



## **Adapted Thinking Skills Programme**

**Evaluation Report for National Offender Management Service**

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July 2013**

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## **Disclaimer**

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## Executive summary

### People with intellectual disabilities in the criminal justice system

People with learning disabilities (intellectual disabilities)<sup>1</sup> are thought to be over-represented in both the prison and probation populations (Talbot and Riley, 2007). This carries important implications for people in the prison system itself, especially as it has also been reported that offenders with intellectual disabilities have been unable to access programmes aimed at the reduction of risk and re-offending (Bradley, 2009). The National Offender Management Service (NOMS) has developed a suite of accredited programmes and these are available across the prison and probation service. They are evidence based, subject to thorough evaluation, and pay careful attention to issues of responsivity. However, with the exception of sex offender programmes, they are not designed to cater for people with an IQ of below 80. Nevertheless there is an emerging body of evidence that adapted forms of these programmes can be effective for people with intellectual disabilities (Taylor and Lindsay, 2010).

As a high volume programme, the Thinking Skills Programme (TSP) has a widespread delivery across both prison and probation settings and is suitable for all types of male and female offender who meet the programme-specific selection criteria. The only adapted accredited programmes currently available in the prison and probation services are for sex offenders. It was therefore deemed to be a priority to develop an adapted form of the TSP. A project was commissioned to explore the *feasibility* of adapting and implementing TSP for offenders with intellectual disabilities. The original intention was to cover both prison and probation services, but this did not prove possible within the timeframe available for the project. The project was therefore only run in prisons.

This report deals with the evaluation of the Adapted Thinking Skills Programme (ATSP) in three prison pilot sites. The evaluation was originally designed to answer a specific question: is it feasible to develop and implement ATSP across the prison estate and into community services? (Towards the end of the third year of the project it became clear that a community-based pilot would not be possible.)

The report begins with a more detailed look at the prevalence of intellectual disability in the offender population and the approaches taken to reduce re-offending in this and other groups. It appears that people with intellectual disabilities are over-represented in the prison population and the selection criteria for mainstream programmes for the reduction of re-offending exclude people with assessed IQ

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<sup>1</sup> The term 'intellectual disability' is now the preferred term in most academic publications. This term will be used throughout this report, except where 'learning disability' was used in a report title, for example.

below 80. It further identifies a growing research literature to support the use of group psychological interventions with this cohort of people.

## Evaluation framework

The evaluation was designed specifically for this project using a conceptual framework known as realistic evaluation (Pawson and Tilley, 1997). This approach has been used widely in the evaluation of interventions where it is important to consider transferability to other settings. This is especially important where feasibility is the central question and there is a possibility of “rolling out” a programme on a wider basis. The evaluation examined three central elements: the *context* for the pilot, the *mechanism* of adaptation and the *outcomes* of the programme.

### Context

In terms of context, the evaluation took place in three prisons (two Category C and one high security) for male offenders. Two groups had committed sexual offences and the third group had committed violent offences. It was not possible to pilot the adaptation in community settings or with female offenders.

The evaluation explored factors that might promote the adaptation of programmes for people with learning disabilities and factors that might inhibit this process. This enabled the evaluation team to understand what is required to implement the adapted programme in another setting. It was clear that all three prisons are very effective in their delivery of programmes and all had a genuine commitment to support prisoners with intellectual disabilities. This is a tribute to the programme teams and to the prison regimes where they work. It may be important to ensure that acceptable levels of commitment and effectiveness are in place in other settings before extending any delivery of the adapted programmes. This is especially important given the current role of Key Performance Targets (KPTs) for the delivery of programmes. KPTs are highly influential in the management of programmes across a prison. The impact of KPTs will need to be considered in settings where adapted programmes are used, as the adapted programme requires more sessions and smaller groups.

In respect of context, the other significant issue relates to the identification of people with intellectual disabilities in the prison population. Currently this occurs on an informal basis with programme teams relying on observation and informal communication. It is therefore more than possible that individuals with intellectual disabilities may not be identified. Whilst a number of prisons are rolling out the use of a screening tool known as the Learning Disability Screening Questionnaire (LDSQ), with the aim of screening prisoners and identifying intellectual disability, this is often run by the healthcare teams and interviewees for this project reported that results for

individual prisoners may be kept “in confidence” and not passed on to other parts of the prisons. This experience is borne out in other studies (Murphy, 2013). Implementation of adapted programmes can only be as good as the system to identify participants.

## Mechanism

The evaluation of mechanism is essentially a detailed description of the adaptation process itself. The adaptation process was based on a rationale with two founding principles. The first was to maintain the integrity of TSP. The second was to apply theories of cognitive impairment (relating to people with intellectual disabilities) to the programme tools, techniques and style of delivery. Working from this rationale, the process of adaptation was an iterative one where drafts were tested using key stakeholder groups and then further revised on the basis of the pilots themselves.

## Outcomes

Outcome was evaluated using a number of approaches based on Kirkpatrick’s model for evaluating the outcome of training programmes (Kirkpatrick and Kirkpatrick, 2009). The outcome of ATSP was evaluated by gathering evidence on three levels: impact (how participants reacted to the programme); what was learned, and what changes in behaviour resulted from the programme. The fourth level (the overall result) was beyond the scope of this study as it would involve looking at overall re-offending and other long term measures of success. It was also noted that psychometric outcome measures for this population are limited and this is a matter of concern.

It remained important, however, to collect ‘before and after’ measures without the use of control groups or other more rigorous designs. Statistically significant improvements were recorded in locus of control and the ability to generate assertive solutions to social problems. Positive trends were also seen in the overall number of ideas suggested to solve social problems. Other forms of data collection suggested good evidence of progress for many of the individuals across three pilot sites and a number of examples are given in the report. There remain many challenges for offenders with intellectual disabilities, but this evaluation does suggest that ATSP can play an important role in the work that is required to reduce re-offending in this vulnerable group.

## Recommendations

A series of recommendations are made through the body of the report as they arise from different parts of the evaluation. The complete list of recommendations follows

as part of the executive summary. Full details and explanations are found in the body of the report.

## **Key finding**

*That the adaptation is appropriate for offenders with IQ scores between 60 and 80, including those who have a range of additional needs.*

## **Recommendations to support delivery of ATSP in other prisons**

1. Ensure that external influences on strategy across all prisons include specific reference to people with intellectual disabilities.
2. Each prison has a systematic method for identifying people with intellectual disabilities.
3. Consider systems to ensure identification and support of prisoners with intellectual disabilities in prisons where there is no evidence of key staff or others who have an interest in this issue; for example, introduce a KPT to this effect. It may also be helpful to have an intellectual disability champion or link to local intellectual disability services.
4. Train offender supervisors and programme teams in issues of intellectual disability, if this is not already in place.
5. Continue to monitor the extent to which programme attendance is consistent with other parts of the prison regime, such as gym access, work programmes or health appointments.
6. Given that KPTs remain important, consideration should be given to the impact of KPTs in relation to the additional time and resource involved in ATSP.
7. Should there be changes to the KPT system, similar adaptations may be required in respect of outcome based commissioning.

## **Recommendations for further work**

1. Should further revision be required, it will be important to recognise the process up to now and maintain its core twin rationale: the integrity of TSP and an evidence-based understanding of intellectual disability.
2. Evaluate ATSP in probation and other non-prison based services.
3. Evaluate the use of ATSP with women.

4. Adapt all offending behaviour programmes/substance misuse programmes that lead on from TSP/ATSP.
5. Consider a formal research project to develop reliable and valid psychometric evaluation of programme outcome for people with learning disabilities. This to include the possibility of adopting a system of Goal Attainment Scaling (GAS).
6. An integrated approach to sentence management and programme delivery could be explored on a feasibility basis in the first instance. This would enable services to fulfil their new responsibilities to support follow up work for at least 12 months in community settings for people who have been in prison. This is essential if offenders with intellectual disabilities are to adapt their learning to different contexts.

# Section 1 Introduction

## 1.1 People with intellectual disabilities: offending and prison

### 1.1.1 Prevalence and issues

The presence of people with intellectual disabilities in the criminal justice system has been the subject of research, enquiry, discussion and debate for many years. In this context, intellectual disability is defined as an IQ of less than 70 and accompanying difficulties in managing the tasks of everyday life. The disability will have been identified before the age of 18. It has been important to understand that links between disability and offending behaviour are complex. Moreover, the history of attitudes towards people with intellectual disabilities teaches us very clearly that it is both dangerous and inaccurate to imply any causal relationship in this area.

Taylor and Lindsay (2010) gave an overview of research into the offending behaviour of people with intellectual disabilities in the years up to 2010. They demonstrated that there did appear to be links between crime and intellectual disability, although there remain some serious methodological problems with this work. In particular, we have yet to establish a common approach to assessing intellectual disability, and studies have been inconsistent when deciding what level of disability to include. For example, once people with an IQ measured as below 70 are included, the links with crime are even less straightforward and the simple linear relationship breaks down completely (Taylor and Lindsay, 2010).

However, this basic research can be taken alongside data on prevalence of intellectual disability in offending populations to suggest that it is reasonable to expect a proportion of people with intellectual disabilities in the prison system (Lindsay et al, 2011). Such a conclusion has received support from a number of studies and reports.

In a study of a sample of 140 prisoners in a single English prison, Hayes et al (2007) measured both intellectual functioning and adaptive behaviour, as these are the core components of the definition of intellectual disability. She reported that 7.1% of participants achieved standard IQ scores below 70 and a further 23.6% were in the 70–79 (borderline) range. In respect of adaptive behaviour, 10.1% of the participants had standard scores below 70 with a further 33.3% in the borderline range. However, only 3% of people had both IQ <70 and significant deficits in adaptive behaviour.

In the UK the most substantial and influential report into this issue is entitled *No One Knows* (Talbot and Riley, 2007). *No One Knows* set out issues of definition and prevalence before presenting an analysis of the broader challenges facing people

with learning difficulties and intellectual disabilities in prisons and throughout the criminal justice system.

It set out the following evidence concerning the extent of the challenge in the prison setting:

- 20% of the prison population has a 'hidden disability'
- 23% of juvenile prisoners have an IQ of <70
- 20–50% of male prisoners have a specific learning difficulty
- 6.7% of prisoners have an IQ of <70 and a further 25% have an IQ of <80. (Talbot and Riley, 2007, pp 156).

The figure for prevalence of IQ scores below 70 was given here as 6.7% and is consistent with other research in the field. However, for all these prevalence figures it is important to recognise that IQ alone is not sufficient to identify intellectual disability. Many people manage everyday life successfully with this level of cognitive impairment and will not meet the criteria for intellectual disability. The true level of intellectual disability remains unclear, although there is every reason to expect that the numbers of people in prisons will be at least equivalent to that in the wider community.

The figure of 25% relating to people with IQ scores less than 80 is also highly significant in respect of offender behaviour programmes, which are generally designed to be accessible for people who score above that figure.

The report went on to describe its findings based on research and interviews with prisoners, prison officers and other criminal justice staff and experts. Concerning people with intellectual disabilities and/or learning difficulties, the findings are striking:

- Less than a third of vulnerable people received support from an appropriate adult during police interviews.
- Over a fifth interviewed did not understand what was going on; some did not know why they were in court or what they had done wrong.
- People with intellectual disabilities and/or learning difficulties were five times as likely as other prisoners to have been subjected to control and restraint techniques and three times more likely to have spent time in segregation.

A raft of key findings from *No One Knows* underpins the rationale for the development for adapted programmes such as ATSP:

- Information accompanying people into prison is unlikely to identify those with learning difficulties or intellectual disabilities prior to their arrival.

- Prison staff are unlikely to be alerted when a person with learning difficulties or intellectual disabilities arrives at their prison.
  - There is no routine or systematic procedure for identifying prisoners with learning difficulties or intellectual disabilities.
  - Procedures for referring prisoners to appropriate support services are unclear.
  - The majority of prison staff believe there are gaps in provision for this group of prisoners.
  - Prison staff often do not know what support is available for this group of prisoners at their prison.
  - The majority of prison staff believe that the overall quality of support available for this group of prisoners at their prison is low.
  - The majority of prison staff are not confident that their prison has the skills and expertise to support this group of prisoners.
  - Prisoners with learning difficulties and intellectual disabilities are excluded from elements of the prison regime, including opportunities to address their offending behaviours.
  - Prisoners with learning difficulties and intellectual disabilities are unable to access prison information routinely.
  - Some prisoners with learning difficulties or intellectual disabilities do not know why they are in prison.
  - Over half of prison staff believe that prisoners with learning difficulties and intellectual disabilities are more likely to be victimised than other prisoners.
  - Specific disability awareness training on learning difficulties and intellectual disabilities is not readily available for prison staff.
  - Prison staff would like greater strategic and operational direction to assist their work with this group of prisoners.
  - There is significant evidence of local good practice and work that prison staff are proud of in relation to this group of prisoners.
- (Talbot, 2008).

### 1.1.2 Bradley Report

The momentum generated by *No One Knows* was increased in April 2009, with the publication of the *Bradley Report* (Bradley, 2009). This represented a review of people with mental health problems or intellectual disabilities in the criminal justice system. The report, commissioned by the Secretary of State for Justice, made some 82 recommendations and all but 4 were accepted by the government of the day. It covered each stage of the offender pathway from the perspective of different vulnerable groups, including people with intellectual disabilities.

In particular, the review called for better mental health screening on arrival at prison and for urgent consideration to be given to including intellectual disabilities in the

screening process (p 102). Further to this, it called for a new national strategy for rehabilitation services to be developed for this group (p 113).

