Reducing reoffending and promoting rehabilitation

How to promote measureable impact from grant investment in voluntary and community sector services

Funded by Lloyds Bank Foundation
Contents

Introduction 3
A note about Transforming Rehabilitation 4
Best practice in proving effectiveness 5
Keys to Measurable Impact 6
Measurement Tools 8
The evidence for mentoring 10
In Closing 12
Recommendations 13
References and Resources 14
Appendix 1: Summary of 13 projects funded by Lloyds Foundation 16
Introduction

Small and medium sized community organisations look to grantmakers such as Lloyds Bank Foundation to fund innovative grass-roots interventions which claim to achieve short-term advantage for beneficiaries. Robust evaluation is required to demonstrate that the results of a particular project have fulfilled its aims.

This document proposes the design and methodology of evaluations which grant managers should include in specifications for future funding granted by Lloyds Bank Foundation.

Centre for Mental Health is a national charity specialising in drawing together both the best quality reliable evidence and the voices of those with lived experience of mental health conditions to support a fairer chance in life for children and adults facing or living with poor mental health. The Centre has a track record of implementing new ways of working to improve access to effective help, reduce stigma, improve people’s life chances and break down barriers. Centre for Mental Health achieves this through putting high quality research into planning and practice at national and local levels.

The Centre is not a direct provider of services. We have no vested interest in delivering services in a particular way. Our aim is to identify and communicate the best outcomes for mental health and wellbeing based on what we know has the optimum chance of working. We provide independent evidence-based advice on what can make a difference to children’s and adults’ life chances.

Lloyds Bank Foundation demonstrated its support for the aims of Lord Bradley’s 2009 review of people with mental health problems or learning disabilities in the criminal justice system (Department of Health, 2009) by funding a number of voluntary and community sector projects working in this area. Thirteen projects received grant funding from Lloyds Bank Foundation with the aim of establishing services which would contribute to preventing reoffending. Their common aim was to achieve this through offering specific programmes to enhance mental health recovery, build resilience, improve employment prospects, and develop a range of personal skills which contribute to improved quality of life.

Centre for Mental Health received a grant to evaluate the benefits these projects achieved for their service users, and the sustainability for the organisations themselves which had been built as a result of establishing relationships with alternative funders during the period funded by Lloyds Bank Foundation. Seven of the thirteen organisations were able to contribute funding to enable the Centre to undertake a more extensive piece of work which focused on evaluation and impact. The Centre helped those sites in particular to identify their theory of change, construct methods and tools for data collection and analyse that data using robust research methodology.

The remaining six organisations were able to benefit from the Centre’s staff visiting to give advice on the options open to them for demonstrating their impact, and from remote support by email and telephone. This helped them to identify how they might collect appropriate data to support their theory of change, and to understand where and how they should seek to market their organisation and interventions under the new commissioning arrangements.

The work of each of the organisations and the approach to evaluation supported by Centre for Mental Health are described in the appendix.
A note about Transforming Rehabilitation

Currently the greatest threat to future funding for organisations promoting social inclusion, building resilience and preventing reoffending relates to ‘Transforming Rehabilitation’ (TR), the Government’s reorganisation of the Probation Service. TR is the most significant reform to probation services in England and Wales in recent times, and has been the cause of the disestablishment of the 35 English and Welsh Probation Trusts and the creation of two new entities. These are:

1. The National Probation Service which follows the previous regional structure and works in courts, prisons and the community, but in the latter two settings exclusively with high risk offenders.

2. The Community Rehabilitation Company (CRC) of which there are now several, working to the previous regional structure. The CRCs are led by independent sector organisations and most are also formed as consortia including local and national charities. Their mandate is to work in the prisons and communities with low and moderate risk offenders, but also for the first time to provide community supervision and support for those released from custody on short sentences (i.e. those under 12 months).

Any projects aiming to work in the landscape covered by CRCs are today most definitely required to demonstrate their effectiveness and associated value for money, or return on investment, in order to secure a sustainable future under the new arrangements.
Best practice in proving effectiveness

There are four main ways in which an evaluation of effectiveness can be designed:

1. Using an **experimental approach** which tries out an intervention and compares it with people not receiving it, or receiving something different.
2. A **statistical approach** which compares figures and looks for patterns in quantitative data to see whether a particular effect often flows from a certain cause.
3. A **case-based approach** drills down into the features of case studies such as individuals, groups or places, within a programme or across programmes and looks for similar themes which indicate some ability to generalise about outcomes.
4. A **theory-based approach** describes in detail how a service or programme influences different people at different times and places using observations by staff, evaluators, and other stakeholders, as well as what beneficiaries say, rather than by analysing lots of cases or using a control or comparison group (Kazimirski and Pritchard, 2014).

Any of these approaches may be appropriate for small charities working with offenders, but the experimental approach potentially will be more difficult to implement as it requires a counterfactual or control group.

