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# **Assessing the feasibility of conducting a randomised control trial or other evaluation of the FOR...A Change programme**

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## Key implications

This feasibility study explored whether it would be possible to carry out a randomised control trial (RCT) of the FOR...A Change programme. The main implications of the research are:

- It would be feasible to carry out an RCT of the FOR programme. Both staff and offenders were supportive of an evaluation and recognised the organisational and individual benefits it offered.
- The suggested RCT model would be to introduce FOR and the evaluation as a package in new sites not currently offering the programme. This addresses the clinical, behavioural, legal and practical challenges that exist if an RCT were to be run in sites already offering the programme. However, if there was a policy need to do so, resources may be saved by including existing sites and thereby reducing the number of new sites required to run FOR and an evaluation. A further role for existing sites, dependent on resources, would be to advise new sites via a steering group and mentoring capacity. This would ensure operational and clinical experiences are promulgated effectively.
- It would be necessary to widen the FOR eligibility criteria in order to ensure an adequate case flow for an evaluation. FOR is currently open to adult offenders sentenced to between one and four years and young offenders serving under 12 months. Staff favoured extending FOR to those with a sentence of less than 12 months as this group was described as having limited programmes available to them, and FOR had been originally developed for this sentence group. However, it would be important to ensure that this group had sufficient time left to serve in order to complete the assessment process and FOR programme, including the post-programme review.
- The randomisation process was identified by staff and offenders as the most contentious aspect of an RCT for ethical reasons, as well as cognitive and behavioural impacts on offenders. It would be advantageous for random allocation to be conducted by an external team and have measures in place to manage any negative impacts on offenders. Staff recognised that for an RCT to run successfully support from across the prison estate, including the Ministry of Justice (MoJ), the Director of Offender Managers (DOMs), the governor, operational staff and offenders, was necessary.
- The feasibility of evaluating FOR as recommended in this report is dependent on there being sufficient resources available. Staff identified the potential for FOR to have a positive impact across the seven re-offending pathways.<sup>1</sup> This increases the range of potential funders to support a rigorous evaluation of the FOR programme.

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<sup>1</sup> [http://www.noms.homeoffice.gov.uk/managing-offenders/reducing\\_re-offending/reducing\\_re-offending\\_pathways/](http://www.noms.homeoffice.gov.uk/managing-offenders/reducing_re-offending/reducing_re-offending_pathways/) (accessed July 2010).

# Executive summary

## Context

This study assessed the feasibility of running a randomised control trial (RCT) to evaluate the FOR...A Change programme. The FOR programme is a brief cognitive motivational intervention currently aimed at offenders sentenced to between one and four years during the last three months of their sentence. The programme was originally designed for offenders with a sentence of under 12 months and is also available for young offenders serving under 12 months. The overarching aim of the intervention is to increase offenders' motivation to become committed and active in setting their own agenda for change as they prepare for release, and to increase the take-up of services upon release.

## Approach

The aims and objectives of the study were:

- provide a detailed assessment of the feasibility of using an RCT to evaluate FOR;
- recommend an alternative evaluation method if an RCT is thought not to be feasible;
- assess the practicalities of conducting separate RCTs (or an alternative method) at male and female prison establishments;
- consider the costs, benefits and risks of the different research designs and practical implementation issues related to each;
- identify how take-up of post-release services and other practical measures of resettlement could be measured;
- establish the best strategies for tracking offenders post-release.

The research was primarily qualitative and comprised four distinct stages:

- a literature review;
- scoping interviews with strategic stakeholders;
- case studies in prisons involving interviews and group discussions with staff and offenders;
- a workshop.

The workshop brought together key strategic and operational stakeholders to discuss the findings of the study and explore some of the challenges and solutions to running an RCT on FOR. Case study and strategic stakeholder fieldwork was carried out from September 2008 to January 2009, and the workshop was held in February 2009.

## Results

- The findings from this study conclude that not only is it feasible to evaluate FOR by using an RCT, but also desirable. High quality evidence is needed to demonstrate whether

FOR is achieving its intended outcomes, and an RCT is considered to be the most robust evaluation method available. The recommendations in this report have a number of resource and strategic implications for the Department. The feasibility of conducting an RCT is dependent on the availability of sufficient resources, especially the additional resources that would be required to set up FOR in new sites. It is also dependent on the Department implementing the recommendations for increasing case flow, using strategies such as extending eligibility criteria to those with sentences of under 12 months.

- The proposed evaluation model is to introduce FOR and an evaluation as ‘a package’ into sites not currently running the programme. This will overcome or minimise the clinical, behavioural, legal and practical challenges identified throughout the literature and raised by staff and offenders in relation to running an RCT in sites currently delivering FOR. If there was a policy need to include existing sites, the number of new sites could be reduced to save resources.

### Sample profile

- A range and diversity of sites is recommended in order to generalise findings across the prison estate. A sample size of a minimum of 1,200 offenders overall is recommended, split across 12 prison sites (six male and six female) for an evaluation period of at least a year. That is 600 prisoners randomised to FOR and 600 to a control group
- Widening eligibility criteria to include those with sentences of 12 months and under was favoured as a way of ensuring an adequate case flow for an evaluation as this would target a large category of offenders who currently have limited programmes available. It would be important to ensure this group had sufficient time left to serve to complete the FOR programme, and ensure that any changes to eligibility remained once the evaluation had been completed.

### Setting up an evaluation

- The study highlighted the need to allow sufficient time and resources to engage new sites to take on the programme and an RCT. It was also seen as important for an evaluation not to have a negative impact on an establishment’s weighted score card and key performance targets (KPTs).
- Gaining support for an evaluation at a senior level was highlighted as a key step to running a successful evaluation. Strategic and operational staff identified five key information needs in order to facilitate engagement:
  - details about programme content and its strengths;
  - the purpose and benefit of running an RCT;
  - recruitment of RCT participants;
  - control condition delivery;
  - resource implications.



In addition, offenders would need to be made aware of the independent nature of the evaluation team. Provision of face-to-face information, to staff and offenders, was considered crucial. Written information could then be supplied to supplement the face-to-face details.

- A period of 'bedding in' is required so that the evaluation is able to measure the effectiveness of FOR and not simply evaluate the process of introducing a new programme into a site. This could be supported by a national steering group of staff members experienced in working with FOR.

### Running an evaluation

- Ethical and practical barriers identified for the control group receiving no intervention meant that the receipt of 'treatment as normal' was the preferred approach. Both staff and offenders were in favour of random allocation conducted by an external team to ensure it was administered correctly and to minimise offenders' suspicions about the process. To manage the cognitive and behavioural impacts on the control group, clear information about randomisation in advance of the process and post-randomisation support is essential.

### Monitoring programme delivery

- When the effectiveness of an intervention is being evaluated, it is essential that treatment as intended is assessed, rather than an alternate or modified version. Two safeguards would help to ensure delivery integrity: a clinical and operational pre-evaluation audit, and developing methods to facilitate the attendance of offender managers at post-programme reviews.

### Measuring outcomes

- Staff acknowledged how the primary aim of FOR was to reduce re-offending and ultimately protect the public. However, staff and FOR participants also acknowledged a broader range of important programme aims: increased contact with agencies, and social and practical outcomes.
- The ideal way of measuring FOR outcomes would be to combine new survey data with administrative records so a comprehensive picture is obtained.
- To manage concerns regarding data linking and privacy the process of asking for consent would need to include clear guidelines on the purpose of linkage and the level of confidentiality involved. It would be important to have a number of motivational and practical strategies in place for managing attrition during a follow up survey, especially among the control group.
- An overall evaluation period of at least three years is recommended. The organisation of staff and logistics would take place in the first year, followed by a pre-evaluation audit. The evaluation would run in the second year, with an ongoing outcome study in the second and third year.

# 1. Introduction

## Background

### The FOR...A Change programme

This study assessed the feasibility of running a randomised control trial (RCT) to evaluate the 'FOR...A Change' programme (FOR). FOR is a brief cognitive motivational intervention for offenders in custody. FOR denotes 'Focusing on Resettlement' and its primary objective is to increase offenders' motivation to become committed and active in setting their own agenda for change as they prepare for release. Additional information on the FOR programme is provided in Appendix A.

### Randomised control trials (RCTs)

An RCT involves the random allocation of people to a group that receives an intervention (in this case, FOR) and to a group that does not – the control group. The assumption is that the control group offers an unbiased insight into the intervention group's outcomes had there been no intervention (Cook and Payne, 2002). RCTs are widely recognised as the highest quality evaluation design (Weisburd *et al.*, 2001) and are commonly used in biomedical evaluations.

## Study objectives

The specific objectives of this feasibility study were to:

- provide a detailed assessment of the feasibility of using an RCT to evaluate FOR;
- recommend an alternative evaluation method if an RCT is thought not to be feasible;
- assess the practicalities of conducting separate RCTs (or an alternative method) at male and female prison establishments;
- consider the costs, benefits and risks of the different research designs and practical implementation issues related to each;
- identify how take-up of post-release services and other practical measures of resettlement could be measured and establish the best strategies for tracking offenders post release.

## Research design

The research was primarily qualitative and based on four distinct stages.

- Desk-based research.
- Scoping interviews with strategic stakeholders.
- Case studies in prisons comprising interviews and group discussions with operational staff from both custodial and community settings, and offenders.
- A strategic workshop that brought together key strategic and operational stakeholders to discuss the findings of the study and explore some of the challenges and solutions to running an RCT on FOR.

Case study and strategic stakeholder fieldwork was carried out from September 2008 to January 2009, and the workshop was held in February 2009.

## Data analysis

The qualitative data were analysed using Framework (Ritchie and Lewis, 2003), a systematic approach to analysis that was developed by the National Centre for Social Research (NatCen), which is now supported by new bespoke computer-assisted qualitative data analysis software also developed by NatCen.<sup>2</sup>

## Structure of the report

The rest of this report provides an assessment of the feasibility of using an RCT to evaluate the FOR programme based on the findings from the research as detailed above. **Chapter 2** presents a possible RCT design and **Chapter 3** describes how the evaluation could be set up, in terms of the support required by sites and the process of recruiting and randomising RCT participants. **Chapter 4** explores the factors impacting on the delivery of the programme and considers how outcomes could be measured in order to assess whether FOR is achieving its intended aims. **Chapter 5** presents an alternative evaluation method should an RCT not be deemed feasible by the Department, while **Chapter 6** discusses the implications of the study's findings.

The appendices provide additional detail from the feasibility study to support the recommendations made within the report. **Appendix A** presents a summary of the desk-based research and **Appendix B** describes further detail from the qualitative findings. **Appendix C** sets out additional detail regarding measuring outcomes, an overview of how an RCT would work in practice and a list of risk and management strategies. Finally, **Appendix D** comprises further information about the research methods and approaches used in the study, and a glossary of key terms used throughout the report.

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<sup>2</sup> See Appendix D for a more detailed description of the Framework approach.

## 2. Evaluation design

When evaluating interventions delivered within a prison setting there are three important areas to consider.

- Potential implications for the establishment, its staff, and the control and intervention groups.
- Achieving a sample size that will show a statistically significant result.
- Managing the case flow and attrition to ensure a sufficient sample size is maintained throughout the evaluation.

### Implications for the establishment

If existing FOR sites were included in the evaluation it would be important to manage the challenges across four key domains.

- **Clinical:** The therapeutic environment of FOR and other offending behaviour programmes (OBPs) and the implications of random allocation on sentence plans, which included 'addressing resettlement' as a requirement.
- **Behavioural:** Allocation to the control group having the potential to negatively impact on wing behaviour and compliance with the operational regime.
- **Legal:** Introducing a randomised control trial (RCT) into sites already offering FOR could provoke a legal challenge from those offenders who had the opportunity to participate in FOR withdrawn from them. It would also be important to manage the sentence plan requirement of an offender addressing the issue of resettlement and the potential detrimental impact that control group allocation could have on an offender.
- **Practical:** Having an adequate case flow for an RCT is an acute barrier due to the programme currently only being offered in four sites nationally, and demand for FOR not exceeding the number of places available throughout these sites.

The barriers identified could be overcome or largely minimised by introducing FOR and the evaluation as a package in new sites not currently running the programme. However, staff described some of the implications above as being issues to address in both new and existing sites. Therefore, a key requirement of an RCT would be to have a clear establishment-engagement strategy. This is discussed further in Chapter 3. If there was a policy need to include existing sites resources may be saved by reducing the number of new sites required to run FOR and an evaluation. A further role for existing sites would be to advise evaluation sites in a steering group and mentoring capacity. This would ensure operational and clinical experiences are promulgated effectively.

## Designing the sample

A sufficient sample size to facilitate statistical predictions is a key requirement of RCTs (Farrington and Jolliffe, 2002; McDougall *et al.*, 2009). Demand for programme places to exceed supply is the only way to ensure adequate referrals for an RCT. This sampling requirement supports introducing FOR and the evaluation as a package in sites that are not currently providing the programme, as the pool of potential participants from current provision would not be sufficient unless the trial was run for a considerable length of time and with significantly reduced caseload for FOR each year (see Table 2.1).

## Profile of sites for an RCT

Given that an RCT of FOR will need to run across a number of sites, this raises the issue of how those sites should be selected. Ensuring a range and diversity of sites is recommended as it would provide the best evidence of whether FOR works across the range of operational environments. Characteristics to achieve diversity include the prison's management status, category, location, and gender and age of offenders. If the budget for an evaluation did not allow the recommended design to be run, then a focused RCT in male sites would be an alternative.

## Sample size

The size of the population meeting the FOR sentence criteria and the completion rates for 2008–09 are shown in Table 2.1 below. The figures on eligibility are an overestimation of actual eligibility as they refer to the number of offenders who meet the FOR criteria in terms of sentence and not in terms of need or availability to go on the programme. It is also important to note that eligibility figures refer to those eligible in the prison on a particular day so are a snapshot and not a throughput figure.

**Table 2.1 Case flow across the four sites currently providing FOR**

	Number of offenders meeting the FOR sentence criteria (Inmate Information System (IIS) extract June 2008)	Number of completions 2008–09 (Figures supplied by interventions Substance Misuse Group (ISMG) on 24 April 2009)
Holloway	38	44
Low Newton	43	59
New Hall	34	22
Parc	146	82
<b>Total</b>	<b>261</b>	<b>207</b>

The research teams recommended sample size for the RCT is a minimum of 1,200 offenders overall, split across approximately 12 prison sites (six male and six female) for a period of at least a year. That is 600 prisoners randomised to FOR and 600 to a control group. Data from a trial of this size would allow for effect sizes of around 0.2 to be detected with 80% power (where an 'effect size' is the impact represented as a proportion of the overall standard deviation for

any outcome measure). In percentage point terms, an effect size of 0.2 equates to a difference for an outcome measure (such as access to services post-release) of about 10 percentage points between the FOR and control groups (for an outcome measure with an average of 50%). That is, for a statistically significant finding, the rate of positive outcomes would need to be around 10 percentage points higher in the FOR group than in the control group.

A trial of this size would allow for separate analysis by gender. Under the model outlined above 600 of the prisoners in the study would be female (300 allocated to FOR and 300 to control). Similar numbers would be male. Samples of this size would allow for an effect size of 0.3 to be detected with 80% power per gender, which equates to a 14 percentage point impact.

These sample sizes allow for a degree of attrition in the sample. In particular, complete outcome data will not be collected on all those randomised and the research team assumes that full outcome data will be available on around two-thirds overall. It is also important to note that for an RCT the main analysis needs to be 'intention to treat', so those randomised to FOR who drop out mid-intervention are still included in the FOR group for the analysis. High drop-out rates decrease impacts so need to be avoided if possible. Finally, with an RCT involving 12 sites, one site could drop out of the study without the trial being completely undermined.

Although this is the minimum recommended sample size, a larger sample size would allow for a smaller impact to be detected. If a trial of this size is too ambitious one option would be to either halve the trial to give 600 prisoners overall but still with a gender split (in say 3 male and 3 female sites), or to run the trial on either male or female prisoners alone (again with a total trial size of 600). The first of these would generate results that would allow for at least some testing of the efficacy of FOR across both genders, but the sample sizes by gender may be too small for a thorough within-gender sub-group analysis. Smaller sample sizes than 600 could be tolerated but with the obvious risk that the loss of statistical power renders the findings inconclusive.

Based on the current case flow and sample size required it would be necessary to have a number of strategies in place to achieve any target sample, as discussed below.

### **Achieving the required sample size**

Under the 'optimal' design described above each of the 12 sites in the trial would need to randomise around 100 prisoners over the evaluation period, and deliver to FOR about 50. Under the current eligibility criteria this would be hard for prisons to achieve per year. One option would be extend the trial period beyond a year, but running FOR with a very small number of prisoners per year is unlikely to prove practical and a simpler option would be extend the eligibility criteria. The advantage of doing this is that it would create conditions where the demand for FOR within a site exceeds the places available. Randomisation under these circumstances is more tolerable both to staff and to offenders.

Extending the eligibility to those with a sentence of under 12 months is the recommended option for increasing the pool of participants for an evaluation, and there was support for this at a strategic and operational level. Governors and some staff felt doing so would tap into a large category of offenders who would benefit, especially as there were few programmes currently available for this group. Consequently, it would potentially make the programme more marketable and easier to 'sell' to sites.

The argument for extending the eligibility criteria is further supported by the programme having been originally designed to include those with sentences of 12 months and under. There is also evidence of it having been successfully delivered to groups outside the eligibility criteria already. However, there would be a need to limit this extension to exclude those with custodial sentences of less than three or four months, in order to give time for the assessment and completion of FOR before release. It should also be noted that those with sentences of less than 12 months do not routinely have risk and need information collected on them. As a consequence this group tends to lack an Offender Assessment System (OASys) score, which is used as part of the referral process to the FOR programme. A system of identification and referral would therefore have to be put in place for this group.

Concerns identified regarding extending the eligibility criteria to less than 12 months centred on the impact on the evaluation and the integrity of its findings. Those with a sentence of under 12 months are not released on licence and so the implications of not being able to rely on probation involvement for measuring outcomes from an outcome survey would have to be managed. It would also be important to ensure that any eligibility changes implemented for an evaluation would continue after the evaluation had been completed to preserve the integrity of the evaluation's findings. Finally, extending eligibility could mean less ability to anticipate the group dynamic, which has a bearing on completion. It would therefore be important to manage any risk associated with a site not meeting its key performance targets (KPTs).

## Managing the case flow

In examining how the case flow would be managed in an RCT of FOR, the following three risks were identified.

**Rate and consistency of referral to FOR:** To maximise the potential pool of evaluation participants, it would be vital to ensure all possible appropriate referrals to the FOR programme take place. This would require a proactive approach ensuring that all staff were fully aware of and trained in the referral process.

**Managing attrition and non-completers:** End of custody licence (ECL) legislation and offender movement between prisons, 'churn', were described by staff as two possible threats to the case flow. Strategically, the study could not protect against offenders being released within the last six weeks of their sentence. Therefore, it would be necessary to ensure

existing guidelines are adhered to and work back from release to ensure offenders entered the evaluation early enough so this would not be an issue, especially if those with sentences of less than 12 months were included in the evaluation.

A commitment from the governor to enforce evidence of current blocks on offender movement would be necessary. However, there would have to be a security caveat in place, as staff explained how it would not be possible to stop the transfer of an offender if they posed a security risk. Staff also noted that churn could be more of an issue within the smaller female prisons, but this was not evidenced within the participating female case study site. One option would be to have a focused RCT on male sites, but as previously discussed it would not be possible to generalise findings to the female estate.

Participants could also drop out of FOR for other reasons, including offenders having conflicting goals as they drew closer to release. Ways of limiting drop out included ensuring that the initial selection for the group was a thorough process and that one-to-one support for participants outside of group sessions are delivered.

**Resources:** With the necessary resources staff would be able to hold presentations for all potential participants concurrently, instead of the current individual recruitment approach in place. A larger number of people could therefore be reached in a shorter amount of time. Sufficient resources would also help protect against other factors that could impact on the case flow, such as group cancellations due to staff shortages.



## 3. Setting up the evaluation

### Engaging sites

The importance of allowing sufficient time and resources to engage new sites to take on both the FOR programme and a randomised control trial (RCT) should not be underestimated.

The findings highlight the importance of getting support for an evaluation at a senior level within the prison service, including the Director of Offender Managers (DOMs), and at site level, prison governors. This commitment could be formalised by a requirement for prison governors to sign a contract, which outlines what participation involves and the responsibilities of the prison in ensuring an RCT was run successfully. The high turnover of prison governors was identified as a limitation in how effective this approach would be, but this could be managed by linking in the evaluation with the establishment's key performance targets (KPTs).

Incentives should come in the form of additional funding to cover the costs involved in running both FOR and the RCT, such as the recruitment of new programme facilitators and any building works required. As well as funding, staff in new sites would need to be assured that taking on FOR and an RCT would not have a negative impact on the establishment's weighted scorecard and KPTs. If this was not possible, having flexible KPTs while the RCT was running was considered an acceptable alternative.

### Information needs

There are five key information needs that would need to be covered to facilitate new sites' engagement in an RCT:

- The FOR programme, including its aims and objectives, and target client group.
- Purpose and benefit of running an RCT, including the importance of being able to prove the effectiveness of an intervention, as well as highlighting the value of an RCT over other, quasi-experimental alternatives.
- Recruitment of RCT participants, detailing how RCT participants would be recruited and randomised, as well as what measures would be in place to manage any negative impacts.
- Control condition delivery, explaining that those in the control group would continue to have access to the other support and interventions normally available to them and that they would not be worse off by participating in an RCT.
- Resource implications, both at an individual and an establishment level.