### **1.1.3 Gill case**

The case that highlighted this issue from a case law perspective is known as the Gill case. The case was brought by London civil liberties firm Bindmans on behalf of Dennis Gill, who had been given a life sentence, with a tariff set at four years, for wounding a prison officer. At the time of the case Gill had already served more than double his tariff and the central reason for this was that he was unable to access the required rehabilitation programmes on account of his intellectual disability. This meant that he was no nearer release after eight years of his sentence and he had no real prospect of release without the availability of an accessible programme (Rayner, 2010).

The case was heard in the High Court before Mr Justice Cranston, who ruled that steps should have been taken to provide Gill with 'some type of offending behaviour work to give him the opportunity to demonstrate, eventually, his safety for release'. Cranston continued: 'It is clear to me that this failure cannot be justified. In the circumstances of this claimant's case the secretary of state (for justice) has unlawfully breached the statutory duty imposed on him to take steps so that his practices, policies and procedures do not discriminate against this intellectually disabled prisoner' (Rayner, 2010).

## **1.2 Offending behaviour - interventions**

This section will summarise approaches to offending behaviour in the general offending population and move on to consider people with intellectual disabilities. The discussion will relate mainly to the use of group approaches based on cognitive behaviour therapy, as these remain most prominent in the context of this evaluation.

### **1.2.1 Interventions and the general offending population**

As has been noted, there is there is a growing tendency to adopt group programmes using manualised approaches based on cognitive behaviour therapy. One reason for this is that there appears to be reasonable evidence that these are effective both nationally and internationally (Brooks-Gordon et al, 2006). For example, Tong and Farrington (2006) report reasonable international evidence for the effectiveness of the Reasoning and Rehabilitation Programme (R&R), an approach that represents this broad theoretical and practical base.

In considering the evaluation of an Adapted Thinking Skills Programme (ATSP), by far the most relevant work is that of the Thinking Skills Programme (TSP) that

currently runs in the prison and probation services in England and Wales. In terms of its theoretical base, TSP draws on a cognitive model of re-offending that itself is rooted in social learning theory (McGuire, 2005). For its base in evidence it relies upon the work reported above, alongside some significant experience of evaluating the approach in the prison system. In respect of its wider rationale, there has been careful consideration of a number of additional models, theories and issues. These include:

- the theoretical basis of each module
- models and systems of learning
- access for women and young people.

(Ministry of Justice, 2010).

Before moving to consider the issues relating to offenders with intellectual disabilities, it is important to note other work that has looked at different vulnerable groups. For example, Rees-Jones et al (2012) reported a quasi-experimental, controlled study involving 121 participants, 67 of whom were offered the Reasoning and Rehabilitation Mental Health Programme (R&R). This built on previous studies and there was reported evidence of significant improvements in attitudes to violence and locus of control at follow up, with the authors suggesting sufficient evidence to warrant a randomised study.

As can be seen, the development of TSP involved serious thought being given to matters of theory, evidence and access. The programme received full accreditation in 2010 by the Correctional Services Accreditation and Advisory Panel (CSAAP), a panel of international experts who recognised the programme as meeting the gold standard of treatment for offenders within the general offending population. Programme materials were designed to be responsive and supportive of people who might struggle with learning and higher cognitive demands. However, within the remit of the programme, it simply was not possible to address the issue of accessibility for people with intellectual disabilities. This means that the findings of the various reports and legal proceedings continue to be of serious relevance to the criminal justice system in general and the system of offender programmes in particular.

## **1.2.2 Interventions and people with intellectual disabilities**

In the wider literature on approaches to intervention for people with intellectual disabilities there remains some debate between the proponents of different therapeutic modalities. These include: positive behaviour support or PBS (a modernised form of applied behaviour analysis); cognitive behaviour therapy (CBT); systemic therapy, and disability psychotherapy. Some of these approaches (e.g. PBS, systemic therapy) rely heavily on intervening in the context in which the person

is living and are thus difficult to implement in custodial environments, despite the weight of evidence in their favour.

In respect of disability psychotherapy, on the other hand, this is an emerging approach without sufficient robust evidence for its effectiveness. There are a number of proponents of its use, based on theories of early psychological development (Beail et al, 2005), but these have yet to gain acceptance in mainstream assessment and intervention services.

With CBT the focus is on understanding and seeking to amend cognitive distortions or omissions that underlie decisions to offend. These approaches are suited to prison and probation settings and have been adapted for work both individually and in groups. In respect of people with intellectual disabilities, there has been a growing body of research seeking to explore the effectiveness of these approaches. The main body of research alongside offenders with intellectual disabilities has focused on aggression and sexual offences. The work on violence is less focused on offending behaviour.

### ***Violence and aggression – interventions for people with intellectual disabilities***

Taylor and Novaco (2009) report statistically significant improvements in both aggressive incidents and physical attacks amongst a group of 44 men and six women who were inpatients in secure forensic healthcare settings. These improvements appear to have held over the 12 months of the study. A number of other studies have reported similar findings.

This was recently expanded upon with a significant cluster randomised controlled trial of a 12 week CBT group based programme for anger management (Willner et al, 2013). The study involved 179 participants who were identified as having problems in controlling anger, although it is important to note that this was neither a forensic nor specialist healthcare population. The results were somewhat disappointing. In terms of the main outcome measure, a provocation index, there were no significant changes, although there were some positive changes in the reports of key workers and awareness of coping skills. An important finding for the research team was that the project involved training day service workers to deliver the CBT programme and this appeared to be successful, which may be relevant to the possible delivery of ATSP. The brevity of the programme may have been one reason for the limited changes found.

### ***Sexual offending - interventions for people with intellectual disabilities***

Much of the initial work in this area, mainly led by Lindsay (Lindsay and Smith, 1998; Lindsay et al, 1998a; Lindsay et al, 1998b), tended to involve small scale quasi-experimental studies using pre and post measures for small group designs.

There have now been two larger scale studies. In one, Williams et al (2007) reported significant pre- to post-treatment change in a group of 211 men who completed the HMPS Adapted Sex Offender Treatment Programme (ASOTP). The outcomes showed a significant improvement in relation to levels of cognitive distortions, victim empathy, relapse prevention skills and self esteem. The assessment measures were specially adapted to meet the needs of this cognitively impaired group (IQ<80) and were tested to ensure that they were suitable for use. Reasonable psychometric properties, as determined by internal consistency and factor analyses, were found.

The ASOTP was developed specifically to meet the needs of sexual offenders with intellectual disabilities. It was recognised as meeting the standards of best practice with this client group and was accredited by the Correctional Services Accreditation Panel in 1997. The ASOTP provided a manualised treatment approach for groups of convicted offenders, delivered across eight prison sites. The ASOTP was delivered by highly trained “para” professional staff; that is, staff who were selected for this work because of the competencies they showed, rather than their professional qualifications. Treatment was delivered by multi-disciplinary teams of staff, notably prison officers, psychologists, administration and other staff. All treatment facilitators were selected, trained and assessed regularly to ensure compliance with standards. Accredited interventions are subject to a range of requirements in relation to clinical assurance to ensure that high standards are maintained.

The significance of this study to the present research cannot be overlooked. The sample used in this study comprised convicted offenders who received treatment across multiple prison treatment sites. They had completed an accredited programme that had been delivered by para professional facilitators. All aspects of treatment delivery are subject to standards imposed by the requirements of accreditation. As such, the results of this study provide useful support for the development of an adapted Thinking Skills Programme.

The second large programme, developed primarily in the NHS, is known as the Sex Offender Treatment Services Collaborative – Intellectual Disabilities (SOTSEC-ID) project, and it has also provided a useful contribution to the research with this client group. The project differs from Williams et al (2007) in including only men receiving intellectual disability services and in providing data on further sexually abusive behaviour, as well as data on changes in sexual knowledge, victim empathy and cognitive distortions. Forty-six men took part in the study and 92% of the participants continued throughout the programme. Changes in sexual knowledge, victim empathy and cognitive distortions (on measures developed or adapted for men with ID, with good psychometric properties) were all significant and were maintained at long term follow-up (Heaton and Murphy, 2013). The programme was delivered on a multi-site basis involving some nine different sites and this was supported through therapist training (therapists were CBT trained), with manualised guidance. In follow up, there were some examples of further sexually inappropriate behaviour, although very few

further convictions were recorded. Clearly this study, in its scale and multi-site nature, is relevant to the evaluation of ATSP (Heaton and Murphy, 2013; Murphy et al, 2007; Murphy et al, 2010). However, there are some notable differences between the SOTSEC-ID and NOMS approaches. In particular, the SOTSEC-ID study was based on a community sample (some of whom were in secure hospital provision) that included both convicted and unconvicted men. Nevertheless, this provides a useful contribution to the research on treatment approaches with individuals with intellectual disabilities and provides insights into the usefulness of adapted treatment approaches.

## Section 2 Evaluation method

### 2.1 A feasibility study

In the original briefing for the project, and throughout its design phase, both the Department of Health and NOMS were very clear that they did not seek an evaluation of the effectiveness of ATSP. The reasons for this were twofold: first, the practical resources available to the project were limited. Second, the intention was that by only adapting the programme (as opposed to starting anew) the theoretical basis of the original TSP system would not be undermined. TSP had been awarded full accreditation by the Correctional Services Accreditation and Advisory Panel (CSAAP) in 2010 and therefore the programme's quality had already been established. Whilst this project was dealing with a different population, the principles of the original design and development work were expected to hold true.

This meant that the resources of the project were to be directed towards the adaptation of TSP and the pilot delivery of the adapted programme. The evaluation was to focus on the feasibility of developing and delivering a programme that would be accessible for participants with assessed IQ in the range 60 - 80.

### 2.2 Design

The evaluation was designed according to two fundamental principles. The first relates to evaluation itself. The overall framework was taken from “realistic evaluation” (Pawson and Tilley, 1997), which seeks to evaluate a programme by understanding the **context** where it has been tested, detailing the **mechanism** by which the programme was developed and setting out the **outcomes** for participants in the programme. This three tiered approach ensured that the issues would be clearly understood were a programme to be introduced in other settings that were not part of the original evaluation. The second fundamental principle relates specifically to the **outcomes** of the programme. Here a model of outcome measurement was taken from the literature on evaluating training. Simple behavioural or clinical outcomes are insufficient, especially when exploring the issue of feasibility. Moreover these outcomes are also very difficult to identify for people who are in a prison setting where there are not the opportunities to demonstrate progress or indeed regress. To explore outcome more fully, a tiered approach was taken based on Kirkpatrick's model of evaluation of training (Kirkpatrick and Kirkpatrick, 2009). In this model, there are four tiers to the evaluation of a programme such as ATSP: reaction, learning, behaviour and result.

This study was able to look at the impact of ATSP on the group participants by exploring their **reaction** to the programme. Evidence was then collected on the extent to which participants had **learned** the skills set out in the programme and

there was some opportunity to explore whether there was evidence of **behavioural** change following attendance in the group. The final tier deals with the overall **result** of the programme. Here we would be looking for evidence that participants manage in the community without re-offending and are able to pursue other life goals that are inconsistent with continued offending. This final tier was significantly beyond the scope of this project. However, it would be possible to follow up programme participants if there were the willingness and the resource to do so.

It was very important that the programme teams and other staff in the pilot prisons did not see the evaluation critically. The intention was to understand the context and not evaluate the quality of services provided by the organisations that hosted the pilots. Indeed a highly positive and important finding from our contact with the prison service throughout this process has been the willingness, indeed *enthusiasm* with which sites volunteered to take part in the pilot work. The evaluation team were concerned that it might be difficult to attract participants in the project and this was patently not the case. Colleagues in NOMS confirmed that this has been their experience with other pilots and the service as a whole is surely to be commended for its engagement with research, evaluation and innovation.

The evaluation methodology was discussed and agreed with the project governance group (Appendix 2).

## 2.3 Resources

The resources available to the evaluation element of the project comprised a proportion of the time of Nzinga Akinshegun, the project worker, and a number of days of consultancy from Dr Peter Oakes, a member of the project team. Ms Akinshegun was available as part of her wider duties for a month after each pilot to support the collection and analysis of data. Dr Oakes was contracted for between five and 10 days per pilot to work on the evaluation part of the project. Other members of the project team provided invaluable support and assistance throughout the evaluation. In addition to this, members of all the wider stakeholder groups gave time, advice and support to the evaluation project.

## Section 3 Evaluation framework

In designing the evaluation according to the aforementioned principles it was necessary to develop a conceptual framework giving the broad headings under which data were to be collected. This framework was developed in draft, revised and agreed at the various stakeholder groups for the project. In particular, material was presented at meetings of both the advisory group and the governance group for the project. The table below gives this conceptual framework and acts as a guide to the structure of the remaining sections of this report.

**Table 1: Conceptual framework for evaluation**

<u>Context</u>	<u>Mechanism</u>	<u>Results/outcomes</u>
<p><i>Prison</i> – size, category, location, unusual features</p> <p><i>Participants</i> –</p> <ul style="list-style-type: none"> <li>• demographics</li> <li>• IQ</li> <li>• risk</li> <li>• needs</li> </ul> <p><i>Organisational alignment (internal)</i> - to what extent do the routines and regime of the prison/service promote the introduction of ATSP?</p> <p><i>Organisational alignment (external)</i> - to what extent do the external demands on the prison/service promote the introduction of ATSP?</p>	<p><i>Referral process</i> Identifying participants</p> <p><i>Preparation</i> Training staff and collecting information</p> <p><i>Material and delivery</i> Detailed description of adaptation</p>	<p><i>Reaction</i> – how do participants react to the material and delivery?</p> <p><i>Learning</i> - is there evidence that participants have learned the skills?</p> <p><i>Behaviour</i> – is there evidence that the participants have put their learning into practice?</p> <p><i>Result</i> – is there evidence that the overall aims of ATSP are being met?</p> <p>As a pilot study the focus was on the first two levels, with some evidence gathered for the third.</p>

## Section 4 Findings

### 4.1 Context

#### 4.1.1 Context: introduction and procedure

Descriptive data were collected for all three prisons and all participants in the pilot groups. These were collected using a combination of interviews and questionnaires to complete the evaluation manual (see Appendices 1a and 1b).

