HM Prison &
Probation Service

The effectiveness of rehabilitative services for Black, Asian and Minority Ethnic people: a rapid evidence assessment

Jo Shingler and Laura Pope
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1. Summary

To provide effective criminal justice services that respect diversity, it is vital to establish what evidence exists about how to achieve the best outcomes for people in prison or on probation, who are Black, Asian or Minority Ethnic (BAME). A rapid evidence assessment (REA) was conducted to explore the research evidence looking at the effectiveness of rehabilitative correctional interventions in reducing reoffending or substance misuse, among BAME people. In addition, the review also considered those factors that affect how people in these groups respond to these interventions, in custodial or community correctional settings.

A previous internal literature review carried out by HM Prison and Probation Service (unpublished, 2012) revealed a lack of empirical evidence about the efficacy of rehabilitative interventions aimed at reducing reoffending, for people who are BAME. This REA updates that review, and expands its scope to explore the wider research literature on factors impacting BAME individuals' response to rehabilitative programmes aimed at reducing reoffending.

REA methodology was employed to search a range of databases. The review focused on a range of populations both in prison and in the community. The target population included men, women, young adults (including those under the age of 18) and populations of any ethnic background or grouping. It is important to note that defining BAME in this way results in a large, indiscriminate and heterogeneous group, which makes it challenging to draw any meaningful conclusions about improving the responsivity of correctional programming. However, it was necessary to include the diverse population range given the lack of evidence about specific populations, and this highlights the need for much more and better quality research to achieve a more nuanced understanding of what works, with whom and under what conditions.

Given the dearth of relevant and high-quality research into the effectiveness of rehabilitative correctional interventions among BAME people, this review included international literature, published in English. Comparability and generalisability of any non-UK studies was carefully considered and presented within the findings of the review.

The search process yielded 3,101 studies, of which only 11 were of sufficient relevance and methodological rigour for inclusion. The type and quality of research design was varied. Of the 7 quantitative studies: 1 was a meta-analysis of high quality studies that used control and/or comparison group designs; 4 were randomised control trials; and 2 were studies that

compared people from different ethnic groups on factors predicting different responses to treatment (treatment attrition and resistance to treatment). Four studies were qualitative in nature. Five studies were conducted in the UK and 6 were carried out in North America or Canada.

The REA indicates there is still insufficient evidence relevant to understanding how to improve outcomes for individuals from a BAME background. However, the research reviewed points to some tentative but promising approaches for increasing the responsivity of correctional programmes to people who are BAME.

First, the evidence suggests that the content of 'standard' correctional programmes can be experienced as relevant to BAME participants, and that BAME participants can benefit from such programmes. However, some studies suggest that treatment that is: culturally aware, sensitive and inclusive; that is delivered by culturally aware and sensitive staff; and delivered by staff from similar ethnic backgrounds to their clients is preferred, and is more likely to reduce the chances that potential BAME participants will experience any fear or resistance associated with feeling isolated or misunderstood.

Second, there are some barriers to effective treatment for BAME clients that may interfere with them starting, completing or engaging in treatment. Such barriers could include experiences or fear of racism or discrimination, and the perception and possible reality that the intervention will not be culturally relevant. There is early evidence that a strong sense of cultural identity and pride is associated with greater reductions in substance misuse among juveniles. Explicitly recognising and encouraging cultural identity could be a promising approach to facilitating greater responsivity of correctional programmes for people who are BAME.

The research is in its infancy, and further work is required to understand and draw firm conclusions about how to improve participation and engagement in, and retention and reoffending outcomes, of BAME individuals in prison and on probation. However, the research reviewed points to some promising approaches which could help achieve this aim:

> Efforts could be made to make correctional interventions more relevant to BAME groups. Work is needed to increase the number of BAME clients taking up interventions; increase the number of BAME staff members working within interventions; ensure treatment materials are relevant to BAME groups; and doing more to actively engage with and respect cultural experiences and differences. BAME

clients need to be facilitated to express their cultural identity free from fear of being stereotyped or discriminated against.

Results from the REA indicate that the idea that therapy, or ‘treatment’, is a predominantly white construct, in some cases with no cultural equivalent. The lack of understanding, recognition or acceptance of this amongst some cultural groups suggests further work is needed. This may usefully include engaging with and raising awareness among some BAME participants and their families about notions of treatment. Future research should aim to evaluate treatment effectiveness on large sub-groups of minority ethnic participants in both custodial and community settings. Alongside this, additional larger scale research to increase understanding about the barriers to interventions for BAME individuals in prison and on probation is necessary, in order to learn how to make correctional interventions more responsive and appealing to individuals from different ethnic groups.

2. Aims and objectives

To date there has been little empirical evidence on what works in reducing reoffending or substance misuse among Black, Asian and Minority Ethnic (BAME) individuals in prison and on probation. A previous internal literature review carried out by HMPPS (unpublished) in 2012 searched for high quality studies into the impact of interventions designed to reduce reoffending with BAME individuals. The review found insufficient evidence, and concluded that further investigation was required. The current review updates this search. It expands the scope of the previous review to explore international studies as well as a much wider range of research literature into factors that could affect a range of treatment outcomes, including participation, engagement, and attrition for BAME individuals in prison and on probation.

This report describes the rationale, methodology and results of the expanded internal review on what works, and focuses on research relating to factors impacting ethnic minority individuals' response to rehabilitative programmes aimed at reducing reoffending. Particular attention is paid to the cultural adaptation (recognition of cultural and ethnic differences reflected within programme content and delivery) of programmes and evidence of the effectiveness of such cultural adaptations in facilitating or enhancing participant engagement and completion of programmes.

The primary research questions addressed in this review are:

- How effective are correctional interventions in reducing reoffending or substance misuse among people who are BAME?
- What factors affect how people in BAME groups respond to these interventions, in custodial or community correctional settings, specifically:
    - What does the evidence tell us about the likely influence of social, cultural and therapeutic factors on BAME individuals' responses to, and experiences of rehabilitative interventions?
    - What does the evidence tell us about how these factors might inhibit and/or stimulate BAME individuals' motivation to participate in and complete correctional programmes?

It is only through a more considered search for answers to these questions that we can improve the responsivity of correctional programming to the diverse population that this serves.

3. Background literature

3.1 Issues and barriers facing BAME individuals in custody and in the community

A Ministry of Justice Access to Justice Review in 2009 established that Black, Asian and Minority Ethnic (BAME) individuals are overrepresented in the criminal justice system. They make up a greater proportion of the criminal justice population than of the general population in England and Wales (Mason, Hughes, Hek, Spalek and Ward, 2009). The review examined BAME individuals' access to justice and primarily focused on the pre-sentence process. The authors suggested that discrimination, or perceptions of discrimination, could lead to a lack of advice-seeking from minority groups, a lack of trust in organisations of authority and therefore a lack of engagement with them. The review made a series of recommendations about how to tackle the barriers facing BAME individuals in prison and on probation. These included: a focus from service providers, organisations and agencies on the needs of minority groups; sensitivity to ethnicity, culture and identity; and how individually tailored support could be provided, whatever an individual's circumstances (Mason and others, 2009).

Academics and researchers have suggested that there are particular and specific issues relevant to people from BAME groups, which could influence uptake of and response to programmes designed to reduce reoffending. Cowburn, Lavis, and Walker (2008) suggested that an underrepresentation of BAME prisoners in Sex Offender Treatment Programmes (SOTP) – despite an overrepresentation of BAME groups in the male sex offender population in England and Wales – may be exacerbated by social, cultural and therapeutic issues which can result in BAME individuals' reluctance to accept help.

More generally, a review by Clinks and the Prison Reform Trust stressed that services need to do more to ensure equal access to interventions for all individuals in prison and on probation. Focus is needed, in particular, on how to address the issue that those from a minority ethnic background feel less able to access services (Jacobson and others, 2010). The findings of this review align with the findings from an earlier study, in highlighting the greater level of suspicion and distrust of services among BAME individuals (Mason and others, 2009).

Research on BAME individuals' experiences of resettlement (Jacobson, Phillips, and Edgar, 2010; Sharp, Atherton, and Williams, 2006) found that while participants' resettlement needs were generic, both the (ex-)prisoner and the service provider respondents viewed ethnicity as a factor which – alongside other social, political and economic factors - mediates but does

not define individuals' experiences of the resettlement process. BAME status can impact on an individual's degree of need and it can affect the ease or difficulty with which an individual addresses particular needs. This also applies to minority ethnic women. The Corston Report (2007), which reviewed women with particular vulnerabilities in the Criminal Justice System, indicated that while 'general primary needs' are broadly shared by all women in resettlement (for example, housing, income and child care issues), BAME women face additional barriers in resettlement compared to their white counterparts. Similarly, research by the Griffin Society suggested that discrimination, as well as family stigma, have been cited as barriers to resettlement (Owens, 2010) alongside isolation, cultural differences and language barriers (Corston, 2007).

More recent evidence (Young, 2014) highlighted the importance of building positive identities that support the long-term desistance of BAME individuals in the criminal justice system, particularly in the context of the multiple disadvantages that are faced by young black and Muslim men. This report suggested that the path to desistance is highly individualised and interventions must be flexible and respond to the way in which cultural factors mediate the process for each individual. Similarly, in earlier research, McNeil and Weaver (2008) suggested that BAME individuals' pathways to desistance may be different to that of white individuals in prison and on probation, as the former attached greater significance to social bonds and the role of the family and community in their lives than the white individuals.

A previous internal literature review[1] looking at what works to reduce reoffending among BAME prisoners indicated that there had been very little research published in the last 10 years which directly investigated UK populations. Only one study met the search criteria. The study by Webster, Akhtar, Bowers, Mann, Rallings and Marshall (2004) examined the differing impact of a programme – designed to reduce sexual reoffending – on black and white men convicted of sexual offences. They found little difference in impact of white and black prisoners on psychometric tests of pro-offending attitudes, social competence and relapse prevention planning. However, black participants were more likely, pre-treatment, that white participants, to deny aspects of their offending. Webster and others (2004) suggested that this difference may have been due to cultural influences concerning perceptions of acceptability of sexual offending and stigma, which made it less acceptable for black participants to admit to this type of offence.

[1] A previous internal literature review was carried out by HMPSS (Aug 2012, unpublished). As a result of insufficient evidence, the scope of the initial review was expanded. The findings from the updated review are presented in this report.

Given the findings and recommendations of these reports and studies, HMPPS expanded the scope of the internal literature review to explore international and qualitative research. The review included research that could tell us how interventions can become more responsive to social and cultural factors that could affect how well people from BAME groups engage with, and respond to, treatment for offending behaviour or substance misuse.

4. Methodology

A systematic search for evidence was conducted between 2 June and 3 September 2014. Figure 4.1 outlines the search terms used. The databases searched and items retrieved at each stage of the process are shown in Table 4.

Figure 4.1 Search terms

prison OR jail OR probation OR offend* OR reoffend* OR recidivis* OR incarcerat* OR correcti* OR crimin*

AND

BAME OR BME OR black OR Asian OR Chinese OR Mixed or ‘mixed race’ OR travell* OR gypsy OR Roma OR ‘mixed ethnic*’ OR ‘other ethnic*’ OR ethnic* OR race OR racial OR cultur* OR nationality OR minorit*

AND

responsiv* OR sensitiv* OR social factor* OR differen* OR ‘learning style*’ OR motivat* OR therapeutic OR engage* OR 'maximise change' OR 'maximising change' OR personal OR interpersonal OR modality OR 'general responsivity' OR 'specific responsivity' OR 'environmental responsivity' OR 'environmental characteristics' OR setting OR language OR 'session content’

Table 4.1: Databases searched, items retrieved at each stage

Database or website	Initial screening	Final screening	Downloaded for further examination (excluding duplicates)	Met search criteria
CSA ProQuest ERIC ASSIA EconLit NCJRS PAIS international PILOTS Proquest Sociology Social Services	2256	142	15	8

EBSCO Academic Criminal justice PsycARTICLES PsycINFO SocINDEX	845	119	9	2
Reference lists/ colleagues	-	0	1	1
Total	**3101**	**261**	**25**	**11**

In addition to the range of databases searched, a number of other relevant websites were searched but yielded no studies that met the inclusion criteria. These included websites for the Ministry of Justice, Home Office, The Howard League for Penal Reform, The Prison Reform Trust, Campbell Collaboration and The Cochrane Library.

4.1 Inclusion and exclusion criteria

The review focused on a range of populations in both prison and in the community. The target population included men, women, young adults (including those under the age of 18) and populations of any ethnic background or grouping. Defining BAME in this way results in a large, indiscriminate and heterogeneous group - which makes it challenging to draw any meaningful conclusions about improving the responsivity of correctional programming. The inclusion of a diverse target population was necessary given the lack of evidence about specific populations.

The review considered empirical studies (based on primary and secondary data collections) and not work based on opinion. Due to the nature of REAs, which are by definition briefer than full systematic reviews, and the imposed time constraints, only studies in English in the last 16 years (since 1998 – in line with the previous unpublished literature review) were included.

For the same reasons, overall conclusions from meta-analyses were assessed, as opposed to assessing individually each paper that was included in the review. Any unpublished studies or studies that had not been adequately peer reviewed, including dissertations and PhD theses, were excluded.

This review included international literature, due to the lack of UK research evidence. Comparability and generalisability of any non-UK studies was carefully considered and presented within the findings of the review.

4.2 Methodological assessment/quality

Several frameworks for assessing methodological quality were integrated in order to assess both qualitative and quantitative research relevant to the review questions. Assessments of quality were based on:

> **The Maryland Scale of Scientific Methods** (Sherman and others, 1997), which is a five-point scale for classifying the strength of methodologies used in quantitative impact evaluation studies. Studies reaching a minimum of level 3 were included in the review. Level 3 equates to studies with a robust comparison design that can provide evidence that a programme or intervention has caused the reported impact.
>
> **The Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI) Weight of Evidence assessment** (Gough, 2007), which incorporates 3 dimensions (methodological quality, methodological relevance and topic relevance) of a study into a Weight of Evidence (WOE) judgement. Each study (quantitative and qualitative) is weighted on the 3 dimensions and combined to give a fourth overall WOE judgement. Evidence can be weighted as high, medium or low and can be excluded from the REA or given less weight in the synthesis. For the purpose of this review, studies assessed as medium or above were included (EPPI guidance does not stipulate a cut off for inclusion).

Where studies were scalable using the Maryland scale, a score was assigned and this informed the EPPI Weight of Evidence judgement. A standardised template ensured the necessary elements were extracted and limitations noted. Appendix A provides a summary of findings from each study and Weight of Evidence assessment.

Inclusion decisions

The type and quality of research design of included studies varied considerably.
The 11 studies that met the inclusion criteria comprised:

- One meta-analysis of treatment effectiveness (Usher and Stewart, 2014). Due to time constraints, the overall findings from the meta-analysis were assessed as opposed to assessment of individual studies. The analysis comprised eight Canadian studies, none of which are included separately in this review.

- Four qualitative studies exploring the experiences of those from a minority ethnic background in correctional interventions (Brookes, Glynn and Wilson, 2012; Masson and others, 2013; Patel and Lord, 2001; Sullivan, Assante, Gyamfi, Joyce and Pamphile, 2007).
- Two quantitative studies examining barriers to treatment participation and completion amongst BAME clients (Shearer, Myers and Ogan, 2001; Spiropoulos, Salisbury and Van Voorhis, 2014).
- Four quantitative randomised control trial studies examining treatment effectiveness and impact (Butler, Baruch, Hickey and Fonagy, 2011; Gil, Wagner and Tubman, 2004; Austin and Wagner, 2006; Clair, Stein, Soenksen, Martin, Lebeau and Golembeske, 2013).
- Six studies were based largely on US and Canadian participants and 5 on UK participants.
- Five of the quantitative studies achieved the highest level of methodological rigour according to the Maryland Scale, while the other 2 were of adequate quality. One of the qualitative studies was rated as high quality and 3 as medium quality on the EPPI.

