areas and is shown in Table 4.13. Also, given the procedures used to obtain this information it is unlikely that the current dataset is complete (see sections 3.40 - 3.45 for a full discussion).

**Table 4.13: Unsuitable orders**

Area	Total
<b>Forth Valley</b>	47
<b>Glasgow East</b>	76
<b>Glasgow West</b>	6
<b>Highland</b>	11
<b>Inverclyde</b>	8
<b>Renfrewshire</b>	20
<b>West Dunbartonshire</b>	4
<b>Total</b>	<b>172</b>

4.31 It proved impossible to analyse the reasons for unsuitability in terms of frequencies, as these were entered as free text, with 89 unique answers, but common entries were:

- chaotic lifestyle
- alcohol or drug use
- mental health problems or learning difficulties
- order not long enough
- in custody
- employment
- moved away from area



4.32 A few of the reasons given indicated that the person in question had been on the Constructs programme but was then taken off the group for non-attendance or because of their conduct in the group. These participants should really remain on the main evaluation spreadsheet, so that they can be counted amongst those who started Constructs but failed to complete.

4.33 One other finding concerns those orders that are not eligible for Constructs. These should only be entered on this part of the spreadsheet when referrals have been made in error. The spreadsheet suggests this happens rarely: five referred clients were 17, four were at low risk of reoffending and one had no previous convictions. Additionally, six clients on the spreadsheet were unsuitable because of an outstanding or previous domestic abuse or rape convictions, but for these it was not clear whether a referral had been made.

4.34 While areas were asked to enter what alternative intervention was offered to those not suitable for Constructs, this column was mostly left blank. From the information on offer (n=65) it appeared that many people (32) were not offered any alternative at all, while 11 were given individual supervision and the same number some form of drug treatment or alcohol counselling.



## CHAPTER FIVE ANALYSIS OF PSYCHOMETRIC DATA

5.1 Participants taking part in Constructs are required to complete three psychometric tests pre- and post-programme, the scores of which are recorded on a spreadsheet designed in collaboration by the Scottish Prison Service and the Effective Practice Unit. These were analysed in order to gain an impression of the impact of Constructs on the domains of need tested.

5.2 All areas except Glasgow West and North were able to send the psychometrics spreadsheets to the CJSW Development Centre at the start of September 2008. Some areas, however, had experienced problems with completing the psychometrics, having used the wrong form for one of the tests, having forgotten to administer one or more tests or not having been able for unspecified reasons to put participants' scores onto the spreadsheet. Also, in Glasgow East the psychometric scores for the first Constructs group (which started with 11 participants and completed with three) could not be located. Table 5.1 shows how many scores are available for each of the tests compared to the number of participants the area recorded as having attended the pre-programme group session (including those for whom no such attendance information was provided).

**Table 5.1: Availability of pre-programme scores**

Area	Total no. of participants	SPSI-R scores	LOC scores	PICTS scores
Forth Valley	35	29 (82%)	32 (91%)	32 (91%)
Glasgow East	27	16 (59%)	16 (59%)	10 (37%)
Highland	18	18 (100%)	18 (100%)	18 (100%)
Inverclyde	8	8 (100%)	8 (100%)	8 (100%)
Renfrewshire	70	68 (97%)	68 (97%)	68 (97%)
West Dunbartonshire	34	11 (32%)	27 (79%)	29 (85%)
West Lothian	47	44 (93%)	44 (93%)	44 (93%)
<b>Total</b>	<b>239</b>	<b>194 (81%)</b>	<b>213 (89%)</b>	<b>209 (87%)</b>

### Psychometric scores

#### *SPSIR:S*

5.3 The Social Problem Solving Inventory (SPSI) assesses people's social problem solving ability. It measures positive dimensions (positive problem orientation, PPO and rational problem solving, RPS), as well as negative dimensions (negative problem orientation, NPO; impulsivity/carelessness style, ICS; and avoidance style, AS).

5.4 Raw scores recorded on the psychometrics spreadsheets by the different areas were converted into standard scores, using the SPSI-R Technical Manual (D'Zurilla et al 2002). The scaling for young adults (age 17-39) was used because most Constructs participants fall within this age range. Standard scores are calibrated so that normal scores fall within the range of 86-114, with a mean of 100 for each of the scales. For the positive scales (PPO, RPS and the total score) scores which indicate difficulties with problem solving would fall below 86, while for the negative scales (NPO, ICS and AS) deviant scores would be those above 114.

5.5 The participants' scores fell within the normal range on all the dimensions of the SPSI-R. This suggests that as a group they did not display a substantial need in problem solving overall, even before the programme. Forty-three participants (22%) did have a total SPSI-R score below the normative range.

## *Locus of Control*

5.6 The Locus of Control measures the extent to which people feel they have control over what happens to them. The average LOC score for non-offenders is 55.6 with a standard deviation of 6.2 (based on a sample of 200), so normal scores would be those above 49.4. The mean score for Constructs participants was 45.87, with 142 participants (66%) scoring 49 or lower. This indicates that Constructs participants generally feel that events are more out of their control than the normal population and that Constructs could address a significant need in this domain amongst its participants.

## *Psychological Inventory of Criminal Thinking Styles*

5.7 The Psychological Inventory of Criminal Thinking Styles (PICTS) measures whether people are prone to making errors of thinking that are linked to a criminal mindset. On the Current and Historical PICTS scales, a score above 55 is indicative of a criminal belief system (Walters, 2001)<sup>2</sup>.

5.8 The mean scores for the Constructs participants on the Current and Historical PICTS scales were 59.4 and 52.97 respectively, indicating they currently identified with a criminal belief system, but had not done so in the past. One hundred and thirty eight participants (67 %) scored above 55 on the current scale, while 76 (36%) scored above 55 on the historical scale.

## *Stability in scores over time*

5.9 It is of interest that the mean psychometric scores of Constructs starters as a group seems to be stable over time. In April 2008 the scores of all those who had started by then were also analysed, with almost exactly the same results, even though the number of participants has almost doubled since then. Table 5.2 below shows the results of the two analyses side by side.

**Table 5.2: Psychometrics over time**

	April 2008			September 2008		
	N	Mean	Abnormal	N	Mean	Abnormal
<b>SPSI-R Total</b>	106	97	20%	194	97	22%
<b>LOC</b>	124	45.85	66%	213	45.87	66%
<b>PICTS Current</b>	125	60.6	66%	209	59.4	67%

## *Discussion*

5.10 Overall it appears that participants have normal scores on the SPSI-R, but fall outside of the normative range on the LOC test and the Current scale of PICTS. This suggests that limited problem solving ability is less of a criminogenic need for Constructs participants than their not feeling responsible for their own behaviour and pro-criminal attitudes and beliefs. If this holds true for future participants and these scales prove reliable, adjustments to the programme's content in the community may need to be considered.

## **Pre- and post programme scores completers**

5.11 With thirty-one participants recorded as having completed the programme on the psychometric spreadsheets, there were a few areas where post-programme scores were missing. In West Dunbartonshire, where six participants completed the programme, the SPSI-R was not administered either before or after the first programme and the LOC post-programme scores could not be found.

<sup>2</sup> Normative data are not available for the proactive and reactive composite scales, as these are currently being piloted.

Also, in West Lothian, two participants' post-programme scores on all the tests were missing. This means that the total number of post-programme scores available was 23 for the SPSI-R and LOC scores and 29 for PICTS scores.

### ***SPSI-R***

5.12 The means of the 23 standard scores available are given in Table 5.3 below.

**Table 5.3: Completers SPSI-R scores**

Scale	Pre-Constructs mean	Post-Constructs mean
PPO	89	97
NPO	93	87
RPS	84	92
ICS	96	88
AS	97	88
<b>Total</b>	<b>98</b>	<b>108</b>

5.13 Again, it is clear that these participants scored within the normal range *before* the programme, except for on the rational problem solving scale, where they scored just below the normal range of 86. Closer analysis revealed that five of those who completed Constructs *did* have a total SPSI-R score below the mean.

