Evaluation of Resettlement and Aftercare Provision
Acknowledgments

The staff of Galahad SMS Limited and contributors to this report were:

- Research Director: Anne Fox
- Project Manager: John Milton
- Research Manager: Dr. Lee Savage
- Research Consultant: Dr. Georgina Slaven
- Research Consultant: Lorraine Khan
- Project Administrator: Louise Coss
- Field researchers: Oluremi Adebayo, Nikki Rees-Jones, Tanya Hector, Rebecca Frain

Although many people and organisations were instrumental in the completion of this project, we wish to extend particular thanks to:

- all the young people, in custody and in the community, who participated in this research and spoke so honestly about their experiences
- the staff of the youth offending teams, the secure estate and RAP teams who gave their time generously
- The staff of the Youth Justice Board who made this research possible.

Further enquiries should be addressed to:

Mary Wyman
Head of Programmes and Innovation
Youth Justice Board for England and Wales
1 Drummond Gate
London, SW1V 2QZ

© Youth Justice Board for England and Wales 2010

The material featured in this publication is subject to copyright protection under UK Copyright Law unless otherwise indicated. Any person or organisation wishing to use YJB materials or products for commercial use must apply in writing to the YJB at: ipr@yjb.gov.uk for a specific licence to be granted.

www.yjb.gov.uk
### Contents

1. Executive summary 6  
   Introduction 6  
   Literature review, executive summary 6  
   Methods overview 9  
   Sample size and key characteristics 9  
   Findings overview 10  
   Limitations of the study 10  
   Reconviction study results 11  
   Follow-up sample: key findings 12  
   RAP success: key points 12  
   Significant barriers to effective resettlement 14  
   Issues of concern 15  

2. Introduction 17  
   Background to RAP 17  
   Literature review 18  
   Aftercare and substance misuse 21  
   Aftercare interventions: effective practice? 24  
   Barriers to aftercare 26  
   Special needs groups 27  
   Aftercare models 28  
   Substance misuse aftercare treatment options and needs 34  
   Innovations in aftercare 41  
   Checklist of effective practice 43  

3. Methods 44  
   Aims 44  
   Case study sites 44  
   Process evaluation 46  
   Data collection 47  
   Sample overview diagram: young people 48  
   Structure of the report 55  

4. RAP programme elements 57  
   Introduction 57  
   Targeting high-risk youth 57  
   Identification and referral 58  
   RAP engagement strategies and approaches 63  
   Frequency of contact with RAP staff 66  
   RAP substance-misuse interventions 68  
   Diversionary activities 71  
   Use of the flexible fund 74  
   Practical support 76  
   Help with accommodation: survey data 79  
   Help with accommodation: interview data 80  
   Employment and training 86  
   Education 93  
   RAP completions and exits 96  
   General views of staff on RAP programme implementation 97  
   Young people’s views on RAP and YOT workers 100
Index of Figures
Figure 1: The three elements of RAP 18
Figure 2: Sample overview diagram 48
Figure 3: Location of engagement for RAP and the interview sample 64
Figure 4: Accommodation situation of survey sample 80
Figure 5: Quality of Life: Accommodation 81
Figure 6: Quality of Life: Education 88
Figure 7: Quality of Life: Employment 88
Figure 8: School attendance among young people on RAP and those not on RAP 93
Figure 9: Routes out of the RAP scheme for young people 97
Figure 10: Models of RAP 104
Figure 11: Quality of Life: General Health 117
Figure 12: Frequent substance use at the time of the first interview 118
Figure 13: Frequent substance use at the time of the follow-up interview 118
Figure 14: Quality of Life: Alcohol use 120
Figure 15: Quality of Life: Drug use 122
Figure 16: AADIS scores for young people in initial and follow-up interviews 123
Figure 17: Young people’s perceptions of the link between crime and substance use 123
Figure 18: Reconviction rates for young people on RAP, not on RAP, and on ISSP 127

Index of Tables
Table 1: Population size of study areas 45
Table 2: BME population of study site regions 45
Table 3: Youth crime statistics for research study areas 46
Table 4: Survey sample selection criteria 50
Table 5: Activities offered by RAP schemes 72
Table 6. Reconviction sample characteristics 126
Table 7: Results of the regression models for one-year reconviction (odds ratios and significance) 128
Table 8: Change in the proportion of young people convicted for each category of offence after 12 months 129
Table 9: Areas of help requested by the sample 136
1. Executive summary

Introduction
The Youth Justice Board (YJB) has been tasked with preventing crime, rehabilitating young offenders and reducing reoffending. The successful reintegration of young offenders into their communities forms part of the YJB’s crime reduction strategy. In 2006, Galahad SMS Ltd were contracted by the YJB to evaluate the Resettlement and Aftercare Provision (RAP) initiative. This initiative is targeted at young people who offend and who also have a range of complex needs requiring help for things like substance misuse and mental health-related issues, accommodation, education, training and employment.

The innovative element of RAP is that it is a voluntary initiative and not any condition of bail, court orders or sentence. The programme is based on a tailored plan, targeting the needs of the individual and can be offered to a young person at any point in their involvement with the youth justice system. Galahad’s evaluation of RAP focused on how well the programme was meeting its aims of addressing young people’s complex needs. Researchers also sought to understand the influence RAP has had on young people’s offending behaviour and substance misuse.

Literature review, executive summary
This literature review conducted at the start of the study in 2006 examined available research in order to synthesise knowledge, consensus and theories about aftercare – with a particular focus on aftercare for young offenders with substance misuse issues. The review is a non-systematic (or narrative) review that does not use stringent inclusion and exclusion criteria for studies. The conclusions drawn from this review may therefore be considered more subjective than those that could have been achieved via a systematic review. However, this report is an evaluation based on primary data and the conclusions and recommendations offered in Sections 9 and 10 are based on that data, not the results of the literature review.

Aftercare refers to a range of support services to assist the young offender to reintegrate within their community and to desist from criminal behaviour. Despite a plethora of research addressing the needs of adult offenders, it is only comparatively recently that the specific and particular needs of offenders under 18 have been acknowledged. As a result, there is a paucity of quality research identifying what works and what does not work for this offender sub-group. Despite this limitation, some key barriers to successful rehabilitation have been identified and the key features of successful aftercare programme implementation have emerged.
Given the high reoffending rates for young people in the UK, there is a clear need for post-custody support. Research has identified the following predictors of criminal behaviour and substance misuse for young people:

- presence of anti-social behaviours and attitudes
- problems with authority
- low self-esteem
- involvement with anti-social peers
- prior use of drugs
- parent and sibling drug use or criminality
- low commitment to education and poor educational attainment
- dysfunctional family, including abuse.

Clearly, any efforts to rehabilitate young offenders will need to address not just the problem behaviour that resulted in conviction but also the dynamic family and personal factors that gave rise to such behaviour. The list above illustrates how complex the interplay of these factors can be.

Because the factors that can give rise to criminal behaviour and substance misuse are so complex, the first objective of rehabilitation and aftercare must be the appropriate individual assessment of both personal/family problems and support needs. This assessment should bear in mind that young people are undergoing personal and emotional development, so their needs are dynamic and will evolve during their maturation into adulthood. For example, initial educational needs may evolve into needs for assistance with gainful employment.

Research into the effectiveness of rehabilitation and aftercare programmes has identified the following key features for success. The most effective rehabilitation programmes (with a decrease in recidivism of 10 to 25%) had the following characteristics:\(^1\):

- intensive probation supervision (reduced caseload for staff)
- restitution programmes for probationers
- counselling programmes for probationers
- intensive aftercare/parole supervision
- school-sponsored programmes

\(^1\) Lipsey (1999) conducted a thorough meta-analysis of rehabilitation effectiveness, examining studies conducted between 1950–1995 in English speaking countries and using police contact/arrest recidivism as the primary outcome measure. He found significant variation in effect sizes for the various studies, showing that some rehabilitation programmes are far more effective than others. The most effective rehabilitation programmes, with 10 to 25% decreases in recidivism had these 12 characteristics.
• community-based counselling and casework programme
• community-based, skill-orientated programmes that emphasised improvement of academic skills
• community-based service brokerage programmes that used case management approaches to connect young people with appropriate services, according to their needs
• the degree to which the rehabilitation programme was linked into the youth justice system
• compulsory participation
• a service provision lasting at least 18 weeks
• a participant/offender age of over 15.

Providing a comprehensive aftercare service that could encompass all of the above poses obvious challenges. Aside from the fiscal burden, such a service would require the co-ordination and co-operation of a wide range of central and local government support services, the judiciary, families and the local community. The research reviewed here shows that it is often the absence of such partnership and co-ordination that prevents well-designed aftercare programmes from being successful.

The allocation of resources towards the development and implementation of young people's aftercare programmes requires a sound theoretical foundation of behaviour modification, in addition to research evidence of effectiveness. From the literature review, we have identified five main theoretical approaches to young offender behaviour modification.

1. Intensive Aftercare Programme
2. Intensive Supervision and Surveillance Aftercare Programme
3. Holistic Care Programmes
4. Managed Care Model
5. Family Involvement Models.

