EVALUATION OF THE SPS THROUGHCARE SUPPORT SERVICE

FINAL REPORT

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SPS

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TABLE OF CONTENTS

SUMMARY

Since April 2015, the Scottish Prison Service (SPS) has been providing a dedicated throughcare support service, with 42 Throughcare Support Officers (TSOs) in 11 prisons.

Throughcare involves taking a coordinated approach to the provision of support to people who serve short-term prison sentences (less than four years), from their imprisonment, throughout their sentence, and during their transition back to the community and initial settling-in period.

This report presents the findings of an evaluation of the SPS throughcare support service, carried out by Reid-Howie Associates between January and March 2017.

Key Findings

Overall views of the service and its impact were very positive.

The findings suggest that the throughcare support service has developed largely as envisaged, and as detailed in the logic model. It is consistent with existing research evidence, and with wider Scottish Government and SPS policy.

The findings suggest that the service is having a positive impact on all of the logic model outcomes. The research found evidence of:

- Increased awareness and shared understanding of throughcare (among Personal Officers; other services; TSOs; and service users).
- Better engagement by service users with a range of support.
- Progress on tackling a range of individual issues affecting service users at a strategic and operational level (e.g. benefits and finance; housing; substance misuse; physical and mental health; education and employability).
- Improvements to self-efficacy and desistance.

The evaluation also found clear evidence of a positive wider impact on prisons and on the SPS as a whole, as well as on other services (including promoting best practice and innovation).

The overall structure, processes and activities of the service were found to be appropriate, with the support provided being both relevant and very beneficial to service users.

Views of the management, staffing and training arrangements were positive, with an emphasis on the specialist nature of the service, and the complex requirements of service users. There was also evidence of positive partnership working and information sharing (with other SPS staff, statutory and third sector agencies).

The service was found to be collecting a range of useful information to measure the impact of provision and to inform partnership development work and national policy.

Against this positive background, a small number of concerns and areas for development were identified, which were, in summary:

- Some variation in local implementation of the model (e.g. in the means of identification of service users; coverage of the service; and TSOs' approach).
- Some gaps in provision of the service (e.g. geographical areas) and resources available to TSOs (e.g. access to: mobile phones in prison; laptops / tablets; and cars).
- Gaps in the information recorded about the TSOs' work, and difficulties in measuring unmet need and demand for the service.
- Some remaining lack of awareness of, or resistance to throughcare among some SPS and other staff, and a lack of clarity of roles.
- Constraints relating to aspects of broader policy and practice, in the SPS and other services (e.g. housing, health and benefits).

Suggestions

On the basis of these findings, the report suggests that the SPS should consider:

> ***Suggestion 1: Continuing to provide and develop a throughcare support service to address the needs of people who serve short sentences***.

> ***Suggestion 2: Promoting a consistent approach to the implementation of the throughcare support service model across the Estate.***

> ***Suggestion 3: Continuing to develop the management of the service, to ensure clear arrangements for staff support, supervision and training.***

> ***Suggestion 4: Developing data collection and recording further, to ensure that there can be a full overview of: service provision; system and service areas for improvement; and unmet need and demand for support.***

> ***Suggestion 5: Identifying and clarifying the SPS role in throughcare support provision, and the boundaries of the SPS throughcare support service, taking account of the roles and boundaries of other relevant service providers.***

> ***Suggestion 6: Continuing the current activities and encouraging and considering suggestions for new developments.***

> ***Suggestion 7: Developing a clear, SPS-wide plan for raising awareness of desistance and throughcare, and promoting the throughcare support service.***

> ***Suggestion 8: Reviewing current resources and addressing any anomalies and gaps in provision.***

> ***Suggestion 9: Identifying and addressing aspects of wider policy and practice which can limit the effectiveness of throughcare support provision.***

SECTION 1:   BACKGROUND AND CONTEXT

1.1   This report presents the findings of an evaluation of the SPS throughcare support service, carried out by Reid-Howie Associates between December 2016 and March 2017.

1.2   This section provides a brief background to the service. It also outlines the nature of throughcare, and the purpose and methods of the evaluation.

The background to the SPS throughcare support service

1.3   The Scottish Government's Justice Strategy[1] sets out priorities for all agencies working with those who commit offences. Four of these are particularly relevant to the work of the SPS:

- Reducing crime, particularly violent and serious organised crime.
- Reducing the harmful impacts of alcohol and drugs.
- Preventing criminal behaviour by young people.
- Reducing reoffending.

1.4   The Justice Strategy makes explicit the need to ensure that people released from short sentences are well-prepared for liberation, and provided with effective support following release.

1.5   Virtually all work in Scotland with those who serve custodial sentences is underpinned by the concept of "desistance". Desistance suggests that ceasing to offend is, for most people, a process which can take a number of years. Over this time, an individual may continue to offend, but the offences may become less serious, or less frequent.

1.6   Research by McNeill[2] and others suggests that individuals can be supported on their journey to desistance through: the development of an individualised plan; being motivated to change; being given hope; and focusing on their assets, not deficits. It also suggests that individuals can benefit from a strong relationship with a worker, and developing strong community and family ties.

1.7   In 2015, the Scottish Government published a review of evidence on "what works" to reduce reoffending[3] and suggested a number of priorities for work to support desistance. These were:

- Reduced or stabilised substance misuse.
- The ability to access and sustain suitable accommodation.
- Finding suitable employment.

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[1] Scottish Government (2012) The Strategy for *Justice in Scotland.* Edinburgh: Scottish Government.
2 McNeill, F.; Farrall, S.; Lightowler, C.; and Maruna, S. (2012) *How and why people stop offending: discovering desistance.* Insights: evidence summaries to support social services in Scotland, 15. Glasgow: IRISS.
[3] Sapouna M.; Bisset C.; Conlong A.; and Matthews, B. (2015) *What Works to Reduce Reoffending: A summary of the evidence.* Edinburgh: The Scottish Government.

- Improvements in the attitudes or behaviour which lead to offending; greater acceptance of responsibility in managing their own behaviour; and understanding the impact of their offending on victims and their own families.
- Maintained or improved relationships with families, peers and the community.
- The ability to access and sustain community support.

1.8   The SPS approach to throughcare support provision, as described in this report, was rooted in the concept of desistance, and such an understanding of "what works" in helping to reduce reoffending.

The development of throughcare support in the SPS

1.9   Throughcare involves a coordinated approach to the provision of support to people who serve short-term prison sentences (less than four years), from their imprisonment, throughout their sentence, and during their transition back to the community and initial settling-in period.

1.10   Over the last 15 years, the SPS has developed and extended the scope and complexity of its throughcare support activities. In the early 2000s, it began to introduce Link Centres, to deliver information and advice to men and women in the last six weeks of a sentence. Link Centres were progressively opened to external organisations, allowing specialist services to deliver advice on issues such as housing, health, benefits, employment and other matters.

1.11   From the mid-2000s, the SPS facilitated new forms of desistance-based throughcare support in partnership with the third sector. Access to Industry[4] and Moving On[5] developed services for young men which, uniquely, involved the same worker working with an individual in custody and in the community. The "Routes out of Prison" project developed peer mentoring for those leaving custody.

1.12   From 2009, The Robertson Trust funded six projects exploring different models of desistance-based throughcare. The evaluation findings highlighted the value of working with individuals "through the gate", and suggested that this was best achieved through a strong relationship between a worker and service user[6].

1.13   From 2012, the SPS undertook pilot work funded by the Scottish Government in a number of establishments, to explore desistance-based throughcare support further, within the context of formal multi-agency partnership arrangements. This included a pilot project in HMP Greenock, involving members of staff working as Throughcare Support Officers (TSOs). The evaluations of these projects were

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4 Jardine, C. and Whyte, B. (2009) *Evaluation of the Access to Industry Passport Project.* Edinburgh: Criminal Justice Social Work Centre for Scotland.
5 Hutton, L.; Nugent, B.; and Jardine, C. (2011) *Moving On: Throughcare for Young Male Offenders in Renfrewshire. A Report on Outcomes in relation to the 3-Year Service Evaluation.* Glasgow: The Robertson Trust.
6 Reid Howie Associates (2015) *Breaking the Cycle Final Report.* Glasgow: The Robertson Trust.

positive[7] [8], and in 2013, Turning Point Scotland and the SPS launched a throughcare support service at HMP Low Moss (the Low Moss PSP). This explicitly incorporated lessons learned from previous work by the third sector and the SPS[9].

1.14   In 2012-13, the SPS carried out an extensive organisational review[10] and identified a new vision for the service. Echoing the Justice Strategy for Scotland, this set out an increased emphasis on the role of throughcare support in achieving the vision, alongside a focus on developing assets, and increasing the value of purposeful activity[11]. Since 2013, there has been an increased focus on addressing issues which may impact on desistance (particularly housing and benefits, but also addictions issues) prior to liberation.

1.15   Among other recent changes of particular relevance to throughcare have been the introduction of casework-based sentence management in some prisons, and measures to support the professional development of residential staff. The SPS has also been piloting a relationship-based approach to assessment and sentence planning (e.g. through the introduction of Air Maps).

The SPS throughcare support service

1.16   The SPS has been providing a specific throughcare support service since April 2015, taking a coordinated approach to supporting those who serve short-term sentences through the use of Throughcare Support Officers (TSOs).

1.17   A TSO's role is to engage with service users prior to their release, and to continue to support them through release and in the early stages of re-integration, to help them make a successful transition to the community, and lead positive lives. This is done by: identifying their assets and making an individualised plan; advocating and enabling participants to engage with a range of key services and individuals; and encouraging change and desistance.

1.18   At the time of this evaluation, there were 42 SPS Throughcare Support Officers working in 11 establishments. Details of the inputs, activities and outcomes of the service are provided in subsequent sections of the report.

1.19   Participants in this evaluation identified three key objectives for the SPS throughcare support service. These were to:

- Enable smooth transition to the community (to provide a "bridge" between prison and the community; to enable service users to settle into community life; and to help them take the "first steps").

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7 Scottish Government (2014) *Evaluation of the Community Reintegration Project.* Edinburgh: The Scottish Government.
8 University of Edinburgh Business School (2014) *Evaluation of the Greenock Prison Throughcare Project.* Edinburgh: Scottish Prison Service.
9 Reid Howie Associates (2015) *Low Moss PSP Evaluation.* Glasgow: Turning Point Scotland.
10 SPS (2013) *Unlocking Potential; Transforming Lives.* Edinburgh: Scottish Prison Service.
11 SPS (2014*) Developing a strategy for purposeful activity in the Scottish Prison Service.* Edinburgh: Scottish Prison Service.

- Enable access to the range of support required by service users (to provide practical and emotional support; identify other relevant services; and assist individuals to engage with them)
- Promote desistance and enable people to makes changes to their lives and behaviour (to: reduce re-offending; prevent future crises; and show people pro-social alternatives).

1.20   The SPS developed a logic model to guide its approach to achieving these objectives (reproduced at Annex 1). This sets out the inputs, activities and short, medium and long-term outcomes for the throughcare support service.

Other support

1.21   Alongside the SPS throughcare support service, at the time of the evaluation, there were two other main sources of throughcare provision:

- Men and women serving short sentences can access voluntary throughcare provided by local authority social work services.
- Some groups (particularly women and male persistent offenders aged under 26), have access to throughcare provided by the Shine and New Routes PSPs, as well as other PSPs at a local level.

1.22   Young men and women in Polmont may also access a small number of other third sector throughcare services, depending on their home area.

1.23   The SPS took a decision to restrict access to its throughcare support service to those not otherwise covered by an existing arrangement (excluding, for example, those who chose to access support from social work or third sector throughcare provision, and those covered by statutory supervision arrangements). It was envisaged that this would: help avoid duplication; retain clear service boundaries; and provide a flexible system, enabling voluntary engagement by service users with their preferred service (within any limitations of individual service criteria or availability of provision).

The purpose of the evaluation and methods used

1.24   In late 2016, the SPS commissioned research to evaluate the delivery of its throughcare support service to date. This research set out to determine whether the service was being provided as intended, according to the operational guidance and the logic model.

1.25   The objectives included to examine the inputs and activities of the service, and to begin to measure the efficacy and effectiveness of throughcare support in terms of the early logic model outcomes.

1.26   A number of methods were used, in combination, to gather the information required. These are described in more detail in Annex 2, and included:

- Examination of literature and documentary evidence.
- Statistical information from the TSOs' recording system and other material.

- Case studies in five establishments; interviews and discussions with stakeholders in all other prisons; and discussions with SPS senior managers. This involved:
  - Discussions with 39 TSOs.
  - Discussions with 27 other SPS staff in case study establishments.
  - Discussions with 6 SPS senior managers.
  - Interviews with 85 service users (24 in custody and 61 in the community).
  - Interviews with 18 family members.
  - Interviews with 73 other relevant service providers.

1.27   These methods gathered a large amount of information to address the evaluation objectives[12]. The presentation of the findings follows the logic model. It also reflects the nature of the data.

1.28   Numbers and percentages are used for the statistical information, and qualitative terms (e.g. "a few"; "several"; "many"; etc.) are used to present the detailed material from the qualitative discussions.

1.29   The overall balance of views relating to different aspects of the service is indicated, and common themes highlighted. Where issues have been raised by only small numbers of participants, these are also included, to ensure that the range and depth of comments is reflected in the report.

1.30   Where reference is made to "participants" this refers to those who provided their views to the evaluation (i.e. TSOs; other SPS staff; SPS managers; service users; family members; and other service providers). Where relevant, the specific type of respondent making a particular point is noted.

The report

1.31   The remainder of the report presents the evaluation findings as follows:

- Inputs (Section 2).
- Activities (Section 3).
- Early outcomes and impact (Section 4).
- Conclusions and suggestions for the way forward (Section 5).
- Logic Model (Annex 1).
- Evaluation methods (Annex 2).
- Statistical evidence (Annex 3).
- Examples of service users' views (Annex 4).
- Suggestions (Annex 5).
- Enabling factors and constraints (Annex 6).

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[12] It should be noted that this was an evaluation only of the SPS throughcare support service. As such, it would be outwith the scope of this research to comment on other models of throughcare provision.

SECTION 2:   INPUTS

2.1   This section presents the findings relating to the key inputs to the SPS throughcare support service, as defined in the logic model and identified in the evaluation.

Evidence base and wider context

2.2   The logic model identified the research and evidence base, and overall strategy as inputs to the development of the throughcare support service.

The nature of the evidence base and wider context

2.3   As noted in Section 1, the evidence base and wider context for the service comprised:

- The Scottish Government's strategic approach to reducing reoffending.
- The SPS Organisational Review.
- The research evidence on desistance and throughcare.
- Other developments in the SPS.

2.4   These were described in Section 1, and will not be reiterated here. SPS participants in the evaluation recognised their influence on the nature of the service.

The evidence base and wider context: strengths and concerns

2.5   The evaluation found that participants of all types were positive about the links to the evidence base and wider context, and their impact on the service.

Strengths

2.6   There was strong support for an evidence-based approach, with a widespread view among SPS participants that this had strengthened and improved the quality of the service. Several TSOs and service providers stated that it had led to a better shared understanding of "what works" to reduce reoffending[13], and a desistance-based approach.

2.7   There was a shared view among SPS participants that the Organisational Review had helped define the SPS role in delivering throughcare support. A few also stated that the wider policy context had informed the service's overall direction.

2.8   The SPS experience of throughcare support provision gained from previous work in Greenock, Grampian and Perth, and ongoing involvement in the Low Moss PSP, was also seen to have been valuable in developing the service. Lessons from mentoring-based work by third sector partners were also seen to have helped shape provision.

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[13] Summarised in Sapouna et al (2015), op cit.

Concerns

2.9   There were no substantive concerns about the theoretical approach to, nor the strategic direction of the SPS throughcare support service. Many SPS participants, however, raised concerns about the level of understanding of these issues among those not directly involved in throughcare support provision (discussed further in Section 4).

Management and staffing

2.10   The logic model also identified management and staffing (and, related to this, finance), as key inputs to the service.

Management and staffing of the service

2.11   The management and staffing arrangements were established at the outset, and have remained largely unchanged since.

Management

2.12   The service overall is managed by the Director of Strategy and Innovation, the Head of Strategy, Planning and Partnerships and a Policy Manager (Throughcare). There are three regional Throughcare Support Managers (TSMs), each covering a number of establishments (see Table 1, Annex 3). The Executive Management Group (EMG), Director and Head of Division set the overall strategic direction of the service.

2.13   Responsibility for local implementation has been delegated to Heads of Offender Outcomes in individual establishments, on behalf of Governors. TSOs are line managed by a First Line Manager (FLM), usually an Offender Outcomes, Link Centre or Casework Manager.

2.14   Throughcare operational guidance was published in January 2017 (SPS, 2017)[14]. The document covers most aspects of the work of TSOs (e.g. roles and responsibilities; eligibility criteria; processes and procedures; health and safety; terms and conditions; and finance).

2.15   At the time of the evaluation, an additional strand of governance, an "Operational Throughcare Meeting" was being introduced, to review the local operation of throughcare support in each establishment regularly (e.g. caseloads, partnership working, information sharing). The guidance states that these meetings should be held bi-monthly, and chaired by the Head of Offender Outcomes. It also prescribes an agenda, and suggests appropriate attendees.

Staffing

2.16   The staffing complement for the throughcare support service was determined following funding bids from individual establishments. At the time of the evaluation,

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[14] SPS (2017) *Throughcare Operational Guidance.* Edinburgh: Scottish Prison Service

there were 42 TSO posts in 11 prisons (including HMP Low Moss, which, as noted in Section 1, operates a different model). HMPs Addiewell and Kilmarnock, both run by private contractors, were not asked to submit bids, and the bids from the Open Estate and HMP Shotts were unsuccessful. (See Table 2, Annex 3.)

2.17   A job description was developed by the SPS centrally, drawing on experience from pre-existing throughcare support initiatives. In most cases, TSOs were recruited through advertised internal vacancies. The only exceptions were where staff had previously undertaken similar roles (e.g. Grampian and Greenock), or where an initial call for applications had been unsuccessful (e.g. Edinburgh). TSOs in post were found to vary widely in their previous experience, but most had more than 20 years' service.

2.18   Individual TSOs' caseloads were initially set at 12 or 15, depending on a prison's geography and client group (with smaller caseloads in establishments with a large or rural catchment area, or a client group facing more complex issues). Over time, caseloads were found to have been reduced to 10 or 12 in some prisons. At a snapshot point in time, most prisons (with a small number of exceptions), were operating around their capacity. (See Table 3, Annex 3.)