The design of funded projects should include a clear methodology of evaluation which might include providing answers before, during and after the intervention to the following questions:

- What is the Theory of Change for this programme?
- What are the service’s aims and to what extent have they been achieved?
- What are the key outcomes to be measured? E.g. to what extent is the service helpful to service users? To what extent does the service impact upon best practice of practitioners within and beyond the project?
- How will the results of the project be measured? Which tools will be used?

This approach is explained clearly in New Philanthropy Capital’s Four Pillar approach to evaluation (Kazimirski and Pritchard, 2014).

Centre for Mental Health looked at how the organisations using Lloyds Bank Foundation grants had addressed the basics of evaluation and supported them to achieve measurable impact. The Centre supported the organisations in articulating a Theory of Change, collecting data, using appropriate assessment tools and considering the value of mentoring, i.e. evaluating the outcomes achieved by mentors for the service users and the benefit for the mentors themselves.
**Keys to Measurable Impact**

**Theory of Change**

A clearly articulated Theory of Change allows organisations to work out how to demonstrate their outcomes more effectively and facilitates an ongoing review of whether a project is on track to achieve its medium and longer-term aims. It helps determine who benefits, what success looks like, what tools might help to evidence shifts in outcomes, and builds a foundation to allow for more robust future evaluation.

It is essential to understand what service users and families, as well as commissioners, statutory authorities and public sector organisations expect to change as a result of their engagement with a project or service.

A Theory of Change should provide details of A, B, and C:

- **A** What you need to make it work
- **B** Activities or mechanisms promoting change
- **C** Measuring success: short, medium, long term

**Case Study: the Shannon Trust**

*Improvement in literacy causing a reduction in offending behaviour*

**Underpinning Assumptions:**
Improving literacy will reduce social exclusion, improve social participation, wellbeing, educational and employment prospects, and in turn contribute to reductions in offending. Using peer mentors will increase programme reach and will also result in benefits for mentors.

**Inputs and Resources:**
Peer mentors, custodial units prepared to buy into the scheme and prisoners willing to learn and improve their literacy.

**Activities promoting change [describe the project]:**
Volunteer recruitment and training, materials to be used, how participants will be recruited and the arrangements for the training to take place.

**Outcomes [expressed in short, medium and long term]:**
Number of participants, spread of delivery, increase in literacy levels, self-reported satisfaction, improved confidence, reduced isolation, engagement with education and employment and reduced recidivism.
The Theory of Change must have clearly defined inclusion criteria and there is a need to decide how to deal with certain tensions and dilemmas, for example the benefit of engaging in preventative work as opposed to focusing solely on those already known to have an offending history.

**Collecting the right data**

This may be statistical, such as numbers seen each month, or progress made over time (e.g. number of job applications). Data may also be gathered through interviews with a sufficient sample of participants and other stakeholders – these may be family members, or key workers such as criminal justice or housing professionals.

Centre for Mental Health advised most of the organisations to collect data through interviews, surveys and the application of appropriate ‘soft’ outcome measurement tools. The measures most applicable to these kinds of projects are the Threshold Assessment Grid and the Warwick-Edinburgh Mental Wellbeing Scale.
Measurement Tools

Examples of suitable measurement tools

Threshold Assessment Grid [TAG]
The TAG, which was developed between 1996-1998 by the Institute of Psychiatry at King’s College, is a brief, one-page standardised screening tool which the worker uses as a prompt to consider the severity of a person’s mental health problems. This leads to consideration of whether they require contact with secondary mental health services (Slade et al, 2006).

Whilst the TAG has established psychometric properties, no formal training is required to administer the tool and it takes a largely non-medicalized approach to screening.


Warwick-Edinburgh Mental Wellbeing Scale - WEMWBS
A way of measuring the reported improvements in mental health is through outcome monitoring tools such as the The Warwick-Edinburgh Mental Wellbeing Scale, a wellbeing tool validated by researchers at Warwick and Edinburgh Universities. This is a 14-point positively-worded item scale with five response categories. It covers most aspects of positive mental health (positive thoughts and feelings).

Outcomes Star
The Outcomes Star, available from Triangle Consulting, is an evidence-based tool for supporting and measuring change in a range of different outcome areas. The original Outcomes Star was developed for the homeless sector, however there are now over twenty versions of the Outcomes Star, differentiated to suit particular client groups. Variations include the Mental Health Recovery Star, the Young Person’s Star and the Family Star. In addition a Justice Star is currently under development and should be available from 2016 (see http://www.outcomesstar.org.uk).

Although this tool is not fully validated, it can provide helpful quantitative evidence of shifts in progress across a caseload.

CRIME-PICS II
CRIME-PICS II is a fully validated questionnaire that offers a convenient and standardised means of measuring change in an individual’s attitude towards offending. It was published in 2013 by M&A Research, a research consultancy established in 1991. The instrument takes only a few minutes to administer and score, and has been widely used in the public, private and voluntary sector (Ministry of Justice). CRIME-PICS II scores can be statistically correlated with the chances of reoffending, meaning that scores can then be used as a proxy measure to indicate the project’s likely impact on reducing reconvictions. Alternatively, CRIME-PICS II can be used as a diagnostic instrument, in order to monitor an individual offender’s progress in depth. Further details and costs are available from http://www.crime-pics.co.uk/moreinfo.html.