5. Summary of findings

The findings from the REA indicate that broadening the scope from a purely 'what works' evidence assessment has been fruitful. There is still insufficient literature in this area, yet a number of themes have emerged from the findings and some tentative inferences can be drawn.

5.1 How effective are correctional interventions in reducing reoffending or substance misuse among people who are BAME?

There is evidence that standard, non-culturally adjusted, correctional interventions can be of benefit to BAME individuals in prison and on probation.

The best evidence comes from a Canadian meta-analysis of seven studies that used a matched control design, and one randomised control trial, to determine the impact of cognitive behavioural treatment (CBT) on the recidivism of ethnically diverse individuals (Usher and Stewart, 2014). This found that cognitive behavioural programmes which followed the principles of Risk (which states that treatment dosage[2] should be matched to risk of recidivism, with higher risk groups receiving higher doses of treatment); Need (treatment should address those factors which research has reliably linked to recidivism); and Responsivity (treatment should use a range of modalities to respond to the individual characteristics of the participants) reduced rates of proven recidivism of individuals from a range of ethnic groups, in both prison and community settings. The same meta-analysis (Usher and Stewart, 2014) reported that Aboriginal participants in Canada benefitted both from programmes that had been specifically designed to meet the needs of those from Aboriginal backgrounds and from standard CBT programmes, with generic CBT programmes showing a slightly greater success for participants compared to the Aboriginal-specific programmes.

Our search uncovered only one relevant randomised control trial of treatment to reduce reoffending in the UK (Butler and others, 2011). The evaluation examined the impact of Multi-Systemic Therapy (MST) on an ethnically diverse sample of UK adolescents. While MST – when compared with treatment as usual – did both reduce non-violent offending and increased the amount of time that youth were offence-free, the authors did not specifically assess differential impact according to minority ethnic groups (Butler and others 2011).

[2] Dosage in the context of therapeutic interventions refers to frequency and intensity of treatment sessions.

In addition, it is worth highlighting that this study involved intensive contact between an identified therapist and the clients, and the therapists, while not representing the ethnic diversity of their clients (they were mainly white women), were all well qualified and experienced. This is likely to mean that therapists were able to be responsive at a sophisticated level to a range of individual needs, including cultural needs.

Supporting the quantitative evidence of impact on reoffending, 2 of the qualitative studies reviewed (Brookes and others, 2012; Patel and Lord, 2001) suggested that BAME male prisoners in the UK have generally found correctional interventions (Sex Offender Treatment Programme and the Therapeutic Community regime at HMP Grendon) to be relevant to them and to meet their needs.

However, despite the apparent effectiveness of non-culturally adapted treatment in reducing reoffending, there is some evidence that suggests that those from minority ethnic backgrounds can feel isolated and misunderstood in standard correctional programmes. The research by Brookes and others (2012) and Patel and Lord, (2001) also indicates that being the only person from a particular ethnic group on a therapeutic wing or treatment group can result in feelings of isolation and being misunderstood. For example, men who were the only BAME participant on prison-led Sex Offender Treatment Programme in England and Wales reported a more negative experience than if there was at least one other BAME prisoner on the group (Patel and Lord, 2001). Negative experiences were described as a lack of cultural awareness or even victimisation from programme tutors, with tutors lacking an awareness of linguistic and cultural differences in life outside prison. Participants also noted a lack of ethnic minority images and language in programme material.

While there is good evidence that standard correctional treatment can be effective in reducing reoffending among people from BAME groups, there is also some evidence to suggest that culturally adapted treatment can be effective in reducing substance misuse among BAME clients. A US randomised control trial examined changes in substance misuse among juveniles following participation in a brief (5 to 7 sessions), motivational, cognitive behavioural intervention entitled Guided Self Change (GSC; Gil and others, 2004). The intervention was specifically designed and organised to meet the needs of minority ethnic groups, namely US and foreign-born Hispanics and African Americans. Treatment providers were ethnically diverse and multi-lingual, and were representative of the adolescent population to whom the intervention was targeted. Significant steps were taken at the design stage to make the intervention culturally relevant, which included consulting with key demographic groups representing service users. The results showed significant post-

intervention decreases in the percentage of days on which both alcohol and marijuana use occurred in all 3 ethnic groups. The decrease was sizeable for all 3 groups but was particularly large for African Americans.

Qualitative research has suggested that culturally sensitive treatment is preferred by clients – this includes treatment being delivered by culturally sensitive and aware staff; treatment being delivered by staff from a similar background or culture, or treatment being delivered in one's native language (Masson and others, 2013). A lack of cultural awareness among treatment staff, a lack of culturally relevant treatment materials (for example names and images in case studies and handouts, Patel and Lord, 2001) and a lack of understanding of culturally different methods and styles of communication (Brookes and others, 2012) have been noted as problems by participants in treatment programmes, suggesting that more could be done to increase the cultural relevance and sensitivity of interventions.

In summary, the evidence suggests that the content of 'standard' correctional programmes is relevant for BAME individuals in prison and on probation, as BAME groups can benefit from standard correctional programmes aimed at reducing reoffending or substance misuse. However, there is some evidence to suggest that treatment that is culturally aware, sensitive and inclusive, and that is delivered by culturally aware and sensitive staff, and by staff from similar ethnic backgrounds to their clients is preferred, and is more likely to overcome any fear or resistance associated with feeling isolated or misunderstood.

5.2 What factors affect how people in BAME groups respond to these interventions, in custodial or community correctional settings?

Specifically:

- What does the evidence tell us about the likely influence of social, cultural and therapeutic factors on BAME individuals' responses to, and experiences of, rehabilitative interventions?
- What does the evidence tell us about how these factors might inhibit and/or stimulate BAME individuals' motivation to participate in and complete correctional programmes?

There were few studies of sufficient quality that examined determinants of treatment participation, engagement and retention of people from BAME groups. A US study examined reasons for the higher level of attrition from drug and alcohol treatment among people who are BAME than among white people (Austin and Wagner, 2006). While factors or

combinations of factors that impacted on treatment retention and completion were different for different ethnic groups, being court-mandated to treatment and being placed on a waiting list for treatment were associated with poor treatment retention across African Americans, foreign-born and US-born Hispanics (Austin and Wagner, 2006).

Another US study suggested that ethnicity did not impact on the treatment resistance of women who misused substances (Shearer and others, 2001). However, the study did identify some differences in the nature of treatment resistance, which are highlighted below. These 2 studies are US-based, and therefore their findings are less likely to be directly relevant to UK BAME groups. However, there were a number of issues highlighted in the research that could reasonably impact on the treatment engagement and retention of people from diverse ethnic backgrounds. These are explored in the following sections.

Fear or racism and/or discrimination

There is evidence from the UK (Brookes and others, 2012; Sullivan and others, 2007) to indicate that fear of racism, being discriminated against, stereotyped or misunderstood by predominantly white treatment staff and other prisoners would be likely factors to deter BAME prisoners from volunteering for treatment. Additionally, there is some evidence from the US that this fear is a potential barrier to treatment success (Gil and others, 2004). This high-quality study found that greater mistrust of other ethnic groups was associated with smaller changes in post-treatment marijuana and alcohol use amongst US-born Hispanics. This highlights the importance of cultural awareness, tolerance, acceptance, and understanding amongst everyone living and working in prisons. It also highlights the importance of actively encouraging more BAME prisoners to enter treatment and more BAME staff to facilitate treatment.

Therapy as a ‘white’ concept

In 2 of the qualitative papers reviewed, the researchers suggested that therapy is a traditionally white, middle-class concept, which could be off-putting to some people from BAME backgrounds (Brookes and others, 2012; Sullivan and others, 2007). They suggest that some BAME individuals may feel that that treatment is not accessible or relevant to them, or fear that they will be misunderstood or judged by others’ standards and expectations. Moderate-quality research examining treatment resistance amongst white, black and Hispanic women who misused substances, measured using The Correctional

Treatment Resistance Scale (CTRS)[3], found levels of resistance were similar amongst these 3 ethnic groups (Shearer and others, 2001). However, black and Hispanic women were significantly more resistant to treatment than white women in the area of Cultural Issues[4] (the Cultural Issues scale included items relating to families not understanding treatment, or treatment not being a culturally acceptable thing to do). Hispanic women were also significantly more sceptical or cynical about the value of treatment than white women, suggesting that the concept of 'therapy' or 'treatment' is not universally accepted, understood or valued, and that this may well be a barrier to BAME prisoners.

Importance of cultural identity

Closely linked with the idea that therapy is largely a white middle-class concept, 2 qualitative studies (Brookes and others, 2012; Patel and Lord, 2001) also found that BAME individuals may be deterred from entering treatment by the fear of losing culturally familiar and relevant supports in their current prison. Black men, being in a minority at HMP Grendon (a prison run as a democratic Therapeutic Community[5]) talked about their racial and cultural identity being eroded (Brookes and others, 2012). They reported having to suppress cultural and racialised identities (partly for fear of being misunderstood or stereotyped by the white majority, for example as a 'gang member'), and feeling disempowered and oppressed, with blackness being 'invisible' in prison. Examples of this invisibility included lack of culturally familiar food, lack of black literature, few black staff, and few other black prisoners. Similarly, it has been reported that the absence of culturally relevant social activities, and relinquishing a supportive cultural group might deter BAME prisoners from applying to largely white 'therapeutic' establishments (Sullivan and others, 2007). In relation to treatment programmes specifically for sex offenders, one study noted that many participants felt that the facilitators were not aware of the differing needs of men from minority ethnic groups, and that cultural differences were not recognised (Patel and Lord, 2001). They also indicated a lack of BAME images and case material in treatment materials for participants.

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[3] The CTRS consists of 7 scales, each comprising 5 items. Consequently, the instrument is a 35-item questionnaire that uses an agree/undecided/disagree response format. The scales are Isolation, Counselor Distrust, Compliance, Low Self-Disclosure, Cynicism, Denial, and Cultural Issues. A high score based on agreement with the 5 items on the scale indicates high resistance. A low score based on disagreement with the 5 items on the scale indicates low resistance.

[4] Overall, internal reliability was reported as strong; internal reliability for each subscale was acceptable, with the exception of the 'Cultural Issues' subscale, which had weaker internal reliability.

[5] Democratic Therapeutic Communities in prison provide a long term, residential offending behaviour intervention for prisoners with a range of emotional, psychological and behavioural problems. The regime provides an open living-learning environment for prisoners, where the community regulates itself via democratic community meetings. Days are structured around small therapy groups, and large community meetings, as well as additional therapeutic activities such as art or drama therapy.

It is also possible that having a strong sense of cultural identity may be a protective factor. Gil and others (2004) found that Hispanic youth with greater Hispanic cultural orientation and greater ethnic pride responded better to treatment by having greater reductions in alcohol and marijuana use. This result suggests that encouraging a strong sense of cultural belonging and identity could be beneficial for some people from BAME groups.

Together these studies emphasise the importance of helping all prisoners to maintain a strong sense of their cultural identity, and to facilitate them to maintain this throughout their sentence. Supporting BAME prisoners to maintain their cultural identity by providing culturally relevant pastimes or treatment materials may well encourage BAME individuals to begin and persist with therapy, potentially resulting in better outcomes for people in these groups.

Treatment approach being consistent with cultural norms

Evidence suggests a preference among participants for treatment that is culturally sensitive and aware (Masson and others 2013), and that treatment approaches which fit well with cultural norms and expectations are more effective (Clair and others 2013). A US study (Clair and others, 2013) evaluated the effectiveness of Motivational Interviewing[6] on alcohol and marijuana use amongst white, African American and Hispanic adolescents in a juvenile custody facility. They found that despite the white adolescents having generally higher levels of alcohol misuse prior to the study, the Motivational Interviewing intervention was only related to reduced alcohol use amongst the Hispanic adolescents. The authors (Clair and others, 2013) suggested this might be to do with consistency between Motivational Interviewing style and values and cultural values of Hispanic people, including respect, intimacy within relationships, and a preference for individual relationships rather than institutional relationships. Similarly, an exploratory study in the US (Spiropoulos and others, 2014) found that whilst Reasoning and Rehabilitation (R&R) programmes were broadly effective in reducing recidivism for white participants, they were selectively effective for African American participants[7]. African Americans with anxious personality types had a higher rate of recidivism after treatment, whereas African Americans with dependent personalities had a lower recidivism rate after treatment. The authors (Spiropoulos and others, 2014) suggested that the R&R approach of active and 'public' (i.e. in front of peers and facilitators) participation in exercises was potentially challenging for those with anxious

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[6] Motivational Interviewing (MI) is a method that works on facilitating and engaging intrinsic motivation within the client in order to change behavior. MI is a goal-oriented, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.

[7]Additionally, White participants over the age of 22, particularly White participants aged 23 to 27 years, benefited from treatment, but treatment only helped African Americans aged between 27 and 32

personalities. They argued that African Americans, particularly those who feel culturally isolated in generic correctional programmes and anxious to begin with, may find it much more difficult to engage in the required treatment approach. Additionally, correctional staff delivering R&R may well be non-clinical personnel, who do not have the level of training and experience required to build trust and rapport with anxious participants. The authors also suggested that the structure and design of R&R particularly suited those with a ‘dependent’ personality type – who work well within structured environments, and are happy to follow others’ directions (Spiropoulos and others, 2014). However, this clearly does not explain why white participants with dependent personalities did not outperform other white participants. Overall, some African American participants were able to benefit from R&R in this study, but treatment was not broadly or consistently effective with this group.

This research highlights the importance of understanding participants’ cultural backgrounds, and ensuring that individuals’ treatment experience is consistent with their cultural norms and values.

6. Limitations

A systematic search of the literature found very few studies of sufficient methodological rigour to include into this REA. It is consequently difficult to draw any firm, generalisable conclusions about how most effectively to engage BAME individuals' in prison and on probation in correctional interventions. The studies that were included examined a wide range of different ethnic groups, a wide range of outcomes across North America, Canada and the UK. This limits the generalisability of the results.

Studies were variably based in prisons and in the community; some participants were in prison or under probation supervision and some were not; some studies looked at correctional treatment, some at substance misuse treatment; and studies focused on a range of different groups including adults, women, and young people under the age of 21. Four of the 11 studies focused on young people. Again, this variability makes drawing any conclusions challenging. The general lack of research in this area is noteworthy, and there would be significant value in conducting more qualitative and quantitative research exploring the experiences of and different outcomes of BAME individuals in relation to a range of prison and probation offending behaviour programmes. More specifically, outcomes of interest include:

- uptake of correctional services and interventions
- attrition from correctional services and interventions
- impact of correctional services on compliance with prison rules/probation conditions or community sentences
- content and mode of intervention and its relevance to certain groups
- substance misuse
- resettlement outcomes, such as secure housing, education, training or employment
- proven reoffending

7. Conclusions

The studies included in this REA are diverse, which makes synthesis challenging. The studies look at a range of different minority ethnic groups, of different age groups, in a variety of countries, some undertaking offence-focused intervention, and some undergoing substance misuse treatment. Some studies focus on reductions in offending or substance use, some on understanding barriers to successful treatment, and some focusing purely upon understanding the experiences of people from minority ethnic groups undergoing intervention. Despite this, and despite the variety in the outcomes of these studies, there are some common themes that can be drawn out that are directly relevant to the questions on which this REA is focused:

- **Cognitive skills interventions following the Risk, Need and Responsivity principles can be effective for BAME individuals in prison and on probation, but it is not inevitably and universally so.** There is good-quality internationally derived evidence that people from BAME groups can benefit from cognitive skills interventions aimed at reducing reoffending. There is some qualitative evidence to suggest that BAME individuals generally see the focus of correctional interventions as being relevant to their needs. However, qualitative evidence also suggests that for some ethnic minorities in some programmes, this is not always the case. It is important to recognise and acknowledge the specific needs of different cultural groups, but also to recognise the heterogeneity within ethnic groupings, and not assume similarity between seemingly similar ethnic groups.