2.19   Most TSOs reported having received considerable training. Those involved at the start of the service attended two, week-long, induction sessions, designed to build understanding of desistance and introduce staff to processes and procedures. Those appointed more recently have been given basic induction (usually by one or more TSMs) and a programme of on-the-job training and mentoring by other TSOs.

2.20   Participants stated that access to training was managed locally, and TSOs cited a range of additional courses they had attended. These included, for example: motivational interviewing; addictions; lone working; benefits; housing; mental health; conditioning; and manipulation.

2.21   TSOs are also invited to attend regular "learning sets" to share experiences. The agenda is set by the management team, in consultation with TSOs. While initially designed to include all TSOs together, these are now regionalised.

Management and staffing: strengths and concerns

2.22   Participants were generally positive about the management and staffing of the service, although some concerns and issues were also raised.

Strengths

2.23   SPS participants stated that the overall direction for the service was clear, appropriate, and well-understood. The general structure was also seen to work well.

2.24   There were positive views of the management of the service. Many TSOs, for example, described the TSMs and their input as being very helpful and positive, giving them ready access to advice, guidance and direction.

2.25   Given the timing of the research, few participants were able to offer a view on the effectiveness of the Operational Throughcare Meetings. Most, however,

generally welcomed the approach, with the opportunity for information sharing, support and regular discussion of any issues arising.

2.26   Similarly, the Operational Guidance had only recently been published, and few TSOs or line managers were able to offer views on its content or effectiveness. There was general agreement that TSO job descriptions were sufficiently broad to encompass the work required.

2.27   Participants of all types (including many service users) made extensive positive comments about the skills and approach of the TSOs. These included, for example, the value of their skills, knowledge and experience, attitudes and approach and general commitment to delivering the best possible service to service users.

2.28   Most TSOs were very positive about training, with local managers seen to have been supportive of this. Several TSOs stated that their recent inclusion in some training by other agencies (e.g. the NHS; DWP; housing; social work; and third sector organisations) had given them new skills and knowledge, while some other service providers also mentioned the value of joint training.

Concerns

2.29   Although overall views of the management and staffing were positive, some concerns were also raised.

2.30   Several TSOs and other SPS staff stated that the respective roles of national and local managers (TSMs and FLMs) were not always clear. It was also suggested that the role of the TSMs had been less strategic than had perhaps been envisaged (e.g. in terms of promoting high level community links and partnership frameworks).

2.31   A small number of participants questioned the longer-term need for TSM posts, particularly if individual establishments had responsibility for local service development. Others, however, expressed concern that this would lead to greater inconsistency of provision.

2.32   A few participants expressed concern about current inconsistencies in provision between establishments (discussed further in Section 3) and stated that it would have been helpful to have had the guidance earlier.

2.33   In terms of staffing, some of the SPS participants indicated that the initial bids had been compiled on the basis of limited knowledge, and that the number of TSO posts allocated to some establishments was insufficient. Concerns were also expressed about specific gaps in provision, including the lack of TSOs in Kilmarnock and Addiewell, and geographical gaps for people in Barlinnie and national prisons.

2.34   A further concern raised by a number of TSOs related to any future developments that might involve the provision of in-community support by residential staff as part of their duties. There was a strong view that this would not recognise the specialist nature of the work, and would dilute its effectiveness.

2.35   In terms of caseloads, TSOs believed that these had been set too high initially. While problems had been addressed on a case by case basis, some TSOs

felt that their own caseloads were still too high, with 10-12 widely considered optimal (with the scope to reduce this with particularly complex cases).

2.36   Related to this, many TSOs and managers expressed concern that not all of the TSOs' work was reflected in the recorded statistics. Gaps included work being undertaken with some types of service users (e.g. people: on remand; requiring only basic information or signposting; nominally ineligible because of sentence length or offence; and disengaged from the service). (See Table 4, Annex 3.) Further gaps identified included other work (e.g. attendance at court; participation in induction; contributions to wider community safety initiatives; and involvement in securing community placements).

2.37   It was suggested that this made it difficult for managers to assess the workloads of TSOs. There was also a concern that some senior managers in prisons focused too heavily on a desire to demonstrate a high number of service users.

2.38   Several TSOs and some managers mentioned a lack of formal support for TSOs, in the light of some of the traumatic situations they could face daily. A number of TSOs and service providers expressed concerns about the risk of "burn-out", and most TSOs suggested that their main source of support was from their colleagues.

2.39   A small number of SPS staff, other service providers and service users noted that there could be variations in the personal approaches of individual TSOs within teams (although not everyone considered this problematic).

2.40   A small number of participants expressed concern that TSOs sometimes became involved in tackling specialist issues that required particular skills, and that they could be reluctant to refer people on to other agencies at the appropriate stage.

Operational tools and the data collection system

2.41   The logic model also identified assessment, data capture and monitoring tools among the inputs, and the evaluation found that these had been put in place.

The nature of the operational tools and data collection system

2.42   It was recognised at the outset that a national approach to assessment, planning and review was required. A "Service User Throughcare Booklet" was developed, by adapting assessment tools used by others and consulting with TSOs and FLMs.

2.43   The "Booklet" follows a service user's journey from engagement to the end of service. It is intended to guide the assessment process, and act as a contact log for each service user. It also contains blank copies of correspondence (e.g. consent forms and end-of-service forms).

2.44   The Booklets are completed online by the TSOs, and are "live" documents. As part of this research, 40 Booklets (selected at random) were examined. The standard of completion was found to be high, and the information generally appeared sufficient to allow another TSO to pick up a case in the event of illness or holidays, and to allow a manager to monitor or review the progress of a case.

2.45   It was also recognised, from an early stage, that a consistent, national data collection system would be required. The system developed at HMP Greenock, as part of the original pilot programme, was adapted for use in all establishments, and was found to have evolved over time. In the early stages, a number of local systems were used, and there was a high reliance on paper record-keeping. The current system, which is consistent across all establishments, was implemented fully from April 2016, and forms the basis of the statistical data used in this report.

2.46   The system, known as the "Dashboard", is hosted at SPS headquarters, but each establishment can input and access data directly. Generally, each prison can only input and view its own data, although national data is available to senior managers (e.g. Heads of Offender Outcomes and Governors).

2.47   The system was designed to be proportionate and straightforward, and to minimise the risk of errors. Virtually all of the data entry is undertaken using input forms, with prescribed choices for many fields, and automatic flagging-up of errors.

2.48   TSOs also have access to a dedicated SharePoint site, hosted centrally. This provides access to a variety of resources, including: policies; good practice material; case studies; and a directory of resources. The site also hosts a user forum (although it was found that this had not been used for some time).

The operational tools and data collection system: strengths and concerns

2.49   Views of the operational tools and data collection system were generally positive, with a small number of concerns raised.

Strengths

2.50   TSOs and managers considered the Booklet to be effective, both as a means of guiding the assessment and planning of support, and maintaining a record of work undertaken. A few mentioned that the TSOs' input to the design had been positive, and one group of TSOs stated that the Booklet had brought structure to the process, and helped them build relationships.

2.51   Most were also positive about the Dashboard, although it was not clear to what extent individual TSOs used the analysis of information, and some stated that this was used largely by senior managers.

2.52   Senior managers cited the value of the information in helping to plan and monitor the service, and in supporting and influencing national policy and partnership developments. It was noted that the strategic data was used to inform discussions with other services (e.g. health, housing and social work), to enable existing systemic challenges to be identified, and to encourage strategic developments to address these.

2.53   Some local managers and TSOs stated that the exception reports, generated by the SPS centrally, also helped ensure that information was kept up to date.

2.54   Views of the SharePoint site were mixed. Some TSOs used it occasionally for reference, and a few mentioned contributing to, or reading case study information.

Concerns

2.55   While most comments about the Booklets and Dashboard were positive, a small number of TSOs suggested that the level of administration required was intrusive, and that it reduced the time available for service provision. As noted previously, there were also some concerns that not all of the TSOs' work was reflected in the information in the Dashboard. Further, some TSOs stated that they made only occasional use of the material on the SharePoint site, and some said they did not use it at all.

Other resources

2.56   The logic model, as noted above, mentioned finance among the inputs to the service, and the provision of managers and staff has been discussed above. Some additional physical resources were also provided.

Other resources available

2.57   It was clear that there were significant differences in the other resources made available to TSOs in different establishments. For example, while all TSOs were found to have been given a mobile phone and personal alarm, and nearly all had a dedicated desk and desktop computer, only two establishments (Barlinnie and Grampian) were found to have provided them with tablets or laptops.

2.58   Variations were also found in the availability of cars. Only five establishments had one or more car dedicated for TSOs' use. TSOs in eight prisons had access to cars shared with other SPS staff. Seven establishments stored the cars within the prison.

2.59   In most establishments, the TSO base was found to be in a secure area (generally the Link Centre), except in Barlinnie (where it is in the Agents' Visits area). Most TSOs cannot retain access to their mobile phone while in prison, with two exceptions: Barlinnie (due to the location of the base) and Grampian (where, uniquely, the TSOs are permitted to carry mobile phones in the secure area).

Other resources: strengths and concerns

2.60   Although some TSOs were positive about the other resources available to them, the main focus was on constraints in these, due to gaps in availability.

Strengths

2.61   Those TSOs with access to their mobile phones while in prison expressed positive views of this, and stated that it enabled them to keep in touch with their service users. Similarly, those with access to tablets and laptops stated that this allowed them to access and record information while away from the office base.

Concerns

2.62   TSOs, however, expressed a number of concerns about access to other resources. Most stated that the lack of access to their mobile phone while working within the establishment constrained their work, and could mean that they missed an

urgent call or text message from a service user. There were also some concerns about the effectiveness of the personal alarms, although, at the time of the evaluation, these appeared to be being addressed.

2.63   Similarly, most TSOs suggested that a lack of access to a laptop or tablet limited their effectiveness (e.g. by preventing access to information in real time, or limiting their effective use of "down" time in the community).

2.64   TSOs in some locations stated that they were constrained by a lack of access to cars when required, or delayed because the cars were parked in the secure area.

Partnership working and communication

2.65   The logic model also identified partnership working and communication among the inputs, and there was evidence of considerable developments to this.

The nature of partnership working and communication

2.66   Partnership working, information sharing and communication with a range of other services was seen to have been central to the approach of the TSOs. Those services identified as having an input to throughcare support included:

- Other prison staff (e.g. Personal Officers; Family Contact Officers; Link Centre staff and others).
- Bespoke services for those in or leaving custody (e.g. some health, addictions, housing and benefits providers; social work voluntary throughcare; PSPs; and other third sector-led throughcare services).
- Services open to anyone in the wider community meeting their criteria (e.g. NHS; addictions; housing; benefits; education; and third sector services).

2.67   Examples were found of both formal and informal partnership working and information sharing. TSOs stated that they had contact with a range of other staff in the prison who were working with service users in custody. It was also noted that a number of awareness raising sessions had been held for staff in establishments, to promote understanding of the throughcare support service, and to encourage joint working with the TSOs.

2.68   TSOs in most establishments reported having "formal" partnerships with key service providers (although these may not be covered by structured agreements). The most common were with Department for Work and Pensions (DWP), housing and third sector services. Some also covered parts of the NHS. A number of establishments (e.g. Grampian, Polmont, Dumfries, Inverness and Edinburgh) stated that they had developed some form of formal multi-agency case conferencing.

2.69   A large amount of informal partnership working and information sharing was also identified. It was suggested that such links often came about where a particular service was needed to address a specific issue in an individual's action plan. A number of service providers noted that an initial contact had sometimes led to a more regular arrangement with, and subsequent referrals to a service.

2.70   It was also noted that TSOs and managers had taken a number of other steps to promote the throughcare support service. In addition to the types of contacts mentioned above, TSOs and managers gave examples of having made presentations to service providers working in the community, as well as seeking out new contacts, and giving information to them.

2.71   Several examples were provided by TSOs and service providers of further developments to partnership working, including: participation by TSOs in Recovery Cafes; work with defence agents; information provision to courts; direct work with Registered Social Landlords (RSLs); and work with services specialising in supporting previously looked after and accommodated young people.

2.72   TSOs also noted that they would work jointly with TSOs from other establishments (e.g. where someone was being liberated to a distant area, or had been transferred for operational reasons). Two PSPs and a few specialist service providers also noted that TSOs had been willing to assist them with gate pickups or taking service users to interviews when their staff were unable to do so. A few examples were given of TSOs working together with other throughcare service providers (including local authority social work services) to provide different strands of an individual's support following liberation.

Partnership working and communication: strengths and concerns

2.73   Participants of all types were generally very positive about partnership working and information sharing, although a few concerns were raised.

Strengths

2.74   There was a clear view among SPS participants and other service providers that partnership working, information sharing and positive communication had developed well and had improved (with internal and external staff), and that it worked effectively and added value to the service.

2.75   There was a strong view that the use of informed consent, obtained from service users by one or more services, had facilitated this. Where multi-agency partnership arrangements were in place, TSOs were also positive about the value of these.

2.76   Partnership working and communication were seen to have enabled comprehensive support to be provided to service users. Other benefits included:

- Increased referrals to both internal and external support services.
- Identification of new forms of support.
- Improvements in the quality and appropriateness of referrals.
- Increased efficiency and reduced duplication.
- Many specific benefits to other services (discussed in Section 4).

Concerns

2.77   While overall views of partnership working and communication were very positive, a few concerns were raised.

2.78   Several TSOs and service providers mentioned, for example, that there had been an early lack of understanding of roles, and some concerns about boundaries (with internal and external staff). In most cases, this was seen to have been addressed, although it was suggested there could sometimes still be a lack of clarity about support provision. It was also suggested that, despite the awareness raising and communication described earlier, some staff (internal and external) did not yet engage with the TSOs.

2.79   Virtually all TSOs (and many other services) stated that information sharing and joint working with the NHS remained difficult. Several NHS service participants, however, cited the need for client confidentiality, and most did not view the restrictions to their information sharing as a constraint to service provision.

2.80   A small number of other concerns were raised. A few examples were given of disagreement between TSOs and other service providers about the best way to support a shared client. Some participants suggested there could be variations in TSOs' approaches to joint working, and a few mentioned that, in some cases, TSOs had tried to address issues which may have required specialist input. A few service providers identified cases where individuals had been liberated from non-local establishments and local TSOs appeared not to have been involved.

Overview

2.81   Overall, the evidence in this section suggests that the inputs to the throughcare support service have been largely in accordance with the logic model and wider developments, and are generally seen as appropriate. Suggestions about ways to address the concerns raised are presented in Section 5 and Annex 5. The next section describes TSOs' activities, as they relate to those envisaged in the logic model.

SECTION 3:   ACTIVITIES

3.1   This section presents the findings relating to TSOs' activities, and participants' views of their effectiveness, at three stages:

- In custody: from admission to engagement with the TSOs.
- In custody: from engagement with the TSOs to liberation.
- In the community: from liberation to disengagement.

3.2   Evidence of their impact is presented in Section 4 (and Annexes 3 and 4).

In custody: from admission to engagement with the TSOs

3.3   The first stage of input from a TSO is while a service user is in custody.

Admission to engagement – the nature of activities

3.4   The initial stage involves the identification of service users, and assessment and planning.

Referral and identification of service users

3.5   The stage at which TSOs become involved, and the referral processes, were found to vary between establishments. Around half have specific arrangements enabling TSOs to identify potential service users at an early stage. These include:

- A Case Management Board (CMB) or similar meeting, with cases discussed on admission and 6 weeks prior to release.
- A duty system, where TSOs make themselves available for self-referral, and address any immediate issues.
- TSOs' involvement in the induction process.

3.6   The main point of TSO engagement, however, is generally around 6 weeks prior to release, and the evaluation identified a range of additional ways of identifying and referring service users in different establishments. (See Table 5, Annex 3.) These included:

- TSOs examining liberation date information.
- TSOs making a direct approach, in person, to those eligible.
- Other staff (prison staff and other services) making referrals.
- Service users self-referring (with word of mouth information common, and some getting information from: circulated material from TSOs; noticeboards; magazines; TV screens; and cell radios).

3.7   The Dashboard showed that, between April 2016 and March 2017, TSOs received 1206 referrals, which resulted in an action plan being prepared (on average, around 100 per month). Interview findings suggested that the number of referrals which did not result in an action plan being created was very small.

Assessment and planning

3.8   A process of assessment and planning then takes place. TSOs use the Booklet to guide their assessment, although several stated that this was only a starting point, with additional information collected in other ways (e.g. exploring "personal stories"; examining PR2 information and Social Enquiry Reports; and getting information from other prison staff and family members).

3.9   It was suggested by participants of all types that people serving short sentences faced a range of issues that may require support. Housing issues were mentioned most frequently, but also common were: health; addictions; finance; and benefits. A wide range of others were also highlighted, and many participants cited the complex and individual nature of service users' experiences.

3.10   The evidence indicated that the TSOs engaged with a range of service users, and demonstrated the prevalence of these issues. (See Tables 6-12, Annex 3.)

3.11   Following assessment, an action plan would be prepared with a service user. Where a CMB or similar pre-release meeting had taken place, the multi-agency discussion and planning would also inform the work of the TSOs.

Activities from admission to engagement – strengths and concerns

3.12   Views of the referral, assessment and planning processes were generally positive among participants of all types, although a few concerns were raised.

Strengths

3.13   Several SPS participants said that the referral processes ensured that most, or all, of those eligible would have access to support. Some participants mentioned the high uptake and low refusal rate for the service as evidence of this. The CMB process, and early identification of issues facing service users (where in place) was seen to enable co-ordinated provision from the start (as noted in Section 2).

3.14   There was also a general view that the assessment and planning process was effective in identifying service users' requirements, assets and actions. As noted in Section 2, the Booklet was seen to provide a structure upon which to build relationships and actions, and to provide a record of work undertaken.

3.15   Several TSOs and service users expressed the view that the assessment and planning process had enabled people to "open up" about issues. Many service users said that they had been able to talk to their TSO about issues they had never discussed before. Several TSOs and service users mentioned the value of the informal, relationship-based approach (particularly with the TSOs out of uniform).

Concerns

3.16   Against a background of positive views overall of TSOs' activities from admission to engagement, some concerns were also raised.

3.17   The most common concern about the means of identification of service users was the lack of consistency across the Estate and, in some cases, the lack of a

structured approach to this. Some TSOs and other SPS staff expressed concern that this may lead to some potential service users being missed. (Table 5, op cit.)

3.18   The evaluation also identified variations in the groups which TSOs would work with. (Table 4, op cit.) As noted in Section 2, there were examples of TSOs in some establishments working with groups who were nominally ineligible for provision. There were also found to be geographical gaps in access to provision. (See Table 30, Annex 3.)