#### **Prisons**

Discussion with prison staff generated brief facts about the prisons, including security, demographics and facilities. Any relevant additional information was also noted. It is important to note that the original intention was to evaluate the feasibility of adaptation and delivery in both a prison and a community context. Efforts were made to design a community based pilot, but this did not prove possible within the project timetable; there were also concerns about some of the practicalities of running a pilot programme in the community.

This evaluation is therefore restricted to prison settings and the delivery of ATSP to offenders who were serving prison terms.

#### **Participants**

The focus of the project was on people outside the responsiveness assumptions of TSP – in other words, people with an IQ score below 80. There were no participants with an IQ of less than 60. Quantitative data were collected for all participants in the pilot groups. This covered age, IQ, need and risk. In addition to this, specific responsiveness issues were recorded following discussion and/or feedback from programme staff.

#### **Alignment**

Organisation alignment was evaluated through interviews conducted by members of the evaluation team who were external to the prison system and external to NOMS. The interview covered two main aspects of organisational alignment. First, the *internal* factors that might either promote or inhibit the introduction and delivery of ATSP were explored. These included the approaches taken to identifying prisoners with intellectual disabilities and the support available to prisoners with intellectual disabilities. It also covered the impact of delivering ATSP on the day-to-day operation of the prison in terms of routines and any competing demands. The second area of organisational alignment is *external*. Here the interview explored the wider demands and expectations on the prison that might promote or inhibit ATSP. Again this related to the identification of and support for people with intellectual disabilities and general external demands that might inhibit or promote the use of ATSP.

Copies of the interview schedules are at Appendix 1. The interviews took the form of an open question that was followed up by a series of prompts. Detailed notes of the interview were kept and analysed for this report. In addition to these notes a simple 1 – 3 rating (see next paragraph) was given for each element of alignment. This rating was intended to serve as a guide to the general issues that might promote or inhibit ATSP. Such a score can sit alongside the specific features and recommendations that arise from the interview content.

The interview questions were developed and then revised following feedback from all stakeholders. This process supported the validity of the both the questions and the overall approach. It was simply not possible within the resources of the project to assess the reliability of the rating scales by comparing different raters. This was addressed to some extent by limiting the points on the scale to three, with the intention of giving a simple guide. Evaluation in other fields has shown good reliability for approaches such as this (Oakes, 2000). Even so, it is important to treat the numerical material with a good deal of caution and use these only as a guide.

In this evaluation, alignment was assessed through semi-structured interviews with the treatment managers and programme managers of all three pilot prisons. These were agreed by the inter-agency governance group to be core informants for this aspect of the evaluation. Additional interviews were carried out with a senior commissioning manager and a head of psychology from one of the prisons.

#### **4.1.2 Prison sites**

All the participating prison sites were already running Adapted Sex Offender Treatment programmes, thus demonstrating both training and commitment in respect of working with offenders with intellectual disabilities.

##### ***First pilot - HMP Whatton***

###### *Prison population and facilities*

HMP Whatton is a Category C prison with a maximum capacity in the region of 860 people. The occupancy at the time of the pilot in 2012 was 839. Whatton caters for adult men, who must have at least six months left to serve on their sentence and do not require a full time medical officer. All prisoners must have a previous or current sexual offence. Of the total population, 210 of the prisoners were in the age range of 46-55, with the majority under 40 years old.

There are two gymnasiums and a sports field that is used for rugby, cricket and football. Gym classes happen throughout the week. There are specialist “PE teachers”. There are classes for older prisoners, and classes take place in the evenings and at weekends.

A typical prisoner works five days a week. It was estimated that 80% of the prison population worked at Whatton. The working day is 2.00-4.00 p.m. or 8.30-11.00 a.m. Only those assessed as medically unfit are deemed unable to work.

### *Participants*

There were eight participants in the group:

<b>Criteria</b>	<b>Mean</b>	<b>Range</b>
Age	43.7	30 – 63
IQ (full scale)	68.6	63 – 73
Need	8	6 - 13
Risk matrix	38.5	8 – 78

*Note:* Need and risk data shown represent the assessments and results carried out by prison staff for the purpose of assessing suitability for programmes.

### *Responsivity issues noted*

All participants were recorded as having IQs below 80 and were therefore outside the standard TSP range for responsivity. In addition to this, reports from programme staff identified a number of specific responsivity issues. Very poor reading and writing were noted in two people and significant physical health issues were noted for five people. These included arthritis, shooting pains, strokes and heart disease. Six people out of the eight were recorded as experiencing substantial mental health issues. These included complicated bereavement, depression and self harm. Three people disclosed experience of being abused.

### ***Second pilot - HMP Wymott***

#### *Prison population and facilities*

Wymott is a Category C training prison that comprises 11 wings and is split between vulnerable prisoners and general Category C offenders. Wymott has an operational capacity of 1,176 male prisoners and there is a strong focus on work and employment in the prison. There are several workshops, including laundry, tailors, print shop, DHL, engineers, bricklaying, painting and decorating and aluminium windows.

### *Participants*

There were eight participants in the group:

<b>Criteria</b>	<b>Mean</b>	<b>Range</b>
Age	42.5	30 – 65
IQ (full scale)	73.6	60 – 95
Need	8.75	5- 12
Risk matrix	65.5 (2 x Medium; 2 x Very high)	51 – 89

Of the eight participants, seven were recorded as having IQs below 80 and were therefore outside the standard TSP range for responsiveness. Fewer responsiveness issues than in the first pilot were noted by site staff. Comments were made about one person in terms of “psychopathic traits”; although this was not defined further. It is also noted that there was one outlier in terms of IQ (IQ 95) whose full scale IQ was clearly in the normal range of intelligence. However, his overall score was the result of a much lower score on verbal skills (backed up by staff observations) and a high score on non-verbal skills, so a decision was made to include him.

### ***Third pilot - HMP Wakefield***

#### *Prison population and facilities*

HMP Wakefield is a radial design high security prison set in a busy urban area. It has an operational capacity of 750 and there are four residential wings with an additional segregation unit that includes a closed supervision centre. There are various activities and work options available, including gym facilities that are available to all.

#### *Participants*

There were eight participants in the group:

<b>Criteria</b>	<b>Mean</b>	<b>Range</b>
Age	43.75	28 – 73
IQ (full scale)	70.7	64 - 76
Need	8.75	6 - 12
Risk matrix	2 x Medium: 1 x High; no others recorded	

#### *Responsivity issues noted*

All participants were recorded as having IQs below 80 and were therefore outside the standard TSP range for responsiveness. In this prison a number of responsiveness issues were reported by prison staff, with six of the eight participants warranting specific mention. Issues identified included additional, complex mental and physical health needs. It was also noted that one person did not use English as a first language and another person disputed his IQ score.

### **4.1.3 Context – prison and participants: summary and recommendations**

The central finding here is that 23 of the 24 participants in all groups had IQs below the threshold for mainstream TSP and would have been excluded for that reason, irrespective of assessed risks or needs.

Further to this, IQ scores were all in a range above 60. It is hoped that the number of people in the prison system with IQ scores below 60 would be extremely low. An individual with more substantial disabilities (i.e. an IQ below 60) would not be able to access ATSP successfully. Should there be people in this situation, an entirely

different approach would be required. Moreover, it seems highly unlikely that the prison system is appropriate for someone with limitations such as this.

The age range for the pilots was wide (28 – 73) and all participants were male. It is interesting that levels of risk, need and responsivity did not vary significantly across the three prisons. It is assumed that the differences in security relate to original offence characteristics and sentencing rather than current risk and need profile. Fewer responsivity issues were raised in one setting, although this may have been a reporting discrepancy rather than an issue relating to the profile of participants. However, it was also clear that this is a group of people with a range of needs in addition to their intellectual disabilities and that they may represent a challenging group to work alongside for a number of reasons. It also means that careful work on responsivity will remain essential to success.

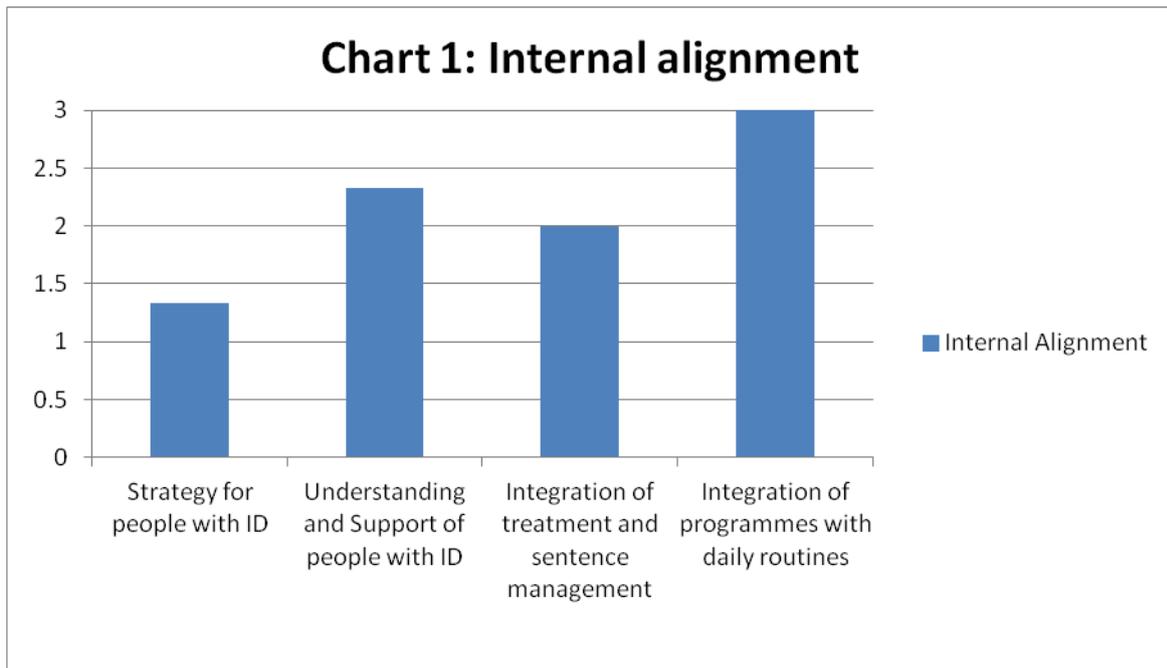
#### **Key finding**

That the adaptation is appropriate for offenders with IQ scores between 60 and 80, including those who have a range of additional needs.

#### **4.1.4 Context: alignment**

##### ***Internal alignment***

The questions in this interview were designed to explore the internal operational management of the prison to ascertain what is required to support the implementation of ATSP. It deals with the extent to which individuals with intellectual disabilities are identified and supported in the prison, the ways in which the programmes are an integrated part of sentence management, and the ways in which routines in the prison support the implementation of ATSP. There were also questions about whether the prison had an overall strategy for the support, welfare and rehabilitation of people with intellectual disabilities. This section begins with a chart to give the overall pattern of scores, before dealing with each question area in turn. As has been noted in section 4.1.1, simple 1 to 3 ratings were given to act as a guide to the priorities for implementation.



**Chart 1: Internal alignment – overall scoring**

*Strategy for treatment and support for people with intellectual disabilities within the prison or probation service*

This aspect of alignment was discussed with senior managers in the prison. A score was given as a guide, using the following definitions:

1. There is little evidence of a strategy for general treatment or for the support and treatment of people with intellectual disabilities.
2. There is some evidence of a strategy for general treatment and for the support or treatment of people with intellectual disabilities.
3. There is a clear strategy for general treatment and for the support and treatment of people with intellectual disabilities.

*Average score across the three pilot sites: 1.33 out of 3.*

There was a mixed response to this issue, with one prison suggesting that there is an overall strategy for diversity and that people with intellectual disabilities are very much part of this. However, it was also reported that diversity work was seen in some cases to be under threat as part of the reorganisation in response to the “fair and sustainable” initiative. This was mentioned frequently and in one setting it was noted that a post of disability manager had been withdrawn.

Two prisons noted that the demographic of their population was driving strategy from an internal perspective and they both recognised that numbers of people with intellectual disabilities were high. This was an overall impression and was not supported by any systematic collection of information; either locally or nationally.

In summary, whilst issues of demographics and diversity were mentioned as strategic influences, the overriding point in respect of strategy was it was **not**

internally driven. All respondents were most conscious of external demands in general and KPTs in particular being the prime source of strategy in the prison itself.

These prisons were outstanding in terms of their strong commitment to excluded groups, an awareness of the demographic, an understanding of diversity and a genuine enthusiasm to engage in a pilot. This meant that the apparent lack of strategy for people with intellectual disabilities did not inhibit the implementation of ATSP. However, without the incentive of a pilot and the individual commitment of key members of staff, interviewees commented that a prison might struggle – especially if ATSP were not supported by the KPT system or any successor to the KPT system. This will be discussed further at a later stage in this report.

### **Recommendation**

Ensure that external influences on strategy across all prisons include specific reference to people with intellectual disabilities.

#### *Understanding and support for people with intellectual disabilities*

This aspect of alignment was discussed in interviews with programme managers, treatment managers and other senior managers. It considered issues relating to the identification of people with intellectual disabilities and the support they might receive in the prison. A score was given as a guide, using the following definitions:

1. There is little support for people, with little or no evidence of the following: identification, training and support.
2. There is some support for people, with evidence of at least one of the following: identification, training and support.
3. There is good support for people, with evidence of at least two of the following: identification, training and support.