- **BAME individuals can benefit from a number of intervention approaches targeting different outcomes.** There is evidence that BAME individuals in prison and on probation can benefit from intervention aimed at reducing substance misuse, as well as from Multi-Systemic therapy aimed at reducing offending. That is not to say that other interventions may not also be effective, but only these 2 approaches were tested.

- **There are some barriers to effective treatment for BAME individuals in prison and on probation.** BAME individuals in some circumstances may be more resistant to treatment; there seem to be barriers for BAME groups that interfere with them starting, completing and engaging in treatment. Some of these barriers may not be unique to BAME clients, but some may be due to experiences or fear of racism, discrimination, and the perception that intervention will not be culturally relevant or

‘acceptable’. It is important to recognise the context in which BAME clients come to treatment – that prior experience of racism, discrimination or stereotyping might understandably impact on the ability and/or willingness of BAME clients to engage in intervention. Therefore, working to engage with and raise awareness among BAME participants and their families about notions of ‘treatment’ may be useful.

- **Cultural awareness and sensitivity can influence positive experiences of BAME participants.** Treatment is perceived as most effective when it is delivered by culturally aware and sensitive treatment providers, and when it recognises and accommodates cultural differences. Treatment providers should be particularly mindful when there may be a single individual from a minority ethnic background participating in a programme. Evidence suggests this can lead to an individual feeling isolated and misunderstood in standard correctional programmes. Early evidence from one rigorous US study suggests that a strong sense of cultural identity and pride is associated with better substance misuse treatment outcomes. It is therefore important that prison staff in general, and treatment staff are knowledgeable about and sensitive to cultural needs and differences.

8. Implications

Due to the lack of quality evidence, it is difficult to determine definite conclusions and recommendations on how to achieve better outcomes specifically for BAME individuals in prison and on probation. However, the evidence reviewed tentatively suggests several areas that are likely to be relevant to improving the treatment experience and outcomes of BAME individuals.

- Making correctional interventions more relevant to BAME groups. Work is needed to increase the number of BAME clients taking up intervention, increasing the number of BAME staff members working within interventions, ensuring treatment materials are relevant to minority ethnic groups and doing more to actively engage with and respect cultural experiences and differences. BAME clients need to be enabled to express their cultural identity free from fear of being stereotyped or discriminated against.
- It is suggested that the idea that therapy or treatment is a predominantly white construct, in some cases with no cultural equivalent. The lack of understanding, recognition or acceptance of this concept amongst some cultural group suggests further work is needed. Engaging with and raising awareness among some BAME participants and their families about notions of 'treatment' may be useful.
- Future research should aim to evaluate treatment effectiveness on large sub-groups of minority ethnic participants in both custodial and community settings. Alongside this, additional larger-scale research to increase understanding about the barriers to intervention amongst BAME individuals in prison and on probation would be useful, in order to learn how to make correctional interventions more useful and appealing to individuals from different minority ethnic groups

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Appendix A

Summary of study findings and weight of evidence assessments

<table>
<tr><th>No.</th><th>Question</th><th>Description of what should be recorded</th></tr>
<tr><td>1</td><td>First author name and endnote reference</td><td>Ashley AUSTIN</td></tr>
<tr><td>2</td><td colspan="2">Study background</td></tr>
<tr><td>2.1</td><td>Aim/purpose of the study and research questions/hypothesis</td><td>1. To explore the influence of pre-treatment and treatment factors on treatment retention among a multi-ethnic sample of adolescents.
2. To explore the potential differential influence of pre-treatment and treatment factors on treatment retention within each ethnic sub-group.
Hypotheses:
Treatment retention would be greater among:
• non-Hispanic white adolescents than among African American or Hispanic adolescents
• adolescents with an internalising disorder (a depressive or anxiety disorder)
The following factors would predict lower treatment retention:
• the presence of co-morbid psychiatric disorder
• the presence of externalising disorders (conduct disorder, attention deficit hyperactivity disorder, or oppositional defiant disorder)
• a court mandate for treatment
• being assigned to a given treatment condition rather than being able to choose a treatment condition
• receiving family rather than individual treatment</td></tr>
<tr><td></td><td>Purpose of study</td><td>To explore issues affecting treatment retention for the whole sample

To explore the relationships between ethnicity, psychiatric co-morbidity and treatment variables and treatment retention

To explore the relationship between treatment retention and these factors within the ethnic sub-groups

To explore potential influence on treatment retention of cultural factors, namely: ethnic orientation, perceived discrimination and acculturation</td></tr>
</table>

2.2	Broad type of study	Quantitative: (1) randomised experiment (6) secondary data analysis Data culled from an RCT, so participants were randomly assigned to each group. This study did not assess treatment effect, it assessed factors affecting treatment retention. After being randomly assigned to one of 4 conditions (individual treatment, family treatment, choice of individual or family treatment or waiting list control), data was collected at the point of intake and then information about treatment dropout was collected.
2.3	Reason why study approach was selected	Randomised clinical trial offered most robust methodology. Data in this study drew from that trial.
3	**Programme or intervention: description**	
3.1	Name of programme/intervention being studied	Adolescent-specific version of 'Guided Self Change' (GSC)
3.2	Content of the intervention/treatment	Youth-specific version of a brief behavioural and motivational intervention designed for use with individuals with alcohol and other drugs problems . Materials were modified to make them developmentally appropriate for use with adolescents and applicable to the wider range of problems that often accompany adolescent substance misuse problems (for example, violence, problems coping with stress, social skills deficits).
3.3	Location of the intervention	Community (this is surmised rather than specified)
3.4	Duration of the intervention	5 sessions (although discussion suggests up to 7 sessions)
3.5	People providing the intervention	N/A
3.6	Training of people providing the intervention	N/A
3.7	Dosage	5 sessions
3.8	Theory of change	N/A
4	**Sample achieved**	
4.1	Number of people in sample	420 US-born Hispanics: 222 Foreign-born Hispanics: 94 African Americans: 66 Non-Hispanic whites: 38

4.2	Types of offender in sample	Juvenile offenders involved in a funded RCT of a brief motivational substance abuse intervention
4.3	Status of offenders in sample	32% were court mandated to attend substance misuse treatment. The status of the remaining 68% was not specified.
4.4	Countries of the participants	US
4.5	Age	Mean age at intake = 16.1 (SD = 1.19)
4.6	Sex	90% male
4.7	Ethnicity	US-born Hispanics: 222 Foreign-born Hispanics: 94 African Americans: 66 Non-Hispanic whites: 38 NB: 4 ethnic sub-groups did not differ on gender, mean age or proportion court mandated
4.8	Any other useful information about study participants	A majority of study participants met DSM-IV criteria for a substance use disorder including drug abuse (53.4%), drug dependence (20.1%), alcohol abuse (14.4%), and alcohol dependence (3.4%). 20% of the sample met criteria for conduct disorder, 9% met criteria for oppositional defiant disorder, and 13% met criteria for ADHD (inattentive, hyperactive, or combined types).
5	**Sample: strategy**	
5.1	Sampling frame and method used to select study participants	Juvenile offenders involved in ATTAIN, a five-year ongoing RCT examining the efficacy of a brief motivational substance abuse intervention for ethnically diverse adolescents with substance misuse problems in Florida. Youths were eligible for ATTAIN if they reported 5 or more episodes of alcohol or elicit substance misuse within 90 days prior to referral. Adolescents were excluded if they were suicidal, homicidal, suffering from a psychotic disorder, or physical dependent on alcohol or drugs and requiring detoxification. Data for current study was culled from the ATTAIN RCT, in which participants were assigned to 4 conditions: individual treatment; family treatment; the adolescent’s choice of treatment or waiting list control.

		Information about how many dropped out of the study, how many were approached and refused to participate, how participants were selected is not provided, although given the nature of the programme, it is possible that participation in the RCT was a condition of entry into the programme (that is not specified).
5.2	Did any of the sample drop out over time and if so, were the members of the sample who dropped out (the attrition rate) different?	Treatment retention was dependent variable
5.3	Are the authors trying to produce findings that are representative of a given population? If so, how representative was their sample?	They recognise that there were far more US-born Hispanic offenders than the other groups, and that there were a very small number of women
6	**Methods: data collection**	
6.1	Methods used to collect data	Psychiatric disorders assessed by interview to assess the past year presence of Conduct Disorder, Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder (Inattentive type, Hyperactive type, and Combined Inattentive and Hyperactive type), Major Depressive Disorder, Dysthymic Disorder, Generalized Anxiety Disorder, Specific Phobia, Social Phobia, and Panic Disorder. Level of psychiatric co-morbidity was defined as the number of psychiatric diagnoses met at intake: 0 (no diagnosis); 1 diagnosis, 2 diagnoses and 3 or more diagnoses. **Treatment variables:** Was youth court mandated to treatment? Was youth assigned to waiting list control? Did the youth receive individual or family format GSC? Was the youth assigned to individual or family GSC or choose individual or family GSC? Final three variables were extracted from design of ATTAIN RCT from which data were drawn. Assessment measures were administered in a structured interview by a trained interviewer at intake (data collected at other time points was used in RCT and not this study): perceived discrimination, ethnic orientation, acculturation (for Hispanic youth only): scale measuring Spanish vs English language preferences across a variety of contexts.

6.2	Any issues about the validity of tools, problems with data collection methods?	Psychiatric interview: Authors report a number of reliability and validity studies for this measure. Perceived discrimination: It is not clear if this scale had been previously validated. Authors state that in the present study, the Cronbach's alpha for this measure was 0.81. Ethnic orientation: No reliability or validity data reported. Cronbach's alpha scores for different ethnic groups and for the two subscales discovered during this current study ranged from 0.56 to 0.71 (i.e. not very reliable). Acculturation: No reliability or validity data reported. In current study, Cronbach's alpha was 0.77. Authors are not clear about the extent to which the last 3 measures have been established as reliable or valid, and they reported mixed reliability statistics for their current use of the measures.
7	**Programme of intervention – outcomes**	
7.1	How is reduced reoffending operationalised, and over what period is it measured?	Treatment retention was the dependent variable and was defined as the total number of sessions completed – 0 to 5
7.2	Apart from reoffending, what other outcomes are mentioned?	As above
8	**Results and conclusions**	
8.1	What are the results of the study, as described by the authors?	Ethnic minority status was a significant correlate of poor treatment retention. Non-Hispanic white adolescents were retained in treatment the longest. They remained in treatment significantly longer than African American and foreign-born Hispanic offenders. They remained in treatment longer than US-born Hispanic offenders but the difference was not significant. The particular factors related to treatment retention varied greatly across the 4 ethnic sub-groups, however there were no differences in treatment retention by any of the cultural variables. Taken together, the results suggest that ethnic minority youth continue to drop out of treatment at higher rates than their non-Hispanic white counterparts, and the factors associated with treatment retention vary greatly.

8.2	What are the detailed findings about reoffending?	**General findings:** Non-Hispanic white adolescents were retained in treatment the longest (89% of sessions) and African American adolescents dropped out of treatment the earliest (58% of sessions), while treatment retention for U.S-born Hispanic and foreign-born adolescents fell somewhere in between (74% and 70% of sessions respectively). Overall, for all participants, being court mandated to treatment and being placed on a waiting list were both negatively associated with treatment retention ($p \leq 0.002$). Having a choice in treatment type was positively associated with retention in treatment ($p = 0.011$). There were no significant findings related to treatment format (individual vs family), although the family format was marginally associated with longer treatment retention ($F = 3.22$, $p = 0.073$). Finally, neither level of co-morbidity nor the presence of conduct disorder, oppositional defiant disorder, or ADHD were associated with differences in treatment retention in the full sample analyses. **Ethnicity specific analyses:** Both the level of psychiatric co-morbidity and the presence of a conduct disorder diagnosis were positively and significantly associated with treatment retention among foreign-born Hispanics, but not among US-born Hispanics or African Americans. A diagnosis of oppositional defiant disorder of ADHD was not associated with differences in treatment retention within any of the ethnic sub-groups. Being court mandated to treatment and being placed on a waiting list were negatively and significantly associated with treatment retention for only the US-born Hispanics. Having a choice in the treatment condition was associated with higher treatment retention among both US-born Hispanics and African Americans but not for foreign-born Hispanics. **Supplementary analyses:** There were no significant differences in treatment retention associated with the culture-related measures (ethnic

		orientation, acculturation, perceived discrimination) for any of the ethnic sub-groups. Authors conclude that factors associated with treatment retention differ across the ethnic sub-groups. In particular, differences between US and foreign-born Hispanics were noteworthy – the factors associated with treatment retention are not the same for these 2 groups. Note the importance of differences between ethnic sub-groups.
8.3	What were the detailed findings on intermediate outcomes?	N/A
8.4.	Ability to generalise and link to other research evidence	Overall results, that white non-Hispanic offenders remain in treatment significantly longer than other ethnic groups is consistent with previous research. Note the absence of any relationship between cultural measures and treatment retention, suggesting that this may be a function of the measures of cultural issues used in the study. Suggests the use of more comprehensive measures of cultural issues. Authors note small sample size in relation to foreign-born Hispanics, non-Hispanic whites and African Americans. Note very small numbers of female offenders.
9	**Methods: data analysis**	
9.1	Which methods were used to analyse qualitative data?	N/A
9.2	Which methods were used to analyse quantitative data?	Analysis of variance
9.3	Do the authors describe the strategies used in analysis to control for bias from confounding variables?	Data culled from a randomised clinical trial.
9.4	Was data analysis carried out for all starters, or only programme completers?	N/A
10	**Final questions**	
10.2	Overall quality assessment	This study uses a reasonably large sample (N=420) of youths who attended an alcohol and substance misuse programme in the US. As well as looking at whether ethnicity predicted treatment attrition in the whole sample,

		the study examined a variety of factors predicting treatment attrition by ethnic group of the participants (foreign-born Hispanic, US-born Hispanic, African Americans and non-Hispanic whites). The study has a robust design and provides relevant information about those factors associated with treatment retention for youth from different ethnic backgrounds. **Maryland – not scalable** **EPPI Weight of evidence:** **A (Methodological quality): Medium** **B (Methodological relevance: High** **C (Topic relevance): Medium** **D (Overall): Medium**

No.	Question	Description of what should be recorded
1	First author name and endnote reference	Michael BROOKES
2	**Study background**	
2.1	Aim/purpose of the study and research questions/hypothesis	1. To explore the experience of black prisoners at HMP Grendon. 2. To provide insights into those factors that have assisted or hindered black men's ability to positively engage with the TC at Grendon. 3. Offer suggestions to the prison as to how they might encourage more BAME prisoners to apply to Grendon, and to succeed in therapy.
2.2	Broad type of study	Qualitative
2.3	Reason why study approach was selected	It was considered essential that participants had some level of control over the research process. Important for men to talk in their own words and build trust and rapport with the interviewer.
3	**Programme or intervention: description**	
3.1	Name of programme/intervention being studied	HMP Grendon Therapeutic Community
3.2	Content of the intervention/treatment	Therapeutic Community
3.3	Location of the intervention	In prison
3.4	Duration of the intervention	N/A
3.5	People providing the intervention	N/A
3.6	Training of people providing the intervention	N/A
3.7	Dosage	N/A
3.8	Theory of change	N/A
4	**Sample achieved**	
4.1	Number of people in sample	11
4.2	Types of offender in sample	Not specified
4.3	Status of offenders in sample	In prison
4.4	Countries of the participants	Study took place in the UK with participants of African and Caribbean origin
4.5	Age	Not specified
4.6	Sex	Male

4.7	Ethnicity	Self-identified as black – ‘black’ in this paper is used to identify peoples of African descent and origin
4.8	Any other useful information about study participants	No
5	**Sample: strategy**	
5.1	Sampling frame and method used to select study participants	Methods for identifying and selecting participants not specified
5.2	Did any of the sample drop out over time and if so, were the members of the sample who dropped out different (the attrition rate)?	N/A
5.3	Are the authors trying to produce findings that are representative of a given population? If so, how representative was their sample?	Not specified
6	**Methods: data collection**	
6.1	Methods used to collect data	Semi-structured interviews to collect life histories on a range of themes including: childhood memories, involvement in crime, black masculinity, understandings of desistance from crime, and the role of the TC in enabling black men to reflect upon these experiences
6.2	Any issues about the validity of tools, problems with data collection methods?	No details given about piloting of the semi-structured interview. One of the researchers was black, supporting the idea of the researcher as an ‘insider’ investigating issues for the black community. Suggested that the black researcher facilitated the creation of a ‘safe space’ for participants due to his racialised and cultural position.
7	**Programme of intervention – outcomes**	
7.1	How is reduced reoffending operationalised, and over what period is it measured?	N/A
7.2	Apart from reoffending, what other outcomes are mentioned?	Experiences of black prisoners
8	**Results and conclusions**	
8.1	What are the results of the study, as described by the authors?	**Grendon:** Overall, the black men adapted quite well to entering into a TC and experienced positive outcomes in addressing their offending behaviour. There were some

		issues identified to do with feelings of isolation as a result of being the only black person on the wing – that the ethos was white middle class. One participant talked about having to change the way he spoke. **Father deficit:** Many interviewees described the impact of a father deficit (although this is also the experience of many white prisoners) and how this created a void in their lives, but was seldom addressed as a therapeutic need. Racism and lack of guidance and stability could result in turning to street and gang life as an alternative 'family', and as a way of achieving respect and acquiring 'street manhood'. **Self-concept:** Loss of identity – feeling disempowered and oppressed. Blackness is invisible – invisibility is a conscious act by white people to render the black self-concept obsolete. Black prisoners felt they experienced invisibility in many areas of prison life, such as: lack of culturally familiar food, lack of black literature, few black staff, few other black prisoners. Prisoners talked about their racial and cultural identity being eroded at Grendon – being in a minority, having to suppress cultural and racialised identities, not being understood by the white majority, and the white prison officers having power. Lack of validation of racialised and culturalised identities set up distrust and creates barriers to meaningful relationship with officers. Black men stereotyped in prison (for example, a group of black men together are in their 'gang culture'). **Desistance – knifing off:** Reintegration into community is fraught with many tensions and competing conflicts. Importance of race, ethnicity and culture when developing new offence-free template for living. Regime at Grendon needs to be more sensitive towards the barriers black men face in relation to desistance (including racism and inequality). Little acknowledgement at Grendon of how black prisoners would function psychologically when returning to the community.