Onset
The Youth Justice Board suite of assessment tools used by Youth Offending Teams is called Onset. Onset helps to identify the risk and protective factors that affect a young person’s chances of entering the youth justice system. It also provides helpful information in selecting appropriate interventions for those identified as ‘at risk’. The documents can be downloaded from https://www.gov.uk/government/publications/onset-documents. An interesting observation was made by one of the projects having used Onset:
• Initially young people will play down their problems (leading to artificially high readings)

• Then as trust builds they will be more open about the full extent of their vulnerabilities and drug taking (so that at this point it looks like their circumstances have deteriorated)

• And finally, slowly, a process of improvement begins.

**The CORE Outcome Measure (CORE-OM)**

This is a client self-report questionnaire designed to be administered before and after therapy. The client is asked to respond to 34 questions about how often they have been feeling a particular way over the last week, using a 5-point scale ranging from ‘not at all’ to ‘most or all of the time’. The 34 items of the measure cover four dimensions:

- Subjective wellbeing
- Problems/symptoms
- Life functioning
- Risk/harm.

The responses are designed to be averaged by the practitioner to produce a mean score to indicate the level of current psychological global distress (from ‘healthy’ to ‘severe’). The questionnaire is repeated after the last session of treatment; comparison of the pre-and post-therapy scores offers a measure of ‘outcome’ (i.e. whether or not the client’s level of distress has changed, and by how much).
The evidence for mentoring

There is emerging evidence, particularly from the United States (US) that indicates certain mentoring projects attain positive outcomes that lead to a reduction in the rate of reoffending, or to intermediate outcomes that can be theoretically linked to lower rates of reoffending (such as stable housing, paid work or enrolment in a further education course)\(^1\). Many organisations which employ mentoring point to examples from the wealth of anecdotal evidence and small-scale qualitative studies and case studies available that indicate mentoring is valuable.

There is common acceptance that what we mean by ‘mentoring’ is “a one-to-one, non-judgemental relationship in which an individual gives time to support and encourage another” (Taylor et al, 2013, p.2), however there is much less consensus on ‘what works’ in mentoring and how we know or can prove this, given the distinct variability in service provision. For example, mentoring services can be in the form of peer mentoring, mentoring programmes in prison, in the community or ‘through the gate’ and may be part of a wider intervention programme (Taylor et al, 2013, p.2). It is this issue that led the Ministry of Justice, in a summation of the impact of mentoring, to state “because mentoring can take so many forms, it is hard to aggregate the evidence and there are insufficient studies to inform us about what forms of mentoring are most effective” (2013, p.27).

Further large-scale, randomised evaluations are needed to gauge the impact of mentoring on patterns of reoffending. The evidence currently available includes Jolliffe and Farrington’s rapid evidence assessment on the impact of mentoring which found that, of the eighteen studies that met their inclusion criteria, seven demonstrated that mentoring had a statistically significant positive effect on reoffending (2007, p.3). In addition, Jolliffe and Farrington were able to identify that the most successful mentoring programmes were ones where the mentor and mentee met at least once per week (2007, p.3). Similarly, Taylor’s et al rapid evidence assessment on intermediate outcomes achieved by mentoring projects found that, of the nine studies that scored 3 or above on the Maryland Scientific Method scale\(^1\), six detected a statistically significant impact of mentoring on reoffending, rearrests and time to rearrests (2013, p.3). Taylor et al also identified tentative evidence that mentoring may be associated with improvements in employment and housing outcomes and may improve mentees’ engagement in other programmes and interventions. However, they found limited evidence to suggest mentoring can reduce substance misuse, pro-criminal attitudes or improve family and peer relationships (2013).

Peer Mentoring

Fletcher and Batty (2012) note that there is “meagre” evidence on the effects of peer mentoring (p.1). However, on the nature of those relationships, a survey by the Prince’s Trust found that 71% of young offenders would find it more beneficial to have a mentor who was a former offender (2008, p.4), a view reiterated in a literature review by KPMG, which identified mentors who have “been there, done that” as a key factor in successful mentoring relationships (cited Foster and Finnegan, 2014, p.5). Similarly, DuBois’ et al meta-analysis of independent evaluations of youth mentoring programmes identifies that mentoring is more effective when mentors and youth pairings are on the basis of a similarity of interests (2011, p.58).

Evidence on the cost-effectiveness of peer mentoring within the UK criminal justice system is limited; however individual case studies have demonstrated the potential fiscal benefits of peer mentoring. For example Frontier Economics’ evaluation of the Peer Advice Project identified considerable financial benefits, with the project estimated to provide a net benefit of

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\(^1\) For example, employment reduces the rate of reoffending by between 30 to 50%, whilst stable accommodation reduces the rate of reoffending by 20% (Arrivo Consulting, 2013, p.6)

\(^1\) See http://www.le.ac.uk/oerresources/criminology/msc/unit8/page.05.htm for further information on the Maryland Scientific Method Scale.
£13.3 million to the taxpayer, translating into a cost benefit ratio 1:5 (Frontier Economics, 2010).

