

Implementation of the Community Sex Offender Groupwork Programme in Scotland: Process Evaluation

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SUMMARY

All pilot areas - Fife; Forth Valley; Glasgow; North and South Lanarkshire; and Pathways (a partnership between East Renfrewshire, Renfrewshire and Inverclyde Councils) - are included in the evaluation, as are 3 areas that have recently commenced the Programme, namely the Ayrshires; Lothian and Borders; and Tayside.

The first part of the CSOGP process evaluation examined cases up to July 2006. In order to take second part of the evaluation forward the pilot areas were requested to submit data for the period August 2006 to July 2007; this was requested in October 2007. After some negotiation, a spreadsheet that had ultimately been designed to hold data from the first part of the evaluation was modified, and each pilot area asked to enter relevant information there. However, Fife also submitted additional information in hard copy that was relevant to the first part of the evaluation. Data was also submitted by the 3 new areas as it became available.

Data was submitted on 391 offenders referred for consideration of CSOGP; analysis focused on the 240 offenders who had actually commenced CSOGP. Of these, 184 cases came from the pilot areas (77%) and 56 from the new areas (23%). Interviews were also conducted in 6 areas (4 pilot and 2 new) in order to gain the perspectives of those working on CSOGP.

While differences do exist across areas in terms of data collected and profile of offenders, the main message from the second part of the evaluation, however, is that that the processes involved in operating CSOGP have clearly improved since the first part of the evaluation. Although it is clear some improvements do have to be made, particularly with regard to obtaining feedback from Case Managers, this does not in any way imply that the actual work being carried out with offenders is compromised in any sense. It is clear from the interviews carried out with Treatment and Programme Managers that CSOGP is considered to work well and effect real change. Of course, a full outcome evaluation will be required to confirm this.

INTRODUCTION

1.1 This report charts the progress and findings of the evaluation of the Community Sex Offender Groupwork Programme ('CSOGP') as it is being introduced in Scotland. All pilot areas - Fife; Forth Valley; Glasgow; North and South Lanarkshire; and Pathways (a partnership between East Renfrewshire, Renfrewshire and Inverclyde Councils) - are included in the evaluation, as are 3 areas that have recently commenced the Programme, namely the Ayrshires; Lothian and Borders; and Tayside.

2. METHODOLOGY

2.1 As stated in the Evaluation Manual, the aims of the evaluation are to document the development of the key stages of the Programme, identify profiles of Programme users and measure outcomes. To achieve this, it was intended that the majority of information would be collected from the Programme monitoring data and psychometric tests; views of key stakeholders would also be taken into account where possible. The first part of the evaluation included only the 6 pilot areas. In this, to facilitate data collection a 'Process Map' with data collection points (see Appendix 1), which detailed the information required to be collected for evaluation, was developed in collaboration with the CSOGP Evaluation Group (comprised of key Programme personnel from each pilot area) and distributed to each pilot area. Ultimately, only one pilot area submitted information following the suggested format and, despite this data collection method having been approved by the Evaluation Group, a subsequent identification of resource issues meant the method had to be abandoned.

2.2 To begin the data collection process in full, therefore, client lists (in a designated format¹) were requested from the six pilot areas so that cases could be selected for inclusion in the evaluation in accordance with criteria agreed with the Evaluation Group (all clients beginning or completing the Programme between 1 August 2004 and 31 July 2006). These lists had to be submitted no later than 5 May 2006. Client lists were submitted by 5 of the 6 pilot areas, South Lanarkshire being the only authority unable to submit such a list.

2.3 The lists were then examined and marked, identifying which cases would be included in the evaluation at that stage. Although the original intention was to obtain information on those who had been assessed as both suitable and unsuitable for CSOGP, difficulties in data collection lead to only information on the former being requested². Given the failure of the data collection method discussed above, these lists were then returned to the pilot areas and copies of the file(s) held for each of the marked cases requested, with data to be submitted by 31 May 2006. However, data collection ultimately continued until May 2007, with lack of resources cited as the main reason for delay. Of the 104 files it was known should be included in the evaluation, 87% were submitted, while only one pilot area (Forth Valley) submitted additional information in the format laid out in the Process Map.

2.4 Initial data processing and analysis identified a range of information 'missing' from the case files, primarily in the form of paperwork associated with the operation of CSOGP. Each pilot area was notified of the missing data via e-mail on 3 October 2006, with a request made to submit this data by 18 October. Three pilot areas responded to this request (Forth Valley, Fife and Pathways), with supplementary data ultimately being obtained from all three.

2.5 The first part of the CSOGP process evaluation examined cases up to July 2006. Therefore, in order to take the evaluation forward the pilot areas were requested to submit data for the period August 2006 to July 2007; this was requested in October 2007. After some negotiation, the spreadsheet that had ultimately been designed to hold data from the first part of the evaluation was modified, and each pilot

¹ For this purpose, a database in Excel format (including such as date of assessment and Programme modules undertaken) was supplied to each of the pilot areas so that the required information could be collected in a consistent and comparable manner.

² It is worth noting here that 6 offenders assessed as being unsuitable for CSOGP were ultimately ordered to attend the Programme as a condition of their sentence.

area asked to enter relevant information there. However, Fife also submitted additional information in hard copy that was relevant to the first part of the evaluation.

2.6 The spreadsheet was comprised of a total of 151 fields, 92 of which relate to core CSOGP data and 59 to SA07. The SA07 fields are comprised of 15 fields for Stable results and 11 fields for Acute results, with the later repeated 4 times as the data returns have to be submitted each calendar month and the Acute part of SA07 may have been completed on this many occasions during this time period.

2.7 In the time between completion of the first part of the evaluation and commencement of the second, CSOGP was in the process of being introduced in a further 4 areas - the Ayrshires (East, North and South); Lothian and Borders; Tayside and Northern (Aberdeen City and Aberdeenshire). A request was also made to these areas to complete the spreadsheet once actual programme work had commenced. At the cut-off date for data to be submitted for the second part of the evaluation (early July 2008), all but the Northern Partnership had begun the programme and submitted data. Details on all data submitted for the second part³ of the evaluation can be found in Table 1; new areas are in italics. It should be noted that the number of cases does not equate to the number of offenders on the programme.

Table 1: Time period for which evaluation data was submitted and number of cases

Area	Time period covering new data	Number of new cases	Total number of cases
<i>Ayrshires</i>	<i>November 2007 to June 2008</i>	<i>16</i>	<i>16</i>
Fife	August 2006 to May 2008	Unclear	45
Forth Valley	August 2006 to May 2008	51	65
Glasgow	August 2006 to May 2008	Unclear	116
<i>Lothian & Borders</i>	<i>March 2007 to May 2008</i>	<i>31</i>	<i>31</i>
Pathways	August 2006 to June 2007	35	49
North Lanarkshire	August 2006 to June 2007	10	19
South Lanarkshire	August 2006 to May 2008	14	23
<i>Tayside</i>	<i>July 2006 to May 2008</i>	<i>27</i>	<i>27</i>
	Total	184	391

2.8 In the cases of Fife and Glasgow, the number of new cases is noted as 'unclear' as different case identifiers were used in the second batch of data than had been used in the first. Therefore, although it is known that some of these cases are new, it cannot be said how many. This issue has been rectified for the Glasgow cases (although not in time for inclusion in this report), but cannot be amended in the Fife cases as the original identifiers no longer exist.