There is mixed evidence for the effectiveness of each of these approaches. Many of them were developed in the USA and cultural factors may inhibit the transference of these approaches to young offenders in the UK. Whichever approach is chosen, the research evidence is clear that staff involved in its implementation need to be trained in the following:
• theoretical rationale of the approach
• application of the approach
• updates on best practice.

The reviewed literature makes clear that, without adequate staff training, successful implementation will be compromised.
Finally, this literature review examined the evidence for successful rehabilitation for substance misuse. In terms of prevention, the absence of evidence of effective outcomes makes it hard to determine ‘what works’ in drug prevention initiatives with vulnerable young people. The absence of a nationally agreed substance misuse screening tool and a treatment outcome monitoring tool make it difficult to assess the effectiveness of various substance misuse treatment programmes. However, the review concludes with an example of best practice from The Young People’s Clinic, which was the result of collaboration between Druglink, the Substance Abuse Unit and an NHS hospital-based treatment service. The main aims of this multi-agency service were to:

- establish the first documented methadone clinic exclusive to under-18s
- treat psychiatric co-morbidity
- work alongside other agencies as well as developing a team culture of ‘multi-disciplinary and inter-agency working’
- appeal to, engage and then hold on to this young population
- encourage abstinence, or at least a significant reduction in drug use.

This multi-disciplinary approach incorporated a counsellor, a psychiatric nurse, a psychiatrist, a youth justice worker, a young person’s project worker and a social worker. It is the integration of a multi-agency and multi-disciplinary approach that distinguishes this as an example of effective practice.

**Methods overview**

This was a multi-method, multi-site study using both quantitative and qualitative elements including:

- both a process evaluation and an outcome evaluation
- ten case study sites (five RAP and five non-RAP)
- a structured questionnaire for young people serving custodial or community sentences
- interviews and focus groups with young people and staff
- a 12-month reconviction study.

**Sample size and key characteristics**

- The sample originally identified for the reconviction study was 558 young people (though not all could be included in the reconviction analysis). All of these young people completed a structured questionnaire, which included both demographic data and a validated substance misuse screening tool (AADIS). This information was used primarily to collect information to match the RAP and non-RAP samples and to inform the reconviction study.
- As well as completing the questionnaire, 104 of these young people were interviewed face-to-face.
Sixty-two of the 104 young people interviewed were followed-up after at least three months, completing the structured questionnaire again and another interview.

Forty-seven (81%) of young people on RAP and completing face-to-face interviews had either been excluded from school, dropped out before the age of 16 or had regularly truanted, compared with 30 (53%) of the non-RAP sample.

Most of the young people interviewed were regular cannabis users. At the time of their first interview, 70% of young people on RAP and 74% of those not on RAP used the drug several or many times per month.

According to data taken from Asset forms (n=73), around one-third of young people on RAP and a quarter of those not on RAP did not live with their parents, and therefore had to make alternative living arrangements.

**Findings overview**
The comparisons in this study have been made largely between young people on RAP and those under YOT care (non-RAP) only. On almost all counts (reoffending, substance use, accommodation, etc.) young people in the RAP group fared slightly better than those not on RAP.

**Limitations of the study**
These results, however, must be viewed in light of the limitations of the study.

- The qualitative elements of this research focused on only a few RAP schemes. The problems and also the effective practice found in these case study sites may not be representative of all RAP schemes nationwide.
- The evaluation was conducted in the early stages of the RAP programme, before it was fully ‘bedded down’. The fact that the results are at all positive is therefore a good sign that RAP may have a beneficial effect and further monitoring could reveal an increased difference.
- The length of the reconviction study may have been insufficient for accurate conclusions to emerge.
- The sample sizes may have been too small to detect significant differences.
- The changes in a young person’s substance use and offending behaviour can be the result of many influences and cannot necessarily be attributed to participation in one programme.

It must be also be emphasised that those on RAP are also still under YOT care. This is not a ‘RAP vs. YOT’ evaluation, but rather an assessment of the difference that RAP schemes make to young people on YOT provision. In other
words, this is an assessment of the ‘added value’ that RAP provides. Indeed, it is the collaboration between the two elements – between the care and mentoring of RAP and the control and discipline of YOT – that we feel is key to the success of both.

There are, however, some promising findings, patterns and themes emerging from this evaluation. For example, young people on RAP:

- are more likely to reduce the severity of their substance misuse over time, compared with those not on RAP (based on the smaller follow-up sample)
- tend not to drop out of contact with this voluntary scheme. The low level of drop-out from RAP services is significant, since we know that client retention in substance misuse services is seen as an indicator of effectiveness in drug treatment interventions (National Treatment Agency, 2005)
- have fewer unmet needs than those not on RAP
- young people on RAP also appear to value the relationship with their RAP worker (and by association with their YOT), greatly appreciating the brokerage role fulfilled by the scheme in helping them access other services, and the very practical style of assistance provided by RAP workers.

To enhance the effectiveness of RAP, the results of the qualitative portion of this study should now be used to refine the parameters of, and improve the delivery of, care to this vulnerable group.

**Reconviction study results**

As part of this research, Galahad SMS Ltd undertook a 12-month reconviction analysis to see if there were any differences between young people on RAP and those not on RAP. A quantitative analysis of Police National Computer (PNC) reconviction data comprised a sample of 294 young people; 147 of whom were on RAP at the time and 147 who were not. The results of the reconviction study (see Section 7) suggest that young people on RAP are slightly less likely to reoffend than a matched sample of young people not engaged with the programme. However, the difference is small and not statistically significant; 78% of young people on RAP were reconvicted within one year of their first offence, compared to 86% of those not on RAP.

The largest observable difference between these two groups was that young people in the non-RAP group were reconvicted for summary offences in much greater numbers than the RAP group, although we must keep in mind that the sample size was too small for this finding to be statistically significant.

Young people on RAP who had a lower AADIS score (i.e. less problematic use of alcohol or drugs) were significantly less likely to be reconvicted within one year than comparative non-RAP young people. It is also worth noting that,
judged against the Intensive Supervision and Surveillance Programme (ISSP) – which is another programme for high-risk young offenders – RAP appears to have better outcomes (89% reoffending rate on ISSP, compared to 78% on RAP). However, the limitations of the present study prevent us from concluding with absolute certainty that RAP performs better than ISSP (see Section 8 for a further discussion of this).

Furthermore, given that the literature review highlighted the poor results internationally of all rehabilitation programmes for this group, an eight percentage point difference could be considered quite good indeed, even if not statistically significant.

**Follow-up sample: key findings**

In follow-up interviews with the sample of young people on RAP (n=30), most young people who had been on RAP for three months or longer reported the following.

- Reduced offending; during initial interviews, many young people on RAP reported reduced offending, including some who stated they had ceased offending altogether. However, it should be noted that those not on RAP also stated that they had reduced or ceased their offending.

- Most on RAP also self-reported reduced severity of offending.

- Most of the 30 young people on RAP in the follow-up interviews had managed to reduce their substance use. In contrast, a smaller number of young people not on RAP managed to maintain abstinence or reductions after three months.

- The AADIS substance misuse data with this follow up group shows that young people on RAP reduced the frequency of their substance use in the time between the first interview and the follow-up interview. The frequency of using alcohol, cannabis, amphetamines and cocaine was quite substantially reduced by the time of the second interview. By this stage, both frequent alcohol and cannabis use for the RAP group had reduced by 12 percentage points, whereas cannabis use for the non-RAP group fell by just two percentage points.

- Assessments of potentially problematic substance use, as indicated by AADIS, showed that – although still high – the numbers in this category in the RAP group fell by eight percentage points between the first and second interviews. This compared with a rise of almost five percentage points for the non-RAP group.

- In addition, compared to the non-RAP sample, young people in the follow-up RAP sample demonstrated increased awareness of substance misuse and increased involvement in positive activities.

**RAP success: key points**

The views and expressed needs of young people in follow-up interviews show that those not on RAP have more unmet needs than those on RAP. This
qualitative evidence is encouraging for the YJB, in that it shows how successful RAP may have been in meeting most of the needs of young people in this sample. This also highlights the current gaps in service provision for those not on RAP.

**RAP is beneficial to YOTs**

- RAP helps to facilitate YOT work by freeing up YOT workers from time-consuming duties, such as finding accommodation and accompanying young people to appointments.
- All RAP teams studied reported good working relationships with YOTs and the two schemes were felt to be fully complementary.
- Most staff also felt that RAP benefited young people by making a clearer distinction for them between care and control. In the latter half of this study, RAP workers had successfully clarified their role as caring advocates and role models for young people. In this study, contact with YOT workers was apparently made on the basis of the terms of court orders, whereas contact with RAP workers was apparently determined on the basis of a young person’s needs.
- RAP teams were able to provide intensive support, even out-of-hours. By contrast, YOTs without RAP faced huge pressures on their time and could not provide as extensive a service for individuals.