		Overall, some black prisoners encountered problems arising from stereotypical judgements based on cultural differences and a general lack of understanding of black male social reality. Some felt their cultural heritage was negated, which resulted in a deeper sense of isolation and loneliness where they were in a minority, not just in terms of numbers but in terms of the regime. They felt that at times, that Grendon literally didn't 'speak their language' – felt less able to express themselves freely as their 'street slang' and black vernacular couldn't be freely used. Participants expressed the importance of not having to defend their racial or cultural identity. Black prisoners expressed the desire to be part of a culturally diverse community – Grendon is predominantly white. This could be an inhibiting factor in some black men not choosing Grendon. Black prisons can and do inhibit features if their cultural identity in order to avoid being racially stereotyped, 'yardie', 'gangster'. Mono-cultural and euro-centric notions of therapy can make Grendon feel irrelevant to black prisoners – it can be hard for them to develop a strong culturally appropriate identity and sense of self. Grendon needs not to be 'colour blind' but to fully recognise and respect colour and cultural differences so they are visible not invisible. "…Although black men find being at Grendon beneficial in looking at and addressing their offending behaviour, they nevertheless experience identity difficulties through being minority members of the community. This leads to feelings of isolation and powerlessness combined with a sense that their cultural identity is insufficiently recognised", page 24.
8.2	What are the detailed findings about reoffending?	N/A
8.3	What were the detailed findings on intermediate outcomes?	N/A
8.4.	Ability to generalise and link to other research evidence	Do the authors say that the results can be generalised beyond this study population? Do they cite other research with which this study agrees or disagrees?

9	**Methods: data analysis**	
9.1	Which methods were used to analyse qualitative data?	Grounded theory
9.2	Which methods were used to analyse quantitative data?	N/A
9.3	Do the authors describe the strategies used in analysis to control for bias from confounding variables?	N/A
9.4	Was data analysis carried out for all starters, or only programme completers?	N/A
10	**Final questions**	
10.2	Overall quality assessment	The results of the study are credible and well-articulated. The findings offer valuable evidence around elements of the TC regime that may not be culturally adapted/appropriate or marketed correctly at black prisoners. The findings are grouped thematically and the author uses these themes to explore and describe the experiences of black prisoners at HMP Grendon and discusses the implications of the findings in terms of the need to develop ethnic awareness as a tool to enhance and improve the rehabilitative experience for black men. There is a good explanation of how the 4 themes were identified and developed and the data is supported by lots of quotes that enhance understanding of meaning and context. **Maryland – not scalable** **EPPI Weight of evidence:** **A: Medium** **B: High** **C: High** **D: High**

No.	Question	Description of what should be recorded
1	First author name and endnote reference	Stephen BUTLER
2	**Study background**	
2.1	Aim/purpose of the study and research questions/hypothesis	1. To evaluate in a large, ethnically diverse, urban UK sample whether MST is more effective in reducing youth reoffending and out-of-home placement than a similarly comprehensive management protocol not based on MST principles. 2. To determine whether MST leads to broader improvements in youth sociality, family function and potential mediators of change (such as parenting skills, parent-adolescent communication and disassociation from deviant peers).
	Purpose of study	(1) Description (2) Exploration of relationships (3) What works (4) Method Development (5) Reviewing/synthesising research
2.2	Broad type of study	Quantitative: (1) Randomised experiment: 108 families randomised to MST or TAU (comprehensive, targeted services delivered by YOT)
2.3	Reason why study approach was selected	Randomised designs are very robust
3	**Programme or intervention: description**	
3.1	Name of programme/intervention being studied	Multisystemic Therapy (MST)
3.2	Content of the intervention/treatment	MST is an intensive family and home based intervention for young people with serious antisocial behaviour. It aims to prevent reoffending and out of home placements. It uses intense contact with families in order to understand and address the drivers of a young person's antisocial behaviour. Targets drivers related to the young person's individual adjustment, their family relationships, school functioning, and peer group affiliations. Parental involvement is considered central to achieving and maintain treatment goals. Therapists are very active in building up skills of caregivers. TAU was YOT services – provided by a range of agencies rather than a single therapist. Services provided according to need. Can include help to re-engage in education; help with substance misuse problems and anger; cognitive skills training; programmes for specific crimes; victim

		awareness/reparation. All interventions delivered by professional SWs, therapists or probation officers. No over-arching model to organise services, in contrast to MST. TAU group received significantly more appointments than MST group.
3.3	Location of the intervention	Community
3.4	Duration of the intervention	If relevant
3.5	People providing the intervention	Therapists held master's level qualifications in psychology or social work and had a minimum of 2 years' experience working with families. All people were female; 4 white, 1 Bangladeshi. Therapists intensively involved with a maximum of 3 families.
3.6	Training of people providing the intervention	All people received MST training
3.7	Dosage	Families visited on average of 3 times a week. Therapists were available to support families 24 hours a day, 7 days a week on the telephone. Lengths of intervention ranged from 11-30 weeks (mean = 20.4 weeks). MST families could also receive statutory services if needed; this normally included contact with a social worker.
3.8	Theory of change	Based on research into the multi-determined nature of antisocial behaviour and adopts a social-ecological approach to intervention. MST improves behaviour by intervening in the many systems of which juveniles are a part.
4	**Sample achieved**	
4.1	Number of people in sample	108 families: 56 in MST; 52 in TAU
4.2	Types of offender in sample	More than half the convictions included violent offences; 41% had only non-violent convictions. The majority had more than 2 previous convictions at intake.
4.3	Status of offenders in sample	All offenders were on a court referral order, a supervision order, or on license following prison. Treatment conducted in community.
4.4	Countries of the participants	All treatment conducted in London
4.5	Age	Youths aged 13-17

4.6	Sex	Majority male (around 85% of treatment group and 80% of control)
4.7	Ethnicity	**Treatment group:** White: 49.1% Black African/Afro-Caribbean: 27.3% Asian: 3.6% Mixed/other: 20% **Control:** White: 25.5% Black African/Afro-Caribbean: 39.2% Asian: 5.9% Mixed/other: 29.4%
4.8	Any other useful information about study participants	Almost all subjects lived in economically disadvantaged families. MST and TAU sample did not differ significantly on any of the measured variables.
5	**Sample: strategy**	
5.1	Sampling frame and method used to select study participants	The trial used consecutive referrals from two local youth offending services in London. Participants met the criteria if they were aged 13-17, living in the home and being brought up by a parent or principle carer, and on a court referral order for treatment or a supervision order of at least 3 months' duration, or, following imprisonment, on license for at least 6 months. They were excluded if: they were a sex offender; they presented only with substance misuse; they were diagnosed with a psychotic illness; they posed a risk to trial personnel; if there was incompatible agency involvement (such as care proceedings). 478 young people referred: 370 were excluded because they could not be contacted, they refused to consent to assessment, did not meet one or more inclusion criteria, or met one of the exclusion criteria. In a small number of cases, parents declined to participate because they felt their children's problems were not bad enough. Families were paid £25 for each assessment – one initial assessment and one within 4 weeks of treatment termination.

		Subjects were randomised into treatment or control balancing for offending type (violent or non-violent), gender and ethnicity.
5.2	Did any of the sample drop out over time and if so, were the members of the sample who dropped out different (the attrition rate)?	Intent to treat model (i.e. drop outs included). It is not specified if anyone dropped out.
5.3	Are the authors trying to produce findings that are representative of a given population? If so, how representative was their sample?	Not specified
6	**Methods: data collection**	
6.1	Methods used to collect data	(1) Interviews; (2) observations; (3) self-completed questionnaire; (4) focus groups; (5) administration of psychological or other tests; (6) secondary data
6.2	Any issues about the validity of tools, problems with data collection methods	No
7	**Programme of intervention – outcomes**	
7.1	How is reduced reoffending operationalised, and over what period is it measured?	Reports of offending behaviour are based on police computer records including custodial sentences. Measures are taken at 6 monthly intervals – for the 6 months before randomisation, for the 6 months covering the intervention period, and then every 6 months until the 18 month follow-up point. Records obtained from National Young Offender Information Services database which records detail offence information, court appearances, criminal orders police custody records and arrest rates.
7.2	Apart from reoffending, what other outcomes are mentioned?	Other outcomes mentioned include: • Self and parent-rated symptoms of antisocial behaviour, delinquency-linked cognitions, personality functioning and parenting variables • All secondary outcome variables measured at baseline and after MST was completed • Antisocial behaviour assessed using the Self-Report of Youth Behaviour which measures vandalism, theft, burglary and fraud • Youth Self-Report, delinquency and aggression subscales • Parent-completed Child Behaviour Checklist

		• Antisocial beliefs and attitudes scale, which assesses beliefs and attitudes towards standards of acceptable behaviour in social and familial contexts • Measure of positive parenting and disciplinary practices, parent monitoring and supervision • Measure of the quality of the emotional bond between YP and caretaker and degree of age-appropriate autonomy of YP • Antisocial process screening device – parent-completed measure of youth psychopathic traits • Involvement with delinquent peers
8	**Results and conclusions**	
8.1	What are the results of the study, as described by the authors?	In both groups, the number of offences significantly decreased. MST was associated with greater improvement than TAU for all offences. Mean number of recorded offences did not differ significantly between groups for the first 18 month of the trial – no significant differences for all 6-month periods until the first year of the follow-up period. 6-month 'offence free' periods increased significantly more in the MST group. Violent offences reduced significantly – substantial and rapid decline for both groups. Low mean number of offences after the initial presentation meant that it was not possible to show meaningful differences between groups. Non-violent offences: reduction in both groups; rate of improvement significantly greater in the MST group. At the 12-month follow up, there were no significant differences between groups in the number of non-violent offences or the proportion of youths free of offences in this 6-month period. However, in last 6 months of follow up, only 8% of MST group compared with 34% in TAU group had one or more record of a non-violent offence in this period. During last 6 months of study, fewer MST youths had a custodial sentence, although this was not significant. However, during the period of the study, the increase in the number of custodial sentences was significant only for the YOT group. In summary: Both YOT and MST interventions appeared highly successful in reducing reoffending, but key finding

		was that MST reduced significantly more the likelihood of non-violent offending during the follow-up period. Differences in the rate of violent offending were not demonstrated, but this might be to do with very low rate of violent offending in both groups. At 18 month follow up, found an significant increase in custodial placement for TAU group only.
8.2	What are the detailed findings about reoffending?	Offences decreased dramatically in the 6 months following referral for both groups (Wilcoxon signed ranks test z = 4.2, p<0.001 for MST; z=3.2, p<0.001 for YOT). Offence-free 6 month periods increased more markedly in MST group: in 6 months before referral only 25% of the whole sample had not had a recorded offence; this decreased to nearly 70% in the following 6 months. Fewer youths in the YOT (63%) than the MST group (90%) committed no offence ($x^2(1) = 12$, p<0.001, relative risk (RR) = 1.44, 95% CI = 1.14, 1.82). Non-violent offences: reduction in both groups; rate of improvement significantly greater in the MST group. At the 12 month follow up, there were no significant differences between groups in the number of non-violent offences or the proportion of youths free of offences in this 6-month period. However, in last 6 months of follow up, only 8% of MST group compared with 34% in TAU group had one or more record of a non-violent offence in this period ($x^2(1)$ =10.6, p<0.001, RR = 4.4.2, 95% CI = 1.57, 12.45).
8.3	What were the detailed findings on intermediate outcomes?	Externalising problems, as rated by parents, declined significantly for both groups. although rate of decline was steeper for the MST group, differences were not significant. SYRB (Self-Report of Youth behaviour) suggested significantly greater reduction in delinquent behaviour in MST than TAU groups. APSD (Psychopathy) as rated by parents declined substantially over the study period; decline was significantly more marked in MST group than controls). Self-reported psychopathy showed no change. Positive parenting: neither group changed substantially, but positive parenting increased in MST group but decreased in TAU group.

		No change in measure of emotional connectedness. Autonomy appeared to increase in TAU group but not in MST group (did not reach significance). In summary, results of youth-reported delinquency ratings and parental reports of aggressive and delinquent behaviours show significantly greater reductions in the MST group – suggesting significant improvements in the broader social behaviour of young people in the MST group compared with the TAU group. Parental ratings of psychopathy traits declined substantially over the study period, and declined significantly more in MST group.
8.4.	Ability to generalise and link to other research evidence	• Sample was representative of the larger group of youth offenders in the two boroughs from which it was drawn • There was no no-treatment control • Sample size was too small to allow some statistical procedures
9	**Methods: data analysis**	
9.1	Which methods were used to analyse qualitative data?	N/A
9.2	Which methods were used to analyse quantitative data?	N/A
9.3	Do the authors describe the strategies used in analysis to control for bias from confounding variables?	They recognise that as there was no 'no treatment' control, they do not know how much of the change could be explained by naturally occurring change
9.4	Was data analysis carried out for all starters, or only programme completers?	'Intent to treat', so all starters
10	**Final questions**	
10.2	Overall quality assessment	The sample compromised males, aged 13-17 and had equal numbers of white and black ethnicity. The study does not specifically look at the experiences of BAME young people but due to the ethnically diverse sample (over 50%) there is learning from this study in light of the lack of research in this area. **Maryland – level 5** **EPPI Weight of evidence:**

		A: High **B: Medium** **C: Low** **D: Medium**

No.	Question	Description of what should be recorded
1	First author name and endnote reference	Mary CLAIR
2	**Study background**	
2.1	Aim/purpose of the study and research questions/hypothesis	To investigate the impact of ethnicity on treatment in reducing alcohol and marijuana use among incarcerated adolescents
	Purpose of study	(2) Exploration of relationships (3) What works (4) Method Development (5) Reviewing/ synthesising research
2.2	Broad type of study	Quantitative: (1) Randomised experiment – randomised to MI or relaxation therapy. Randomisation of ethnic groups to MI and RT was equal.
2.3	Reason why study approach was selected	Not specified
3	**Programme or intervention: description**	
3.1	Name of programme/intervention being studied	Motivational Interviewing (experimental) and Relaxation Therapy (control). After this treatment, adolescents enrolled in a standard facility substance use programming. Two weeks before discharge from facility, they received MI or RT booster intervention.
3.2	Content of the intervention/treatment	Motivational Interviewing
3.3	Location of the intervention	In-state juvenile correctional facility
3.4	Duration of the intervention	90 minutes at baseline, 60 minutes booster
3.5	People providing the intervention	2 men, 2 women, all Caucasian. All people were educated at minimum to degree standard. Each person inducted both interventions.
3.6	Training of people providing the intervention	Each received 56 hours of manualised training, with 2 hours of group supervision and 1 hour of individual supervision per week
3.7	Dosage	90 minutes at baseline, 60 minutes booster
3.8	Theory of change	Considerable research base for the effectiveness of MI with adults and young people.