2.9 As can be seen in Table 1, information is now held on 391 cases. Of these, 184 are 'new' (i.e. were not included in the first part of the evaluation), 25 are a combination of new data and original information from the first part of the evaluation, while 21 are comprised of original information. In the remaining 161 cases, as mentioned above the status of these cases cannot be determined.

2.10 Of the 391 cases on which information is held, in 214 of these (55%) it is recorded that the offender was considered suitable for inclusion on CSOGP. This information was missing in 104 cases (27%) and the offender had been considered unsuitable for CSOGP in the remaining 73 cases (17%). The outcomes related to these recommendations can be found in Table 2, and show that a total of 226 offenders ultimately commenced CSOGP. It must be stressed that the reasons stated for an offender not commencing CSOGP are *hypothesised* from the data submitted and may, therefore, be inaccurate.

³ All of the pilot areas had submitted data for the first part of the evaluation also, with cases having been referred to these areas between 2002 and April 2006.

Table 2: CSOGP assessment for suitability and outcome

	Suitable for CSOGP	Not suitable for CSOGP	Not started	Total
Commenced CSOGP	175	4	61	240
Did not commence CSOGP	39	69	43	151
<i>Reason for no CSOGP</i>				
Custodial sentence	20	9	1	
Short Probation Order	14	46	1	
Other (e.g. deferred sentence, data missing, etc.)	5	14	55	
	214	73	104	

2.11 As the focus of the data collection is related to the operation of CSOGP it is unsurprising that, in general, less information was recorded for those offenders who did not commence the programme. In the few instances where comparisons could be made between those who did/did not commence CSOGP, the only differences of interest were with regard to the type of sexual offence committed. Where this information was recorded (for 210 offenders on, and 131 not on CSOGP), a higher proportion (26%) of those offenders on CSOGP had been convicted of internet-related offences than those who were not (10%). In addition, a lower proportion (18%) of those offenders on CSOGP had been convicted of other non-contact offences, such as indecent exposure, than those who were not (34%).

2.12 The remainder of this paper will now focus solely on those cases where the offender had *commenced* CSOGP, a total of 240 cases; this excludes cases where the offender has not yet begun the Induction module. Of these, 184 cases came from the pilot areas (77%) and 56 from the new areas (23%). Interviews were also conducted in 6 areas (4 pilot and 2 new) in order to gain the perspectives of those working on CSOGP, and findings from these will be reported separately in Chapter 4.

3. FINDINGS

Offender Characteristics

3.1 The date of referral for consideration of suitability for CSOGP was recorded as available in 63% of cases, with the date of the actual report regarding suitability recorded in 45% of cases. All of these cases came from the pilot areas. Higher proportions of both dates (80% and 73% respectively) were reported in the new areas than in the pilot areas (58% and 49% respectively).

3.2 Information on the disposal for each offender was recorded in 172 cases, with the most common (67%) being an order of probation and a further 31% having a sentence of custody imposed. Although the new CSOGP areas had a slightly higher proportion (29%) of missing data in this category than did the pilot areas (22%), the types of sentences imposed were similar across both groups. No differences were found between those on/not on the programme.

3.3 The type of offence was recorded in 210 cases, the most common of which (46%) was some form of 'contact' offence such as indecent assault. Full details are reported in Table 3.

Table 3: Type of offence

	On programme (n=210)		New areas (n=42)		Pilot areas (n=168)	
	N	%	N	%	N	%
<i>Offence type: Missing</i>	16	7	14	25	2	1
Offence type: Contact	97	46	24	57	73	44
Offence type: Internet	55	26	5	12	50	30
Offence type: Other non-contact	58	28	14	33	45	27

3.4 Contact offences are the most commonly recorded in both the new and pilot areas, although these account for a higher proportion of offences (57%) in the new areas than the pilot areas (44%). Internet-related offences were the second most common in the pilot areas (30%), while other non-contact offences such as indecent exposure were the second most common (19%) in the new areas.

3.5 With regard to those on the programme, a higher proportion (26%) had been convicted of internet-related offences than had those not on the programme (10%). A lower proportion of other non-contact offences were recorded for those on the programme (28%) than those not on the programme (46%). Differences across the offence types themselves were also evident, with higher proportions of those not on the programme being convicted for sexual assault (19%) and public indecency (20%) than those on the programme (4% and 8% respectively), while a conviction for lewd and libidinous behaviour was more commonly recorded for those on the programme (22%) than those not (12%).

3.6 Information on previous convictions was recorded in 123 cases, with the highest proportion of these (57%) have no previous convictions and 13% having one previous conviction. Those convicted on an internet-related offence were more likely to have no previous convictions (58%) than those with convictions for contact (27%) or other non-contact offences (22%). Of the 52 offenders recorded as having previous convictions 27 of these (52%) had convictions for crimes of a sexual nature, ranging from a 7-year custodial sentence for rape to a fine for public indecency. Those with a current internet-related conviction were least likely to have previous analogous convictions (7%), while those with a current conviction for another non-contact offence were most likely to have a previous analogous conviction (59%).

3.7 The age of offenders ranged from 20 to 78 years of age. Marital status was recorded in 185 cases, with the highest proportion (46%) recorded as being single and 28% as married/cohabiting. Accommodation status was recorded in 183 cases, with the highest proportion (54%) living alone, 31% living with a partner and 14% living with family members. Of those cases where employment status was recorded (184), 45% were recorded as unemployed and 42% employed.

The Programme

3.8 Almost all offenders (98%) are recorded as having commenced the Induction module of the programme, with this figure being consistent across both the new and pilot areas. The date of commencement was recorded in 64% of cases, with a higher proportion (95%) in the new areas than in the pilot areas (55%). The Induction module is recorded as having been completed in 78% of cases overall, this relating to 95% of cases from the new areas and 72% of cases from the pilot areas.

3.9 Pre-induction psychometric test scores were recorded in 87 cases, 76% of which were low deviance and 24% high deviance. Some difference can be seen in the post-induction psychometric test scores, recorded in 66 cases, with 86% now scoring low deviance and 14% as high deviance. Of the 14% (9 cases) scoring high, 5 went on to the Core modules as did 5 of those scoring low deviance.