**Practical support**

- The workers in all RAP teams studied provided valuable practical support. Largely due to access to the ‘flexible fund’, RAP teams appeared to be more successful than non-RAP teams in organising diversionary activities to keep young people away from offending.
- RAP appeared to be more successful in finding, placing and encouraging young people to engage with training and employment than their non-RAP YOT colleagues. This is reflected by the fact that 89% of young people in the RAP sample had received assistance with employment and training, against 64% of the non-RAP sample (although it was not clear whether everyone required such assistance). The RAP teams studied had been able to find education and training opportunities for young people through colleges, charities and employers.
- According to staff in RAP areas, the voluntary nature of RAP enhanced the appeal of the scheme to young people. Many staff felt that the programme had steadily gained a reputation among young people as something enjoyable rather than being perceived as a ‘punishment’. Drop-out rates for RAP have been less than 25% for the first three quarters of 2007/08.

**Flexible fund**

The Flexible Resettlement Fund appeared to be the key to success in many areas and was used in numerous ways, including:
- providing incentives for attendance
- housing expenses
- buying books and other materials needed for college and training
- helping in crisis situations
- bus/taxi fares enabling young people to attend college, jobs or appointments.

By comparison, non-RAP YOTs had few resources in place to respond to such needs.

**Engagement**

The RAP teams studied appeared to be more successful than non-RAP teams in engaging young people who were reluctant to address their substance misuse. Engagement strategies included:

- creating informal ‘drop-ins’
- unstructured and informal atmosphere
- non-judgemental non-authoritative approach
- flexibility in engagement ‘terms’
- matching young people and RAP workers
- incentives and rewards for attendance.

By comparison, engagement and compliance with court orders was poorer among young people not on RAP.

**Substance misuse**

RAP staff thought they provided the following additional benefits, compared with non-RAP YOT schemes:

- maintaining the young person’s engagement, despite relapses into drug use
- providing ‘crisis management’ in cases of relapse or other incident.

**Staff appreciation of RAP**

The vast majority of the RAP workers interviewed enjoyed their job and this was evidenced by the fact that workforce retention among the RAP teams studied was far better than among non-RAP teams. Several RAP managers also commented on the total dedication to their job that RAP workers showed.

**Significant barriers to effective resettlement**

- **Accommodation**

  The lack of appropriate accommodation for released young offenders, especially for the vulnerable and high-risk young people who are the targets of the RAP scheme, was found to be a significant barrier to young people’s successful resettlement.
All RAP teams, however, were found to have strategies in place for coping with this issue. Non-RAP teams reported greater difficulty in securing accommodation for young people, mainly due to lack of funding. Several YOT staff also remarked that young people on RAP were more likely to attend appointments and to comply with housing regulations than those not engaged with RAP.

- **Selling RAP**
  Many staff members spoke of difficulties in initial engagement of young people with the scheme.

- **Mental health services**
  In several areas, access to mental health services for young people was reported to be poor.

- **Bad influences**
  Many RAP staff and some young people reported that a significant barrier to successful resettlement was the negative influence of peers or family members.

- **Prejudice and stereotyping**
  Some RAP staff witnessed prejudiced attitudes towards young offenders from colleges and employers. For example, one college refused access to young people on tags, claiming that the devices posed a ‘health and safety risk’.

- **Employment**
  Poor access to employment for young offenders was reported in most areas.

- **Not enough diversionary activities**
  While diversionary activities were widely available and enjoyed in RAP areas, many young people in initial interviews mentioned a need for more of these activities as an aspect of RAP that could be improved. This need for more diversionary activities was the most frequently suggested area for improvement in interviews with young people, followed by availability of accommodation and help getting back into training or employment. The need for productive ways to spend time was also raised as an issue by several young people in the non-RAP sample.

**Issues of concern**

Mobility of the custodial population (frequent transitions, etc.) hindered the ability of RAP teams to engage and retain young people. The dovetailing of RAP with other schemes also needs attention, particularly since some workers noted problems with young people on both RAP and ISSP.

In this study, the most strident criticisms of RAP initially came from Young Person’s Substance Misuse Service (YPSMS) staff in the secure estate, whose main concerns were:

- variability in the content of RAP schemes and lack of clarity about the packages on offer to young people in custody
- lack of communication between RAP and YPSMS staff, particularly concerning visits
- lack of feedback from RAP staff to YPSMS staff on how released young offenders are progressing.

However, it should be noted that by the time of the follow-up interviews with staff about a year later, most of these issues had been resolved and improvement was seen in all areas.
2. Introduction

**Background to RAP**

Of all groups of vulnerable young people, those in the youth justice system have been identified as the highest and earliest users of substances, including Class A drugs (YJB, 2004). In response to the priorities set out in the National Drugs Strategy (Home Office, 2002), the Youth Justice Board (YJB) is working in partnership with the Home Office’s Drugs Strategy Directorate, the Criminal Justice Interventions Programme, the National Treatment Agency (NTA), the Department of Health and the Department for Education and Skills to improve access to substance misuse services for these young people.

After originally targeting young people with Tier 3 and Tier 4 substance misuse needs upon leaving custody, the RAP programme is now also aimed at young people on custodial and community penalties with assessed substance misuse and dual-diagnosis needs (both health and mental health). These parameters now encompass young people with Tier 2 substance misuse needs that co-exist with other complex needs, such as mental health problems.

The primary aim of RAP is to assist and support those young people on the scheme to:

- reduce reoffending
- address substance misuse issues
- tackle other needs and vulnerabilities, such as accommodation, mental health, education, training and employment.

This research study offers an evaluation of the scheme’s implementation and potential success in meeting these three aims during the initial phases of its implementation.

RAP is a voluntary initiative and not a condition of bail, an order or a sentence. It can be offered to a young person at any point in their involvement in the youth justice system and the programme is based on a tailored plan, targeting the needs of the individual. The key innovative elements of the programme are intensive and holistic support from a key worker and the Flexible Resettlement Fund, which provides the means to fund initiatives to help young people complete RAP.

---

2 The Tier system refers to differing levels of treatment for substance misuse, with Tiers 3 and 4 being for the most serious users. The Tier system for young people is described in full in the Health Advisory Service publication *The Substance of Young Needs: 2001 Review*. 

RAP is divided into three elements:

1. **engagement**
   For those young people in custody, the engagement element runs from initial contact with the RAP scheme to the day of release. For those on community sentences, it runs from initial contact with the RAP to agreement of the RAP plan between the young person and the YOT.

2. **core provision**
   The core provision element is initiated when the young person starts fulfilling the requirements of the RAP plan. For those in custody, this phase starts on the day of release. For those on community sentences, it starts once the RAP plan has been agreed by the YOT and the young person. In both these cases, this phase finishes at the end of the licence or order.

3. **aftercare**
   The aftercare element runs from the end of the licence for up to six months.

**Figure 1: The three elements of RAP**

![Diagram showing the three elements of RAP: Engagement, Core provision (Community and Custody), and Aftercare.]

**Literature review**

**Purpose and scope of this review**
The literature review had two purposes. The first was to examine the evidence base concerning the effectiveness of aftercare interventions for young people. The second was to provide background and context for the use of multi-systemic interventions for young offenders.

The literature review was conducted in 2006 to inform the study design and has not been updated to include research published since then. An initial search, using IBSS, Web of Knowledge, PsychINFO and the British Library Catalogue revealed that research specific to multi-systemic aftercare provision in the UK was very scarce. We therefore extended the search to international studies because multi-systemic approaches were, at the time, more common in other countries. We also broadened the search terms to include evaluations of
programmes that were not focused exclusively on substance misuse interventions. We believe this provides the reader with background information regarding the effectiveness of multi-systemic interventions, as well as highlighting the importance of aftercare generally for young people who offend.

Searches were conducted using journal search engines (such as IBSS and Web of Knowledge), internet searches and a search of the British Library Catalogue. Although this is not a systematic criteria-based literature review, this does synthesise the elements of effective practice that have emerged as a result of conducting the searches, although it must be reiterated that we have not applied a ranking system to studies in the review.

This literature review is a critical examination of existing research pertinent to the current evaluation of the Resettlement and Aftercare Programme (RAP). It is a narrative or non-systematic review of the literature which does not make use of stringent inclusion and exclusion criteria. Instead, it is a synthesis of relevant knowledge, consensus and theories about aftercare – with a particular focus on aftercare for young offenders with substance misuse issues. Because of the lack of systematic inclusion/exclusion criteria, the conclusions presented here can be considered more subjective than those which could have been obtained in a systematic review.

The literature review was not intended to form part of the evidence of this evaluation, which is based instead on primary data. It has been included to provide background information and context to the development of RAP. As several excellent reviews on aftercare for adult offenders are available\(^3\), this review will concentrate specifically on literature referring to juvenile (under 18) and young (18 to 21-year-old) offenders.

Evidence of the effectiveness of custodial substance misuse treatment programmes and approaches is being assessed as part of the literature review for the evaluation of the Substance Misuse Project (SMP) for the YJB (Galahad, 2007). We will therefore concentrate here specifically on community-based care for substance-misusing young people after they have left custody.