3.19   Additionally, several participants of different types mentioned that individuals may not always be willing to engage with throughcare support (e.g. due to past experiences with other services, or suspicion of these). Several service users mentioned a lack of awareness of the service among those serving short sentences.

3.20   A further issue, raised by some TSOs, related to boundaries. Comments included the need to ensure that TSOs did not "step on toes" or "poach" clients from other services (e.g. third sector PSPs). A few TSOs also stated that service users may approach them to deal with issues that should be addressed by Personal Officers, or that some Personal Officers may encourage this.

3.21   A few SPS staff expressed concern that some individuals may engage with the throughcare support service on many occasions, taking up resources that could be used by others. Most, however, saw this as appropriate to a desistance-based model.

3.22   Several participants expressed concern that engagement could be too late in the process to allow TSOs and other services to carry out the necessary pre-release work (particularly if a Personal Officer had had little previous input). It was also noted that some people may self-refer at a late stage.

3.23   A further timing issue raised by TSOs was that people could be released on Home Detention Curfew (HDC) either before they had been identified for throughcare support, or before work could be undertaken.

3.24   The same timing issues applied to assessment, with a concern that plans were completed too late in a sentence (although a few examples were given of earlier completion). The benefits of early engagement were stressed frequently.

3.25   A small number of other concerns were raised in relation to assessment and planning. Among these, the most common related to inconsistency of approach, particularly variation in how the Booklet was used (e.g. the stage at which assessment and planning took place; how it linked to other assessments being undertaken in establishments; and how and what additional information was sought).

3.26   Some SPS participants suggested that there could be variation in TSOs' skills relating to assessment and motivational interviewing, which could lead to inconsistency in the identification of key issues, planning and provision.

3.27   Concerns about the content of the plan included that service users may not always disclose issues affecting this, and that circumstances could change very

quickly on release, or may arise at other appointments, and may not always be reflected in the plan. The need for flexibility was stressed.

In custody: from engagement to liberation

3.28　The second stage of input from a TSO is from engagement to liberation.

Engagement to liberation – the nature of activities

3.29　TSOs generally have regular contact with a service user at this stage. While the evaluation found variation in the number of such contacts (see Table 13, Annex 3), three main types of TSOs' activities were described by participants of all types. These were:

- Addressing specific issues prior to release.
- Making appointments for release.
- General discussion and support.

Addressing specific issues prior to release

3.30　A key strand of TSOs' activities at this stage is addressing the range of specific issues faced by service users prior to release. (See Tables 10-12, op cit.)

3.31　TSOs and service users noted that this stage often involved making referral to other services working in the prison, or checking that service users were in contact with appropriate external services, to ensure that any relevant pre-release work would be done. (See Table 14, Annex 3.)

3.32　The services mentioned most frequently were housing, health and addictions services and the DWP, but a wide range of others were identified which could provide additional support in prison. (It was noted, however, that, ideally, service users would have engaged with some of these at an earlier stage.)

3.33　Other service providers also described a variety of ways of working with people in custody to tackle the issues they faced, and working in partnership with the TSOs (with mutual information sharing, joint planning and cross-referral).

3.34　Additionally, several examples were given of TSOs carrying out specific work directly with external organisations. In a small number of cases, for example, they worked directly with housing organisations in the community, to help tackle issues such as arrears, or enable direct access to supported accommodation.

3.35　A few participants mentioned TSOs trying to set up bank accounts pre-release, and helping people obtain Citizen Cards (with different levels of charging found). A small number mentioned helping service users obtain a Construction Skills Certification Scheme (CSCS) card, or apply to the Scottish Welfare Fund (SWF). TSOs in one establishment mentioned getting a bus pass for someone before release, and one service user mentioned being supported to get a fork lift license.

3.36　One group of TSOs mentioned inviting external services into the prison to provide information on housing and benefits at specific events.

Making appointments for release

3.37   The second type of pre-liberation activity by TSOs involves setting up appointments with services in the community, for service users to take up on release (often on the day of liberation).

3.38   The service mentioned most frequently in this context was housing, with appointments for the day of release common. Appointments with NHS and addictions services, or contact with the DWP were also cited frequently, and several other support providers were again mentioned. TSOs said they would try to identify and contact any community services which may be of benefit to an individual service user.

General discussion and support

3.39   The third aspect of TSOs' pre-release activities is general discussion and support with a service user. TSOs and service users described regular meetings for: information and support; discussion of actions; and monitoring progress.

Activities from engagement to liberation – strengths and concerns

3.40   Participants of all types were positive about TSOs' activities from engagement to liberation, although some concerns were also noted. Many of these concerns, however, related to issues outwith SPS control, and to policy and practice in other services.

Strengths

3.41   There was a clear view among participants of all types that TSOs' work with service users in custody was valuable and effective. All bar one of the service users said they found it helpful, and several participants mentioned a gap in this type of support previously. (Detailed evidence of specific impact is presented in Section 4.)

3.42   Among the strengths of TSOs' pre-release activities, a common theme was that they allowed some issues to be resolved (or at least begin to be tackled) before liberation, with input from, and early engagement with other services.

3.43   A further strength mentioned frequently was that the arrangements would enable people to engage with the support they required when released, and made it more likely that they would tackle the issues they faced in the community.

3.44   The most common theme among service users (also mentioned by many others), was that the information and support from TSOs gave them reassurance and helped reduce stress at that stage. Many said they had no-one else to turn to, and that they would not have been able to address the issues on their own.

3.45   Participants of different types said that the TSOs were able to spend time with service users (without, in the view of some, the time pressures faced by other staff). It was also suggested that the throughcare support in prison was accessible (e.g. compared to outside organisations).

3.46   Many participants expressed the view that the actual nature of the TSOs' approach was appropriate and effective, particularly the individual relationship-based approach. Many service users made positive comments about the TSOs' informal, non-judgemental approach, and the trust they had built with them.

Concerns

3.47   While several concerns were also raised about constraints to pre-release work, many (although not all) of these, as noted above, related to policy and practice in other services (particularly housing, health and benefits) rather than to the activities of the TSOs. These included:

- Variations in the actions that would be taken prior to release by housing services (e.g. assessment; homelessness applications; provision of addresses; homelessness appointments) and the negative impact of a lack of address on access to other services.
- Gaps in provision of some services in some establishments (e.g. housing service input; difficulties in accessing health or addictions services; lack of in-prison work by some third sector organisations).
- Difficulties in registering with a GP or accessing health appointments in some areas.
- Inability to start some benefit claims in custody, and requirements such as medical certificates, bank accounts and email addresses.
- Difficulties in securing bank accounts and identification deemed acceptable; lack of access to a computer and email address.
- Difficulties in identifying or accessing some services in the community (e.g. rural areas; third sector funding constraints).
- Lack of links and continuity between in-prison and community services (e.g. NHS and some specialist services).
- Variations in the level of support provided, and in staff attitudes.

3.48   A small number of concerns were raised relating directly to TSOs' activities. It was suggested, for example, that there were variations between establishments in the detail of the work carried out, such as: the arrangements that would be made; the approach to specific issues such as bank accounts and Citizen Cards; and the level of direct TSO involvement in addressing issues such as housing. A few participants mentioned variations in skills among TSOs in tackling issues.

3.49   Some TSOs and other SPS staff suggested that there could be a lack of clarity among residential staff of their role in the process, or a lack of time for them to provide support, leading to limited work having been done prior to TSO involvement. A few said there could be tension between TSOs, Personal Officers and other service providers about boundaries (although, as noted, these had largely been addressed).

3.50   A further concern for some TSOs was their own time pressure, particularly during staff absences. There were also concerns about geographical constraints, including that it could be difficult to access services where people were liberated to England (where, for example, the TSO may try to identify and make initial contact with relevant local services for a service user), or where an establishment covered a

large geographical area (although it was noted that liaison between TSOs and local services was often very successful).

In the community: from liberation to disengagement

3.51   The third stage of input from a TSO is from liberation to disengagement.

Liberation to disengagement – the nature of activities

3.52   TSOs generally continue to have contact with service users following liberation. Again, the evaluation found variations in the number of such contacts (see Table 16, Annex 3), but four main types of TSOs' activities were described by participants. These were:

- Gate pick-up.
- Accompanying people to appointments and enabling access to services.
- General practical and emotional support.
- Onward referral and disengagement.

Gate pick-up

3.53   TSOs in all prisons carry out gate pick-up, and will generally meet a service user on release and drive them to their home town. This is usually done by TSOs in pairs, although TSOs said they sometimes did this with a staff member from another throughcare provider. Almost all of the service users interviewed had used this support, and the statistical evidence shows that TSOs carried out gate pick-up for almost three quarters of their service users, although there was wide variation between establishments in the extent of this. (See Table 15, Annex 3.)

3.54   Following this, the TSOs generally spend much, or all of the liberation day with the service user, attending preliminary appointments, providing advocacy support and ensuring that their basic needs are met.

Accompanying people to appointments and enabling access to services

3.55   Accompanying service users to appointments, both on the day of release and subsequently, and enabling access to other services is a further key strand of TSOs' activities at this stage.

3.56   TSOs and service users described attending a range of appointments on the day of liberation (often pre-arranged), particularly with housing, health and addictions services. Many participants mentioned that TSOs also enabled contact with the DWP (e.g. by providing access to a telephone). They would also wait with people until accommodation was provided (e.g. where they had to present as homeless), take them to their accommodation and settle them in.

3.57   Many other activities were also mentioned by TSOs and service users in different establishments, both on the day of release and subsequently. Enabling service users to continue to make and attend appointments was found to be an important part of the continuing role of the TSOs in the community.

3.58   As well as the services noted above, participants in different establishments mentioned TSOs helping service users to access: Community Care grants; the SWF; toiletries; food banks; clothing banks; high street banks; shops; social work and children's services; other specialist organisations; and utilities.

3.59   Some TSOs and service users also mentioned accessing: volunteering; employability support; IT; libraries; and leisure services. TSOs in one prison mentioned providing a court service three days a week, and others supported service users with court appearances. Where issues arose for individual service users, the TSOs would try to identify any appropriate agency to provide support.

General practical and emotional support

3.60   Providing practical and emotional support, on the day of release and subsequently, is a further strand of TSOs' post-liberation activities. This was seen to be most intense in the early days after release, but many TSOs and service users described at least weekly contact throughout the engagement period. (See Table 16, Annex 3.)

3.61   This input could involve TSOs: phoning; visiting; reviewing progress; discussing issues arising; identifying and accessing additional support; and helping with practical issues (e.g. bills; budgeting; form-filling; CVs; retrieving belongings etc.). Some TSOs and many service users described doing "normal" things, such as walks, visiting cafes etc. A small number of family members stated that the TSOs had also provided them with support, alongside the service user.

Onward referral and disengagement

3.62   According to the design of the throughcare support service, disengagement should take place not later than three months after a service user's release. This would generally involve onward referral to other services in the community (which should then assume responsibility for support).

3.63   A few examples were given of other services (particularly social work, housing support staff and other throughcare providers) taking responsibility for co-ordinated support upon disengagement, but there was considerable variation in this. (See Tables 17 and 18, Annex 3.)

3.64   TSOs can request an extension where someone needs longer support (with several individual examples given). Such decisions were found to be made in a variety of ways including by: FLMs; TSMs; and meetings of TSOs and managers.

3.65   It was found that many TSOs would maintain some contact following disengagement. Most service users interviewed who had been in the community for longer than three months still had contact with their TSO (by telephone, visits and, in two cases, contact at projects). TSOs also stated that they would re-engage where service users experienced difficulties, or were returned to custody.

Activities from liberation to disengagement – strengths and concerns

3.66   Participants' views of these post-liberation activities were again very positive, although a few concerns were raised.

Strengths

3.67   There was a near-consensus view that the liberation day and ongoing support were valuable and effective, and all bar one service user participant found it helpful. Several family members and many service providers also mentioned benefits of this.

3.68   The importance of gate pick-up was stressed frequently. It was suggested that this helped service users avoid exposure to risks which might lead to reoffending (e.g. alcohol, drugs, lack of accommodation). Many service users gave examples of having had previous problems on release, stating that the support from their TSO had prevented these, and reduced their stress. Some TSOs said the journey home also provided an opportunity to develop the relationship with the service user.

3.69   It was also suggested that gate pick-up, and accompaniment to subsequent appointments, helped avoid transport problems and difficulties with the distance between services, thus enabling people to attend key appointments. Many service users and others also stressed the value of advocacy support, which helped address barriers to receiving services (e.g. communication, behaviour, motivation etc.).

3.70   Other strengths of TSOs' activities in the community were seen to include:

- Provision of a structure, and a planned, co-ordinated approach.
- Knowledge and information for service users.
- Team working with other services.
- Flexibility and commitment (and not "giving up" on people).
- Provision of role models and pro-social examples.

3.71   As was found with pre-liberation support, many service users mentioned the importance of having someone there for them in the community, and some said they would have had no-one else. A few service users stated that they would not have approached a social work throughcare service, with reasons given including that there could be: a lack of social work staff time available; a lack of interest in individual service users; and a lack of action. A common theme for service users was that their TSO had gone "above and beyond".

3.72   A few TSOs and other participants mentioned the value of co-ordinated follow-on support where this had been provided (e.g. housing support; community rehabilitation; or other throughcare), to ensure that the complex issues people faced continued to be addressed, and that the progress made was not lost.

Concerns

3.73   While overall views of the work undertaken by the TSOs at this stage were positive, as was found at other stages, some concerns were also raised.

3.74   As with pre-liberation support, those concerns mentioned most frequently by participants of all types, related to other services' policy and practice rather than to TSOs' activities. These included:

- A lack of appropriate accommodation and poor quality provision.

- Waiting times for benefit payments, the negative impact of Universal Credit and the negative impact of benefit rules on employment.
- Waiting times for GP appointments and medication.
- Lack of continuity between in-prison and community services.
- Gaps in provision, or difficulties accessing services in some areas.
- Variations in service provision and criteria (e.g. due to funding).
- Negative attitudes and behaviour of some service providers and employers in the community to service users.
- Lack of awareness of throughcare by some service providers.

3.75 Some practical constraints were also identified, including:

- Operational issues, such as the timing of release (e.g. Fridays and Bank Holidays), making it more difficult to access services.
- The distance to some home areas, precluding driving people home.
- Distances between appointments, affecting timings.
- Outstanding warrants and gate arrests hampering progress.
- Difficulties for service users contacting TSOs at their prison base.
- Variations in access to resources for TSOs (e.g. tablets; cars).

3.76 Some concerns were raised about staffing or service provision, including:

- Negative attitudes and lack of understanding of some SPS staff to TSOs' provision of support in the community.
- Variations among TSOs in the nature and level of support provided in the community.
- Lack of out of hours service provision.
- Potential boundary issues or duplication.

3.77 A very small number of service users said that their TSO had not followed up on an issue as promised. One stated that their TSO's approach, on their return to prison, had been unsupportive. Another believed their TSO lacked the specialist support skills for their needs (an issue raised previously).

3.78 There were also a few concerns about disengagement. A key constraint for the TSOs was seen to be a difficulty in identifying services to co-ordinate ongoing support, with few providing an holistic service, and most working in specialist areas.

3.79 A further concern about disengagement, raised by several TSOs and service users, was that three months was not long enough to address sometimes very complex issues, with a danger of "relapse" at this stage. Further, some stated that there was a lack of "fit" between this approach and a "needs-based" service.

3.80 There were, however, mixed views, and some SPS participants of different types stressed the need to: disengage at that stage; avoid "dependency"; and recognise that the SPS is not a "community" service.

3.81 Other concerns and constraints relating to disengagement included:

- Variations among TSOs in: the length of community provision; the extent to, and means by which they would try to contact people; and their approaches to disengagement.
- Lack of clarity among some service users about the length of time for which they would get support.
- Difficulties for some TSOs in disengaging, and danger of "over-commitment".

Overview

3.82   It was clear that, overall, the TSOs' activities were seen to be valuable and effective at all stages, although there were a number of concerns and constraints. Suggestions about ways to address these are presented in Section 5 and Annex 5.

3.83   The next section presents evidence of the impact of the TSOs' activities on the logic model outcomes.

SECTION 4:   EARLY OUTCOMES AND IMPACT

4.1   This section presents the findings relating to the early outcomes and impact of the SPS throughcare support service, as these relate to the logic model.

4.2   The material includes statistical evidence relating to outcomes and impact gathered by the service (with further details provided in Annex 3). It also draws on the qualitative material gathered during the research, and includes a few examples of service users' own comments about the impact of the service on them. Further examples of users' comments are given in Annex 4.

4.3   Overall, the evidence which will be presented in this section indicates that the SPS throughcare support service to date has had a positive impact on all of the logic model outcomes, as well as on wider policy and practice relating to throughcare.

Understanding / awareness

4.4   Several short-term outcomes in the logic model relate to developing understanding and awareness of throughcare. These include: better understanding among Personal Officers and other service providers of their role; shared understanding by TSOs and service users of strengths and needs; and service users' understanding of their release plan.

4.5   There was a strong shared view, among SPS and other participants, that TSOs and those working closely with them had a good understanding of throughcare, and their own and others' roles. There was also a shared view that overall understanding and awareness had improved since the start of the service.

4.6   Most TSOs and other SPS staff believed that this included improvements to Personal Officers' understanding and awareness of throughcare support, and their own role in this. Examples were given of Personal Officers making referrals, liaising with TSOs, seeking advice and sharing information. A number of factors were seen to have contributed to this, including:

- The visibility of TSOs in the prison.
- Positive feedback from service users.
- TSO presentations, awareness sessions and information sharing.
- Prison staff going out on visits with TSOs in a few establishments.
- The Organisational Review and the changing role of prison officers.

4.7   There was a common view that the assessment and planning processes had helped recognise service users' strengths and needs. Many service users reported having a better understanding of the issues they faced and how to address these. As one stated, for example:

> *"It made it easier to think about going out, less worrying. Before I would have assumed I was going back to sell drugs, but I was able to put together a plan."*

4.8 As noted previously, many service users also said they had discussed issues with their TSO that they had never been able to raise before. As one stated, for example:

> *"I more or less grew up in prison and I got embarrassed about my life, and I wouldn't open up to anyone. The TSO knew me, and I had nothing to hide, so I could talk."*

4.9 Additional comments from service users included that their TSOs had helped them: understand what would happen in the community; recognise their responsibilities; identify positive changes; and find relevant support.

4.10 Against this background, however, there was a common view among TSOs, other prison staff and other services that not all of their colleagues shared an understanding of throughcare (as noted in Section 2).