## Methods of engaging sites

Providing staff in new sites with face-to-face information about FOR and the RCT is the recommended approach for two reasons. Firstly, staff are able to ask questions and seek clarification as required and secondly, staff would be more receptive to information received in this way. Roadshows or presentations in full staff meetings are the recommended ways of disseminating information, especially as the information given would then be consistent across staff within an establishment. Written information should be circulated in order to support the information given face-to-face and as a point of reference for the future.

## Set-up period and support required

It is vital that the evaluation is able to measure the effectiveness of FOR and not simply evaluate the process of introducing a new programme into a site. For sites new to running FOR, it would be vital to allow the programme a 'bed in' period before the evaluation began, as well as ensuring sufficient resources were in place both to set up and deliver FOR successfully.

Three factors were identified as underpinning a successful bed in.

- Having comprehensive establishment support.
- The level of staff experience.
- Providing the sites and staff with access to ongoing support and advice.

Comprehensive staff support included ensuring time and resources would be available to staff delivering the programme and that there was no hierarchy of courses within a site. The need for staff awareness and training was identified as necessary to ensure support for the evaluation at all levels of the establishment.

In order to keep bedding in time to a minimum, staff recognised that using existing experienced staff on the FOR team would be an advantage. If the new site model is adopted, it would be vital that the site had access to ongoing support and expert guidance during the bedding in phase, and there is the potential to utilise the expertise of staff in existing sites in this role.

## Running the evaluation

### Control condition delivery

There were ethical and feasibility barriers for a control group having no intervention and therefore the control group receiving 'treatment as normal' is the recommended approach. Staff felt that a model of no intervention would go against their duty of care and it was felt that all offenders should have some form of intervention available to them pre-release. There is also a likelihood that those in the control group might feel the indirect effects of the FOR programme from discussions with those in the FOR group.

However, it is important to note that reservations about withholding treatment are based on the implicit assumption that FOR is effective and that current delivery is meeting need, when in fact there is no evidence to suggest this. It is also reasonable to assume that introducing FOR into new sites would not generate the same concerns simply because prisoners are currently not offered FOR and therefore offenders would only gain from an RCT being carried out. Stressing this would be very important to overriding RCT opponents.

In order to show clearly the added value of FOR the treatment as usual approach could exclude cognitive motivational interventions. Regardless of the offer, it should be noted that the delivery of treatment as usual is likely to be very different at different sites, and it is essential that the control group treatment is well documented to assess how it compares with FOR. It would also be important to manage where allocation into the FOR group led to less opportunity of receiving other interventions and vice versa.

It is worth noting at this point that an RCT of FOR would necessarily involve withholding FOR from those in the control group for the duration of the evaluation. Other RCTs, such as the recent one of enhanced thinking skills (ETS), (McDougall *et al.*, 2009) use waiting list randomisation where those randomised to the control group simply receive the intervention later. Such a design works well with prisoners where the outcomes are observed pre-release, but given that FOR is designed to impact on outcomes post-release it is vital that the control group do not receive any version of FOR while they are in custody.

## Recruiting RCT participants and randomisation

This section will explore the content and presentation of information potential participants need to be given in order to make an informed decision about whether or not to take part in an RCT. Those refusing to be randomised would automatically be treated as if allocated to the control group, but they would not be part of the trial and no outcome data would be collected on them. The number of offenders refusing to be randomised and a summary of their characteristics would be recorded by the evaluation team.

### Participants' information needs

To facilitate informed consent potential participants would require information across four key issues:

- **The FOR programme:** It is essential that potential participants are given clear and sufficiently detailed information about the programme, especially as it would probably be unfamiliar to those in new sites.
- **The purpose of the evaluation:** This is undoubtedly a fundamental part of the information required for informed consent, but will also allay any confusion or misunderstanding about the purpose of the research, which could impact on participation in an RCT.

- **The involvement of independent evaluators:** It is vital that the independence of the evaluation team is stressed in order to minimise any suspicions or concerns as far as possible, while also informing participants about caveats to confidentiality if they were to disclose certain information, such as suicidal intent or a non-convicted offence.
- **What participation in an RCT will involve for participants:** The importance of providing clear, comprehensive information about the nature of participants' involvement in an RCT should not be underestimated.

Three specific aspects of their participation need to be clarified:

- The **voluntary nature** of participation and implications of refusing to take part in the RCT.
- **Random allocation** and what this means for participants.
- The **nature of follow up post-release**, including what contact details they would need to provide, how they would be contacted, who would contact them, and what follow up would involve.

### Methods of engaging participants

It was considered imperative to provide potential participants with face-to-face information about FOR and the RCT for two reasons. Firstly, so that they would be able to ask for clarification if they were having difficulty understanding the information being relayed. Secondly, offenders were felt to be much more receptive and valued if they were given information personally.

The suggestions made regarding the delivery of face-to-face information inform the research team's recommendation for a two-stage approach as detailed below.

**Workshops/presentations:** Disseminating information in this way enables all offenders in a particular establishment to be given identical information. The evaluation team tended to be considered by staff and offenders as best placed to deliver these as they would be independent and offer a consistent message across the different prisons, as well as having expertise in relation to RCTs and therefore able to answer any offenders' questions. Some operational staff were also of the view that this approach would help to minimise any risk of offenders feeling obliged to take part in an RCT.

Having the evaluation team lead on these events would also remove any responsibility on behalf of prison staff to explain the concept of an RCT to offenders. However, there were some suggestions that staff should be present during the workshops/presentations, to provide reassurance to the offenders in case they felt uncomfortable with an external agency and to support the evaluators in the event of offenders misbehaving.

**One-to-one sessions:** Including individual sessions as part of the recruitment process was considered important to provide eligible offenders with the opportunity to ask any questions that they either did not want to raise, or had not thought of, in the group setting. Treatment managers could facilitate such sessions. There is also scope for peer support workers<sup>3</sup> to attend these sessions alongside staff to support the recruitment process.

Written information should be provided to supplement detail provided verbally. Offenders in the research envisaged referring to the leaflet if they needed clarification regarding a particular issue. In addition, displaying information on notice boards would be another way of supplementing this information.

## Randomising participants

The process of randomisation needs to be given careful consideration in RCTs, particularly in a prison setting where potential participants have a tendency to be suspicious of processes involving selection. Any suspicions about the outcome of randomisation could undermine the experiment, both in terms of the engagement levels of potential participants and the interpretation of the results achieved. Before randomisation takes place certain categories of offenders, for example those with mental health problems,<sup>4</sup> could be screened out of the evaluation. This section will explore possible approaches to random allocation, followed by a discussion about the potential impacts of randomisation.

## Approaches to randomisation

Two approaches to randomisation were suggested, as described below:

- **Off site, computer generated:** This approach would involve allocations being generated by a computerised randomisation programme. Participants would be informed as to which group they had been allocated by a member of the evaluation team via a freephone number.
- **On site, in front of participants:** Offenders envisaged a process whereby they or a member of the evaluation team present with them would draw the group allocation 'out of a hat'.

Regardless of the approach, it is vital that prison staff are not involved in the allocation process as this could be perceived to undermine the randomisation process actually being 'random'.

While staff, on the whole, indicated that they would welcome not having to take on this responsibility it would be important to explain the reasons behind their exclusion from this process to structure expectations and prevent them from feeling undermined. Staff would have an important role to play in ensuring support was available to participants after randomisation had taken place, and this is discussed below.

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<sup>3</sup> Peer support workers are trusted prisoners who are given additional responsibilities within the prison.

<sup>4</sup> The procedure as set out in the manual (OBPU, 2006b) would be followed, which states that when mental health/severe psychological problems are present advice from a medical officer should be sought.

## Potential impacts of randomisation

To manage the cognitive and behavioural impacts on those allocated to the control group it is important that clear information is given about randomisation in advance, and that support is made available to participants afterwards.

The impacts identified fell into two categories:

- **Cognitive impacts:** These included both the immediate effects of offenders feeling 'annoyed' and 'disappointed' to longer-term impacts of feeling disillusioned and demotivated. It was suggested that any negativity felt in relation to FOR and the RCT might transfer to other offending behaviour programmes (OBPs).
- **Behavioural impacts:** Dissatisfaction with the outcome of randomisation was seen as potentially manifesting in lack of co-operation and disruptive behaviour, impacting on offenders' interaction with other offenders, their visitors and wing staff. The risk of triggering episodes of self-harm, particularly in female offenders, was also noted.

Two further potential negative impacts were identified, extending to beyond those allocated to the control group. The first was that offenders might simply be unwilling to take part in an RCT from the outset. The second was that the process of randomisation might lead to offenders' views of FOR becoming tainted, potentially demotivating those allocated to the FOR programme and ultimately impacting on their outcomes.

Presenting the RCT as a potential opportunity for offenders to take part in FOR, rather than stressing that they might be denied the programme, would clearly help to manage the impact of an RCT. However, given the risk of such impacts, it is vital that clear information about randomisation is given to potential participants in advance. It would also be imperative for staff to ensure support was available post-randomisation in order to manage these impacts as far as possible.

## 4. Monitoring programme delivery and measuring outcomes

### Monitoring treatment

When the effectiveness of an intervention is being evaluated, it is essential that treatment as intended is assessed, rather than an alternate or modified version of delivery, even if done unintentionally. To this end, the support of prison staff for a randomised control trial (RCT) is crucial to maintaining treatment integrity. Threats to treatment integrity exist for all offending behaviour programmes (OBPs), but for the purposes of running an RCT, factors impacting on delivery need to be acknowledged and safeguards put in place so as to minimise compromise. However, before exploring these factors, it is important to recognise the possible impact of external influences on treatment integrity, beyond the delivery of the programme itself. To this end the potential impact of non-accredited interventions on offenders should be acknowledged. At the time of the research (2008-09), a review of non-accredited interventions was underway. Findings of this review should be considered prior to setting up an RCT.

The FOR programme has three distinct but linked components: structured delivery; pre-release continuity; and the facilitator keyworker component. The factors identified by staff as impacting on the delivery of each particular component are described in Appendix B.

When measuring outcomes existing risks were identified that could potentially skew the outcomes collected from the FOR group. There were programme delivery risks that could undermine outcomes in terms of programme integrity and resources available. For example, the availability of staff, their level of experience and how closely the theoretical and manualised model of delivery was followed. Facilitator fatigue was another factor identified as potentially impacting on the programme, especially when staff delivered programmes back-to-back. The external agencies available for offenders to access on release are a further external factor that could potentially have an impact on outcomes.

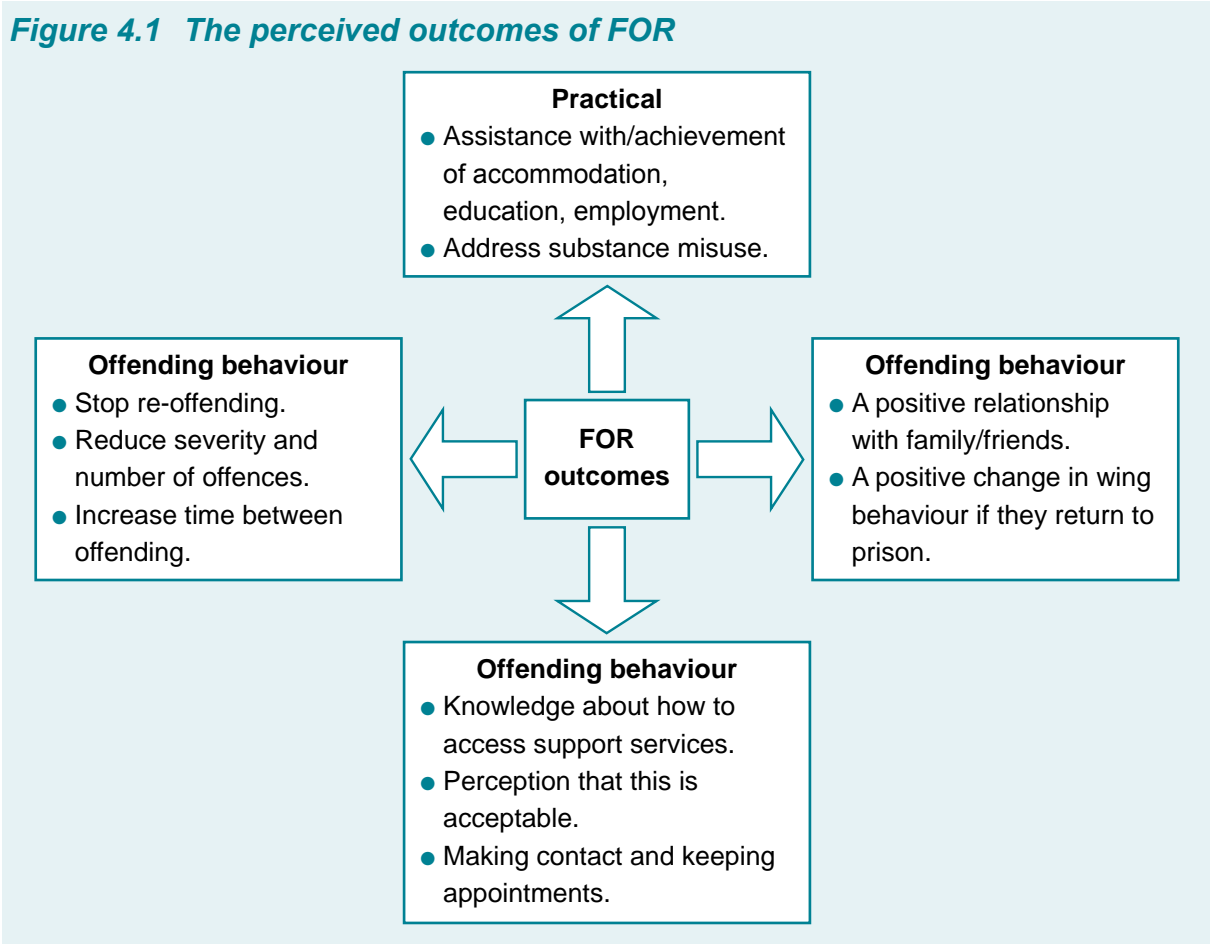
Given the range of factors impacting on the delivery of FOR, two safeguards to treatment integrity are recommended. First, an audit of FOR delivery should be conducted six months after bed in to ensure consistency across sites and that the intended structure and delivery is in place. Any necessary issues could then be addressed before the evaluation began. Second, to put measures in place to facilitate the attendance of offender managers at post-programme reviews. These should include provision of video/teleconferencing facilities so that even if the offender manager is not able to attend in person, he or she can still contribute to the review.

# Measuring outcomes

## The outcomes of FOR

The overarching aim of FOR is to increase offender motivation to become committed to, and active participants in, setting their own agenda for change. In designing an evaluation it is important to consider the outcomes that would measure whether FOR is achieving its intended outcome.

Staff acknowledged how the primary aim of FOR was to reduce re-offending and ultimately protect the public. However, staff and FOR participants also acknowledged a broader range of outcomes that would be important for an evaluation to measure in order to capture the wider reach of FOR. The aims discussed fell into one of four categories as illustrated in Figure 4.1 below.



The four impact areas discussed by staff and participants were underpinned by a change in internal state and an increased confidence that change can occur. In addition, some FOR participants described how the primary outcome of the course was less about the four areas described above and more about the impact it was perceived as having on their release date. The broad range of outcomes identified highlights the need for an evaluation to map the full range of possible outcomes of FOR, in custody and on release.



The range of possible outcomes discussed around employment, accommodation and substance misuse also highlighted the potential cross-pathway benefits of this programme. FOR was perceived as encouraging participants to not only make appointments with a wide range of agencies, but to keep these appointments. There would be potential benefits in engaging agencies across the seven pathways<sup>5</sup> of re-offending for the evaluation, not only in assisting to help measure outcomes but also as potential funders of an evaluation.

### Measuring the outcomes

Outcomes of those in the control and intervention group could be measured in the following three ways: using existing data collected on FOR participants and offenders; linking to datasets external to FOR, for example, administrative datasets held by the Department for Work and Pensions (DWP); and generating new data for the purpose of the evaluation through a follow up survey.

### Using existing FOR datasets

A range of existing data collected from participants of FOR and of potential use for an evaluation included a participant evaluation form, a sessional progress report, an individual record form, Offender Assessment System (OASys) summary sheet, and self-report questionnaires (Crime Pics II, stages of change, treatment motivation questionnaire) and post-programme review ('my progress report') (Offending Behaviour Programmes Unit, 2006b).

Staff identified three key issues when considering using existing datasets to measure outcomes.

- **Reliability of administration:** It would be very important that tests were administered in a standardised way compliant with psychometric test conditions. There was recognition at a strategic level of a lack of training in the administration of psychometric tests used to monitor the programme, the low return of such tests, and that the data returned could be incomplete.
- **Accessibility and resource:** The evaluation team would have to invest resources in order to ensure existing datasets were complete. Additional resources may also be required to ensure the data were in a usable format for measuring outcomes.
- **Validity:** The extent to which existing sources map the full range of potential outcomes was recognised. For example, it was questionable how closely psychometric data actually fitted in with the aims of the programme and staff acknowledged that a limitation with using probation software was that it only recorded contact with probation and not with other external agencies. Measuring the quality of contact was also described by staff as a difficult variable to measure.

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<sup>5</sup> [http://www.noms.homeoffice.gov.uk/managing-offenders/reducing\\_re-offending/reducing\\_re-offending\\_pathways/](http://www.noms.homeoffice.gov.uk/managing-offenders/reducing_re-offending/reducing_re-offending_pathways/) (accessed July 2010).

Using a participant's 'goals' established on the programme would also be a potential data source. There were mixed views about how realistic and socially desirable these were. However, the case review was seen as one method of making these goals more realistic. It was evident from the feasibility study that systems and strategies would have to be put into place to ensure existing data were complete, reliable and in a usable format to be used in an evaluation. However, in the context of an RCT these data were only likely to prove useful if similar data can be collected on the control group.

### **Linking to datasets external to FOR**

A number of datasets could potentially be used to track outcomes, including the probation case management software database system, DWP databases, Local Inmate Database System (LIDS), Learning and Skills Council database (under development), the Police National Computer (PNC) and OASys. Identifiers such as National Insurance number and Prison Number, would be used for data linking purposes (with the exception of linking to PNC records). However, participants with multiple offences having multiple national numbers would have to be managed. Table C.1 (Appendix C), provides further examples and information on existing datasets that could be potentially used for collecting outcome data.

### **Gaining consent from participants**

For an evaluation team to track FOR RCT participants post-release it is clear that explicit consent would be needed from prisoners. A concern is that prisoners would be reluctant to give that consent and that making entry to the trial conditional on consent could undermine the trial.

To manage the concerns around data linking, for example, around levels of privacy and how secure participants' data would be, the process of asking for consent would need to include clear guidelines on its purpose and assurances of confidentiality. An opt-out measure should be built into this part of the evaluation so individuals have autonomy regarding the duration of their participation.

The research team recommends that consent for data linking to DWP records (and for that data to be passed to the evaluation team) is requested from those entering the trial, but that entry to the trial is not conditional on prisoners giving that consent. For those refusing consent all outcome data would need to be collected by the PNC dataset and a survey.

### **Follow up survey**

There are a number of problems associated with relying on existing datasets for evaluating impacts for a programme such as FOR. Firstly, the addresses of ex-prisoners will not be clustered into particular areas so, unless national datasets are used, the task of collecting outcome data becomes a formidable one of collecting data from multiple local agencies. But the national datasets will only give a very partial picture of how prisoners engage with services post-release. For example, although DWP records will establish contact with Job Centre Plus,

no data are available to DWP on whether a person subsequently enters employment and/or the nature of that employment. For data on employment permission to link to HM Revenue and Customs (HMRC) data would be needed. On housing there are simply no central databases other than housing benefit records, so tracking an ex-offender's engagement with housing services would be extremely problematic, if not impossible. To overcome these problems the research team strongly recommends that data on outcomes are instead collected by survey, and that administrative sources are used only as a supplementary source of data.

The only feasible means of generating a detailed picture of how prisoners behave once they leave custody is through follow up surveys. The advantage of a survey approach is that it allows for details of ex-offenders' behaviour to be captured. For instance, not only would a survey capture whether an offender had been in contact with Job Centre Plus (which might alternatively be captured by tracking administrative data sources), it would capture why, what the contact involved, and the perceived consequences. However, although surveys provide a depth of information that administrative sources do not deliver, they do not get (close to) 100% response rates, so are inevitably bias prone.

The ideal for FOR would appear to be to combine survey data with administrative data so that between them a reasonably comprehensive picture of outcomes for the FOR and control groups is obtained.

It is questionable how willing participants and especially those allocated to the control group would be to take part in a follow up survey. Potential difficulties with following up the control group were based on participants not feeling inclined to help as they had not been chosen to receive FOR. In addition, some offenders described the purpose of following up the control group as "*wanting to see how badly they were doing*".

Willingness to take part in this stage of the evaluation would be dependent on:

- outcome of allocation;
- sentence and licence conditions;
- the progress participants perceived themselves as making;
- whether there would be any incentive offered for participating.

For an independent evaluation, data collection by completely neutral interviewers would be necessary, and probation staff would be used to facilitate access to ex-offenders.

The involvement of probation would only be able to be utilised on those with a sentence of more than 12 months. If the eligibility criteria for FOR were widened to less than 12 months, as discussed in Chapter 2, there would be a greater need to employ the other strategies discussed in the following section to manage attrition.

Outcome data could be collected in a number of ways and possible methods include face-to-face, by telephone and a self-completion questionnaire. For those offenders under probation supervision a way of linking in with the probation visit but removing the influencing nature of the probation-offender relationship would be for an external evaluator to call or visit the participant following the probation interview.

Based on the research team's understanding of the expected impacts of FOR, the recommended timeline for an outcome study to take place would be:

- An interview just prior to release to capture motivation to change and their plans post-release.
- A first follow up interview at three months to capture early post-release outcomes on service use.
- A second follow up 12 months after release to capture longer-term outcomes.