3.10 With regard to the Core modules (information present in 168 cases), as can be seen in Table 4 information regarding these was missing in between 50% and 18% of cases. A much higher proportion of offenders in the pilot areas (33%) were assigned to the Core modules than in the new areas (7%), although timescale will be a factor here. Date of commencement was recorded in 71% of those cases where it was stated that the Core modules were being undertaken.

Table 4: Core modules

	On programme (n=168)		New areas (n=28)		Pilot areas (n=140)	
	N	%	N	%	N	%
<i>Core: information missing</i>	72	30	28	50	44	24
Core: No	74	44	25	93	49	41
Core: Yes	57	34	3	7	54	33
Core start date recorded (as a % of those commencing core modules)	32	19	1	50	31	68
Core completed	5	3	0	0	5	4

3.11 Information regarding the Relapse Prevention module was missing in between 21% and 38% of cases, as can be seen in Table 5. Proportions of offenders commencing the relapse prevention module are marginally higher in the new areas (69%) than in the pilot areas (50%), though this perhaps reflects the fact that a higher proportion of offenders are undertaking the Core modules in the pilot areas. Date of commencement for Relapse Prevention was recorded in 73% of cases, and was higher in the new areas (92%) than in the pilot areas (74%).

Table 5: Relapse prevention

	On programme (n=180)		New areas (n=35)		Pilot areas (n=145)	
	N	%	N	%	N	%
<i>Relapse prevention: information missing</i>	60	25	21	38	39	21
Relapse prevention: No	42	26	11	31	31	21
Relapse prevention: Yes	97	60	24	69	73	50
RP start date recorded (as a % of those commencing RP module)	73	75	22	92	51	74
Relapse prevention completed	45	28	0	0	45	31

3.12 As CSOGP is a manual-driven programme, the key measure of this process evaluation is the extent to which the 'paperwork' associated with the programme is completed. Examining this factor is a slightly more complex procedure in the second part of the evaluation as a certain piece of this paper work - namely that related to Risk Prediction and Monitoring - is being phased out to be replaced by content from the SA07 risk assessment. While alterations to a programme are generally ill-advised during the evaluation/pilot period, it is appreciated that this change is considered to be an improvement to the CSOGP and as such could not be delayed.

3.13 In examining the CSOGP paperwork, however, it should be borne in mind that different areas will have different protocols as to what information is held where (i.e. with the programme facilitators or the offenders' Case Manager) and this will have an impact on findings here.

3.14 Along with the 15 pieces of CSOGP paperwork detailed in Table 6, an SER was present in 73% of all cases and an assessment of suitability for CSOGP in 75% of cases overall. The proportion of cases with a CSOGP assessment was lower in the new areas (63%) than in the pilot areas (73%). As the CSOGP assessment is sometimes part of the SER, it is worth noting that in 82% of cases overall, either one report or the other was recorded as present. This proportion was higher in the pilot areas (84%) than in the new areas (75%).

Table 6: CSOGP Paperwork

	On programme (n=240)		New areas (n=56)		Pilot areas (n=184)	
	N	%	N	%	N	%
Offender comment sheets	183	76	38	68	145	79
Feedback from facilitators	181	75	37	66	144	78
Offender agreement form	153	64	33	59	120	65
Forms related to video monitoring (3 types)	151	63	38	68	113	61
Feedback to facilitators	109	45	29	52	80	44
Note of SO groupwork review	102	43	0	0	102	55
End of module forms	92	38	14	25	78	42
Risk prediction & monitoring form	71	30	12	21	59	32
Monitoring acute risk factors form	53	22	13	23	40	22
Co-operation with supervision checklist	52	22	12	21	40	22
Distorted attitudes checklist	50	21	12	21	38	21
Pre-programme checklist	44	18	0	0	44	24
Supervision agenda	28	12	0	0	28	15

3.15 A much lower proportion of cases from the new areas (21%) are recorded as having the Risk Prediction and Monitoring form discussed above in paragraph 3.12 than in the pilot areas (32%), although this is likely to be as a result of the increased use of SA07 in the new areas in comparison to the pilot areas. There are also no pre-programme checklists, supervision agendas or not of groupwork review recorded in the new areas, although the early stage of many cases here could have an impact on this, with this also true for the lower proportion of end of module forms than in the pilot areas.

3.16 The proportion of cases where feedback to facilitator forms was recorded is higher in the new areas than the pilot areas, and is perhaps a reflection of the fact that this issue was highlighted as a particular area of concern in the first part of the evaluation. Nevertheless, the actual proportions of cases where each piece of paperwork was recorded is highly variable, and so it will be of interest to explore the actual volume of paperwork (with a maximum of 15 pieces) recorded for each case; this can be found in Table 7 on page 9.

3.17 Again, the early stage of many cases in the new areas must be taken into consideration here, as should the reduction in use of MARF etc. However, both the new and pilot areas are similar across the most common proportion of between 5 and 9 pieces of paperwork (45% and 52% respectively).

Table 7: CSOGP Paperwork - Number of pieces

	On programme (n=240)		New areas (n=56)		Pilot areas (n=184)	
	N	%	N	%	N	%
No paperwork	15	6	13	23	2	1
1-4 pieces of paperwork	47	20	6	11	41	22
5-9 pieces of paperwork	120	50	25	45	95	52
10-14 pieces of paperwork	56	23	12	21	42	23
All 15 pieces of paperwork	4	2	0	0	4	2

3.17 Again, the early stage of many cases in the new areas must be taken into consideration here, as should the reduction in use of MARF etc. However, both the new and pilot areas are similar across the most common proportion of between 5 and 9 pieces of paperwork (45% and 52% respectively).

Evaluation Parts 1 and 2

3.18 While comparison between the new and pilot areas is of interest, it is perhaps most valuable to compare findings from the first and second parts of the evaluation to see what, if any, differences exist. The frequency with which each piece of CSOGP was recorded in each case is reported in Table 8.

Table 8: CSOGP Paperwork - Evaluation Parts 1 and 2

	Part 1 (%)	Part 2 (%)	Pilot areas/Part 2 (%)
Feedback from facilitators	68	75	78
End of module forms	58	38	42
Offender comment sheets	47	76	79
Offender agreement form	45	64	65
Risk prediction & monitoring form	45	30	32
Pre-programme checklist	44	18	24
Monitoring acute risk factors form	44	22	22
Co-operation with supervision checklist	39	22	22
Distorted attitudes checklist	36	21	21
Feedback to facilitators	32	45	44
Note of sex offender groupwork review	31	43	55
Forms related to video monitoring (3 types)	21	63	61
Supervision agenda	5	12	15

3.19 The lower proportions of end of module forms and pre-programme checklist, along with those related to MARF etc., can potentially be accounted for by the disproportionate number of cases in their early stages in the new areas, and so the figures related to these forms are not unsurprising. More positively, an increase in the proportion of feedback to facilitator forms recorded can be seen, from 32% of cases in Part 1 of the evaluation to 45% in Part 2. Given that this issue was identified as being of particular concern in Part 1 of the evaluation, these figures may signify that this situation is being improved.