4.11 TSOs and other SPS staff stated that some prison staff still lacked understanding and awareness of throughcare and the issues faced by those serving short sentences (including specific groups such as women and young people). They also cited evidence of some negative attitudes to support, and resistance to change. Some service providers also stated that, although they had a good understanding of throughcare, some of their colleagues less closely involved with TSOs did not.

4.12 TSOs in several establishments mentioned the relative "newness" of the service, and the extent of change involved. A few said that the issues facing people leaving custody had been a "huge eye-opener" for them, personally.

Engagement

4.13 Some short and medium-term outcomes in the logic model relate to increased motivation to: engage in and sustain involvement with the throughcare process and appropriate services and interventions; and foster positive relationships.

4.14 All of the TSOs and other SPS staff, and almost all other service providers believed the service had increased motivation among service users to engage with, and sustain involvement with other services and interventions. All of the service users who expressed a view (95% of those interviewed) said this was the case.

4.15 A common view among service users was that their TSO had enabled them to access a range of services they might not otherwise have contacted. As one stated, for example:

> *"I got services I needed, and I went to places I wouldn't usually have gone to in my life – knowing that I would qualify for things as well."*

4.16 Several service users said they had never accessed services in the past, or had faced negative experiences or communication barriers in doing so. As one stated, for example:

> *"Talking to professionals like in social services, because xx came with me, I wasn't getting treated like one of the statistics. They* (services) *are not used to that."*

4.17   Several mentioned the value of support from the TSO in enabling them to tackle such barriers, as one summarised:

> ""It's hard on the outside, it's really different, really difficult. With xx (TSO) *taking to me to things and speaking up for me, it's great."*

4.18   Another mentioned the value of the encouragement from TSOs to attend appointments, stating, for example, that:

> *"I'd say I'd go* (to an appointment) *and I wouldn't turn up. Now xx is at the door. I'll make every excuse, but xx is there waiting for me. I keep appointments I wouldn't have done."*

4.19   Similar views were expressed by other service users, and these are supported by the level of engagement with the throughcare support service among those eligible, and the finding that many service users have stayed in contact with their TSOs after the three-month period of engagement.

4.20   They are also supported by findings from self-assessment questionnaires completed by service users with their TSOs. The figures from these show that, among service users who completed questionnaires[15], the proportion of those who stated that they were fully engaging with services without the need for any encouragement rose from 25% on assessment to 47% at the end of service (representing an 89% increase in the actual number). (Table 19, Annex 3.)

4.21   Many examples were also given of service users having fostered positive relationships, not only with service providers, but also with family members (e.g. children, partners and others). As one service user stated, for example:

> *"I'm talking to my family now – they had more or less washed their hands of me."*

4.22   Similarly, as one family member stated:

> *"xx* (TSO) *had a calming influence all of the time. My son's been in and out of prison for 20 odd years and it just takes one word when we're talking to set us off. We could talk as a family when they* (TSO) *were there, because if it looked like it could escalate they would deal with things. They were very positive, and it rubbed off on us."*

4.23   Data from the self-assessment questionnaires shows that the proportion of service users stating that they were supported by family and friends and had good relationships with them rose from 22% on assessment to 35% at the end of service (a 63% increase in the actual number). (Table 20, Annex 3.) Several TSOs,

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[15] The figures from tables 19-29 in Annex 3 relate to those service users (264) who completed self-assessment questionnaires at four points: assessment; pre-liberation; post-liberation and at the end of service use.

however, stressed a need to recognise that not all families and peers would provide positive role models, nor beneficial relationships.

4.24   Among the reasons given for a positive impact on engagement were that:

- Early engagement in custody, and arrangements prior to liberation helped tackle initial barriers to service use.
- Gate pick-up made it much more likely that people would attend key liberation day appointments and avoid problems.
- Accompaniment to appointments in the community made it much more likely that people would attend them.
- TSOs' knowledge and signposting led to better information among service users about services available.
- Advocacy and personal support led to increased confidence and reduced fear, as well as better treatment by service providers.
- Better experiences of service use led to improved views and trust of service providers, better expectations and sustained involvement.
- TSOs took pressure off family members, leading to better relationships and contact between the family and service users.

Tackling specific issues

4.25   Some short and medium-term outcomes in the logic model relate to specific areas to develop understanding and improve access to advice and support. These are: benefits; housing; substance misuse; physical and mental health and well-being; education and employability.

4.26   There was a strong shared view that the throughcare support service had helped develop understanding and improve access to advice and support with these issues. SPS staff, and almost all of the specialist service providers believed this to be the case.

4.27   Additionally, all of the service users who commented (95% of those interviewed) said that the service had helped them address the issues they faced. For example, as one stated:

> *"There were things I'd just given up on. It gives you a heads up in trying to get forward in life."*

4.28   It was clear that improved engagement with services and having better access to specialist input were among the main reasons for this, as one service user, summarised, for example:

> *""Because you're so worried about everything, throughcare explained everything and took me to every appointment – they helped me reconstruct myself back into the community."*

4.29   Access to general support and reassurance, and having "someone to turn to" (as noted in Section 3) were also seen to be important aspects of addressing issues, and a common view expressed by service users was that:

""I couldn't have done it myself. Being with the TSO was a big weight off my shoulders. I wasn't on my own and I might not have done it if I had been."

4.30   Many participants, however, mentioned a number of constraints to tackling these issues. These were discussed in Section 3, and will not be reiterated here, but should be borne in mind as limiting factors.

4.31   There was no doubt, however, that the support provided by the TSOs was widely seen to be making a positive contribution to addressing individual problems in all of the areas identified. Each is discussed separately below.

Benefits and finance

4.32   There was agreement among participants of all types (including all relevant specialist service providers) that the throughcare support service was having a positive impact on service users' situation relating to benefits and finance, despite the constraints. As one service user stated, for example, without the provision:

"The first day out there is no way I would have sorted out my benefits and got a temporary flat."

4.33   Similarly, one family member stated that:

"If it wasn't for them, then xx (partner) *would have no clue about benefits and no money, and they'd be back offending again."*

4.34   The positive impact on benefits and finance is also supported by data from the self-assessment questionnaires. This shows that the proportion of service users who stated that they had no money worries and could manage their own money well rose from 12% on assessment to 20% at the end of service (a 66% increase in the actual number). The proportion who stated that they were almost always worried about money problems fell, from 25% on assessment to 8% at the end of service (a 67% decrease in the actual number). (Table 21, Annex 3.)

4.35   Among the reasons given for a positive impact were that:

- Making benefits claims at the earliest possible stage led to reduced periods without money.
- Information and support from TSOs helped people access relevant resources.
- Advice from the TSOs made service users aware of actions required.
- Support with budgeting, banking and bills (and access to resources, such as grants, food banks etc.) made financial hardship less likely.
- Access to bank accounts made it easier to manage money.

Housing

4.36   There was a common view that the throughcare support service had had a positive impact on individuals' housing circumstances (although this was an area in which there were seen to be many constraints). Almost all of the TSOs, other SPS

staff and housing service providers, as well as many service users, believed that support from TSOs had made a difference to the likelihood of obtaining and / or retaining accommodation, and the quality of this.

4.37   Many service users made comments on this, such as, for example:

"Pretty much everything has been helpful. My main thing was housing and I saw the homelessness people and got told I was getting a house in xx (area)."

4.38   Another stated that:

""I was told I wouldn't get housing, but xx (TSO) told me to speak up for myself and we got it sorted it out."

4.39   The positive impact on housing circumstances was also found to be supported by the self-assessment data. This shows that the proportion of service users who stated that they had stable / safe accommodation rose from 33% on assessment to 45% at the end of service (a 40% increase in the actual number). It also shows an increase from 11% to 30% in the proportion who stated that their accommodation was "relatively" safe / stable by the end of service use (an increase of 172% in the actual number), and a decrease from 42% to 13% in the proportion who stated that they were homeless (a 70% decrease in the actual number). (Table 22, Annex 3.)

4.40   Among the reasons given for a positive impact were that:

- Support on liberation day made it more likely that service users would attend the housing service and wait for accommodation.
- Ongoing support from TSOs made it more likely that emerging housing problems would be identified and raised.
- Information sharing helped identify housing appropriate to needs.
- Partnership working helped "fast-track" some applications.
- Support from TSOs helped increase service users' understanding of housing responsibilities and the likelihood of progressing to, taking up and sustaining a tenancy.

Substance misuse

4.41   The service was also seen by participants of all types to have had a positive impact on tackling substance misuse (although constraints to accessing services were noted). Most of the specialist addictions services also stated that TSO support made a difference to tackling these issues.

4.42   Service users themselves gave many examples of being drug or alcohol-free, or making progress toward this. For example, as one service user stated:

"I have not drunk alcohol in all the time when I've been out and I have letters to prove it."

4.43   Another stated that:

""My previous experience, it was first stop this or that, drink or drugs, whereas if someone takes you then it's a distraction from that. You do something more constructive and positive. If you walk out with nothing to do, a lot of people will fail."

4.44   Self-assessment data shows that the proportion of service users who stated that they had no problems with alcohol or drugs rose from 13% on assessment to 25% at the end of service (an 89% increase in the actual number). The proportion who stated that they had serious issues with alcohol and / or drug use which caused them problems in their daily lives fell from 34% to 14% (a 58% decrease in the actual number). (Table 23, Annex 3.)

4.45   Among the reasons given for a positive impact were that:

- Links between TSOs and addictions services in prison helped identify and access support in prison and the community.
- Liberation day support helped avoid a high risk of drug and alcohol misuse, and the associated health and reoffending risks.
- Support from TSOs helped keep people focused on recovery and provided a point of contact if there was a risk of relapse.
- Support from TSOs helped prevent other problems causing relapse.

Physical and mental health and well-being

4.46   There was also seen to have been a positive impact on physical and mental health and well-being (albeit with some problems accessing services). TSOs, other SPS staff, health services and service users cited improvements, and a number of individual examples were given (e.g. of people accessing treatment, and tackling specific health issues). As one service user stated, for example:

"I had no doctor in 10 years. I wouldn't have bothered before."

4.47   A common issue raised by service users was that the support from TSOs, at all stages, had helped reduce their stress and anxiety. In relation to the support provided while someone was in custody, for example, one stated that:

"It put me at peace for the last few weeks. I thought I'd be coming out to a hostel and a sleeping bag. I thought I'd rather stay in the prison."

4.48   Similar comments were made about the positive impact of support from a TSO on stress and anxiety at the point of liberation and in the community. One service user, for example, stated that, without the TSO:

"I would have been like a lost dog. If you go out and you've no-one to pick you up and nobody there, you've nothing to lose."

4.49   Six service users stated that, without the support they had received, they would have been dead. One, for example, said that:

"I'll be honest with you, I would probably have taken a heroin overdose. That's down to the throughcare system. It completely changed my life and that's the God's honest truth."

4.50 The positive impact on health and well-being was also found to be supported by the self-assessment data. In relation to physical health, the proportion of service users who stated that they had no health problems at the time rose from 29% on assessment to 33% at the end of service (a 13% increase in the actual number). The proportion with "minor" health problems rose from 26% to 34% (a 34% increase in the actual number. The proportion who stated that they had severe problems with their health fell from 15% to 8% (a 50% decrease in the actual number). (Table 24, Annex 3.)

4.51 In relation to emotional / mental health, Table 25 shows that the proportion of service users who stated that they had not felt depressed or low in the past few months rose from 11% on assessment to 18% at the end of service (a 68% increase in the actual number). The table also shows that the proportion who stated that, in the past few months, they had had feelings of depression and felt low almost all of the time fell from 23% to 10% (a 57% decrease in the actual number). (Table 25, Annex 3.)

4.52 Among the reasons given for a positive impact were that:

- Support from TSOs helped reduce stress and anxiety, and provided a "listening ear" when a service user was feeling worried or low.
- Contact with doctors and dentists helped improve general health, and enabled service users to access specialist treatment.
- TSOs could help ensure that medication and other requirements (e.g. medical certificates) were accessed, avoiding self-medication.
- Support from TSOs helped improve confidence and optimism.
- Advocacy and practical support from TSOs made it possible for people with some mental health problems to engage with services.

Education and employability

4.53 The service was also seen to have had some positive impact on access to education and employability, but views of this were more mixed.

4.54 Some TSOs and other service providers stated that many individuals were not ready for education or employment during the three-month service delivery period in the community, given the complexity of issues they faced. A few also noted that benefit rules could preclude taking up college places or employment.

4.55 Several TSOs, relevant service providers, and service users themselves, however, gave individual examples of a positive impact on education and employability, such as people: getting a job; getting a college place or accessing an Individual Learning Account; or getting involved in volunteering.

4.56 One service user who was working stated that, for example:

"xx (TSO) *told me about a job and they helped me get an interview. They went with me to the first one, and they came to the second one too but they didn't come in then. I got the job and they helped me get money for work clothes."*

4.57   One family member also mentioned the importance of encouragement from a TSOs in relation to service users finding work, stating that, for example:

"xx (TSO) *wasn't judging, he was wanting him* (son) *to succeed and giving him practical help. He was trying to say maybe there's a job here, giving him a little step up. If it's put in front of him, he'll do it, but he needs someone to help and advise him."*

4.58   The analysis of self-assessment questionnaires shows that the proportion of service users who stated that they were not working, volunteering or in training, but would like help to try to find this rose from 12% on assessment to 33% at the end of service (an increase of 184% in the actual number). The proportion, however, who stated that they were not working, volunteering or training, but did not want help at that time also rose, in this case from 13% to 34% (an increase of 168% in the actual number). This may reflect the points made above about the impact of other issues on some service users' readiness for this. (Table 26, Annex 3.)

4.59   Among the reasons given for a positive impact were that:

- TSOs' input in custody could support individuals to access opportunities for education and work during a sentence.
- Use of the service enabled access to job search facilities.
- Support with CVs and preparation for interviews could increase the likelihood of getting work.
- Advice from TSOs, and specific organisations enabled people to access volunteering and unpaid work opportunities (which, in turn, could have a positive impact on job-seeking).
- Access to appropriate certification could enable service users to return to a previous trade, or access additional opportunities.

Life changes

4.60   While all of the areas above suggest that there have been life changes for many service users, some specific outcomes in the logic model focus on wider life changes.

Self-efficacy

4.61   There are both short and medium-term outcomes in the logic model relating to service users having, and sustaining motivation to make positive changes in their lives. One of the medium-term outcomes relates to increased self-efficacy.

4.62   As noted previously, the level of engagement with the SPS throughcare support service suggests that many service users are motivated to make positive changes to their lives and behaviour. This was borne out by comments from service

users, many of whom stated that this was the reason they had engaged with the service in the first place. As one stated, for example:

> *"Now I don't feel worthless for the first time in 21 years of being in custody. I was screaming for help and guidance but I never got it till now."*

4.63   There were also strong views among participants of all types that the TSOs' approach had improved self-efficacy, and helped service users become more independent and confident. This was mentioned by several service users and family members. As one service user stated, for example:

> *"My confidence is much better. When I'm with xx* (TSO) *I get that feeling that I can see they really want me to succeed."*

4.64   Family members made similar comments, including one who said (about their brother) that:

> *"As every day goes past, he grows in confidence, he's much happier and not relying on the things he relied on before. He's got hope. He sees a future for once in his life. He has a lot of regret now for things he didn't do before."*

4.65   Self-assessment data shows that the proportion of service users who stated that they were able to make changes to their own lives, on their own rose from 12% on assessment to 23% at the end of service (a 97% increase in the actual number). (Table 27, Annex 3.) The proportion who stated that they made good use of their time and found it rewarding rose from 11% to 19% (an 82% increase in the actual number). (Table 28, Annex 3.)

4.66   Among the reasons given for a positive impact were that:

- The TSOs' approach of promoting independence and developing coping skills (while providing support) encouraged self-efficacy.
- TSOs provided positive role models for service users.
- Support from the TSOs provided access to appropriate information, encouragement and advice, to enable individual decision making.

Desistance and positive changes

4.67   Some longer-term outcomes in the logic model relate to encouraging desistance and reducing reoffending, with reintegration and community recovery.

4.68   It is clearly much too early to reach any definitive conclusions about the impact of the throughcare support service on encouraging desistance and reducing reoffending. Additionally, several participants mentioned the difficulties of determining cause and effect, given the complexity of people's lives and the impact of other issues (both positive and negative) on desistance.

4.69   There was, however, a widely-shared belief, amongst almost all participants of all types, that the throughcare support service was already having a positive impact

on desistance. A theme raised frequently by service users was the value of the support in enabling this. As one stated, for example:

> *"You want to be positive, but you come out and you're struggling and bang, you're back in, but if you've got a safety net, and they can get you quickly back to normal life it can be different."*

4.70   Many examples were given, by service users and their families, of individuals who had been out of prison for a longer period than ever before, or who had managed to stay out. As one service user stated, for example:

> *"I'm usually out for 3 or 4 weeks. It's been like doing a life sentence by instalments. This time it's the longest ever* (in the community)*."*

4.71   Similarly, one family member mentioned the value of support from a TSO in helping their son to cope with life in the community, stating that:

> *"As parents, you know the good things your children have and where they're going wrong, but there's only so much advice you can give. You care, but sometimes you can care too much, and there's a time you have to step back. If someone* (TSO) *is seeing xx* (son) *then there's more chance of him staying out* (of prison)*, if everything's put together."*

4.72   The self-assessment data shows that the proportion of service users who stated that they wanted to stop offending and considered it to be possible rose from 47% on assessment to 66% at the end of service (a 38% increase in the actual number). The proportion who stated that they did not intend to stop offending in the near future fell from 17% to 9% (a 44% decrease in the actual number). (Table 29, Annex 3.)

4.73   A number of participants also stated that, even where someone returned to prison, this should not be considered a "failure". Reasons given were that: the desistance process could take time; there may already have been progress in addressing issues; and the support may be a "trigger" for future desistance. A few TSOs and other service providers also gave examples where sentencers had made community disposals when an individual had been engaged with the service.

4.74   At the time of the research, around a quarter of service users had ended their participation with the throughcare support service by returning to custody. (Tables 17 and 18, op cit.) It is too early, however, to develop a meaningful return to custody "rate".