Tracking of re-offending via the PNC could (and should) happen over a longer time period, dependent on the needs of the Department and the funding and resources available for this element of the study.

Finally, in order to set the quantitative outcomes from the survey and data linking in context there was support at a strategic level for a smaller qualitative component. Qualitative methods could explain why the quantitative outcomes were occurring and provide further insight into describing the 'big picture' as desired of an evaluation by both staff and offenders.

An example of question areas to be covered for the quantitative survey and the aims and objectives of the qualitative component is described in Appendix C.

## **Managing attrition during an outcome survey**

Differential drop out is an important threat to an experiment's internal validity. The general concern about how willing participants would be to be followed up post-release also highlights the importance of having a number of strategies in place for managing attrition, especially among the control group. It would be necessary to use a combination of practical measures to track participants and motivational measures to maintain their interest and desire to engage in the evaluation, especially because of the transient lifestyle some would be experiencing post-release. Five key methods were identified.

- Collecting stable addresses.<sup>6</sup>
- Sending letters from the research team.
- Having a freephone information line for participants.

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<sup>6</sup> Collecting stable addresses would involve offenders providing the name and contact details of people who would know their whereabouts post-release.

- Linking in with their probation contact.
- Using incentives.

An appropriate point at which to collect stable address information could be at the pre-release interview stage. Concerns to be managed around collecting stable addresses included data protection issues, gaining consent from the stable contact for their details to be held regarding the evaluation participant, and how accurate and relevant the contact would be.

As it is intended that participants would have left prison and be in the community the payment of a small fee for each interview is the recommended approach.

## **Economic evaluation**

### **Study design**

A pragmatic RCT as recommended here is an ideal vehicle for an economic evaluation because it is able to minimise bias, and because real world settings are the appropriate place to measure resource use and cost (Drummond *et al.*, 2005).

### **Comparator**

A fundamental principle of economic evaluation is that it should be comparative and the choice of comparator can influence the size of the difference in costs and effects. The objections raised by both offenders and operational staff regarding including a ‘no intervention’ comparator and their preference for a ‘treatment as usual’ comparator fit in well with the principles of economic evaluation. A comparator should be the next best alternative (Gold *et al.*, 1996), which in this case is treatment as usual, which would need to be carefully monitored and defined.

### **Perspective and the identification, measurement and valuation of costs**

An economic evaluation considers costs from a specific perspective, or viewpoint, that determines which costs will be included and excluded. A narrow perspective would only include the costs of the FOR programme itself, while a broad perspective would involve identifying the costs of a range of services used by both the FOR and comparator groups in prison and upon release in criminal justice, health care, employment, housing, etc. The feasibility of identifying, measuring and valuing service use (costs) for this evaluation will influence the choice of perspective that can be taken. In common with the different approaches to the measurement of outcomes, there are advantages and disadvantages of different methods to collecting service use data, which are summarised in Appendix C.

Once the service use data have been measured, a unit cost for each is needed in order for total costs to be calculated. At present there are no routine sources of unit cost data for use in this setting and any evaluation would have to decide on the best approach to costing.

## 5. Carrying out a quasi-experiment of FOR

While this report is advocating that FOR could be evaluated using a randomised control trial (RCT), there are other evaluation options at level four on the Maryland Scale,<sup>7</sup> which could potentially be adopted should an RCT not be deemed feasible by the Department. Possible options include the following.

- **A retrospective matched design:** A design where existing or previous FOR prisoners are matched to similar prisoners in non-FOR prisons and Police National Computer (PNC) outcomes for the two groups are compared.
- **A before–after design:** A design where FOR is introduced in previously non-FOR prisons and existing pre-FOR prisoners act as a comparison group for the subsequent FOR prisoners.
- **A prospective matched design:** A design where new FOR prisoners are matched to similar prisoners in non-FOR prisons and the two groups tracked post-release with the full range of outcome data being collected.

The first design (the retrospective matched design) would be relatively quick and easy to do but has a number of very serious limitations. Under this design existing FOR sites would provide historical Offender Assessment System (OASys) data on the characteristics of those going through FOR in the last few years and outcome data on re-offending would be collected via the PNC. Collecting other outcome data would not be possible because consent for data matching and/or re-contact by a survey organisation will not have been sought. A comparison sample would then be selected from other, non-FOR sites, with the FOR and comparison samples being matched (using propensity score modelling or other analysis approaches) on OASys characteristics. This design would test whether the existing FOR programme reduces re-offending. But the limitations are that this approach would only test the impact of FOR on re-offending and impacts on the use of services post-release would not be captured. So the impacts of FOR could be enormously underestimated. Secondly, the very small and narrow range of prisons currently using FOR would limit the degree to which any findings can be generalised across the prison estate.

The second design (the before–after design within FOR prisons) would involve introducing FOR into new sites but for an initial period pre-launch prisoners would be recruited to a comparison group. Under this model consent to follow up post-release could be sought and the full range of outcome measures captured. The risk with this model, however, is that outcomes for comparison and FOR prisoners will be collected at different times (probably at least a year apart). In a period of economic stability this may not cause difficulties, but in a period of instability differences between the FOR and comparison group outcomes may be attributable to changes in the economy rather than changes attributable to FOR.

<sup>7</sup> The Maryland Scale of Scientific Methods was developed by Sherman and colleagues for their review of crime prevention interventions (Sherman *et al.*, 1998).

The third design (the prospective matched design) would avoid many of the problems of the other two designs. Under this design prisoners going through FOR would be matched to prisoners in non-FOR prisons and consent would be collected for tracking of outcomes post-release. Data on both groups would be collected concurrently. The challenge would be to select non-FOR sites with prisoners, who after matching to FOR prisoners on OASys data, would experience the same post-release outcomes as those prisoners going through the FOR programme in the absence of FOR. Inevitably this will be difficult to do entirely convincingly, if only because there are likely to be cultural differences across sites that affect post-release engagement with services. But matching FOR sites with sites with, say, similar historical re-offending rates for FOR-eligible prisoners would be an obvious first step. See, for example, Farrington *et al.*, (2002) for how a quasi-experimental design might work in practice.

Overall, this research suggests that an RCT is considered feasible by prison staff. Nevertheless a quasi-experimental design along the lines of the prospective matched design above was the favoured method of evaluation by some staff and offenders due to it not impacting on how FOR operated in establishments already providing it, and avoiding potential 'exclusion issues' associated with random allocation. Within the site not offering FOR it was also perceived by staff as having minimal impact and so was the 'easy option'. However, the non-FOR site that had registered an interest in running FOR described how it would be disappointed if it was selected as a control prison and as a result would not get to deliver FOR. There was a general willingness to take part for the sake of research, but comparison sites may require some incentive, such as receiving the FOR programme once the evaluation had been carried out.

A prospective matched quasi-experimental design would have broadly similar sample size requirements as an RCT and hence, similar resource implications to an RCT. The number of sites offering FOR would still need to be increased simply because the number of existing sites running FOR is too small and predominantly female, and the evaluation would need to build in a period for setting up and bedding in the programme in the new sites as discussed in Chapter 2. There would also be similar resources needed in running the evaluation, such as assessing offenders who would be eligible for FOR in both the FOR and comparison sites, and gaining consent for data linking and a possible outcome study.

The model of setting up and engaging sites for an RCT would also be appropriate for a quasi-experimental design, with an external evaluation team being involved in explaining the study to potential participants. Once again, as discussed when looking at issues around an RCT, there would be potential issues around engaging the participants in the comparison group. Staff acknowledged how it would be difficult to sell the participation in an evaluation to them. However, not having to manage a randomisation process within prisons would clearly reduce the level of complexity of the evaluation. A matched comparison approach would also

follow a similar timeline to an RCT because there would still be a need to engage new sites to run the FOR programme, and the set up and bedding in time required would be roughly the same as for an RCT.

The limitations of robust matching between groups were acknowledged by staff and offenders. There was concern from staff and offenders on the reliability of findings and the ability to match and to take into account individual differences at the same time. This could have potential implications for the support of an evaluation and the conclusions that were drawn from it.

Inevitably the comparison group in matched non-FOR sites would receive 'treatment as normal'. It would be very important to document what this 'treatment as normal' is in comparison sites and as far as possible select comparison sites that offer a sensible comparison to FOR. Note that the results of an evaluation would be very different if comparing FOR with rival programmes rather than comparing FOR with a non-programme regime. An RCT would make the latter comparison: a matched comparison design could take an 'impact of FOR relative to other programmes' approach. However, in this case sample sizes may need to be larger to allow for the fact that the impact of FOR is likely to be smaller relative to another programme rather than relative to no programme.

One other design worth reflecting on is a 'cluster randomised trial'. Under a cluster RCT a large number (perhaps 30 to 40) prisons would be identified that were willing to run FOR. Of these one-half would be randomised to immediate delivery of FOR, and one-half would be allocated to a control group of prisons (with the possible option of introducing FOR after the evaluation cohort of prisoners have all been released). Eligible prisoners within the two groups of prisoners would be identified and their outcomes tracked over time. Although a cluster randomised trial along these lines ought to give robust measures of impact (less biased in theory than the matched comparison design described above), it would necessarily involve many more prisons and prisoners than a within-prison RCT. The costs would consequently be much greater. It is only a design that is worth serious consideration if a within-prison RCT of FOR is judged infeasible.



## 6 Implications

In order to run an evaluation the following list of issues needs to be addressed by the Department:

- **Funding an evaluation:** The feasibility of evaluating FOR as set out in this report is dependent on there being sufficient resources available, not only for hosting an evaluation but also for there being sufficient clinical and implementation resource within the Department to clinically support and audit a larger number of sites than are currently running FOR. It would be important to take these factors into account when agreeing a budget for an evaluation. A range of potential outcomes across the seven re-offending pathways<sup>8</sup> were identified, implying that FOR could potentially impact on a wide range of government departments' and external agencies' outcome measures. There would therefore be value in approaching a wide range of bodies for funding the evaluation including the Department for Work and Pensions (DWP), HM Revenue and Customs (HMRC) and Job Centre Plus.
- **Case flow:** The recommendation is also dependent on the Department implementing a strategy for increasing the current case flow, such as extending eligibility criteria to those offenders with sentences of less than 12 months. In order to preserve the integrity of an evaluation's findings the research team advise that any eligibility changes be kept in place after the evaluation.
- **Managing policy change:** It would be necessary to build in systems to manage existing policies that could have a detrimental affect on a randomised control trial (RCT), such as end of custody licence legislation (ECL), and manage any policy changes that occurred during the evaluation. The evaluation team would need early warning of policy changes so that strategies could be implemented to manage risk to the RCT across all evaluation sites in the same way, and ensure any effect on an evaluation was kept to a minimum. It would also be necessary to minimise any changes to the FOR programme manuals, training and delivery during the evaluation.

It would also be important to manage addressing resettlement and hence FOR being listed as a requirement on sentence plans and the potential detrimental impact this could have for the control group. This could be intensified by the evaluation increasing awareness of FOR and it increasingly becoming a requirement on sentence plans as a result. The parole board could give equal credit to those participating in an evaluation, irrespective of their allocation. Sentence plans could have been drawn up before the offender entered the evaluation prison, and it would be very difficult to remove reference to addressing resettlement.

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<sup>8</sup> [http://www.noms.homeoffice.gov.uk/managing-offenders/reducing\\_re-offending/reducing\\_re-offending\\_pathways/](http://www.noms.homeoffice.gov.uk/managing-offenders/reducing_re-offending/reducing_re-offending_pathways/) (accessed July 2010).

Timing and running an evaluation: An evaluation period of at least three years is recommended. This would include a year for the site to organise the staffing and logistical arrangements required to run the programme, followed by a pre-evaluation audit. The evaluation would then be run in the second year, with an outcome study running in the second and third year. Appendix C provides an overview of how an evaluation would run, and outlines the key risks and appropriate management strategies that could be employed.

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## Appendix A Overview of desk research

This appendix provides an overview of the desk research that fed into the feasibility study and recommendations presented within the main report.

### The 'FOR...A Change' programme

The 'FOR...A Change' programme (FOR) comprises 12 sequenced sessions, spaced over a period of up to four weeks, delivered according to a programme manual by trained and supervised staff. It has been designed to target the needs of short-term prisoners and is currently (2009) open to adult offenders sentenced to between one and four years and young offenders serving less than 12 months. The programme is delivered in the last three months of the sentence. After this, the offender is released into the community on licence. This target group has a higher reconviction rate than prisoners with longer sentences and they rarely access the support services available to them after release (Lewis *et al.*, 2003).

If FOR is successful offenders will be more likely to take up services for help with issues relating to resettlement, such as accommodation and employment, after release into the community. Offenders should move towards obtaining greater life stability, which in turn should lead to a reduction in future offending (Offending Behaviour Programmes Unit,<sup>9</sup> 2006). At the time of the research (2008/2009), FOR was being delivered in four prisons across the UK (one male and three female establishments) and was accredited by the Correctional Services Accreditation Panel (CSAP) in April 2006.

### Randomised control trials

A randomised control trial (RCT) involves the random allocation of people to a group that receives an intervention (in this case, FOR) and to a group that does not – the control group. The assumption is that the control group offers an unbiased insight into the intervention group's outcomes had there been no treatment (Cook and Payne, 2002) and so an RCT makes it possible to disentangle the effects of the intervention from the effects of other variables that influence outcomes (Farrington, 2003).

RCTs are widely recognised as the highest quality evaluation design (Weisburd *et al.*, 2001) and are commonly used in biomedical evaluations. The advantage they offer over alternative, quasi-experimental designs is that the randomisation process ensures that those in the intervention and control group are balanced (within the range of random error) in all respects other than the intervention itself. For example, in an RCT of prisoners both groups can be assumed equally likely to re-offend post-release at the start of the RCT, so if re-offending subsequently differs by group it is reasonable to attribute the difference to the intervention.

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While they are commonly used in medicine and health evaluations, relatively few RCTs had been conducted within criminological settings. Farrington and Welsh (2005) reviewed RCTs in criminology and found that while reasonably large numbers had been published between 1982 and 2004, relatively few had been conducted outside the United States. They conclude that the ethical and practical challenges involved in RCTs remain a barrier.

Some commentators argue that there is a moral obligation to carry out RCTs in criminological settings, in order to ascertain the effectiveness of interventions being delivered. Weisburd (2003:337) argues that crime and justice funders' and evaluators' lack of progress in developing a 'comprehensive infrastructure for experimental evaluation represents a serious violation of professional standards'. McDougall *et al.* (2009), while acknowledging the difficulties involved in conducting an RCT in an operational environment, recommend that to provide a sound research evidence base for policy decisions this design should be used wherever possible. Their recent RCT carried out to evaluate enhanced thinking skills (ETS)<sup>10</sup> was the first large-scale experiment to be conducted by HM Prison Service in recent years (McDougall *et al.*, 2009). This may represent the beginning of a trend towards using this evaluation method in the future.

However, support for carrying out RCTs is not always universal. The P-ASRO (Prisoners - Addressing Substance Related Offending) study (Kerr *et al.*, forthcoming) found that at a strategic level there was some questioning of whether an RCT was the most appropriate tool to evaluate psychosocial therapies, due to the different research environment a prison provided compared with, for example, a medical environment. In addition, Sanson-Fisher *et al.* (2007) highlight the limitations of RCTs for evaluating population-based health interventions, given their complexity and the need to explore alternative forms of evaluation when the process of randomisation is found to be impractical or unethical.

The literature highlights a number of key issues that need to be addressed for an RCT to be successfully implemented and run within a prison. Firstly it is vital that the sample size is large enough to provide the statistical power so an effect can be detected. (Farrington and Jolliffe, 2002; McDougall *et al.*, 2009) Maintaining adequate case flow is identified as a key challenge within all three of the most recent pieces of research exploring RCTs in prison settings (Farrington and Jolliffe, 2002; Campbell, 2003; McDougall *et al.*, 2009). For an RCT, the main analysis needs to be 'intention to treat' (Edwards *et al.*, 1998), so those randomised to FOR who drop out mid-intervention are still included in the FOR group for the analysis. This analysis method avoids selection bias, which would occur by only including those motivated to complete FOR in the trial intervention group. It is therefore advantageous to avoid high drop-out rates if possible as these decrease impacts. Farrington and Welsh (2005) found differential drop out, from when participants are initially assigned, to when they

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<sup>10</sup> ETS is an offending behaviour programme (OBP) delivered to offenders in custody. It is also delivered in the community, but this study concentrated on a custody setting only.

are finally assessed, as one of the most important threats to an experiment's internal validity. Differential attrition would mean the findings drawn from an evaluation could be attributable to the differential loss of participants from experimental and control conditions rather than the intervention itself. Strategies would be needed to manage attrition both while participants were on the FOR programme and for the follow up survey as recommended in the report as a vital method of collecting important outcome data. Farrington *et al.* (1990) demonstrated that success in tracing participants in the Cambridge Study of Delinquent Development was achieved by persistence and by using a wide variety of methods.

A further key issue to consider is gaining support across the prison estate. Farrington and Jolliffe (2002), Campbell (2003) and McDougall *et al.* (2009) all highlight the support and co-operation of prison staff, as well as HM Prison Service more widely, as vital to implementing and running a successful RCT.

Campbell (2003) notes that what treatment the control group receives is crucial in understanding the value of the intervention being evaluated, but is largely overlooked in RCTs. Studies that have explored the feasibility of conducting RCTs in prison settings have highlighted the debates surrounding what treatment, if any, the control group should receive (Farrington and Jolliffe, 2002; Campbell, 2003).

While it is recommended that an evaluation team would take all possible measures to ensure that offenders agreeing to participate were providing informed consent, Edwards *et al.* (1998) stress the importance of ethics committees as a further level of protection. A key ethical issue relating to recruitment is the requirement for prisoners to freely consent to participate in an RCT (Farrington and Jolliffe, 2002). It is imperative that this consent is not only given freely but also that it is 'informed' and participants know what they are agreeing to. Informed consent is central to ensuring the ethical treatment of participants in any research, but the process of obtaining informed consent warrants particular attention when the research is being conducted with prisoners, as they do not normally have the freedom to make such decisions. In addition, consenting to participation in an RCT arguably necessitates an understanding of more complex concepts than for other forms of evaluation research. Campbell (2003) acknowledged the potentially damaging impacts of being refused treatment on the basis of chance.

## Appendix B Evidence from qualitative case studies

This appendix provides further evidence from the qualitative case studies to explain, contextualise and support the reasons for the recommendations made within the report.

### Chapter 2: Evaluation design Implications for the establishment

Staff and offenders described a range of implications of running a randomised control trial (RCT) in existing FOR...A Change sites. If they were included in the evaluation it would be important to manage the challenges across four key domains.

**Clinical:** FOR facilitators and offender supervisors<sup>11</sup> felt that changing the process of allocation would impact on the therapeutic environment of FOR and other offending behaviour programmes (OBPs). A system of random allocation was described as having further implications for potential participants at sites currently running FOR who had 'addressing resettlement' and hence participating in FOR noted as a requirement on their sentence plan.

**Behavioural:** Some staff and offenders perceived that allocation to the control group had the potential to impact negatively on wing behaviour and compliance with the operational regime, such as refusing to engage in their Offender Assessment System (OASys) interview.

**Legal:** Introducing an RCT into sites already offering FOR could provoke a legal challenge from those offenders who had the opportunity to participate in FOR withdrawn from them. It would also be important to manage the sentence plan requirement of an offender addressing the issue of resettlement and the potential detrimental impact that control group allocation could have on an offender.

**Practical:** Having an adequate case flow for an RCT is an acute barrier due to the programme currently only being offered in four sites, and demand for FOR not exceeding the number of places available throughout these sites.

Carrying out an evaluation in new sites was favoured by some staff for minimising clinical impacts. First, by not changing existing assessment and allocation systems, and second through not withdrawing a previously available programme from offenders who would have otherwise received it. It also overcomes the practical challenge of providing a larger pool of participants for an evaluation.

*"I guess if you do it in a new prison that have never had FOR before, then they're not really going to know what they're missing out on, are they?"*

(Case Study 2, staff)

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<sup>11</sup> Offender supervisors have day-to-day responsibility for ensuring an offender's sentence plan is carried out.



## Designing the sample

### Profile of sites for an RCT

Staff proposed three potential site profiles:

- ensuring a range and diversity of sites;
- ensuring sites in the evaluation are proportional to provision;
- running a focused RCT, for example, exclusively in male sites.

Strategic and operational staff highlighted a range of site characteristics that the evaluation should include to ensure the sample was representative. For example, at a strategic level it would be desirable (although not essential) for the evaluation to show FOR works in both contracted and non-contracted sites. The need to compare like with like in terms of gender was also highlighted as the impacts of FOR may be very different.<sup>12</sup> Other site characteristics discussed by staff included prison category, location (urban/rural), and adult and young offenders. While the authors recommend ensuring a range and diversity of sites other sample profiles, such as having a focused RCT, were also acknowledged as possible methods. Male sites were suggested as a particularly interesting group to focus on due to this group having higher reconviction rates. In addition, male sites form the vast majority of the prison estate.

### Achieving the required sample size

Operational and strategic staff described how eligibility could be widened through the following three methods:

- changing the sentence length criteria to either less than 12 months or more than four years;
- changing the sentence type to include low risk offenders<sup>13</sup> or Indeterminate Public Protection offenders (IPPs);
- extending the programme so those in the community could also attend.

With each suggested eligibility change, staff identified a range of drawbacks including:

- the impact on the therapeutic dynamic of the FOR group;
- the number of non-completers and consequences for key performance targets (KPTs);
- the attrition rate for an evaluation;
- threats to the integrity of evaluation findings, as described below.

It was acknowledged that allowing IPPs to go on FOR would appeal to the high ministerial interest in this group. However, possible negative practical impacts were discussed, such as

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<sup>12</sup> The overall approach to treatment is the same for both men and women, but there are some differences in the exercises delivered.