*Average score across the three pilot sites: 2.33 out of 3.*

There were a number of informal systems by which prison officers and programme staff identified and supported people with intellectual disabilities. Whilst the individuals and job roles were different; each prison seemed to follow a common path in determining whether a prisoner has intellectual disabilities.

It began with casual observation on the wings and the introductory phases of induction and selection for programmes. At the time of the report, initial assessment and induction was the responsibility of programme team staff, although there were some possible changes to this system in one of the prisons. Prison staff might mention something in a referral. If this occurred or if the member of programme staff noticed possible signs that the person might be intellectually disabled, they moved on to gather further information. In one prison a simple local assessment was used as a screening tool. In addition to this a member of programme staff might review records (where they were available) and make additional informal observations. If

there was further evidence that the person was intellectually disabled, a formal assessment was carried out. This assessment took the form of either a WASI or a WAIS evaluation, although interestingly it was not always supported by other criteria – such as living skills or the determining of age of onset.

At one point it was thought that the ATSP pilots might all use the LDSQ – a validated brief assessment that was understood to be planned for implementation across the prison estate. This was not practical in this evaluation, but it raised some interesting issues in the prisons. Not all prisons were supportive of the LDSQ and none of the programme teams were familiar with using it on a regular basis. Interviewees commented that they had heard that LDSQ was to be routinely given to all prisoners. However, none of the programme teams expected to have access to the results of this screening as they believed it was planned for use by the **healthcare** teams. There was little or no evidence that the healthcare teams and programme teams were in a position to share assessment results. Programme team staff reported that confidentiality was the main reason given for this by healthcare team staff, “perhaps partly because of incompatible software on computers (system 1 for health and cNOMIS for the rest of the prison).”

The recent Caldicott Review (Caldicott, 2013) is clear about the need for services, including health and prison services, to maintain a balance between ensuring confidentiality and effective communication between services. It makes particular mention of the need to ensure that important information can be transferred across institutional boundaries. This should be helpful background for local information sharing protocols.

In addition to the systematic identification of people with intellectual disabilities, there was a key second point raised in these interviews. It was deeply impressive to listen to all levels of management when they talked of their commitment to people with intellectual disabilities in the prison setting and their understanding of the additional hardship and discrimination faced by prisoners with disabilities. The comments ranged from concerns about bullying on the wings to the problems involved when prisoners do not understand the discipline system or do not understand complicated instructions from prison officers. They were also acutely aware of and concerned about the lack of access to programmes amongst prisoners with intellectual disabilities and the ways this interferes with sentence management and incentives to move on toward safe release. This concern was not simply voiced in interviews. Programme staff had already run intellectual disability awareness training for staff and worked to support individual mentor systems that might enable other prisoners to encourage and guide intellectually disabled peers. The commitment was also clearly supported at higher levels in the prison and was often related to key members of staff who had a specific interest in this group.

### **Recommendation**

Each prison has a systematic method for identifying people with intellectual disabilities.

#### *Integration of treatment programmes and sentence management*

This aspect of alignment was discussed in interviews with programme managers, treatment managers and other senior managers. A score was given as a guide using the following definitions:

1. There is poor integration of treatment programmes and sentence management, with TSP/ATSP linked to neither sentence planning nor offender management. Training is not followed up.
2. There is some integration of treatment programmes and sentence management, with TSP/ATSP linked to either sentence planning or offender management. Training may be followed up.
3. There is good integration of treatment programmes and sentence management, with TSP/ATSP linked to both sentence planning and offender management. Training is always followed up.

*Average score across the three pilot sites: 2 out of 3.*

The prisons taking part in the pilots were in different situations regarding sentence management because of the different populations they are designed to serve. All three showed an understanding of the importance of integrating programme delivery with an individual's journey through the prison system. The role of programmes in sentence management appears to be twofold.

The first issue is sequencing of programmes. All settings in the pilots used the TSP/ATSP programmes prior to engaging on offence specific programmes including domestic violence, managing aggression, sexual offender treatment and drugs work. However, to date, only sex offender treatment programmes have been developed for people with intellectual disabilities. In two of the pilot sites where the groups were sex offender groups, this was less of an issue. However, unless other programmes are also adapted, it will be difficult to integrate ATSP with the wider issues of sentence management where the dose of treatment includes more than one accredited programme.

The second way in which programmes link with sentence management relates to the issues of risk and proximity to release. In one prison there was a significant waiting list for programmes and the programme team worked well to consider sentence management rather than "next in line" in allocating referrals. However, this does depend on offender supervisors being aware of disability issues. In the high security setting, no members of the group were expecting to be released for many years to come. Here the programmes were designed to account for this and enable prisoners

to move through programmes as above and also work towards lower security settings or improvements in day to day life.

### **Recommendations**

Adapt all offending behaviour/substance misuse programmes that lead on from TSP/ATSP.

Consider systems to ensure identification and support of prisoners with intellectual disabilities in prisons where there is no evidence of key staff or others who have an interest in this issue; for example, introduce a KPT to this effect. It may also be helpful to have an intellectual disability champion or link to local intellectual disability services.

Train offender supervisors and programme teams in issues of intellectual disability, if this is not already in place.

### *Integration of TSP and daily routines*

This aspect of alignment was discussed in interviews with programme managers, treatment managers and other senior managers. It considered the extent to which prison routines promoted access to programmes and included reasons why sessions are cancelled and possible disincentives for participation. A score was given as a guide, using the following definitions:

1. There is little evidence of integration of TSP/ATSP. Programmes do not fit well with prison routines or other demands on staff.
2. There is some evidence of integration of TSP/ATSP. Programmes fit well with prison routines or other demands on staff.
3. There is good evidence of integration of TSP/ATSP. Programmes fit well with prison routines and other demands on staff.

*Average score across the three pilot sites: 3 out of 3.*

This was a clear strength in all three of the prisons where pilots took place. In terms of prison regime, the programmes were run at set times and were designed not to clash with other aspects of prison routine, including health appointments or even legal processes. This was achieved by the prison management being clear that programmes are a priority and the programme teams working to integrate with the wider prison. All teams mentioned the commitment of their governor to the programme system. In terms of prisoner routines, great care was taken not to interfere with work opportunities and payment systems, as these issues could undermine the efficacy of the programmes. Attempts were even made to ensure that gym access was not restricted through attendance at programmes, as this is seen as particularly important by many prisoners. Again, motivation and commitment are likely to be enhanced if there is not an immediate opportunity cost involved in attending.

This focus on delivery and consistent delivery was evident from the number of times programmes were postponed or cancelled and the reasons why this occurred. Sessions were cancelled only very rarely. The prime reason was consistent across all prisons and related to sickness or other absence of programme staff. Very occasionally some form of lock-down or full staff briefing occurred, but again these were reported to be rare.

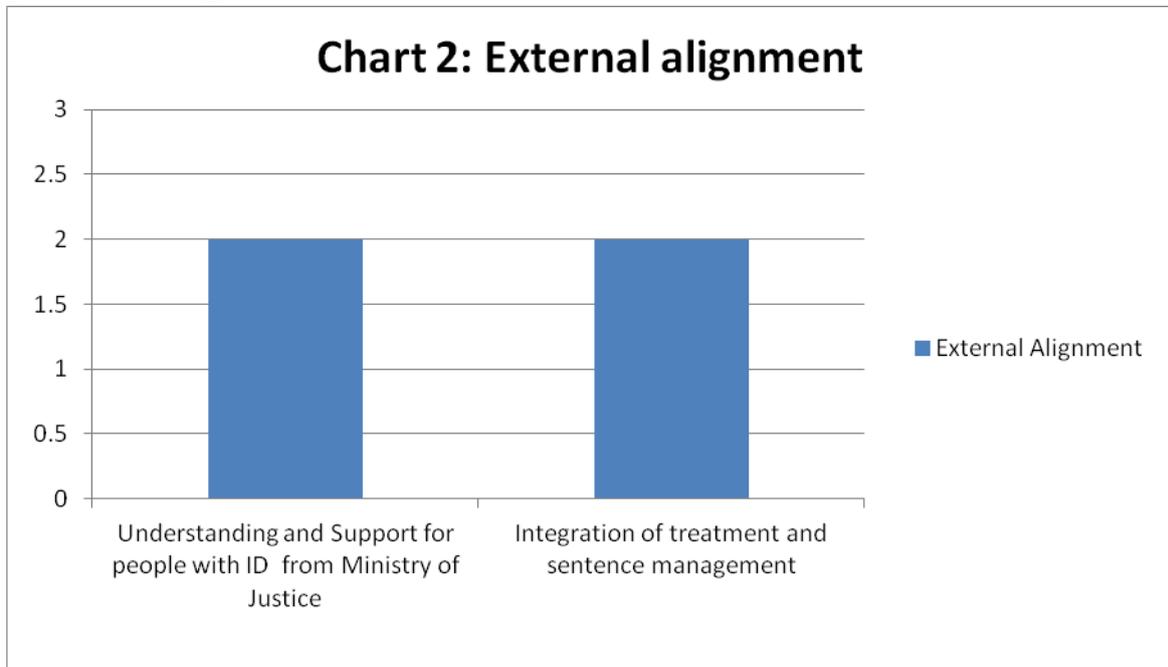
**Recommendation**

Continue to monitor the extent to which programme attendance is consistent with other parts of the prison regime, such as gym access, work programmes or health appointments.

**External alignment**

External alignment deals with the extent to which the wider context promotes or inhibits the support of offenders with intellectual disabilities and the delivery of ATSP. It also discusses how ATSP might support demands for the delivery of treatment programmes and sentence management. Interviews for this part of the evaluation were conducted with the programme managers and two other respondents: a head of psychology services in one prison and a commissioning manager responsible for a cluster of prisons.

Overall scores in this area are given as a chart before a more detailed explanation is given of findings and scores.



**Chart 2: External alignment – overall scoring**

### *Understanding and support for people with intellectual disabilities from the Ministry of Justice*

This part of the interview explored the demands and expectations from the Ministry of Justice in respect of people with intellectual disabilities. A score was given as a guide using the following definitions:

1. The prison or probation service experiences little encouragement from the Ministry of Justice to make the support of people with intellectual disabilities a priority.
2. The prison or probation service experiences some encouragement from the Ministry of Justice to make the support of people with intellectual disabilities a priority.
3. The prison or probation service experiences strong encouragement from the Ministry of Justice to make the support of people with intellectual disabilities a priority.

*Average score across the three pilot sites: 2 out of 3.*

Responses here suggested that the drive from the Ministry of Justice has three broad elements and that work with prisoners with intellectual disabilities forms part of these broad areas rather than receiving specific or focused attention. The areas cited by all managers included: the reduction of re-offending; diversity, and the achievement of key performance targets (KPTs). There was a slightly different emphasis in different prisons and this seemed to depend on three factors:

- population demographic in the prison
- average length of stay in the prison - how static the population is
- security level.

There was a sense that other central drivers relating to offenders with intellectual disabilities have come as a result of court cases and reports. Managers were not aware of a specific strategic intent that relates to offenders with intellectual disabilities at the time of interview. However, it was abundantly clear that all managers recognised the importance of being responsive to offenders with intellectual disabilities and there appeared to be a genuine concern and commitment to doing so.

Whilst people with intellectual disabilities are not specifically recognised in central drivers in the service, there is some risk that ATSP may not be seen as a priority in prisons that do not share the understanding of the need that was common across all the pilot sites. The issue here is that pilot sites all had compelling reasons to apply for the pilot. They were aware of the issues, many had senior and influential staff with a particular concern for people with intellectual disabilities, and all were determined to bring the pilot to their prison. As has been noted, all three pilot sites were running adapted sex offender treatment programmes. Indeed, there was wider evidence of a commitment to potentially excluded groups. Two of the three prisons

were also involved in the Mental Health Foundation's research concerning prisoners who may have or develop dementia whilst in prison.

It was particularly helpful to discuss these issues with one of the five commissioning managers across the prison estate. This person was very engaged with the programmes in her area and well informed about the issues relating to people with intellectual disabilities. It seemed that offenders with intellectual disabilities were expected to be a priority group for commissioning in the 2013/14 period and that this will begin to feed into contracting discussions in the next few months. Moreover the emphasis on KPTs is said to be reducing, as there will be a stronger focus on outcomes.

Some thought will be required to ensure that programmes are also supported in settings where such a concern is not immediately apparent.

#### *Wider demands for the delivery of treatment programmes and sentence management*

Whilst recognising the logistical challenges involved, it seemed important to discuss the possibilities of an integrated approach to rehabilitation and sentence management. A score was given as a guide, using the following definitions:

1. ATSP will give little support to the prison or probation service in meeting targets for sentence management, treatment programmes or other targets.
2. ATSP will give some support to the prison or probation service in meeting targets for sentence management, treatment programmes or other targets.
3. ATSP will give good support to the prison or probation service in meeting targets for sentence management, treatment programmes and other targets.

*Average score across the three pilot sites: 2 out of 3.*

It was clear once again that KPTs were the overriding driver for programme delivery. The commissioning managers were all very helpful and flexible in implementing the pilot project. Negotiation with commissioners and the setting of KPTs seemed to be slightly different in each setting, but all were able to achieve the flexibility they needed. There are important reasons why this was necessary.