5.14 The post-programme scores reveal that as a group the participants moved in a positive direction on all the scales and that, more importantly, they now scored within the normal range on the rational problem solving scale, indicating that Constructs may have had a positive effect. Also, four out of the five participants who had scored below the norm on the total SPSI-R now scored well above it, with standard scores between 96 and 114. One person who had scored normally before the programme (92) now scored below the norm (83), bringing the total of abnormal post-programme scores to two. However, due to the small numbers involved none of these changes can be seen as statistically significant.

### ***Locus of Control***

5.15 The mean score of the completers on the Locus of Control test before Constructs was 45.7, below the normal range of 49.4 - 61.8. Fifteen participants (65%) scored below 49, indicating that they felt less in control of what happened to them than the normal population. After the programme, the group's mean score was 52.22 and had therefore moved within the normal range. Now eight people scored below 49 and all but three participants had moved in a positive direction. The biggest change was for a client who had moved from a very low score of 29 to a high score of 59. However, these findings are still based on a small sample and more completion scores needs to be obtained before any firm conclusions can be drawn.

### ***PICTS***

5.16 As can be seen from Table 5.4 completers' pre-programme scores fell outwith the normal range (i.e. they scored above 55) on the Current PICTS scale, but not on the Historical scale.

**Table 5.4: PICTS scores**

	Mean Current	No. scoring above normal range	Mean Historical	No. scoring above normal range
<b>Pre-programme</b>	35	29 (82%)	32 (91%)	32 (91%)
<b>Post-programme</b>	27	16 (59%)	16 (59%)	10 (37%)

5.17 This indicates that while currently identifying with a criminal belief system, they had not done so in the past. As table 12 makes clear, post-programme both mean group scores were within the normal range, with fewer people scoring abnormally. If these findings generalise for larger numbers of people, this may indicate that Constructs is successful in addressing criminal thinking styles.

5.18 The fact that the Historical Scale scores moved in a positive direction may need to be examined. This scale measures responses to questions such as “There have been times when I have felt entitled to break the law in order pay for a holiday, car, or designer clothes that I told myself I needed”. Its score should indicate whether someone has identified with a criminal thinking style in the past. However, these should be static factors. The fact that someone has successfully completed Constructs should not change their responses to these questions, because the programme can not erase their past. Therefore, the move in a positive direction on this scale may suggest that participants are responding in ways that they think are desirable. If this is the case, then the results from the other scales also become questionable.

## Discussion

5.19 With only 23 sets of complete post-programme scores available, it is too early to say if any changes in the scores can be attributed to the Constructs Programme, as the numbers are too small for statistical significance. First indications are, though, that participants generally move in a positive direction on all the scales and that most of those who score abnormally on a scale before the programme score within the normal range after completing Constructs. These trends are encouraging, but need to be monitored to see if they are true for larger groups of participants who complete the programme.

## CHAPTER SIX ANALYSIS OF CONSTRUCTS DOCUMENTS

6.1 This chapter reports on the analysis of Constructs documents that contained information that could not easily be aggregated and was therefore not recorded on the spreadsheets or routinely available to the evaluation team. This information is of interest because it can reveal the accuracy of quantitative tools in capturing qualitative information and shed more light on what the quantitative categories mean. Additionally, relapse prevention plans, the completion of which is an integral part of the final stage of Constructs, are all free-text and needed to be examined in order to assess their relevance likely effectiveness in preventing relapse.

6.2 Areas where Constructs had completed were asked in August 2008 to provide copies of several (partly) free-text documents:

- All relapse prevention forms
- All post-programme reports
- All participants feedback sheets
- A sample of two review forms

6.3 A questionnaire to assess participants' views of the impact of the course was developed as part of the extra sheets for the final review. In order to examine how well this was working, areas were also asked to provide all completed copies of this.

6.4 The availability of information from five areas where Constructs programmes were completed is noted in each section. A sixth area, Glasgow East, where the completed programme had finished a long time previously and where there had been changes in treatment managers and absences amongst admin workers, was unable to produce any of these documents.

### Relapse prevention plans

6.5 All areas were able to provide copies of the relapse prevention plans for all participants who completed the programme, except West Lothian, where copies were not kept for participants on the second group to complete because most of the participants' orders were coming to an end. This means that eight out of 12 of West Lothian's relapse prevention plans were not available.

6.6 In Forth Valley, while all the copies were available, they only covered the first two parts of the forms: "My offending" and "Relapse Prevention". It was not clear whether or not participants had actually completed the other four sections of the form and this was not copied, or that incomplete forms had been used in the relevant session.

6.7 Relapse prevention plans contained a large amount of free text information which made it was impossible to analyse all 22 copies provided. Two examples were randomly selected from each of the four areas for examination. These eight relapse prevention plans were examined in detail, while the rest were quickly examined to see how representative the sampled plans were of relapse prevention plans in each area.

### *My offending*

6.8 The reasons participants gave for offending fell into three broad categories. Some reasons related to needs that had resulted in the participant offending, such as needing to pay off a debt or to get money for drugs or alcohol. Others were also external, but not presented as a direct cause of offending, such as "hanging around with the wrong crowd". In two areas' sampled plans, Renfrewshire and West Lothian, participants also identified internal factors, such as being inconsiderate, selfish, immature and not thinking right. The fact that such internal factors did not appear on any of Forth Valley's and West Dunbartonshire's plans may suggest that different guidance on how to complete this question is given in different areas.

6.9 Participants were remarkably open about the thoughts and feelings they had before they offended, especially considering they had to share what they wrote with the group. Emotions mentioned were anger, frustration, feeling alone, unaccepted and without a future. Participants also mentioned wanting to escape their negative feelings and thoughts and feeling sorry for themselves before they offended. One response was unclear: “I can do nothing until I stop”, raising the question whether facilitators should ask for clarification when unclear responses are given.

### ***High risk situations***

6.10 The relapse prevention plan requires participants to identify three high risk situations, warning signs that these situations may develop, strategies to avoid each situation and coping strategies for once they occur.

6.11 There was considerable variety in the level of detail and thought contained in the plans. Those completed by participants in Forth Valley were especially extensive, with most participants using all the space available for answers, while plans from other areas varied in their level of detail. It was not necessarily the case that the most extensive plans were the best-laid ones, however. For example, one participant described in detail a risky situation of being asked to drive a car (possibly without insurance) and what he would do if this happened. However, his coping strategy revolved around him telling people that he had to pick up his son and could therefore not drive the car. Besides this being a fairly minimalist strategy, it was also not clear how he would cope at the times of day where this was not a viable excuse to give.

6.12 A high-risk situation identified by several participants was meeting friends who would then lead the participant back into offending or substance abuse. One participant whose answers were fairly typical saw the situation as “People easily talking me into committing crime”. His warning signs were “Feeling low, other people fuelling the situation and making it worse”. He wrote he would try to avoid the situation by “Stop listening to people. Go with my own instinct and do the right thing” and would cope with the situation as follows:

*I would say that I am not taking drugs anymore and haven't for a while now, I'd say goodbye and leave the area, whilst all the time staying clean.*

6.13 As with many of the responses, while this scenario provides information that the participant can identify ‘warning’ or ‘trigger’ situations and some idea of what they intend to do, the strategies seem fairly simplistic for what are complex situations, full of temptation. The exercise does not seem geared to the adoption of strategies taught on the programme and in these examples the strategies amount to little more than ‘just say no’. In addition, the participant acknowledged earlier on the plan that feeling low was a warning sign and wrote that in the past he had “negative thoughts and low self-esteem” before committing offences, but none of these emotional states are addressed in his scenario. In fact, only one participant identified an internal state as being a high-risk situation, “feeling down with myself, feeling useless with myself”, and wrote that he would cope with this by reminding himself he did not want to go to prison (a common strategy) and asking his family for help. Four others made some mention of managing their internal state by referring to the concepts that were taught in Constructs. Two participants mentioned the “broken record” technique, one “positive self-talk”, while the remaining participant saw both the “EXTC model” and “positive self-talk” as potential strategies to avoid or cope with high risk situations.