<sup>13</sup> The manual (OBPU, 2006) states that FOR should be focused on medium to high risk offenders and low risk offenders should only be considered in exceptional cases.

not knowing when the last six weeks of the IPP sentence will be, the bearing IPP offenders could have on the FOR therapeutic dynamic, and the implications of being allocated to the control group. Including IPP offenders would also not resonate with the ethos of providing the course for the short-term offender group.<sup>14</sup>

*“It [FOR] was written for short-termers, so the kind of criminogenic ethos of it was specifically for the profile of someone who’s in and out of prison a lot ... I think it had a much more tangible, positive impact on short-termers than it does ... tend to [on] IPPs, it’s changed the way it’s delivered and I think it’s had an impact on its effectiveness as well.”*

(Case Study 1, staff)

There were also concerns at both a strategic and operational level about possible impacts on the integrity of the evaluation findings if the change in eligibility criteria was only exercised during the evaluation. It would therefore be important to ensure that any eligibility changes implemented for an evaluation would continue after the evaluation had been completed.

*“One of the challenges that we have on FOR is finding eligible people, because the criteria is so stringent ... if you were to extend it ... to say [offenders sentenced to] six months ... you’re probably looking at including a lot more people. So meeting the KPT and meeting the numbers for your RCT would be a lot easier. But if ... after the RCT’s finished ... you were to then revert back to the same criteria, what would be the value of including offenders in this study [RCT], that were no longer eligible for the programme anyway?... you’re evaluating people that would no longer be on the programme.”*

(Case Study 2, staff)

## Managing case flow

In examining how the case flow would be managed in an RCT of FOR staff identified three areas of risk.

**Rate of referral onto FOR:** Offender supervisors described how offenders may not be eligible for the programme when they first came into prison. Consequently, FOR could be forgotten to be set as a target. In larger prisons there was sometimes an issue of adequate programme referrals in general. However, in a smaller site this was overcome by the FOR team approaching offenders to go on the programme. Ensuring a sufficient case flow and consistency of the referral and selection process across sites could be managed through increasing staff awareness, and ensuring relevant staff are trained in knowing when they should refer offenders and the importance of this.

**Managing attrition and non-completers:** Operational staff described how lack of communication between the offender management team and FOR team could mean that the FOR team were not always aware a group member had been released, especially

<sup>14</sup> Since the feasibility study fieldwork was conducted the decision has been taken at a strategic level to consider including IPPs on the FOR programme. This change of eligibility is being trialled at new sites in the North West.

with the introduction of end of custody licence (ECL) legislation. Offenders described how the programme may conflict with something else they wanted to do within the prison at the same time, and staff identified that this group may have conflicting goals as they draw closer to release.

**Resources:** Staff described current assessment procedures as involving an individual approach to offenders. With the necessary resources staff recognised that before carrying out the one-to-one assessment of suitability, they would be able to hold presentations for all potential participants concurrently, thereby reaching a larger number of people in a shorter amount of time. Sufficient resources would also help to protect against the other factors discussed by staff that could impact on case flow, such as the cancellation of groups due to staff shortages.

## Chapter 3: Setting up the evaluation

### Engaging sites

#### Information needs

Strategic and operational staff identified five key information needs in order to facilitate new sites' engagement in an RCT.

**The FOR programme:** It is difficult to ascertain how much knowledge staff in sites not currently running FOR would have about the programme and staff could possibly be defensive about their current resettlement provision. It would therefore be important to publicise the aims and objectives of FOR as well as who it aims to target before moving on to the benefits of running an RCT and to evaluate it. As discussed, staff felt that a key selling point of the FOR programme was its focus on the needs of short-term prisoners. Highlighting this was considered vital in terms of generating interest in the programme across new sites.

**Purpose and benefits of running an RCT:** As well as being interested in delivering the programme, new sites would also need to be convinced of both the rationale for, and benefits of, running an RCT. While operational staff were aware of RCTs, detailed understanding was generally limited. To this end, stressing the importance of being able to prove the effectiveness of an intervention was deemed crucial, as was highlighting the value of an RCT over other, quasi-experimental, alternatives. If an evaluation was to show that FOR was effective, an additional benefit would be the positive impact on the motivation of programme staff, including treatment managers and programme facilitators.

**Recruitment of RCT participants:** Given that operational staff were concerned about the ethical implications of random allocation, as well as cognitive and behavioural impacts on offenders, it would be important to detail how RCT participants would be recruited and randomised, as well as what measures would be in place to manage any negative impacts. To engender staff confidence in these processes, it would be important for the evaluation team carrying out the RCT to gain approval from a research ethics committee, for quality assurance purposes.

**Control condition delivery:** In view of the ethical objections to withholding treatment from the control group it would be crucial to inform staff that participants allocated to the control group would continue to have access to the other support and interventions normally available to them. That offenders would not be worse off for participating in an RCT is vital to engaging staff. It would also be an important point of consideration when submitting the evaluation for ethics approval.

**Resource implications:** Operational staff described how they would need information about how running an RCT would impact on workloads, both at an individual and establishment level. For example, staff questioned who would be responsible for informing offenders about the RCT and random allocation, as well as highlighting the resources involved in accompanying an independent evaluation team as they moved around the prison.

### Methods of engaging sites

Providing staff in new sites with face-to-face information about FOR and the RCT was considered vital by strategic and operational participants. There were two reasons for this. Firstly, so that they would be able to ask questions and seek clarification as required. Secondly, it was felt that staff would be much more receptive to the idea of running an RCT if they were given information face-to-face rather than in writing. Road shows or presentations in full staff meetings were thought to be ideal ways of disseminating information, especially as the information given would then be consistent across staff within an establishment.

The use of written information to engage sites in the form of leaflets and emails was questioned by operational staff. Leaflets could go unread, while limited computer access could reduce the effectiveness of emails in some establishments. However, while staff emphasised that written information should not be relied on as the sole method of engaging sites, it was agreed that it should be circulated in order to support the information given face-to-face and as a point of reference for the future.

### Set up period and support required

Staff stressed the importance of ensuring sufficient resources were in place in order to set up and then deliver FOR successfully, such as staff and dedicated space. Larger sites described how they would be able to utilise current resources to run a new programme, such as using the space and equipment used for existing programmes.

A further point concerned the time it took for facilitators to feel proficient delivering FOR. Programme staff described needing to have delivered between two to six groups before not being so reliant on the manual and feeling comfortable and confident in their delivery style.

*“I think it takes a little while before you do deliver it the way it is meant to be delivered ... you need a bit of time with it because it is a very big manual.”*  
(Case Study 2, staff)

A site that is currently running FOR explained how having access to ongoing support and expert guidance helped to make the bedding in process as smooth as possible.

## Running the evaluation

### Control condition delivery

Offenders and operational staff interviewed for this study tended to be opposed to a model of no intervention. Offenders' objections were grounded in the view that withholding treatment was unfair, with those most opposed to the idea believing that denying treatment in this way was 'cruel' and 'criminal', especially after informing participants about their eligibility for the programme.

*"[It's] 100 per cent wrong ... if you've got 20 people and you're going to watch 10 people maybe better their self and 10 people just go about their life with no help, and you're watching that happen. You can't watch that happen. You shouldn't ... It's using people as guinea pigs and I don't think that's right ... I understand the idea of it ... but I don't think it's right."*

(Case Study 3, offender)

It is, however, important to note that such practice is well established in medical trials.

Operational staff expressed similar objections and felt that to withhold an intervention went against their duty of care to those in need of help and support and also their obligation to protect the public from harm.

In addition to the ethical barriers, two reasons were given for why a model of no intervention would also be unfeasible. Firstly, it was felt that all offenders would have some form of intervention available to them pre-release. Operational staff described a range of support services accessed by offenders in their establishments, including information, advice and guidance (IAG), resettlement fairs, support from Job Centre Plus, the National Association for the Care and Resettlement of Offenders (NACRO) and The Prince's Trust, and courses preparing offenders for employment. Secondly, it was felt that participants receiving FOR were likely to discuss the programme with those in the control group, who might then feel indirect effects of the FOR programme as a result. Operational staff gave examples of offenders on particular OBPs sharing coursework materials with offenders not receiving the programme and male offenders described how they do talk about OBPs with other offenders on their wing.

The ethical objections to withholding an intervention from the control group led to widespread support for treatment as usual; offenders in the control group having access to the support and interventions normally available to them. The view shared by operational staff and offenders was that "*something is better than nothing*", with some acknowledgement at an operational level that if FOR and the evaluation were introduced as a package in new sites not currently running the programme, offenders would only gain from an RCT being carried out. Stressing this would be very important to overriding opposition to an RCT.

*“In other words we would only be adding to what we offer, because the FOR would add to it. We wouldn’t be taking away ... They [the control group] still get offered something ...”*

(Non-FOR site, staff)

The only debate in relation to offering treatment as usual was whether the treatment received should exclude cognitive motivational interventions. The rationale behind this was to show the added value of FOR as clearly as possible, rather than comparing it with a similar intervention, such as the cognitive motivational programme Motivating Offenders to Re-think (MOR).

Whether withholding the FOR programme from the control group would result in a legal challenge from offenders’ solicitors was the subject of much debate. Concern centred on offenders essentially being denied treatment that they were willing to complete and had been assessed as needing.

*“We’re getting hammered already with things like that. And I can see ... we’ll get hammered even more; ‘so this was for some experiment [and] my client was denied it...?’”*

(Case Study 2, staff)

However, other staff felt that there would be little justification for complaint if the offender had consented to take part in an RCT. In addition, if the eligibility criteria are extended, the number of offenders wanting the intervention would exceed the number who can actually be treated.

## Recruiting RCT participants and randomisation

### Participants’ information needs

Operational staff and offenders identified that to facilitate informed consent, potential participants would require information on four key issues.

**The FOR programme:** Given that we propose an RCT is carried out in sites not currently running FOR, it is safe to assume that potential participants will be largely unfamiliar with the programme. Offenders described how they would be more likely to engage with an OBP if they understand what it entails and so it is essential that potential participants are given clear and sufficiently detailed information about the FOR programme.

**The purpose of the evaluation:** Potential participants require clear instruction about why the research is being carried out. This is undoubtedly a fundamental part of the information required to give informed consent. It will also allay any confusion or misunderstanding about the purpose of the research, which could impact on participation in an RCT.

**The involvement of independent evaluators:** Any information disseminated about the RCT needs to stress the involvement of an independent evaluation team commissioned to evaluate the FOR programme. However, it is important to acknowledge that suspicions

about the extent of this independence might still prevail. For example, some offenders who took part in the focus groups remained suspicious about how independent NatCen was to the Prison Service, despite being issued with letters and leaflets that explained this. Two factors underpinned this scepticism: reference to specific members of prison staff in the leaflet issued during the recruitment process, and a statement regarding potential breaches to participants' confidentiality in the consent form they were asked to sign prior to the focus group (see Appendix D).

*"I don't believe in the word 'independent' when the Prison Service is involved, so I do not believe you're independent to the Prison Service anyway... I've committed a crime and I'm in prison; if we were outside on the street then I would believe that [you] were independent but we're not ... Signing this disclosure [statement], tells me that [you're] not independent."*

(Case Study 3, offender)

It is therefore vital that the independence of the evaluation team is stressed in order to minimise any suspicions or concerns as far as possible, while also informing participants about caveats to confidentiality if they were to disclose certain information, such as suicidal intent or a non-convicted offence.

**What participation in an RCT will involve for participants:** The importance of providing clear, comprehensive information about the nature of participants' involvement in an RCT should not be underestimated. Three specific aspects of their participation need to be clarified:

- The voluntary nature of participation and implications of refusing to take part in the RCT.
- Random allocation and what this means for participants. While there was some debate among operational staff about whether potential participants needed to be told about the process of random allocation due to the perceived impacts on offenders allocated to the control group, there was a general consensus that they did. An explanation about which interventions would be available to offenders allocated to the control group was also considered vital. Both staff and offenders felt that providing this information 'in an open fashion' would help to minimise resistance to an RCT and offenders' disappointment if they were allocated to the control group. Treatment managers in particular were advocates of this approach.
- The nature of follow up post-release, including what contact details they would need to provide, how they would be contacted, who by, and what follow up would involve.

### Methods of engaging participants

Offenders themselves described how they would feel more valued if someone were to take the time to give them information in this way.

*"[We] would respect that a lot more ... When it comes to the staff and everything ... we're just a number ... they can't even take the time out just to have a quick word ... so [we'd] respect that a lot more."*

(Case Study 2, offender)

**Workshops/presentations:** Some operational staff expressed concern about having to do this, either due to feeling that they did not have the required level of knowledge about RCTs or because they were opposed to the idea of a running one. Not involving operational staff would also minimise the burden on their time.

**One-to-one sessions:** Confusion that had arisen among the offenders who took part in the feasibility study, particularly surrounding the purpose of the research and the involvement of independent evaluators, further illustrates the need for one-to-one sessions to clarify and discuss what was heard at the workshop/presentation. Staff suggested a range of operational staff to facilitate such sessions, including offender managers or treatment managers. However, staff raised concerns about involving offender managers in this process, due to the potential for offenders to perceive FOR to be part of their sentence plan. Operational staff and offenders both felt that peer support workers had a valuable role to play in engaging offenders.

*"I like the idea of the peer supporters that they have on the wings. I think that sometimes it's easier to get a message across from somebody who hasn't got a white shirt on."*

(Case study 3, staff)

The effectiveness of written information in the form of leaflets was debated by both operational staff and offenders. Three problems were identified with using this method to engage participants:

- it was felt to be open to misinterpretation;
- of limited use to offenders with literacy problems;
- easily ignored. Offenders admitted to having ignored leaflets that they had received, including the one given to them in relation to the focus group being conducted for the feasibility study, even though it was issued a number of times at various stages of the recruitment process.

Some offenders thought that posters on notice boards on the wing would be an effective way of supplementing the information given face-to-face. However, in some establishments it was noted that notice boards were subject to vandalism and the information displayed on them was generally considered out of date and therefore ignored.



## Randomising participants

### Approaches to randomisation

Two approaches to randomisation were suggested during discussions with both staff and offenders, as discussed below.

**Off site, computer generated:** A similar approach was taken for the recent RCT of enhanced thinking skills (ETS), with treatment managers making the call (McDougall *et al.*, 2009). Despite having strategic support, the risk of this approach is that in taking place remotely there is greater potential for participants to distrust the outcome. When this approach was put to offenders, they compared it to the random drug tests that are carried out in prison, which were not perceived to be random at all

**On site, in front of participants:** Witnessing the allocation process, or better still, being involved in it, would help to minimise suspicions of the process being 'fixed' in some way. Offenders were also in support of randomisation taking place in front of all participants.

In fact offenders were opposed to prison staff being involved, driven by the suspicion that they would allocate according to their 'favourites' or their understanding of who wanted or needed to receive the FOR programme most, a risk openly acknowledged by treatment managers.

*"You're always gonna have offenders that are gonna be better suited for OBPs ... so I think if you just have somebody that's totally independent, that's got absolutely nothing to do with the Service, like yourselves or a similar body... I just think it's more controlled that way."*

(Case Study 3, staff)

Staff, on the whole, indicated that they would welcome not having to take on this responsibility due to the concern outlined above and also the additional strain this would place on their workloads. However, it would still be important to explain the reasons behind their exclusion from this process, both to structure expectations and to prevent them from feeling undermined. Staff would have an important role to play in ensuring support was available to participants after randomisation had taken place, and this is discussed below.

### Potential impacts of randomisation

Staff interviewed for this feasibility study were quick to voice their concerns about the possible effects of randomisation on participants allocated to the control group. The impacts identified fell into two categories.

**Cognitive impacts:** Offenders tended to focus on the more immediate effects and described how they would feel 'annoyed' and 'disappointed' if they were allocated to the control group after being told about the FOR programme and agreeing to participate in the evaluation.

*"I'd be a bit disappointed if you weren't getting anything ... Because obviously you want to try and not come back to jail ... so you want to do something about it."*  
(Case Study 1, offender)

Operational staff tended to focus on longer-term impacts and were concerned that allocation to the control group would result in offenders becoming disillusioned and demotivated, potentially for the duration of their sentence. Staff also expressed their concerns about the impact random allocation could have on offenders with mental health problems, particularly in the female estate, given the high prevalence there.

**Behavioural impacts:** Dissatisfaction with the outcome of randomisation was seen as potentially manifesting in lack of co-operation and disruptive behaviour, impacting on offenders' interaction with other offenders, their visitors and also wing staff.

*"If you do tell someone, if they really want to do FOR, 'I'm sorry, but ... you haven't been selected', they will be upset. And the people that we work with, when they get upset, they do sometimes act impulsively without thought of the consequences."*

(Case Study 2, staff)

Despite acknowledging the potential negative impacts of randomisation, some operational staff warned against overplaying these risks. Here it was felt that offenders were accustomed to not receiving interventions in instances where the number of offenders wanting an intervention treatment exceeds the number who can receive one. Staff acknowledged that the limited number of places on FOR meant it would not be possible for everyone who wanted the intervention to receive it anyway. Similarly, there were offenders who said they would be happy to 'see what happened' and did not envisage any negative impacts arising from being allocated to the control group.

## Chapter 4: Monitoring programme delivery and measuring outcomes

### Monitoring treatment

The FOR programme has three distinct but linked components. The factors identified by staff as impacting on the delivery of each particular component are described below.

**Structured delivery component:** This comprises 12 sequenced sessions, spaced over a period of up to four weeks delivered according to a programme manual (Offending Behaviour Programmes Unit,<sup>15</sup> 2006). Ten of the sessions are delivered in a group setting and last two and a half hours; one is an hour-long one-to-one session; and the final session, the Community Market Place, involves a selection of community or prison-based agencies coming to the establishment and setting up stalls providing information about the services they offer for programme participants.

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There were two overarching factors identified as impacting on the delivery of this component:

- **Risks to programme integrity:** Programme facilitators and treatment managers described how delivery style, pace of the sessions and the content of the exercises within each session depended on both the individual participants and the overall group dynamic and therefore could vary across the programmes run. The experience of the facilitator could also potentially impact on delivery, defined by their involvement with facilitating other OBPs and the length of time facilitating FOR.

In addition, inconsistent attendance of agencies at the Community Market Place session poses a notable risk. One barrier to attendance is the distance that some of the community-based agencies may have to travel to the prison, given that programme participants might be released to an area some distance away. Poor attendance can potentially de-motivate offenders and impact on post-release outcomes.

*“I would say we have occasions where ... we get last minute cancellations ... but it's worse when people don't turn up, don't tell you and so there's an empty table with somebody who should've been in and then I think that does ... impact on the group members ... I think it reinforces the belief that the majority of them have, that nobody's there to support you ... if somebody's invited and they don't turn up then that just ... proves their point, really. Even though there may be half a dozen other people there, that one person [not attending] can really throw a spanner in the works.”*

(Case Study 1, staff)

- **Facilitator fatigue:** Facilitator fatigue was apparent where FOR programmes were delivered back-to-back without a break. One facilitator compared delivery to “*a conveyor belt – it doesn't stop*”. Delivering the programme in this way was felt to be unsustainable and perceived as ultimately impacting on the quality of delivery.

**Pre-release continuity component:** This component entails the offender producing a report in a one-to-one session detailing their progress under the FOR programme and the post-programme review, a meeting to which people significant to the offender's future are invited, such as their offender manager in the community. The purpose of the meeting is to discuss the next steps in the offender's resettlement.

Maintaining staff motivation was identified as a challenge in relation to the pre-release continuity component. Operational staff across the two sites delivering FOR made reference to the intermittent attendance of the offender managers at post-programme reviews. Non-attendance was viewed as having a potentially significant impact on offenders' motivation and therefore their outcomes on release. As a result staff felt it was important that barriers to attendance are overcome.

Barriers to attendance concerned the offender manager's caseload and the distance they are sometimes required to travel to attend post-programme reviews. Strategic staff noted that there is no requirement for offender managers to attend; rather it is compulsory for the resettlement manager to invite them.

**Facilitator keyworker component:** This component provides continuous support on a one-to-one basis to address offenders' concerns or issues relating to resettlement and the FOR programme. Facilitators are on average advised to spend five hours with each offender across the length of the programme.

Two factors were identified as impacting on the delivery of this component. Firstly, the length of time spent with each offender in one-to-one sessions was felt to vary. Secondly, this support was described as continuing after the offender had been released in one site, where support was provided over the telephone. Variation in delivery of this component across the sites would pose challenges for the integrity of an RCT.

## Measuring outcomes

### Linking to datasets external to FOR

For an evaluation team to track FOR RCT participants post-release it is clear that explicit consent would be needed from prisoners. Given the importance of this issue it was raised directly with prisoners in the discussion groups.

There were mixed views among FOR participants with regard to data linking. Feelings that it was fine for data linking to take place were based on a belief that organisations like the Department for Work and Pensions (DWP) had the information anyway and that they had nothing to hide. Among those who were sceptical, three factors underpinned their concerns. Firstly there was concern regarding levels of privacy and how secure the database that held information would be. Secondly the potential personal risk it could pose for them if, for example, they were breaking the law by working 'cash in hand'. Finally, participants described how their agreement to remain in the evaluation and not withdraw their permission for linking could depend on their individual situation both in terms of whether they had been allocated to the FOR or control group and how well they perceived themselves to be doing at the time.

Offenders who were currently eligible for the programme and therefore would be released on licence, described how it would be important that their consent covered a fixed time period rather than being open ended. There was also some feeling that they would not want data linking to continue once their licence had expired.

## Follow up survey

Not only relying on existing data but also generating data to measure outcomes was generally supported by both staff and participants. Both staff and offenders felt there was a need for an evaluation to address what was happening in a bigger picture than data linking with existing datasets would allow.