There are three dimensions to KPT achievement that are affected by ATSP, two of which are potentially adverse. The first is that ATSP has smaller groups of participants and therefore affects the number of prisoners who complete programmes. The second is that ATSP has more sessions and takes more resource to operate than standard TSP. This means fewer programmes can be run overall. The third impact is positive, as it was suggested that using ATSP may reduce attrition from programmes. Adherence in the ATSP groups themselves is expected to be high, and the number of people who attend TSP inappropriately is likely to fall. This will mean more appropriate treatment pathways for offenders both with and without intellectual disabilities.

This section also explored the possibility of an integrated approach to sentence management and programme delivery. Whilst this is clearly desirable for all prisoners, it is particularly important for offenders with intellectual disabilities, for whom learning is more difficult. Learning will be much more effective if it can be followed up in preparation for release and then going forward into community-based support after release. Learning is then part of a pathway where it is reinforced specifically in each step of the pathway.

The sheer numbers of people involved make this a significant logistical challenge and managers were very unsure about whether it might be possible. However, it was seen as theoretically possible and might well be a fruitful pilot project in itself as the service moves from a focus on outcomes rather than just delivery of programmes.

### **Recommendations**

Given that KPTs remain important, consideration should be given to the impact of KPTs in relation to the additional time and resource involved in ATSP.

Should there be changes to the KPT system, similar adaptations may be required in respect of outcome based commissioning.

An integrated approach to sentence management and programme delivery could be explored on a feasibility basis in the first instance. This would enable services to fulfil their new responsibilities to support follow up work for at least 12 months in community settings for people who have been in prison. This is essential if offenders with intellectual disabilities are to adapt their learning to different contexts.

## **4.2 Mechanism**

### **4.2.1 Mechanism: introduction and procedure**

This section will give details of the process by which the Thinking Skills Programme (TSP) was adapted to form the Adapted Thinking Skills Programme (ATSP). The rationale for the project as a whole has already been established in Section 1. This section will give the rationale for the specific process of adaptation in order to explain the changes that were made. There will follow a description of the iterative process of feedback, focus group work, revision and drafting by which the adaptation was completed. This is a central part of the evaluation in terms of the validation of the adaptation and the criteria that might be used to judge continued adaptation of ATSP or indeed other mainstream programmes that require evaluation.

#### **4.2.2 Mechanism: rationale**

Two key principles guided the adaptation process. The first related to the underlying assumptions of the original TSP and the need to ensure these remained intact. The second related to theories and ideas about intelligence and intellectual disability and the application of those theories in revising and adapting programme material.

##### ***Programme vandalism?***

In reviewing the use or rather misuse of revised assessment scales in ward settings, Hall (1980) argues that forms of revision and adaptation of original work must be able to demonstrate that the underlying evidential assumptions of the original work have not been disrupted. He coins the term “scale vandalism” and in so doing establishes for this project the first key element of rationale for the adaptation of TSP.

TSP is itself a highly developed programme. This extends to its rationale (founded in principles of individual and group offender management) and its evidence base in terms of the literature in this area.

##### ***Principles of intellectual disability***

In an important paper in this field, Poncelas and Murphy (2007) call for more research in the field of adaptation, arguing that it should be governed by sound rationale and the accrual of evidence.

Theoretically, people with intellectual disabilities experience a variety of cognitive difficulties in verbal comprehension, memory, information processing and executive functioning. While different people experience such difficulties to somewhat different degrees, people with pervasive intellectual disabilities can be expected to have deficits in all these areas. In addition they are likely to experience difficulties with practical skills, such as literacy, numeracy and everyday living skills (Harris, 2006). To reflect this understanding of intellectual disability, the adaptation took account of:

1. Verbal comprehension and expression: the ability to express oneself verbally, to understand verbal information and to use verbal abilities to solve problems.
2. Working memory: the ability to store, retrieve and integrate information into short/long term memory. Working memory has limited space, and relies on the person’s capacity to tune out other environmental stimuli and focus on the task at hand.
3. Information processing: the complexity of information that can be processed; the amount of time the brain needs to digest and process information; processing speed is related to attention.

4. Executive functioning and non-verbal reasoning: the ability to think flexibly and make sense of patterns of information to reason and solve problems.

As has been suggested, intellectual disability is to be seen in the context of coping with the challenges of everyday life (AAIDD, 2010). It is even more important for this group to be able to learn ways of applying in everyday life (both in prison and beyond) what they have learned through programmes.

#### **4.2.3 Mechanism: brief description of the adaptation process**

As has been noted, the adaptation was an iterative process that took place over a period of two years and involved initial drafting and feedback, leading to the first pilot. The first pilot included focus group material and that informed further redrafting and feedback, leading to pilots 2 and 3. Once again focus group work formed part of pilots 2 and 3 and this led to a final redrafting and feedback cycle, leading to the completed programme.

#### **4.2.4 Mechanism: participation in feedback**

The drafting process involved four key groups of people, each of which had a specific role in ensuring that the rationale for the adaptation was maintained. The groups were as follows:

1. Drafting team. This was led by project worker Nzinga Akinshegun from the Foundation for People with Learning Disabilities. Nzinga was employed specifically to work on this project and had extensive experience of working with offenders and other marginalised groups. She was supported by Alison Giraud-Saunders, Professor Glynis Murphy and Dr Peter Oakes, each of whom worked as consultant to the project and brought significant experience of working alongside people with intellectual disabilities and their supporters in forensic and other settings.
2. Staff of the National Offender Management Service (NOMS). Over the life of the project a number of people from the central NOMS team were involved as advisers to the adaptation. This was in addition to their role in facilitating the setting up of the pilot projects across the three prisons. It was essential that leading staff from NOMS who were familiar with the development and core assumptions of TSP were involved at every stage. This was to ensure that the adaptation remained true to the original principles, as has been explained.
3. Participants and facilitators. In each of the pilot sites, focus groups were held for facilitators and prisoners to obtain feedback on the overall structure, style, content and delivery of ATSP. All facilitators were trained in TSP and thus able to comment on consistency in addition to the experience of running the groups. Participants were able to contribute to the outcome evaluation, as will

be described in section 4.3, and to inform the adaptation process by giving specific feedback on each module.

4. Wider advisers. The adaptation was supported by an advisory group taken from key professionals and policy makers who are experts in the field of offender management for people with intellectual disabilities. In addition to the advisory group, specific consultation was undertaken with recognised groups of people with intellectual disabilities who advise and support adaptation work across the UK in many different fields of endeavour.

Details of the exact membership of these groups and their relevant experience can be found in Appendix 2.

#### **4.2.5 Mechanism: iterative process of adaptation**

An iterative process such as this is both long and complex, involving countless revisions, both minor and major. This section sets out the process itself and gives the main approach to adaptation at each stage. It finishes with some brief examples of feedback taken from the focus groups that had direct experience of the adapted programme in the pilot sites. As has been noted, the basic framework was as follows:

- Review of TSP and initial planning of adaptation. TSP was read in detail and discussed by experts in the field of intellectual disability. It was agreed that the clarity, structure and evidence base of TSP was impressive and open to appropriate adaptation.
- Review of overall structure and division of sessions, to include timing and group size. Adaptation here was carried out on the basis of theories of intelligence and intellectual disability. Group sizes were reduced to simplify and enhance group process whilst ensuring that each person could receive additional time and support during sessions. The number of sessions was increased to facilitate repetition, reduce the load of memory and simplify the learning process.
- Detailed review of content took place for every session in every module. This ranged from initial warm-up work through to recaps and between-session learning. Each component of each session was considered and tested through the conceptual frameworks given in the rationale: the integrity of TSP and theories of intellectual disability.

There follow some detailed examples of the adaptation work that was carried out according to this rationale. In setting these adaptations out it is essential to note that in many if not all instances the team was building on established practice in TSP and simply extending it or making it more explicit. Trained facilitators would be expected

to work in these ways. The adaptation was a case of building on the foundations of TSP rather than redesigning the course.

### ***Verbal comprehension and expression - ATSP adaptation***

Instructions to facilitators were adapted to enable and encourage verbal comprehension.

- Where possible teaching methods were adopted that did not rely heavily on verbal communication. Examples included drawings, collages, and active games.
- A small number of specialised symbols were used to denote meaning, enabling the group to understand and remember these without reliance on words.
- Language that might be unfamiliar or abstract was omitted wherever possible.
- Some session bridges were thought too abstract for this client group, so warm-ups were used that relied on direct, straightforward language and instruction.
- The use of written worksheets was reduced.
- Questions were clear and non-leading. Double negatives and abstract concepts were avoided.

### ***Working memory - ATSP adaptation***

Efforts were made to reduce the demand on working memory. For example:

- The use of embedded recaps throughout each session and picture symbols to help group members recall information recently learned, e.g. red flags and blink decisions, lent themselves to pictorial representation.
- Recaps in sessions also drew upon previous material learned.
- The introduction of exercises that were fun, and promoted movement/activity to aid memory.
- Only one or two clear learning points were promoted for each exercise.
- Each group member was given session minutes at the start of each session, detailing what happened in the previous session. At the end of each session participants were encouraged to contribute to the session minutes, with a focus on key learning points from the session.

### ***Information processing - ATSP adaptation***

The programme was paced to reflect reduced processing speed. This involved the following adaptations:

- Inclusion of three responsivity sessions throughout the programme, to check understanding.

- Omission of material not essential to effect change to reduce demand and allow more time to process the important pieces of information during a session.
- Flexible session management to allow for additional time to complete tasks.
- Keeping complex and protracted discussions within ATSP to a minimum, while still retaining the important need for the individual to apply the material to themselves and their life.

### ***Executive functioning and perceptual reasoning index - ATSP adaptation***

The demand for complex perceptual reasoning was reduced in a number of ways:

- The introduction of consistent characters and stories with which participants could identify.
- The simplification of complex diagrams and models.
- Repeated opportunities to check understanding of tasks.
- Division of sessions and other structural adaptations to assist with planning and reduce executive demand.

### ***The role of support in the accepted social model of intellectual disability – ATSP adaptation***

Given that disability is defined in terms of coping with challenges in everyday life and the support people need to do so, group process and support were enhanced wherever possible:

- Holding groups for offenders with intellectual disabilities reduced possible stigma and victimisation.
- Conditions of success were revised to encourage participation in the group.
- The increased number of sessions allowed longer for positive relationships to develop.
- On the final revision work was included to consider ways of offering continued support and where necessary model healthy ways for a relationship to finish.
- Attempts were made to root learning in direct experiences of everyday life and use consistent “characters” to enable participants to understand how learning could be applied.

Following additional feedback from the drafting team, NOMS and external experts, the manual was completed and piloted at the first pilot site.

Full feedback was gained from focus groups of facilitators and participants, leading to a review of all aspects of structure, style, content and delivery. Generally minor changes were made on the basis of this feedback and further drafts were circulated as before for feedback and continued revision. Delivery then took place at pilot sites 2 and 3 with Nzinga Akinshegun, who was fully trained in TSP, acting as facilitator in

one of the sites. This was to ensure first-hand experience of delivery for all aspects of ATSP and to support final revision and the development of a management manual and resources pack to enhance effective delivery should the programme be accepted and implemented.

There followed a final cycle of focus group, feedback and revision before the completion of the final versions of all relevant manuals in July 2013. All revision work followed the principles set down above in both the rationale and the breakdown of approaches to adaptation.

#### **4.2.6 Mechanism: focus group feedback**

Clearly it is neither possible nor appropriate to give details of all feedback received and all the revisions that were made. Numerous individual comments were made, documents were reviewed and some individuals sent lists of issues to address. Each of these was responded to carefully with regard to the rationale for the adaptation and other feedback that was received. It is helpful, however, to summarise the feedback from the two sets of focus groups. This feedback relates to the structure, style, content and delivery of ATSP rather than the impact of ATSP on the participants. Further details of the impact of ATSP will be given in the section on outcomes later in this report.

##### ***Facilitators' focus groups***

A total of eight facilitators contributed through attending one of three focus groups that were run across the three pilot sites. The facilitator focus groups were run by Dr Peter Oakes from the Foundation team. The groups were run as semi-structured sessions with lead questions to promote discussion of the key issues. Notes were taken and distilled into strengths and areas for revision.

There were five main areas covered by the questions. These were as follows:

1. Overall impressions: what was it like to run the programme and what did it seem to be like for participants?
2. The structure of the programme (length, division of the modules, number of sessions, etc).
3. The content of the programme (exercises, materials, explanations, etc).
4. The style/delivery of the programme (pace, flow, engaging individuals and the group as a whole).
5. The programme manuals (clarity, amount of information given - enough, not enough or too much - overall helpfulness).

*A number of strengths were noted:*

Simplifying material seemed to have been effective and all pilot sites remarked that many of the adaptations would be beneficial for TSP. Levels of engagement and

interest were high throughout, with just one example of people losing interest. Additional time was seen as important and the simplified language received positive comments, especially the use of language about emotions. A number of specific exercises were noted, including red/green flags, excuses and the use of walk-through material. The avoidance of reading, writing and paper based work was seen as a particular strength of the programme.

*A number of areas for revision were suggested:*

Areas for revision were considered carefully and applied to the rationale of the adaptation. In some cases, changes were made on the basis of feedback and in others the original approach was maintained. For example, fictional characters were reviewed given possible problems for people with intellectual disabilities in distinguishing real from fictional situations. This was tested in practice on the later pilot and the characters were found to be highly positive and so remained in the manual. Warm-ups were changed to minutes following feedback and care was taken to ensure that no activities might be perceived as childish rather than simplified. The structure was amended to divide a session into two whilst keeping the overall number of sessions sustainable for the programme teams.