6.14 Besides very few references to dealing with internal states, few participants mention taking proactive action to avoid or cope with situations, besides avoiding them entirely. Only one participant describes such a course of action: he writes that, in order to avoid feeling tempted to accept Valium or Class A drugs on family visits, he would

*make sure my prescription was collected or sorted out for the next couple of days so I don't start to rattle and sweat for heroin or cocaine.*

6.15 Despite the above comments, it is difficult to assess how realistic plans are without knowing the participants. Strategies that seem very simplistic may work in practice and some strategies only start to seem realistic when considered in the light of other information mentioned later on in the relapse prevention plan. For example, for one participant two of his three risk scenarios centred on his taking drugs. He mentions "Don't take Valium" or "stop the Valium" three times in his avoidance and coping strategies, which again seems to ignore the underlying issues. However, in the "making changes" part of the prevention plan, he mentions he has successfully stopped taking drugs.

6.16 An issue that came out of the analysis of two spreadsheets from the same area was that participants may help each other or even plagiarise each others' plans. These two plans were strikingly similar, identifying the two of the same situations, using the same phrases. Where one participant pinpointed high-risk situations as "Using cannabis, Police involvement with family, Mother upset, locals labelling me", the other just mentions "Using Drugs, Police involvement with Family." Both identify "getting into wrong company" as a warning sign for this situation. As one plan goes into more detail for each situation and gives more thought-through answers, it appears that it is the other plan is likely to be derivative. The second plan was often unclear, for example describing a high risk situation as "getting too angry at opening doors for people think it was respectful". This participant may have felt that copying someone else may have been the only way for him to complete a plan or it may have been offered as a model. The examples raise the question whether or not facilitators should challenge participants when they seem to have copied others' answers or provide overly simplistic strategies. If this is to be the case, extra one-to-one support from facilitators may be needed.

6.17 Finally, some relapse prevention plans make it clear that it is not always within the power of participants to avoid or successfully cope with high-risk situations. For example, one participant realises that his living place (a hostel "full of people that use drugs") may well lead to his relapse. He writes that the best way for him to avoid this situation is for him to be re-housed, but also that this is "not going to happen any time soon". The next best thing he can do is to "stay in room, lock door ignore everyone". However, he himself points out that this is unlikely to be successful, by writing:

*I just do my best to ignore them but if I am having a bad day (i.e. mood etc) I could relapse. It's happened a few times.*

6.18 Such situations raise the question of whether or not it is appropriate to have a relapse prevention plan that only focuses on what the *individual* should do to avoid relapse without assistance. Often, even when the participant is motivated to change, they will face obstacles that they cannot overcome alone. While later in the form participants are asked how they feel about asking for support and who they can turn to, there is no opportunity for them to identify what help they need to avoid a relapse. Ideally the information from these forms would feed into a final review meeting and into an action plan on what further support needs to be put in place. However in West Lothian no copies of the forms were kept because participants' orders were coming to an end which would suggest that this information is not used for future planning.

### ***Making Changes***

6.19 On the six sampled forms descriptions of changes (to be) made were fairly short. Participants mentioned having already changed in that they did not hang out with the same people, stopped stealing, started speaking to probation officers and other authorities, reduced or stopped drinking and/or taking

drugs and moved house. Changes still to be made included further reductions in alcohol and drug abuse, being more assertive and asking for help and getting a job. Strengths that participants thought would help them maintain the changes already in place included assertiveness, honesty, a sense of humour and confidence.

### ***Support***

6.20 Three participants wrote that they now found it easier to ask for help than before Constructs. For one this was because he was “getting to trust people”, for another because he was more confident. The remaining three also felt that they would feel comfortable with asking for help if they needed it. All six participants were able to identify possible sources of support, which included friends, family, social workers, drug counsellors, the job centre, other agencies, the internet and doctors. Several participants mentioned “you group workers” in particular.

### ***Thinking about offending now and Goals***

6.21 For most participants, a primary consideration for not offending again was that they would lose their freedom if they did. Some also mentioned job prospects, their family or partner and their home as things they would lose if they reoffended. Four participants said they felt very positive about not offending, while another just wrote “I won't do it” and the final one said not offending did not bother him. Goals for the future were to find employment, improve (family) relationships, to create a better life, to be happy, comfortable and healthy and to stay out of trouble.

### **Post-programme reports**

6.22 For the four areas that provided any sample documents, only three post-programme reports were not available: one for a participant in the first programme in West Lothian and two for participants in Forth Valley (which may have not been completed yet when the documents were requested). The total number of reports available for analysis was 27, but because of the extensiveness of some of the reports, two from each area were selected for the analysis (except for the section on Attendance, which included all the reports).

### ***Attendance***

6.23 In West Dunbartonshire the notes section is used as an explanation for the need for catch-up sessions; reasons for absence included childcare, which was an issue for three participants, personal difficulties and hospitalisation. In Forth Valley more extensive comments were made, including on the part of the programme in which most catch-up sessions were necessary and possible reasons for this, such as counselling bringing up issues and the participants' attitude deteriorating. More concrete reasons for absences were attending a football match (verbal warning given) and a court appearance. In Renfrewshire this section of the form was used slightly differently again: while reasons for catch-ups were sometimes given (attending football, accommodation issues, alcohol use and working late), most of the comments relate to participants' general timekeeping and whether they informed the office of their absence and its reason. Also, some participants were commended for their good attendance records. In West Lothian, different approaches were used for the different programmes: while the post-programme reports for the first group were more general, noting that participants attended well or had relapsed into drug use, for the second group reasons for needing catch-ups were given, such as ill health (for 4 participants), work commitments, and housing issues. For two participants the attendance comments section was left blank.

### *Participants' engagement and participation*

6.24 For Renfrewshire, the two samples forms suggest that participation and engagement is mostly interpreted as attendance and time-keeping, as all entries include the number of sessions attended and where applicable reasons for absences and consequences. Comments related to participation within the sessions were fairly minimal and several times just included a phrase such as “participated well” with no further explanation. The only indications of what constituted good participation were “quiet, but listened attentively”, “confidence grew and was able to focus on the topic and “distracted at times” as well as notes on one participant's problems with literacy and completing homework.

6.25 In Forth Valley feedback on participants' participation was by far the most extensive and full explanation for each judgement of participants' engagement was given. Factors identified as influencing this assessment were whether participants:

- Contributed to whole-group and small-group discussions
- Made insightful comments
- Completed homework to a satisfactory standard
- Brought their completed homework to the next session
- Related well to others in the group, or had little interaction/were disconnected
- Listen actively to others
- Kept their input concise and brief
- Were open to advice and challenges from facilitators and other group members
- Completed a detailed relapse prevention plan and collages
- Presented their collages and relapse prevention plan well to the group
- Were on time for the sessions
- Were able to give feedback on what parts of the programme were useful to them in their situation

6.26 A negative assessment of participation was more likely when participants failed to do most of the above or appeared distracted, preoccupied, angry, bored, disinterested or under the influence of alcohol or drugs, had a tendency to justify their offending behaviour, or were quiet and reserved.

6.27 West Dunbartonshire's reports were less detailed, but did provide some markers of good engagement such as listening and contributing well, bringing humour to the sessions and being able to express different viewpoints. In relation to offending, it was positive when participants could identify underlying patterns (such as their offences' relation to alcohol) and were motivated to make changes.

6.28 West Lothian's reports on engagement were fairly detailed and identified ingredients of positive engagement. These included:

- Making insightful and honest comments
- Positive body language and good eye-to-eye contact
- Volunteering for role play
- Engaging with little prompting
- Being attentive and taking notes
- Creativity in the making of collages
- Ability to reflect on the impact of view of self, peers and environmental factors on behaviour
- Consistency in participation
- Creative thinking in generating alternatives to offending

6.29 The only negative comments about participation in the two sampled reports were that the participant was very quiet, missed sessions or was not confident in tackling their offending or drug use.