*"I think ... looking at just re-offending rates ... it's the perfect results, isn't it, that they never re-offend again, and that's it. But obviously things don't work out to be perfect, and you've got to look [at] everything else ... going on."*

(Case Study 2, staff)

*"I think in theory it [FOR] sounds good, but in practice ... it's a lot more difficult to put things in practice once people come out of custody because they've been ... in a closed environment ... the reality of prison isn't the reality of ... the community so, whatever targets they set themselves to achieve in the community ... whilst they were in prison, isn't really that easy to achieve for some people."*

(probation staff)

This bigger picture includes the full range of programme outcomes as illustrated in Figure 4.1 in Chapter 4 of the main report.

The four impact areas discussed by staff and participants in Figure 4.1 (main report, Chapter 4) were underpinned by a change in internal state and an increased confidence that change can occur.

*"I think it's good ... you've got ... a couple of sessions ... where you can sit and think, right this is where I've been, this is where [I am ] now and this is where I want things to go ..."*

(Case Study 2, offender)

On questioning staff and offenders about a follow up survey there was inevitably concern about whether those participating in the evaluation would continue to be willing to be followed up once they had been released. Offenders described how participants' willingness to take part in this stage of the evaluation would be dependent on:

- whether they had been allocated to the control or FOR group;
- their sentence and licence conditions;
- the progress they perceived themselves as making;
- whether there would be any incentive offered for participating.

*"If you come and interview me, say, six months down the line and I'm doing well, right, and I've got me son back, me own house, then I would gladly sit and give you that information, willingly for nothing, because I'm already getting something out of it, I've already done well."*

(Case Study 2, offender)

It was questionable how willing particularly the control group would be. However, offering incentives was perceived as a method of potentially engaging this group and overcoming their possible reluctance to participate.

Staff identified two main groups who potentially would help with the administration of the outcome survey: probation staff and voluntary agencies, both in maintaining contact and possibly asking some of the questions. However, there was concern on how they would resource any involvement on top of existing commitments and, importantly, that the nature of their relationship with the offender could alter responses. In practice, probation acknowledged that they would be a good resource to use for an outcome survey. For programme participants, their willingness to engage with probation would largely depend on the relationship they had with their probation officer.

*"I think a lot depends on ... if they're being supervised by us [probation]. We have to know where somebody is living, and I think usually you have to have some sort of carrot to get people ... to the interview. I know there's been ... research projects here ... they've been given a £5 gift voucher or something for attending the Interview ... So you might need a carrot."*

(probation staff)

Participants described how the timing of the follow up surveys should allow them time to realise their goals and staff echoed the importance of allowing the external post-prison environment to take effect when evaluating programme outcomes. The length of involvement may also have to be balanced against the length of time offenders were willing to associate themselves with the evaluation, and a feeling that they would want their involvement to stop once their licence had come to an end.

Participants had mixed views about the use of incentives. For those who appeared willing to take part incentives would not alter their motivation to do so. However, incentives were seen as a good method of engaging those less willing, although one staff member highlighted the importance of managing any kind of payment to ex-offenders with how this could be perceived by the public.

## **Appendix C Measuring outcomes, overview of the stages of an RCT, and issues affecting evaluation**

This appendix provides further detail on measuring outcomes as part of an evaluation, and the impact of each approach for an economic evaluation of FOR...A Change. An overview of how a randomised control trial (RCT) would run is also provided, as well as further detail on the associated risks and contingency plans that would need to be in place throughout an evaluation.

### Measuring outcomes

A quantitative follow up survey is the recommended method of collecting outcome data from the intervention and control group. This would be carried out using computer-assisted personal interviewing (CAPI) and it is recommended an interview be conducted just prior to release, and then at 3 and 12 months post-release.

The research team recommends that each interview should not last longer than 60 minutes, dependent on the resources available for this part of the evaluation. Ideally interviews would be carried out face to face by an independent interviewer trained in administering CAPI questionnaires. There is also scope for part of the interview to be completed in a computer-assisted self interviewing (CASI) format. This would mean that participants may feel more able to express their true opinion on a subject, especially in sections of the interview that collected information around more sensitive topics, such as on actual and intended criminal and offending behaviour. It would also be beneficial for sections of the interview where it may be helpful for a standard code frame to be used to avoid the questionnaire becoming repetitive. It should be noted that resources could be saved by administering at least one of the follow up interviews by a short telephone interview instead of face-to-face.

The recommended timeline for an outcome study to take place and an example of question areas that could be included at each stage is provided below.

***Interview 1 An interview just prior to release to describe motivation to change and individual's plans post-release***

Module title	Question areas
Module A: Demographic and offending behaviour	Age
	Ethnicity
	Health – including any drug or alcohol misuse
	Length of sentence
	Type of offence the participant committed
	Qualifications
	Occupational status and history before they entered prison
	Programme history – what received and when
Module B: Plans for post-release	Accommodation – where plan to live and with whom
	Employment – plans for employment
	Resettlement agencies plan to access on release
	Attitude to offending
	Criminal and offending behaviour – both current and intended activity (CASI)
Module C: The FOR programme – intervention group only	Overall confidence in FOR programme and treatment received
	Impact of FOR on helping participant make future plans and think through problems
	Impact of FOR on their willingness to ask for help and access services
	Perceived impact FOR will have on them finding accommodation and work, claiming benefits, and other support on release
Module D: Treatment received – control group only	Overall confidence in treatment received



**Interview 2 A first follow up interview at three months to capture early post-release outcomes on service use**

Module title	Question areas
Module A: Demographic and offending behaviour	Qualifications and training working for/achieved since leaving prison
	Accommodation – where living and with whom
	Employment – current employment status
	Criminal and offending behaviour, both current and intended activity (CASI)
Module B: Accessing agencies	Resettlement agencies accessed
	Any other agencies/support accessed
	How learnt about the agency
	Reasons for making contact
	Nature and extent of contact
	Outcomes achieved as a result of contact
	Outcomes they would have liked to achieve
Module C: Plans for the future	Plans to access resettlement agencies
	Accommodation plans
	Employment plans
	Obstacles faced in achieving plans
	Criminal and offending behaviour (CASI)
Module D: The FOR programme – for intervention group only	Impact of FOR on helping participant make future plans and think through problems
	Impact of FOR on willingness to ask for help and access services
	Impact of FOR on current accommodation and employment status

A third interview is recommended to be conducted 12 months after release to capture longer-term outcomes. This would follow a similar outline to the interview conducted at the three month follow up stage.

It is recommended that a smaller qualitative component takes place alongside the outcomes survey detailed above. Qualitative methods could explain why the quantitative outcomes were occurring and provide further context to understand the ‘big picture’ as desired of an evaluation by both staff and offenders in the feasibility study. The qualitative study would have the following overarching aims:

- To understand the current context of participants’ lives.
- To describe participants’ experience of the FOR programme during the RCT.
- To map the range of support services accessed on release from custody.
- To explain the factors that have a bearing on the take up of resettlement services upon release.
- To identify the role that being a participant of the FOR programme had on the accessing resettlement services.

- To understand factors underpinning any offending and criminal behaviour.
- To explore recommendations for future programme content based on the follow up research.

As well as generating data using a quantitative survey and qualitative study, existing datasets could be used. An example of data that could be collected from existing datasets is detailed below (Butt and Mortimer, 2007). It should be noted that access to each of the datasets below would need to be negotiated with the relevant government department or agency before the evaluation study began. This is a particularly important point to note in the current climate regarding data security.

**Table C.1 Measuring outcomes using external datasets**

Name of dataset and the organisation that maintains it	Overview of contents	Outcome data that could be measured	Possible linking identifiers to use
Offender Assessment System (OASys) – HM Prisons and the Probation Service	Covers all adult offenders serving custodial sentences longer than 12 months. Data are not always collected electronically.	<ul style="list-style-type: none"> <li>● Background information on an offender (including their personal characteristics and offending history).</li> <li>● Assessment of their needs in a variety of areas, including education, training and employment (ETE), and objectives as recorded in sentence plan.</li> <li>● Level of static risk of re-offending.</li> <li>● Full programme history during and post-custody.</li> </ul>	<ul style="list-style-type: none"> <li>● Police National Computer (PNC) Number.</li> <li>● Criminal Records Number (CRN).</li> <li>● Prison Number.</li> </ul>
Local Inmate Database System (LIDS) – HM Prisons	Covers all offenders in custody.	<ul style="list-style-type: none"> <li>● Background information on an offender (including their personal characteristics and offending history).</li> <li>● Destination on leaving custody.</li> </ul>	<ul style="list-style-type: none"> <li>● Police National Computer (PNC) Number.</li> <li>● Criminal Records Number (CRN).</li> <li>● Prison Number.</li> </ul>
Inmate Information System (IIS) – HM Prisons	The national database for the prison population. It is updated monthly from local LIDS databases at each establishment.	<ul style="list-style-type: none"> <li>● Demographic data.</li> <li>● Sentence data.</li> </ul>	
Probation case management systems –individual Probation Services	Covers all offenders under supervision of a probation officer.	<ul style="list-style-type: none"> <li>● A contact log of offender’s meetings with their case worker.</li> <li>● Details of key events in sentence compliance.</li> </ul>	<ul style="list-style-type: none"> <li>● Police National Computer (PNC) Number.</li> <li>● Criminal Records Number (CRN).</li> <li>● Prison Number.</li> </ul>

**Table C.1 Measuring outcomes using external datasets (continued)**

Name of dataset and the organisation that maintains it	Overview of contents	Outcome data that could be measured	Possible linking identifiers to use
Individualised Learner Records (ILR) – Learning and Skills Council (LSC)	Covers all adult learners (16+) enrolled on LSC accredited courses.	<ul style="list-style-type: none"> <li>● Details of courses studied, including type, level, start date, end date, and outcome.</li> </ul>	
Job Centre Plus (JCP) records – JCP	Covers all JCP clients, including anyone claiming Job Seeker's Allowance.	<ul style="list-style-type: none"> <li>● Details of any work-related interventions received, including referrals to interview arranged via JCP.</li> </ul>	<ul style="list-style-type: none"> <li>● Combination of information such as name, date of birth and postcode.</li> </ul>
Individual Learner Plans/Summaries – HM Prisons and Information Advice and Guidance (IAG) provider	Covers all offenders in custody engaged in education or training.	<ul style="list-style-type: none"> <li>● Details of education or training arranged.</li> </ul>	<ul style="list-style-type: none"> <li>● Prison Number.</li> </ul>
Youth Offending case management systems – Youth Offending Teams	Two main systems in operation (not compatible).	<ul style="list-style-type: none"> <li>● Young offender details, referrals, offence details, outcomes of sentence and pre-court warnings, fixed penalty notices, anti-social behaviour orders (ASBOs) and programme details.</li> </ul>	
ASSET - Youth Offending Teams and Young Offender Institutions	Initial assessment required by Youth Justice Board at the start and end of every order with three-monthly reviews. Sometimes paper-based, sometimes largely integrated with case management systems.	<ul style="list-style-type: none"> <li>● Offence analysis, criminal history.</li> <li>● Care history, living arrangements, family and personal relationships.</li> <li>● Education, training and employment situation.</li> <li>● History, neighbourhood issues, physical and mental health attributes.</li> </ul>	
Police National Computer (PNC) database – maintained by the National Policing Improvement Agency (NPIA)	Contains information on individuals who have been convicted, cautioned or arrested.	<ul style="list-style-type: none"> <li>● Previous arrests and convictions.</li> <li>● Any impending offences.</li> <li>● Full disposal history, which will show the sentence handed-down for each offence.</li> </ul>	<ul style="list-style-type: none"> <li>● Police National Computer (PNC) Number.</li> </ul>

**Table C.1 Measuring outcomes using external datasets (continued)**

Name of dataset and the organisation that maintains it	Overview of contents	Outcome data that could be measured	Possible linking identifiers to use
Department for Work and Pensions (DWP) administrative or national insurance (NI) database – DWP	Database held by DWP containing information about benefits and employment.	<ul style="list-style-type: none"> <li>● Information on benefits received.</li> <li>● Whether contact with Job Centre Plus has been made.</li> </ul>	<ul style="list-style-type: none"> <li>● Combination of information such as name, date of birth and postcode.</li> </ul>
Supporting (SP) People data – [Department for] Communities and Local Government (CLG)	Data are submitted quarterly by local authorities on housing-related support services. Data are also submitted by providers for clients entering and leaving services.	<ul style="list-style-type: none"> <li>● Housing-related support services accessed.</li> <li>● Outcomes on clients that leave the service.</li> </ul>	<ul style="list-style-type: none"> <li>● Combination of information such as name, date of birth and postcode.</li> </ul>
Statutory Homelessness Statistics – P1E returns. [Department for] Communities and Local Government (CLG)	Submitted quarterly, data about statutorily homeless households.	<ul style="list-style-type: none"> <li>● New cases of statutory homelessness can be categorised by their primary priority need.</li> </ul>	
National Drug Treatment Monitoring System (NDTMS) – Department of Health/National Treatment Agency (NTA)	National statistics about drug misuse treatment.	<ul style="list-style-type: none"> <li>● Profile of client.</li> <li>● Substances they are presenting with.</li> <li>● Treatment and other interventions received.</li> <li>● Outcomes of the treatment.</li> </ul>	<ul style="list-style-type: none"> <li>● Combination of information such as name, date of birth and postcode.</li> </ul>
Psychometric and existing assessment data collected from participants of FOR – NOMS Rehabilitation Services Group (RSG)	Includes Participant Evaluation Form, a Sessional Progress report, an Individual Record Form, OASys summary sheet, and self-report questionnaires (CRIME PICS II, Stages of Change, Treatment Motivation Questionnaire) and post-programme review ('my progress report').	<ul style="list-style-type: none"> <li>● An interim measure of the core outcomes of FOR and the programme's impact on the treatment targets.</li> </ul>	

## Economic evaluation and measuring outcomes

The table below summarises the advantages and disadvantages of different methods of collecting service-use data for an economic evaluation of FOR.

**Table C.2 Advantages and disadvantages of different methods of collecting service-use data**

Methods of collecting service-use information	Advantages	Disadvantages
Using existing FOR datasets	<ul style="list-style-type: none"> <li>● Accurate way of collecting information on the extent to which each offender participated in the FOR programme.</li> <li>● Appropriate if a narrow cost perspective was chosen.</li> </ul>	<ul style="list-style-type: none"> <li>● Would not provide any information on the possible costs of treatment as usual.</li> </ul>
Linking to datasets external to FOR	<ul style="list-style-type: none"> <li>● Useful way of measuring service use post-release.</li> <li>● If links could be made between study participants and databases recording contact with probation, job centres and education services, a wider perspective could be taken and the possible cost impacts on a range of services included in the evaluation.</li> <li>● Does not rely on study participants recalling the services they have used.</li> </ul>	<ul style="list-style-type: none"> <li>● Only a feasible option if links can be easily made and the databases themselves are kept up to date.</li> <li>● Data protection challenges for data linking.</li> <li>● It is not clear the extent to which existing datasets could provide information on the services used by participants while still in prison.</li> </ul>
Follow up survey, Study participants could be asked about their use of a wide range of services during their prison stay (at the pre-release interview) and in the community (at the follow up interviews)	<ul style="list-style-type: none"> <li>● The best way of collecting accurate outcome data and would also be an ideal method of measuring service use data.</li> <li>● Allows for a wide cost perspective to be taken, the pre-release survey would help to classify and define treatment as usual and the post-release survey would give an accurate idea of the extent to which study participants were using services in the community.</li> <li>● This approach has been used in a similar group (the ongoing Surveying Prisoner Crime Reduction (SPCR) study).</li> </ul>	

## Overview of the stages of an RCT

The flow chart below provides an overview of how an RCT would operate at each site for the recommended new site model.

**Figure C.1 An overview of an RCT to evaluate FOR**

**Stage 1 – Recruitment of 12 sites that are not currently running FOR to participate in the evaluation**  
Evaluation team visits sites and explains that participating in the evaluation would involve including taking on the FOR programme, timeline of evaluation, overview of evaluation method, resources needed to participate, and how these resources will be met.



**Stage 2 – Set up FOR delivery at each new site**  
Staff recruited to run the FOR programme for one year at each new site to allow bed in. After this a clinical audit is carried out to ensure a certain standard of delivery has been achieved before the evaluation begins.  
END OF YEAR ONE



**Step 3 – Recruitment of eligible participants**  
Participants are recruited, which comprises an initial recruitment presentation from staff about the FOR programme followed by a 1–1 assessment to ensure they are eligible (the idea of participating in the evaluation would be introduced to eligible offenders by prison staff, but they do not need to agree whether they want to participate at this stage).



**Step 4 – Recruitment of participants into an RCT**  
Evaluation team delivers a workshop/presentation to eligible offenders at regular intervals, when there is a sufficient number of offenders for a control and intervention group. For example, a workshop is delivered to 25 offenders every 2 to 3 months at each site.



**Step 5 – Randomisation of participants into a control and intervention group**  
At each site throughout the year 100 offenders agree to take part in the evaluation. Of these 50 are randomised to the intervention group who receive FOR and 50 are randomised to the control group who do not.  
END OF YEAR TWO



**Step 6 – Outcomes study**  
Participants take part in an outcomes survey just prior to release and then at 3 months and 12 months post-release. The outcomes survey would continue for at least a year after the last group of offenders participating in the RCT are released, to capture the views of all participants.  
END OF EVALUTION

After Step 6 there would be a period of data preparation and management, analysis and reporting before results were available.

### Evaluation risks and contingencies

For the evaluation to be well managed and deliver the required outputs it is important to identify the potential risks so that contingencies could be put in place to manage their impact. The table below provides an example of the potential risks to be managed when evaluating the FOR programme.

**Table C.3 Risks and management strategies**

Risk	Assessment	Countermeasures and contingencies
Delays to ethical approvals	Likelihood: low Impact: medium	Evaluation team should have previous relevant experience to draw on in planning and making ethics application. Close collaboration with the Department to anticipate the research ethics committees' requirements and meet their needs.
High turnover of key staff in each site who are linked to the research team	Likelihood: medium Impact: low	Close liaison and readiness to build relationships with new staff members in each evaluation site.
Attrition/limited case flow to achieve the sample	Likelihood: medium Impact: high	Close monitoring of programme assessment and completion data in order to anticipate attrition risk. Explore the option of including 'booster sites' into the evaluation design.
Low willingness to engage with the research among participants	Likelihood: low Impact: medium	Close liaison with strategic and operational staff, very careful work in planning approaches and drafting workshop and recruitment materials.
Patchy completion of data	Likelihood: medium Impact: medium	Schedule review of existing data early in the research timetable. Ensure the evaluation includes an outcomes survey to collect outcome data.
Policy or FOR programme change occurs during the evaluation with a detrimental impact on the evaluation	Likelihood: medium Impact: medium/high	Have a strategy in place to warn the evaluation team of any upcoming policy changes or changes to FOR, so that strategies to minimise their impact on an evaluation could be put in place.
Poor response rate for follow up outcomes survey	Likelihood: medium Impact: medium	Employ a number of motivational and practical strategies to maintain participants' willingness to engage with the evaluation and ability of evaluation team to track participants' locations.
Evaluation findings are not positive	Likelihood: low/medium Impact: medium	There would need to be a dissemination strategy in place once the RCT findings were known. This would have to be carefully managed, especially if the findings were less positive, due to the implications such findings could have on other cognitive behavioural interventions.

## Appendix D: Research design and glossary

This appendix gives further information about the research methods and approaches used in the study, and includes copies of key study documents. A glossary of terms used throughout the report is also included.

### Research design

The research was primarily qualitative and encompassed four distinct stages

#### Desk-based research

The first phase aimed to understand more about previous attempts to conduct randomised control trials (RCTs) and quasi-experimental evaluations in criminological settings (especially in England and Wales). In addition, the potential legal and ethical issues associated with an experimental design were mapped to inform subsequent stages of the research. A summary of the findings of this stage is provided in Appendix A.

#### Scoping interviews with strategic stakeholders

Scoping interviews were carried out with staff from HM Prison Service Interventions and Substance Misuse Group, including psychologists, researchers, and managers with responsibility for the delivery, audit and evaluation of the FOR...A Change programme. Interviews were carried out with seven stakeholders in total.

#### Case studies in prisons

The research with operational staff and offenders in prisons was set within a case study design, enabling an understanding of multiple perspectives within a shared context. The research took place in two sites that were delivering FOR and one site that had expressed an interest in running the programme, but was not yet doing so. The two FOR sites were selected to capture diversity of practice across two dimensions: gender of prisoner and the public<sup>16</sup> or contracted estate.<sup>17</sup>

#### Operational staff

Operational staff involved in this stage of the research included: governors/deputy governors; members of the FOR or other offending behaviour programme (OBP) tripartite teams (programme, treatment and resettlement managers); FOR or other OBP facilitators; prison wing staff; and probation staff. A combination of in-depth interviews and group discussions were utilised, depending on the staff role. Table D.1 presents the distribution of operational staff across the case study sites.

To supplement the perspective of participants from the non-FOR site and community settings, additional telephone interviews were carried out with three governors from other non-FOR sites and two probation officers.

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<sup>16</sup> Public sector prisons.

<sup>17</sup> Privately managed prisons.



## **Offenders**

Offenders were sampled purposively (Ritchie and Lewis, 2003) so as to capture the widest range of experiences associated with FOR or other OBPs, and views of the perceived feasibility of conducting an RCT. Table D.2 presents the distribution of offenders across the case study sites.

## **Conduct of the interviews and group discussions**

The interviews and group discussions were based on topic guides and lasted between 45 and 90 minutes. A copy of each topic guide is included in this appendix. Interviews and group discussions were digitally recorded and transcribed verbatim.

## **Strategic workshop**

The final stage of the research was a workshop with key strategic and operational staff involved with the FOR programme, including some staff who had participated in the feasibility study as well as those in other relevant strategic roles. Following presentation of the research findings and potential RCT design, feedback was gathered from the stakeholders regarding challenges envisaged and potential solutions.