In relation to substance misuse and crime, courts could previously specify substance misuse treatment as a requirement of probation but this condition was rarely used, mainly due to a lack of suitable guidance (Hough, 1996). This was rectified by the Crime Disorder Act, 1998, which provided a framework and detailed guidance on court-monitored treatment (Home Office, 1998). There has been considerable further work on strategic development (DfES, 2005) and specific guidance in the UK (NTA, 2005) to ensure that all young offenders are screened for substance misuse, and that those identified as having treatment

\(^3\) For example, Crow (2006) presents a recent comprehensive overview of adult aftercare literature that covers government policy, pathways to resettlement and issues specific to several sub-groups of adult offenders.
needs receive appropriate assessment and early access to intervention and treatment services.

**The importance of aftercare**

In the UK, the percentage of young people reconvicted within a year of release from custody remained fairly stable between 2000 and 2003, at around 36% (Home Office, 2003). The reoffending rate has been observed as high as 80% for males between 14 and 18-years-old (Nacro, 2003). Others countries report similar rates; for example, the reconviction rate for 14 to 17-year-olds in New Zealand was 87% between 1990 and 1995 (Zampese, 1997).

Many young people in the UK have a dire need for post-custody support with accommodation, education and training, mental and physical health issues and family breakdown (Crome et al, 2005). The Homelessness Act (2002) should make a significant difference to young people’s needs for accommodation, as it places a legal duty on local housing authorities to provide accommodation to all homeless 16 and 17-year-olds, providing that they have been assessed as vulnerable.

A key report on juvenile aftercare, written in 1990 for the US Office of Juvenile Justice and Delinquency Prevention, stated that:

> Community-based aftercare, the parole phase of corrections, is the point at which the supposedly beneficial cumulative effects of the institutional ‘treatment’ experience are transferred to community settings, and are reinforced, monitored, and assessed. For the chronic, serious juvenile offender, the quality of intensive community-based aftercare could determine whether the youth remains crime-free or returns to delinquency.

Altschuler and Armstrong, 1993

In 1996, a Home Office Report was cautiously optimistic about the potential value of aftercare:

> The research literature has little to say directly about the value of aftercare specifically following imprisonment, though the review by Hawkins and Catalano (1985) establishes the value of post-treatment aftercare in general ... If the key to successful treatment is getting people into treatment and keeping them there, there is an obvious need for coordination between whatever programmes are offered in prison and those offered by the probation service to offenders under post-release supervision.

Hough, 1996

---

<sup>4</sup> See also: Hazel Blears’ response to Parliamentary questions 21 Nov 2005. Published by Hansard. [www.publications.parliament.uk](http://www.publications.parliament.uk); see also ESRC website: esrc.societytoday.ac.uk.
A more recent review of aftercare services found that, to be effective:

*Aftercare services require a seamless set of systems across formal and informal social control networks. It also requires a continuum of community services to prevent the recurrence of anti-social behaviour.*

Gies, 2003

Unfortunately, as Mears and Travis (2004) point out, there are few empirical studies evaluating youth re-entry programmes and even fewer exploring the transition process. The conclusions from their round-table discussions within the Justice Policy Centre emphasise the important influence of the communities to which young people are returned. These tend to be characterised by widespread crime with limited opportunities for education and employment. Returning young people to such disadvantaged communities poses significant challenges.

Some researchers have argued that aftercare is necessary not just to continue the progress or ‘gains’ a person has made in custody, but to mitigate against the emotional damage that incarceration inflicts upon already vulnerable people – the “corrosive effect of custody”, as one judge is reported to have said in 2005 (Partridge, 2005). This perhaps echoes the words of Barry Goldson:

“We are literally awash with evidence [that] youth custody is corrosive, damaging, expensive and spectacularly counter-productive.”

Goldson, 2001

Similarly, Fox writes that:

*Aftercare must address not only the side-effects of drugs, but the side-effects of prison itself.*

Fox, 2000

**Aftercare and substance misuse**

With a shift in emphasis from child protection to prevention of offending, and the rise in drug use among young people⁶, policy makers took a growing interest in the connections between crime and the use of alcohol and illegal substances. Many researchers now agree that – where youth crime and substance use co-exist – involvement in crime generally precedes use of illegal substances. Later substance use, however, may maintain criminal behaviours. Generally speaking, crime is predictive of substance use in adolescents but the reverse does not hold (National Institute of Alcohol Abuse and Alcoholism, 1997, see also Kandel et al, 1986; Parker, 2001). However, providing services to reduce substance misuse may also reduce adolescents’ participation in criminal activity (Farabbe et al, 2001).

---


⁶ Among schoolchildren, drug use increased markedly between 1998 and 2002 but would appear to have stabilised in recent years Department of Health (2005).
In the 1980s, there was a thread of pessimism running through the literature on the effectiveness of substance misuse programmes – particularly their part in reducing reoffending. For example, Garrett’s (1985) meta-analysis of residential treatment for youths involved in the Criminal Justice System found that it was impossible to draw any conclusions about programme effectiveness (Garrett, 1985). The past 20 years of research has yielded more positive findings. For example, Greenwood (1992) identified that the predictors for substance misuse are roughly the same as those for youth offending. These include, among others:

- presence of anti-social behaviours
- involvement with anti-social peers
- prior use of drugs
- parent and sibling drug use or criminality
- low commitment to education

Therefore, there is a strong overlap between substance misuse and offending behaviour but one cannot be said to cause the other. The use of illegal drugs will not necessarily mean that the youth is at risk of offending – unless other predictors (as listed above) are also present. Intervention strategies that target reductions in criminal behaviour therefore need to address the dynamic criminogenic factors for rehabilitation to be effective. Research has identified these factors as: attitudes, cognitions, employment, education, peers, authority, substance abuse and interpersonal relationships (Sherman et al, 1997).

It is therefore understandable that some studies have concluded that programmes aimed at reducing offending behaviour do little to modify substance use (Braukmann et al, 1985). However, the causal relationships between substance misuse and young offender behaviour are complex and are likely to include both bi-directional relationships and common causes (Putins, 2003). A longitudinal study of substance use and the risk of recidivism in young offenders failed to find any statistically significant association between the two (Ibid.). However, results from the UK National Treatment Outcome Research Study, found that drug misusers who were voluntarily seeking treatment significantly reduced their criminal behaviour (Gossop, 2005). At the five-year follow-up point, acquisitive and drug-selling crimes were a quarter of those reported at the time of joining the treatment programme.

Many researchers have suggested that changing young people’s substance use is best achieved through reducing known risk factors. Identified risk factors include:

- family breakdown (Hammersley, Reid and Marsland, 2003)
- experience of family disruption (Newburn, 1999)
- parental/sibling substance misuse (Brown, 1989; Goddard and Higgins, 1999; Brook et al, 1990)
- economic factors (Britton and Noor, 2003; Sharp et al, 2001)
- psychologically damaging events (Maden, 1995; Boys, Marsden, and Strang, 2001; Boys et al, 2003)
- easy access and exposure to drug markets (Lloyd, 1998).

Parker et al’s (1998) concept that some forms of drug use were becoming ‘normalised’ among young people in the UK continues to attract attention and generate debate. This normalisation refers to the spread of deviant activity (such as illegal drug taking and associated attitudes) from the fringes towards the centre of youth culture, and also that experimentation with substance use is common (Hammersley, Reid and Marsland, 2003).

It is now generally accepted that some types of drug experimentation and use have become more common among young people (Ibid.) In the light of this, the concept of prevention is now usually taken to mean deterring or delaying uptake and – where this is not possible – reducing the risk of escalation into harmful or problematic use. It should be noted that, although much is known about the increases in knowledge that occur as a result of preventive educational initiatives, there is little compelling evidence indicating that such knowledge has any effect on drug-using or alcohol-orientated behaviour (White and Pitts, 1997; Millward et al, 2004). The absence of evidence of effective outcomes, such as prevention, delay or reduction of drug use, makes it hard to determine ‘what works’ in drug-prevention initiatives with vulnerable young people.

Studies have consistently found that increased participation in aftercare is associated with a reduced risk of relapse (Dowden and Latimer, 2006). For aftercare support to be realistic, adequate community substance misuse provision is essential (Pead, Morton, and Hamilton, 1999). Safe and appropriate housing is a particular concern for young people released from custody (Galahad, 2003). Many studies have documented that, upon release from custody, young people cannot be placed with their families, due to reasons such as domestic violence, family dysfunction and abuse (Altschuler and Armstrong, 1993).

Post-custody treatment for young people is considered by many researchers to be as important as custodial treatment. As Pead et al explained:

> It is only after release from a juvenile justice centre that the young person’s resolve and skills to cease or reduce drug use, or to use drugs more safely, is tested in an ongoing way. It is in the immediate period following release that a young person is most at risk of death from overdose.

Pead et al, 1999

---

7 http://www.drugscope.org.uk/resources/mediaguide/normalisation
Aftercare interventions: effective practice?

Research has advanced since the famed 1975 Lipton review of rehabilitation programmes that concluded “nothing works”. Progress has been made mainly in studies that sought to determine the particular approaches that work for different individuals at specific times in their lives and in different settings (Bullis et al, 2004; Grietens and Hellinckx, 2004). What is clear is that custody alone does not change delinquent behaviour, with recidivism rates reported as high as 96% (Lewis et al, 1994).