4	**Sample achieved**	
4.1	Number of people in sample	147
4.2	Types of offender in sample	Nature of offences
4.3	Status of offenders in sample	In prison
4.4	Countries of the participants	USA
4.5	Age	14-19 years (mean 17.12 years; SD 1.10)
4.6	Sex	126 male, 21 female
4.7	Ethnicity	48 white 51 Hispanic 48 African American
4.8	Any other useful information about study participants	Participants were recruited over a 5-year period from April 2001-March 2006. Potential participants had to: be aged 14-19; be sentenced to the facility for between 4 and 12 months; in the year prior to incarceration, they must have used marijuana or drunk regularly, (at least monthly) or binge drank (defined). They must have used marijuana or drank in the 4 weeks prior to the current offence, or they used marijuana or drank in the 4 weeks before they were incarcerated. No significant differences between MI and RT at baseline on relevant baseline variables, age, gender, ethnicity, mother's education.
5	**Sample: strategy**	
5.1	Sampling frame and method used to select study participants	189 participants completed the baseline measures. 181 completed the follow-up measures – 5 could not be located, 3 withdrew from the study prior to the 3 month follow up. There were no differences on those who completed the 3 month follow up and those who did not on gender, ethnic status or mother's education. Adolescents who did not complete the follow up were significantly older than those who did. Adolescents in a controlled environment for more than or equal to 50% of days during baseline or follow up were excluded. 15 participants who did not identify their ethnicity were excluded.

5.2	Did any of the sample drop out over time and if so, were the members of the sample who dropped out different? (the attrition rate)	189 stared, 181 followed up at 3 months (5 could not be located, 3 withdrew).
5.3	Are the authors trying to produce findings that are representative of a given population? If so, how representative was their sample?	Not specified. 85.7% were male.
6	**Methods: data collection**	
6.1	Methods used to collect data	(1) Interviews: Conducted by trained research assistants who collected socio-demographic information. Timeline follow back approach to collecting substance misuse info – reliability and validity data reported. 90 day TLFB measuring alcohol and marijuana use was collected at baseline and at follow up after release. (6) secondary data: Records reviewed to verify reports of illegal activity and substance use.
6.2	Any issues about the validity of tools, problems with data collection methods	Participants paid $60 gift certificate for completing the follow-up interview, with a $10 bonus for completing it within a week. Were interview tools piloted? Were any instruments pre-validated?
7	**Programme of intervention – outcomes**	
7.1	How is reduced reoffending operationalised, and over what period is it measured?	3 months after intervention
7.2	Apart from reoffending, what other outcomes are mentioned?	Marijuana use: average number of joints smoked on smoking days Percentage of days marijuana used Alcohol use: total number of drinks on drinking days Percentage of heavy drinking days (heavy drinking = 4 or more for girls, 5 or more for boys)
8	**Results and conclusions**	
8.1	What are the results of the study, as described by the authors?	Significant differences were found between ethnic groups at baseline in relation to alcohol use. White teens drank significantly more drinks on heavy drinking days than

		African American teens, and had a higher percentage of heavy drinking days than African American and Hispanic teens. No other differences were significant by ethnic group. There was a significant treatment by ethnicity interaction for the total number of drinks on heavy drinking days and the percentage of heavy drinking days. Hispanic adolescents who received MI significantly decreased the total number of drinks on heavy drinking days as compared to Hispanic adolescents who received RT. Suggests that the success of MI with Hispanics is to do with the congruence between MI principles and cultural-specific Hispanic values – including respect, trust and intimacy within a relationship, and preference for individual relationships rather than relationships with institutions. Ethnicity did not moderate the effects of treatment on marijuana use outcomes – possibly both treatments equally effective?
8.2	What are the detailed findings about reoffending?	Substance misuse outcomes evaluated only.
8.3	What were the detailed findings on intermediate outcomes?	Significant main effects were found for ethnicity on total number of drinks on heavy drinking days, but no main effects were found for ethnicity on percentage of heavy drinking days. There was a significant treatment by ethnicity interaction for total number of drinks on heavy drinking days and percentage of heavy drinking days. Hispanic adolescents who received MI significantly decreased total number of drinks on heavy drinking days and percentage of heavy drinking days as compared to Hispanic adolescents who received RT.
8.4.	Ability to generalise and link to other research evidence	State that this study is consistent with previous research that has found MI to be differentially effective with Hispanic individuals with alcohol problems. The study is also consistent with previous research concluding that Hispanic substance use is mediated by expectancies and self-efficacy – MI targets negative and positive experiences of substance use, and build self-efficacy.

		Limitations: largely male sample, and all incarcerated. Did not include measures of acculturation. Brief follow up.
9	**Methods: data analysis**	
9.1	Which methods were used to analyse qualitative data?	N/A
9.2	Which methods were used to analyse quantitative data?	Analysis of co-variance
9.3	Do the authors describe the strategies used in analysis to control for bias from confounding variables?	Any attempt to isolate the effects of the intervention from other factors, such as growing out of crime, changes in life circumstances of programme participants, etc.
9.4	Was data analysis carried out for all starters, or only programme completers?	Doesn't say
10	**Final questions**	
10.2	Overall quality assessment	The study investigated the impact of ethnicity on treatment in reducing alcohol and marijuana use among incarcerated adolescents. Adolescents (14-19 years of age) were recruited from a state juvenile correctional facility and randomly assigned to receive MI or relaxation therapy (RT). (N = 147; 48 white, 51 Hispanic, and 48 African American; 126 male; 21 female). Interviews were conducted at admission to the facility and 3 months after release. **Maryland – level 5** **EPPI Weight of evidence:** **A: High** **B: High** **C: Medium** **D: Medium**

No.	Question	Description of what should be recorded
1	First author name and endnote reference	Andres G GIL
2	**Study background**	
2.1	Aim/purpose of the study and research questions/hypothesis	To examine: 1. The degree to which cultural mistrust and perceived discrimination are related to baseline AOD (alcohol and other drug use) among African American, substance abusing juvenile offenders . 2. The degree to which acculturation and acculturation stress are related to AOD use among Hispanic substance using offenders. 3. How acculturation and acculturation stress may affect response to treatment amongst Hispanic youth. Hypotheses: 1. Cultural mistrust and perceived discrimination will be associated positively with AOD use among African American and Hispanic youth. 2. Acculturation and acculturation stress will be associated positively with AOD use among Hispanic youth. 3. Acculturation will be associated positively with treatment response among Hispanic youth. 4. Acculturation stress will be associated negatively with treatment response among Hispanic youth.
	Purpose of study	(2) Exploration of relationships
2.2	Broad type of study	Quantitative: (1) Randomised experiment Participants randomly assigned into individual GSC, family involved GSC, their choice between individual and family GSC and waiting list control. Assessments completed at baseline, 3, 6 and 9 month follow ups. Date used in this study were preliminary baseline and post-intervention data from US-born Hispanic and African American youths who had participated in the programme.
2.3	Reason why study approach was selected	Not specified
3	**Programme or intervention: description**	
3.1	Name of programme/intervention being studied	ATTAIN: Alcohol Treatment Targeting Adolescents in Need uses Guided Self-Change intervention
3.2	Content of the intervention/treatment	Brief, skills oriented, motivational intervention. Validated and found effective with a range of populations.

		Wide consultation at the design stage with regard to making the intervention culturally relevant – focus groups with key demographic groups representing the service users led to adaptations making the programme more culturally relevant.
3.3	Location of the intervention	Community
3.4	Duration of the intervention	Described as a brief intervention, exact length not specified
3.5	People providing the intervention	Programme staff are multi-ethnic and multi-lingual and representative of the adolescent population participating in the programme
3.6	Training of people providing the intervention	Not specified
3.7	Dosage	Between 5 and 7 sessions (duration over which these were held was not specified)
3.8	Theory of change	GSC uses fundamental behavioural change principles and motivational engagement strategies; it also incorporates individual treatment targets, change strategies and substance use goals based on clients' personal experiences.
4	**Sample achieved**	
4.1	Number of people in sample	213
4.2	Types of offender in sample	Nature of offences
4.3	Status of offenders in sample	All juvenile offenders who had been referred for substance abuse treatment. Status (on parole, license expired) not specified.
4.4	Countries of the participants	Study conducted in USA
4.5	Age	Juvenile, aged 14-19, mean age 15.7 years
4.6	Sex	90.9% male; 9.1% female
4.7	Ethnicity	128 US-born Hispanics 45 foreign-born Hispanics 40 African Americans
4.8	Any other useful information about study participants	N/A
5	**Sample: strategy**	
5.1	Sampling frame and method used to select study participants	Data was culled from an RCT evaluating the clinical effectiveness of Guided Self Change with African American and Hispanic youth with AOD problems

5.2	Did any of the sample drop out over time and if so, were the members of the sample who dropped out different (the attrition rate)?	Only programme completers' data in analyses
5.3	Are the authors trying to produce findings that are representative of a given population? If so, how representative was their sample?	Not specified. 91% male, most participants were Hispanic
6	**Methods: data collection**	
6.1	Methods used to collect data	(1) Structured Interviews; (3) self-completed questionnaire; (5) administration of psychological or other tests; (6) secondary data Alcohol and marijuana use: measured at baseline and post intervention using timeline Follow-back interview – states it has good reliability and validity. Information was also collected on a variety of different recreational drugs across the lifetime. Recognition of substance use problems: reliability and validity reported. Discrimination: no reliability or validity reported but has been used in large epidemiological studies; Cronbach's alpha for this study was 0.8. Ethnic mistrust: 9-item scale demonstrating good internal consistency in pilot testing. Assessed mistrust of whichever 2 ethnic groups the participant did not belong. Cronbach's alpha for African Americans was 0.67; for Hispanics was 0.8. Ethnic orientation and pride: developed a scale for this – factor analysis revealed two scales, ethnic orientation and ethnic pride. Cronbach's alphas ranged from 0.64 to 0.76. Acculturation for Hispanics: scale focused largely on relative use of English Spanish (used with Hispanics only). Acculturation stress: questionnaire – captures idea that respondent is treated unfairly because s/he is Hispanic, as well as witnessing Hispanic friends being treated unfairly.
6.2	Any issues about the validity of tools, problems with data collection methods	Unclear if tools were specifically validated for Hispanic youth.

7	**Programme of intervention – outcomes**	
7.1	How is reduced reoffending operationalised, and over what period is it measured?	Reoffending not measured
7.2	Apart from reoffending, what other outcomes are mentioned?	Measures of AOD use consisted of 30 days prior to baseline assessment and 30 days prior to post-intervention assessment. All participants followed up within 2 weeks after treatment completion and the average time from baseline to post intervention was 10.9 weeks. Rates of alcohol use at baseline were very similar for all 3 groups.
8	**Results and conclusions**	
8.1	What are the results of the study, as described by the authors?	All 3 groups showed significant decreases in the percentage of days on which substance use occurred post intervention. Decrease was dramatic for all 3 groups but was particularly large for African Americans. Similar results with regard to reductions in marijuana use. Alcohol and marijuana use was highest among foreign-born Hispanics – inconsistent with other studies. Impact of cultural variables on treatment outcome on US-born Hispanics: Hierarchical multiple regressions that tested the influence of cultural factors on treatment outcome while controlling for baseline AOD use. Generally, the US-born Hispanic youth group were highly acculturated, reported high Hispanic ethnic orientation, low levels of perceived discrimination and high levels of ethnic mistrust. Greater ethnic mistrust was associated with smaller changes in post-treatment marijuana and alcohol use. Hispanic youth with greater Hispanic cultural orientation and greater ethnic pride responded better to treatment by having greater reductions in AOD use.
8.2	What are the detailed findings about reoffending?	N/A
8.3	What were the detailed findings on intermediate outcomes?	US-born Hispanic group: perceived discrimination was significantly positively correlated with ethnic mistrust and significantly negatively correlated with ethnic pride. Ethnic orientation was related strongly to ethnic pride.

		African Americans: ethnic mistrust was related negatively to ethnic orientation – African American youths who are more oriented towards African American ethnicity report lower levels of ethnic mistrust than other groups. Ethnic pride and ethnic orientation strongly related. US-born Hispanics: clients who were more acculturated and reported higher levels of perceived discrimination also reported higher levels of AOD use. Acculturation was related positively to marijuana use; ethnic pride was correlated negatively with marijuana use. Clients who reported greater levels of ethnic pride reported lower levels of marijuana use. Odds for elevated AOD use were much higher for those with high levels of acculturation and perceived discrimination and those with low levels of ethnic pride. African Americans: Ethic orientation and ethnic pride seemed to be protective factors for drug and alcohol use among African American youth. Results also suggested that African American youth with greater ethnic pride and ethnic orientation are more likely to recognise or acknowledge substance use problems and the need for substance use treatment.
8.4.	Ability to generalise and link to other research evidence	These are preliminary findings from an ongoing clinical trial.
9	**Methods: data analysis**	
9.1	Which methods were used to analyse qualitative data?	N/A
9.2	Which methods were used to analyse quantitative data?	1. T-tests used to evaluate changes in alcohol and marijuana use between baseline (previous 30 days) and post-intervention (previous 30 days) with all three ethnic groups 2. Evaluation of relationships between cultural variables hypothesised to be associated with substance use and that constitute amenability to treatment factors – conducted with baseline data only with two largest groups, African Americans and US-born Hispanics 3. Multiple regressions in which the impact of cultural variables on treatment outcome were examined – only US-born Hispanics included in this group as they were the only group large enough for this style of analysis
9.3	Do the authors describe the strategies used in analysis to control for bias from confounding variables?	No

9.4	Was data analysis carried out for all starters, or only programme completers?	Only programme completers. Waiting list controls not included in any analysis.
10	**Final questions**	
10.2	Overall quality assessment	Robust design – randomised design **Maryland – level 5** **EPPI Weight of evidence:** **A: High** **B: High** **C: Medium** **D: Medium**

No.	Question	Description of what should be recorded
1	First author name and endnote reference	Carmel L MASSON
2	**Study background**	
2.1	Aim/purpose of the study and research questions/hypothesis	To identify and explore the possible barriers that may prevent AAPIs (Asian Americans and Pacific Islanders) with Substance Use Disorders from enrolling in substance abuse treatment. Expected outcomes: 1. AAPI clients to prefer substance abuse treatment provided in their native language and that addressed AAPI cultural issues. 2. Cultural factors to influence help seeking behaviour, including the role of the family, face loss concerns and experiences of recent immigration to the USA.
	Purpose of study	(2) Exploration of relationships Examination of motivations and barriers to substance abuse, treatment entry and treatment continuation among Asian American and Pacific islander substance users.
2.2	Broad type of study	Mixed methods: Qualitative interviews Responses on a checklist
2.3	Reason why study approach was selected	Exploratory study – few studies have conducted in-depth interviews with substance abuse treatment clients to explore their opinions as to why AAPIs may or may not enrol in treatment
3	**Programme or intervention: description**	
3.1	Name of programme/intervention being studied	N/A
3.2	Content of the intervention/treatment	Substance abuse treatment programmes specialising in providing culturally sensitive services for AAPIs. Programmes included clients who were not AAPIs but treatment groups were formed based on AAPI group membership – e.g. some treatment groups solely included Filipino Americans or monolingual Vietnamese speaking clients.
3.3	Location of the intervention	Not explicitly stated, but appears to be community. Many clients were referred from the criminal justice system.
3.4	Duration of the intervention	Not stated