### *Participants' understanding of main learning points*

6.30 Forth Valley's reports were again the most extensive in describing participants' understanding. Often reference was made to participants understanding particular learning points, such as the EXTC model or the Cycle of Change, but more generally applicable judgements were also made. Participants' understanding was seen as good when they were able to:

- Recall learning points
- Apply learning points to their own situation, problems and offending
- Apply learning points to fictitious scenarios
- Make changes in how they approach things
- Identify high risk situations
- Feel confident in seeking out resources

6.31 Evidence of skills practice outside the group included participants using Constructs models and learning points in their homework assignments and being able to give examples of how they used the models in every day life. On the other hand, participants understanding was rated as poor when they failed to meet the objectives of a particular session, such as being “able to explain how thoughts influenced behaviour”, when they justified their offending or aggressive behaviour or underestimated the impact of their behaviour on others. In an extreme example, one participant justified “giving his younger brother heroin to scare him off this” and then could not see how this might have very negative consequences for his brother.

6.32 In Renfrewshire, far more information was provided on evidence of good understanding than on good participation. Judgements of participants having understood main learning points were based on participants being able to:

- Locate themselves on the Cycle of Change
- Identify factors in their offending
- Identify how what they learn in Constructs may be beneficial in their lives
- Demonstrate understanding of the models in group discussions and flip-chart exercises.
- Identify sources of support and alternatives to offending
- Provide examples of using the main learning points
- Recall relevant models
- Identify goals for the future

6.33 The only indications of a lack of understanding mentioned were struggling with carrying out exercises and requiring extra support. While one of the participants whose report was sampled often failed to do or share his homework, for him there was little evidence of skills practice outside of the group, but for the other participant the evidence was extensive. For the latter records indicated he had walked away in two situations which could have turned violent and let the police deal with one of these, apologised to his neighbour after an altercation and avoided the temptation and peer pressure to go for a drink. He had also found new activities to keep him busy and now avoided his old peer group.

6.34 In West Lothian, several ways in which to assess understanding were evidenced in the reports. Understanding was seen to be good when participants could:

- Apply models and learning points to their own lives and pasts
- Demonstrate understanding in homework and discussions, interactions with other group members and during reviews
- Give examples of how and in what situation a skill could be used
- Identify high risk situations and think about how to cope with these
- Recall previous sessions and link them in to discussions
- Help other group members to understand the learning points
- Go beyond what was required for specific exercises.

6.35 No indicators of lack of understanding were discussed. Examples of skills practice included participants handling conflict within the group, interactions with social work staff in changing their review and dealing with a drunken man by using the “broken record” technique.

6.36 West Dunbartonshire's reports offered the least detail on what evidenced good understanding. The only points made, beyond that the “participant showed clear and specific understanding” were that participants' understanding was evidenced by the feedback they provided and their ability to apply specific models and learning points to their lives. One indication of a lack of understanding was that a participant had to be prompted to create a more robust relapse prevention plan, as his ways of coping with difficult situations were too simplistic. Evidence of skills practice were a participant's changing relationships and one participant having avoided a drinking session through self-talk and having avoided any further convictions.

### **Participant feedback sheets**

6.37 As part of Construct's pro-forma, participants were asked to give their feedback at the end of the programme on what they thought it and the way it was delivered. While Forth Valley and West Dunbartonshire were able to provide the feedback sheets for all the participants who had completed the programme, in Renfrewshire this form had not been filled in by the first group, meaning that three copies were missing. West Lothian provided ten copies, with two missing. Most participants provided only very short answers to most questions, such as “fine” or “no complaints”, but some answers provided an insight into what participants felt was important.

6.38 The delivery rooms were generally felt to be big enough and comfortable. In Forth Valley, the room the group moved to in the course of the programme was said to be more calming and to provide more privacy than the earlier room, which had been too warm. Renfrewshire participants fed back that they felt more like a group when the seats were moved closer together. In all areas there were complaints that rooms were sometimes too warm, too draught or not well ventilated enough. Facilities were generally felt to be adequate to very good, with one participant appreciating that “the staff treated us like proper guests”. One participant from Forth Valley commented that there wasn't enough time to have a cigarette or a coffee during the break. Another, from West Lothian, thought that a meal should have been provided for those attending the sessions directly after work.

6.39 Participants' comments about the facilitators were very positive. In Forth Valley, the facilitators were thought to be helpful, treating participants with dignity and respect. However, one participant noted that some of the facilitators had difficulty understanding what they were trying to say at times. Another participant thought the facilitators could have been more patient at times. Feedback from Renfrewshire was also positive, with participants commenting that the facilitators were patient, understanding and helpful, as well as being good listeners and communicators. Facilitators at West Dunbartonshire were thought to be sincere, approachable and knowledgeable. Several participants noted that the facilitators made the sessions informal and comfortable. West Lothian participants also noted that the facilitators were knowledgeable, approachable and were good at getting the participants to work as a group.

6.40 Feedback regarding the programme itself was positive, with all the participants finding it useful and helpful. One participant indicated that they had reservations at the start of the programme, but quickly got over these once they got to know others in the group. There were mixed views about ‘homework’, with some enjoying this aspect of the programme and others finding it difficult because of other commitments at home. Also, while a few participants had particularly enjoyed talking and sharing their stories with others in the group, one person thought that the sessions could have been improved by greater use of video and audio, rather than just relying on words. Other suggestions for improvements were having “guest speakers” and providing participants with notes to take home for future reference. In West Lothian several of the participants noted that some of the worksheets/homework sheets could have been better presented and clearer, as some commented that they found some of the words difficult to



understand. Another participant thought it would have been helpful to have 'five minutes to look at our folders at the start of each week to recap what we done'. Answers to the question what parts of the programme were most useful varied, but included:

- The problem-solving models and exercise
- The decision-making exercise
- The models
- The moral dilemma exercise
- Role playing
- Listening to others

6.41 Overall, the tone of the feedback forms was extremely positive. As one participant wrote: "Amazing... great for people who want to change".

### **Participants' feedback on Constructs' impact**

6.42 In order to see how well the questionnaire part of the third review summary was capturing the participants' actual views, areas were asked to send these in, so that the free-text responses could be examined. Renfrewshire was only able to provide five of these, as they were not completed by the first group. The first group in West Lothian had piloted the sheets in a focus group, so had not completed them, but for the other completed group with eight participants the wrong review forms were sent, so the three forms already on file were analysed. Forth Valley had either not sent any feedback forms, or these had been misplaced, while West Dunbartonshire provided a full set, meaning a total of 14 forms were analysed. Free-text spaces were well used, with most participants writing in something for almost all the questions.

#### ***Question 1: Have you learned new skills on Constructs?***

6.43 While three participants mentioned having learned the models taught by Constructs, such as the EXTC model, others felt they had (also) picked up more general skills. These included:

- Thinking about the consequences before acting (also for others)
- Being able to walk away from a situation
- How to cope with (day-to-day) situations
- How to treat people (including myself)

#### ***Question 2: Has Constructs changed the way you see yourself or your situation?***

6.44 This question was obviously a difficult one for participants and therefore may need to be clarified by rephrasing it or providing prompts. While most of them circled "definitely", two did not write anything further and six gave answers that described new skills or circumstances (thinking more of others, a new peer group). Six participants did describe a change in their outlook: three said they were now more confident and/or aware of their skills and the fact that their opinion mattered. Two made reference to now recognising their pasts; one wrote that he was also more aware of how he should be in the future. The remaining participant wrote:

*I see myself as someone who CAN make changes to my offending lifestyle. I know I have the energy to change and that I like myself a little bit more (just a wee bit... "getting there").*

**Question 3: Do you think Constructs has made a difference in your life already?**

6.45 In response to this question, participants only mentioned changes in the way they dealt with things or thought about things, rather than in their relationships or external circumstances. Some more or less repeated their answers to Question 1, such as “I now think before doing” while one participant wrote “same as question 1”. Others felt they had matured a lot, were calmer, looked at things differently, had learned the skills to have their “head more screwed on” and were more determined to stay out of trouble. While these are valid responses, it would perhaps be useful to slightly alter this question so participants are more likely to write about the *consequences* the described changes have had in their lives, such as better relationships. At the moment, the prompt is “If so: how?” where “If so, what is now different?” may work better.