## **Data analysis**

The qualitative data were analysed using Framework (Ritchie and Lewis, 2003), a systematic approach to analysis that was developed by the National Centre for Social Research (NatGen), which is now supported by new bespoke computer-assisted qualitative data analysis software also developed by NatGen. The process involves summarising verbatim transcripts into a matrix organised by key themes and sub-themes as well as by individual cases. Further details on the analysis conducted is included in the 'analysis' section of this appendix.

## **Recruitment and sampling**

The recruitment of offenders happened in a three staged approach. The research team firstly sent the potential participant an introductory letter and leaflet about the study via the treatment manager. This initial correspondence also asked for permission for the research team to be passed some key demographic data about the potential participant. Once sampling had taken place the selected participant was sent a letter and leaflet inviting them to take part in the study. A final confirmation letter was sent after they agreed to take part. Before the group discussion took place all participants were required to complete the consent form (a copy is included at the end of this section).

Purposive sampling (Ritchie and Lewis, 2003) was used in order to capture a diverse range of views from the population of interest. Within this approach, the rationale in selecting people to participate was not to select a sample that was statistically representative of all prisons or programme participants, but to ensure diversity of coverage across certain key variables. The aim of the strategy was to ensure that the full range of factors, influences,

views and experiences associated with evaluating FOR could be explored. Within each of the three establishments offenders were selected to ensure diversity in terms of age, offence and experiences of other OBPs. In the FOR sites, offenders were also selected according to their level of experience of the FOR programme, including those who were currently receiving FOR, those who had completed the programme and those who had dropped out. It was the intention to select offenders to also ensure diversity across ethnicity, but due to the sample profile provided this was not possible.

Using a sample that is not statistically representative of all prisons or programme participants means that it is not possible to generalise the findings of the study in terms of prevalence. Therefore the number of prisons and programme participants who described particular experiences or held particular views cannot be estimated based on the data in this report. However, as the research team were able to achieve a sample of respondents with a broad range of experiences and in a wide variety of circumstances, this study was able to symbolically represent the range and diversity of the views and experiences of the study population across the key dimensions of relevance to evaluating FOR.

The table below presents the distribution of operational staff participating in the study across the case study sites.

**Table D.1 Sample of operational staff across the case study sites**

	Governors/ deputy governors	Tripartite team	Programme facilitators	Wing staff	Probation staff
Case study 1: FOR site	1	3	4	0	0
Case study 2: FOR site	1	2	3	0	2
Case study 3: Non-FOR site	2	5	4	3	2
<b>Total</b>	<b>4</b>	<b>10</b>	<b>11</b>	<b>3</b>	<b>4</b>

The table below presents the distribution of offenders participating in the study across the case study sites.

**Table D.2 Sample of offenders across the case study sites**

		Case study 1: FOR site	Case study 2: FOR site	Case study 3: non-FOR site1
Age	20 and under	6	1	0
	21–25	2	1	0
	26–30	1	2	0
	Over 30	1	2	1
	Unknown	0	0	3
Gender	Male	10	0	4
	Female	0	6	0
FOR status	Graduate	2	4	0
	Current	8	0	0
	Drop-out	0	2	0
	N/A	0	0	4
Experience of other OBPs	Yes	3	3	3
	No	7	3	1
<b>Total number of offenders per case study site</b>		<b>10</b>	<b>6</b>	<b>4</b>

## Topic guides

As this was an exploratory study, the research team wished to encourage participants to discuss their views and experiences in an open way, without excluding issues that may have been of importance to individual respondents and the study as a whole. Therefore, unlike a survey questionnaire or semi-structured interview, the questioning was responsive to respondents' own experiences, attitudes and circumstances. Topic guides were used to identify the key themes that were likely to be relevant in the interviews and to help ensure a systematic approach across the different encounters without restricting the range of questions that were asked. They do not include follow up questions like 'why', 'when', 'how', etc. as it was assumed that respondents' contributions would be fully explored throughout in order to understand how and why views, behaviours and experiences had arisen. The order in which issues were addressed and the amount of time spent on different themes varied according to individual demographics, roles, experiences and the dynamics of the interviews.

The topic guides used for interviews with strategic stakeholders, operational staff and offenders are set out below.

**Planning an evaluation of the FOR... A Change programme**  
On behalf of the Home Office and Ministry of Justice

**QUALITATIVE RESEARCH CONSENT FORM**  
(before interview)

**INTERVIEWER:** Ask the participant to read the *Planning an evaluation of the FOR... A Change* programme study leaflet and answer any questions. If the participant agrees to be interviewed, ask them to read and sign their consent.

<b>Researcher name:</b>		<b>Participant Serial No:</b>	<input type="text"/>

Consent to be interviewed by NatCen:

**Please initial box**

1. I confirm that I have read / had read to me the *Planning an evaluation of the FOR... A Change* programme study leaflet, and I understand the content.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. I can also decide not to answer particular questions if I wish.
3. I understand that the interview will be recorded and written out word-for-word. The recordings and transcripts will be securely stored in accordance with the Data Protection Act.
4. I understand that anything I say will be treated confidentially. My answers will only be used for research purposes. The only potential breach to my confidentiality may be if I talk about a suicidal intent, a risk of harm to myself or others, an intention to escape (either myself or someone else) or about an identifiable offence for which I or others have not been charged or convicted.
5. I respect the confidentiality of other members of the group and understand that anything discussed inside in the group is confidential and therefore should not be discussed outside the group setting.
6. I agree to take part in the planning an evaluation of the FOR...A Change programme qualitative research study.

Name of participant

Date

Signature

**1 copy for participant; 1 copy for researcher**

## Strategic stakeholder topic guide

### 1. Introduction

*Aims: To introduce NatCen and the feasibility study, and to explain the interview process.*

- Introduction to researcher, NatCen and research consortium.
- Feasibility study topic.
- Explanation of the aims and objectives of the feasibility study – key themes:
  - o an RCT involves random allocation of eligible prisoners to FOR and control; might be 50:50 allocation but other allocations are possible (for example, 70:30);
  - o study will also consider other possible quasi-experimental alternatives, which involve a matched case comparison group on, for example, age and gender (in case insurmountable difficulties are raised in conducting an RCT);
  - o all those in the RCT or other outcome study would be followed up post-release (and perhaps interviewed pre-release);
  - o looking for evidence that the FOR group does better post-release than the control group.
- Timetable.
- Process of sampling and recruitment.
- Explain confidentiality and anonymity – caveats with number of strategic stakeholders participating and three-site model.
- Explain recording, length (1 hour to 1.5 hours) and nature of discussion, outputs/ reporting and data storage issues.
- Check whether they have any questions.
- Check that they are happy and turn on recorder.

### 2. Background

*Aim: To map contextual information about his/her current job role and job history.*

- Current job role:
  - o tasks;
  - o time in role;
  - o satisfaction;
  - o route into work with offender management/interventions.

### 3. FOR delivery overview

*Aim: To establish a broad outline of how the programme is currently managed and delivered in the sites – issues to inform interviews in later phases of the research.*

*NOTE: The aim is to get a broad overview of how the participant sees the programme.*

- Aim of the FOR course.
- Delivery of the FOR course.
- Management of the FOR course.

### **Referral, assessment and throughput**

- Current rates of participation:
  - o facilitators;
  - o challenges.
- Current drop out rates:
  - o reasons.

### **Programme delivery**

- Differences in delivery between male and female prisons:
  - o referral rates;
  - o assessment protocol;
  - o treatment dose.
- Time taken between introduction of FOR and smooth running ('bedding in').
- Number of staff assigned to manage and deliver FOR:
  - o same model all sites;
  - o whether have protected time to deliver FOR.
- Extent of treatment drift within and between sites.

## **4. Awareness and value of an RCT/other outcome study**

*Aims: To explore participants' awareness of an RCT/alternative experimental design and any existing barriers and facilitators to involvement.*

*NOTE: It is important for the interviewer to encourage participants to compare and contrast between the two designs.*

- Awareness of an RCT/other outcome studies:
  - o sources (personal experience, scientific literature);
  - o involvement on other evaluation research (positive and negative experiences, ethics).
- Value of an RCT/other outcome study on the FOR programme:
  - o credibility, publicity and kudos;
  - o future funding opportunities;
  - o increase motivation:
    - staff;
    - offenders;
    - project partners.

## **5. RCT/outcome study logistics and management**

*Aim: To ascertain participants' views on running an RCT/other outcome study in the prison service.*

*NOTE: It is important for the interviewer to encourage participants to compare and contrast between the two designs.*

### **Site selection and case flow for a RCT**

*NOTE: Describe to the participant the two suggested models of running an RCT. The first is to run the RCT in sites already running FOR and the second is to introduce the FOR programme to new sites in which an RCT is then run.*

Taking each model in turn discuss:

- eligibility criteria:
  - o widening.
- impact of model:
  - o on the prison service;
  - o on prison psychology.

### **Setting up an RCT in new FOR sites**

*Aim: To explore in detail the feasibility of introducing an RCT to new sites.*

- Profile of new sites:
  - o equal number of male/ female sites;
  - o generalisability to other sites:
    - where (urban/rural);
    - how many.
- Numbers of participants for an RCT:
  - o collecting daily population and average time served figures.
- Bedding in for an RCT to give fair results.
- Difficulties/challenges.

### **Allocation to RCT experiment conditions (both in an existing and new site)**

*Aim: To explore treatment options for control group, challenges with the experimental design, facilitators to measuring treatment efficacy.*

*NOTE: Give a recap overview of the principles of an RCT design, explaining there is an experimental group that receives FOR and a control group that does not. A key element of a quasi-experimental design is that there is a matched control group.*

- If a proportion of eligible prisoners are assigned to a control group, implications for:
  - o control group prisoners:
    - what offered – nothing vs light touch intervention:
      - ethical objections to no intervention model;
      - procedure to ensure control group is excluded from interventions (any indirect effects of interventions, such as speaking to other prisoners who are currently participating in the programme).
  - o programme impacts:
    - effect on staff morale and retention;
    - programme ethos;
    - working with fewer than normal numbers of prisoners;
    - offender behaviour.
  - o establishment:
    - completions and targets.

### **Running the RCT**

*Aim: To gather views on the necessary process and procedures to make an RCT feasible and establish best practice for obtaining consent in a treatment context.*

- Contacting the prisons:
  - o single or multiple contact points;
  - o named investigator in each site responsible;
  - o resource implications.

*NOTE: Describe how randomisation might work to the participant. Prison staff would describe the randomisation process and get consent from prisoners. The details of those agreeing to take part would then be passed to the evaluation team who randomly assign them to FOR or to a control group. The evaluation team let the prison staff and/or prisoner know and they proceed from there.*

- Who would explain the RCT to eligible prisoners.
- Collecting consent to randomisation:
  - o have participants given consent for demographic details to be shared for research purposes;
  - o viability of feasibility research model.
- Randomisation:
  - o when should this be done;
  - o who should do it (suggest it takes place off-site);
  - o how should it be done;
  - o what degree should it be standardised;
  - o when should the random allocation physically be done (need to ensure the



- o method employed does not pre-determine group membership);
  - o how should participants be informed of the outcome.
- Funding for the RCT (central government input).

### **Running an alternative outcome study**

*Aim: To gather views on the necessary process and procedures to make an alternative outcome study feasible and establish best practice for obtaining consent in a treatment context.*

*NOTE: Some issues will have already been covered when discussing running an RCT. It may be necessary to recap that a key element of a quasi-experimental design is that there is a matched control group. Explain that it may be necessary to select a comparison group of prisoners from prisons not running FOR.*

- Profile of sites.
- Impact of participating in an experiment where FOR might not be offered to any prisoners within chosen site:
  - o on the prison service;
  - o on prison psychology;
  - o resource implications.
- Who would explain the experiment to eligible prisoners:
  - o engaging this group.
- Collecting consent to participate in the research:
  - o have participants given consent for demographic details to be shared for research purposes;
  - o viability of feasibility research model.

### **Managing attrition**

*Aim: To establish the possible strategies that could be used to manage attrition.*

- Collecting stable addresses for follow up interviews (as many as possible).
- How to track participants of an RCT/other outcome study.
- Offender manager's role in this.

### **Maximising inclusion and representativeness**

*Aim: To establish the possible strategies that could be used to maximise inclusion.*

- Diversity issues; addressing these as part of the main RCT/other outcome study:
  - o obstacles;
  - o facilitators.
- Measuring treatment consistency across sites.

- Legal and litigation issues:
  - o obstacles;
  - o facilitators;
  - o experiences/knowledge of legal issues arising from research.
- Other broader ethical points.

## **6. External challenges**

*Aim: To establish any other external challenges to running an RCT/other outcome study.*

- Current situation with 'churn'.
- Extent of prisoner movement in three prison sites at the moment.
- Whether this is indicative of amount of movement in the rest of the prison population.
- Impact of prisoner movement on FOR referral, assessment and delivery.

## **7. Outcome data and reporting**

*Aim: To map participants' knowledge and views around using existing and potential outcome data.*

*NOTE: Explain how part of the study is to establish what existing outcome data could be used in an RCT/other outcome study and consider ways in which new outcome data could be generated, for example, an outcome data survey.*

- Outcomes of FOR:
  - o what should happen as result of FOR/picture of success:
    - prioritise outcomes in terms of importance.
- Outcome data:
  - o type;
  - o sources;
  - o agencies;
  - o reliability/completeness.
- Other outcome data:
  - o psychometric measures of self-management/self-efficacy.
  - o Each specific outcome requires details of:
    - whether records were kept and method of collection;
    - level of detail of records;
    - how long records were kept;
    - format records were kept in;
    - any data protection issues involved with accessing these records (anticipate consent given by prisoners entering an RCT/other outcome study);
    - perceived practical problems around access;
    - who would/could collect data;
    - analysis plans for data.

- Possibility of having an outcome data survey:
  - o interviews with offenders just prior to release;
  - o interviews with offenders post-release;
  - o follow up.
- Each stage of outcome data survey requires details of:
  - o whether valuable outcomes are to be collected;
  - o what these outcomes are;
  - o when would data be collected;
  - o where would data be collected;
  - o who would collect data;
  - o what would they collect;
  - o analysis plans for data.
- Economic outcome costs.
- Resources.

## **8. Next steps**

*Aim: To discuss any questions, anything else they would like to discuss.*

- Anything else to discuss.
- Any questions for the research team.
- Thank them for their time. Tell them that they are welcome to contact members of the research team to ask questions at a later date if they wish.
- Permission to archive transcript for future research purposes.

## **Governor topic guide**

### **1. Introduction**

*Aims: To introduce NatCen and the feasibility study, and to explain interview process.*

- Introduction to researcher, NatCen and research consortium.
- Feasibility study topic – two ideas; to introduce an RCT into sites already offering FOR or introduce an RCT and FOR as a package.
- Explanation of the aims and objectives of the feasibility study – key themes:
  - o an RCT involves random allocation of eligible prisoners to FOR and control; might be 50:50 allocation but other allocations are possible (for example, 70:30);
  - o study will also consider other possible quasi-experimental alternatives that involve a matched case comparison group on, for example, age and gender (in case insurmountable difficulties are raised in conducting an RCT);
  - o all those in the RCT or other outcome study would be followed up post-release (and perhaps interviewed pre-release);
  - o looking for evidence that the FOR group does better post-release than the control group.

- Timetable.
- Process of sampling and recruitment.
- Explain confidentiality and anonymity – caveats with three-site model.
- Explain recording, length (one hour) and nature of discussion, outputs/reporting and data storage issues.
- Check whether they have any questions.
- Check that they are happy and turn on recorder.

## **2. Background**

*Aim: To map contextual information about his/her current job role and job history.*

- Current job role:
  - o tasks;
  - o time in role.

## **3. FOR delivery overview – FOR SITE ONLY**

*Aims: To establish why they provide FOR in their establishment and an overview of what they think about FOR*

- Reasons for taking on FOR:
  - o what was involved in decision;
  - o process;
  - o timing;
  - o competing factors.
- Overview of how FOR is running in their establishment.

## **4. Not delivering FOR – NON-FOR SITE ONLY**

*Aims: To establish what other programmes they provide and the reasons for not taking on FOR*

- Map accredited and non-accredited programmes running in establishment:
  - o time running;
  - o performance.
- Awareness of the FOR programme.
- Reasons for not taking on FOR:
  - o what and who was involved in decision;
  - o process;
  - o timing;
  - o competing factors (map full range):
    - funding;
    - targets and weighted scorecard;

- risk of programme not running well;
- available offenders;
- staff skill and satisfaction.
- o ways barrier could be overcome.

## **5. Awareness and value of an RCT/other outcome study**

*Aims: To explore participants' awareness of an RCT/alternative experimental design and any existing barriers and facilitators to involvement.*

*NOTE: It is important for the interviewer to encourage participants to compare and contrast between the two designs.*

- Awareness of an RCT/other outcome studies:
  - o sources (personal experience, scientific literature);
  - o involvement on other evaluation research (positive and negative experiences, ethics).
- Value of an RCT/other outcome study/taking on the FOR and evaluation package:
  - o on the FOR programme;
  - o credibility, publicity and kudos;
  - o future funding opportunities;
  - o increase motivation:
    - staff;
    - offenders;
    - project partners.
- Views on consenting for an RCT/other outcome study/FOR and evaluation package:

*NOTE: for all points discussed cover the barriers and facilitators for establishment-level participation.*

- o at establishment/new sites:
  - resource implications;
  - operational implications;
  - nature of strategic support required;
  - views on an RCT model with a control group;
  - completions and targets.
  - Establishment/area support:
- o barriers;
- o facilitators;
- o methods to increase support.
- Funding for the RCT/FOR and evaluation package:
  - o central government input.

## **Maximising inclusion and representativeness**

*Aim: To establish the possible strategies that could be used to maximise inclusion.*

- Diversity issues; addressing these as part of the main RCT/other outcome study:
  - o obstacles;
  - o facilitators.
- Legal and litigation issues:
  - o experience:
    - in general;
    - around FOR/other programmes.
  - o obstacles;
  - o facilitators.
- Other broader ethical points.

## **6. External challenges**

*Aim: To establish any other external challenges to running an RCT/other outcome study/ FOR and evaluation package.*

- Current situation with 'churn' and any bearing this may have on FOR/current programme participation.
- Extent of prisoner movement at the moment.
- Whether this is indicative of amount of movement in the rest of the prison population.
- Impact of prisoner movement on FOR/programmes they are running, referral, assessment and delivery.

## **7. Next steps**

*Aims: To discuss any questions, anything else they would like to discuss.*

- Anything else to discuss.
- Any questions for the research team.
- Thank them for their time. Tell them that they are welcome to contact members of the research team to ask questions at a later date if they wish.
- Permission to archive transcript for future research purposes.

## Treatment manager topic guide

### 1. Introduction

*Aims: To introduce NatCen and the feasibility study, and to explain the interview process.*

- Introduction to researcher, NatCen and research consortium.
- Feasibility study topic.
- Explanation of the aims and objectives of the feasibility study – key themes:
  - o an RCT involves random allocation of eligible prisoners to FOR and control; might be 50:50 allocation but other allocations are possible (for example, 70:30);
  - o study will also consider other possible quasi-experimental alternatives that involve a matched case comparison group on, for example, age and gender (in case insurmountable difficulties are raised in conducting an RCT);
  - o all those in the RCT or other outcome study would be followed up post-release (and perhaps interviewed pre-release);
  - o looking for evidence that the FOR group does better post-release than the control group.
- Timetable.
- Process of sampling and recruitment.
- Explain confidentiality and anonymity – caveats with three-site model.
- Explain recording, length (1 hour to 1.5 hours) and nature of discussion, outputs/ reporting and data storage issues.
- Check whether they have any questions.
- Check that they are happy and turn on recorder.

### 2. Background

*Aim: To map contextual information about his/her current job role and job history.*

- Current job role:
  - o tasks;
  - o time dedicated to FOR;
  - o time in role;
  - o satisfaction;
  - o route into work with offender management/interventions.

### 3. FOR delivery overview

*Aim: To establish a broad outline of how the programme is currently managed and delivered in the sites.*

*NOTE: The aim is to get a broad overview of how the participant sees the programme.*

- Aim of the FOR course.
- How FOR course is delivered.
- Management of the FOR course.
- How FOR sits alongside other programmes:
  - o sequencing.

### **Referral, assessment and throughput**

- Stability of throughput:
  - o facilitators;
  - o challenges.
- Assessment of needs.
- How motivate to engage:
  - o current drop out rates.

### **Programme delivery within the prison**

- Referral rates:
  - o stability.
- Assessment protocol.
- Time taken between introduction of FOR and smooth running ('bedding in').
- Number of staff assigned to manage and deliver FOR:
- whether have protected time to deliver FOR.
- Extent of treatment drift from first delivery of the programme and over time.
- Beneficial effects of FOR compared with other programmes:
  - o on the prison (score card);
  - o on offenders (parole).

### **FOR outside the prison**

- Market place:
  - o overview of this;
  - o how agencies get a place (quality control);
  - o role of offender manager.

## **4. Awareness and value of an RCT/other outcome study**

*Aims: To explore participants' perspective/experience of an RCT/alternative experimental design and any existing barriers and facilitators to involvement.*

*NOTE: It is important for the interviewer to encourage participants to compare and contrast between the two designs.*

- Awareness of an RCT/other outcome studies:
  - o sources (personal experience, scientific literature);



- o involvement on other evaluation research (positive and negative experiences, ethics).
- Value of an RCT/other outcome study on the FOR programme:
  - o credibility, publicity and kudos;
  - o future funding opportunities;
  - o increase motivation:
    - staff;
    - offenders;
    - project partners.