‘Through the Gate’ Mentoring

Evidence suggests that ‘through the gate’ mentoring is most effective, as is mentoring maintained over time (Ministry of Justice, 2013, p.27). For example Maguire’s et al (2010) evaluation of the Welsh Transitional Support Scheme, a ‘through the gate’ mentoring scheme for male and female short-term prisoners with substance misuse problems, found that participants who received between two to six face-to-face contact sessions with their mentors after release were reconvicted at a lower rate than a comparison group. This reiterates the findings of Clancy et al (2006) in their evaluation of the Probation Resettlement Pathways.

Current examples of ‘through the gate’ support have demonstrated real promise, for example in 2008-2009 St Giles Trust ran Through the Gates, which supported prison leavers resettling in the community by providing assistance with accommodation, employment and training. An analysis of the project, conducted by Pro Bono Economics, found that the reoffending rate of participants was 40% lower than the national average and achieved savings of between £8,616 to £28,722 per ex-offender, equating to a cost benefit ration of 1:10 (2010).

Employment and Education Programmes

There is promising evidence on the effectiveness of employment and education programmes in reducing reoffending, with ‘through the gate’ programmes most likely to be successful (Ministry of Justice, 2013 p.19-20). For example, The Clink Charity’s training programme has yielded significant success. The programme recruits offenders with 6 to 18 months remaining on their sentence and trains them in NVQ qualifications in food service, food preparation and food hygiene and supports them in finding work in the catering industry upon release. Participants work in the charity’s restaurants attached to prisons, gaining valuable experience and they are given a mentor, who supports them in prison, through the gate and in the community, with mentoring sessions continuing for up to a year after release (Aitken, 2014, p.44-45). The charity is reporting a reoffending rate amongst its graduates of just 12.5% compared to the national rate of 44% (Moore, 2015). Similarly Blue Sky, a charity that specialises in providing short-term paid employment opportunities to ex-offenders, has reported reoffending rates of just 15 per cent (Aitken, 2014, p.45-46). An independent review of Blue Sky by The Ministry of Justice Data Lab, a national system for accessing benchmarked offending data, also demonstrated that the programme led to a statistically significant reduction in the rate of reoffending (Ministry of Justice Data Lab, 2013).

Social Return on Investment

One of the funded Bradley projects commissioned a Social Return on Investment (SROI) analysis. The SROI methodology involves a structured approach to assessing the social impact of project activity, making a judgement on the extent to which outcomes can be attributed to project activity and also ascribing monetary value to project outcomes. The approach comes with some limitations in terms of the robustness of conclusions but has some government department and Third Sector backing as a pragmatic evaluative approach to outcome monitoring.

SROI results for the Bradley project confirm national evidence on the cost effectiveness of such ‘diversionary’ schemes suggesting that commissioners and communities could expect a return of £7.50 for every £1 invested in the scheme.
In Closing

Centre for Mental Health and the thirteen organisations are grateful to Lloyds Bank Foundation for investing in the growth and development of community-based services which have been shown to provide individual, responsive and effective support for people at a significant point in their rehabilitation and life choices.

Undoubtedly projects such as the thirteen described here provide enormous value to society, but evaluating the extent of that contribution, and persuading commissioners and funders of the wisdom and financial sense of supporting these services in the longer term is the challenge that they all face. This report shows that when commissioners choose to invest in these Bradley projects, they can be assured of the good prospects of a social return, and of the services’ ability to prove the effectiveness of their work in contributing to preventing reoffending. As a result of the hard work and vision of the staff and peer mentors from these organisations, there is lasting improvement for people at risk in terms of their mental health recovery, resilience, improved opportunities for employment and better quality of life.
Recommendations

The recommendations for third sector organisations and grant funders aiming to achieve measurable impact are:

1. The project proposal should describe a Theory of Change i.e. how the changes expected to arise from the project can be directly linked back to the activities of the project and why the organisation has chosen these particular outcomes and activities.

2. Project design should be based on at least a general knowledge and understanding of the related research and evidence from literature. Grant applicants should be encouraged to begin the project with a deeper investigation of the relevant literature to inform the Theory of Change.

3. Methods of evaluation should be built into the project from the beginning. The evaluation must be linked to the Theory of Change, i.e. the methods of gathering data and the tools used for assessment will produce data which evidences the changes effected by the project’s activities and inputs.

4. Most community rehabilitation projects will benefit from using validated tools which measure strengths and needs, and can be used at the start and end of interventions. Tools particularly recommended are the Threshold Assessment Grid and the Warwick-Edinburgh Mental Wellbeing Scale.

5. Grant applicants should be encouraged to implement a project which will, over time, gather data which can be submitted to the Justice Data Lab in order to receive matched reoffending figures. In future there will also be the possibility of using the services of an Employment Data Lab.