**Question 4: Do you think what you have learned on Constructs will make a difference in the future?**

6.46 Again, for this question most participants repeated the skills they had learned that they thought would make a difference for them in the future, such as “don't lose temper so easy”, “now look at things differently” etc. The prompt for this question may also have to be changed from “If so, how?” to “If so, how do you think things will be different? Two people actually mentioned improved self-esteem or confidence in this question, indicating that either they don't see this as a change in the way they see themselves or they misunderstood question 2. Two participants did write about their future, but both were hesitant to be too optimistic. One wrote that he hoped it would make a difference while the other responded:

*I will have to wait and see how I get on. I am confident that I have the right attitude to make things happen for me and my family. Time and patience.*

**Question 5: Do you think that, now that you have completed Constructs, you are less likely to offend?**

6.47 As West Lothian had handed out an earlier version of the form on which this question was not included, only 11 participants answered this question. Moreover, because no prompt was used, five participants did not elaborate on their response of “definitely”. One participant responded that he thought he wouldn't have reoffended anyway, to explain his answer of “not really”. Another who circled “maybe” wrote he did not want to reoffend, but “could only hope”. The most elaborate response came from a participant who had circled “definitely” but wrote:

*Though I believe I still need to reinforce what I have learned and maybe I need to work harder at my faults and failings. So that I will be able to use these skills without so much thought (i.e. repetitively).*

**Question 6: Is there anything that is holding you back in using the skills you have learned in Constructs? Do you think you can overcome these difficulties on your own?**

6.48 Two of the forms provided by Renfrewshire did not include this question, possible because it was on the second page and this page was not scanned. Five participants felt there was nothing holding them back. Two participants from West Lothian identified losing a job and the ensuing boredom and drinking as potential problems, but were not asked if they could handle these problems on their own as they had been given an old version of the spreadsheet. While one participant saw that starting to drink alcohol “like in the past” could be a problem and that he needed to keep his house, he felt he could handle these issues on his own. However, three participants, all from West Dunbartonshire, felt they needed the help of others. Two identified drug issues as their main problem and thought they would need “support and help from others” and “medical help, people who understand”. Finally, one participant saw himself as his main obstacle. He wrote that he needed “to believe in myself and my abilities more” and thought he



would only be able to do this if he had “more experience, more training, continued support from the team workers.” The answers to this question reported here dispute the finding from the spreadsheet analysis that all participants thought they could overcome any barriers facing them (see section 4.29). With three out of the sampled 14 documents containing requests for help, this is obviously not the case and it should be examined why this data was entered incorrectly.

## CHAPTER SEVEN      FOCUS GROUPS

7.1 Over the period of the evaluation three focus groups were held with the first groups of participants who had finished the programme in West Lothian, Renfrewshire and Forth Valley. While programmes also completed in West Dunbartonshire and Glasgow East CHCP, in these areas focus groups could not be held at the appropriate time. The findings from the West Lothian group have previously been reported in an Interim Report, but have been included in this analysis to provide a more complete picture of differences and similarities between groups.

7.2 The focus groups were attended by three people each, meaning that the findings below are based on nine people's views of the Constructs programme.

### Noticeable differences between groups

7.3 The difference between the focus groups is interesting in itself. In one group people's feedback focused on their personal transformation, with all agreeing that they previously had felt anger towards society and felt superior, or different, to others. Having changed these beliefs during and thanks to the programme they said they were now much more able to accept help, because they no longer felt this was beneath them.

*WL2: Your perspective on life is totally out the window, like. Before I started I couldn't be bothered with anything, get a job, being with my family. And now I've got a job, I am with my family and everything is going brilliant.*

*WL3: You appreciate it. You value a quieter life as well.*

*WL1: Whereas before you didn't notice. I didn't understand life, basically before I done this. It's opened my eyes up to it basically.*

7.4 In another group, rather than answering the questions asked with reference to self-transformation, participants were more likely to keep their answers short and to discuss issues not directly relevant to Constructs. However, the choice of topics (which included bullying) and the way in which these were discussed suggested that they had learned from Constructs and were now learning from each other. For example, they talked about their social workers:

*R2: I'd rather do this than go to my probation officer. He just makes me sit and [talks], that is all he does. The facilitators help you because they speak to you and give you help.*

*R1: That's what I was like, this guy, first time I met him, I was like he is poor, and then after that the second or third time I thought, he is alright. [To Participant R2]: But you've got to talk to him, you cannae just walk in and sit down and blank him.*

7.5 Finally, in the third group people were much more likely than in the others to refer to the models and concepts used in the programme, perhaps partly because these were illustrated by flipcharts hung on the walls.

*FV1: [T]he EXTC model, that is one of the best ones.*

*FV3: You can use that, when you are in a situation, you can just try that one, or you listen, express, negotiate one, you know, different models kind of help you know. Things like with my ex-partner, trying to get access to see my kid, I have been trying to use the EXTC model on that.*

7.6 The fact that these differences applied to all the participants in each focus group (e.g. in the latter group all the participants made reference to Constructs models) suggests that what people had learned from Constructs (or were willing to disclose) partly depended on the participants in the programme and the way each group was shaped over the 26 weeks.

## Impact of programme

### *Skills and beliefs*

7.7 The Constructs Evaluation Manual outlines the problems common amongst persistent offenders that Constructs aims to target as:

- Problem solving
- Impulsivity
- Perspective taking
- Attitudes and beliefs
- Social Skills

7.8 In the focus groups participants were asked what impact they thought Constructs had had for them, without being prompted on the problems outlined in the manual. Even so, each of the Construct targets were mentioned by at least some participants.

7.9 The skill that participants most often mentioned having gained from Constructs was '**being less impulsive**'. In all three groups participants agreed that it was now less likely they would just react to circumstances and that they would instead take a step back and consider the consequences of their actions.

*FV1: It makes you stop and think before you act, I won't just rush into things; before I didn't think, I just done them.*

7.10 This had helped them in confrontations with the police and other situations where they would otherwise have reacted in anger. It also allowed them to better communicate with others, including (ex) partners, illustrating that there is considerable overlap between the different problems.

*WL2: Listening. Listening more to what people are saying and not jumping to the first conclusion in your head.*

7.11 Moreover, thinking before acting aided participants' in avoiding problems and enhanced their **problem solving** skills. In addition, they felt they were more likely to consider different solutions for problems. For example, one participant vividly recounted having been about to drive a car while he was disqualified when he stopped to consider the problem:

*FV3: Whereas before I would just have gone "oh, I will probably get away with it and if I get caught I get caught" now I sat there and I thought "Right, if I get caught". I done a cost-benefit analysis (...), it was going to take longer to do with buses and that, but taking the car could have led to a breach of my probation and even more problems with my driving and the job wouldn't get done (...) It took longer for me to get everything done, but it got done and it was nae problem.*

7.12 In two groups participants mentioned that they had started to take **other people's perspectives** into account, while the remaining group replied, when asked, that they had been able to do this before the programme. The participants who felt they had improved said that through learning to listen to other Constructs participants and considering their points of view, they had learned to take account of other people's thoughts and feelings and the consequences of their actions for others.

*WL2: The way you see life now and other people. They are basically just like you but doing different things the now and you have to respect that, even when you are drunk or like whatever.*

*WL3: It's not just all about me.*

7.13 This extended to their considering the **impact of their offending on others**, which is mentioned as a desirable outcome in the Evaluation Manual under both “perspective taking” and “attitudes and beliefs”. While one group was anonymous that they should consider the consequences of their actions for those close to them (family, friends and neighbours were mentioned) in another group one participant had also started to think about the impact on victims.

*FV2: Not just to think about yourself but to think about the people that it happens to. I used to rob shops and things and I didn't think about the shopkeeper being hurt and that he could be scared to go back to his job.*

7.14 Other **attitudes and beliefs** changed by Constructs were mostly mentioned by the participants in one focus group, who felt that the course had changed their perspective on life and themselves. Previously they had felt anger towards society and felt superior, or different, to others. They also thought that society, in turn, saw them as different “because of what we had done”. Now that they had taken Constructs they felt that, while people have different backgrounds, they have the same needs, thoughts and feelings and were more aware of what they had in common with others, rather than of what set them apart.