## **5. RCT/outcome study logistics and management**

*Aim: To ascertain participants' views on running an RCT/other outcome study in the prison service.*

*NOTE: It is important for the interviewer to encourage participants to compare and contrast between the two designs.*

### **Site selection and case flow for an RCT**

*NOTE: Describe to the participant the two suggested models of running an RCT. The first is to run the RCT in sites already running FOR and the second is to introduce the FOR programme to new sites in which an RCT is then run.*

Taking each model in turn discuss:

- Eligibility criteria:
  - o widening.
- Impact of each model:
  - o on the prison service;
  - o on prison psychology;
  - o on each tripartite team role:
    - strategies to minimise any detrimental impact.

### **Setting up an RCT in new FOR sites**

*Aim: To explore in detail the feasibility of introducing an RCT to new sites.*

*NOTE: Introduce this as an alternative to random allocation within sites already running FOR.*

- Profile of new sites:
  - o equal number of male/female sites;
  - o generalisability to other sites:

- where (urban/rural);
  - how many;
  - whether running existing programmes (OBPs).
- Numbers of participants for RCT:
  - o collecting daily population and average time served figures.
- Bedding in for an RCT to give fair results.
- Experience of setting up FOR at establishment.

**Allocation to RCT experiment conditions (in both an existing and new site) and running the study**

*Aims: To explore treatment options for the control group, challenges with the experimental design, and facilitators to measuring treatment efficacy.*

- Contacting the prisons:
  - o single or multiple contact points;
  - o named investigator in each site responsible;
  - o resource implications.
- Research team disseminating study information to staff:
  - o level of information;
  - o methods.

*NOTE: Describe how randomisation might work to the participant. Prison staff would describe the randomisation process and get consent from prisoners. The details of those agreeing to take part would then be passed to the evaluation team who randomly assign them to FOR or to a control group. The evaluation team let the prison staff and/or prisoner know and they proceed from there.*

- Randomisation:
  - o when should this be done (covert idea to explore);
  - o where should it take place:
    - evaluators randomising.
  - o how should participants be informed of the outcome.
- Who would explain the RCT to the pool of eligible prisoners:
  - o treatment manager/wing staff/evaluators.
- Need for a female research team in female prisons.
- Collecting consent to randomisation:
  - o have participants given consent for demographic details to be shared for research purposes;
  - o implications of staged consent (suggest two-stage – written, then face-to-face with two-day opt out in between).

*NOTE: Give a recap overview of the principles of an RCT design, explaining that there is an experimental group that receives FOR and a control group that does not. A key element of a quasi-experimental design is that there is a matched control group.*

- If a proportion of eligible prisoners are assigned to a control group, implications and challenges for:
  - o role of staff assessing participants;
  - o control group prisoners:
    - what offered – nothing vs light touch intervention:
      - ethical objections to no intervention model;
      - procedure to ensure control group is excluded from interventions (any indirect effects of interventions, such as speaking to other prisoners who are currently participating in the programme).
  - o programme impacts:
    - delivering the programme;
    - relationship between delivery staff and participants;
    - effect on staff morale and retention;
    - programme ethos;
    - working with fewer than normal numbers of prisoners;
    - offender behaviour.

### **Running an alternative outcome study**

*Aim: To gather views on the necessary process and procedures to make an alternative outcome study feasible and to establish best practice for obtaining consent in a treatment context.*

*NOTE: Some issues will have already been covered when discussing running an RCT. It may be necessary to recap that a key element of a quasi-experimental design is that there is a matched control group. Explain that it may be necessary to select a comparison group of prisoners from prisons not running FOR.*

- Profile of sites:
  - o same as RCT.
- Views on taking part in evaluation if not running FOR at establishment.
- Impact of participating in an experiment where FOR might not be offered to any prisoners within chosen site:
  - o on the prison service;
  - o on prison psychology;
  - o resource implications.
- Who would explain the experiment to eligible prisoners:
  - o engaging this group.

- Collecting consent to participate in the research:
  - o have participants given consent for demographic details to be shared for research purposes;
  - o viability of feasibility research model.
- Collecting psychometric information for outcomes:
  - o process;
  - o timing;
  - o resources.

### **Managing attrition**

*Aim: To establish the possible strategies that could be used to manage attrition.*

*NOTE: Explain how attrition is a key challenge to the evaluation.*

- Collecting stable addresses for follow up interviews (as many as possible).
- How to track participants of an RCT/other outcome study:
  - o collecting NI numbers.
- Offender manager's/home probation officer's role in this.
- Other contact in community that could be useful:
  - o existing;
  - o potential.

### **Maximising inclusion and representativeness**

*Aim: To establish the possible strategies that could be used to maximise inclusion.*

- RCT/other outcome study impact on diversity.
- Diversity issues; addressing these as part of the main RCT/other outcome study:
  - o obstacles;
  - o facilitators.
- Legal and litigation issues:
  - o obstacles;
  - o facilitators;
  - o experiences/knowledge of legal issues arising from research.
- Other broader ethical points.

### **6. External challenges**

*Aim: To establish any other external challenges to running an RCT/other outcome study.*

- Current situation with 'churn' and early release – bearing this may have on FOR.
- Extent of prisoner movement in three prison sites at the moment.
- Impact of prisoner movement on FOR referral, assessment and delivery.

## **7. Outcome data and reporting**

*Aim: To map participants' knowledge and views around using existing and potential outcome data.*

*NOTE: Explain how part of the study is to establish what existing outcome data could be used in an RCT/other outcome study and consider ways in which new outcome data could be generated, for example, an outcome data survey.*

- What methods are used to assess participants' engagement:
  - o with the programme;
  - o with external partners.

*NOTE: Map all outcomes.*

- Outcomes of FOR:
  - o what should happen as result of FOR/picture of success:
    - prioritise outcomes in terms of importance.
- Outcome data:
  - o type;
  - o sources;
  - o agencies:
    - market place.
  - o reliability/completeness.
- Other outcome data:
  - o psychometric measures of self-management/self-efficacy;
  - o post-programme reviews.
- The programme journey prior to FOR.
- Possibility of having an outcome data survey:
  - o interviews with offenders just prior to release;
  - o interviews with offenders post-release;
  - o follow up.

## **8. Next steps**

*Aim: To discuss any other issues the participant would like to raise.*

- Any other areas of importance to cover.
- Any questions for the research team.
- Reassure confidentiality.
- Thank them for their time. Tell them that they are welcome to contact members of the research team to ask questions at a later date if they wish.
- Permission to archive transcript for future research purposes.

## Tripartite team and home probation officer topic guide

### 1. Introduction

*Aims: To introduce NatCen and the feasibility study, and to explain the interview process.*

- Introduction to researcher, NatCen and research consortium.
- Feasibility study topic.
- Explanation of the aims and objectives of the feasibility study – key themes:
  - o an RCT involves random allocation of eligible prisoners to FOR and control; might be 50:50 allocation but other allocations are possible (for example, 70:30);
  - o study will also consider other possible quasi-experimental alternatives that involve a matched case comparison group on, for example, age and gender (in case insurmountable difficulties are raised in conducting an RCT);
  - o all those in the RCT or other outcome study would be followed up post-release (and perhaps interviewed pre-release);
  - o looking for evidence that the FOR group does better post-release than the control group.
- Timetable.
- Process of sampling and recruitment.
- Explain confidentiality and anonymity – caveats with three-site model.
- Explain recording, length (1 hour to 1.5 hours) and nature of discussion, outputs/ reporting and data storage issues.
- Check whether they have any questions.
- Check that they are happy and turn on recorder.

### 2. Background

*Aim: To map contextual information about his/her current job role and job history.*

- Group introductions – tripartite group only.
- Current job role:
  - o tasks;
  - o time in role;
  - o overview of involvement with FOR/other programmes.

### 3. Awareness and value of an RCT/other outcome study

*Aims: To explore perspective/experience of an RCT/other outcome study.*

*NOTE: It is important to encourage participants to compare and contrast between the two designs.*

- Awareness of an RCT/other outcome studies:
  - o sources (personal experience, scientific literature);
  - o experience of other evaluation research (positive and negative, ethics).

- Value of an RCT/other outcome study/FOR and evaluation package:
  - o on the FOR programme;
  - o credibility, publicity and kudos;
  - o future funding opportunities;
  - o increase motivation:
    - staff;
    - offenders;
    - project partners.

#### **4. FOR delivery and logistics – FOR SITE ONLY**

*Aim: To establish a broad outline of current management and delivery of FOR.*

##### **Programme delivery within the prison/Home probation officer (HBO) involvement**

- How long they spend delivering/working with FOR.
- Whether they have protected time to work on FOR.
- Time taken between introduction of FOR and smooth running ('bedding in').
- Extent of treatment drift from first delivery of the programme and over time.
- Beneficial effects of FOR compared with other programmes:
  - o on the prison (score card);
  - o on offenders (parole).

##### **FOR outside the prison**

- Market place:
  - o how agencies get a place (quality control);
  - o role of offender manager/supervisor/HBO:
    - issues of attendance at case reviews;
    - barriers;
    - facilitators:
      - travel;
      - distance;
      - time;
      - cost;
      - workload.

#### **5. Taking on FOR delivery and logistics – NON-FOR SITE ONLY**

*Aim: To establish a broad outline of issues and views on offering FOR.*

##### **Programme delivery within the prison**

- How long they spend delivering/working with programmes.
- Whether they have protected time to work on programmes.
- Taking on FOR:

- o level of knowledge about programme;
- o views on offering it at their site;
- o as part of a package with an evaluation.

## **6. RCT/outcome study logistics and management**

*Aim: To ascertain participants' views on running an RCT/other outcome study/FOR and evaluation package.*

*NOTE: The interviewer should encourage participants to compare and contrast between the two designs.*

### **Site selection and case flow for an RCT**

*NOTE: Describe the two suggested models of running an RCT; in sites already running FOR or to introduce the FOR programme and an RCT to new sites.*

Taking each model in turn discuss: – **FOR SITES ONLY**

- Eligibility criteria:
  - o widening.
- Impact of each model:
  - o on the prison service;
  - o on prison psychology;
  - o on each tripartite team/HBO role;
  - o map all positive impacts;
  - o map all negative impacts;
  - o strategies to minimise any detrimental impact.

### **Setting up an RCT in new FOR sites**

*Aim: To explore in detail the feasibility of introducing an RCT to new sites.*

*NOTE: Introduce this as an alternative to random allocation within sites already running FOR.*

- Profile of new sites:
  - o equal number of male/female sites;
  - o generalisability to other sites.

### **Allocation to RCT conditions (in both an existing and new site) and running the study**

*Aims: To explore treatment options for the control group, challenges with the experimental design, and facilitators to measuring treatment efficacy.*



*NOTE: Give a recap overview of the principles of an RCT design, explaining that there is an experimental group that receives FOR and a control group that does not.*

- Research team disseminating study information to staff:
  - o level of information;
  - o methods.

### **TRIPARTITE TEAM ONLY**

*NOTE: Describe how randomisation might work to the participant. Prison staff would describe the randomisation process and get consent from prisoners. The details of those agreeing to take part would then be passed to the evaluation team who randomly assign them to FOR or to a control group. The evaluation team let the prison staff and/or prisoner know and they proceed from there.*

- Randomisation:
  - o when should this be done;
  - o who should do it (suggest it takes place off site);
  - o how should participants be informed of the outcome.
- Who would explain the RCT to the pool of eligible prisoners.
- Need for a female research team in female prisons.
- Have participants given consent for demographic details to be shared for research purposes:
  - o implications of staged consent (suggest two stage – written, then face-to-face, with two-day opt out in between)
- If a proportion of eligible prisoners are assigned to a control group, implications and challenges for:
  - o role of staff assessing participants – tripartite team only;
  - o control group prisoners:
    - what offered – nothing vs light touch intervention:
      - ethical objections to no intervention model;
      - procedure to ensure control group is excluded from interventions.
  - o programme impacts:
    - delivering the programme;
    - relationship between delivery staff and participants;
    - effect on staff morale and retention;
    - programme ethos;
    - working with fewer than normal numbers of prisoners.
  - o Impact of an RCT/other outcome study on behaviour of offenders:
    - compliance and risk.
  - o participants' engagement with wider partner services – HBOs only;
  - o establishment/HBO:
    - completions and targets.

## **Running an alternative outcome study – TRIPARTITE TEAM ONLY**

*Aims: To gather views on the process and procedures required to make an alternative outcome study feasible, and to establish best practice for obtaining consent.*

*NOTE: Some issues will have already been covered when discussing running an RCT. Possibly recap that a key element of a quasi-experimental design is a matched control group and that it may be necessary to select a comparison group from prisons not running FOR.*

- Profile of sites:
  - o same as RCT.
- Views on taking part in evaluation if not running FOR at the establishment.
- Impact of participating in a site where FOR is not offered.
- Who would explain the experiment to eligible prisoners:
  - o engaging this group.
- Collecting consent to participate in the research:
  - o have participants given consent for demographic details to be shared for research purposes;
  - o viability of feasibility research model.

## **Managing attrition – ALL**

*Aim: To establish the possible strategies that could be used to manage attrition.*

*NOTE: Explain how attrition is a key challenge to the evaluation.*

- Collecting stable addresses for follow up interviews (as many as possible).
- How to track participants of an RCT/other outcome study:
  - o collecting NI numbers.
- Offender manager's/home probation officer's role in this.
- Other contact in community that could be useful:
  - o existing;
  - o potential.

## **7. External challenges**

*Aim: To establish any external challenges to running an RCT/other outcome study.*

- Current situation with 'churn' and any bearing this may have on FOR/current programme delivery.
- Impact of prisoner movement on FOR/other programme referral, assessment and delivery:
  - o early release.

## **8. Outcome data and reporting – FOR SITE ONLY**

*Aim: To map participants' knowledge and views around using existing and potential outcome data.*

*NOTE: Explain how part of the study is to establish what existing outcome data could be used and consider ways in which new outcome data could be generated.*

- What methods used to assess participants engagement:
  - o with the programme;
  - o with external partners.
- Outcomes of FOR.

*NOTE: Map all outcomes*

- What should happen as result of FOR/picture of success:
  - o prioritise outcomes in terms of importance.
- Outcome data:
  - o how do they evaluate it/see a change in behaviour;
  - o type;
  - o sources;
  - o agencies;
  - o market place;
  - o reliability/completeness.
- Other outcome data:
  - o psychometric measures of self-management/self-efficacy;
  - o post-programme reviews.
- The programme journey prior to FOR.

## **FOR and NON-FOR SITES**

- Possibility of having an outcome data survey (prior to release, post-release and follow up):
  - o logistic facilitators and barriers.

## **9. Next steps**

*Aim: To discuss any other issues the participant would like to raise.*

- Any other areas of importance to cover.
- Any questions for the research team.
- Thank them for their time. Tell them that they are welcome to contact members of the research team to ask questions at a later date if they wish.
- Permission to archive transcript for future research purposes

## Facilitator's topic guide

### 1. Introduction

*Aims: To introduce NatCen and the feasibility study, and to explain the interview process.*

- Introduction to researcher, NatCen and research consortium.
- Feasibility study topic – two ideas; to run an RCT in sites already running FOR or to introduce FOR into sites not currently running it and then evaluate it as 'a package'.
- Explanation of the aims and objectives of the feasibility study – key themes:
  - o an RCT involves random allocation of eligible prisoners to FOR and control; might be 50:50 allocation but other allocations are possible (for example, 70:30);
  - o study will also consider other possible quasi-experimental alternatives that involve a matched case comparison group on, for example, age and gender (in case insurmountable difficulties are raised in conducting an RCT);
  - o all those in the RCT or other outcome study would be followed up post-release (and perhaps interviewed pre-release);
  - o Looking for evidence that the FOR group does better post-release than the control group.
- Timetable.
- Process of sampling and recruitment.
- Explain confidentiality and anonymity – caveats with three-site model.
- Explain recording, length (1 hour to 1.5 hours) and nature of discussion, outputs/ reporting and data storage issues.
- Check whether they have any questions.
- Check that they are happy and turn on recorder.

### 2. Background

*Aim: To map contextual information about group participants and job role.*

- Group introductions.
- Current job role:
  - o tasks;
  - o time in role;
  - o route into work with offender management/interventions.

### 3. Awareness and value of an RCT/other outcome study

*Aims: To explore participants' perspective/experience of an RCT/alternative experimental design and any existing barriers and facilitators to involvement.*

*NOTE: It is important for the interviewer to encourage participants to compare and contrast between the two designs.*

- Awareness of an RCT/other outcome studies:
  - o sources (personal experience, scientific literature);
  - o involvement on other evaluation research (positive and negative experiences, ethics).

#### **4. FOR logistics and delivery – FOR SITE ONLY**

*Aim: To establish a broad outline of how the programme is currently managed and delivered in the sites.*

- Experiences of delivering FOR at this establishment:
  - o how long they spend on delivering/working with programme;
  - o protected time to deliver FOR.
- Bedding in for an RCT to give fair results.
- Extent of treatment drift from first delivery of the programme and over time.

#### **5. Taking on FOR, logistics and delivery – NON-FOR SITE ONLY**

*Aim: To establish a broad outline of issues and views on offering FOR.*

#### **Programme delivery within the prison**

- How long they spend delivering/working with programmes.
- Whether they have protected time to work on programmes.
- Taking on FOR:
  - o level of knowledge about programme;
  - o views on offering it at their site;
  - o as part of a package with an evaluation.

#### **6. RCT/outcome study logistics and management**

*Aim: To ascertain participants' views on running an RCT/other outcome study in the prison service.*

*NOTE: It is important for the interviewer to encourage participants to compare and contrast between the two designs. Describe to the participant the two suggested models of running an RCT. The first is to run the RCT in sites already running FOR and the second is to introduce the FOR programme to new sites in which an RCT is then run.*

- Research team disseminating study information to staff:
  - o ways to promote evaluation;
  - o level and nature of information.

*NOTE: Describe how randomisation might work to the participant. Prison staff would describe the randomisation process and get consent from prisoners. The details of*

*those agreeing to take part would then be passed to the evaluation team who will randomly assign them to FOR or to a control group. The evaluation team let the prison staff and/or prisoner know and they proceed from there.*

- Who would explain the RCT to the pool of eligible prisoners.
- Need for a female research team in female prisons.
- Where should it take place.

### **Allocation to RCT experiment conditions (both in an existing and new site)**

Aims: To explore treatment options for the control group, challenges with the experimental design, facilitators to measuring treatment efficacy.

*NOTE: Give a recap overview of the principles of an RCT design, explaining that there is an experimental group that receives FOR and a control group that does not. A key element of a quasi-experimental design is that there is a matched control group. It is important for the interviewer to encourage participants to compare and contrast between the two designs.*

- If a proportion of eligible prisoners are assigned to a control group, implications for:
  - o control group prisoners:
    - what offered – nothing vs light touch intervention:
      - views on no intervention model;
      - procedure to ensure control group is excluded from interventions (any indirect effects of interventions, such as speaking to other prisoners who are currently participating in the programme).
  - o Programme impacts:
    - effect on staff morale and retention;
    - programme ethos;
    - working with fewer than normal numbers of prisoners;
    - offender behaviour.

### **Impact of an RCT/other outcome study**

- Views on taking part:
  - o difficulties, challenges, concerns:
    - ways to overcome these.
- Impact of an RCT/other outcome study on delivery:
  - o map all positive impacts;
  - o map all negative impacts:
    - overcoming objections raised.
  - o therapeutic relationship between delivery staff and participants.

- Impact of an RCT/other outcome study on outcomes of FOR/NON-FOR SITE – a programme:
  - o map all positive impacts;
  - o map all negative impacts:
    - overcoming objections raised.
- Impact of an RCT/other outcome study on behaviour of offenders:
  - o compliance and risk.
- Impact of participating in an experiment (not RCT) where FOR might not be offered to any prisoners within chosen site:
  - o engaging and motivating.

## **7. External challenges**

*Aim: To establish any other external challenges to running an RCT/other outcome study.*

- Current situation with ‘churn’ and early release:
  - o bearing this may have on FOR.
- Extent of prisoner movement in three prison sites at the moment.
- Impact of prisoner movement on FOR referral, assessment and delivery.

## **8. Outcome data and reporting**

*Aim: To map participants’ knowledge and views around using existing and potential outcome data.*

*NOTE: Explain how part of the study is to establish what existing outcome data could be used in an RCT/other outcome study and consider ways in which new outcome data could be generated, for example, an outcome data survey.*

### **Outcomes of FOR – FOR SITE ONLY**

- Outcomes of FOR.
- What should happen as result of FOR/picture of success:
  - o prioritise outcomes in terms of importance.
- Knowledge of outcome data.
- Type.
- Sources.
- Agencies:
  - o market place.
- Reliability/completeness.
- Other outcome data:
  - o psychometric measures of self-management/self-efficacy – who collects these and how (reliability and validity);
  - o post-programme reviews.
- The programme journey prior to FOR.

## Outcome data survey – ALL SITES

- Possibility of having an outcome data survey.
- Timing.
- Location:
  - o interviews with offenders just prior to release;
  - o interviews with offenders post-release;
  - o follow up.
- Their possible role.

## 9. Next steps

*Aim: To discuss any other issues participants would like to raise.*

- Any other areas of importance to cover.
- Any questions for the research team.
- Reassure confidentiality.
- Thank them for their time. Tell them that they are welcome to contact members of the research team to ask questions at a later date if they wish.
- Permission to archive transcript for future research purposes.