Early research by Altschuler and Armstrong (1993) highlighted the complexity of factors affecting juveniles at risk of reoffending. They identified experiences with family, school, peer group and drug or alcohol involvement, plus behavioural, emotional and cognitive problems that must be addressed in order to tackle the complex circumstances that contribute to delinquency. This three-year Office of Juvenile Justice and Delinquency Prevention (OJJDP) sponsored project to test the feasibility and impact of an intensive aftercare programme found that strategies to heighten surveillance in a way that promoted participation in substance misuse treatment were key components in reducing recidivism.

The importance of an integrated and comprehensive treatment regime to assist chronic offenders was also a key component of the California Youth Offender ‘Lifeskills’95’ programme. Designed to address the often poor social and life skills of young offenders, it provided a series of life-style and life-skill treatments within an integrated educational approach to improve decision-making. At a one-year follow-up, Lifeskills’95 participants had lower recidivism, greater participation in employment and were less likely to have abused drugs than a comparable control group (Josi and Sechrest, 1999).

A more recent evaluation by (Bullis et al, 2004), conducted a one-year follow-up study of 531 youths after release. They found that engagement in work or school and involvement with mental health or other social service agencies in the community decreased the likelihood of a return to custody. Youths with learning or other disabilities were more likely to disengage with education or employment and thus increase their risk of reoffending (Bullis, Havel and Yovanoff, 2004).

More sophisticated approaches to evaluating the effectiveness of rehabilitation programmes – particularly since the 1980s – have resulted in a more differentiated body of empirical evidence. Lipsey (1999) conducted a thorough meta-analysis of rehabilitation effectiveness, examining studies conducted between 1950–1995 in English-speaking countries, using police contact/arrest recidivism as the primary outcome measure. He found significant variation in effect sizes for the various studies, showing that some rehabilitation programmes were far more effective than others. The most effective

Meta-analysis is a quantitative technique for coding, analysing and summarising research evidence. It is a robust method of determining the effect of an intervention (in this case youth rehabilitation programmes), standardised to enable comparisons across different studies and types of intervention.
rehabilitation programmes, with 10 to 25% decreases in recidivism, had the following characteristics.

**Effective types of rehabilitation programme**

- Intensive probation supervision (reduced caseload)
- Restitution programmes for probationers
- Counselling programmes for probationers
- Intensive aftercare/parole supervision
- School-sponsored programmes
- Community-based counselling and casework programmes
- Community-based, skill-orientated programmes that emphasised improvement of academic skills
- Community-based service brokerage programmes that used case-management approaches to connect young people with appropriate services, according to their needs.

Other factors were also associated with decreased recidivism, such as the degree to which the rehabilitation programme was linked into the youth justice system. The following characteristics showed the strongest positive impact on recidivism.

**Effective links to youth justice system**

- Not located in a youth justice facility, but operated under youth justice sponsorship
- Administered by youth justice personnel
- Involved participation mandated by the youth justice system.

Two other factors also significantly influenced recidivism rates:

- the duration of the service provided needed to be at least 18 weeks
- the young people responded better if they were aged 15 or over and had been prosecuted for mixed offences rather than property offences.

Interestingly, effective programmes were effective regardless of the violence of the crimes or the severity of the offence. Lipsey’s (1999) meta-analyses have informed the design of evaluation protocols that assess how well aftercare programmes compare with best practice. This has helped OJJDP officials to assess existing programs in order to better target using limited resources (Juvenile Sanctions Centre, 2003).
In addition to such quantitative evaluation approaches, useful information can also be gained from listening to those on the receiving end of aftercare. A study that collected first-hand accounts of young adult probationers found that the positive or negative experiences of parole significantly influenced the success or failure of parolees (Chui, 2003). Offenders who reported having probation officers who listened, understood and supported them were less likely to reoffend. Although there may be cultural issues in translating the findings to the UK, this study emphasises the important contribution of probation staff with good interpersonal skills in reducing recidivism.

**Barriers to aftercare**

A 2005 US study asked both care workers and young people for their views on the barriers to a successful transition from youth custody or probation (Unruh, 2005). Interestingly, the top four barriers to successful transition were identified as the same by both young people and care workers, with the exception of ‘negative peer association’, which was ranked seventh by care workers but first by young people. The other key barriers that young people reported were: themselves (their own will), lack of family support and access to drugs and alcohol. Results from a recent UK study suggest that peer groups may have a similar negative influence on exacerbating drug use. Beckett et al (2004) found that the top two predictors of problematic drug use were ‘lack of parental discipline’ and ‘friends using drugs’.

At the organisational level, Altschuler and Armstrong summarise the key barriers to successful aftercare:

> Lack of coordination and partnership among correctional facilities, parole authorities and community social institutions such as schools, community organizations, the family, mental health agencies, drug and alcohol treatment centers, employment and training programs, churches, business associations, employers, and the like – have been a grave impediment to the development of aftercare programs.

Altschuler and Armstrong

Similarly, in Scotland, when the Transitional Care programme was discontinued, the evaluation authors found that:

> The staffing structure could undermine continuity of service from prison into the community. There was initially perceived to be a lack of co-ordination between prison and community services.

MacRaue et al, 2006

**Community environment**

A young person’s experience of transition back to the community will depend in part on the community that they are from. Two authors have pointed out that community conditions, including employment, educational and recreational opportunities, cultural values and prevailing attitudes, and levels of crime can greatly influence the reintegration experience (for example Sullivan, 2004, and Spencer and Jones-Walker, 2004).
Continuity of care
Since its creation in 1998, the YJB has been tasked with preventing crime, dealing with young offenders and reducing reoffending.

They have made efforts to successfully reintegrate young offenders into their communities in order to:

> Provide mainstream education, health, housing and social services, in particular to ensure a return to education, (and) overcome the difficulty of finding accommodation for 16- and 17-year-olds.

Comptroller and Auditor General, 2004

However, it is particularly frustrating when the rehabilitation gains made in custody are lost on release. For example, the National Audit Office (2004) found that, following release, only 6% of YOTs reported that young people were able to continue the educational programme they had started in custody.

Special needs groups

Female young offenders
A number of studies have highlighted the needs of female offenders upon leaving custody and the gaps that may exist in service provision. For example, research examining recidivism for female delinquents in the US found that ‘age at first offence’ and ‘living in an urban area’ were the two most predictive risk factors (Archwamety and Katsiyannis, 1998). The authors propose that females may be more susceptible to the powerful attraction of gang influences in urban settings and suggest alternatives to urban placements, with intensive support following release to improve the chances of rehabilitation.

Another study emphasises the importance of providing throughcare, from custody to release into the community. The authors suggest that post-release services should be multi-agency and multi-disciplinary, co-ordinating substance misuse services with housing, education and employment needs (Belenko, Sprott and Petersen, 2004).

Features of successful treatment and rehabilitation programmes incorporate cognitive-behavioural interventions, focusing on specific female issues such as assertiveness, healthy relationships, physical and psychological abuse, parenting, sex and health. For example, an evaluation of a US programme incorporating residential and up to six months of supervised parole found that participants had fewer arrests and convictions in a one-year follow-up than those in a comparison group (Wells and Bright, 2005). Although this programme is not specific to substance misuse, it is an example of a multi-systemic approach to aftercare that is similar to RAP in its method of service delivery.

Black and Minority Ethnic (BME) groups
Part of the Government’s 10-year drug strategy has been to ensure that minority groups have access to appropriate services (Tackling Drugs Saving
Lives: http://drugs.homeoffice.gov.uk/). However, when discussing substance misuse among ethnic minority people, we must be careful not to overstate the impact of ethnicity as an explanatory variable. Previous research demonstrates that any correlation between ethnicity and substance use may be spurious. This is because other variables, such as deprivation and social exclusion, have proven in many studies to be more powerful explanatory factors (Patel, K. and Wibberley, C. (2002)).

A meta-analysis of international research into programmes designed to combat juvenile delinquency also found that generic programmes (open to all ethnic groups) were just as effective as culturally-specific models at reducing delinquency (Wilson, S. J., Lipsey, M. W., and Soydan, H., (2003)). Although there is very little research on the specific aftercare needs of substance-using BME young offenders, the overall message (in available literature on substance misuse services for BME adults) is that treatment services need to be culturally and religiously appropriate for BME groups, and that practitioners should be culturally aware.

Other special needs groups
Aside from female offenders, other special needs sub-populations have been identified as requiring some kind of specialised treatment or care. For example, a review of care in the US for juvenile offenders lists the following as special needs sub-populations (Altschuler and Armstrong, 1993):

- drug and alcohol using
- developmentally disabled
- mentally disordered
- learning disabled
- sex offenders
- neuro-physiologically impaired
- multiple needs.

Juveniles in these categories have been recognised because they represent those with the most chronic and severe delinquent behaviour and are often the most serious offenders.