*WL1: Instead of me thinking society is against me, my way of living, or the way it was. Constructs has made me see things differently now.*

7.15 Besides people having improved their **social skills** through being less impulsive and considering others' perspectives more, participants also felt they had improved their way of interacting with people and their ability to negotiate. Two participants in one group also felt that a main impact of Constructs had been that they had become more **assertive** and thereby less likely to be led by others but also less likely to get angry when they felt that their views were not being heard.

*R1: I have opinion now and don't force it on anybody but also not letting anybody force their opinion on me.*

*R2: It was just the same for me.*

7.16 As for impacts not specified in the evaluation manual, in two groups participants mentioned having grown **more confident** during Constructs. The development of confidence was felt to be facilitated by the fact that facilitators were open and non-judgemental and by seeing in the group that other people were in the same position. The self-talk and weighing up of pros and cons led to people feeling better about themselves and their actions. Also, completing Constructs in itself was felt to be an achievement.

*FV2: It is good, I feel like I have achieved something now so I am confident to go to interviews now, I have got a lot of self-confidence back where I didn't have any at the start. It was coming out of my shell, at the start I was kind of quiet, but as you get to know people, brand new. Twenty-six weeks is a milestone for me.*

## Offending

7.17 All nine participants said they had successfully avoided offending since they had started Constructs. Two men explicitly said that 26+ weeks without offending was a record for them, while two others said that they had an opportunity to offend they would normally have taken during the programme, which they were able to resist, partly because of being on Constructs. One participant explained how Constructs had

helped him to stay out of trouble:

*FV3: When I got into trouble it just kind of happened. I didn't think about the different steps or the warning signs and coping strategies to use to avoid them and that. It was nothing, it was just happening and that was me in trouble. But the way they went through it, you start to listen to it and now I can see there is warning signs.*

## Opinion of programme

7.18 Perhaps unsurprisingly given the above and the fact that they managed to attend for 26 weeks, the focus group participants were unanimously positive about Constructs. This is not to say that Constructs had been an easy option: in one group participants said they had found changing their thinking habits a real effort and that they were always “physically drained” after the course. In another group participants had appreciated the homework assignments and the opportunity to take summary sheets home in order to absorb what had been discussed, as the sessions themselves had been quite fast-paced.

7.19 The extent to which Constructs had been a positive experience for participants is illustrated by the fact that in all three groups people mentioned that they would miss the programme; it had become a part of their week they looked forward to. Two participants, who both had significant experience of imprisonment both noted that they had never had the opportunity to take a programme like Constructs before, with one saying

*WL1: I wish, I wish I had done this years ago. It could have opened my eyes up and opened my head up.*

## Support

7.20 Much of the positive evaluation of the programme was due to the support the participants felt they had received, both from the facilitators and their fellow group members. The facilitators were seen as supportive, non-judgemental and willing to go the extra mile.

*FV 2: They'd sit behind at the end of the day if anyone else needed anything and [one of them] gave us his email address for certain sites to look for jobs or places you can go like health clubs or libraries.*

7.21 In one group a facilitator took over from someone's case manager and was felt to have been much more helpful than the original social worker. In the other two groups, the conduct of facilitators was also compared and contrasted with that of other social workers the group members had come across. Interestingly, in one group this led to the group re-evaluating social workers as a group:

*WL2: I think everyone sees everything differently now with authority. They are doing their jobs; because of what we are doing they are having to do it even more.*

7.22 In the other group, on the other hand, participants emphasised the differences and concluded that facilitators could not really be compared with social workers.

*R1: Aye, that's right, they don't come across as social workers. Because it's not 1 on 1, you're not like that's my social worker, they were talking to a big group of us.*

*R3: See if I was early I would sit with them, it's more like a teacher.*

7.23 The bonding amongst group members and the support that they provided for one another was mentioned in all three focus groups as an important aspect of the programme. Being in a group with people in a similar situation had meant participants felt able to share things they would not have been able to divulge to others. They also felt they had received support from each other and had motivated each other to keep coming to the group. Indeed, towards the end of the programme, participants had felt they would let the others down if they did not attend.

*R1: For me it was also, they are both coming from far away and I am the only one in [town]. If I don't turn up when they have travelled all the way, it would be bad.*

7.24 After 26 weeks of coming together as a group, the participants felt they were friends and most of them said they were planning to stay in touch.

## Discussion

7.25 The above findings suggest that Constructs is able to achieve its objectives, at least for some participants; all the criminogenic problems targeted by Constructs were mentioned by several participants as having improved considerably for them. They felt they were less likely to act impulsively and more likely to consider different options and the consequences of these. Being more able to take on board the opinions and feelings of others and better at putting their own points of view across meant they were less likely to argue or get angry. These increases in skill and the achievement of finishing Constructs meant for some participants that they now had more confidence and felt ready to try new things. Also, not one of the participants disclosed having offended since the start of the programme. While this does not necessarily mean that in reality no offending took place, several participants gave examples of instances when they would have offended if it had not been for Constructs, suggesting that the programme had at least some impact on offending.

7.26 While certain sections of the programme design were mentioned by participants as being especially helpful, it was clear that facilitators and co-participants also had considerable impact on the formation and success of the group.

7.27 The findings from the focus groups indicate that Constructs is capable of achieving its objectives for some of its participants. However, considering the high levels of attrition, it may be necessary to improve the strategic context of the programme before it is rolled out. The evaluation has not been able to provide much information on the involvement of case managers in the programme, but this may be one of the key influences on attrition: if someone is not attending, perhaps case management should be increased in order to address this. Similarly, given that the programmes with higher numbers of participants starting were more likely to complete, more buy-in from those referring participants to the programme, along with a clarification that Constructs is the provision of choice for all eligible and suitable orders, may have a positive effect on the number of participants completing Constructs.





## CHAPTER EIGHT      RECOMMENDATIONS

8.1. The formative evaluation of Constructs has generated many valuable learning points on implementing structured programmes and establishing data gathering systems in different areas of Scotland. From this evaluation and other work carried out by the CJSW Development Centre it has become apparent that in many Local Authorities, data gathering is not given the emphasis that research (Lipsey 1999)<sup>3</sup> suggests it needs. The general feeling in social work departments still seems to be that the work required by data processes gets in the way of the “real work” done with clients. In some teams there was resistance to the implementation of new data gathering tools or systems and often data gathering requirements were not given a high priority, illustrated by Local Authorities starting to deliver Constructs (programmes) without sufficient admin support in place to gather the data. The fact that no fully developed data gathering systems were in place when Constructs was first implemented may have exacerbated some stakeholders' view of data collection as an additional requirement, rather than an integral part of maintaining programme integrity. On the other hand, areas where data requirements were seen as important and integral, like Renfrewshire, demonstrated that the targets set for areas, such as the range of data required and frequency of collection, were achievable.

8.2. The development of a standardised spreadsheet on which information should be brought together highlighted the challenge posed by the need to ‘road test’ systems to establish one that is ‘fit for purpose’, while being open to adaptation as experience grows to allow for continuous improvement. In the implementation phase one version was developed and then ‘improved’ upon, leading to a second version; and indeed, further changes may be necessary given the limitations of the current system outlined in Section 2.15. However, changes from one spreadsheet (or database) to another create additional work, uncertainty and in some cases confusion for those gathering the data. Ideally, all data gathering tools (including aggregatable forms, spreadsheets or databases on which to enter information and mechanisms for centrally gathering the data) would have been developed and finalised before the implementation of the programme, along with a clear guidance manual or set periods for review before which no changes are made.

**Recommendation 1: When future programmes are implemented, data gathering tools and processes should be decided upon and requirements made clear to areas *before* they start delivery. It is important that implementation is not rushed through before all the necessary processes have been established and resources are in place.**

8.3. A data gathering guidance manual could additionally have outlined all the computer software required for implementing the programme. Senior managers should have to demonstrate that they have the technical, software and staffing resources in place before commencing delivery. In this way, for example, the problems in Glasgow with calculating psychometrics scores caused by fact that they did not have Microsoft ‘Access’ installed on their computers could have been avoided.