4.75   All of the service users who were back in prison stated that, despite this, the service had been helpful, and would reduce their reoffending in the future. For example, as one stated:

> *"I want to try and do what's needed – I'm thankful for the help. I want to be like xx* (someone they knew who had stayed out of prison). *He's an inspiration."*

4.76   All of the service users in the community who gave a view (95% of those interviewed) stated that the support they had received had helped them avoid

reoffending. Almost all stated that, without the service, they would have been back in prison, or struggling to cope. The following comment by a service user reflected a common view that:

> *"I really strongly believe if it wasn't for xx* (TSO) *I would be the same way as before - in the prison or on the street taking drugs. Although I had wanted to change, I couldn't have done it on my own – I needed the push. It's a great service."*

4.77   Several service users expressed the view that, had the support been available in the past, they would have spent less time in custody. As one stated, for example:

> *"I was put into care when I was 8 and I came out at 16. Since I was 21 I've been in jail. If I'd had support back then, I'd not have been in so much. I could have been led better."*

4.78   Several also mentioned their own role in desistance, and the importance of their determination to change. For example, as one stated:

> *"If you really want to change, and you've got a bit of determination, they'll help you do it. The service works 100% if you're willing to put the same in."*

4.79   Among the reasons for a positive impact on desistance were that:

- Gate pick-up helped avoid situations that may lead to reoffending.
- Support with issues such as money, housing, health and addictions helped prevent circumstances that may lead to reoffending (e.g. lack of resources; homelessness; substance misuse).
- Access to the TSOs at times of crisis helped prevent reoffending.
- Support from TSOs offered people other options for the use of their time and empowered them to make changes.
- Contact with the TSOs provided consistency, stability and hope.
- Service users did not want to let their TSOs down.

Wider impact

4.80   Alongside these outcomes, participants in the evaluation identified a wider impact on prisons, the SPS more generally, and other services.

Prisons and the SPS

4.81   In addition to developing understanding among prison staff, there was a common view among SPS participants that the service was having a wider positive impact on prisons and the SPS as a whole.

4.82   Among the reasons given for a positive impact were that the service:

- Was filling a gap in support provision.
- Promoted the SPS focus on rehabilitation and support as the way forward.

- Improved relationships between prison staff and those in custody, by increasing the focus on dignity, respect and compassion.
- Took pressure off Personal Officers.
- Contributed to safety and stability, by recognising and addressing problems faced by individuals in custody and in the community.
- Promoted a community-facing approach.
- Promoted forward thinking, best practice and innovation.
- Provided a cost-effective option (albeit difficult to quantify).

Other services

4.83   Participants in the evaluation also identified a positive impact on other services. Almost all of those interviewed from key partner agencies (particularly housing, DWP, health, addictions and some third sector services) identified benefits to them of the TSOs' provision.

4.84   The most common theme was that they received better information and referrals when TSOs were involved, leading to better outcomes, and service provision more tailored to needs.

4.85   A further frequent comment was that the throughcare support service took pressure off other services, offering additional support and addressing other issues. This left other services to focus on their own areas, enabling them to save time and engage with additional clients. Several service providers stated that the TSOs provided "another pair of hands" to share the workload (e.g. for gate pick-ups).

4.86   Many service providers cited benefits to them of having TSOs accompany service users to appointments, including:

- Service users being more likely to attend, be on time, and be sober.
- Service users having a better understanding of the service.
- Improved relationships and communication with service users.
- Improved outcomes for service providers and service users.

4.87   Several participants stated that the TSOs had helped services maintain contact with service users (e.g. by tracking down those who began to disengage). Services also had a first point of contact, and access to specialist SPS knowledge.

4.88   Both housing and health service providers mentioned potential decreased costs to their services and fewer wasted resources (e.g. with less likelihood of missed appointments and, for housing, fewer repair bills and lost tenancies). DWP participants mentioned service users with bank accounts and IDs in place, thus being less likely to be sanctioned because they could not fulfil required commitments.

4.89   Several TSOs stated that they had noticed specific changes to services' practice. These included improved: flexibility (e.g. in appointment times); understanding of throughcare; attitudes to service users; willingness to seek input from TSOs; and new forms of support (e.g. one housing provider had enabled TSOs to access a number of tenancies directly; and a third sector service provider had started giving toiletries to service users along with food).

Overview

4.90   It is clear from all of the evidence presented in this section that the SPS throughcare support service has had a number of positive outcomes to date. The final section draws together the key conclusions from the research, and makes a small number of recommendations for the future.

SECTION 5:   CONCLUSIONS AND SUGGESTIONS FOR THE WAY FORWARD

5.1   This section presents the key conclusions and suggestions for the way forward from the evaluation. Many further detailed suggestions were made, and are presented in Annex 5. A number of enabling factors and constraints were also identified, and are presented in Annex 6. These have been reflected in the suggestions for the way forward.

Overall views of the SPS throughcare support service and the way forward

5.2   Overall views of the SPS throughcare support service were very positive, in relation to both the nature and impact of the provision. The findings suggest that the service has developed largely as envisaged. The Dashboard records 1576 service users. This excludes those referred before the computerised system was fully implemented, but includes some who were already working with TSOs at April 2016.

5.3   There was a strong view among TSOs, managers and other SPS staff that the service was consistent with: existing research evidence on desistance; the Scottish Government approach to criminal and community justice; and wider SPS developments. The logic model remains relevant and appropriate, and may benefit from discussion and potential updating in the light of the evaluation.

5.4   The findings suggest that the SPS throughcare support service is having a positive impact on all of the logic model outcomes, with evidence of:

- Increased awareness and shared understanding of throughcare (among Personal Officers; other services; TSOs; and service users).
- Better engagement by service users with a range of support.
- Progress on tackling a range of individual issues affecting service users at a strategic and operational level (e.g. benefits and finance; housing; substance misuse; physical and mental health; education and employability).
- Improvements to self-efficacy and desistance.

5.5   There is also clear evidence of the service having a positive wider impact on prisons and on the SPS as a whole. It has also had a positive impact on other services (e.g. promoting best practice and innovation), and informing national policy and partnership development. There are also potential cost-benefits to service providers which are impossible to quantify here.

5.6   The findings support the view from participants of all types that a throughcare support service should continue to be provided to people serving short sentences, and that the SPS can have a significant role in this. Several participants of all types stated that the service should expand, to enable more people to access support.

5.7   In the light of these findings, the SPS should consider:

Suggestion 1: Continuing to provide and develop a throughcare support service to address the needs of people who serve short sentences.

In doing so, it may be appropriate to:

- *Use the findings of this evaluation to inform future developments.*
- *Re-visit the logic model, and make any amendments required.*

Structure, processes and eligibility

5.8   The overall structure and processes of the service were found to be appropriate. The guidance covers all of the main aspects, and provides a basis for service provision. The assessment and planning processes appear relevant and appropriate, and the Booklet provides a helpful starting point for identifying and addressing issues.

5.9   The evaluation found evidence of variation in local implementation, however, with the impact of the guidance constrained by the fact that local models of provision were already established by the time it was published.

5.10   Establishments have developed their own referral processes to ensure that anyone eligible for, and aware of the service who wishes to take it up can do so. The evaluation found significant variations in the processes for identifying and engaging with potential service users in different establishments (with a more systematic approach in some than others). Where a CMB process, or similar, was in place, this was considered beneficial.

5.11   There were also found to be some variations in groups TSOs would work with, and incomplete geographical coverage of the service (with no TSOs based at Addiewell or Kilmarnock, and limited provision to people in Barlinnie without postcodes in the Glasgow City Council area). There can also be gaps where a service user's home address is a long distance from the prison, and several participants mentioned a "postcode lottery".

5.12   The evaluation also found variation in the range and types of work undertaken by TSOs in different establishments. The findings suggest a need for greater consistency in both processes and practice across the Estate.

5.13   Participants of all types stated that all of those serving short sentences (and eligible for support) should be made aware of, and have access to the service. Several suggested extending the range of eligible groups, although there were mixed views of this. The need for earlier engagement with service users, and a consistent approach to provision across the Estate was stressed.

5.14   In the light of these findings, the SPS should consider:

Suggestion 2: Promoting a consistent approach to the implementation of the throughcare support service model across the Estate.

In doing so, it may be appropriate to:

- *Refine and clarify a consistent local process model for use across the Estate.*
- *Ensure a consistent approach to the identification of service users and agree a protocol for referrals.*

- *Consider earlier engagement by the TSOs and some form of duty system in all prisons.*
- *Develop a CMB or similar approach across the Estate and integrate throughcare support within the overall approach to case management in the SPS.*
- *Address current gaps in access to provision, and make the service available on a consistent basis across the Estate.*
- *Clarify the groups the service will work with and the nature of the tasks included in the TSO remit, and ensure a consistent approach to these.*

Management, staffing and training

5.15   The evaluation found positive views of the management, staffing and training arrangements.

5.16   The management structure was seen to have provided a sound basis for the establishment and development of the throughcare support service. The research found positive views of the work of the Regional Throughcare Support Managers, although there was some lack of clarity of management roles and responsibilities.

5.17   Views of the staff group were also very positive, and the findings suggest that the staff have developed a range of skills and knowledge. Several participants of all types stated that the specialist nature of the work and skills required should be recognised, and there should be a focus on this in the recruitment of TSOs.

5.18   The nature and complexity of the issues faced by service users suggests a need for consideration of whether the TSOs have additional support needs. Some TSOs, as well as other SPS staff and service providers suggested that there should be regular professional support provided to them.

5.19   The findings also suggest that TSOs are enabled to access training. Although there were mixed views of the value of the learning sets, the networking between TSOs was seen as beneficial. The need to continue to provide training and networking opportunities (including some specialist training) was identified.

5.20   In the light of these findings, the SPS should consider:

Suggestion 3: Continuing to develop the management of the service, to ensure clear arrangements for staff support, supervision and training.

In doing so, it may be appropriate to:

- *Keep the management structure of the throughcare support service under review and clarify the role of the Regional Throughcare Support Managers, while retaining responsibility for central direction and oversight.*
- *Consider how best to provide support and supervision to staff.*
- *Recognise throughcare support as a specialist area of work, requiring personal qualities and a skillset that may not yet be available across the range of Personal Officers.*

- *Carry out a training needs analysis for the TSOs and identify any further appropriate provision.*
- *Continue to develop networking opportunities for TSOs.*
- *Consult with the TSOs in relation to the way forward for the learning sets in terms of their frequency, nature and content.*

Data collection and recording

5.21   The evaluation found that the information recording and storage system (the "Dashboard") appeared to be gathering the information necessary to monitor and evaluate progress against the logic model outcomes (which should form the basis of "success"). The information is also being used to inform partnership development work and national policy. A small number of additional types of information could enhance the data gathered.

5.22   The evaluation questionnaire is also useful in measuring distance travelled, but does not currently generate reports, and may benefit from some minor amendments to the questions asked. There appears to be little current use of some of the information on the SharePoint site.

5.23   It is currently difficult to measure unmet need and demand for throughcare support, as the TSOs appear to manage service delivery to meet the resources available. There would be difficulties in using the current caseload information, due to the lack of inclusion of some of the work of the TSOs in the recorded statistics.

5.24   In the light of these findings, the SPS should consider:

Suggestion 4: Developing data collection and recording further, to ensure that there can be a full overview of: service provision; system and service areas for improvement; and unmet need and demand for support.

In doing so, it may be appropriate to:

- *Develop a means of ensuring that all relevant work carried out by the TSOs is recorded.*
- *Continue to highlight the benefits of data collection and analysis, and encourage its use by: TSOs; the SPS throughcare support service; and the SPS leadership to develop policy and practice and improve systems.*
- *Develop a consistent means of estimating the proportion of eligible potential service users reached by the SPS throughcare support service.*
- *Take an evidence-based approach to identifying need, demand, capacity and provision for the service.*
- *Produce and discuss regular update reports on the impact of the service, based on the data.*
- *Review and amend the evaluation questionnaire.*
- *Consult with TSOs on potential improvements to the SharePoint site that might encourage their use of this.*

Joint working

5.25   The evaluation found evidence of positive partnership working and information sharing with other SPS staff, statutory and third sector agencies.

5.26   It seems, however, that not all relevant staff have a clear understanding of their own, or TSOs' roles. TSOs may sometimes become involved in trying to tackle issues for which more specialist input may be needed and there can also be cases where liberation arrangements for someone in a non-local prison do not involve the local TSOs. There may also still be a lack of awareness of, or some resistance to throughcare among some SPS and other staff.

5.27   The need for continued joint working and information-sharing, using a variety of means, was mentioned frequently. It was also seen to be important to identify and address gaps and constraints to other support, and to clarify roles and boundaries.

5.28   Managers noted that, from April 2017, Community Justice Partnerships would have responsibility for local policy relating to throughcare. It was suggested that this provided increased opportunities for partnership working and for addressing challenges around inconsistency in the operation of throughcare.

5.29   In the light of these findings, the SPS should consider:

Suggestion 5: Identifying and clarifying the SPS role in throughcare support provision, and the boundaries of the SPS throughcare support service, taking account of the roles and boundaries of other relevant service providers.

In doing so, it may be appropriate to:

- *Develop partnership frameworks, where appropriate.*
- *Provide clear guidance to TSOs on the need to engage specialist services for some issues.*
- *Provide good practice guidance for TSOs on situations where an individual is returning to an area distant from their prison.*
- *Continue to develop information sharing (e.g. through the use of identified contacts in each service and data sharing protocols).*
- *Highlight to the Scottish Government and other policy makers the importance of clarification of the roles and boundaries of all relevant throughcare providers and the overall system of throughcare provision.*
- *Consider the potential impact of community justice changes on the throughcare support service, and provide guidance to establishments about how best to respond to these.*
- *Encourage the SPS place leaders to engage with local Community Justice Partnership arrangements, to ensure alignment of throughcare resources.*

The nature of support available

5.30   The activities undertaken by the TSOs at all stages were found to be appropriate, and very beneficial to service users. The evidence supports the view from participants of all types that these activities should continue.

5.31   Several TSOs and managers mentioned a need for greater involvement of Personal Officers, other residential staff and other relevant services in addressing issues for service users, and supporting throughcare.

5.32   The initial TSO caseloads were, in some cases, seen to have been set too high, but there was a general view that these were now largely appropriate. Some TSOs and other SPS staff expressed the view that the overall focus should be on the quality of provision, rather than the number of service users.

5.33   A small number of inconsistencies were identified in the nature of activities, and some developments to these were identified (see Annex 5). Some TSOs, managers, other SPS staff and other services suggested that there should be some form of out of hours cover.

5.34   Several participants of all types believed that the time period for support in the community should be extended, given the complexity of the issues faced, and the difficulty of identifying holistic services to assume responsibility for provision. The evidence suggests a need for co-ordinated follow-on support, after input from the TSOs. A few TSOs, other SPS staff and family members also suggested having a community base, where service users could meet with TSOs and other key services.

5.35   In the light of these findings, the SPS should consider:

Suggestion 6: Continuing the current activities and encouraging and considering suggestions for new developments.

In doing so, it may be appropriate to:

- *Encourage increased involvement by Personal Officers in throughcare support provision, and ensure they have appropriate training for this.*
- *Retain flexibility in TSO caseloads and avoid a focus on number of service users as a measure of success, while ensuring that all establishments work as close to agreed capacity as possible.*
- *Identify the best means of developing co-ordinated follow-on provision after the period of TSO input.*
- *Consider whether there may be benefits in extending the three-month period of support in the community, with clear guidance on disengagement.*
- *Consider the feasibility of emergency support provision.*
- *Identify the best means of developing a strategic approach to the provision of more co-ordinated support in the community, particularly ongoing support following input from the TSOs.*

Awareness raising and promotion

5.36   The evaluation found evidence of positive awareness raising and promotion of the service by TSOs and managers.

5.37   The evidence suggests, however, that there can still be a lack of understanding of desistance and throughcare, and negative attitudes to this among the wider staff group. Such views are inconsistent with SPS policy and expected practice, and should be challenged where expressed. A frequent suggestion by participants of all types was that awareness raising and promotion should continue (with SPS staff, service users, other service providers and the wider public).

5.38   In the light of these findings, the SPS should consider:

Suggestion 7: Developing a clear, SPS-wide plan for raising awareness of desistance and throughcare, and promoting the throughcare support service.

In doing so, it may be appropriate to:

- *Raise awareness among SPS staff of desistance, the purpose of throughcare, the work of the TSOs and the nature of their roles.*
- *Promote the service to potential users through a variety of means.*
- *Consider, as part of wider developments, how to raise awareness of the service in the wider community.*

Resources

5.39   Considerable resources have been put into the throughcare support service. Participants of all types mentioned a need for more TSOs, although it is currently difficult to measure unmet demand, or assess the number required in each prison (see Suggestion 4 above). The findings suggest a need to ensure that both male and female TSOs are available in those establishments with women service users.

5.40   The evaluation found some gaps in access to physical resources (e.g. cars and laptops or tablets) and some operational difficulties through TSOs being unable to bring mobile phones to their office base.

5.41   In the light of these findings, the SPS should consider:

Suggestion 8: Reviewing current resources and addressing any anomalies and gaps in provision.

In doing so, it may be appropriate to:

- *Review the number and gender balance of TSOs in each establishment, and identify the optimum numbers (based on an assessment of the size of the client group; estimated take-up; and the need for male and female TSOs to be available in prisons where there are women service users).*

- *Examine how best to ensure that TSOs can receive texts and phone calls to their mobile numbers while in prison.*
- *Review physical resource provision to TSOs, including access to cars, laptops or tablets, and other potential resource needs.*

Wider changes

5.42   The evaluation identified a number of wider constraints to throughcare provision relating to aspects of SPS and other services' broader policy or practice.

5.43   Many participants of all types cited a need for wider changes to address these constraints. These included, for example, the suggestion that the TSOs should promote better release planning, including through supporting applications for flexible release (where there is evidence to suggest this would support reintegration), using Section 2 of the Prisoners (Control of Release) (Scotland) Act 2015. It was also suggested that the SPS should avoid, where possible, inter-prison transfers for throughcare support service users; and that it should develop work opportunities and innovative community initiatives.

5.44   Suggestions for other services focused on tackling the relevant constraints described in Section 3.

5.45   In the light of these findings, the SPS should consider:

Suggestion 9: Identifying and addressing aspects of wider policy and practice which can limit the effectiveness of throughcare support provision.

In doing so, it may be appropriate to:

- *Identify any barriers to throughcare support provision in wider SPS policy and practice, and promote developments that might have a positive impact on this.*
- *Clarify, to TSOs and other relevant SPS staff (including Governors), and to other partners, the potential value of, and process for, using applications for flexible release as part of throughcare support planning.*
- *Continue to discuss, in partnership with other services at a senior level, the impact of their policy and practice on throughcare support provision, and encourage these services to identify and address constraints (especially housing, welfare and health services).*

Overview

5.46   It is clear from the evaluation findings that the SPS throughcare support service has been a positive development, and has been effective in supporting those who serve short sentences in Scotland to address the issues they face. All of the detailed findings can help inform the way forward for throughcare support in the future.