Aftercare models
Many of the insights and models concerning aftercare actually stem from the campaigns in the UK, USA and elsewhere. These help to develop alternatives to custody (or ‘diversions’) that allow offenders to complete their rehabilitation in the community under supervision. Initial custody – followed by probation supervision in the community – has been the traditional model, although in practice, the system was heavily weighted towards supervision with little treatment or family involvement. Current practices have shifted towards the majority of interventions being delivered in the community, with treatment and family involvement voluntary.
To address the multiple underlying individual, family, peer, school and community problems, only interventions within a treatment setting have the power to change offender behaviour (Howell and Lipsey, 2004). It is therefore useful to recall the results from Lipsey’s (1999) meta-analysis, whose findings showed that rehabilitation worked better:

- when it was not conducted in a youth justice facility (i.e. was conducted in the community)
- when it was sponsored and administered by youth justice organisations
- where participation in education, training and treatment was mandatory
- where intervention ‘dosage’ (or duration) lasted for a period of no less than 18 weeks.

Lipsey calculated that well implemented and well designed community interventions of at least six months’ duration could expect to result in a 32% reduction in recidivism.

Most of these features have been incorporated into the RAP programme (with the exception of mandatory participation) and it will be interesting to determine what effect voluntary participation has on the success of the programme. The issue of coercion in drug treatment is hotly-debated, given the high drop-out rates of drug offenders. In the US, where cost-effectiveness is a high priority, drug treatment is often a condition of sentencing. Marlowe (2003) found positive retention results for a programme where the justice system retained supervisory control over drug offenders, with authority to punish non-attendance at treatment. Offenders were more likely to complete a three-month treatment programme than voluntary attendees. Evidence from empirical studies is generally positive, and as Hough concludes:

*The consensus is that coercion provides a viable mechanism for retention in treatment.*

Hough, 2002

**Family involvement**

In the early 1990’s, a supposedly new aftercare model emerged – the Intensive Family Preservation Service (IFPS). The impetus for family interventions arose from the recognition that two key criminogenic needs stem from family functioning, poor monitoring and supervision by parents, and appropriate parent-child interactions (honest communication and warm expressions of affection). It was hoped that addressing family functioning would reduce the risk of young offender recidivism.

An early meta-analysis of IFPS studies found that results were mixed, with some studies finding outcomes to be positive, while others did not (Blythe, Salley and Jayartne, 1994). A more recent meta-analysis found that family intervention treatments significantly reduced recidivism, although the author cautioned that significant results were only obtained from less rigorous experimental studies (Latimer, 2001).
The most rigorously-designed studies found no effect. Large-scale studies of family-preservation services show little evidence that young people served under this model fare any better than those receiving traditional, service-orientated interventions (Westat Inc. 2002; Biehal, 2005). However, there is some positive evidence that family interventions reduce reoffending when the treatment is therapeutically appropriate; i.e. adheres to the principles of risk, need and responsiveness in service delivery (Dowden and Andrews, 2003).

However, for young people with substance misuse issues, there may be additional benefits because other traditional substance misuse services have been found not to be family-orientated, since most were developed for adult patients (McGregor, 1994). Research has shown higher engagement and retention rates for family-based treatments compared to standard substance misuse services (Liddle, 2004). Further positive indicators were observed with reductions in the frequency of alcohol misuse, although the effects were not statistically significant when compared with a control group (Dembo et al 2002). A recent systematic review of family-based interventions for substance misuse identified Multi-Dimensional Family Therapy (MDFT) as the most effective intervention (Austin, Macgowan and Wagner, 2005). This demonstrated clinically significant reductions in substance use.

On a cautionary note, it must be remembered that many young people at high risk of reoffending have family members who are themselves either offenders or substance abusers (Dakof, 2000). It should not be automatically assumed, therefore, that close participation of family members is always in the young person’s best interest. Indeed, Galahad SMS Ltd found in their study of young offenders in custody (2004) that 15% of their interview sample had been initiated into drug use by a family member and a further 10% reported being motivated to use drugs after seeing a family member use them (Galahad SMS Ltd, 2004).

**Intensive supervision**

The past 15 years have witnessed numerous different intensive aftercare models for young offenders (for example, Hagan, 1995; Hevesi, 1995). Several researchers have cautioned against submitting low-risk candidates to intense supervision after custody, as evidence suggests that this kind of mismatch may actually increase the chances of reoffending. This occurs partly because of the tendency of young people to react rebelliously to authority and also because the more rules and technicalities there are to follow, the greater the danger of parole violations (Clear, 1990).

A more recent examination of prisoner re-entry concludes that the removal of paroled prisoners for “short, unproductive stints in prison” for what amount to minor infractions can be:

> Highly destabilizing to communities ... creating a sense that the state is capriciously depriving citizens of their liberty without regard for the long-term consequences.

Travis and Visher, 2005
Intensive Aftercare Programme (IAP)

In the late 1980s, the US Office of Juvenile Justice and Delinquency Prevention (OJJDP) initiated the research and development of a new aftercare model for juveniles leaving confinement. A decade later, the Intensive Aftercare Program (IAP) was piloted and the findings published in a report to the OJJDP in 1999 (Altschuler and Armstrong, 1999). At that time, Altschuler and Armstrong (1999) described IAP as the “conceptual yardstick against which transition and aftercare programs can be measured”.

According to Meisel (2001), the IAP model is based on the integration of the theories for strain, control and social learning. The intention is to counteract the ‘pull’ of youth criminal behaviour, resulting from inadequate socialisation at an early age, weak attachment to positive social norms, strong attachment to anti-social peer groups and desire for wealth and status without the legitimate means of obtaining them.

The IAP model encompasses: pre-release planning, structured short and long-term reintegrative programmes, supervision, a range of individually targeted treatments and broad support work with the young person and their family, school, work and community (Altschuler and Armstrong, 1998). Given concerns over supervision, the model aims to match the risk of the offender with a commensurate level of supervision. Implementation of the model requires a strong case management process to ensure appropriate risk assessment of the offender. Case planning involves the family and local community, a mix of surveillance and treatment services, and a balance of incentives and enforcement conditions – plus strong links with local community and social networks (Altschuler and Armstrong, 1994).

In 2004, at a conference on youth re-entry, organised by the Urban Institute in Washington DC, the IAP was still regarded as one of the US’s “most promising re-entry initiatives” (Mears and Travis, 2004). Other studies, however, have found no significant evidence that intensive supervision or community-based treatment is any more effective in reducing recidivism than treatment in an institution (Lipsey and Wilson, 1998, Loeber and Farrington, 1998, Fagan et al, 1988). However, there has been some debate over whether the aim is to reduce offending per se or the rate of offending. For example, Sontheimer and Goodstein conducted a controlled evaluation of an IAP and found that it significantly reduced the frequency but not the incidence of recidivism, compared to a control group (Sontheimer and Goodstein, 1993).

Some researchers have proposed that the absence of clear reductions in recidivism may be partly due to difficulties in implementation, rather than flaws in the programme design (Mackenzie, 1999). For example, a review of five IAPs found little differentiation in service provision between IAP and young people in the control group, due to the individualised implementation regimes across different states (Wiebush, McNulty, and Le, 2000). When Washington State implemented an OJJDP ‘model’ programme, its effectiveness was variable, due to inconsistent and often poor implementation (Washington State Institute for Public Policy, 2002).
Elements of IAPs associated with significant reductions in recidivism are ones that provide more treatment to high risk offenders, employ parole officers with a balanced law enforcement/social casework orientation, and are implemented in a supportive organisational environment (Paparozzi and Gendreau, 2005). IAPs in the US are comparable to ISSPs in the UK, described below.

**Intensive Supervision and Surveillance Programme (ISSP)**

ISSPs were launched in the UK in July 2001 as a new alternative in sentencing for persistent young offenders. The ISSP provides an intensive package of surveillance (through electronic tagging and other forms of policing) and intervention. A young person can engage with the ISSP as part of a community sentence, on bail or as the second phase of a Detention and Training Order (DTO). The ISSP lasts for a maximum of six months and must provide a minimum of 25 hours’ purposeful activity per week, at least in the first three months, which is far more than the DTO (Gray et al, 2005).

When it was first launched in 2001, the YJB’s stated aims for the programme were:
- to reduce the rate of offending in the target group by 5% and to reduce the seriousness of offences
- to tackle underlying problems young offenders may have
- to use close surveillance and rigorous enforcement to provide reassurance to the community (Ibid.).

The supervision element of the programme provides:
- at least 25 hours of contact time each week for three months, with support during evenings and weekends
- assessment of the young offender’s background, behaviour and needs
- core elements that cover education and training, interpersonal skills, family support, reparation to victims/community and interventions which aim to tackle offending behaviour
- access to support for individual problems.

An initial assessment of the ISSP programme undertaken for the YJB found that the completion rate of the programme was higher for those who had qualified for the course due to the seriousness of their crime, as opposed to the persistence of their offending. The ‘serious’ offenders had also been identified as being at lower risk of reoffending, according to their Asset score.