**Recommendation 2: In the future, essential IT (and other) resources should be identified and each area should have to demonstrate these are in place in before they can start delivering the programme.**

8.4 Data gathering systems proved to be very vulnerable to staff shortages, absences or understaffing in different locations. When local social work teams were understaffed, this often resulted in a reduction in the quality of the referral information as well as fewer referrals. Understaffing in the groupwork delivery teams themselves meant that those who were not directly involved in the data gathering process had little opportunity or inclination to find out what the data requirements were or where relevant (computer) files were stored. In these circumstances it is more likely that data collection simply stops

Lipsey (1999) found in a meta-analysis of 400 rehabilitative programmes that those in the pilot phase on average had twice the effect on recidivism of programmes that had been rolled out. He attributes this difference to the increased emphasis in pilot projects on data gathering that ensures programme integrity and quality assurance.

when those who are directly responsible are absent or leave their post. Ideally delivery teams should have sufficient staff to make data gathering a shared goal, rather than something that only concerns the administrator or treatment manager.

**Recommendation 3: Delivery team staff should have sufficient time to familiarise themselves with data gathering requirements so that efficient and accurate data gathering becomes a shared goal for all team members.**

8.5. Staff shortages or absences had a most pronounced impact on the quality and completeness of the data when administrator or treatment manager posts were left unfilled or were affected by absences. Nonetheless, staff turnover, sickness, holidays, etc. are inevitable. Each groupwork delivery team should have clear contingency plans in place to cover absences of the administrator or treatment manager, to ensure that data gathering continues as long as programmes are running. In circumstances where no one is able to take on the role of administrator or treatment manager, the CJSW Development Centre would recommend that agencies should cease to operate the programme, as retro-active data gathering has proved extremely difficult.

**Recommendation 4: Contingency plans should be in place so that the administrator's and treatment manager's responsibilities are taken on by someone else if they are absent. When no one is available to fulfil these roles, areas should consider ceasing to operate the programme until they are filled.**

8.6. Ideally, agencies should fill the administrator and treatment manager posts on such a basis that those within them are given adequate time to fulfil their roles. The example of Renfrewshire illustrates that, where admin workers and treatment managers are dedicated to Constructs (almost) full-time, the data is gathered and entered more consistently, queries are responded to quickly and it is possible to run more programmes at any one time.

**Recommendation 5: Administrators and treatment managers should be given sufficient time to fulfil their roles.**

8.7. A further lesson from the evaluation is that those areas where one person managed to have an overview of the data gathering systems and their requirements, the quality of the data gathered was much better and more consistent. Each approved authority should have a designated Data Champion to oversee these issues. Where admin workers have a good understanding of the data systems and sufficient time to dedicate to the programme, they should be ideally positioned for this role. Where these conditions are not met, the treatment manager should take on this responsibility. The Data Champion should comprehend the purpose of collecting each part of the data and check that they are entered correctly. They should also be in a position to ensure the data is complete and be proactive in their contact with any evaluators. When Data Champions are in place they can become an invaluable resource for the evaluation by identifying gaps and inconsistencies in the data gathering process as well as the data itself.

**Recommendation 6: Either the treatment manager or the administrator should take on the role of Data Champion in each authority. The Data Champion should have an overview of data collection requirements and be in a position to ensure these are met.**

8.8. During the evaluation it became clear that for most treatment managers gathering information that relates to all the orders coming into their Local Authority in order to assess the targeting of Constructs is very difficult without agency systems in place. New ways of gathering this data may need to be developed, ideally by making it possible to electronically interrogate and run reports on all orders recorded on the local client data systems.

**Recommendation 7: How data pertaining to orders who are not referred to Constructs is gathered should be reconsidered.**

8.9. Analysis of participants' relapse prevention plans suggested that more guidance may be needed on the standard to which participants are expected to complete these. Some strategies for avoiding or coping with high-risk situations seemed very simplistic and naive, with little mention made of difficult internal states, such as negative emotions or thoughts, or to external circumstances such as the facilities within hostels. Also, there was some evidence of unhelpful plagiarism. With relapse prevention plans only focusing on what participants themselves need to do to avoid relapse, rather than also taking account of difficulties they can not address on their own, a mechanism should be established by which the plans can feed into a wider action plan on what further support needs to be put in place.

**Recommendation 8: It should be considered whether more guidance on the required standards of Relapse Prevention Plans is needed.**

8.10. Post-programme reports completed by facilitators varied in the level of explanation provided for assessments of participants' engagement and understanding of main learning points. It may be useful for facilitators to be given feedback on the notes they write and guidance on what types of evidence to look out for.

**Recommendation 9: More guidance for facilitators on what type of information to include in post-programme reports should be considered.**

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## Appendix 1: Extra Sheet Reviews

### Review Meeting 1

#### 1. Other needs and work done to address these:

Domains	Need? (tick if yes)	Work being done?	Facilitated by?	Client engaging?
Education/Employment		Y / N / Not yet	SW / OA *	Y / N
Family/Marital		Y / N / Not yet	SW / OA *	Y / N
Leisure/Recreation		Y / N / Not yet	SW / OA *	Y / N
Companions		Y / N / Not yet	SW / OA *	Y / N
Alcohol/Drugs		Y / N / Not yet	SW / OA *	Y / N
Finance		Y / N / Not yet	SW / OA *	Y / N
Accommodation		Y / N / Not yet	SW / OA *	Y / N
Other:		Y / N / Not yet	SW / OA *	Y / N

\* OA = Other Agency

Current level of contact with Supervising Officer:

Weekly / Fortnightly / Monthly / Other (specify): \_\_\_\_\_

#### 2. Understanding and participation

##### Sessions 1-3: Motivation & Preparation.

Level of engagement and participation:

Very good (5) / Good (4) / Satisfactory (3) / Poor (2) / Very poor (1)

Level of understanding:

Very good (5) / Good (4) / Satisfactory (3) / Poor (2) / Very poor (1)

##### Sessions 4-10: Problem Solving:

Level of engagement and participation:

Very good (5) / Good (4) / Satisfactory (3) / Poor (2) / Very poor (1)

Level of understanding:

Very good (5) / Good (4) / Satisfactory (3) / Poor (2) / Very poor (1)

## Review Meeting 2

### 1. Other needs and work done to address these:

Domains	Need? (tick if yes)	Work being done?	Facilitated by?	Client engaging?	Change from last review?
Education/Employment		Y / N / Not yet	SW / OA *	Y / N	+ / No / -
Family/Marital		Y / N / Not yet	SW / OA *	Y / N	+ / No / -
Leisure/Recreation		Y / N / Not yet	SW / OA *	Y / N	+ / No / -
Companions		Y / N / Not yet	SW / OA *	Y / N	+ / No / -
Alcohol/Drugs		Y / N / Not yet	SW / OA *	Y / N	+ / No / -
Finance		Y / N / Not yet	SW / OA *	Y / N	+ / No / -
Accommodation		Y / N / Not yet	SW / OA *	Y / N	+ / No / -
Other:		Y / N / Not yet	SW / OA *	Y / N	+ / No / -

\* OA = Other Agency

Current level of contact with Supervising Officer:

Weekly / Fortnightly / Monthly / Other (specify): \_\_\_\_\_

### 2. Understanding and participation

#### Sessions 11-18: Skills sessions

Level of engagement and participation:

Very good (5) / Good (4) / Satisfactory (3) / Poor (2) / Very poor (1)

Level of understanding:

Very good (5) / Good (4) / Satisfactory (3) / Poor (2) / Very poor (1)