6. Projects which will not meet the criteria for the Justice Data Lab should ensure that they gather data on the outcomes for their service users over a period of at least a year and that they attempt to gather stakeholder views and crime statistics as a context for their achievements.

7. Projects including elements of peer mentoring should be welcomed since this is known to be valued by service users and has some degree of evidenced success.

8. Grant applicants should demonstrate how they will create partnerships and integrate with services which are, or could be, funded to provide rehabilitation support under the Transforming Rehabilitation arrangements, in order to develop a legacy and exit strategy at the end of the grant.
References and resources


Arrivo Consulting (2013) Learning from projects working with ex-offenders, The Big Lottery Fund


Pro Bono Economics (2010) St Giles Trust's Through the Gates: An analysis of economic impact


<table>
<thead>
<tr>
<th>Charity</th>
<th>Location</th>
<th>Target Population</th>
<th>Model/ Intervention used</th>
<th>Overall approach to evaluation supported by Centre for Mental Health</th>
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<tbody>
<tr>
<td>Together</td>
<td>Highbury Probation and Highbury Magistrates Court</td>
<td>Clients on probation caseload</td>
<td>Liaison and Diversion service</td>
<td>Centre for Mental Health conducted a series of interviews with 19 key stakeholders across the pilot site. Through these qualitative interviews a range of issues were explored including: • Impact on decision making • Communication and access • Strengths and weaknesses • Gaps in service</td>
</tr>
<tr>
<td>Sova</td>
<td>London</td>
<td>High risk and serious offenders with severe personality disorder released from prison to London</td>
<td>Mentoring which matches two mentors to an individual service user. Typically they will meet with the service user once a week.</td>
<td>Sova were interested in the impact of the work on the mentor rather than the mentee. We held a focus group with seven mentors and designed an online survey for mentees exploring the impact of their training in understanding personality disorder and on how their views and those around them have changed as a result of their experience.</td>
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<tr>
<td>Switchback</td>
<td>London – work experience is catering related and includes working in the charity’s café.</td>
<td>Young adults who are motivated to change and look for employment on their release, not primarily a mental health intervention.</td>
<td>A professional mentoring intervention for young people leaving custody.</td>
<td>Centre for Mental Health worked with Switchback in developing an online survey tool for its service users on their experience of being mentored. Switchback do not seek any public funding and are more interested in demonstrating outcomes such as employment or education than in proving a reduction in reoffending.</td>
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## Progress made towards demonstrating impact

Data was gathered from stakeholders representing:

- Sentencers and court officers
- National Probation Service
- Community Rehabilitation Companies
- Police custody
- Court security
- Youth Offending Teams (YOTs)
- Liaison and Diversion Practitioners

Analysis of the data identified current strengths and equipped Together with evidence for marketing and future development of liaison and diversion services in line with the proposed national multiple needs and all age-diversion model.

Sova's project works with a high risk group. The literature review evidences the value of mentoring and peer mentoring. Mentors receive detailed training in the role but also in personality disorders and how these manifest. This evaluation supports Sova to demonstrate the value of specific training for mentors working with a high risk group.

The survey tool gathered information on the effectiveness of the intervention to support employment and continued education, and on a variety of other issues including:

- Employability
- Drugs and Alcohol
- Family and Relationships
- Housing
- Independent Living Skills
- Finance
- Attitudes and Behaviour
- Health
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<tr>
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<tbody>
<tr>
<td>Building Community Advocacy</td>
<td>Birmingham</td>
<td>BCA service users experience poor mental health and/or learning disabilities and have complex multiple needs, compounded by their institutionalisation in high, medium and/or low secure facilities for many years.</td>
<td>Professional mentoring and advocacy to people leaving the secure mental health estate.</td>
<td>BCA’s limited period of contact information prevents it from longitudinal improvements and reducing reoffending but Centre for Mental Health provided expert advice on designing surveys and how to summarise the outcomes of the mentoring initiative, and successful outcomes of the Gofal Swansea and Bridgend, South Wales.</td>
</tr>
<tr>
<td>Gofal</td>
<td>Swansea and Bridgend, South Wales</td>
<td>People with mental health problems and learning disabilities leaving two Welsh prisons</td>
<td>‘Through the gate’ professional mentoring service</td>
<td>Centre for Mental Health ran a resettlement project attended by 25 people drawn from police, probation, mental health and voluntary sector providers in criminal justice policy and interviewed 2 service users.</td>
</tr>
<tr>
<td>St Giles Trust ‘SOS Project’</td>
<td>London</td>
<td>40 young offenders aged 16-23 with identified gang affiliations due for release in a London Borough that has an established SOS community based gang intervention project</td>
<td>A year-long resettlement support project offering personalised, intensive wraparound ‘through-the gate’ mentoring.</td>
<td>Centre for Mental Health found that St Giles Trust’s Theory of Change had a significant impact on their targeting and engagement, and their engagement of their neighbouring communities. The existing Theory of Change was used to assess the impact on Peer Mentors and their families. The Centre encouraged St Giles to use their NHS Outcome Framework, Outcome Framework and Theory of Change in order to respond to emerging commissioning challenges.</td>
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<td>Situation supported by</td>
<td>Progress made towards demonstrating impact</td>
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| Centre for Mental Health supported Gofal to provide qualitative data and case studies which indicate that Gofal are achieving their objectives:  
  - Improvement or maintenance of wellbeing  
  - Reduction in offending  
  - Improved social integration (which includes connecting service users with agencies that can meet social needs)  
Gofal would like to compare reoffending data but does not have the volume of service users which Datalab requires as a minimum, nor a comparable set of 'published' data which must be 18 months old. | BCA’s service users are a group at high risk of offending or relapse with repeated need for hospitalisation, and therefore reduced use of hospital is a specific objective and proxy for improved wellbeing.  
All service users are in receipt of other interventions and it will always be difficult in such circumstances to distinguish the contribution of one intervention in any observable change in service user behaviour. However, the contribution of mentoring to an overall reduction in hospitalisation can be shown to be cost-effective. |
| Two focus groups from the prisons, health services, other agencies, civil servants involved in criminal justice and health commissioners users and their mentors.  
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  - Improvement or maintenance of wellbeing  
  - Reduction in offending  
  - Improved social integration (which includes connecting service users with agencies that can meet social needs)  
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| The Centre supported St Giles to design an improved targeting strategy aiming to work in a smaller number of Boroughs with more in-depth planning, using the Boroughs’ Gangs Matrix. We recognised that those aged over 18 were in greater need of the project and that working with those under 18 can run the risk of work being duplicated.  
Development plans include co-development of a service users’ Feedback and Satisfaction System to help the service continually improve and ensure that it is meeting needs.  
It was agreed that improved health and wellbeing should be measured in the young people, their families and the peer mentors with lived experience. Incorporating a wellbeing tool such as the the Warwick-Edinburgh Mental Wellbeing Scale outcome tool to track the impact of the project on the wider family may also provide a broader perspective of intervention benefits. Caseworkers relied primarily upon self-disclosure (or professional awareness and competency) to identify health needs. The inclusion of a short screening tool such as the Threshold Assessment Grid (Slade, et al, 2000) or a tool tracking wellbeing would allow St Giles to collect more robust data to evidence changes in health and wellbeing during the intervention. It would also help identify undiagnosed or ‘hidden’ mental health conditions or disabilities, ensuring all service users are signposted to appropriate services. | BCA’s service users are a group at high risk of offending or relapse with repeated need for hospitalisation, and therefore reduced use of hospital is a specific objective and proxy for improved wellbeing.  
All service users are in receipt of other interventions and it will always be difficult in such circumstances to distinguish the contribution of one intervention in any observable change in service user behaviour. However, the contribution of mentoring to an overall reduction in hospitalisation can be shown to be cost-effective. |
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<th>Overall approach to Centre for Men</th>
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<tr>
<td>Rethink</td>
<td>Nottingham</td>
<td>People with mental health problems leaving HMP Nottingham</td>
<td>A supportive intervention ‘through the gate’. This project is a partnership between Rethink, HMP Nottingham and the Nottingham Healthcare NHS Foundation Trust.</td>
<td>Centre for Mental health internal strategy of the project and service evaluation with a literature review.</td>
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<tr>
<td>Intercept dual diagnosis programme</td>
<td>Leicester, Leicestershire and Rutland</td>
<td>Class A-using service users with a dual diagnosis – combined substance misuse and mental health problems - who have come into contact with the Criminal Justice System</td>
<td>The service uses peer mentors and a very small team of practitioners.</td>
<td>We made an initial contact on evaluation prior to evaluation activity, the construction and methodology for the project when further developed.</td>
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| Westminster Drug Project ‘Linked In’ | Working in 23 local authority areas and boroughs | Service users with a dual diagnosis – combined substance misuse and mental health problems. | The Linked In model employs two qualified mental health practitioners with dual diagnosis experience to develop workforce skills in WDP teams. Activities include:  
  - Designing and delivering specialist training  
  - Developing a mental health screening tool  
  - Developing a suicide safety management plan and risk assessment  
  - Supporting skills, knowledge and practice of peer mentors  
  - Providing specialist direct screening for those identified by link workers with more complex needs | The Centre focuses on Change for the project and service users supported WDP service:  
  - fulfilled its objectives  
  - was helpful to the project  
  - skilled up practitioners  
  - supported colleagues and concerns  
  - supports better service user outcomes  
  - supports better workforce development  
  
We sought to an analysis of data:  
  - Interviews with service users  
  - Facilitating accountability and link workers  
  - Leading a focus on service user satisfaction  
  - Analysis of all information.  
  