Annex 1: Logic Model

SPS THROUGHCARE LOGIC MODEL

Inputs	Target Group Short Term Non-statutory Offenders	Activities *What we Do*	Short Term Outcomes *Internalised changes - typically change of attitude, beliefs, aspirations, motivations and knowledge*	Medium Outcomes *Externalised changes – typically change of behaviour, actions and decision-making*	Long Term Outcomes

Inputs:
- Research and evidence base
- Throughcare Strategy
- Throughcare Communication and marketing
- Throughcare staff and managers in post
- TSO Training
- Partnership / Engagement Strategy – Housing, Benefits, NHS, 3rd sector, SG
- Core screen
- Healthcare Needs Assessment
- Data Capture and Performance Monitoring Tool
- Finance

Target Group (time phases):
- Admission to 6 weeks prior to liberation
- 6 weeks to Liberation
- Liberation to 3 months

Activities:
- Personal Officer Engagement
- Case Management
- Family Contact Officer
- Referrals to appropriate Services
- TSO Engagement – initial interview and needs identified
- One Person One Plan
- Hold Multi-Disciplinary Case Conference supported by TSO & agree release plan where possible at least 6wks prior to liberation
- Build positive Partner relationships & make referrals to appropriate services
- Review of Release plan within 7 days of liberation
- Where necessary supported on liberation by TSO
- Data Capture
- Advocacy support from TSO
- Continued supportive engagement
- Review of release plan
- Termination of plan
- Evaluation/Feedback

Short Term Outcomes:
- Personal Officer has a better understanding of their role in the Throughcare process
- Service user has increased motivation to engage in the Throughcare Process
- TSO and service user have a shared understanding of service users' strengths and needs
- Service user has increased motivation to foster positive family / personal relationships
- Service user has an understanding of the agreed release plan which has been put in place to meet their needs on release regarding:
  - Benefits
  - Housing
  - Substance misuse
  - Well-being and mental health
  - Physical Health
  - Education
  - Employability
- Service user has reduced anxiety / stress on release
- Service user is motivated to make positive changes in their life.
- Service user is motivated to engage with appropriate services / interventions

Medium Outcomes:
- Service user has sustained engagement with Throughcare service
- Service user has sustained motivation to make positive changes in their life
- More service users feel that they have positive family / personal relationships
- More service users have access to suitable advice and support on:
  - Benefits
  - Housing
  - Substance misuse
  - Well-being and mental health
  - Physical Health
  - Education
  - Employability
- Service user has increased self-efficacy
- More service users have an increased sense of wellbeing
- Service user has sustained engagement with appropriate services / interventions

Long Term Outcomes:
- Reintegration/acceptance into social networks and community
- Encourage desistance
- Reduce reoffending
- Community Recovery

EXTERNAL FACTORS

Community attitudes to reintegration of service users

Service user families and friends

Meaningful / Purposeful Activities

Appropriate housing availability

Economy & Employment opportunities

Public Social Partnerships

ANNEX 2: EVALUATION METHODS

This annex describes the research methods used to carry out the evaluation.

Overall purpose

The overall aim of the research was to evaluate the delivery of SPS throughcare support and to determine whether the service was being provided as intended, according to the operational guidance and the throughcare support service logic model.

As part of this, the objectives included to:

- Examine the inputs and activities (e.g. staffing, materials and resources).
- Begin to measure the efficacy and effectiveness of throughcare support in terms of the key research questions and early logic model outcomes.

A number of methods were used, in combination, to gather the information.

Literature and documentary evidence

A brief examination of relevant literature was carried out. A great deal of documentary material was also gathered from the SPS and examined. This included the material in the guidance and annexes. A number of completed Throughcare Booklets used for assessment and planning (40) were also examined.

The SPS also granted access to the SharePoint site (where TSOs can post information), and the material in this was also examined in this strand of the methodology.

Statistical information

RHA was given access to the statistical information in the Dashboard (the TSOs' recording system) relating to inputs and outputs. This was analysed for data from April 2016 up to the end of March 2017.

RHA was also given the data from the self-assessment questionnaires completed by service users to measure "distance travelled". An analysis of this was carried out, and helped provide evidence of outcomes to date.

A pro forma was sent to all establishments, requesting some additional factual details about access to resources, and the overall approach in each prison. This was designed and circulated with the assistance of the Regional Throughcare Support Managers.

Qualitative material – interviews and discussions

A large amount of qualitative information was gathered through interviews and discussions.

Five case studies (each involving two days at each prison and further follow-up by telephone) were carried out in the following establishments:

- Barlinnie.
- Grampian.
- Greenock.
- Perth.
- Polmont.

In these cases, discussions were held with:

- TSOs.
- Other SPS staff (e.g. First Line Managers; Heads of Offender Outcomes; Link Centre Managers; Personal Officers; Family Contact Officers and others, varying by prison).
- Service users in custody.
- Service users in the community.
- Family members.
- Other relevant service providers (Housing; Health; Addictions; DWP; throughcare services; Families Outside; and other third sector services, varying by prison).

A range of qualitative information was also gathered from non-case study establishments having TSOs. These were:

- Cornton Vale.
- Dumfries.
- Edinburgh.
- Glenochil.
- Inverness.

In each of these establishments, discussions were held with:

- TSOs.
- Service users in the community.
- Family members.
- Key service providers (particularly Housing; Health and Addictions; and DWP, but including a few others identified by individual prisons).

It was recognised that the model of throughcare support differed in Low Moss, but a discussion was also held with the TSOs (SPS only) and managers there.

Further details of all of these interviews are provided below.

Discussions with TSOs

A total of 39 TSOs across the Estate (all bar three, all of whom were absent at the time) participated in group discussions. Each of the groups lasted 1.5-2 hours.

An approach was made to the remaining TSOs to make it clear that they could provide their views by telephone or email if they wished (although none took up this opportunity).

Discussions with other SPS staff

Discussions were conducted with 27 other SPS staff in the case study establishments. These also generally took the form of group discussions (although a few were carried out as individual interviews). The group discussions lasted around 1-1.5 hours each.

A group discussion was also carried out with the Regional Throughcare Support Managers.

Face to face interviews were held with a small number of SPS Headquarters staff, including: the Head of Partnerships; the Director of Strategy and Innovation; and the Divisional Head of Strategy, Planning and Partnerships.

Discussions with service users

Interviews were conducted with 85 service users (24 face to face interviews with people in custody and 61 telephone interviews with people in the community). These interviews lasted 10-20 minutes each.

Interviews with family members

Telephone interviews were conducted with 18 family members (covering a range of relationships with service users, including parents, partners, siblings and others). These interviews lasted 10-20 minutes each.

Interviews with other service providers

Face to face and telephone interviews were conducted with 73 other service providers in both case study and other establishments, covering a range of services. These interviews lasted 20-30 minutes each.

Analysis

The statistical information was analysed using Excel, and a series of tables prepared from the data.

All of the qualitative information was input to Word documents, and the material was organised by subject area and individual question for each participant type.

An analysis framework was developed covering each of the areas explored, and the information gathered from each of the respondent types was analysed systematically. The emergent themes for each issue were identified, and common themes were drawn out from the data, as were the issues mentioned by smaller numbers of participants.

The presentation of the qualitative material in the report reflects the qualitative analysis. Qualitative terms (e.g. "a few"; "several"; "many"; etc.) have been used to

present the information, and to indicate common views. Issues raised by only small numbers of participants have also been included, to ensure that the range and depth of comments is reflected in the report.

It would be inappropriate to quantify this material further, because:

- The evaluation gathered the views of a wide range of stakeholders, and involved a large number of participants, but did not involve a large scale survey of views and did not include *all* of those linked to the service.
- Participants were involved on a voluntary basis, and to that extent were self-selecting.
- Much of the information was gathered through group discussions and did not involve a "count" of the views of the individuals who participated.
- The evaluation set out to identify lessons from the provision of the service to date and lessons for the way forward, with a strong focus on gathering qualitative information.

The combination of statistical evidence and detailed qualitative material, as described above, provided a good indication of the nature and impact of the work undertaken to date by the SPS throughcare support service.

ANNEX 3: STATISTICAL EVIDENCE

This annex presents the statistical evidence gathered during the evaluation.

Table 1. Coverage of Regional Throughcare Support Managers

Regional TSM East	Regional TSM North	Regional TSM West
Edinburgh	Grampian	Low Moss
Polmont	Inverness	Barlinnie
Cornton Vale	Perth	Greenock
Glenochil		Dumfries
Addiewell		Kilmarnock

The table above shows the responsibilities of the three Regional Throughcare Support Managers. Even though Addiewell and Kilmarnock have not been allocated TSOs, the relevant Throughcare Managers have responsibility for liaison on throughcare support matters.

Table 2. Number of SPS TSOs per establishment

Establishment	Number of TSOs
Barlinnie	5
Cornton Vale	2
Dumfries	2
Edinburgh	5
Glenochil	2
Grampian	6
Greenock	4
Inverness	2
Perth	4
Polmont	5
Overall SPS Total	37
Low Moss PSP	5
Total	**42**

The table above illustrates the distribution of TSOs. The Low Moss PSP total includes only SPS members of staff.

Table 3. Capacity and utilisation per establishment (excluding Low Moss)

	Capacity			Utilisation		
	TSOs	**Casel'd**	**Capacity**	**Custody**	**Comm**	**Total**
Barlinnie	5	15	75	20	53	73
Cornton Vale	2	12	24	9	13	22
Dumfries	2	10	20	4	7	11
Edinburgh	5	15	75	21	28	49
Glenochil	2	15	30	9	17	26
Grampian	6	12	72	21	43	64
Greenock	4	15	60	26	31	57
Inverness	2	10	20	9	14	23
Perth	4	10	40	16	29	45
Polmont	5	15	75	14	22	36
Total	**37**		**491**	**149**	**257**	**406**

The table above shows the capacity of individual establishments (on the left) and utilisation (on the right). The data was correct at 7th April 2017 and provides a snapshot at that point. This illustrates the differences in agreed caseloads. Although, in a small number of establishments, the number of cases was well under capacity, it is worth bearing in mind that caseloads vary over time, and can be affected by other factors (e.g. new staff members with low caseloads). Additionally, as set out in Section 2, live cases represent only part of the work of TSOs.

Table 4. Work with non-core clients

Client group	Esta'ments worked with group	Esta'ments not worked with group
Registered sex offender	3	7
Schedule 1 offender	4	6
Offender subject to statutory license conditions	9	1
Remand prisoner (who was a previous client)	8	2
Remand prisoner (who was a new client)	1	8[16]
Prisoner liberated on HDC	9	1
Long term prisoner	3	7
Prisoner also working with Shine	6	4
Prisoner also working with New Routes	7	3
Prisoner also working with another third sector throughcare service (e.g. Passport, Moving On)	8	2
Prisoner liberated from another SPS prison	5	5
Prisoner liberated from HMP Addiewell	3	7
Prisoner liberated from HMP Kilmarnock	3	7
Prisoner liberated from the Open Estate	1	9

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[16] One establishment did not answer this question.

The table above shows the number of establishments which reported working with non-core client groups.

Table 5. Source of referrals (on caseload only)

	TSO		Self or family		Other SPS		Other service		Total
	Num	%	Num	%	Num	%	Num	%	Num
Barlinnie	225	97	4	2	4	2	0	0	233
Cornton Vale	144	99	1	1	1	1	0	0	146
Dumfries	42	76	5	9	4	7	4	7	55
Edinburgh	183	98	3	2	0	0	1	1	187
Glenochil	75	82	7	8	0	0	9	10	91
Grampian	130	59	26	12	61	28	3	1	220
Greenock	180	100	0	0	0	0	0	0	180
Inverness	64	75	15	18	2	2	4	5	85
Perth	102	69	8	5	16	11	22	15	148
Polmont	93	72	2	2	2	2	33	25	130
Total	**1238**	**84**	**71**	**5**	**90**	**6**	**76**	**5**	**1475**

The table above illustrates sources of referrals, as logged on the Dashboard (using aggregated categories). This shows the influence of different types of arrangements across the Estate. For example: at Greenock, TSOs see all individuals on entry; at Grampian, many referrals come from the CMB; at Polmont and Perth, a relatively high proportion of referrals come from other services.

The table probably underestimates the number of self-referrals in those locations which use referral forms placed in houseblocks. In some cases, these appear to have been logged as "TSO" referrals, when "self" referrals would arguably be more accurate.

Table 6. Number of previous sentences (on caseload only)

	None		1 – 9		10 or more		Total
	Num	%	Num	%	Num	%	Num
Barlinnie	11	5	87	38	130	57	228
Cornton V	32	22	66	46	47	32	145
Dumfries	5	10	24	46	23	44	52
Edinburgh	28	15	121	66	34	19	183
Glenochil	14	15	40	44	37	41	91
Grampian	10	5	88	41	119	55	217
Greenock	19	11	86	48	75	42	180
Inverness	3	4	40	48	41	49	84
Perth	10	7	62	43	71	50	143
Polmont	18	14	102	82	5	4	125
Total	**150**	**10**	**716**	**49**	**582**	**40**	**1448**

The table above shows the number of previous sentences served by service users. The data shows clearly that the TSOs are working with a large number of persistent offenders. The low numbers of persistent offenders at Polmont is explained partly by the age of the client group, but also by the fact that some who might otherwise be eligible for TSO support will be working with New Routes or another third sector-led service.

Table 7. Gender of service users (on caseload only)

	Female	Male	Total
Barlinnie		233	233
Cornton Vale	146		146
Dumfries	1	54	55
Edinburgh	52	135	187
Glenochil		91	91
Grampian	4	216	220
Greenock	67	113	180
Inverness	1	84	85
Perth	3	145	148
Polmont	24	106	130
Total	**298**	**1177**	**1475**

The table above illustrates the gender breakdown of TSO caseloads. Overall, just over 20% of TSO clients have been female[17].

Table 8. Sentence length in months (on caseload only)

	1 to 6	7 to 12	13 to 24	25 to 36	37 to 48	Total
	%	%	%	%	%	%
Barlinnie	46	25	23	4	2	100
Cornton Vale	47	30	19	2	3	100
Dumfries	48	26	20	6	0	100
Edinburgh	29	32	28	7	4	100
Glenochil	22	40	25	11	2	100
Grampian	37	23	28	7	5	100
Greenock	20	31	32	13	4	100
Inverness	39	31	22	5	3	100
Perth	32	40	18	9	1	100
Polmont	29	33	23	10	4	100
Total	**35**	**30**	**25**	**8**	**3**	**100**

The table above illustrates that around two thirds of TSO clients had sentences of 12 months or less. However, the table also shows some variation between individual

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[17] Although there are no women held in Dumfries, Inverness or Perth prisons, TSOs in these establishments provided support to women returning to these areas.

establishments particularly in the proportion of very short (under 6 months) and longer (over 24 months) sentences. Caseloads are, however, determined by the population held in each establishment.

Table 9. Ethnicity of service users (on caseload only)

Ethnicity	Num	%
Asian or Asian Scottish or Asian British	2	0.1
Caribbean or Black	3	0.2
Mixed or Multiple	4	0.3
Other	1	0.1
White	1465	99.3
Total	**1475**	

The table above illustrates the reported ethnic group of TSO clients. Overall, 0.7% of TSO clients have been from an ethnic minority group.

Table 10. Housing status of service users on admission (on caseload only)

	Homeless		Not homeless		Total
	Num	**%**	**Num**	**%**	**Num**
Barlinnie	128	57	96	43	224
Cornton Vale	51	36	89	64	140
Dumfries	27	60	18	40	45
Edinburgh	100	55	83	45	183
Glenochil	43	48	47	52	90
Grampian	108	51	105	49	213
Greenock	86	50	86	50	172
Inverness	45	55	37	45	82
Perth	76	58	55	42	131
Polmont	44	34	86	66	130
Total	**708**	**50**	**702**	**50**	**1410**

The table above illustrates the housing status of service users on admission to custody. It is worth bearing in mind that this table can only provide a partial picture of housing issues facing clients, as it is likely that many of those listed as "not homeless" would lose their tenancy, or be forced to sell their home, depending on sentence length and personal circumstances.

Table 11. Health issues at assessment (on caseload only)

	Health issue		No health issue		Total
	Num	**%**	**Num**	**%**	**Num**
Barlinnie	132	59	92	41	224
Cornton Vale	82	59	56	41	138
Dumfries	26	62	16	38	42
Edinburgh	74	41	106	59	180
Glenochil	50	56	40	44	90
Grampian	110	53	97	47	207
Greenock	95	57	73	43	168
Inverness	45	56	36	44	81
Perth	90	67	45	33	135
Polmont	49	39	77	61	126
Total	**753**	**54**	**638**	**46**	**1391**

The table above illustrates the extent of self-reported health issues at the time of assessment. Although there are small variations between establishments, more than a half of all clients reported some form of health issue. Within this (not shown) 6% identified a physical health issue, 37% a mental health issue and a further 11% both physical and mental health issues.

Table 12. Addiction issues at assessment (on caseload only)

	Alcohol		Drugs		Both		Total		Clients
	Num	**%**	**Num**	**%**	**Num**	**%**	**Num**	**%**	
Barlinnie	63	28	63	28	71	31	197	87	227
Cornton Vale	26	19	63	45	22	16	111	80	139
Dumfries	12	26	20	43	9	20	41	89	46
Edinburgh	37	20	64	35	29	16	130	71	183
Glenochil	16	18	35	38	27	30	78	86	91
Grampian	21	10	94	44	69	32	184	86	214
Greenock	31	18	80	47	42	25	153	89	171
Inverness	26	31	29	34	25	29	80	94	85
Perth	31	23	74	54	22	16	127	93	137
Polmont	17	13	26	20	43	33	86	67	129
Total	**280**	**20**	**548**	**39**	**359**	**25**	**1187**	**83**	**1422**

The table above illustrates the extent of self-reported addiction issues at the time of assessment. As is clear from the table, more than four in five of all clients, and more than nine in ten clients in some establishments, had either drug or alcohol issues, or both.

Table 13. Number of contacts prior to liberation (on caseload only)

	0-3		3-6		7 or more		Total
	Num	**%**	**Num**	**%**	**Num**	**%**	**Num**
Barlinnie	59	29	125	62	17	8	201
Cornton Vale	22	17	46	36	59	46	127
Dumfries	15	38	16	41	8	21	39
Edinburgh	30	18	72	43	64	39	166
Glenochil	10	13	47	61	20	26	77
Grampian	122	63	67	35	4	2	193
Greenock	17	11	70	47	61	41	148
Inverness	13	17	42	56	20	27	75
Perth	102	80	19	15	7	5	128
Polmont	45	38	39	33	35	29	119
Total	**435**	**34**	**543**	**43**	**295**	**23**	**1273**

The table above illustrates the number of reported contacts between TSOs and service users prior to liberation. It is clear from the table that there are substantial variations in the average number of contacts across the Estate. It is worth noting that the establishments with low average numbers of contacts between TSOs and service users generally also have well-established case management, or multi-agency working arrangements, and this may be a factor in the findings.