3.5	People providing the intervention	Some treatment providers were AAPIs. Attempts were made to provide treatment to clients who did not speak English.
3.6	Training of people providing the intervention	Not stated
3.7	Dosage	Not stated
3.8	Theory of change	Not stated
4	**Sample achieved**	
4.1	Number of people in sample	Total sample = 61
4.2	Types of offender in sample	Not offenders; all were enrolled in substance abuse treatment
4.3	Status of offenders in sample	Not specified – almost half were court mandated but status not reported in demographic information
4.4	Countries of the participants	US: California and Hawaii
4.5	Age	18 and over
4.6	Sex	43 (71%) male
4.7	Ethnicity	Multi-ethnic AAPIs = 17 Filipino Americans = 15 Vietnamese Americans = 10 Chinese Americans = 7 Korean Americans = 6 Japanese Americans = 3 Other AAPI ethnicity = 2 Native Hawaiians = 1
4.8	Any other useful information about study participants	Vietnamese Americans were monolingual and their interviews were conducted in Vietnamese; 2 Chinese Americans were monolingual and their interviews were conducted in Chinese.
5	**Sample: strategy**	
5.1	Sampling frame and method used to select study participants	Participants were recruited using flyers posted and distributed by clinicians at the substance abuse treatment programmes. Participants were paid $25 gift card for completing the study interview.
5.2	Did any of the sample drop out over time and if so, were the members of the sample who dropped out different? (the attrition rate)	Not specified

5.3	Are the authors trying to produce findings that are representative of a given population? If so, how representative was their sample?	Aimed to achieve a diverse ethnic sample of AAPIs – data collected in 3 cities in California and in Hawaii. Daly City, CA has the largest concentration of Filipino Americans in the US and the Daly City treatment programme treated mainly Filipinos. San Jose, CA has the second largest concentration of Vietnamese; Vietnamese participants were recruited in San Jose. Participants also recruited in LA (no reasons given). Hilo, Hawaii: native Hawaiians and Pacific Islanders recruited Limitation = not exploring barriers that were sufficiently strong to keep the clients away from treatment – i.e. only AAPIs in treatment were included.
6	**Methods: data collection**	
6.1	Methods used to collect data	(1) Interviews – semi-structured. Some aspects structured (2) Self-completed checklist
6.2	Any issues about the validity of tools, problems with data collection methods	Non-Asian interviewer interviewed the Hawaiian participants. Interviews in California were conducted by trained Asian American interviewers. For interviews conducted in Chinese and Vietnamese the participants' responses were translated into English by bilingual interviewers who conducted the interview. Filipino American, Korean American and Japanese American interviews were conducted in English. Interviewers were trained in the administration of standardised instruments and the use of data collection forms and interview guides. No details given about piloting of the interviews. Addiction Severity Scale (ASI) embedded into semi-structured interview – asks about socio-economic and demographic information and substance use. Self-completed checklist asked participants to agree yes or disagree no with a list of potential barriers and facilitators to substance abuse treatment, using a specially developed checklist with items drawn from an existing measure and clinical experience. No reliability or validity data reported for this measure.

7	**Programme of intervention – outcomes**	
7.1	How is reduced reoffending operationalised, and over what period is it measured?	Reoffending not reported
7.2	Apart from reoffending, what other outcomes are mentioned?	Barriers and facilitators to accessing substance abuse treatment
8	**Results and conclusions**	
8.1	What are the results of the study, as described by the authors?	Themes arising from qualitative analysis: **Peer support:** Good to have non-using friends as role models. Relevant across all AAPI groups. **Peer pressure from drug users:** prevented access to treatment, and encouraged drug use. Almost all native Hawaiians reported peer pressure to use drugs. Association with drug users also increased isolation from families and non-using friends. The authors also recognised the cost of treatment in that it disrupted friendships with drug users. **Involvement in CJS:** Encounters with CJS were cited as instrumental in helping individuals access treatment across all ethnic groups. **Perceived need for treatment:** Personal recognition that treatment was necessary was a powerful motivator to seeking treatment. Filipino, Vietnamese and Native Hawaiian participants were less likely to self-refer. **Family influences:** Family could hinder or facilitate treatment. Hindrance included expecting participant to contribute to the family budget, using substances themselves, disapproving of treatment. **Culturally competent treatment:** Receiving services from culturally competent staff or receiving treatment in their native language was preferred. Staff from a similar ethnic background facilitated the process. Counsellors sensitive to cultural nuances were seen as more effective. **Face loss concerns and shame:** A few participants reported concerns over losing face and feeling ashamed because of their substance use – those of Filipino descent from San Francisco and Native Hawaiians. Felt unable to tell people outside the family about their substance use. Numbers lower than expected – all participants were in treatment, so were probably less concerned with this than those not in treatment.

		Quantitative results: Most frequently endorsed barrier to treatment was fear of loss of confidentiality (39% participants). Filipino and Vietnamese participants most concerned about this, Koreans less so than other AAPI groups. Belief that their substance abuse was not bad enough (38%) and fear of losing employment (38%) were identified by all ethnic groups. Not knowing where to get services was a barrier for all ethnic groups (36%) but Filipino and Vietnamese were less likely to know where to access services than other ethnic groups. Long wait times were a concern (36%) but Filipino, Vietnamese and Korean groups expressed this concern more frequently than other groups. 26% sample were concerned about how to pay for treatment; Korean and Vietnamese participants most concerned about this. 26% were concerned that they were not eligible for services; Vietnamese participants were most likely to express this concern. Only 18% reported that family and friends were against treatment; Filipino participants were more likely to report that family and friends were against treatment. Immigration status was not a concern for most participants, with the exception of 4 Filipino participants. Few participants were concerned that treatment providers would not understand their culture (12%) or speak their language (15%). NB: All treatment programmes in the study were set up to meet the needs of AAPI clients.
8.2	What are the detailed findings about reoffending?	N/A
8.3	What were the detailed findings on intermediate outcomes?	See 8.1 results section
8.4.	Ability to generalise and link to other research evidence	Given the small sample sizes for each ethnic group it is not possible to generalise from this study, but some results consistent with existing research, for example: • AAPI clients suffer from peer pressure to use drugs and this hinders the treatment process

		• some AAPI clients did not believe their problem was bad enough to warrant treatment • structural and systems barriers prevent access to treatment – where to get services, how long they would have to wait, who would pay – consistent with concerns of substance misusers generally • family members may hinder treatment, and there is reluctance to seek help outside of the family as it reflects on family's ability to cope and is inconsistent with 'cultural mandate' to maintain an appearance of harmony within the family (there were differing views about family as some families supported treatment, some hindered it – I would say that this means that all families are different) Study only included AAPIs in treatment, so it is not possible to draw any conclusions about the sorts of barriers that act upon AAPIs not in treatment – i.e. barriers that are not overcome. Participants were all receiving treatment from a publicly funded organisation so results cannot be generalised to those who seek private treatment. Study relied on self-reported measures of stigmatised behaviours, so responses might have been constrained by social desirability, or cultural constraints against revealing private information etc. Authors conclude that the study suggests that AAPIs are similar to other groups of substance misusing clients – many are not ready to enter treatment, many fear treatment and wish to avoid shame from revealing their substance misuse problems to friends and family, and they may face structural barriers (for example paying for and accessing treatment). As with other studies, authors emphasise importance of cultural sensitivity and relevance of treatment, and the importance of recognising the diversity amongst AAPI groups.
9	**Methods: data analysis**	
9.1	Which methods were used to analyse qualitative data?	Qualitative methods not specified – involved open coding and discussion by 4 individuals who discussed emerging themes. Readers blind to racial and demographic characteristics of each transcript. Thematic codes developed inductively – data dictated analytic categories. Four individuals continued reading and revising until no more themes emerged. Steps were taken to increase methodological rigour.

		Inconsistencies resolved by an additional researcher. All discrepant codes resolved by discussion.
9.2	Which methods were used to analyse quantitative data?	Descriptive statistics
9.3	Do the authors describe the strategies used in analysis to control for bias from confounding variables?	As only APPIs were included, it is not possible to tell whether the issues identified are unique to these ethnic groups – i.e. if they are specific issues to do with their culture and ethnicity
9.4	Was data analysis carried out for all starters, or only programme completers?	N/A
10	**Final questions**	
10.2	Overall quality assessment	No comparison between AAPIs and other ethnic groups, so similarities and unique issues for AAPIs are not identified. Sample sizes are too small to make meaningful comparisons between ethnic groups. Conclude that AAPIs only enter treatment when it is absolutely necessary (i.e. when they are forced to after being prosecuted for a criminal offence), but only around half were actually court mandated. **Maryland – not scalable** **EPPI Weight of evidence:** **A: Medium** **B: Medium** **C: Medium** **D: Medium**

No.	Question	Description of what should be recorded
1	First author name and endnote reference	Kalpana PATEL
2	**Study background**	
2.1	Aim/purpose of the study and research questions/hypothesis	Overall aim to determine why ethnic minority offenders are proportionately less likely to participate in HMPS SOTP. More specifically: 1. To ascertain whether SOTP satisfies the treatment needs of ethnic minorities 2. To establish any problem areas in SOTP related to the treatment needs of ethnic minorities 3. To recommend any changes necessary to improve the provision of SOTP to ethnic minorities Hypotheses: 1. Do ethnic minority sex offenders believe that race and culture are an issue on SOTP? 2. Do ethnic minority sex offenders believe that (2.1) their experiences were different from other group members and 2.2) there was a clash of interests with other group members on SOTP? 3. Do ethnic minority sex offenders believe that (3.1) they were treated differently by the tutors compared to other group members and (3.2) tutors were actively aware of their needs as members of ethnic minorities on SOTP? 4. Do ethnic minority sex offenders believe that the SOTP programme material dealt wall with the experiences of ethnic minorities?
	Purpose of study	(1) Description (2) Exploration of relationships (3) What works (4) Method Development (5) Reviewing/synthesising research
2.2	Broad type of study	Quantitative or qualitative: (4) one group post-test only (no control group, measured only after, not before intervention – e.g. just ask study participants about perceived effects
2.3	Reason why study approach was selected	Not specified
3	**Programme or intervention: description**	
3.1	Name of programme/intervention being studied	HMPS Sex Offender Treatment Programme
3.2	Content of the intervention/treatment	HMPS Sex Offender Treatment Programme, a structured cognitive behaviour treatment programme

3.3	Location of the intervention	Prison
3.4	Duration of the intervention	25 two-hour sessions at a minimum
3.5	People providing the intervention	N/A
3.6	Training of people providing the intervention	N/A
3.7	Dosage	N/A
3.8	Theory of change	N/A
4	**Sample achieved**	
4.1	Number of people in sample	24
4.2	Types of offender in sample	Convicted sexual offenders
4.3	Status of offenders in sample	In prison
4.4	Countries of the participants	UK
4.5	Age	18-54
4.6	Sex	Male
4.7	Ethnicity	Not specified, although all identified as 'ethnic minorities'. Does not specify whether participants self-identified.
4.8	Any other useful information about study participants	They had all participated in the SOTP in the previous 2 years; some were still engaged in the programme but they had completed at least 25 two hour sessions.
5	**Sample: strategy**	
5.1	Sampling frame and method used to select study participants	Selection methods for participants were not specified
5.2	Did any of the sample drop out over time and if so, were the members of the sample who dropped out different (the attrition rate)?	It is not stated whether any participants withdrew from the research
5.3	Are the authors trying to produce findings that are representative of a given population? If so, how representative was their sample?	Authors are aiming to understand the experiences of ethnic minority offenders on SOTP. The small sample size limits generalisability.
6	**Methods: data collection**	
6.1	Methods used to collect data	(1) Interviews Interviews lasted between 20 and 60 minutes and were semi-structured.

6.2	Any issues about the validity of tools, problems with data collection methods	No details are provided about piloting
7	**Programme of intervention – outcomes**	
7.1	How is reduced reoffending operationalised, and over what period is it measured?	N/A
7.2	Apart from reoffending, what other outcomes are mentioned?	N/A
8	**Results and conclusions**	
8.1	What are the results of the study, as described by the authors?	38% believed that race and culture are an issue on SOTP, 62% did not. 46% believed their experiences on SOTP were different from other group members, 54% disagreed. 67% ethnic minority sex offenders believed there was a clash of interests on SOTP. 58% ethnic minority sex agreed that they were treated differently by tutors compared to other group members; 42% disagreed. 6 out of 24 respondents did not believe that ethnic minorities had different needs from other group members. Of the remaining 18, 89% believed that the tutors were not aware of their needs as members of ethnic minority groups. 58% of participants believed that the SOTP programme material dealt well with the experienced of ethnic minorities; 42% thought the material had not dealt well with this. A consistently higher proportion of participants had a negative experience on SOTP when they were the sole ethnic minority group member. In most cases, participants who were the sole ethnic minority group member were about twice as likely to report negative experiences than if there was more than one ethnic minority group member on the group (NB: there were only 8 participants who were the sole ethnic minority group member).
8.2	What are the detailed findings about reoffending?	N/A
8.3	What were the detailed findings on intermediate outcomes?	Reasons identified for race/culture being an issue: tutors and other prisoners don't understand culture; other prisoners

		'get away with more'; communication/language problems; tutor being a prison officer is a cause of distress. Reasons for feeling their experiences on SOTP was different from others included feeling victimised, the presence of cultural differences and communication/language problems. Reasons for believing there to be a clash of interests included experiencing cultural differences and a feeling of being stereotyped; feeling that white paedophiles got preferential treatment; feeling victimised; feeling that rules were applied inconsistently; and experiencing overt racism. Reasons for feeling that they were treated differently by tutors included feeling victimised, stereotyped or patronised; and feeling that cultural differences were not acknowledged in treatment exercises. Reasons for feeling that tutors were not aware of their specific needs as members of a minority ethnic group included believing that cultural differences in daily life outside prison were not recognised – all the participants believed this to be true. Other reasons included language/communication problems, tutors not respecting confidentiality, feeling stereotyped, and feeling that the prison experience of ethnic minorities is in itself different. Reasons for believing that the SOTP material did not deal well with the experiences of ethnic minorities included there being no ethnic minority images in SOTP material; simpler language being needed, and ethnic minority offenders not being able to relate to scenarios in discussion material. Authors conclude that most participants believed the basic SOTP approach to be relevant to their needs. Most participants believed that the SOTP material was relevant to their needs. In terms of their experiences in general, about half the participants felt that they had suffered from a lack of cultural awareness or even victimisation. This included tutors lacking an awareness of linguistic and cultural differences in life outside prison. Participants noted a lack of ethnic minority images and language in SOTP material.