The Centre encourages further development of the Resettlement framework to the NHS Outcome Framework and Outcome Framework in order to inspire the commissioning. |
<table>
<thead>
<tr>
<th>Context</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reducing reoffending and promoting rehabilitation</strong></td>
<td>The service aims to bridge service user into support from mainstream services. However cut backs in NHS community mental health services and their adherence to strict care clustering means Rethink’s service users are frequently declined a service. The strategy workshop began to develop plans for a service model which commissioners, in the future, would be likely to find attractive.</td>
</tr>
<tr>
<td></td>
<td>The Intercept project had robust tools in place to track outcomes and was keen to improve outcome tracking. The project had also already constructed its Theory of Change. Intercept uses the Threshold Assessment Grid [TAG] (which tracks shifts in the severity of mental health). After advice from the Centre, Intercept also began to use the The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) to track shifts in outcomes for peer mentors, many of whom were former service users. Initial outcome data on a very small sample suggested promising improvements in wellbeing compared with before involvement in mentoring.</td>
</tr>
<tr>
<td></td>
<td>Linked In workers have developed a bespoke mental health screening tool for this work adapted from two validated screening tools (PHQ9 and GAD7). Service users involved with the WDP Linked In team use the Recovery Star (McKeith &amp; &amp; Burns, 2010) as a way of tracking service user progress following Linked In interventions.</td>
</tr>
<tr>
<td></td>
<td>The Centre supported WDP to analyse the Linked In quarterly data in order to understand more about the characteristics and presenting problems of service users, and their history of previous contact with services. The results of reviewing use of the suicide safety plan showed that Dual Diagnosis link workers valued the systematic approach to managing suicide risk. The Centre also felt it would be useful to map activity against the NHS England operational model and specification for liaison and diversion, before seeking dialogue with the Area Team Lead for Health and Justice in the WDP team areas who are funding these points of arrest, police custody and courts services. In terms of future developmental work, the Centre found there is a need to promote the activities and benefits of the scheme to local commissioners to look at how longer term sustainability of the project might be better secured. For commissioners focusing on wellbeing outcomes, it may be worthwhile introducing a wellbeing tool into Linked In practice.</td>
</tr>
</tbody>
</table>

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**Table Note:**
- The Centre for Mental Health provided support to an strategy workshop looking at the future of mentoring supported the value of mentoring and reviewed progress made towards demonstrating impact.
- A formal visit, provided ongoing support and roughly a day’s advice processes to support Intercept's value. We provided advice on of a fuller mixed methods assessing the impact of the Rethink’s service users are frequently declined a service. The strategy workshop began to develop plans for a service model which commissioners, in the future, would be likely to find attractive. **