Table 14. Service users referred to external services (on caseload only)

Service	Num	%
Alcohol	460	31
Drugs	746	51
ID	502	34
Bank account	201	14

The table above illustrates the number and overall proportion of clients referred by TSOs for alcohol and drug services, or for whom an application for ID or a bank account was made.

Table 15. Nature of gate pick-up (on caseload only)

	TSO		Partner		Both		Self		Family		Total
	Num	**%**	**Num**	**%**	**Num**	**%**	**Num**	**%**	**Num**	**%**	**Num**
Barlinnie	175	82	2	1	5	2	15	7	17	8	214
Cornton V	30	24	42	34	7	6	17	14	29	23	125
Dumfries	17	38	4	9	3	7	13	29	8	18	45
Edinburgh	110	63	11	6	8	5	20	11	25	14	174
Glenochil	68	81	2	2	4	5	4	5	6	7	84
Grampian	149	74	2	1	8	4	22	11	21	10	202
Greenock	124	78	5	3	4	3	16	10	11	7	160
Inverness	40	53	0	0	14	19	20	27	1	1	75
Perth	100	75	3	2	9	7	7	5	15	11	134
Polmont	77	60	7	5	24	19	3	2	17	13	128
Total	**890**	**66**	**78**	**6**	**86**	**6**	**137**	**10**	**150**	**11**	**1341**

The table above provides a breakdown of gate pick-ups. This shows that TSOs were involved, individually or in partnership with another agency, in more than seven in ten of all service user liberations, although this varied between 86% at Glenochil and 30% at Cornton Vale (where around a third of pick-ups were carried out by another agency). The table also shows significant variations in the percentage of "self" and family pick-ups, ranging from 47% at Dumfries to 12% at Glenochil and 15% at Barlinnie. The table also illustrates the high level of joint working with the PSPs at Cornton Vale and Polmont, as well as with New Routes at Inverness.

Table 16. Number of post-liberation contacts, excluding no contact (on caseload only)

	1-5		6-10		10+		Total
	Num	**%**	**Num**	**%**	**Num**	**%**	**Num**
Barlinnie	75	57	27	21	29	22	131
Cornton V	36	75	9	19	3	6	48
Dumfries	17	63	6	22	4	15	27
Edinburgh	76	77	18	18	5	5	99
Glenochil	27	53	11	22	13	25	51
Grampian	78	57	27	20	31	23	136
Greenock	79	81	10	10	9	9	98
Inverness	31	69	11	24	3	7	45
Perth	34	41	13	16	35	43	82
Polmont	46	66	12	17	12	17	70
Total	**499**	**63**	**144**	**18**	**144**	**18**	**787**

The table above shows the extent of contacts between TSOs and service users following liberation, excluding cases where TSOs had no contact. The table shows considerable variations between establishment in the average number of post-liberation contacts. At Greenock, Edinburgh and Cornton Vale, more than three quarters of all service users had 5 or fewer contacts with their TSO following

liberation, with few having more than 10 contacts. However, at Glenochil and Grampian, and particularly at Perth, between 20% and 40% of clients had more than 10 contacts.

Table 17. Status at end of service

	Planned exit		Unplanned exit		Return to Custody		Total
	Num	%	Num	%	Num	%	Num
Barlinnie	63	45	36	26	42	30	141
Cornton Vale	82	79	10	10	12	12	104
Dumfries	26	63	7	17	8	20	41
Edinburgh	67	57	28	24	23	19	118
Glenochil	29	55	15	28	9	17	53
Grampian	62	45	36	26	40	29	138
Greenock	63	59	7	7	37	35	107
Inverness	19	32	13	22	27	46	59
Perth	42	45	20	21	32	34	94
Polmont	48	56	16	19	21	25	85
Total	**501**	**53**	**188**	**20**	**251**	**27**	**940**

This, and the next table provide a breakdown of the status of service users at the end of their contact with the throughcare support service. The table above shows that more than half of all service users achieved a planned exit (with further details of this set out below).

At the time of the research, around a quarter of service users had ended their participation by returning to custody. It was too early at the time of the evaluation to develop a meaningful return to custody "rate".

Overall, only around a fifth of service users were removed from caseload due to, for example, loss of contact. The table shows some variation between establishments in the level of attrition. Evidence from interviews suggests that this may be due to differences in the application of existing policies on disengagement.

There were also some differences found in relation to other factors (not shown here). For example, 72% of female service users achieved a planned destination at the end of service, compared to 49% of male service users.

There were also some differences between service users who had been subject to referral for substance misuse and those who had not. It was found that 49% of those who had been subject to such a referral had achieved a planned destination, compared to 71% of those who had not.

Differences relating to housing status were less clear, given the large number of categories used in the Dashboard to identify housing status (and the fact that housing status may change between liberation and end of service). In general terms, those with some form of tenancy, owner occupiers and those in supported accommodation were found to be more likely to achieve a planned destination at the

end of service than those in other categories, but the complexity of the data suggests caution in drawing conclusions from this.

Table 18. Destination of service users on planned disengagement

	No further support req'd		Statutory partner (planned)		Community partner (Planned)		Community services not available		Total
	Num	**%**	**Num**	**%**	**Num**	**%**	**Num**	**%**	**Num**
Barlinnie	44	70	4	6	10	16	5	8	63
Cornton V	34	41	10	12	38	46		0	82
Dumfries	17	65	3	12	6	23		0	26
Edinburgh	56	84	3	4	5	7	3	4	67
Glenochil	19	66		0	8	28	2	7	29
Grampian	30	48	9	15	22	35	1	2	62
Greenock	54	86	1	2	8	13		0	63
Inverness	15	79		0	3	16	1	5	19
Perth	21	50	3	7	14	33	4	10	42
Polmont	13	27	11	23	24	50		0	48
Total	**303**	**60**	**44**	**9**	**138**	**28**	**16**	**3**	**501**

The table above, which is an extract from table 17, shows the destinations of service users who had achieved a planned exit from the throughcare support service. The table shows that more than a third of service users moved from being supported by a TSO to being supported by another statutory or voluntary sector partner.

As recorded, there appeared to be very few instances where further support was required, but could not be sourced. This was, however, at odds with the interview findings, where TSOs in some locations identified significant difficulties in sourcing support at the end of a service user's involvement with the throughcare support service.

The table also illustrates substantial differences between establishments in whether or not TSOs believed further support to be required.

Tables 19-29 Findings of Service User Self-Assessment questionnaires

The findings in Tables 19-29 (below) are drawn from self-assessment questionnaires completed by service users, in discussion with their TSOs. These have been administered by the TSOs at four points on a service user's journey: assessment; pre-liberation; post-liberation and end of service.

Only those who completed all four questionnaires (264 service users) have been included in this analysis, and the data relating to their views at assessment and end of service use have been included. This data provides an indication, for each issue,

of the percentage change in the number of service users making each statement at these two stages[18].

The tables, in all cases, present positive evidence of progress towards addressing the issues service users face, or recognising these as issues requiring support in the future.

Table 19. Engagement with services

Statement	Assessment		End of service		
	Num	% total	Num	% total	Change
I am fully engaging with services without the need for any encouragement	66	25	125	47	+89%
I have been engaging with services but could use more encouragement at times to do this	152	58	99	38	-35%
I don't want to and I am not engaging with services to address my needs	46	17	40	15	-13%

Table 20. Family / social relationships

Statement	Assessment		End of service		
	Num	% total	Num	% total	Change
I am supported by my family / friends and have good relationships with them	57	22	93	35	+63%
Overall I have fairly good relationships with family / friends and would accept help from them	83	31	79	30	-5%
I have problems with some family / friends and try not to ask them for support	90	34	71	27	-21%
I have no desire to make contact with family / friends	34	13	21	8	-38%

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[18] The "change" column in the tables represents the percentage change between the number of service users expressing each view at the end of service compared to the number expressing that view at assessment. For example, if 50 service users expressed a view at assessment, and 100 at the end of service, this would represent a 100% increase (which would be presented as "+100%").

Table 21. Finances

Statement	Assessment		End of service		
	Num	% total	Num	% total	Change
I have no money worries – I can manage my own money well	32	12	53	20	+66%
I worry about money from time to time but I know I will get by on my own	63	24	112	42	+78%
I worry about money problems a lot of the time	103	39	77	29	-25%
I am almost always worried about my money problems because of how serious they are	66	25	22	8	-67%

Table 22. Accommodation

Statement	Assessment		End of service		
	Num	% total	Num	% total	Change
I have stable / safe accommodation	86	33	120	45	+40%
My current accommodation is relatively safe / stable	29	11	79	30	+172%
My current accommodation is unstable or unsafe	37	14	31	12	-16%
I am homeless at the present time	112	42	34	13	-70%

Table 23. Substance misuse

Statement	Assessment		End of service		
	Num	% total	Num	% total	Change
I have no problems with alcohol or drugs	35	13	66	25	+89%
I have some issues with alcohol and / or drugs but this does not interfere with my daily life	63	24	84	32	+33%
I have some issues with alcohol and / or drug use which can sometimes interfere with my daily life	77	29	77	29	0
I have serious issues with alcohol and / or drug use which causes me problems in my daily life	89	34	37	14	-58%

Table 24. Physical health

Statement	Assessment		End of service		
	Num	% total	Num	% total	Change
I have no health problems at this time	77	29	87	33	+13%
I have minor problems with my health	68	26	91	34	+34%
I have moderate problems with my health	79	30	66	25	-16%
I have severe problems with my health	40	15	20	8	-50%

Table 25. Emotional / mental health

Statement	Assessment		End of service		
	Num	% total	Num	% total	Change
In the past few months I have not felt depressed or low	28	11	47	18	+68%
In the past few months, I have usually felt good, but from time to time I have felt depressed or low	71	27	109	41	+54%
In the past few months I have often felt depressed or low	105	40	82	31	-22%
In the past few months I have had feelings of depression and have felt low almost all of the time	60	23	26	10	-57%

Table 26. Work, education and / or training

Statement	Assessment		End of service		
	Num	% total	Num	% total	Change
I am working, volunteering or in training and do not need any help in this area	120	45	46	17	-62%
I am working, volunteering or in training but would like help to find something different	79	30	39	15	-51%
I'm not working, volunteering or in training but I would like help to try to find work etc.	31	12	88	33	+184%
I'm not working, volunteering or in training and I don't want to be. I would not like help in this area at this time	34	13	91	34	+168%

Table 27. Problem solving skills

Statement	Assessment		End of service		
	Num	% total	Num	% total	Change
I am able to make changes to my life on my own	31	12	61	23	+97%
I am able to make changes in my life with the support that is available to me	154	58	172	65	+12%
I am not able to make the changes I need to in my life and could use extra support to do this	79	30	31	12	-61%

Table 28. Leisure activities

Statement	Assessment		End of service		
	Num	% total	Num	% total	Change
I make good use of my time and find this rewarding	28	11	51	19	+82%
I don't find myself getting bored but I would like to find different positive hobbies or interests	48	18	82	31	+71%
I sometimes find myself getting bored but I do have some positive hobbies or interests	75	28	72	27	-4%
I often find myself getting bored in my spare time and don't yet have a positive hobby or interest to fill my time with	113	43	59	22	-48%

Table 29. Attitude to reoffending

Statement	Assessment		End of service		
	Num	% total	Num	% total	Change
I want to stop and know that it is possible	125	47	173	66	+38%
I want to stop offending but don't think this is possible anytime soon	94	36	66	25	-30%
I don't intend to stop offending in the near future	45	17	25	9	-44%

Table 30. Destinations of service users on planned disengagement

	Barl	C. Vale	Dumf	Edin	Glen	Gramp	Green	Inver	Perth	Polmo	Total
Aberdeen		1		1		168		1		1	172
Aberdeenshire		1				46					47
Angus		1							20	3	24
Argyll and Bute		2					13			3	18
Clackmannanshire		4			9						13
Dumfries and Galloway		7	55	1			1			5	69
Dundee		7		10					56	4	77
East Ayrshire	2	4		2			13			4	25
East Dunbartonshire	1	2					3			1	7
East Lothian		1		10							11
East Renfrewshire	1	1					1				3
Edinburgh		7		85						3	95
Falkirk		7			24					2	33
Fife		11		18	51				49	10	139
Glasgow	220	27		5			24	1		45	322
Highland	2	3					3	69			77
Inverclyde							50			4	54
Midlothian				12						3	15
Moray							3	14	1	1	19
North Ayrshire		28		1	1		17		1	3	51
North Lanarkshire		8					3			3	14
Orkney										1	1
Perth and Kinross		4		6					21	3	34
Renfrewshire		5					30			7	42
Scottish Borders				28						5	33
South Ayrshire		5					9			2	16
South Lanarkshire	5	3		5			2			7	22
Stirling		5			6					5	16
West Dunbartonshire	2	1					13			2	18
West Lothian		1		3			1			3	8
Total	**233**	**146**	**55**	**187**	**91**	**220**	**180**	**85**	**148**	**130**	**1475**

The table above illustrates the reported home local authority areas for throughcare support service clients in each prison. It shows the complexity of a TSO's task, particularly in the national establishments, but also, for example, in Edinburgh and Greenock (each with clients from 14 local authorities). The most striking finding in the table, however, is the significant under-representation of clients from a number of local authorities which are largely served by private prisons: North Lanarkshire; South Lanarkshire; West Lothian; East Ayrshire; North Ayrshire; and South Ayrshire. The table also illustrates the impact of the self-imposed limitations to Barlinnie's catchment area. Although more than 94% of the client group was reported as having a Glasgow City Council postcode, this does not reflect the actual population of the prison.

ANNEX 4: EXAMPLES OF SERVICE USERS' VIEWS

A small number of examples of service users' comments were given in Section 4. This annex provides some additional examples of views expressed by service users about their experience of the throughcare support service and its impact on them. This helps to illustrate some of the points made in Sections 3 and 4 of the main report.

Where a TSO has been mentioned by name (as was often the case), they have been anonymised with the use of "xx".

Activities

Service users' comments on the value of support from TSOs while in custody included:

> *"If the support is already in place, then rather than you being overwhelmed when you leave, you're supported. The last thing you want is to have to think about where you need to go and what you need to do – xx takes away all the worry of all that, having to do the rounds."*

> *"You ask them to come and see you and they do. 'I'll deal with it' is their most common phrase."*

> *"It wasn't what I was expecting it to be. It doesn't feel like officers at all. They want to help you and I've been trying to get help all my life. This is the most I've ever had. I wouldn't have known where to start, and it was like a weight off my mind. I didn't want to be homeless."*

> *"It's hard to do things for yourself and it takes the pressure off. I never expected that I would get help from a prison officer, but there was this trust."*

Service users' comments on the value of support from TSOs on liberation included:

> *"I get so stressed and frightened about getting out. I do want out, but at the same time, I've got everything here and if I get out then I come back with nothing. Sometimes I wish I could just put my stuff at reception and say 'just hold onto it, I'll be back'. I used to get out and go straight into town and buy drugs. I'd be sitting in the housing till 4 in the afternoon, then told there's nothing for you, come back tomorrow and I'd have all my worldly possessions in a wee rucksack and I'd be walking about all night. Sometimes they gave me a sleeping bag, but not always. Usually I feel I'm just a number and they (housing) don't want me. Honestly, knowing I'm going to get that run back and have xx with me is great."*

> *"My fear was about getting out and getting drunk for a week, but because I had xx I'm doing OK and getting on with it."*

"Because everything was organised, it was easier. If I'd have come out myself I'd have got no further than the council – I would have fallen off the straight and narrow over the weekend."

"I didn't have the anxiety like I did getting out before. I didn't go and get wasted. I got all my stuff sorted."

"Usually you get out and you're meant to phone places and you maybe get an appointment for 2 weeks time, and I'm back in before I've had it."

"I didn't appreciate how much it meant to me until I was out and I saw the work they had put in by setting things up."

Service users' comments on the value of ongoing support from TSOs in the community included:

"It's someone to help me go through it all - get back into the routine."

"Knowing there's someone you can just phone and they'll do whatever they can to make sure you're still OK."

"A lot of the time you get letters you don't understand. There's the cost of phoning and being kept waiting, like if you have to try to make an appointment with the doctor and you phone at 8 in the morning and you have to do it over and over. Loads of wee things. I got so much help. Anything I wanted. I could always phone and ask."

"It's a bit motivating. Someone standing there waving the car keys saying let's go. Getting you into gear."

"xx calms me down and explains things to me. He's a genuine guy and he knows I'm trying."

"They're brand new – I really like them. If I'm feeling a bitty blue, then I give them a wee text and they sort it out."

"You've got the freedom, because they're not breathing down your neck, but if you hit an obstacle they're there."

Impact

Service users' comments on the impact of the service on their understanding and awareness included:

"I know what I have to do. Everything is much better and I feel safe."

"I've got somebody to talk to, somebody I can trust and say anything to. xx is not a counsellor, but they might as well be."

> *"I can see past what's out there, living in a hostel, coming to the jail. I'm maybe older, but I'm in a better place."*

> *"Before I wasn't ready to be released and make a go of it because I didn't know any of what I do now."*

> *"I'm learning things from xx about how to talk to people."*

> *"If I was never at throughcare I would never have known about it* (specialist service) *and I'd never have gone."*

> *"There were lots of things I didn't know about. I've been in touch with things I never knew existed."*

> *"I always ask and I always get the information I need."*

Service users' comments on the impact of the service on relationships and engagement with services included:

> *"In the past I just would never have gone. I would have avoided all my problems. I would never have asked for help."*

> *"It's a big effort for me to do a lot of things – doctors, appointments – it's good to know people are checking I'm doing OK."*

> *"xx put it into my head to give things a try."*

> *"I was anxious because of old associates, so xx came with me."*

> *"My family was fed up with me. It's taken a while to build up trust and respect."*

> *"I'd be lost without xx. I remember before, having to go there* (service in the community)*, and they're asking you things and you feel you're speaking and nobody's listening. I didn't feel I was getting anywhere. It was such a relief to get the help."*

Service users' comments on the impact of the service on addressing specific issues included:

> *"I'm on a methadone programme, I've my own house, I can have a cup of tea, I've my telly – I can't ask for more than that."*

> *"I've got a flat, family, a structure. I've done training. My life is back in order."*

> *"xx and xx took me to the housing, and stuck up for me. They were fighting my corner and trying to get me an address, because that holds other things back too."*

"I do have this issue with drinking but I'm making progress. I don't want to die. I want to deal with this."