3.20 When the pilot areas are examined in isolation from the new areas, discounting MARF and related forms an increase in proportions can be seen in all cases, which would appear to indicate an overall improvement in the use of the CSOGP forms. However, this still leaves an apparent reduction in numbers of end of module forms and pre-programme checklists, and this would perhaps benefit from further examination. Differences in the number of pieces of CSOGP paperwork recorded in each case will now be considered, with the relevant figures recorded in Table 9.

Table 9: CSOGP Paperwork/Number of Pieces - Evaluation Parts 1 and 2

	Part 1 (%)	Part 2 (%)	Pilot areas/Part 2 (%)
No paperwork	5	6	1
1-4 pieces of paperwork	24	20	22
5-9 pieces of paperwork	56	50	52
10-14 pieces of paperwork	16	23	23
All 15 pieces of paperwork	0	2	2

3.21 Again, the impact of new areas with potentially less paperwork because of early stage of most cases could well be a factor in those figures lower in Part 2 of the evaluation than in Part 1. However, the figures relating to only the pilot areas in Part 2 of the evaluation show a shift towards higher proportions at the upper end of the number of pieces of CSOGP paperwork, e.g. a decrease in case files with no CSOGP paperwork, and so would seem to indicate an improvement once more.

Pilot and New Areas

3.22 A brief examination will now be made of findings in each individual area; given the different timescales in each, the pilot areas will be considered separately from the new areas.

Pilot areas

3.23 With regard to disposal, the proportion of missing information ranged from none in the Glasgow cases to 61% in the South Lanarkshire cases. Once this missing information is taken into account, in all pilot areas probation was the most common disposal. However, both Fife (37%) and Pathways (36%) have higher proportions of offenders that have been released from custody.

Table 10: Disposal - Pilot areas

	Fife (%)	Forth Valley (%)	Glasgow (%)	North Lanark. (%)	Pathways (%)	South Lanark. (%)
<i>Disposal: Missing</i>	4	25	0	21	24	61
Disposal: Probation	63	83	74	75	64	89
Disposal: Custody	37	17	19	25	36	11
Disposal: Other	0	0	7	0	0	0

3.24 Data on type of offence was present in all cases for most of the pilot areas, with missing data only being found in the North Lanarkshire (11%) and South Lanarkshire (61%) cases. The profile across this factor varies between each area with contact offences being the most common in North Lanarkshire (58%) and Pathways (59%), while internet-related offences are most common in South Lanarkshire (56%). Only Forth Valley has other non-contact offences, such as public indecency, as the most commonly recorded offence type (49%).

Table 11: Type of offence - Pilot areas

	Fife (%)	Forth Valley (%)	Glasgow (%)	North Lanark. (%)	Pathways (%)	South Lanark. (%)
<i>Offence type: Missing</i>	0	0	0	11	0	61
Offence type: Contact	44	27	39	58	59	33
Offence type: Internet	33	24	39	16	21	56
Offence type: Other non-contact	22	49	23	26	21	11

3.25 Information in connection with the Induction module was missing in 61% of cases from South Lanarkshire and 8% of cases from Forth Valley, but fully present in the other 4 pilot areas. The date on which the induction module commenced was recorded in variable proportions, from a little over one-third of cases (38%) in Fife to 100% of cases in North and South Lanarkshire.

Table 12: Induction Module - Pilot areas

	Fife (%)	Forth Valley (%)	Glasgow (%)	North Lanark. (%)	Pathways (%)	South Lanark. (%)
Induction: Missing	0	8	0	0	0	61
Induction: Yes	96	100	97	100	97	100
Induction start date recorded	38	41	53	100	90	100

3.26 Core modules data was more often missing than for the Induction module, ranging from 41% of cases in Forth Valley to 61% of cases in South Lanarkshire, but was also fully present in 3 of the pilot areas. No further information regarding the Core modules was recorded in Glasgow, with information relating to start date missing from this area as well as Fife and Forth Valley.

Table 13: Core Modules - Pilot areas

	Fife (%)	Forth Valley (%)	Glasgow (%)	North Lanark. (%)	Pathways (%)	South Lanark. (%)
Core: Missing	0	41	48	0	0	61
Core: No	73	14	0	16	35	0
Core: Yes	22	41	0	79	38	100
Core start date recorded	0	0	0	87	82	100

3.27 Relapse Prevention module data was fully present in 3 pilot areas and missing in between 32% and 61% of cases in the other 3 areas. The date on which clients commenced the Relapse Prevention module was present in between 70% and 100% of cases in 4 of the pilot areas, and missing from all cases in both North and South Lanarkshire.

Table 14: Relapse Prevention - Pilot areas

	Fife (%)	Forth Valley (%)	Glasgow (%)	North Lanark. (%)	Pathways (%)	South Lanark. (%)
RP: Missing	0	41	32	0	0	61
RP: No	7	36	9	16	52	0
RP: Yes	69	46	91	37	21	0
RP start date recorded	77	70	74	0	100	0

3.28 The actual pieces of CSOGP and related paperwork held in each case file varied significantly between each of the pilot areas, as can be seen in Table 15 below. In considering these figures, however, as mentioned above different areas will have different protocols as to what information is held where (i.e. with the programme facilitators or the offenders' Case Manager) and this must be borne in mind. The disparity across areas with regard to the 'Feedback to Facilitators' is perhaps of most concern, with this being missing in between 19% and 92% of cases across the pilot areas.

Table 15: CSOGP and Related Paperwork - Pilot areas

	Fife (%)	Forth Valley (%)	Glasgow (%)	North Lanark. (%)	Pathways (%)	South Lanark. (%)
SER in file	58	78	90	53	100	73
CSOGP assessment in file	67	97	94	53	100	0
SER or CSOGP assessment in file	73	100	94	53	100	74
Monitoring acute risk factors in file	31	3	13	26	52	4
Distorted attitudes checklist in file	29	3	10	28	46	9
Co-operation with supervision form in file	31	3	10	26	52	9
Risk prediction & monitoring form in file	29	5	13	32	66	65
Groupwork review in file	73	8	42	68	86	65
Feedback to facilitators in file	80	8	81	16	17	35
Pre-programme checklist in file	29	32	55	42	3	0
Any video monitoring forms in file	44	22	90	52	83	100
Supervision agenda in file	2	0	77	49	10	0
End of module forms in file	60	8	7	95	45	65
Offender comment sheets in file	87	41	90	100	72	100
Offender agreement in file	51	70	94	53	79	34
Feedback from facilitators in file	82	30	94	100	86	100
Psychometric tests in file	96	54	93	53	90	4

3.29 Again, the overall number of pieces of CSOGP paperwork held in case files varied significantly across the pilot areas. Only two areas, Glasgow (10%) and Pathways (3%) had files that contained all of the relevant paperwork.