		Authors recommend: • improved tutor awareness of cultural difference, the handling of group dynamics, and the use of language and imagery in course materials • programme should incorporate ethnic minority case material, personal names and visual imagery • managers should avoid selecting individuals as the sole ethnic minority group member, as these individuals had much more negative experiences in SOTP
8.4.	Ability to generalise and link to other research evidence	There were only 24 participants, which limited analysis options, and also limits generalisability
9	**Methods: data analysis**	
9.1	Which methods were used to analyse qualitative data?	N/A
9.2	Which methods were used to analyse quantitative data?	Descriptive statistics only; authors state that the sample size was too small to allow statistical comparisons
9.3	Do the authors describe the strategies used in analysis to control for bias from confounding variables?	No
9.4	Was data analysis carried out for all starters, or only programme completers?	N/A
10	**Final questions**	
10.2	Overall quality assessment	**Maryland – not scalable** **EPPI Weight of Evidence:** **A: Medium** **B: Medium** **C: Medium** **D: Medium**

No.	Question	Description of what should be recorded
1	First author name and endnote reference	Robert A Shearer
2	**Study background**	
2.1	Aim/purpose of the study and research questions/hypothesis	What is the difference in treatment resistance in subpopulations of female offenders in a variety of treatment programmes in institutional settings? In particular, does ethnicity play a role in the level of resistance female offenders have to participation in treatment programmes? Overall aim to match female offenders to treatment that is best suited to them, and least likely to cause resistance. Specific RQs: 1. Are there significant differences in treatment resistance between white, black and Hispanic female offenders in a total group and in different treatment groups? 2. What are the direction and magnitude of the resistance to substance abuse counselling if there is a significant difference between the female offenders?
	Purpose of study	(2) Exploration of relationships Investigation of treatment resistance in subpopulations of female offenders in substance abuse treatment programmes
2.2	Broad type of study	Quantitative: No comparison group (e.g. of non-court mandated offenders). Measures were taken at one time point only (not clear when in treatment this time point was – i.e. pre, beginning, middle, end).
2.3	Reason why study approach was selected	Not specified
3	**Programme or intervention: description**	
3.1	Name of programme/intervention being studied	Substance misuse treatment – details not specified. Differences in approach across the 3 treatment sites.
3.2	Content of the intervention/treatment	'Treatment' refers to a broad programme description in substance abuse, including drug and alcohol education,

		therapeutic communities and counselling, both individual and group
3.3	Location of the intervention	In prison
3.4	Duration of the intervention	N/A
3.5	People providing the intervention	N/A
3.6	Training of people providing the intervention	N/A
3.7	Dosage	N/A
3.8	Theory of change	N/A
4	**Sample achieved**	
4.1	Number of people in sample	153
4.2	Types of offender in sample	Not specified; one group all had substance related offences, and all were in substance misuse treatment
4.3	Status of offenders in sample	In prison or in court mandated institutional treatment
4.4	Countries of the participants	USA
4.5	Age	Adult
4.6	Sex	Female
4.7	Ethnicity	White (40.5%), black (42.4%) Hispanic (16.9%)
4.8	Any other useful information about study participants	No
5	**Sample: strategy**	
5.1	Sampling frame and method used to select study participants	Participants were selected by the directors of the substance abuse programme at 3 prisons. Participants were chosen according to availability at the scheduled time of testing. Participants were told to leave the room if they did not wish to participate; 2 or 3 left in each prison, and details about those refusing to participate in the research were not collected. Group 1: 42 adult females offenders in a state jail; all in substance abuse treatment. Group 2: 69 adult women in a TC in a substance abuse felony punishment facility as a condition of probation or parole. Group 3: 42 adult female offenders in a state jail facility.

5.2	Did any of the sample drop out over time and if so, were the members of the sample who dropped out different? (the attrition rate)	No drop out
5.3	Are the authors trying to produce findings that are representative of a given population? If so, how representative was their sample?	Not specified.
6	**Methods: data collection**	
6.1	Methods used to collect data	(5) Administration of psychological or other tests: survey questions read aloud to participants. Each participant was asked to complete a 'general information' sheet prior to completing the CTRS. Participants self-identified with regard to ethnicity.
6.2	Any issues about the validity of tools, problems with data collection methods	'Correctional Treatment Resistance Scale' (CTRS) – 35-item questionnaire, agree, disagree, undecided, with 7 scales of 5 items each. Reliability and validity data was reported; total alpha coefficient of internal reliability was high (0.91); coefficients for other scales except Cultural Issues were acceptable (.56-.76). Cultural Issues was 0.38.
7	**Programme of intervention – outcomes**	
7.1	How is reduced reoffending operationalised, and over what period is it measured?	N/A
7.2	Apart from reoffending, what other outcomes are mentioned?	Treatment resistance
8	**Results and conclusions**	
8.1	What are the results of the study, as described by the authors?	No significant differences were found in the multiple subpopulation comparisons on the Isolation, Compliance, Low Self-Disclosure, Denial and total scales. Significant differences were observed on Cultural Issues, Cynicism and Counsellor Distrust scales: white females were significantly different from black and Hispanic offenders on the Cultural Issues scale; black and Hispanic female offenders were significantly more resistant to treatment in the area of cultural issues than were white female offenders. Hispanic female offenders were

		significantly more resistant to treatment than were white female offenders on the cynicism scale. Depending on the group or ethnicity, significant differences were found on the Counsellor Distrust scale but it is not clear where the differences were in the comparison. No significant differences were found in intergroup comparisons on any portion of the CTRS except the cynicism scale – suggest that this may be an artefact due to the higher mean for Hispanic women in group 3 and the small number of Hispanic women in the sample. Resistance as measured by any other scale was not significantly different between the 3 offender groups.
8.2	What are the detailed findings about reoffending?	N/A
8.3	What were the detailed findings on intermediate outcomes?	**Group 1:** On a 10-point scale, Hispanic offenders were 14.2% more resistant than white offenders and 8.9% more resistant than black offenders on the Cultural Issues scale. **Group 2:** Black offenders were 7.7% more resistant than white offenders and 1.6% more resistant than Hispanic offenders on the Cultural Issues scale. **Group 3:** Hispanic offenders were 18.5% more resistant than white offenders and 5.6% more resistant than black offenders on the Cultural Issues scale. **Group 3:** Hispanic offenders were 37.3% more cynical about treatment than white offenders and 32.6% more cynical than black offenders. **Group 2:** Black offenders were 14.6% more cynical than white offenders; Hispanic offenders were 12.4% more cynical than white offenders. Cultural Issues scale, for example: “Where I come from, people don’t spend time talking to a shrink”; “I wouldn’t want my friends at home to know I was talking to a counsellor”. Cynicism, for example: “Prison counselling is useless bull sessions”, “Counselling wastes a lot of taxpayers’ money”.

		Authors emphasise the importance of individual responsivity; recommend that treatment providers acknowledge the role of ethnicity and culture. Treatment providers should be trained in the awareness of cultural diversity and learn that differences in ethnicity reflect differences in traits, attitudes and beliefs. In addition, counsellors should not take this awareness to an extreme and classify clients according to their ethnicity. They can learn from individual differences in clients and should have respect for these differences'. Page 68 also states that treatment providers should be aware of differences in communication style amongst different ethnic groups and that social values are placed on different styles by people from different cultures – for example emotionality is weak.
8.4.	Ability to generalise and link to other research evidence	Reasonably small sample, but from three different sites/programmes, so findings do not appear localised to s specific intervention.
9	**Methods: data analysis**	
9.1	Which methods were used to analyse qualitative data?	N/A
9.2	Which methods were used to analyse quantitative data?	Eight 3 x 3 factorial ANOVAs and Tukey's post-hoc HSD test
9.3	Do the authors describe the strategies used in analysis to control for bias from confounding variables?	No
9.4	Was data analysis carried out for all starters, or only programme completers?	N/A
10	**Final questions**	
10.2	Overall quality assessment	**Maryland scale level 3** **EPPI Weight of Evidence:** **A: Medium** **B: Medium** **C: Medium** **D: Medium**

No.	Question	Description of what should be recorded
1	First author name and endnote reference	Georgia V. SPIROPOLOUS
2	**Study background**	
2.1	Aim/purpose of the study and research questions/hypothesis	How do offenders respond differentially to correctional treatment? Do African Americans and whites have differing treatment moderators? Specifically: 1. Do any parolee characteristics moderate treatment success for the white parolee group and the African American parolee group? 2. Are the significant moderating characteristics similar for whites and African Americans (descriptive analysis only)?
	Purpose of study	(2) Exploration of relationships
2.2	Broad type of study	Quantitative: (1) Randomised experiment
2.3	Reason why study approach was selected	High methodological rigour
3	**Programme or intervention: description**	
3.1	Name of programme/intervention being studied	Reasoning and Rehabilitation programme
3.2	Content of the intervention/treatment	Cognitive skills programme. The programme covers problem solving, creative thinking, social skills, management of emotions, negotiation skills, values enhancement and critical thinking.
3.3	Location of the intervention	On parole
3.4	Duration of the intervention	4 months
3.5	People providing the intervention	Not specified
3.6	Training of people providing the intervention	Not specified
3.7	Dosage	35 sessions over 4 months
3.8	Theory of change	Cognitive behavioural programme designed to modify illogical, impulsive and egocentric thinking and improve cognitive skills (e.g. problem solving) to lessen criminal behaviour

4	**Sample achieved**	
4.1	Number of people in sample	937 parolees, 459 in experimental group, 478 in control group
4.2	Types of offender in sample	Nature of offences
4.3	Status of offenders in sample	In prison, community sentence, ex-offender
4.4	Countries of the participants	US
4.5	Age	Collected as part of analysis
4.6	Sex	Male
4.7	Ethnicity	658 African American 279 white
4.8	Any other useful information about study participants	Eligible participants had to have at least 16 months remaining on their parole term to allow for 4 months to complete the programme and 12 months follow up. The white and African American group were generally similar, but the white group were significantly older; significantly more likely to be married/common law; significantly less likely to be educated to high school/GED level; significantly more likely to have been employed at the time of imprisonment; significantly more likely to be middle class (African Americans were assessed as being of generally lower socio-economic status); significantly more likely to have an IQ of over 85; significantly more likely to have a reading level above that of a 5th grader; significantly less likely to have an aggressive or dependent personality but significantly more likely to have a 'situational' personality.
5	**Sample: strategy**	
5.1	Sampling frame and method used to select study participants	Data was taken from the Georgia Cognitive Skills Experiment (GCSE), a large-scale programme evaluation of the R&R programmes conducted between July 1998 and April 2002 across 25 parolee sites in the state of Georgia
5.2	Did any of the sample drop out over time and if so, were the members of the sample who dropped out different (the attrition rate)?	Not specified
5.3	Are the authors trying to produce findings that are representative of a given population? If so, how representative was their sample?	Not specified

6	**Methods: data collection**	
6.1	Methods used to collect data	(6) secondary data from GCSE project Much of the demographic data was collected via self-report. Personality and intelligence assessment data were obtained on the parolees' first day of the correctional programme. Assessment data was largely collected through pencil and paper evaluations. Age: series of multinomial terms (20 = 18-20; 25 = 23-27; 30 = 28-32; 35= 33-37; and 38+). Socioeconomic status: assessed by prison intake counsellors: welfare; occasionally employed; minimum standard; middle class. Employment: 1 = employed full time when admitted to prison. 1 = employed full time; 0 = all else Educational attainment and marital status: 1 = high school, GED or more; 0 = less than high school GED. 1 = married; 0 = not married. Intelligence and reading levels: Culture Fair Intelligence Test (pen and paper test) assesses intelligence. independent of reading ability and cultural referents. Wide-Range Achievement Test assessed reading ability. Reliability and validity date not provided. Risk of recidivism: modified Salient Factor Test; reliability and validity data reported (construct validity with original SFS = .71, $p<.001$; validity with recidivism, $r = -.35$, $p<.001$). Risk score dichotomised, 1= high, 0=low. Psychological Assessments: Jesness Inventory measures cognitive (or interpersonal maturity) and personality type. High scores reflect better insight into one's own world view and a more complex understanding of the motivation's emotions and behaviours of themselves and others. Personality type = aggressive, situational, dependent and anxious. Residential urbanisation: 1 – urban; 0=suburban (assigned by GDPP according to where parolees were serving their parole). Recidivism: readmission to prison assessed every three months.

6.2	Any issues about the validity of tools, problems with data collection methods	Intelligence and reading levels: Culture Fair Intelligence Test (pen and paper test); assesses intelligence independent of reading ability and cultural referents. Wide-Range Achievement Test assessed reading ability. Reliability and validity date not provided. Risk of recidivism: modified Salient Factor Test; reliability and validity data reported (construct validity with original SFS = .71, $p<.001$; validity with recidivism, $r = -.35$, $p<.001$). Risk score dichotomised, 1= high, 0=low. Psychological Assessments: Jesness Inventory measures cognitive (or interpersonal maturity) and personality type. High scores reflect better insight into one's own world view and a more complex understanding of the motivation's emotions and behaviours of themselves and others. Personality type = aggressive, situational, dependent and anxious.
7	**Programme of intervention – outcomes**	
7.1	How is reduced reoffending operationalised, and over what period is it measured?	12 month follow up. Variable measured was returns to prison. Collected by Georgia Board of Pardons and Paroles (GBPP) staff reviewing parolees' records and follow-up forms completed by the parolees' parole supervisors or the programme co-ordinators at GBPP.
7.2	Apart from reoffending, what other outcomes are mentioned?	Made experimental to control group comparisons within the African American and white groups.
8	**Results and conclusions**	
8.1	What are the results of the study, as described by the authors?	R&R significantly reduced recidivism for the white group but not for the African American group. This study found that the parolee age and personality type moderated the success of cognitive-behaviour treatment, and it did so differently by race. Specifically, whites over age 22, particularly whites aged 23-27 years, benefited from treatment whereas treatment only helped African Americans in the 27-32 age group. The personality type of parolees moderated treatment for only the African American group. Anxious African Americans had a higher rate of recidivism

		after treatment whereas African Americans with dependent personalities had a lower recidivism after treatment.
8.2	What are the detailed findings about reoffending?	Results broken down by age group: R&R reduced recidivism amongst whites aged 23 and over but not amongst whites aged under 23. R&R was particularly effective for whites aged 23-27. While R&R did not reduce recidivism amongst African Americans as a whole group, it did reduce recidivism amongst African Americans aged between 28 and 32. Personality type did not affect differences in recidivism for whites, but anxious African Americans who engaged in R&R recidivated at a higher rate than anxious African American controls – treatment had a harmful effect for anxious African Americans, with recidivism rates more than doubling for this group, compared with the no-treatment controls. Conversely, African Americans with dependent personalities responded well to treatment. R&R provided modest treatment effects with African Americans with dependent personalities. Explanation of personality results: anxious offenders are generally insecure about themselves and their interactions with others which can manifest as cynical and hostile behaviour. R&R requires a high level of active participation in front of peers. African Americans, particularly those who feel culturally isolated from generic correctional programmes and anxious to begin with may find it much more difficult to engage in the required treatment approach. Additionally, correctional staff delivering R&R are likely to be non-clinical personnel, who do not have the level of training and experience required to build trust and rapport with anxious African American participants. Dependent personalities tend to follow others, so it was suggested that the structure and design of R&R particularly suited this personality type – they work well within structured environments.
8.3	What were the detailed findings on intermediate outcomes?	N/A

8.4.	Ability to generalise and link to other research evidence	Large scale study. Supports body of research identifying responsivity to be important for intervention effectiveness.
9	**Methods: data analysis**	
9.1	Which methods were used to analyse qualitative data?	N/A
9.2	Which methods were used to analyse quantitative data?	Multivariate logistic regression analyses: tested whether race's programme condition to recidivism relationship was influenced by a variety of demographic characteristics and assessments as potential moderators. Racial comparisons of treatment-moderating characteristics were done descriptively rather than statistically – it is not possible to say whether whites and African Americans have statistically different treatment moderators.
9.3	Do the authors describe the strategies used in analysis to control for bias from confounding variables?	Age, socioeconomic status, employment, educational attainment, marital status, intelligence, reading level, risk of recidivism, psychological assessment and residential urbanisation included in the logistical regression analyses.
9.4	Was data analysis carried out for all starters, or only programme completers?	Not specified
10	**Final questions**	
10.2	Overall quality assessment	**Maryland scale – Level 5** for analysis of recidivism between ethnic groups. **EPPI Weight of Evidence:** **A: High** **B: High** **C: Medium** **D: Medium**