"Stress and anxiety equals drugs and drink. They try and limit that."

"I'm looking after myself better and I've a better quality of life. I'm coming back to being myself the way I was before."

Service users' comments on the impact of the service on life changes included:

"Before, things would have just spiralled out of control. Now I realise that xx is one tool in my toolbox."

"I'm getting back to being normal. I had nothing to lose in the past – now that's all changed."

"I saw that there was a different way. With xx, I recognised I could get help. Otherwise, I would have stayed an arsehole."

"I've changed my attitude to the whole of my life. I respect the decisions I make now. I think about things before I do them. People start believing in you if you give them the reasons to believe in you. It's changed me every day."

"I'm thinking differently now and I've never looked back. I'm even thinking about looking for a job."

Service users' comments on the impact of the service on desistance included:

"This is the longest I've been out ever, by a long, long way."

"I've been in and out lots of times and the longest I was out before was 11 weeks. This time it's been 13 months."

"All I can say is, without xx I would be on the streets and in a mess again. I would have many many problems and be back doing crime."

"I know, without any doubt that without throughcare I'd be back as bad as ever. Usually I've been injecting in a couple of days and I'm full of drugs and I wake up with charges I didn't know anything about and I'm away back to the prison."

"It helps people rebuild – you get advice and direction and it gets you out of the rut of reoffending. They're not forcing you, but they give you ideas and knowledge and information to do it."

Service users' comments on the impact of the service overall included:

"The throughcare system is the best thing the SPS ever did, and I'm a man with 30 years in prison."

"If I had to give xx marks out of ten it would be 20. xx was a great person to work with."

"It's a great service to have. I'm just grateful I got the help and I'm glad it was there."

"My experience from day one has been tremendous."

"xx and xx don't want me to fail, and they nurture you in a good way and want to see you happy."

"I'm nearly 40 and I've been in and out all my life, but hopefully not as many guys will be back now. It's giving people a fighting chance."

"It worked for me this time. With me wanting to change, and the throughcare there to help, that was enough."

"If someone gives you a wee bit of attention and shows they care about it, then you want to repay that."

"Without xx being there to help out and do the big things and the silly wee things to make life easier, I'm not going to lie, I wouldn't be here. It's not the first time xx has gone above and beyond and I hope xx knows how much I appreciate it. They deserve a round of applause. I don't know where the idea came from but it is definitely a positive thing."

"They go to the end of the world for you. xx thinks I'm saveable. I am saveable."

ANNEX 5: SUGGESTIONS

This annex provides information about the detailed suggestions which were made by participants during the evaluation.

The material supplements the information and suggestions for the way forward presented in Section 5. The points made in this Annex are not, in themselves recommendations. They are participants' detailed suggestions, and should be considered as one strand of the overall findings of the evaluation.

In each case, the types of participants making the suggestions are noted, although this should not be taken to mean that all of those in that group made the suggestion, nor that there was a consensus among these participants.

Overall direction

Suggestions included to:

- Continue to provide the service. (Participants of all types.)
- Expand the service and increase the number of people in custody accessing support. (Participants of all types.)
- View the service as "invest to save". (TSOs.)

Structure, processes and eligibility

Suggestions included to:

- Develop a consistent approach to provision across establishments. (TSOs; managers.)
- Take a consistent approach to referral and identification of service users across the Estate. (TSOs; managers; other SPS staff.)
- Adopt a structured, case management approach to the provision of the service in all establishments and integrate throughcare with the overall approach to case management across the SPS. (TSOs; managers; other SPS staff.)
- Ensure that all of those serving short sentences are made aware of, and have access to, the throughcare support service, and address the "postcode lottery". (TSOs; managers; other SPS staff; other services.)
- Ensure earlier engagement with service users by TSOs, to allow sufficient time to identify their needs and carry out preliminary work. (TSOs; managers; other services; service users.)
- Involve the TSOs in induction. (TSOs.)
- Have a duty system in each prison to ensure early contact and identification of needs. (TSOs.)
- Extend the range of groups the TSOs work with, to increase access to the service. Among the groups suggested were: all of those in custody; those serving long sentences; those on remand; those on HDC; those on Supervised Release Orders; Schedule 1 and sex offenders; all age groups and geographical areas. (Participants of all types.)

Management, staffing and training

Suggestions included to:

- Clarify and maintain the role of the regional Throughcare Support Managers, and involve them in: building relationships with other services; and tackling barriers when higher level input is needed. (TSOs; other SPS staff.)
- Recognise the skills required by TSOs and ensure that those recruited demonstrate these. (TSOs; other SPS staff.)
- Keep the TSO as a specialist role. (TSOs; other services.)
- Keep a consistent group of staff, rather than seconding people in and out of the role, allowing TSOs to build skills (although one Manager expressed the view that staff should rotate). (TSOs.)
- Specify that the TSO is a non-uniform role in prison as well as in the community. (TSOs.)
- Provide regular professional support to the TSOs to assist, for example, in dealing with traumatic disclosures. (TSOs; other SPS staff; other services.)
- Ensure that women TSOs are available to women service users where they wish. (TSOs.)
- Provide specific training to enable TSOs to recognise issues (e.g. mental health problems; specific issues for women service users) and make appropriate referrals to other organisations. (TSOs; other services; family members.)
- Continue to develop networking and cross-learning between the TSOs. (TSOs.)

Data recording and evaluation

Suggestions included to:

- Identify a means of reflecting <u>all</u> of the work of the TSOs in the data recorded. (TSOs.)
- Provide more guidance to senior staff about the nature of the data. (TSOs; other SPS staff.)
- Continue to gather and share case study information (Managers; TSOs.)
- Improve the Sharepoint site to encourage use. (TSOs.)
- Develop a process for quality assuring the Booklets. (Managers.)
- Identify and define "success" for throughcare and continue to measure progress against this. (Managers; other SPS staff.)

Joint working

Suggestions included to:

- Promote the added value of dates for national policy and partnership development. (Managers.)

- Ensure clarity of roles of TSOs and other services in relation to the provision of throughcare generally, and specific forms of support, with clear boundaries and "cut-off". (TSOs.)
- Continue to develop two-way information sharing and communication with a range of relevant service providers. (TSOs; other services.)
- Develop a data sharing protocol. (Other services.)
- Ensure that all relevant services are informed when a case is closed. (Other services.)
- Improve information sharing and joint working with the NHS. (TSOs)
- Provide information to family members, where appropriate. (Family members.)
- Encourage and enable relevant services to work with service users while in custody. (TSOs; other services.)
- Have a dedicated throughcare contact in all relevant services. (TSOs.)
- Ensure all relevant services have access to, and use PR2. (Other SPS staff; other services.)
- Enable secondment to the throughcare team by specialist staff, or develop more innovative sharing of roles, with joint working as a "default". (Other services.)
- Develop forums for sharing practice with key services. (Other SPS staff; other services.)
- Create multi-disciplinary teams in the community. (Other services.)
- Develop more Service Level Agreements or partnership agreements with other service providers. (Other SPS staff; other services.)
- Engage with the local CJP arrangements to consider the best way forward for partnership arrangements and align services. (Managers.)

The nature of support available

Suggestions included to:

- Link the service clearly to other SPS developments and promote an asset-based, individual approach. (TSOs; managers.)
- Develop a seamless process to addressing issues, involving Personal Officers and other service providers undertaking work throughout the period in custody, with the TSOs becoming involved pre-liberation. (TSOs; managers; other SPS staff.)
- Retain a focus on quality of work, rather than number of service users. (TSOs; other SPS staff.)
- Increase the involvement of residential staff and Personal Officers in identifying and addressing issues, taking an asset-based, individual approach. (TSOs; managers.)
- Reconsider the caseload for TSOs and establish this at 10-12. (TSOs.)
- Provide access for those in custody to computing, basic bank accounts and email in advance of release. (TSOs.)

- Enable those in custody to buy a Citizen Card prior to their release, and to repay any charge on receipt of their liberation grant. (TSOs.)
- Focus on ensuring that service users are "community-ready", taking a realistic approach to opportunities for each individual. (TSOs.)
- Develop purposeful activities which focus on issues likely to promote resilience once liberated. (Managers.)
- Ensure that budgeting work and identification of opportunities for daytime activities are explored with all service users in the community. (Service users.)
- Extend the time period for which support is provided in the community (Participants of all types.)
- Extend provision to 7 days per week. (TSOs; other SPS staff; other services.)
- Develop emergency or 24/7 cover arrangements. (TSOs; other SPS staff; other services.)
- Recognise the importance of TSOs being in the community over the Christmas period. (TSOs; Managers.)
- Develop community facilities (i.e. a local community base, "hub" or "one stop shop" for service provision) (TSOs; other SPS staff; family members.)
- Identify how to ensure holistic support following the TSOs' input and develop a more strategic approach to this (e.g. through having a co-ordinated "contract" in place prior to disengagement; more key workers; structured handover). (TSOs; Managers; other SPS staff; family members.)

Awareness raising and promotion

Suggestions included to:

- Promote the service more widely at all stages and at all levels, with a clear message from the SPS that this is the appropriate way forward. (Participants of all types.)
- Make the service more visible to potential service users. (Participants of all types.)
- Promote the service using a range of means, such as: information leaflets in all prisons; open days; face to face discussions; TV; and information from Personal Officers. (Service users; family members.)
- Carry out awareness raising with prison staff to increase their knowledge of the issues people face, the role of TSOs and their own role, and encourage them to make appropriate referrals. (TSOs; other SPS staff.)
- Identify ways of exposing more SPS staff to the work of TSOs using a variety of means (e.g. going into the community with them; awareness sessions). (Managers; other SPS staff.)
- Identify ways of exposing more staff of other organisations to the work of TSOs using a variety of means (e.g. going into the community with them; awareness sessions). (Other services.)

- "Sell" the support and cost-saving message to partners. (Managers; other services.)
- Promote "good news" stories about the impact of the service. (Managers.)
- Promote a culture in prison in which inappropriate beliefs and behaviours (among those in custody and staff) are challenged. (TSOs.)
- Carry out public awareness-raising of the issues facing those who serve prison sentences and the changing role of the SPS in helping to address these issues. (TSOs; other SPS staff; other services.)
- Involve ex-service users in promoting the service and "telling the story" to the wider community. (Other SPS staff; service users; family members.)

Resources

- Review the allocation of TSOs across the Estate and ensure sufficient numbers in each prison. (TSOs and managers.)
- Increase the number of TSOs and service users, and expand the coverage of the service. (Participants of all types.)
- Allow TSOs to have mobile phones "jail-side" to communicate by text with service users. (TSOs.)
- Provide TSOs with laptops or tablets to enable them to access information, and to work during waiting or travelling periods. (TSOs)
- Provide a clothing allowance for TSOs. (TSOs.)
- Ensure sufficient access to cars to enable the TSOs to carry out their community functions. (TSOs.)
- Provide access to a small fund for immediate essentials for service users (e.g. alarm clocks; basic mobile phones to stay in contact with the service; clothes; toiletries) which cannot be met from elsewhere. (TSOs; other SPS staff.)

Wider changes

Suggestions included that the SPS should:

- Avoid, where possible, moving those engaged with TSOs to another prison. (TSOs.)
- Make it easier to complete the CSCS card in custody. (TSOs.)
- Avoid bank holiday and Friday release. (TSOs; other services.)
- Have a manager with the authority to make direct referrals to commissioned services in the community, such as residential rehabilitation. (TSOs.)
- Develop further community provision (e.g. halfway houses; Community Integration Units). (Other SPS staff; other services.)
- Develop more employability work and opportunities for volunteering. (Other services; service users; family members.)
- Establish a social enterprise for the employment of people who serve short sentences. (TSOs.)

- Continue to develop work with family members where appropriate. (Other SPS staff; family members.)
- Undertake work to develop and promote access to independent living skills among those in custody and in the community. (Other SPS staff; other services.)
- Explore means of sharing resources with other organisations to develop innovative solutions. (TSOs.)

Suggestions for developments to other organisations and services included that:

- All services should consider how to improve their own policy and practice to support effective throughcare provision. (TSOs; other SPS staff; family members.)
- The Scottish Government should provide additional funding for throughcare work in the community. (Other SPS staff.)
- Courts should provide those sentenced with more information about support and opportunities. (TSOs.)
- There should be a requirement for the NHS to put proper throughcare arrangements in place for people leaving custody. (Other services.)
- The NHS should consider providing a medical certificate to people while still in custody, to cover the initial period on liberation and enable early provision of benefits. (TSOs.)
- The NHS should enable GP registration from custody or a "soft handover" to GPs. (Other SPS staff; other services.)
- Medication should be in place prior to release. (TSOs.)
- Gaps in access to mental health, addictions and rehabilitation services should be addressed. (TSOs; family members.)
- Housing services should consider providing an address in advance of liberation wherever possible. (Participants of all types.)
- Housing services should provide service users released from custody with access to options which take account of, and are appropriate to their needs (Participants of all types.)
- Staff in supported accommodation, and other staff in the community should have an increased role in co-ordination of throughcare. (Other services.)
- Banks should take a consistent approach to the provision of accounts to those in custody, and the nature of identification deemed acceptable. (TSOs and managers; other SPS staff.)
- Employers and employability services should work to develop opportunities for those who have been in custody, building on positive experiences of work placements in some establishments. (TSOs.)

ANNEX 6: ENABLING FACTORS AND CONSTRAINTS

This annex provides detailed information relating to enabling factors for, and constraints to throughcare support service provision identified.

Enabling factors

A number of enabling, or positive factors for throughcare support service provision were identified, and are detailed below.

Structural or process issues

- Provision of a management and staffing structure, and arrangements for overall co-ordination of the service.
- Use of a logic model.
- Clear roles and responsibilities.
- Flexibility in the development and operation of the service to respond to emerging issues.
- Early involvement of the TSOs with service users.
- The use of a CMB approach (or similar).
- TSO visibility in halls and promotion of the service.
- The use of standardised materials (e.g. Booklet; guidance).
- Clear processes at all stages.
- Support to staff.
- Appropriate safety arrangements.

Staffing or management issues

- Clear roles and boundaries for management and staff.
- Appropriate training provision.
- Team working.
- Staff with:
  - Specialist knowledge.
  - Experience.
  - Listening and advocacy skills.
  - Understanding.
  - Flexibility.
  - Persistence.
  - Commitment to, and willingness to adopt an appropriate approach (see below).

The nature of the service and support available

- Provision of practical and emotional support to service users.
- Good information provision.
- Arrangement of, and attendance at appointments with service users.
- Gate pick-up and liberation day support.
- Onward referral.
- Provision of an accessible service, with ease of contact.

- Holistic, seamless and co-ordinated support, with input from other staff and services (e.g. other prison staff; other services) as well as TSOs.
- Knowledge of, and links to a wide range of other support providers.
- Joint working and information sharing with internal and external staff.
- Provision of support for the period required by the individual service user, with a clear plan for disengagement.
- An overall approach which is:
  - Evidence and experience-based.
  - Informal.
  - Relationship-based.
  - Asset-based and individual-focused.
  - Trust-based.
  - Non-judgemental.
  - Seen as "independent".
  - Non-uniformed.
  - Partnership-based with the involvement of other service providers.
  - Proactive and willing to continue despite "ups and downs".

Attitudes and awareness

- Proactive information sharing and awareness raising with internal and external services.
- Development of greater understanding of the concept of throughcare, and services' roles in promoting this.
- Information sharing by service users with their peers.

Data collection and recording

- Appropriate data collection and recording systems.
- Straightforward, non-time-consuming processes.
- Clear links between the information gathered and the outcomes sought.
- Opportunity for the collection of qualitative information (e.g. Sharepoint case studies).

Resources

- Provision of sufficient management and staff resources to enable a strategic, asset-based, individual approach.
- Time available to spend with service users.
- Provision of sufficient other physical resources (e.g. mobile phones, tablets and access to cars) to enable effective working.

Wider issues

- Consistency of the throughcare support service with wider SPS policy and practice.

- Changes and new developments to policy or practice in other services, to underpin and support throughcare provision.

Constraints

A number of factors that could constrain throughcare support service provision were also identified, and are detailed below.

Structural or process issues

- Variations in the development and application of processes for implementation of the service across the Estate.
- Variations in service user groups worked with.
- Practical constraints (e.g. timing of release; movement between prisons; HDC liberations; outstanding warrants).
- Geographical constraints and gaps (e.g. a "postcode lottery" of availability; difficulties for national establishments with the range of local services involved; people being liberated to distant areas; distances between appointments).
- The impact of policy and practice of other services, outwith the control of the SPS (e.g. housing, benefits, health).

Staffing or management issues

- Limitations to the capacity of the TSOs to cope with the potential level of demand for the service and the demands upon them.
- Variation in skills among the TSOs.
- Lack of clarity of roles or boundaries (e.g. management, other SPS staff or other specialist organisations).

The nature of the service and support available

- Variation in processes and approaches by TSOs to different aspects of identification of service users, assessment and service provision.
- Lack of involvement of some staff (internal and external) in support provision.
- Gaps in information sharing.
- Variation in approaches to disengagement and onward referral.
- Lack of sufficient time to address issues, and inconsistency of the timescale with an approach based on individual requirements.
- Potential for "over-commitment" by TSOs and difficulties in disengagement.
- Gaps in support at the point of disengagement.

Attitudes and awareness

- Lack of awareness among some SPS staff of the role of the TSOs and their own role in throughcare.
- Lack of awareness of the service among some service providers and potential service users.

- Variations in understanding of, and attitudes to throughcare, including negative attitudes among some SPS staff and other service providers.
- Lack of awareness of throughcare in the wider community.

Data collection and recording

- High levels of paperwork for staff.
- Lack of complete information recording (e.g. "invisible" work).
- Difficulties in measuring unmet demand and using the information for future service planning.
- Emphasis on high numbers of service users as a measure of success.
- Lack of full use of systems of information sharing.

Resources

- Time pressures on staff.
- Lack of facilities (e.g. private space for interviewing).
- Prohibition of mobile phones for use by TSOs in prisons.
- Variation in access to resources (e.g. laptops, tablets, cars) for use in the community.
- Lack of an out of hours or emergency service.

Wider issues

- Aspects of SPS policy and practice which can have a negative impact on provision of throughcare support (e.g. Friday release; transfers).
- Aspects of policy and practice in other services which can limit the opportunity for resolving key issues (both pre and post-release).
- Gaps in availability of other support services.
- Lack of co-ordinated follow-on support.