Table 16: CSOGP Paperwork/Number of Pieces - Pilot areas

	Fife (%)	Forth Valley (%)	Glasgow (%)	North Lanark. (%)	Pathways (%)	South Lanark. (%)
No paperwork in file	0	0	7	45	0	0
1-4 pieces of paperwork in file	20	73	3	16	3	0
5-9 pieces of paperwork in file	51	27	26	84	41	43
10-14 pieces of paperwork in file	18	0	55	0	52	57
All pieces of paperwork in file	0	0	10	0	3	0

New Areas

3.30 With regard to the disposal imposed on the client, this information was missing in over half (52%) of cases from Lothian and Borders. As with the pilot areas, probation was the most common disposal, with the proportion of clients coming from custody ranging from 17% in the Ayrshires to 35% in Tayside.

Table 17: Disposal - New areas

	Ayrshires (%)	Lothian & Borders (%)	Tayside (%)
<i>Disposal: Missing</i>	0	52	5
Disposal: Probation	83	71	65
Disposal: Custody	17	21	35
Disposal: Other	0	8	0

3.31 The general offence profile in the Ayrshires was significantly different to those in the other two new areas, with a much lower proportion of contact offences (17%) and a higher proportion of other non-contact offences (66%). However, this information was missing in almost half of the Lothian and Borders cases so this may have an impact here.

Table 18: Type of offence - New areas

	Ayrshires (%)	Lothian & Borders (%)	Tayside (%)
Offence type: Missing	0	48	0
Offence type: Contact	17	60	67
Offence type: Internet	17	7	14
Offence type: other non-contact	66	33	19

3.32 There was no missing information with regard to the Induction Module in any of the new areas, while only Tayside had a small proportion of cases (10%) in which no start date was recorded. With regard to the Core Modules, no offenders had yet been assigned to these in the Ayrshires while no information on this was recorded in the Tayside data, which could also imply the same. Data was missing in 24% of the Lothian and Borders cases, while the start date was recorded in only 33% of cases.

Table 19: Core Modules - New areas

	Ayrshires (%)	Lothian & Borders (%)	Tayside (%)
Core: Missing	0	24	100
Core: No	100	86	0
Core: Yes	0	14	0
Core start date recorded	0	33	0

3.33 Information relating to the Relapse Prevention module was missing in 35% of the Lothian and Borders cases, and 52% of the Tayside cases. The date on which offenders commenced the Relapse Prevention Module was recorded in all of the cases from the Ayrshires and Tayside, and in 80% of the Lothian and Borders Cases.

Table 20: Relapse Prevention - New areas

	Ayrshires (%)	Lothian & Borders (%)	Tayside (%)
Relapse prevention: Missing	0	35	52
Relapse prevention: No	33	47	0
Relapse prevention: Yes	67	53	100
RP start date recorded	100	80	100

3.34 As in the pilot areas, the actual pieces of CSOGP and related paperwork recorded as present in each case file was significantly different across the 3 new areas, and once again different protocols across these areas in relation to how/where paperwork is held must be taken into account here. There are differences across the new areas that are worthy of note, however, the first of which is with regard to the 'Feedback to Facilitators' form with this being present in a much lower proportion of Lothian and Borders cases (10%) than in the Ayrshire (83%) or Tayside (100%) of cases. A similar disparity can be seen across the 'Feedback from Facilitators' forms, with these being present in 41% of the Lothian and Borders files, 83% of the Ayrshire files and 95% of the Tayside files.

Table 21: CSOGP and Related Paperwork - New areas

	Ayrshires (%)	Lothian & Borders (%)	Tayside (%)
SER in file	100	48	100
CSOGP assessment in file	0	52	100
SER or CSOGP assessment in file	100	53	100
Monitoring acute risk factors in file	0	0	62
Distorted attitudes checklist in file	0	0	57
Co-operation with supervision form in file	0	0	57
Risk prediction & monitoring form in file	0	0	57
Groupwork review in file	0	0	0
Feedback to facilitators in file	83	10	100
Pre-programme checklist in file	0	0	0
Any video monitoring forms in file	83	41	100
Supervision agenda in file	0	0	0
End of module forms in file	100	28	0
Offender comment sheets in file	83	45	95
Offender agreement in file	83	41	76
Feedback from facilitators in file	83	41	95
Psychometric tests in file	0	7	100

3.35 In considering the actual number of pieces of CSOGP paperwork held in each file, for the new areas the early stage of many cases will have an impact here. Of the 3 areas, Tayside has been operating CSOGP for the longest period of time and this could account for the higher proportions of paperwork in their case files.

Table 22: CSOGP Paperwork/Number of Pieces - New areas

	Ayrshires (%)	Lothian & Borders (%)	Tayside (%)
No paperwork in file	0	45	0
1-4 pieces of paperwork in file	17	17	0
5-9 pieces of paperwork in file	83	41	43
10-14 pieces of paperwork in file	0	0	57
All pieces of paperwork in file	0	0	0

4. INTERVIEWS WITH CSOGP PRACTITIONERS

4.1 Six interviews were conducted, 4 in the pilot areas and 2 in the new areas. In one case multiple members of the programme team were involved in the interview, including the Treatment Manager. All other interviews were solely with a Treatment or Programme Manager, although some interviewees effectively operate as both. To promote consistency an interview schedule was created comprised of 6 open questions under the following topic headings:

- What was in place before CSOGP came along?
- Implementation/Set-up process of CSOGP
- Training
- Staffing
- The effectiveness of CSOGP
- Any other comments

What was in place before CSOGP came along?

4.2 Before the introduction of CSOGP, five of the areas undertook some form of groupwork with sex offenders. Of these, 3 areas did work based on the West Midlands programme from which CSOGP ultimately emerged, while the other 2 areas created their own programmes based on research and best practice at the time. The remaining area operated a programme that worked with offenders on a 2-to-1 basis. However, although working with sex offenders in a systematic way was not new in any of these areas, the highly structured nature of CSOGP brought changes in style and delivery, with three of the interviewees reporting that it made workers more accountable for what they do. Overall CSOGP seemed to require at least some cultural shift in most areas, particularly with regard to the way in which Case Managers now needed to 'buy in' to the process as their role increased with the new approach.

Implementation/Set-up process of CSOGP

4.3 From the pilot areas, the majority opinion in terms of the implementation of CSOGP was that they were simply 'told' the change was going to be made, with little run-in time given for true preparation. As such the implementation felt rushed, and a lack of any over-arching organisational plan appeared to contribute to this. In contrast, for the two new areas the move to CSOGP was viewed as inevitable and had a much longer run-in period, although this was not necessarily a useful thing as it did create some gaps between training and the commencement of the programme itself.