A comparison of data in the 12 months before and after the start of ISSP shows that serious youth offending was reduced by 16%. This reduction, however, is not necessarily due to the effectiveness of ISSP because, when measured against a comparison group, the non-ISSP participants performed equally well or better (Ibid.). The report also highlighted a significant reduction in the frequency and seriousness of offences committed by those on ISSP, although again, almost identical reductions were found in the comparison group as well.
An independent evaluation of ISSP reported high breach rates:

Some areas have reported that over half the young offenders had breached the conditions of the programme with some re-sentenced into custody.

National Audit Office, 2004

The Audit Commission report of 2004 suggested, as did other researchers, that this may have been due to overly-strict application of the recall-to-custody option. Recommendations were made to introduce more graduated sanctions for minor non-criminal breaches, such as missed appointments (Audit Commission, 2004).

On a more positive note, young females showed a higher reduction in reoffending frequency and offence gravity than young men. Young females also showed the greatest improvement across both sexes, when there was a suitable match between eligibility and the use of ISSP (Gray et al, 2005). In addition, the scheme was viewed positively by ISSP staff, parents and carers – with the latter playing a key role in enforcing the supervision and surveillance requirements.

In line with most evaluative research on intensive aftercare programmes, the Audit Commission found little evidence that areas with provision of ISSPs had significantly lower rates of custody than areas without (Ibid). The Audit Commission concluded that ISSPs

Are a more constructive and considerably cheaper option for persistent young offenders than a spell in custody, but they cannot be expected to reduce custody on their own. (Ibid.)

However, it is also clear that the small gains made in reducing reoffending may have a much larger longer-term impact. Improvements in education and training, attitudes, behaviour and interpersonal relationships may deter persistent offenders from a future life of crime.

**Assessment**

Previous sections make the case for aftercare and describe overall models of care. The following sections outline the detail of what aftercare should comprise. *The Substance of Young Needs* (Christian et al. 2001) suggests that drug and/or alcohol interventions should proceed after – and as a result of – a full assessment that considers “family attachments, psychological health, any child protection concerns, sexual and physical health, peer relationships and psychological distress”. This text also suggests that assessments and interventions should be part of a care plan, tailored to the “intensity and complexity” of the problems being faced (p 42). Many researchers also suggest that assessment should be focused on the individual’s needs, not designed around the organisational or administrative structures of an agency and – most importantly – should differentiate between problematic and non-problematic use (Britton and Noor/DrugScope, 2003, Youth Justice Board, 2003, Christian et al. 2001, Parker, 2001).
In 2005, the Home Office commissioned research on the mapping of substance misuse services for young people (Addaction and Turning Point, 2005). It was found that needs-assessment processes were not uniform across Drug Action Team (DAT) areas and there was no established protocol for repeating this assessment in response to changing circumstances. Needs-assessment data was also not systematically shared across services, although joint-working issues like this have been addressed to some extent by the Government’s Every Child Matters and Youth Matters initiatives.

In direct response to one of the most important issues raised by the Addaction report (and in line with the Youth Matters proposals), the National Treatment Agency (2005) has undertaken to ensure that all services use the Common Assessment Framework (CAF) to identify young people’s substance misuse needs. It is hoped that the CAF will standardise the collection of data relating to service provision and needs (National Treatment Agency, 2005). This standardisation process is currently underway and modified versions of the CAF are in use in both Camden and Hull (National Treatment Agency, 2006). However, some researchers suggest that the purpose of this collection of data needs to be clarified, as some practitioners were reportedly frustrated with the amount of data collected on young people (Paylor and Simmill-Binning, 2004).

**Substance misuse: aftercare treatment options and needs**

There are a wide variety of interventions designed to help young people with drug and alcohol problems, ranging from the provision of basic information to residential detoxification and rehabilitation. Provision can be based on harm-reduction or abstinence approaches. Research from the US indicates that substance misuse practitioners are often unaware of the full range of evidence-based treatments available, which obviously has implications for the treatment of clients. More specifically, the authors report that:

*The knowledge and beliefs (of service practitioners) illustrate an understanding of the complex psychosocial issues that affect addictive behaviours, yet the understanding of how to utilize a therapeutic approach that focuses on changes in client behaviour may be limited.*

Taxman and Bouffard, 2003:83

While analogous research in a British context does not exist, this US study does make an important point regarding practitioner training that is pertinent and transferable to a different cultural setting. A review of drug treatment provision for young people in Scotland found that services often existed in isolation from each other, with little opportunity for providers to exchange ideas and disseminate effective practice (Burniston et al 2002).

In relation to treatment, a recent UK review of adult criminal justice drug interventions found that most were effective in reducing drug-related crime (Holloway, Bennett and Farrington, 2005). The most effective methods for adults were methadone and heroin treatment, therapeutic communities, psychosocial approaches, drug courts, probation and parole supervision. There is little evidence, however, that adult therapies and methods are effective with children or young people. The following section describes various drug
treatment interventions for young people and the evidence for their effectiveness.

**Screening and identification**

Screening is the means by which young people may be identified as needing further assessment and support for possible substance misuse problems, although it should be noted that screening processes should not be used as a tool for policing substance use/misuse. The Health Advisory Service (HAS) (2001) states in the *Substance of Young Needs* that the process should be short, simple, have “a broad applicability across diverse populations” and be capable of completion by a wide range of staff (Christian et al 2001). This publication highlights the need to avoid direct questions such as “Do you use drugs?” but instead seek to build up (through conversation) a picture of:

- the young person’s knowledge and use of drugs, alcohol and solvents
- the young person’s levels and patterns of use
- whether the young person is in immediate danger
- whether substance use is part of complex, troubling behaviour
- any unusual behaviour (for that age group) in relation to their substance use.

Ideally, the screening process should recognise the multi-faceted and inter-related nature of young people’s problems and seek to contextualise substance use among other (possibly more pressing) concerns of the young person (Baker, 2005). The screening tool should fit tightly into a wider multi-disciplinary screening process, to avoid putting young people in a situation where they are repeatedly being asked the same questions.

DrugScope recommends that all child and youth service providers who are not drug and alcohol specialists should incorporate the process for identifying substance-related needs as part of their own comprehensive assessment (DrugScope, 2002). A number of best practice screening templates, with standardised format and multi-disciplinary functionality, have emerged in some regional areas to facilitate improved identification and joint working. As it is within custodial services, the Asset form is the key screening tool in community-based substance misuse services.

**Brief interventions**

The Brief Intervention (BI) approach is based on the premise that people can manage their own substance use and associated issues if they are provided with the appropriate information or intervention at the right time. BI can include an assessment itself, as well as provision of a self-help manual or other information. The review of *The Substance of Young Needs* (Christian et al 2001) – as well as recent small-scale research evaluations with substance-misusing adolescents in the United States (Winters, 2005) – considers brief

---

9 See the DUST form currently being used in Waltham Forest young people’s services, which has been adapted from the SUST tool highlighted in the First Steps publication.
interventions to be well suited to young people. Winters, for example, calls BI a “natural fit” for young people.

The BI model was also evaluated in the UK in research published by the National Treatment Agency. The evaluation involved a two-group randomised controlled trial with outcomes reported after six months. Although working within a narrow time frame and relying on self-reports of substance misuse from participants, the report found a degree of success for the BI model. In particular, it was found that motivational BIs achieved greater success over ‘information-only’ models in reducing substance misuse (Marsden, 2003). Motivational BIs appeared especially effective for cocaine, crack or ecstasy use and it was also reported that awareness of local services and take-up of employment and training opportunities rose after motivational BIs. That said, the study found that ‘information-only’ BIs were only marginally less successful in achieving positive outcomes (such as reduction in substance use and changes in health and social outcomes), which leads the authors to conclude that no one model of BI is clearly more effective (Ibid).

Engagement and retention
Retaining young people in substance misuse services remains a significant challenge for service providers. Hawkins and Catalano (1990) and more recently the National Drug Evidence Centre (2004) identified that young people, as a group, were at high risk of dropping out of substance misuse treatment. Henggeler et al (1996) viewed the following features of young people’s services as crucial for improved retention:

- home visits
- low waiting times
- practical help and concrete services
- more frequent contact with a worker
- high levels of commitment and concern for the client.

Other factors associated with increased retention in service, positive treatment outcomes and meeting needs more effectively were:

- a clinic offering a range of comprehensive services, designed to address multiple problems (Crome, Christian and Green, 2000)
- using outreach workers to engage hard to reach/high-risk young users and to promote mainstream services (Webster, 2001, Britton and Noor/DrugScope 2003)
- having a multi-disciplinary staff group in teams (Webster, 2001)
- ‘one-stop shops’ or treatment that provides a holistic approach, with particular emphasis on the needs for education, training and employment opportunities (Millward et al 2004, Webster, 2001)
- ensuring that staff groups are representative of the communities they serve (Webster, 2001)
• offering services that are young-people friendly, with good accessibility by public transport (Webster, 2001)
• ensuring appropriate opening times, including after-school, weekend and evening opening (Webster, 2001)
• tackling drop-out proactively through follow up (Donohue et al 1998).

In addition, successful outcomes in treatment for this age group were seen to be more likely if:
• services intervened early with those misusing substances (Donohue et al 1998)
• aftercare treatment was offered to address high levels of relapse among this age group (Webster, 2001)
• interventions matched the young person’s developmental stage (Webster, 2001)
• families were involved in treatment/interventions (Donohue et al 1998, Millward et al 2004).