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**Further Table:**
- Based on clarifying the Theory of the programme both from practitioner to service users practitioners to more effectively practitioner with dual diagnosis of better risk management outcomes for service users.
- Answer these questions through: with practitioners and managers a focus group with dual diagnosis a focus group with eleven Linked In workers have developed a bespoke mental health screening tool for this work adapted from two validated screening tools (PHQ9 and GAD7). Service users involved with the WDP Linked In team use the Recovery Star (McKeith & & Burns, 2010) as a way of tracking service user progress following Linked In interventions. The Centre supported WDP to analyse the Linked In quarterly data in order to understand more about the characteristics and presenting problems of service users, and their history of previous contact with services. The results of reviewing use of the suicide safety plan showed that Dual Diagnosis link workers valued the systematic approach to managing suicide risk. The Centre also felt it would be useful to map activity against the NHS England operational model and specification for liaison and diversion, before seeking dialogue with the Area Team Lead for Health and Justice in the WDP team areas who are funding these points of arrest, police custody and courts services. In terms of future developmental work, the Centre found there is a need to promote the activities and benefits of the scheme to local commissioners to look at how longer term sustainability of the project might be better secured. For commissioners focusing on wellbeing outcomes, it may be worthwhile introducing a wellbeing tool into Linked In practice.
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<th>Location</th>
<th>Target Population</th>
<th>Model/Intervention used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth Support Services (YSS)</td>
<td>West Mercia (covering Worcestershire, Herefordshire, Telford, and Shropshire)</td>
<td>Young people and adults with multiple needs, particularly substance misuse and mental health dual diagnosis needs. YSS caseloads are broadly equally divided between those on Community Orders and those on custodial licenses with a minority of service users on suspended sentences. The project targets those underserved by statutory health and social services. It seeks to divert people away from crisis and high cost settings.</td>
<td>YSS Bradley Project aims to reduce offending, improve health, wellbeing, social stability and inclusion, and contribute to efficiency savings. Typically the interventions last for 12 weeks.</td>
</tr>
<tr>
<td>The Enthusiasm Trust</td>
<td>Derby and extended to the St Ann’s and Clifton areas of Nottingham</td>
<td>Young people aged 11-25 years old on the edge of or involved in gang activity</td>
<td>Employ a range of activities to divert young people from crime, raise aspirations, build self-esteem and equip young people to establish goals and aspire to excellence. This is done through direct intensive 1:1 interventions and by working with local schools</td>
</tr>
<tr>
<td>Overall approach to evaluation supported by Centre for Mental Health</td>
<td>Progress made towards demonstrating impact</td>
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<tr>
<td>At the time that Centre for Mental Health visited the project, the previous links into local strategic Boards focused on criminal justice and multi-agency activity had disintegrated as a result of the Transforming Rehabilitation reforms.</td>
<td>Centre for Mental Health has worked with the scheme to clarify the organisation's rationale, to develop its Theory of Change and future outcome monitoring/measurement processes. The Centre supported YSS to link activities with broader best practice national liaison and diversion aims, models and outcomes and to support sustainability.</td>
<td></td>
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<tr>
<td>It was decided that the Centre could best add value through supporting YSS's future sustainability and strategic links with health. We helped evaluate available data on the project's outputs and outcomes, helped to construct the project's Theory of Change, advised on improving outcome monitoring and created a summary/discussion document which could be used to open up a dialogue with commissioners, promote the scheme and evidence the projects’ outcomes.</td>
<td>YSS has recently commissioned a Social Return on Investment (SROI) analysis. The SROI methodology involves a structured approach to assessing the social impact of project activity making a judgement on the extent to which outcomes can be attributed to project activity and also ascribing monetary value to project outcomes. The approach comes with some limitations in terms of the robustness of conclusions but has some government department and Third Sector backing as a pragmatic evaluative approach to outcome monitoring. SROI results for YSS confirm national evidence on the cost effectiveness of such ‘diversionary’ schemes suggesting that commissioners and communities could expect a return of £7.50 for every £1 invested in the scheme.</td>
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<tr>
<td>Centre for Mental Health attended a workshop, providing facilitation for refining the project's Theory of Change and considering enhanced outcome measurement activity for the future.</td>
<td>Over the next 6 months, YSS aims to:</td>
<td></td>
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<tr>
<td>• Develop networks with other local liaison and diversion schemes</td>
<td>• Develop networks with other local liaison and diversion schemes</td>
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<tr>
<td>• Complete a gap analysis of NHS England's Liaison and Diversion best practice guidance and YSS project activity and processes</td>
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<tr>
<td>• Refine its Theory of Change</td>
<td>• Refine its Theory of Change</td>
<td></td>
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<tr>
<td>• Describe the best ways of systematically communicating outcomes to key stakeholders</td>
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<tr>
<td>Outcomes were routinely monitored in the project using the Youth Justice Board prevention assessment tool called Onset. We suggested that a general wellbeing tool (such as The Warwick-Edinburgh Mental Well-being Scale -WEMWBS) could be used or the Targeted Threshold Assessment Grid which allows the practitioner to consider shifts in severity of mental health difficulty and how much it impacts on young adult's general day to day functioning.</td>
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<tr>
<td>Prism dual diagnosis project</td>
<td>Mid Wales</td>
<td>People with dual diagnosis: substance misuse and mental health problems</td>
<td>Provides a counselling and coaching service to achieve a greater lifestyle balance and increase treatment readiness for people with dual diagnosis.</td>
</tr>
<tr>
<td>Shannon Trust ‘Toe by Toe’ project</td>
<td>Prisons across England, Wales and Northern Ireland</td>
<td>15 to 25 year old males with poor literacy who are in prison custody</td>
<td>Manualised Peer Literacy Project aims to improve literacy levels among young offenders in custody and to train adult peer mentors to deliver the training.</td>
</tr>
</tbody>
</table>
## Overall approach to evaluation supported by Centre for Mental Health

Centre for Mental Health spent time with the project which had experienced a change of 'parent' organisation. We supported the design of a Theory of Change for the project, the outcomes they might measure and we explored some tools which might evidence any shifts in a helpful way. We provided literature on Theory of Change and logic modelling and some examples of validated outcome measurement tools.

A PESTLE* analysis was undertaken to try to identify the environment in which the program exists and the external factors that might impact on the programme (*considering the domains of: political, economic, social, technological, legal and environmental impact)

We supported Shannon Trust to develop its Theory of Change. This included providing a background literature review on the potential of peer mentoring to achieve improvements in resettlement.

## Progress made towards demonstrating impact

We selected a logic model to illustrate the theory of change for the programme as it shows simply and graphically what the programme is about, what they are aiming to achieve, how they will go about this and how achievements will be measured.

In developing the theory of change we identified the assumptions that staff have about the programme, the people involved, the context and the way they believe that the program will work.

Due to an unsuccessful funding bid, Prism were unable to go on to collect data and produce evidenced examples of impact with the support of the Centre.

In the last four years Shannon Trust has provided four snapshot evaluations focusing on learners’ self-reported changes in softer outcomes. Centre for Mental Health supported the identification of future examples of impact: seven short term aims, seven medium term aims and three longer term aims were identified; for some of these it was noted that data could be collected and measurements of impact made, whereas for others the data would be rather too difficult to track. Outcomes which could be tracked include:

- Levels of literacy (pre and post intervention)
- Shifts in wellbeing or hopefulness
- Shifts in communication
Reducing reoffending and promoting rehabilitation

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