4.4 Overall there was agreement that a more organised implementation process would have been helpful, perhaps with a national roll-out driven from the centre (i.e. the Scottish Government) rather than relying on individual areas to take the work forward. Although there was mention of the need to take into account different operational practices in each area when implementing a new programme (e.g. some areas having established teams to deliver programmes while other areas do not), all interviewees mentioned that there was a general lack of guidance in relation to the resources and commitment required to operate CSOGP, with what one interviewee described as a 'drip-feed' of information being conveyed over time with a continual adding of new requirements for the programme.

4.5 A clear process map would have been welcomed with the implementation being driven from the top-down; one interviewee felt that the process seemed to begin in the middle, with Facilitators, then spread out from there, whereas if it had started with Programme Managers the implementation process may have been more effective; it was stated by two interviewees that senior management were often not fully cognizant of what was actually required for the programme, and this had created difficulties. Instead, for most the implementation was an evolutionary process, requiring real drive to get the programme moving and, as one interviewee described it, relying on the strength of staff to make the programme succeed. It was also mentioned that the process of accreditation had created some stress, with staff concerned that they may 'fail' to deliver on work they had been doing for some time.

4.6 Given the general impression that communications regarding the programme could have been clearer in the initial stages, it is perhaps not surprising that most interviewees felt that the issue of communications could still be improved. For example, there was an overall consensus that information regarding such as changes to the programme could be communicated with more coherence and clarity, as it appears to be a rare occasion when all workers receive the same piece of information at the same time. Establishing a system of filtering communications through a central point is viewed as the way forward, and it is felt that the Treatment Managers Forum should improve matters in this respect.

4.7 One interviewee did, however, point out that while the Treatment Managers Forum and CSOGP Steering Group are in place to filter communications through, it is the responsibility of each member of these groups and the local authorities they represent to use them effectively. The importance of this may need to be emphasised more clearly from the Scottish Government.

Training

4.8 Concern was expressed that different messages appear to emerge from different training sessions, with little clarity as to whether this 'new' information should be passed on to other workers as 'what should now be done'. This has created some confusion and a little conflict in some areas, and it perhaps needs to be made clearer what expectations lie with those most recently trained in terms of other staff in their areas. One interviewee hypothesised that as the training has become more flowing, some changes in delivery have been inevitable; this was not a bad thing, so long as such changes were communicated effectively to all.

4.9 However, another interviewee felt that the notions of changes were not necessarily true, and it may be more accurate to say that as individual trainers will inevitably do things differently, the perceived 'change' lies not with the programme but in the way it has been presented. A further interviewee stated that as trainers do not necessarily have experience of actually running programmes, if they feel some aspect is "...a bit strange they [will] just change it", something which could have an obvious impact on the consistency of training being delivered.

4.10 It was mentioned that no training exists for Programme Managers, a factor which may have some impact on the overall operation of the programme. With regard to Facilitator training, this was generally described as "intense but necessary", although it was felt by some that this training should have more focus on the actual operation of the programme (e.g. how to do the exercises) as it currently has a greater emphasis on how Facilitators should behave in the group. It was also felt that the training could do more to give Facilitators the confidence and skills to make the programme more adaptable, allowing them to still work through the same modules but with a greater focus on the needs of those in the group.

4.11 One interviewee expressed concern that there was no real selection process as to who should go forward for Facilitator training, with line managers not necessarily having to the experience to know who would be most suitable and so putting forward any that were interested. As such, this interviewee felt that some in their pool of facilitators were not necessarily suited to the work. In contrast, another interviewee stated that those going forward for Facilitator training were carefully selected as they needed to be capable of doing the work, and had already refused to send individuals on the course.

4.12 It was felt that Case Manager training should place more emphasis on the actual content of the programme, e.g. the exercises and relationship with the group, rather than on the processes of working with clients; the level of involvement required from the Case Manager was not necessarily made clear. Two particular factors mentioned in this context related to Case Managers not necessarily understanding the homework given to the client, nor fully appreciating the importance of their feedback to the Facilitators. It was suggested that the Case Manager could be more motivational, and perhaps would best be delivered at a local level so a consistent message could be conveyed. In addition, it was mentioned that those Case Managers who had previously worked with sex offenders perhaps gained more from the training than those who had not, as the training itself does not equip them to deal with this client group.

4.13 There was a general consensus that an increased availability of training would be of great use, particularly in those areas where waiting lists have been an issue. Some areas have resorted to sending staff to train outside of Scotland, but not all have the resources to do this. Some interviewees suggested that the new Training and Development Officers slowly being put in place in the Community Justice Authorities may make a difference to the way in which training is delivered, though this will very much depend on the individual background and experience of these Officers.

Staffing

4.14 The implementation of CSOGP appears to have resulted in a real cultural shift in the way work is carried out, particularly with regard to Case Managers and their increased involvement with the work done by the client. In addition, many areas have had issues around maintaining a full complement of staff for various reasons; one interviewee stated that those going forward for training tend to be those workers that move through an organisation quite quickly, and it was easy to lose them to more senior positions in other areas. However, no area reported that they had lost staff due to any impact of the work itself, with one interviewee stating that no adverse affect on staff had become apparent in supervision as yet.

4.15 The sometimes joint role of Treatment Manager and Programme Manager was raised by two interviewees, with the requirements of each being viewed as too much for one person given the responsibilities of each. It was further raised that CSOGP was rarely a Programme Manager's only responsibility and this could have a significant impact, with the role of the Programme Manager in CSOGP often undervalued. It was felt that senior managers do not always have the knowledge or experience to fully appreciate what was required from Treatment and Programme Managers and as such could not fully support them or pushing forward work when required. Allied to this was a notion that there needed to be more consequences for when work is not done, e.g. not putting such as administrative support in place straight away, or 'sitting on' funds for periods of time, with perhaps more control exercised by the Scottish Government in this regard.

4.16 Staff counselling is fully in place in all but two areas, although there are mixed feelings on how useful this actually is given its compulsory nature. Counselling has been described as "a space to be used" and this general approach is perhaps not the most constructive as do not always recognise harm to themselves from the work that they do. In addition, no real guidance was given as to what type of counselling or counsellor to put in place with this being left to the discretion of each area.

Effectiveness of CSOGP

4.17 The overall concept, structure and method of delivery is viewed as good, particularly breaking the work into specific areas. The process is seen to encourage workers to examine their own practice, making them more accountable and promoting the processes involved in making interventions work. Additionally, the programme is seen to challenge clients more appropriately and quickly through using peers rather than professionals, along with enabling clients to do much of the work themselves; as such it is "an aid to help people understand themselves better" and so more productive than a custodial sentence.