### ***Participant focus groups***

A total of 22 participants contributed through attending one of three focus groups that were run across the three pilot sites. The groups were run as semi-structured sessions with lead questions to promote discussion of the key issues. Someone external to the prison facilitated the groups to reduce the possibility of over compliance. For pilots 1 and 3, this was a member of the Foundation team and for Pilot 2 this was a member of the NOMS team. Notes were taken and distilled into strengths and areas for revision, although the main purpose of the groups was to evaluate the outcome of ATSP in terms of its impact, learning and behaviour. The results of the outcome evaluation are presented in the next section. In terms of feedback on the style, structure, delivery and content of ATSP, a small number of brief comments were made.

Exercises were positively received and this included the ways in which they were explained. Specific examples commented on were footsteps, red and green flags and perspective taking exercises. These were confirmed in all three groups.

There was a strong sense that the group process was important to the group's success. There was a lot of discussion about the group and about the way the group helped increase confidence. This increase in confidence was as, if not more, significant for people than the learning of skills as it meant that people had the confidence to practise and implement their learning.

In thinking about revision, some changes were made to the instructions to the mindfulness exercise and care was taken to ensure that paperwork was kept to a

minimum even in the initial psychometric assessments. It has already been noted that attention was given to the final session and the way it supported group process.

#### **4.2.7 Mechanism: conclusion and recommendation**

A complex process of iterative drafting, feedback, review and revision took place over a period of two years to develop the final manuals. This involved feedback from key groups with expertise in TSP and prison based programmes alongside experts in the field of intellectual disability and offenders with intellectual disabilities.

##### **Recommendation**

Should further revision be required, it will be important to recognise the process up to now and maintain its core twin rationale: the integrity of TSP and an evidence-based understanding of intellectual disability.

### **4.3 Outcomes**

#### **4.3.1 Outcomes: introduction and procedure**

This section will give a brief outline of the approach taken to outcomes in the context of a feasibility study. Having outlined the model used and the rationale for its use, the method for gathering outcome data will be described. Results will then be presented in terms of focus group ratings and psychometric data.

#### **4.3.2 Outcomes: Kirkpatrick's model**

In considering outcomes it is important to be reminded of the original brief for the evaluation itself. The evaluation relates to the feasibility of adapting TSP and it assumes that, in large part, the original rigour of the accreditation process for TSP holds true for ATSP. The rationale for the adaptation makes specific mention of this assumption. However, it is also clear that the original evaluation was not designed for and did not include people with intellectual disabilities. Moreover, it was important to assess the feasibility of using different outcome measures for the adapted programme and this would provide at least some data on the outcomes of the programme itself.

As has been noted, outcome was understood in terms of a model of evaluation in training known as Kirkpatrick's model (Kirkpatrick and Kirkpatrick, 2009):

- Level 1. Reaction: to what degree did the participants react favourably to the training experience?
- Level 2. Learning: to what degree did the participants acquire the intended knowledge, skills, and attitudes as a result of the training?

- Level 3. Behaviour: to what degree did the participants apply what they learned?
- Level 4. Results: to what degree did the targeted outcomes occur as a result of the training experience and follow-up reinforcement?

For the purpose of this study, it was possible using a combination of focus groups, observation and psychometrics to consider levels 1 and 2 of possible outcome. Partial evidence is available for level 3 arising from feedback and observation. As with all programmes, the ultimate goal is to evaluate results in terms of re-offending in the community and it will be important to build models of training and subsequent support to complete evaluation of this and other programmes in terms of return on investment.

#### **4.3.3 Outcomes: data collection and analysis**

There were two primary sources of data to evaluate outcomes from ATSP and these were supplemented by behavioural observations where available and analysis of individual records of progress. The first source was focus group work with participants for all three pilots. In the first pilot this was simply constructed as a focus group with guided questions. In pilots 2 and 3 the discussion was enhanced by the use of a series of simple three-point rating scales to enable participants to give a metric for comparison. As with other rating scales used in this evaluation, it was not possible to assess reliability formally due to constraints on time and resources. To accommodate this, scores were limited to 1, 2 or 3. Whilst this sacrifices some discriminatory power, it is known to increase reliability.

The second source of data was psychometric data that were collected before and after the programmes in a quasi-experimental design. In preparing the evaluation the team considered the current psychometrics for TSP with a view to adopting these for ATSP. It was immediately clear that these were not accessible for people with intellectual disabilities. Moreover, the rationale, assumptions and evaluation of the measures did not include people with intellectual disabilities.

In reviewing the literature, there are a number of criterion-referenced approaches to measuring outcome that involve incident reports and recidivism, for example. These tend to be applied in specialist treatment services or community settings (Taylor and Lindsay, 2010). There are also examples of self-report anger control measures that are set alongside reports from members of staff or families (Taylor et al, 2005). The inter-rater reliability of these seems to be hard to establish, perhaps arising from a compliance effect that may be operating in self reports and that is also an issue for focus group material in this evaluation.

More traditional psychometric assessments are available for sex offenders with intellectual disabilities (Taylor and Lindsay, 2010). These seek to measure

knowledge and attitudes in a way that might be similar to that attempted by offender management programmes. However, they are not concerned with the same set of targeted changes that are the focus for ATSP. In discussing this with external experts, two assessments emerged as possible approaches that reflect the content of ATSP and mirror the assessments used for TSP. The first is an adapted Locus of Control measure (Goodman et al, 2007), which is a simple 16 item questionnaire that uses accessible language. It has some supportive psychometric data and has been used effectively in clinical practice and evaluation. The second is a social problem solving test that presents respondents with simple social dilemmas, again using accessible language and in this instance visual cues to help understanding. Respondents are asked to generate ideas for responding to the dilemma and the number of ideas is recorded alongside a judgement as to whether they are passive, aggressive or assertive (Goodman et al, 2011). Again, there is no formal assessment of reliability or validity, although it has been used effectively in groups very similar to the target population for this study.

It is noted that a measure of aggression or incidents of aggression was not used. It was considered by colleagues from NOMS that systematic collection of incident data over the period of the programmes would be very difficult to achieve with any consistency. In the literature, there are a number of self-completion measures of anger (Benson and Ivins, 1992), but very few of aggression, such as the Imaginal Provocation Test (Taylor et al, 2004). However, there are no significant examples of its use and the project team decided that this omission should not be pursued at this stage because the focus of the evaluation was feasibility rather than effectiveness. Furthermore, as anger is only one emotion, it did not seem appropriate to focus on this. Another full evaluation could include other signs of emotional regulation, including impulsivity.

In considering this issue it seems that to develop appropriate programmes that are accessible to people with intellectual disabilities will require a good deal more attention to be given to psychometric data. In other fields the use of Goal Attainment Scaling is proving helpful, as it enables personal goals to be set that are appropriate to the individual and their context and yet returns a metric that allows programme effectiveness and development to be evaluated by comparing participant scores between groups and over a period of time. This lends itself to intervention studies whilst remaining person centred.

### **Recommendation**

Consider a formal research project to develop reliable and valid psychometric evaluation of programme outcome. This should include the possibility of adopting a system of Goal Attainment Scaling (GAS) (Turner-Stokes, 2009).

In summary, a review of published material and consultation with acknowledged experts in the field led to the adoption of two psychometric measures. These were an adapted Locus of Control Scale and a Social Problem-Solving Test.

These two measures were conducted with all participants before and after the full programme according to a quasi-experimental design. Results for the locus of control scale gave a single score, whereas the social problem-solving test gave the total number of ideas suggested and these were broken down into the number of assertive, passive and aggressive ideas. The number of ideas that were uncertain in their categorisation was also recorded. Once it was established that the distribution of data was normal, data were analysed using two-tailed t-tests.

As noted above, these data were supplemented by information from individual meetings notes and the impressions of prison officer staff for two individuals. These gave further perspective and examples of progress and the challenges that are still to be faced.

#### **4.3.4 Outcomes: results from focus groups**

It is important to recognise that this is self-report information taken from the second and third pilots. There is a danger of compliance in the responses, although it is noted that facilitators for the focus groups were all independent of the prison and the programme team who facilitated the modules. Each module is reported in turn with outcome divided into the responses that conform to each level of Kirkpatrick's model. At the end of the report for each module the central question is asked: Would you recommend the programme to another person in your situation? (Reichheld, 2003).

##### ***Module 1: Self-control***

A total of 22 participants took part in focus groups for Module 1. Of these, 15 respondents completed rating scales in pilots 2 and 3.

*Module 1: level 1. Reaction: to what degree did the participants react favourably to the training experience?*

The first two questions related to this level of outcome and the results were as follows:

1. Were there times you were bored or lost interest?

Often	1 (first couple of sessions)
Sometimes	1 (first couple of sessions)
Hardly ever	13.

2. Did the module look at things that were important to you?

Very much	13
Enough	2
Not very much	0.

This suggests that two participants may have been uncertain at the beginning but that the overall level of engagement and impact was good.

*Module 1: level 2. Learning: to what degree did the participants acquire the intended knowledge, skills, and attitudes as a result of the training?*

It was possible to discern from feedback given by participants that key issues had been learned and in the first module the learning points seemed relevant to the teaching material from the programme. The most commonly mentioned learning was:

*To stop and think.*

Other learning was reported as follows:

*How to control emotions/feelings.*

*I learnt about emotions and expressing them.*

*ABC and using this.*

*How to relax more.*

*How to use all the skills, and putting the skills into practice.*

*Understanding what things are like for other people.*

*Module 1: level 3. Behaviour: to what degree did the participants apply what they learned?*

Whilst it was not possible to use a metric for learning at level 2, respondents were able to report on aspects of their behaviour in the prison that had changed during their attendance on the programme.

1. Have you been able to use any of the skills from the module?

A lot	7
Some	5
Not very much	3.

2. Have you changed your behaviour after being on the module?

A lot	8
Some	5
Not very much	1.

In reporting on the use of skills and changes in behaviour, participants noted that there were not always opportunities to put their learning into practice. However, there were still examples given of situations that had been handled differently. Direct quotes are given here:

- Don't lose my temper any more.*
- Ask for help more.*
- Talk more about my feelings.*
- Walked away from conflict with an officer about family visits.*
- Would never have got up and done a role play.*
- Say hello to the officers who search rooms.*
- Lift up head when walking in the wing.*

In one session a wing-based prison officer was asked to comment. He described one person who had

*Come on leaps and bounds.*

*Module 1: final question (the one number you need to know)*

**14** of the **15** participants said they **would** recommend the module to someone else. The remaining person said that he would not recommend a module until he had done the whole course.

### **Module 2: Problem-solving**

A total of 21 participants took part in focus groups for Module 2. Of these, 15 respondents completed rating scales in pilots 2 and 3.

*Module 2: level 1. Reaction: to what degree did the participants react favourably to the training experience?*

The first two questions related to this level of outcome and the results were as follows:

1. Were there times you were bored or lost interest?

Often	0
Sometimes	1
Hardly ever	14.

2. Did the module look at things that were important to you?

Very much	13
Enough	2
Not very much	0.

These numbers were supported by verbal feedback suggesting that the participants were engaged in the module and that it covered issues that were important to them.

*Module 2: level 2. Learning: to what degree did the participants acquire the intended knowledge, skills, and attitudes as a result of the training?*

It was possible to discern from feedback given by participants that key issues had been learned and in the first module the learning points seemed relevant to the teaching material from the programme. They fell into three main areas:

- a. *Options and solutions:*  
*Planning.*  
*First option not always the best, used to always use the first.*  
*There's always more than one option.*  
*Using brainstorming for red and green feelings and solutions.*
- b. *Pace:*  
*Learning to slow down before I make a decision.*  
*Not make a 'blinkered' decision [spur of the moment].*
- c. *Other people:*  
*Keeping my stress levels down by talking to people.*  
*Help others to help myself.*

*Module 2: level 3. Behaviour: to what degree did the participants apply what they learned?*

Whilst it was not possible to use a metric for learning at level 2, respondents were able to report on aspects of their behaviour in the prison that had changed during their attendance on the programme.

1. Have you been able to use any of the skills from the module?

A lot	6
Some	5
Not very much	4.

2. Have you changed your behaviour after being on the module?

A lot	7
Some	5
Not very much	3.

Interestingly the results were slightly (although not significantly) higher in this module. In reporting on the use of skills and changes in behaviour, participants noted that there were not always opportunities to put their learning into practice. However, there were still examples given of situations that had been handled differently. Direct quotes are given here:

*Used to flip, now I think I can talk to staff.*  
*How I speak to people, how I interact with others.*

*Stop and think, [I] think of me and other people, [I] think of the consequences to my son.*

*A fight was developing in the gym and instead of getting stuck in I helped people calm down.*

*Solved a problem in a snooker game.*

These reports were confirmed by officers who were present in the session, and they had a sense of authenticity about them.

*Module 2: final question (the one number you need to know)*

**14** of the **15** participants said they **would** recommend the module to someone else. The person who said no also stated that he gave the same answer in the first focus group. He said he would recommend the course but could not recommend individual phases.

### **Module 3: Positive relationships**

A total of 15 participants took part in focus groups for Module 3. Of these, 11 respondents completed rating scales in pilots 2 and 3.

*Module 3: level 1. Reaction: to what degree did the participants react favourably to the training experience?*

The first two questions related to this level of outcome and the results were as follows:

1. Were there times you were bored or lost interest?

Often	0
Sometimes	2 (because of tension with some members during latter part of sessions)
Hardly ever	9.

2. Did the module look at things that were important to you?

Very much	10
Enough	1
Not very much	0.

It is clear that levels of engagement were maintained across the three modules. The comments made from one group are important as they confirm the role of group process in all aspects of programme delivery. Just as group process enhances learning, it can also threaten impact and engagement.

*Module 3: level 2. Learning: to what degree did the participants acquire the intended knowledge, skills, and attitudes as a result of the training?*

It was possible to discern from feedback given by participants that key issues had been learned and, in the final module, the learning points seemed relevant to the teaching material from the whole programme.