No.	Question	Description of what should be recorded
1	First author name and endnote reference	Elizabeth SULLIVAN
2	**Study background**	
2.1	Aim/purpose of the study and research questions/hypothesis	1. To synthesise views of men from different ethnic groups about their experiences of being members of the Therapeutic Community at HMP Grendon 2. To understand why men from black and minority ethnic groups are underrepresented at Grendon 3. To understand why black and ethnic minority men do not often choose to apply to Grendon
	Purpose of study	(1) Description
2.2	Broad type of study	Qualitative
2.3	Reason why study approach was selected	Qualitative methods more appropriate for understanding questions about 'why'.
3	**Programme or intervention: description**	
3.1	Name of programme/intervention being studied	Therapeutic Community, HMP Grendon
3.2	Content of the intervention/treatment	Therapeutic Community
3.3	Location of the intervention	In prison
3.4	Duration of the intervention	N/A
3.5	People providing the intervention	N/A
3.6	Training of people providing the intervention	N/A
3.7	Dosage	N/A
3.8	Theory of change	N/A
4	**Sample achieved**	
4.1	Number of people in sample	4
4.2	Types of offender in sample	Nature of offences not specified
4.3	Status of offenders in sample	In prison
4.4	Countries of the participants	UK based study; nationality of participants not specified
4.5	Age	Not specified
4.6	Sex	Male
4.7	Ethnicity	British Asian, Black African, Irish Traveller, Black Caribbean

4.8	Any other useful information about study participants	No
5	**Sample: strategy**	
5.1	Sampling frame and method used to select study participants	5 men volunteered to participate in a seminar on Racial Equality; 4 of these men were available to contribute to the paper
5.2	Did any of the sample drop out over time and if so, were the members of the sample who dropped out different (the attrition rate)?	1 of the original volunteers was 'not available' – reasons not given
5.3	Are the authors trying to produce findings that are representative of a given population? If so, how representative was their sample?	No
6	**Methods: data collection**	
6.1	Methods used to collect data	(1) Interviews, recorded and transcribed
6.2	Any issues about the validity of tools, problems with data collection methods	Interviews replicated pre-prepared questions and answers from a seminar on Racial Equality
7	**Programme of intervention – outcomes**	
7.1	How is reduced reoffending operationalised, and over what period is it measured?	N/A
7.2	Apart from reoffending, what other outcomes are mentioned?	Experiences of black and ethnic minority offenders at HMP Grendon
8	**Results and conclusions**	
8.1	What are the results of the study, as described by the authors?	See section 8.3
8.2	What are the detailed findings about reoffending?	N/A
8.3	What were the detailed findings on intermediate outcomes?	Black and minority ethnic group men do not often apply to Grendon because: Stigma: having to live and work alongside sex offenders; perception that Grendon is about 'grassing' or naming others as wrongdoers. Not clear if this is a particular issue for minority ethnic groups

		Communication problems: English not being the first language or not being fluent in English may be barriers. Lack of confidence in spoken English. Communication being inhibited by suspicion resulting from lifelong racism and discrimination. Fear of being stereotyped or discriminated against inhibits communication. Stereotyping: Staff in other prisons having stereotypical ideas about who Grendon is for. Cultural values: The notion of 'therapy' has no equivalent in some cultures (for example Asian) – meaning there is little understanding of it. Also, social constructions of crime are not globally compatible, such as 'honour killings' – families may not see this as 'offending behaviour' but as the culturally correct course of action. Not a good (criminal) career move: There was a view that some sections of the BME population are particularly associated with money-making crime (such as drug trafficking) – consequently Grendon is not an attractive option with clear no drugs and no violence policy. Author states that there is no literature to support this view, but this view was held by some BME participants. The importance of belonging: An individual may be less likely to apply to Grendon if it means relinquishing his familiar and supportive cultural group. Belonging is associated with being able to share culturally relevant social activities with people who share one's heritage – opportunities may be more frequent in prisons with larger BME populations. Fear: Fear that one might be victimised because of one's race; fear of overt racism; fear of listening to covert racism during someone else's personal disclosures in therapy. However, no evidence from participants that this was actually encountered once they arrived at Grendon, more that they were fearful of it which may put off potential Grendon applicants. It was agreed that it would be helpful for BME men to have others, both prisoners and staff, from a similar ethnic background to them. Recommendations: • deal with the stigma surrounding misconceptions that Grendon is for sex offenders and grasses

		• deal with stereotyping that suggests that some types of crime mean men are unsuitable for Grendon • Educate staff in referring prisons about the range of prisoners who are suitable and specifically encourage BME applications • Actively encourage BME staff applicants to help foster a 'sense of belonging' which would increase as BME prisoner numbers increase
8.4.	Ability to generalise and link to other research evidence	Not specified
9	**Methods: data analysis**	
9.1	Which methods were used to analyse qualitative data?	Not specified – the author transcribed interviews with participants and produced a draft report of points made. This was shared with the participants who were asked for their comments on the interpretation of their views and suggest adjustments.
9.2	Which methods were used to analyse quantitative data?	N/A
9.3	Do the authors describe the strategies used in analysis to control for bias from confounding variables?	N/A
9.4	Was data analysis carried out for all starters, or only programme completers?	N/A
10	**Final questions**	
10.2	Overall quality assessment	**Maryland – not scalable** **EPPI Weight of Evidence:** **A: Medium** **B: Medium/Low** **C: Medium** **D: Medium**

No.	Question	Description of what should be recorded
1	First author name and endnote reference	Usher, A. M
2	**Study background**	
2.1	Aim/purpose of the study and research questions/hypothesis	To use meta-analytical techniques to examine the efficacy of cognitive behavioural correctional programmes on criminal recidivism with Canadian federal offenders according to self-identified ethnic group (Caucasian, Aboriginal, Black and Other). It was hypothesised that CBT-based correctional programmes would be effective in reducing criminal recidivism fir a range of ethnic groups.
	Purpose of study	Meta-analysis of existing studies of the effectiveness of correctional programmes in Canada to consider effectiveness of these programmes for a range of ethnically diverse Canadian federal offenders
2.2	Broad type of study	Quantitative: meta-analysis All studies selected for the meta-analysis used randomised or matched control design that compared the treatment condition with a comparison group that did not receive the correctional programme. Studies that did not use a comparison group were excluded. All but one study used a matched control design; one study used a randomised control design with a waiting list control.
2.3	Reason why study approach was selected	Can detect effect sizes better than other approaches to summarising research; it calculates an effect size for each study and pools these across studies, providing and overall effect size with considerably more statistical power than individual studies. Consequently, it allows inclusion of studies with small sample sizes, which are common with ethnic minority studies, and such allows more meaningful evaluation of treatment effectiveness.
3	**Programme or intervention: description**	
3.1	Name of programme/intervention being studied	Correctional programmes delivered by Correctional Services Canada (CSC) in a federal institution or parole office. All studies either used CBT or were 'substantially similar to the principles and interventions used in CBT' (page 214).

3.2	Content of the intervention/treatment	Programmes targeted criminal behaviour by using cognitive skills training. Vocational, education and leisure programmes excluded. A wide range of programmes were evaluated including family violence, living skills, substance misuse, anger management, aggression behaviour control, violence prevention programme, sex offender programmes, 'circles of change', 'Aboriginal basic healing', 'In search of your warrior', and 'Spirit of a warrior'. Some programmes were specifically designed for Aboriginal offenders and some programmes (eg SOTPs, Living Skills) were adapted for Aboriginal offenders.
3.3	Location of the intervention	Programmes were delivered either in a federal prison or a parole office.
3.4	Duration of the intervention	Not specified
3.5	People providing the intervention	Not specified
3.6	Training of people providing the intervention	Not specified
3.7	Dosage	Not specified
3.8	Theory of change	Improving cognitive skills results in reducing reoffending
4	**Sample achieved**	
4.1	Number of people in sample	Caucasian offenders = 12,221 in total Aboriginal offenders = 5.755 in total Black offenders = 1,150 in total 'Other' offenders = 884 in total The authors point out that given that offenders may complete several programmes whilst in prison, the possibility that the same offender was included in more than one study cannot be ruled out
4.2	Types of offender in sample	Not specified
4.3	Status of offenders in sample	States that programmes were all delivered in a federal prison or parole office. Does not specify how many participants were in prison and how many in community. Does not specify if any community studies were included in the final set of evaluation reports.
4.4	Countries of the participants	Studies included all took place in Canada
4.5	Age	Not specified

4.6	Sex	Both male and female. It is not clear whether evaluations of female programmes were included: page 226 states that women offender programmes were excluded due to lack of available data and small sample sizes, but page 214 states that reports evaluating programmes for female offenders that met the selection criteria were included. The table of studies included does not specify the gender of the participants.
4.7	Ethnicity	All studies included had samples with a range of ethnic groups, including but not limited to Caucasian, First Nations/Aboriginal, black, South American, Asian, and south/east Asian
4.8	Any other useful information about study participants	All participants were serving a federal sentence (i.e. a sentence of 2 years or over). It is not clear if they were all serving this sentence in prison, or if some were serving part in the community.
5	**Sample: strategy**	
5.1	Sampling frame and method used to select study participants	8 reports were included; one of these was a CSC report of evaluations of all the correctional programmes running at that time (2009) – this included 13 separate evaluations. The remaining 7 were published studies.
5.2	Did any of the sample drop out over time and if so, were the members of the sample who dropped out different (the attrition rate)?	Some studies included treatment dropouts; others included only completers
5.3	Are the authors trying to produce findings that are representative of a given population? If so, how representative was their sample?	They focused on Canadian programmes only
6	**Methods: data collection**	
6.1	Methods used to collect data	All studies included were undertaken or over seen by CSC. Studies with both significant and non-significant results were included. Data was accessed partly from a report in 2009 which consisted of outcome evaluations of every nationally recognised correctional programme being delivered by CSC – results from every correctional programme were reported separately, amounting to 13 separate evaluations.

6.2	Any issues about the validity of tools, problems with data collection methods	Publication bias means that studies with significant findings are likely to be published (and then included in the meta-analysis), whereas studies with non-significant findings are less likely to be published/available for inclusion.
7	**Programme of intervention – outcomes**	
7.1	How is reduced reoffending operationalised, and over what period is it measured?	Outcome measure was readmission to custody subsequent to participation in the correctional programme; readmissions included violations of terms of conditional release and new criminal offences. It is not specified how readmission to custody data was collected. Follow up times varied across studies, from 1 year to 4 years. All studies in CSC report used a 3 year follow up.
7.2	Apart from reoffending, what other outcomes are mentioned?	None
8	**Results and conclusions**	
8.1	What are the results of the study, as described by the authors?	Each of the 4 identified ethnic groups showed significant treatment gains over the non-treatment comparison groups. In other words, participation in correctional programming significantly reduced the likelihood of readmission to custody, regardless of offenders' ethnic background. Aboriginal offenders were found to show treatment gains from participating in both generic programming and Aboriginal-specific programming. Suggests that CBT-based correctional programming can effectively attend to the responsivity needs of ethnic minority offenders and can address issues around cultural differences by adaptations within the CBT framework. Homogeneity across effect sizes was found for all ethnic groups except Aboriginal offenders; the authors suggest that this heterogeneity can be interpreted as clinical variability in the participants or the interventions, or to differences in design and methodology of studies. Given that the same studies were examined across the 4 ethnic groups (and consequently the same interventions), it is likely that a portion of the variability can be attributed to differences among the participants and the quality of the implementation of the programmes. 'Aboriginal offenders

		may simply be a more diverse group than the other ethnic categories' (page 225). The authors also comment that the 99% Confidence Intervals were non-overlapping between the groups of Caucasian and Aboriginal offenders – I think this suggests differences in the base rates of offending for these 2 groups. Authors suggest that reduced treatment effect for the Aboriginal group will result in more of them coming back to custody.
8.2	What are the detailed findings about reoffending?	The mean OR representing the average effect of CBT-based correctional program interventions on Canadian federal offenders as a whole (i.e., regardless of ethnicity) was 1.65 ($p < 0.001$). This indicates that the odds of not recidivating for individuals in the treatment group were more than one and a half times greater than those in the control group. **Caucasian offenders:** The weighted mean effect size for this ethnic group was 1.76, 99% confidence interval (CI) = [1.65, 1.87]. This result indicates that the treatment group was significantly more successful on release than the comparison group. Specifically, among Caucasian offenders, the odds of not recidivating were 1.76 times greater for program participants than for nonparticipants. Variability was no greater than would be expected. **Aboriginal Offenders:** The weighted mean effect size for this group was 1.45, 99% CI = [1.27, 1.63]. In other words, the odds of not recidivating were almost one and half times greater for Aboriginal offenders who participated in correctional programs than those who did not participate in programs. There was, however, a significant amount of variability across effect sizes, $Q(27) = 50.93$, $p < 0.01$. The $I2$ statistic was then calculated to determine the amount of variability that may be attributed to heterogeneity. The level of heterogeneity was found to be 47%, which is considered moderate (Higgins & Thompson, 2002). This result indicates that the treatment effects may have been moderated by other variables or that Aboriginal offenders are a more heterogeneous group than other ethnic groups.

		Black Offenders: The weighted mean effect size for this group was 1.36, 99% CI = [1.02, 1.71], which means that of the offenders who self-identified as black, those who participated in a correctional program had odds of success that were 1.36 times greater than the non-treatment comparison group. Homogeneity of variance was obtained. '**Other' offenders:** The overall mean effect size for this group was 1.53, 99% CI = [1.15, 1.91]. This finding means that offenders in the remaining ethnic group categories who participated in programs had greater odds of success after release than those in the comparison group who did not participate in programs. Homogeneity of variance was also obtained.
8.3	What were the detailed findings on intermediate outcomes?	None reported
8.4.	Ability to generalise and link to other research evidence	All studies took place within CSC. All programmes were run by CSC, but the mean overall effect sizes calculated for each ethnic group can be considered as an indication of general correctional programme effectiveness. Authors concluded that the study provides support for the use of CBT-based correctional interventions that adhere to RNR principles with ethnic minority offenders. But, they state that outcomes may not be generalisable as studies examined were confined to those offered within CSC. My view would be that the study is generalisable if the jurisdiction in question takes a similar approach to correctional intervention to CSC.
9	**Methods: data analysis**	
9.1	Which methods were used to analyse qualitative data?	N/A
9.2	Which methods were used to analyse quantitative data?	Meta-analysis – effect size measure was the odds ratio. The Odds Ratio (OR) compares the odds of an event between 2 groups – in this case the event was success in the community on release; the 2 groups are the treatment and comparison group within each ethnic category – i.e. Aboriginal programme completers were compared with Aboriginal offenders who did not complete the programme. This is important as previous research suggested that

		offenders form different ethnic groups have different base rates of offending. Separate analyses undertaken for 4 ethnic groups: Caucasian (generally European descent); Black (generally Caribbean or African descent); Aboriginal (Inuit, Innu, North American Indian and Metis) and Other (all remaining ethnic groups which included Arab/West Indian, Asiatic, East Indian, Hispanic, Chinese, Filipino, Japanese, Korean, Latin American, South Asian, South East Asian or Other). Samples too small to calculate effect sizes for each of these groups. Separate effect size for each study for each ethnic group was calculated. Then a summary statistic for each ethnic group was calculated: • Caucasian offenders yielded 18 effect sizes • Aboriginal offenders yielded 28 effect sizes • Black offenders yielded 16 effect sizes • 'Other' offenders yielded 16 effect sizes
9.3	Do the authors describe the strategies used in analysis to control for bias from confounding variables?	No, meta-analysis
9.4	Was data analysis carried out for all starters, or only programme completers?	7 published studies: 4 'intent to treat' which included dropouts; 3 included programme completers only. CSC report: all evaluations used an 'intent to treat' design that included drop outs.
10	**Final questions**	
10.2	Overall quality assessment	Studies included in meta-analysis were Level 4 or 5 only. Overall, study is methodologically robust in that it only selected studies that used a randomised or matched control design. Overall findings from the systematic review were assessed as opposed to individual studies within these being reviewed in their own right due to the nature of the REA and the time constraints. **EPPI Weight of Evidence:** **A: High** **B: High** **C: Medium** **D: High/ Med**