4.18 Although an evaluation of outcomes is still required in order to provide actual evidence, there is a general consensus that the programme works well in affecting change. One interviewee reported it as seeing "the light go on" in clients heads when they begin to see their behaviours in a different way. The same interviewee felt that the programme works because it addresses the psychology behind behaviours, connecting thoughts and feelings of the clients to those behaviours. This appears to work particularly well in relation to the facets of the programme related to fantasy and compensatory behaviours. A further interviewee reported seeing a particular impact with regard to victim empathy and the impact behaviours have those closest to the client. Overall, good Facilitators are considered key to the process of operating the programme to its full effect.

4.19 A further positive factor of CSOGP process is considered to be that a great deal of protective information can be obtained that is subsequently fed into MAPPA, thus contributing to reducing risk. One interviewee also mentioned that the process of CSOGP provides a better understanding of the routes back into offending.

4.20 However, one negative point is considered to be that Treatment Managers don't necessarily understand the "process of rehumanisation" involved in the process, with some element of "failure" being an inevitable part of this, and as such may be too quick to breach a client. There can also be a conflict in the feedback provided by Treatment and Case Managers as they have a different perspective on the work with, for example, the Case Managers not necessarily having the content of the programme explained to them.

4.21 That Facilitators go in to a group "cold" was also raised as the early work with the client is carried out by Case Managers. Unlike in 2-to-1 work, therefore, the Facilitator has less capacity to challenge a client or to truly assess change. The breadth of a group is also considered by some to be potentially detrimental to the process and there was a suggestion that consideration should be given to separating different types of offenders. One barrier to this, however, could be a point raised by another interviewee that CSOGP is not necessarily suited to the smaller urban areas in Scotland (in comparison to England) as this can limit the number of clients suitable for inclusion in a group.

4.22 There was some indication that the CSOGP materials now require some updating, particularly with regard to the language used in them. One interviewee felt that the language was over-academic and could be condescending to clients, while others felt that the manuals would benefit from being re-written in 'plain English'. There was also some feeling that the manuals had been put together by more than one person as the style of writing varied throughout. It was further considered important to incorporate the views of those working on the programme should any re-writing take place. Finally here, the lack of a coherent approach towards incorporating new materials or changes into the programmes was also felt to be detrimental.

Other comments

4.23 Some interviewees reported a sense of confusion around exactly what the psychometric tests contributed to the decision-making process and would welcome more clarity in this area. The level of paperwork involved in the operation of CSOGP is also considered to be somewhat overwhelming at times, particularly in the absence of a dedicated team and resources to support it. Allied to this is some impression that having some form of programme delivery team, although this has both positive and negative aspects, is the best way to meet accreditation standards as it allows staff to be dedicated to one thing.

4.24 With regard to the evaluation itself, it was commented that the data collection spreadsheet could have been much more user friendly. The emphasis on accreditation was viewed as perhaps detrimental to establishing whether or not the programme is actually effective as there is currently too much focus on processes rather than outcomes. Some interviewees reported that they would like to see more account taken of practitioners' views, and perhaps more practice-based meetings (such as an annual seminar or similar) as communications between the different levels of workers associated with the programme are not always as good as they could be.

4.25 One interviewee felt that being tied to one method of intervention delivery could perhaps be someone limiting considering the range of clients they deal with. Another interviewee hoped that there would be an eventual move to a truly rolling programme, although they acknowledged this was some way off.

5. DISCUSSION AND CONCLUSIONS

5.1 It should first be noted that the method by which the second part of this evaluation was conducted cannot be considered ideal. The Excel spreadsheet used by each area to collate data was unwieldy and somewhat difficult to follow; however, this was the best format available that could be used consistently across all of the areas (e.g. an Access database would have been preferable, but this programme is not used in all areas). In addition, data for Part 1 of the evaluation was entered into a spreadsheet by a member of the evaluation team, directly from anonymised copies of the case files supplied by each area. The evaluation team also collected copies of the files and/or data directly from the files in 2 of the pilot areas.

5.2 In Part 2 of the evaluation, however, there was no capacity for the evaluation team to provide any assistance in this fashion; this was due to no funding being provided for the evaluation. Therefore, in order to promote regular data collection by the areas themselves and to reduce the level of resources that had been required to supply copies of files for the evaluation, the spreadsheet was used. Despite this, the level of effort required from each area to input data, particularly where this had to be done retrospectively, should not be underestimated. The data collection was an onerous task for all areas, though it is hoped that the system now in place will improve with time and continue to supply data that will allow for evaluation of CSOGP to be an on-going process. It is further hoped that a bid to fund a small-scale, but more in-depth evaluation of CSOGP, including outcomes for offenders and the efficacy of the programme itself, will be successful and perhaps result in a more accurate reflection of CSOGP in Scotland.