The most striking thing here was the idea that participants had learned to “challenge” situations that need to change:

*Learning to say no and to challenge other people.*

*Perspective taking.*

*People on your social circles - good and bad.*

*I can now challenge red flags.*

*Module 3: level 3. Behaviour: to what degree did the participants apply what they learned?*

Whilst it was not possible to use a metric for learning at level 2, respondents were able to report on aspects of their behaviour in the prison that had changed during their attendance on the programme.

1. Have you been able to use any of the skills from the module?

A lot	6
Some	1
Not very much	2.

2. Have you changed your behaviour after being on the module?

A lot	4
Some	4
Not very much	3.

The numbers attending these groups were lower here, although the pattern of responses was similar. Indeed, the pattern for using skills is the most positive. In reporting on the use of skills and changes in behaviour, participants noted that there were not always opportunities to put their learning into practice. However, there were still examples given of situations that had been handled differently. Direct quotes are given here:

*Making first move in building bridges and talking with my brother.*

*Have begun to set myself up for when released and thinking what needs to be done.*

*Last week with the reception officers I would have rant and raved. Self talked...it was better.*

Module 3: final question (The one number you need to know)

14 of the 15 participants said they **would** recommend the module to someone else. Again, the person who answered “no” said that he would recommend whole course, not individual modules

#### **4.3.5 Individual progress meeting records and prison officer feedback from the wing**

In addition to the focus group work, evidence of learning and behaviour change was collected from individual meetings between programme staff and individual prisoners in one of the prisons. They are taken from two individual offenders at HMP Wakefield and we would like to commend the work of the programme staff who undertook this work with great skill and sensitivity. Results are broken down by module and the last section gives feedback from wing staff relating to the individuals concerned.

##### **Module 1: Self-control**

Examples of learning:

*It was good that PT knew he needed to calm down more and that he could then go back to the member of staff and explain how he felt.*

*N has learnt about the importance of stopping and thinking.*

*R said drinking alcohol was a red flag for him.*

Examples of behaviour:

*N is jumping in less than he did three years ago. He now needs to carry on with this, even when he feels annoyed with other people or he thinks they have been rude to him.*

*N says he is now weighing up options more and thinking of the consequences of things.*

*R said that when he got bad news that he felt his head started to spin and that he felt angry and tense. PS said to calm himself down he talked to a friend on the wing.*

There remain some serious challenges for people:

*R said that he had some emotions he wanted to deal with but that he had found this difficult because it was connected to his abuse.*

*N said he felt he could still improve on his self-control because at times he still snapped at members of staff if he felt they did not treat him with respect.*

##### **Module 2: Problem-solving**

Examples of learning:

*N said that brainstorming was a skill he had used in the past when committing crime. N said he now realised that this was not a good application of the skills and he would now stop and think about the consequences of his decisions.*

*R said that he used to think that stealing was exciting but that he didn't now.*

Examples of behaviour:

*N said that he could use some of his problem solving skills on the wing to help him get along better with the officers on his wing.*

*R said that he now thought he could solve his problems. He gave the example of his Mum currently being poorly and in hospital. PS said he was worried as he rang his Mum and she didn't answer the telephone. R said that he spoke to the senior officer on the wing and talked to his auntie to help sort this problem out.*

There remain some serious challenges for people:

*N stated that he did not feel he would have many problems outside of prison when he was released. N is now encouraged to think about anything that may be a problem for him in the future.*

*R said he had started smoking again as he had felt stressed about his mother being ill.*

### **Module 3: Relationships**

Examples of learning:

*N said that in the past he thought it was OK to commit commercial burglaries because they had insurance and the things he took were replaceable. N said he had now realised that this was wrong because it was not his stuff to take and that he would have to work for the things he wanted.*

*R said that by doing ATSP he felt like he had got to know himself better.*

Examples of behaviour:

*N said that he was trying to stay away from people who he thought were 'clowns'.*

*R said there were some changes he would like to make to his social circle; one of these was talking more to his younger brother.*

*R said that he was trying to sort out getting his new play station but that he was having some problems with reception about this. He said he was doing well with not getting stressed about this.*

There remain some serious challenges for people:

*N said that he was disappointed that he had had been involved in an incident recently when another prisoner attacked him.*

### **Overall view from a prison officer on the wing**

Finally, prison officers were asked to complete some feedback on an individual's progress across the programme as a whole:

*N generally does as he is asked, but this is after a few times of being asked. He does not get as many "adjudications" as he used to at the start of his sentence, but his behaviour is not that great in general. Four warnings were given in a 1 month period.*

*R generally behaves well on the wing. He has a trusted position of wing cleaner and he completes this well.*

*Can be argumentative with staff at times and can act on his emotions at times.*

*No specific examples of this recently, can just be a bit 'off' with staff at times but soon comes round. R's mother has recently passed away and he seems to have handled this as expected and is communicating well with the staff on the landing.*

In reading this it is clear that there have been changes in learning and behaviour and the scripts themselves also suggest a genuine intention to put learning into practice. The issue here is the extent to which individuals with intellectual disabilities also receive sufficient support in the wider prison setting and then in the community on release to prompt them to put plans into action.

#### 4.3.6 Outcomes: psychometrics

In many ways the psychometric data fill gaps left in focus group work as they give some insight into possible internal changes that reflect learning from participation in the programme. The table below gives the results of psychometric evaluation of the outcome of the programme for 21 of the 24 participants across all three sites. The remaining three participants did not have a complete data set.

**Table 2: ATSP psychometric results**

<i>Variable</i>	<i>Pre group Mean (s.d.)</i>	<i>Post group Mean (s.d.)</i>	<i>Significance of change (t test, two tailed, n=21, d.f.20)</i>
Age	41.56 (sd 11.26)	N/A	N/A
Locus of control	8.59 (sd 3.21)	6.57 (s.d. 2.82)	P =0.001*
Total problem-solving ideas	27.57 (sd 7.39)	30.33 (s.d. 6.73)	P= 0.079
Assertive problem-solving ideas	18.19 (sd 4.97)	22.09 (6.05)	P= 0.007*
Passive problem-solving ideas	7.24 (sd 3.99)	6.81 (sd 3.72)	P= 0.665
Aggressive problem-solving ideas	3.05 (sd 2.92)	2.48 (sd 2.36)	P= 0.271
Not sure problem-solving ideas	1.05 (s.d.1.20)	1.14 (s.d. 1.24)	P= 0.815

Significant changes in locus of control and numbers of assertive ideas were recorded. These are asterisked in the table above. Changes in the total number of ideas and aggressive or passive ideas were not statistically significant but were

encouraging. Given that the numbers involved were small (n=21), this was a highly promising outcome for ATSP.

#### **4.4 Limitations**

As has been identified through the report, there were a number of limitations to the evaluation. The scope of the evaluation was limited as it took place exclusively in prison sites that were already running adapted sex offender programmes. Further work will be required to test the adaptation in the following settings:

- probation services
- prison and/or community services for women
- services that are not running ASOTP.

Furthermore there were limitations in the detail of the evaluation and there is a need to record and analyse session-by-session evaluation to check integrity and internal consistency.

## Section 5 Conclusion

The principal recommendation from this evaluation demonstrates that it is indeed feasible to adapt TSP for offenders with intellectual disabilities through an iterative and inclusive process on the basis of sound rationale and theory. The adaptation was a demanding process and necessitated both commitment and industry from all parties across different agencies. It also depended on a highly skilled project worker working closely with three highly effective and professional programme teams.

It is hoped that ATSP will now undergo final revision and approval prior to being accredited and available to offenders both inside and outside the prison system. The planning and organisation of this will require attention to the recommendations in this report. It is further hoped that a number of outstanding pieces of work in relation to different programmes, the development of psychometrics and other issues will be addressed in due course.

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## **Appendix 1(a)**

# **Adapted Thinking Skills Programme**

## **Evaluation Manual Pilots 2 and 3 Interviews**

**October 2012**

## Adapted Thinking Skills Programme Evaluation

### Introduction

The main purpose of this project is to evaluate the extent to which the current Thinking Skills Programme can be adapted for use alongside people with learning disabilities in prison and community settings.

The method of evaluation is known as realistic evaluation. Rather than before and after measures, realistic evaluation seeks to understand the **context** for the programme and explore the **mechanisms** through which the programme might deliver **outcomes** for people.

For the Adapted Thinking Skills Programme (ATSP), the context means: the prison, the physical environment and the way the organisation is set up. It also includes details about the participants and the staff involved. When thinking about the mechanism we will explain exactly how the adaptation was done to help people with learning disabilities to take part. This means changes to the overall structure, the delivery, the style and the content. The final part of the evaluation will then look at the outcome of the programme.

This manual sets out the interview questions for the evaluation. This information is put alongside the **On-Site Data Collection** and **Focus Groups** to complete the evaluation. The interviews are conducted with senior people in the prison to explore the feasibility of using ATSP in the prison where they work. This will help us to understand what is needed if ATSP is to be used in other prisons.

# Adapted Thinking Skills Programme Evaluation Interview Manual

## Contents

Interview with Programme Manager	page 4
Interview with Treatment Manager	page 10
Interview with other senior member of staff (e.g. diversity manager) if applicable and available	page 13

## **Adapted Thinking Skills Programme Evaluation**

### **Section 1 (a)**

#### **Context Organisational Alignment (internal)**

##### *Programme manager interview*

**Name**

**Prison**

##### **Question 1 Understanding and support for people with learning disabilities**

Does this prison use any systems to identify and support people with learning disabilities?

Is there any training for staff in managing people with learning disabilities?

Is there a member of staff here with a special interest or training in working with people with learning disabilities?

What general support systems are available for people with learning disabilities who might be vulnerable here?

What specific support systems are there for people with learning disabilities to access treatment and rehabilitation programmes?

##### *Rating for Understanding and support for people with learning disabilities*

- 1 There is little support for people with little or no evidence of the following:  
identification, training and support.
- 2 There is some support for people with evidence of at least 1 of the following:  
identification, training and support.
- 3 There is good support for people with evidence of at least 2 of the following:  
identification, training and support.

**Comments:**

## **Question 2 Integration of treatment programmes and sentence management**

Can you explain how the current TSP programme forms part of an offender management pathway and sentence planning?

How are people identified to join TSP?

How is the learning on the programme followed up?

### *Rating for Integration of treatment programmes and sentence management*

- 1 There is poor integration of treatment programmes and sentence management with TSP linked to neither sentence planning nor offender management. Training is not followed up.
- 2 There is some integration of treatment programmes and sentence management with TSP linked to either sentence planning or offender management. Training may be followed up.
- 3 There is good integration of treatment programmes and sentence management with TSP linked to both sentence planning and offender management. Training is always followed up.

### **Comments**

### **Question 3 Integration of TSP and daily routines (prison only)**

How many times have TSP programmes been postponed or cancelled in the last 3 months.

What are the top three reasons for this?

What is the impact of joining a TSP programme on the daily routine of a prisoner (e.g. does it mean stopping other things or gaining additional benefits?)

What is the impact of running TSP programmes for prison staff?

Do Facilitators do other duties in addition to running the programmes?

*Rating for Integration of TSP and daily routines*

- 1 There is little evidence of integration of TSP: Programmes do not fit well with prison routines or other demands on staff
- 2 There is some evidence of integration of TSP: Programmes fit well with prison routines or other demands on staff
- 3 There is good evidence of integration of TSP: Programmes fit well with prison routines and other demands on staff

### **Comments**

Reasons for postponing/cancelling

- 1
- 2
- 3

#### **Question 4 Strategy for treatment and for people with learning disabilities within the prison or probation service**

Can you describe the way you establish the strategy for treatment programmes in this prison/probation service?

What are the main areas the strategy covers?

Does the strategy include offenders with learning disabilities?

#### *Rating for Strategy and people with learning disabilities*

- 1 There is little evidence of a strategy for general treatment or for the support and treatment of people with learning disabilities
- 2 There is some evidence of a strategy for general treatment and for the support or treatment of people with learning disabilities.
- 3 There is a clear strategy for general treatment and for the support and treatment of people with learning disabilities.

#### **Comments**

## **Adapted Thinking Skills Programme Evaluation**

### **Section 1 (b)**

#### **Context Organisational Alignment (external)**

##### *Programme manager interview*

**Name**

**Prison**

##### **Question 1 Understanding and support for people with learning disabilities from the Ministry of Justice**

Can you explain any ways in which the Ministry of Justice sees offenders with learning disabilities as a priority in this service?

Apart from the work we are planning to do here, what other initiatives are there concerning offenders with learning disabilities?

Are prison officers expected to be trained to understand and work with people with learning disabilities?

##### *Rating for Understanding and support for people with learning disabilities (MoJ)*

- 1 The prison or probation service experience little encouragement from the Ministry of Justice to make the support of people with learning disabilities a priority
- 2 The prison or probation service experience some encouragement from the Ministry of Justice to make the support of people with learning disabilities a priority
- 3 The prison or probation service experience strong encouragement from the Ministry of Justice to make the support of people with learning disabilities a priority

**Comments**

**Question 2 Meeting wider demands for the delivery of treatment programmes and sentence management** (*Interview to be conducted with the programme manager*)

Will ATSP help or hinder you in terms of your Key Performance Targets or objectives for overall sentence management?

Will ATSP help or hinder you in terms of your Key Performance Targets or objectives for providing treatment for offenders?

Are there any other Key Performance Targets or objectives that will either help or hinder the introduction of ATSP?