### Review Meeting 3

#### 1. Other needs and work done to address these:

Domains	Need? (tick if yes)	Work being done?	Facilitated by?	Client engaging?	Change from last review?
Education/Employment		Y / N / Not yet	SW / OA *	Y / N	+ / No / -
Family/Marital		Y / N / Not yet	SW / OA *	Y / N	+ / No / -
Leisure/Recreation		Y / N / Not yet	SW / OA *	Y / N	+ / No / -
Companions		Y / N / Not yet	SW / OA *	Y / N	+ / No / -
Alcohol/Drugs		Y / N / Not yet	SW / OA *	Y / N	+ / No / -
Finance		Y / N / Not yet	SW / OA *	Y / N	+ / No / -
Accommodation		Y / N / Not yet	SW / OA *	Y / N	+ / No / -
Other:		Y / N / Not yet	SW / OA *	Y / N	+ / No / -

\* OA = Other Agency

Current level of contact with Supervising Officer:

Weekly / Fortnightly / Monthly / Other (specify): \_\_\_\_\_

#### 2. Understanding and participation

##### Sessions 19-26: Skills sessions

Level of engagement and participation:

Very good (5) / Good (4) / Satisfactory (3) / Poor (2) / Very poor (1)

Level of understanding:

Very good (5) / Good (4) / Satisfactory (3) / Poor (2) / Very poor (1)



### 3. **Group member feedback questionnaire**

#### 1 **Have you learned any new skills on Constructs? (please circle one)**

Definitely      Maybe      Not really      Definitely not

If so, what skills:

#### 2 **Has Constructs changed the way you see yourself and/or your situation?**

Definitely      Maybe      Not really      Definitely not

If so, how:

#### 3 **Do you think Constructs has made a difference in your life already?**

Definitely      Maybe      Not really      Definitely not

If so, how:

#### 4 **Do you think that what you have learned on Constructs will make a difference in the future?**

Definitely      Maybe      Not really      Definitely not

If so, how:

#### 5 **Do you think that, now that you have completed Constructs, you are less likely to reoffend?**

Definitely      Maybe      Not really      Definitely not

#### 6 **Is there anything that is holding you back in using the skills you have learned in Constructs?**

Yes              No

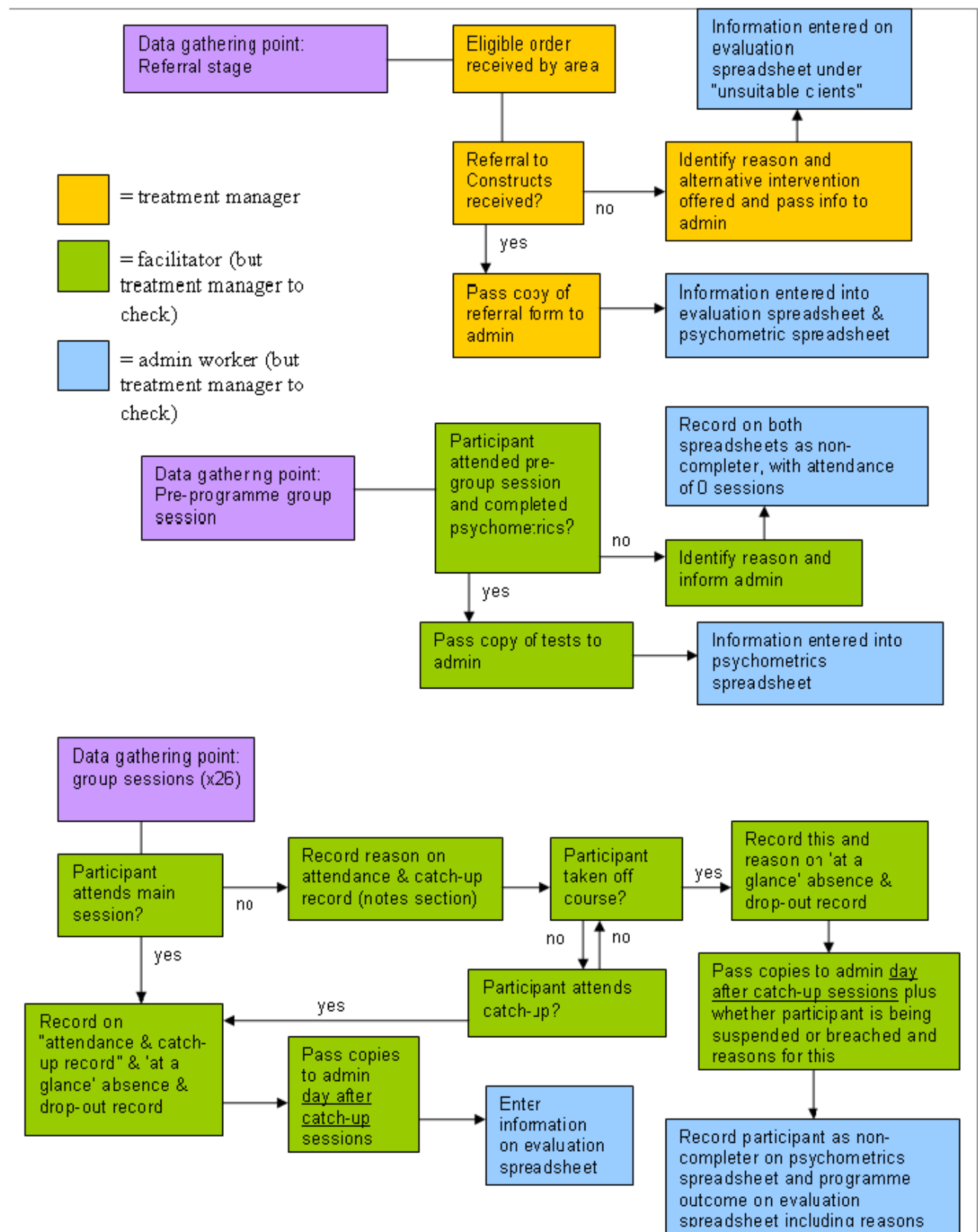
If so, what:

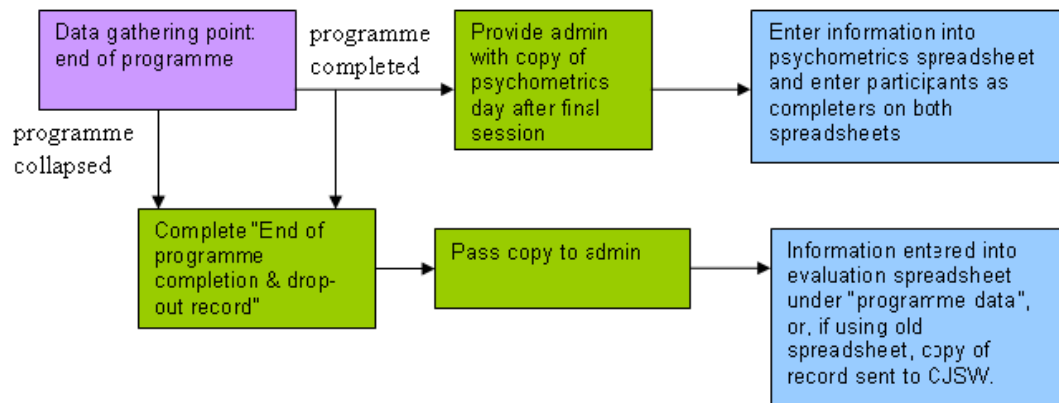
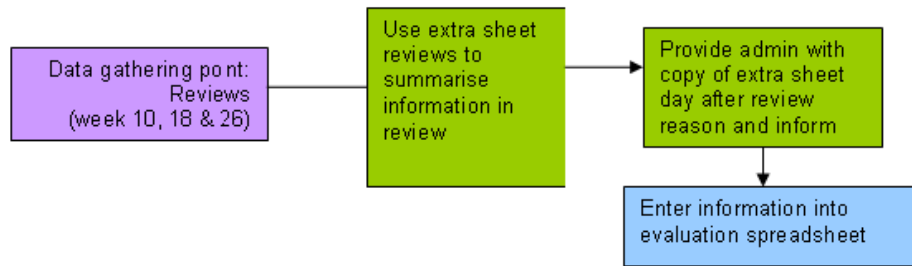
Do you think you will be able to overcome these difficulties on your own?

Yes              No

If not, what help do you need to overcome them:

## Appendix 2: Flow-chart Constructs information + responsibilities







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