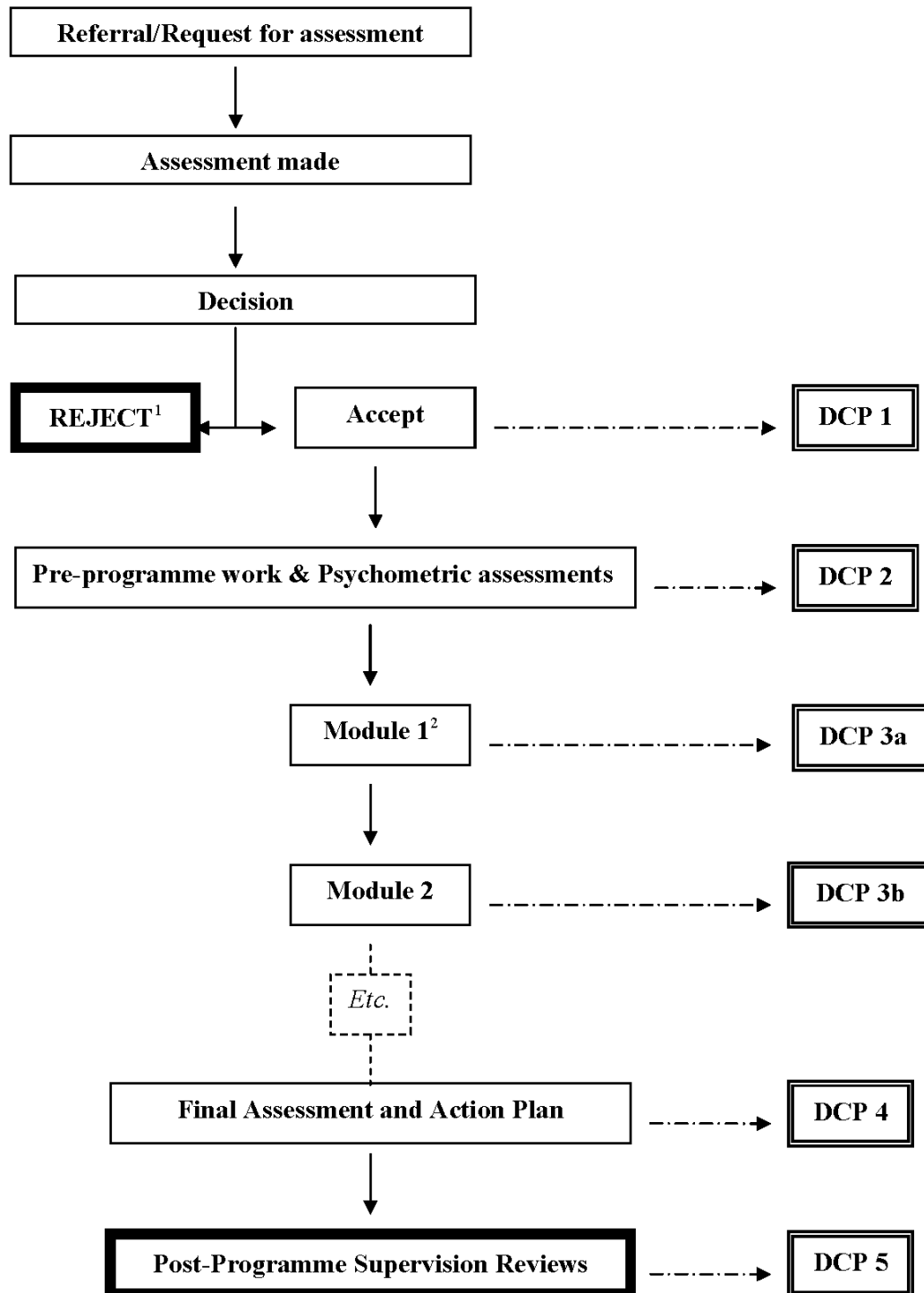
5.3 The tremendous amount of time and effort that has gone into CSOGP at many levels is very evident, particularly with regard to the commitment of staff to making the programme work, although the way in which CSOGP was implemented has had an obvious impact on both processes and morale. Although somewhat hampered by a lack of data the very different offender profiles in each area highlight a point raised during the interviews in that there is a greater need for the programme to be adaptable to the needs of individuals/groups. Also, the variations in the volume and type of missing data across each area highlights a factor related to the programme that has been neglected by the evaluation so far, namely that of the general operational differences existing across local authorities, as this may have some impact on findings.

5.4 Findings from the interviews may suggest that there needs to be a greater emphasis on the actual content/operation of the programme in the training, particularly for Case Managers. It would seem to be the case that the importance of the papertrail, particularly in terms of the recording of dates, is not just a part of programme operation but is also an aid to defensible decision making. This issue, however, extends beyond the individual areas to the Scottish Government also as the issue of receiving mixed messages from training and being subject to a poor communication process also has an impact on decision making and ultimate outcomes from this. It has been suggested that a central point for disseminating relevant information to all parties at the same time would be the way forward, with one interviewee making the point that there should be some central record of all who had been on a CSOGP-related training course and it would therefore be possible to create a full distribution list from this.

5.5 The main message from the second part of the evaluation, however, is that that the processes involved in operating CSOGP have clearly improved. As mentioned above although data collection has been an onerous task for the respective sites a system is now in place for regular submission of data on key elements of the programme, including data from SA07, so that ongoing evaluation is an established part of the overall process. While it is clear some improvements do have to be made, particularly with regard to obtaining feedback from Case Managers, this does not in any way imply that the actual work being carried out with offenders is compromised in any sense. The one exception to this is the lack of feedback from Case Managers, as this is supposed to be made available to clients as part of the CSOGP process. It is clear from the interviews carried out with Treatment and Programme Managers that CSOGP is considered to work well and effect real change. Of course, a full outcome evaluation will be required to confirm this.

Appendix 1: CSOGP Process Map with Data Collection Points (DCP)

* Pre-data collection point – logging of SERs (see over)



¹ Include those given a custodial sentence

² Module order will depend on the programme designed/entry point for each client.

*** Logging of SERs**

Currently, it would appear that some groups are made aware of **all** SERs for clients who have a sexual element to their offence, whether being assessed for CSOGP or not. It is important for the accreditation that such SERs are logged by all of the Programme groups, and those without a process for doing so should establish a protocol by which these SERs will be flagged/copied to a single contact point (be this an individual or a group), and so be available for analysis by the Centre during the course of the Programme evaluation.

DCP 1

Data to be collected for those both accepted AND rejected (including those given a custodial sentence:

- Date of assessment
- Age at date of assessment
- Sex
- Current offence (including sentence, and if condition for programme or not) or voluntary status
- Offence history (SCRO printout and URN if available)
- Previous interventions
- Findings from Risk Prediction and Monitoring Form and other assessment tools/scores (e.g. those included in C-SOGP Case Manager pack; Risk Matrix score)
- SER or equivalent (it is understood that an SER may include the information stated at the above bullet point)
- Reason for final decision

DCP 2

- Full psychometric test results - completed forms and scores
- Outcome of pre-programme exercises
 - o Level of contact
 - o Case worker assessment of outcome for offender

DCP 3 (a, b, etc.)

For each module undertaken:

- End of module review for offender, plus any relevant forms
- Scores/details of any repeat psychometric tests, risk assessments etc.
- For those clients coming from a custodial sentence who have not satisfactorily completed SOTP work, relevant SOTP documentation including programme assessment, psychometric tests results etc., along with original SER if possible
- Evaluation paperwork as detailed in the C-SOGP Management Manual (e.g. video monitoring form)

DCP 4

- Final assessment, including scores/details of any repeat psychometric tests, risk assessments etc.
- Details of end of programme action plan (where applicable)

DCP5

- Reviews conducted between end of programme and end of order/sentence
- If no reviews have been conducted (e.g. due to the time constraints of the data collection period) then a brief summary of any relevant information (e.g. offence charged with) should be submitted

General

- Alterations to individual programmes, and reasons for same (e.g. transfer to 2:1 work)
- Details of programme drop-outs, and reasons for same (e.g. a non-completion report)
- Offences charged with during programme, breaches, etc.

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- Sex
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- Offence history (SCRO printout and URN if available)
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- SER or equivalent (it is understood that an SER may include the information stated at the above bullet point)
- Reason for final decision

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- Full psychometric test results - completed forms and scores
- Outcome of pre-programme exercises
 - o Level of contact
 - o Case worker assessment of outcome for offender

DCP 3 (a, b, etc.)

For each module undertaken:

- End of module review for offender, plus any relevant forms
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- Details of end of programme action plan (where applicable)

DCP5

- Reviews conducted between end of programme and end of order/sentence
- If no reviews have been conducted (e.g. due to the time constraints of the data collection period) then a brief summary of any relevant information (e.g. offence charged with) should be submitted

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