*Rating for Integration of treatment programmes and sentence management*

- 1 ATSP will give little support to the prison or probation service in meeting targets for sentence management, treatment programmes or other targets
- 2 ATSP will give some support to the prison or probation service in meeting targets for sentence management, treatment programmes or other targets
- 3 ATSP will give good support to the prison or probation service in meeting targets for sentence management, treatment programmes and other targets

**Comments**

## Adapted Thinking Skills Programme Evaluation

### Section 1 (a)

#### Context Organisational Alignment (internal)

##### *Treatment manager interview*

**Name**

**Job Title**

**Prison**

##### **Question 1 Understanding and support for people with learning disabilities**

Does this prison use any systems to identify and support people with learning disabilities?

Is there any training for staff in managing people with learning disabilities?

Is there a member of staff here with a special interest or training in working with people with learning disabilities?

What general support systems are available for people with learning disabilities who might be vulnerable here?

What specific support systems are there for people with learning disabilities to access treatment and rehabilitation programmes?

##### *Rating for Understanding and support for people with learning disabilities*

- 1 There is little support for people with little or no evidence of the following:  
identification, training and support.
- 2 There is some support for people with evidence of at least 1 of the following:  
identification, training and support.
- 3 There is good support for people with evidence of at least 2 of the following:  
identification, training and support.

**Comments:**

## **Question 2 Integration of treatment programmes and sentence management**

*Interview to be conducted with the Programme manager, treatment manager and facilitator*

Can you explain how the current TSP programme forms part of an offender management pathway and sentence planning?

How are people identified to join TSP?

How is the learning on the programme followed up?

*Rating for Integration of treatment programmes and sentence management*

- 1 There is poor integration of treatment programmes and sentence management with TSP linked to neither sentence planning nor offender management. Training is not followed up.
- 2 There is some integration of treatment programmes and sentence management with TSP linked to either sentence planning or offender management. Training may be followed up.
- 3 There is good integration of treatment programmes and sentence management with TSP linked to both sentence planning and offender management. Training is always followed up.

**Comments**

### **Question 3 Integration of TSP and daily routines (prison only)**

How many times have TSP programmes been postponed or cancelled in the last 3 months.

What are the top three reasons for this?

What is the impact of joining a TSP programme on the daily routine of a prisoner (e.g. does it mean stopping other things or gaining additional benefits?)

What is the impact of running TSP programmes for prison staff?

Do Facilitators do other duties in addition to running the programmes?

*Rating for Integration of TSP and daily routines*

- 1 There is little evidence of integration of TSP: Programmes do not fit well with prison routines or other demands on staff
- 2 There is some evidence of integration of TSP: Programmes fit well with prison routines or other demands on staff
- 3 There is good evidence of integration of TSP: Programmes fit well with prison routines and other demands on staff

**Comments**

## Adapted Thinking Skills Programme Evaluation

### Section 1 (a)

#### Context Organisational Alignment (internal)

##### *Senior manager interview*

**Name**

**Job Title**

**Prison**

##### **Question 1 Understanding and support for people with learning disabilities**

Does this prison use any systems to identify and support people with learning disabilities?

Is there any training for staff in managing people with learning disabilities?

Is there a member of staff here with a special interest or training in working with people with learning disabilities?

What general support systems are available for people with learning disabilities who might be vulnerable here?

What specific support systems are there for people with learning disabilities to access treatment and rehabilitation programmes?

##### *Rating for Understanding and support for people with learning disabilities*

- 1 There is little support for people with little or no evidence of the following:  
identification, training and support.
- 2 There is some support for people with evidence of at least 1 of the following:  
identification, training and support.
- 3 There is good support for people with evidence of at least 2 of the following:  
identification, training and support.

**Comments:**

## **Question 2 Integration of treatment programmes and sentence management**

Can you explain how the current TSP programme forms part of an offender management pathway and sentence planning?

How are people identified to join TSP?

How is the learning on the programme followed up?

### *Rating for Integration of treatment programmes and sentence management*

- 1 There is poor integration of treatment programmes and sentence management with TSP linked to neither sentence planning nor offender management. Training is not followed up.
- 2 There is some integration of treatment programmes and sentence management with TSP linked to either sentence planning or offender management. Training may be followed up.
- 3 There is good integration of treatment programmes and sentence management with TSP linked to both sentence planning and offender management. Training is always followed up.

### **Comments**

### **Question 3 Integration of TSP and daily routines (prison only)**

How many times have TSP programmes been postponed or cancelled in the last 3 months.

What are the top three reasons for this?

What is the impact of joining a TSP programme on the daily routine of a prisoner (e.g. does it mean stopping other things or gaining additional benefits?)

What is the impact of running TSP programmes for prison staff?

Do Facilitators do other duties in addition to running the programmes?

*Rating for Integration of TSP and daily routines*

- 1 There is little evidence of integration of TSP: Programmes do not fit well with prison routines or other demands on staff
- 2 There is some evidence of integration of TSP: Programmes fit well with prison routines or other demands on staff
- 3 There is good evidence of integration of TSP: Programmes fit well with prison routines and other demands on staff

### **Comments**

Reasons for postponing/cancelling

- 1
- 2
- 3

#### **Question 4 Strategy for treatment and for people with learning disabilities within the prison or probation service**

Can you describe the way you establish the strategy for treatment programmes in this prison/probation service?

What are the main areas the strategy covers?

Does the strategy include offenders with learning disabilities?

#### **Rating for Strategy and People with learning disabilities.**

- 1** There is little evidence of a strategy for general treatment or for the support and treatment of people with learning disabilities.
- 2** There is some evidence of a strategy for general treatment and for the support or treatment of people with learning disabilities.
- 3** There is a clear strategy for general treatment and for the support and treatment of people with learning disabilities.

#### **Comments**



**Question 2 Meeting wider demands for the delivery of treatment programmes and sentence management** (*Interview to be conducted with the programme manager*)

Will ATSP help or hinder you in terms of your Key Performance Targets or objectives for overall sentence management?

Will ATSP help or hinder you in terms of your Key Performance Targets or objectives for providing treatment for offenders?

Are there any other Key Performance Targets or objectives that will either help or hinder the introduction of ATSP?

*Rating for Integration of treatment programmes and sentence management*

- 1 ATSP will give little support to the prison or probation service in meeting targets for sentence management, treatment programmes or other targets
- 2 ATSP will give some support to the prison or probation service in meeting targets for sentence management, treatment programmes or other targets
- 3 ATSP will give good support to the prison or probation service in meeting targets for sentence management, treatment programmes and other targets

**Comments**

## **Appendix 1(b)**

# **Adapted Thinking Skills Programme**

## **Evaluation Manual Pilots 2 and 3 On Site Data Collection**

**October 2012**

# Adapted Thinking Skills Programme Evaluation

## Introduction

The main purpose of this project is to evaluate the extent to which the current Thinking Skills Programme can be adapted for use alongside people with learning disabilities in prison and community settings.

The method of evaluation is known as realistic evaluation. This is a form of evaluation specifically designed to address the problem caused by experimental or quasi-experimental designs in complex services and human systems. Rather than a simple form of before and after measure, realistic evaluation seeks to understand the **context** for the programme and explore the **mechanisms** through which the programme might deliver **outcomes** for people.

In the case of the Adapted Thinking Skills Programme we will be clear about the context for each setting: the physical environment, the way the organisation is set up, details about the participants and the staff involved. When thinking about the mechanism through which the programme might achieve change we will define exactly what changes have been made (e.g. the use of language, the change of pace or the use of groups that include only people with learning disabilities). The final part of the evaluation will then look at the outcome of the programme and we will adopt a specific model for thinking about this.

This approach to evaluation has two main advantages. First, thinking about the possible mechanisms for change enables us to establish continued questions to be answered in the future. For example could services use the adapted material in mixed groups or what staff training is required? Understanding the context will help other prisons and probation services plan implementation more carefully, predict ways in which their setting differs from the original work and either prevent difficulties in the first place or solve problems should they arise.

## **Adapted Thinking Skills Programme Evaluation**

### **About this manual**

This manual gives the sections for collection of data at the pilot site. This will be analysed alongside the interview and focus group material to complete the evaluation. It is designed so that the local programme team **or** an external person can collect information. An external person will carry out interviews and focus groups.

### **Section 1 Context**

This section contains information about the prison or probation service and people who took part in the groups

#### **1a Details about the prison**

#### **1b Participant baseline and screening measures**

### **Section 2 Outcomes**

This section gives measures of outcome using Kirkpatrick's model. It covers the impact of training, the evidence of learning and some evidence of behaviour.

#### **2a Analysis of a random sample of homework and session exercises**

#### **2b Published measures**

- **Locus of Control – scale for people with learning disabilities**
- **Social problem solving test**

#### **2c Prison staff rating (before and after programme)**

#### **2d Review of goals and minutes from meetings for each participant and supervision meetings**

# **Adapted Thinking Skills Programme Evaluation**

## **Section 1 (a)**

### **Context – Prison**

**Name**

**Address:**

**Governor:**

**Category and description**

**Accommodation: (e.g. number of wings, layout)**

**Sports and work facilities**

**Operational capacity**

**Reception criteria: Include:**

Gender

Sentence range

Health issues:

Work issues

Any other features that may be relevant:

## Adapted Thinking Skills Programme Evaluation

### Section 1 (b)

#### Context Participants

Standard collection of information used for ATSP.

- Risk
- Needs
- Responsivity
- Readiness
- Practicalities

Code (offender)	Age	WAIS/WASI	Risk (risk matrix 2000)	Need OAYS	Responsivity Issues of note

Please also collect social network maps from ATSP sessions

\*All information in the evaluation file is to be made anonymous

# **Adapted Thinking Skills Programme Evaluation**

## **Section 2 Outcomes**

### **Contents**

- 2a Analysis of a random sample of homework and session exercises
- 2b Published measures
  - Locus of Control – scale for people with learning disabilities
  - Social problem solving test
- 2c Probation/Prison staff rating (before and after programme)
- 2d Review of goals and minutes from meetings for each participant and supervision meetings

## **Adapted Thinking Skills Programme Evaluation**

### **Section 2 a**

#### **Homework analysis**

**Analysis of a random sample of homework and session exercises (two people for each module)**

**Evidence of learning:**

**Please give concrete examples of thinking and behaviour:**

#### **Overall Rating of Learning**

- 1 Poor**
- 2 Average**
- 3 Good**

## **Adapted Thinking Skills Programme Evaluation**

### **Section 2(b)**

#### **Measures**

##### **Published measures (before programme)**

- Locus of Control – scale for people with learning disabilities
- Social problem solving test

## **Adapted Thinking Skills Programme Evaluation**

### **Section 2 (b)**

#### **Measures**

##### **Published measures (after programme)**

- Locus of Control – scale for people with learning disabilities
- Social problem solving test

## Adapted Thinking Skills Programme Evaluation

### Section 2 c

#### Staff Rating

Staff rating (before programme)

Possibly wing manager

Today's date:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Pilot site:

\_\_\_\_\_

#### In the week before the programme

Number of incidents of actual violence on the participant

0-5            5-10            over 10

Number of incidents of violence by the person

0-5            5-10            over 10

Any examples where the person handled a situation well?

.

Any examples where the person handled a situation poorly

How is the person getting on? (Just give your overall impression and please tick one)

Well

OK

Poorly

## Adapted Thinking Skills Programme Evaluation

### Section 2 c

#### Staff Rating

Staff rating (after programme)

Possibly wing manager

Today's date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Pilot site:

\_\_\_\_\_

#### In the week after the programme

Number of incidents of actual violence on the participant

0-5            5-10            over 10

Number of incidents of violence by the person

0-5            5-10            over 10

Any examples where the person handled a situation well?

Any examples where the person handled a situation poorly

How is the person getting on? (Just give your overall impression and please tick one)

Well

OK

Poorly

## **Adapted Thinking Skills Programme Evaluation**

### **Section 2 d**

#### **Review of Minutes**

**Review goals and minutes from meetings that are held with each participant to review the course and review progress. Again take a random sample of two people**

**Progress (for learning):**

**Examples of thinking and behaviour:**

#### **Overall Rating of Learning**

- 1 Poor**
- 2 Average**
- 3 Good**

## **Appendix 2 Adapted Thinking Skills Programme project advisory groups**

### **Project Governance Group**

#### **Department of Health/NOMS/MoJ**

Richard Bradshaw (from June 2011), Director of Offender Health

Mark Freeman (until March 2011), Offender Health

#### **Operational Services & Interventions Group, NOMS**

Gillian Johnson, Head of Cognitive and Motivational Programmes

Ruth Morrill, Clinical Lead Cognitive & Motivational Programmes (T/P), Cognitive & Motivational Programmes & Substance Misuse Interventions, Interventions Unit

Rachel Riddy, Cognitive & Motivational Programmes Clinical Lead, Cognitive & Motivational Programmes and Substance Misuse Interventions Team, Interventions Unit

Hazel Walsh, Deputy to the Head of Cognitive and Motivational Programmes and Substance Misuse Interventions, Clinical Lead BSR, P-ASRO, ASRO and SDP, Interventions Unit

#### **Foundation for People with Learning Disabilities**

Nzinga Akinshegun, Project Worker

Alison Giraud-Saunders, Project Manager

Prof Glynis Murphy, Project Consultant

Dr Peter Oakes, Project Consultant

### **Project Advisory Group**

Neisha Betts, Project Manager, Learning Disabilities in the Criminal Justice System, KeyRing

Gary Docherty, Learning Disability Practitioner Nurse, Scottish Prison Service, HMP Greenock

Wendy Goodman, Senior Nurse/Team Leader, Avon Forensic CLDT, Avon and Wiltshire Mental Health Partnership NHS Trust

Jenny Talbot, Director, *Care not Custody* programme, Prison Reform Trust

### **'Experts by experience' advisers**

Atlas House Group

Prisoners from HMP Bristol

Working for Justice Group