## Wing staff topic guide

### 1. Introduction

*Aims: To introduce NatCen and the feasibility study, and to explain the interview process.*

- Introduction to researcher, NatCen and research consortium.
- Feasibility study topic – two ideas; to run an RCT in sites already running FOR or to introduce FOR into sites not currently running it and then evaluate it as ‘a package’.
- Explanation of the aims and objectives of the feasibility study – key themes:
  - o an RCT involves random allocation of eligible prisoners to FOR and control; might be 50:50 allocation but other allocations are possible (for example, 70:30);
  - o study will also consider other possible quasi-experimental alternatives that involve a matched case comparison group on, for example, age and gender (in case insurmountable difficulties are raised in conducting an RCT);
  - o all those in the RCT or other outcome study would be followed up post-release (and perhaps interviewed pre-release);
  - o looking for evidence that the FOR group does better post-release than the control group.
- Timetable.
- Process of sampling and recruitment.
- Explain confidentiality and anonymity – caveats with three-site model.
- Explain recording, length (1 hour to 1.5 hours) and nature of discussion, outputs/ reporting and data storage issues.



- Check whether they have any questions.
- Check that they are happy and turn on recorder.

## **2. Background**

*Aim: To map contextual information about group participants and job role.*

- Group introductions.
- Current job role:
  - o tasks;
  - o time in role;
  - o route into current role.

## **3. Awareness and value of an RCT/other outcome study**

*Aims: To explore participants' perspective/experience of an RCT/alternative experimental design and any existing barriers and facilitators to involvement.*

*NOTE: It is important for the interviewer to encourage participants to compare and contrast between the two designs.*

- Awareness of an RCT/other outcome studies:
  - o sources (personal experience, scientific literature);
  - o involvement on other evaluation research (positive and negative experiences, ethics).

## **4. Taking on FOR delivery and logistics**

*Aim: To establish a broad outline of issues and views on offering FOR.*

### **Programme delivery within the prison**

- Taking on FOR:
  - o level of knowledge about the programme;
  - o views on offering it at their site;
  - o as part of a package with an evaluation.

## **5. RCT/outcome study logistics and management**

*Aim: To ascertain participants' views on running an RCT/other outcome study in the prison service.*

*NOTE: It is important for the interviewer to encourage participants to compare and contrast between the two designs. Describe to the participant the two suggested models of running an RCT. The first is to run the RCT in sites already running FOR and the second is to introduce the FOR programme to new sites in which an RCT is then run.*

- Research team disseminating study information to staff:
  - o ways to promote evaluation:
    - letters;
    - leaflets;
    - presentations;
    - prison service news.
  - o level and nature of information.

*NOTE: Describe how randomisation might work to the participant. Prison staff would describe the randomisation process and get consent from prisoners. The details of those agreeing to take part would then be passed to the evaluation team who randomly assign them to FOR or to a control group. The evaluation team let the prison staff and/or prisoner know and they proceed from there.*

- Who would explain the RCT to the pool of eligible prisoners.
- Need for a female research team in female prisons.
- Where should it take place.

#### **Allocation to RCT experiment conditions (both in an existing and new site)**

*Aims: To explore treatment options for the control group, challenges with the experimental design, facilitators to measuring treatment efficacy.*

*NOTE: Give a recap overview of the principles of an RCT design, explaining that there is an experimental group that receives FOR and a control group that does not. A key element of a quasi-experimental design is that there is a matched control group. It is important for the interviewer to encourage participants to compare and contrast between the two designs.*

- If a proportion of eligible prisoners are assigned to a control group, implications for:
  - o control group prisoners:
    - what offered – nothing vs light touch intervention:
      - views on no intervention model;
      - procedure to ensure control group is excluded from interventions (any indirect effects of interventions, such as speaking to other prisoners who are currently participating in the programme).

#### **Impact of an RCT/other outcome study**

- Views on taking part:
  - o difficulties, challenges, concerns:
    - ways to overcome these.

- Impact of an RCT/other outcome study on prisoners:
  - o behaviour on wing;
  - o management;
  - o compliance and risk:
    - overcoming any objections raised.
- Impact of an RCT/other outcome study on wing staff:
  - o relationship between wing staff and participants;
  - o their daily role;
  - o their operational tasks:
    - overcoming any objections raised.
- Impact of participating in an experiment (not RCT) where FOR might not be offered to any prisoners within chosen site:
  - o engaging and motivating.

## **6. External challenges**

*Aim: To establish any other external challenges to running an RCT/other outcome study.*

- Level of workload at the moment:
  - o ability to take on additional work.
- Current situation with 'churn' and early release:
  - o bearing this may have on FOR.
- Extent of prisoner movement in three prison sites at the moment.

## **7. Next steps**

*Aim: To discuss any other issues participants would like to raise.*

- Any other areas of importance to cover.
- Any questions for the research team.
- Reassure confidentiality.
- Thank them for their time. Tell them that they are welcome to contact members of the research team to ask questions at a later date if they wish.

## **Offenders topic guide**

### **1. Introduction**

*Aims: To introduce NatCen and the feasibility study, and to explain the focus group process.*

- Introduction to researcher, NatCen.
- Feasibility study topic.
- Explanation of the aims and objectives of the feasibility study – key themes:

*NOTE: Can give the example of a stopping smoking programme when discussing the following points below.*

- o important to evaluate any programme;
- o one way to evaluate is for one-half of the group to receive the treatment, and one-half of the group not to receive it and then see, for example, who stops smoking. People get randomly allocated into either group before the experiment begins;
- o other ways to evaluate a programme, however, they are not as robust. For example, can work backwards so after the treatment is completed to compare a group that received the treatment with a group that did not;
- o **NON-FOR SITE ONLY** – looking at how best to evaluate a programme called FOR. Idea of introducing this programme into sites not currently running it and then carrying out an evaluation to see what effect it has;
- o for any evaluation idea to follow up all those participating post-release (and perhaps interviewed pre-release).
- Timetable.
- Explain confidentiality and anonymity – caveats with three-site model.
- Explain terms of contract for session:
  - o respect all views;
  - o language;
  - o turn taking.
- Explain recording, length (one hour) and nature of discussion, outputs/reporting and data storage issues.
- Check whether they have any questions.
- Check that they are happy and turn on recorder.

## **2. Background and FOR participation overview**

*Aim: To map demographic information about group participants and their experience of FOR.*

- Group introductions.
- Time in establishment.
- Current FOR participation status – **FOR SITE ONLY**.
- Experience of (other) programmes:
  - o current;
  - o in the past.

## **3. Experience of FOR delivery – FOR SITE ONLY**

*Aim: To establish a broad outline of how they perceive the programme is currently delivered and received in the sites.*

- Aim of the FOR course.
- Sense of assessment process.
- Issues around not completing the programme/drop outs.
- Comparison with other course.

#### **4. Knowledge of taking part in research studies**

*Aims: To explore participants' awareness of experiments or evaluations and any existing barriers and facilitators to involvement.*

- Awareness of research:
  - o sources;
  - o involvement;
  - o experiences.
- Experience of information received to take part in this study:
  - o what motivated them to take part;
  - o describe process of recruitment, who, how;
  - o nature of information received:
    - verbal;
    - leaflets;
    - quality of information.
  - o extent to which the research team, as external staff, was a factor.
- Value of an RCT/other outcome study on the FOR programme/programme for offenders:
  - o bearing on take-up;
  - o bearing on motivation during course;
  - o other factors.

#### **5. Participating in an experimental evaluation**

*Aim: To ascertain participants' views on participating in an RCT/other outcome study in the prison service.*

*Note: It is important for the interviewer to encourage participants to compare and contrast between the two designs.*

#### **Allocation to RCT experiment conditions (in both an existing and new site) and running the evaluation**

*Aim: To explore challenges and facilitators to both designs.*

*NOTE: Describe how randomisation might work to the participant. Prison staff would describe the randomisation process and get consent. The details of those agreeing to take part would then be passed to the evaluation team who randomly assign them*

*to FOR or to a control group. The evaluation team let the prison staff and/or offender know and they proceed from there.*

- Process of allocation:
  - o views on prison staff, then evaluators;
  - o other models;
  - o need for a female research team with female offenders.
- Research team disseminating study information:
  - o level of information;
  - o methods;
  - o recap on details from Section 4, where necessary.
- Collecting consent to randomisation:
  - o level of information for informed consent, what they need;
  - o experience of process for today;
  - o possible reasons for non-consent:
    - ways to deal with this group.
- Changing or adding to assessment process as part of an experiment.
- Perceived impact of RCT:
  - o own involvement/view of FOR programme;
  - o facilitators/wing staff/other programme participants.

*NOTE: Give a recap overview of the principles of an RCT design. Encourage them to imagine they are eligible and motivated for FOR (NON-FOR SITE – would put themselves forward for a new programme introduced to their prison, not knowing if they would be randomly selected or not) consent and then find out they are in the control group (can use the example of a stop smoking programme).*

- If a proportion of eligible offenders are assigned to a control group, implications for:
  - o control group prisoners:
    - concerns/fears with this process;
    - what offered – nothing vs light touch/alternative intervention;
    - objections to no intervention model;
    - issues around ensuring control group excluded:
      - discussion about progress and programmes on wing.

### **Running an alternative outcome study**

*Aim: To gather views on the necessary process and procedures to make an alternative outcome study feasible and to establish best practice for obtaining consent in a treatment context.*

*NOTE: Some issues will have already been covered when discussing running an RCT. It may be necessary to recap that a key element of an alternative experimental design is that there is a matched control group. Explain that it may be necessary to select a comparison group of prisoners from prisons not running FOR.*

- Issues around consent for being matched and followed.
- Motivation to complete questionnaires about attitudes and behaviour:
  - o what would stimulate engagement:
    - feedback on scores;
    - other incentives.
- Explaining the experiment to eligible offenders:
  - o engaging this group.

## **6. Outcome data and reporting**

*Aim: To map participants' views around using existing and potential outcome data.*

*NOTE: Explain how part of the study is to establish what existing outcome data could be used in an RCT/other outcome study and consider ways in which new outcome data could be generated, for example an outcome data survey.*

- Outcomes of FOR – **FOR SITE ONLY:**
  - o what should happen as result of FOR/picture of success:
    - prioritise outcomes in terms of importance.
- Possibility of having an outcome data survey to see if FOR works – **ALL SITES:**
  - o interviews with offenders just prior to release;
  - o interviews with offenders post-release;
  - o follow up.

Each data collection stage requires details of:

- barriers to participating in this stage;
- facilitators to participating in this stage;
- encouraging participation in data monitoring stages.

## **Managing attrition**

*Aim: To establish the possible strategies that could be used to manage attrition.*

*NOTE: Explain how attrition is a key challenge to the evaluation.*

- Collecting stable addresses for follow up interviews (as many as possible).
- Ways to help participants stay in touch/keep engaged:
  - o who would now where they are; who is the best point of contact:
    - parents;

- partners;
  - probation officer.
- Providing personal details, for example, NI number:
  - o concerns and ways to address these.

### **Data linking**

*NOTE: Explain this would involve them giving their permission for their personal details, for example, name, date of birth and prison data to be linked with external sources, for example, DWP records, Job Centre Plus to show FOR really works.*

- Barriers and facilitators to sharing data this way:
  - o probe for nature and extent of assurances required.

### **7. Next steps**

*Aims: To discuss any other areas or questions the participants want to discuss and let them know who to contact for further information.*

- Any other areas of importance to cover.
- Any questions for the research team.
- Reassure confidentiality.
- Thank them for their time. Tell them that they are welcome to contact member of FOR team/PO [name of prison officer] or members of the research team (address on leaflet) to ask questions at a later date if they wish.

## **Analysis**

The data in this study were analysed with the aid of Framework (Ritchie and Lewis, 2003), a systematic approach to qualitative data management that was developed by NatCen and is now widely used in social policy research (Pope *et al.*, 2006). Framework involves a number of stages. First, the key topics and issues that emerge from the research objectives and the data are identified through familiarisation with the transcripts. The initial analytical framework is then drawn up and a series of thematic charts or matrices are set up, each relating to a different thematic issue. The columns in each matrix represent the key sub-themes or topics while the rows represent individual participants. Data from verbatim transcripts of each interview are summarised into the appropriate cell. In this way, the data are ordered in a systematic way that is grounded in participants' own accounts, yet oriented to the research objectives.

This approach was supported by a bespoke software also developed by NatCen. The software enabled a flexible approach to the creation of the matrices and allowed new columns or 'themes' to be added during the process of data management. This software also enabled the summarised data to be hyperlinked to the verbatim text in the transcript. This made it possible to move back and forth from the more abstract summary to the original data



at will, depending on the level of analysis and detail required. Finally, the cases and themes that were displayed could be chosen with complete flexibility, easily allowing cases to be ordered, compared and contrasted. The Framework approach and the Framework software meant that each part of every transcript that was relevant to a particular theme was noted, ordered and was almost instantly accessible.

The final stage of analysis involved working through the charted data in detail, drawing out the range of experiences and views, identifying similarities and differences, developing and testing hypotheses, and interrogating the data to seek to explain emergent patterns and findings. In drawing the material together, the aim was to display and explain differences and similarities in the perceptions of the different participants, using each data set to enhance understanding of the others and to derive a deeper level of understanding of how an evaluation could work, and its impact. The themes used to manage the data for both strategic and operational staff and offenders are set out below.

## **Framework for strategic and operational staff**

### **1 Professional background and research experience**

#### 1.1 Professional role in general

Tasks, time in role, satisfaction, route into their role.

#### 1.2 Professional role in relation to FOR

What they do, how long they spend on FOR-related activities, whether they have 'protected time' for FOR.

#### 1.3 Professional role in relation to other offender programmes

What they do, how long they spend on offender programme-related activities.

#### 1.4 Views on research studies

Both an RCT and other outcome studies, value added of research, sources of these views.

#### 1.5 The value of an RCT compared with other outcome study

Credibility, publicity, kudos, future funding opportunities, increasing staff/offender/project partners motivation.

#### 1.6 Experience of research studies

Positive and negative, ethics.

#### 1.7 Cover sheet comments

1.8 Other

## **2 FOR programme overview**

2.1 Accreditation and ownership

How accredited and why, current ownership status, impact on any evaluation.

2.2 Aim of the FOR programme

What the participants think are the broad aims of FOR.

2.3 Reasons for currently running FOR/not running it (link to Chart 5 below on external challenges)

What was involved in decision, process, timing, competing factors.

2.4 Setting up the programme

Bedding in (time taken between introduction of FOR and its smooth running).

2.5 Referral, assessment and throughput

Participation rates (current participation rates and reasons), assessment of needs, who goes on the FOR, assessment protocol, how they motivate offenders to engage with FOR, drop outs (current drop out rates and reasons), external challenges (any independent factors that affect participation).

2.6 Delivery

Core component, difference between male and female sites (referral rates, assessment protocol, treatment dose), staff time management (how long staff spend delivering programme, number of staff assigned to manage and deliver programme, whether staff have 'protected time' to deliver FOR), treatment manager drift, treatment drift in general, interface with other programmes, extent all staff are engaged with all aspects of the delivery process (assessment through to case conferences).

2.7 Market place and case reviews

How they are going, how agencies get a place, role of offender manager/home probation officer in these stages of FOR.

2.8 Economic cost of FOR

Values, how measured, how compares with other interventions.

2.9 Outcomes (brief detail here, more in final chart 6)

Range of outcomes, extent to which they are achieved, threats to outcomes being met.

2.10 Current uptake of FOR and reasons for this

2.11 Other

### **3 Setting up an evaluation**

#### 3.1 Offender selection

Eligibility (possibility of widening this to increase throughput), numbers of offenders required for an RCT/other outcome study, extent to which desired numbers can be realised.

#### 3.2 Site selection

Profile, male and female sites, where (urban, rural), how many, whether running existing programmes, time needed to bed FOR into a new site, process for successful 'bedding in', experience of setting up FOR or not (new site or existing site model).

#### 3.3 Impacts of evaluation

On the prison service, on prison psychology, on staff role/delivering programme (treatment manager, programmes manager, resettlement manager, facilitators, wing staff).

#### 3.4 Barriers to setting up an evaluation

Commitment, resources, funding.

#### 3.5 Facilitators to setting up an evaluation

Commitment, resources, funding, practical process/promotional recommendations, nature of strategic support required.

#### 3.6 Maximising inclusion

Representativeness (measuring treatment consistency across sites). Diversity issues (obstacles and facilitators). Legal and litigation issues.

#### 3.7 Other

### **4 Running and managing the evaluation**

#### 4.1 Contacting the prisons

Single or multiple contact points (who these should be, resource implications).  
Research team disseminating information to staff (level of information, methods, ways to promote evaluation).

#### 4.2 Gaining consent

Any prior consent given by offenders to participate in research, who would do this and explain process to offenders, when should it be done, how should it be done, barriers, facilitators.

#### 4.3 Allocating people to evaluation conditions

Who would explain the process to participants (treatment staff/wing staff/evaluators), when would this happen, where should this take place, informing offenders of the outcome implications for control group, ensuring control group are excluded from interventions.

#### 4.4 Attrition

Collecting stable addresses, other ways to track participants (NI numbers), drop outs, offender managers/home probation officer role, other contact in community that could be useful (both existing and that could potentially be put in place).

#### 4.5 Staff barriers

#### 4.6 Staff facilitators

#### 4.7 Offender barriers

#### 4.8 Offender facilitators

#### 4.9 Organisational barriers

#### 4.10 Organisational facilitators

#### 4.11 Other

### **5 External challenges**

#### 5.1 Prison population/churn

Current situation, impact of current situation on FOR and in general, impact of population pressures on an evaluation (for example, FOR participants given early release to free up cell space).

#### 5.2 Targets and the prison weighted scorecard

What they are, how are they used, impact of these on FOR impact on an evaluation.

### 5.3 Policy changes

Impact of the change to National Offender Management Service (NOMS) structure on FOR management, delivery and evaluation.

### 5.4 Funding and take-up

How are FOR and other programmes funded, impact on take-up of the programme, funding required for an evaluation, potential sources of funding for an evaluation.

### 5.5 Non-accredited programmes and impacts

### 5.6 Other

## 6 Measuring outcomes

### 6.1 Outcomes of FOR

What should happen (making contact with services).

### 6.2 Measuring the outcomes

### 6.3 Feasibility of an outcome survey

One possible way of measuring outcomes would be to carry out interviews with offenders just prior to release, post-release and then a follow up, whether valuable outcomes would be collected.

### 6.4 Economic outcomes and costs

### 6.5 Other

## Framework for offenders

### 1 Offender background and research experience

#### 1.1 Length of time in establishment

#### 1.2 Current FOR participation status

Whether currently on the course/completed/at non-FOR site.

#### 1.3 Experience and views of other programmes

#### 1.4 Previous experience of research

Nature of the research and their involvement in it. Experiences of this research – materials and information provided.

1.5 Cover sheet comments

1.6 Other

## **2 Experience of FOR programme (N/A for non-FOR site participants)**

2.1 Route into the FOR programme

How did they come to be involved in FOR.

2.2 Understanding of FOR

What they knew before enrolling – how/who from, perceived aims of FOR.

2.3 Reasons for participating

2.4 Assessment process

2.5 Views about the FOR programme

Delivery, the course itself, impact they feel it had/is having.

2.6 Comparisons with other programmes

2.7 Other

## **3 Participating in an evaluation of FOR**

3.1 Understanding of RCT conditions

Sense of offenders' understanding of RCTs after explanation given by moderator, any confusion expressed about how an RCT would work.

3.2 Gaining consent

Who should do this and explain to offenders, when and how should this be done, whether they would feel compelled to participate in an evaluation, barriers and how to overcome these, facilitators.

3.3 Explaining allocation of offenders to RCT

Who should do this, importance of gender matching, how should it be explained, when, level of information needed, reflections about leaflets received for focus group.

### 3.4 Allocation to RCT

Who should do this, importance of gender matching, implications for control group offenders, what should be offered to control group, ensuring control group is excluded from interventions, indirect impacts such as discussions about progress or programmes on the wing.

### 3.5 Changing/adding to assessment process

Changing or adding to the assessment process as part of the experiment.

### 3.6 Perceived impact of RCT

On involvement in/view of FOR programme, facilitators/wing staff/other programme participants.

### 3.7 Running an alternative outcome study

Issues around consent for being matched and followed, explaining the experiment to eligible offenders, how to engage offenders.

## **4 Outcome data and reporting**

### 4.1 Outcomes of FOR

What should happen as a result of FOR, note any prioritising.

### 4.2 Feasibility of an outcome survey

Interviews with offenders prior to release and post-release. Follow up survey – for each stage barriers and facilitators to participation, how to encourage participation and how honest they would be when answering questions.

### 4.3 Attrition

Collecting stable addresses (who and how), concerns about providing personal details and ways to address these, ways to help participants stay in touch/engaged.

### 4.4 Data linking

Giving permission for personal details to be linked with external sources, barriers to agreeing to this and facilitators. How should it be explained, level of information needed.

### 4.5 Other

## Glossary of terms

DOMs	Director of Offender Managers
DWP	Department for Work and Pensions
ECL	End of Custody Licence
ETS	Enhanced Thinking Skills programme
FOR	'FOR...A Change' programme
IAG	Information, Advice and Guidance
IPP	Indeterminate Public Protection offenders
IIS	Inmate Information System
KPT	Key Performance Target
LIDS	Local Inmate Database System
MoJ	Ministry of Justice
MOR	Motivating Offenders to Re-think programme
OASys	Offender Assessment System
OBPU	Offending Behaviour Programmes Unit
RCT	Randomised Control Trial
ROMs	Regional Offender Managers
SLA	Service Level Agreement
SPCR	Surveying Prisoner Crime Reduction
UCCJ	Unit Costs in Criminal Justice



**Ministry of Justice Research Series 17/10**

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This feasibility study explored whether it would be possible to carry out a randomised control trial (RCT) of the brief cognitive motivational intervention aimed at offenders in the last three months of their sentence; Focus on Resettlement (FOR)...A Change programme. The study discovered that it would be feasible to carry out an RCT of the FOR programme, with staff and offenders recognising the benefits available, provided FOR eligibility was widened to include all prisoners sentenced to under 12 months. The randomisation process of the evaluation was identified as the most contentious aspect for ethical reasons and would need the support from across the prison estate to succeed.

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