It has also been stressed that all approaches and services must be both proactive and tolerant, so as to increase service uptake without stigmatising individuals (Drug Prevention Advisory Service, 1999). As well as advocating the use of outreach workers (Britton and Noor/ DrugScope, 2003), and ‘one-stop’ services to prevent young people from being shunted around the system (Booth, 2002), many researchers have also recommended the use of mentors for at-risk young people. This is seen as a credible method of passing on information about substance use (Millward et al 2004).

Solution-focused therapy
Solutions and goals, rather than problems, are the primary focus of solution-focused brief therapeutic approaches (O’Connell, 1998). This model uses a specialised interviewing procedure to negotiate goals and solutions for treatment determined by the client (Selekman, 1997). After a goal is negotiated, practitioners mobilise the client’s own unique resources and strengths to accomplish the goal. Goals must be:
• salient to the client rather than to the therapist or treatment programme
• small rather than large
• described in specific, concrete and behavioural terms
• described in situational and contextual terms, rather than global and psychological terms
• described as the start of something rather than the end of something
• described as the presence of something rather than the absence of something
• realistic and immediately achievable within the context of the client’s life.
Counselling
In order to reduce alcohol and drug use, counselling may be used as an early and ongoing intervention. Counselling can be used in a range of interventions, including the assessment process itself, as well as for “engagement and support, the development of therapeutic relationships, self-monitoring, advice and problem-solving techniques, motivational work and relapse prevention” (Christian et al 2001).

One of the most important conclusions (Williams et al, 2004) was that services – especially those dealing with adolescents – must address the problems and issues that the individuals are experiencing, as opposed to just treating the symptoms (Williams, Gilvarry and Christian, 2004). In the Substance of Young Needs, it is argued that one benefit of counselling is that it not only influences the young person’s drug-misuse habits but it can also impact upon other parts of the young person’s life/lifestyle (Christian et al 2001).

Pharmacological treatments
Pharmacological interventions are used in the substance misuse arena to treat addiction, minimise the risk of overdose and to provide substitute medication in cases of opiate, alcohol and nicotine use. The action of this replacement substance mitigates the effects of detoxification. Although, in theory, pharmacological treatments can be provided to young people under 16 (Department of Health, 1999), in practice, managing young people’s substance reliance with medication presents “considerable difficulty” (Christian et al 2001). The process of prescribing is complex and often characterised by fear of risk:

Since drug safety and efficacy in adults can rarely be extrapolated to children, it is understandable that prescribing raises concerns about liability litigation. Although professional guidelines may offer some reassurance, substantive research evidence from studies involving young people is required to establish its efficacy among young drug users.

Vitiello and Jensen, 1997

In addition, as a person under 16 is unlikely to understand fully the implications of being prescribed controlled drugs, pharmacological interventions are not recommended unless parental consent is obtained (National Treatment Agency, 2003). Even with parental consent, it is recommended that controlled drugs should only be prescribed for a young person following a full assessment and with specialist supervision (Christian et al 2001). As a result, medical practitioners are reluctant to prescribe and tend to play safe, meaning that the small minority of young people clearly needing detoxification (or other medication) can be denied access to such treatment. Marlow and Pearson (1999) point out that this is not an ideal situation because legally playing safe may not be the same as ensuring the young person’s safety.

The Health Advisory Service noted that discrete in-patient detoxification facilities for young people were very rare, even though 1% to 2% of young people need access to such resources (Christian et al 2001). The National
Treatment Agency and the YJB are currently in the process of producing specific guidance for prescribing to young people (National Treatment Agency for Substance Misuse, 2005).

Volatile substance abuse

Although not a new phenomenon, the use of volatile substances (such as lighter fluid and solvents) has receded from public consciousness, while other illicit substances such as cannabis, ecstasy and crack cocaine have gained prominence. A recent Department of Health publication, *Out of sight? ... Not out of mind*, has highlighted the continued problems surrounding volatile substance abuse (VSA). This publication points out that VSA use kills more young people in England and Wales than Class A and other illegal drugs (Department of Health, 2005). In many ways, the issues surrounding VSA are the same as those for illegal drugs, with the most vulnerable young people being most at risk of becoming volatile substance users (Ibid).

There are, however, no evidence-based best practice guidelines for treating VSA. Guidance from the Department of Health suggests using VSA education strategies as well as unspecified targeted interventions, although they acknowledge that one of the key tasks in dealing with VSA is to increase the evidence base with regard to ‘what works’ in reducing its effects. At the time of writing, the main thrust of the guidance on treating VSA is to make sure it is included as part of mainstream substance misuse provision and that it is integrated into the *Every Child Matters* initiatives.

Dual-diagnosis

International studies reveal that one-third of all young people with problematic substance use have a co-existing mental health difficulty (Greenbaum et al 1991). In the UK, a similar co-morbidity of substance-abuse problems and psychiatric disorders was identified (Anderson, Vostanis and Spencer, 2004). Many people who are struggling with mental health difficulties begin to use substances to mitigate the symptoms of their illness (Gonet, 1994). Once substance users begin to wean themselves off drugs and alcohol they can often experience high levels of anxiety as previously masked symptoms return. At such points, former substance users are often tempted to re-use their substance of choice.

This ‘see-saw’ effect is often perceived as confusing to adults, but it should be remembered that young people in the early stages of their lives are unlikely to have been diagnosed and may feel particularly disorientated by their experiences. Gonet (1994) observes that, due to the specific characteristics of adolescence, diagnosis of mental health problems at this time can be difficult – young people prefer to keep things to themselves and symptoms may not have reached their full intensity, or may not be identical to symptoms in adults.

It has also been noted that many young people perceive a stigma associated with mental illness. This stigma goes beyond peer influence and includes the association of mental illness with particularly severe disorders, as well as a loss of control and an inability to cope (Ibid). Depression, self-harming behaviour or conduct disorders may signify illness. In addition, excessive intoxication may trigger drug-induced psychoses, schizophrenia or extreme paranoia.
The Multi-Systemic Therapy (MST) theoretical approach takes a holistic view of offenders with mental health problems by emphasising the complex interplay between individual offender characteristics and the social community from which they come (Henggeler et al, 1988). MST is targeted at young offenders aged 12 to 17 who are at high risk of reoffending. The treatment typically involves trained therapists working with the offender and their family to provide training and support, designed to achieve lasting behavioural changes.

MST is a community-based therapeutic intervention to keep high-risk youth in the community and out of residential custody, but without putting the community at risk. These therapeutic interventions are therefore conducted in the home, school and wider community. Most of the candidates for MST have multiple problems with education, aggression, substance abuse, risk taking and parent/child conflict (Lescheid, Cunningham, and Hawkins, 2000). It is a highly individual therapeutic intervention, characterised by small caseloads (no more than six families), high-intensity contact (daily, if necessary) and clear, family-defined goals that determine when the intervention has been successful.

Although MST has received wide acceptance and endorsements from the US Government (Henggeler et al 2006), critics argue that much of the evaluation has been done by the developers and propagators of the programme themselves, thus calling some results into question (Littell, 2006). However, a large-scale randomised control trial in Ontario found modest benefits where, at a six-month follow-up, the MST group reported a 21% reconviction rate, compared to a 28% rate for the control group (Lescheid, Cunningham and Hawkins, 2000). In the US, positive outcomes have been reported for those with diagnosed substance misuse problems, in terms of re-arrest rates (reduced by 26%), “significantly” reduced drug use and decreased number of days incarcerated post-treatment (reduced by 46%). In Cambridgeshire, where MST is being trialled, there are early indications that it is being received positively by young people in the locality (Halksworth, 2002).

In the UK, Crome et al (2004) argue that specialist substance misuse services for young people and mental health teams should work closely together to develop joint programmes. This recommendation was echoed by Anderson, Vostanis and Spencer (2004). However, Callaghan et al (2003) state that mental health service provision for young offenders in the community is patchy, with many agencies reporting difficulties in accessing Child and Adolescent Mental Health Services (CAMHS) (Callaghan et al 2003). Their research found that the establishment of inter-agency YOTs has helped to address service gaps, but they identified that difficulties remain in the partnership working between YOTs and CAMHS, particularly in the area of referrals.

This raises concerns over the detection of young people with mental health problems within the youth justice system. The YJB has attempted to address this with the development of the ‘Screening Questionnaire Interview for Adolescents’ and the follow-up ‘Screening Interview for Adolescents’. These are undertaken if a young person in the youth justice system is deemed to require further mental health screening as a result of their assessment under Section 9 of the Asset protocol, the evaluation of which is ongoing (YJB, 2003).
Evaluation and monitoring

Improvements to standards of drug services in general, for children and adults, began in the 1990s. A 1999 DrugScope publication emphasised supervision and appraisal for staff members as key features of effective management of drug services. This document stated that the service user would benefit from the supervision approach by:

_Receiving an effective service, benefiting from increased employee motivation, job satisfaction, clarity about job role and early resolution of any problems._

DrugScope, 1999

Adopting an effective staff appraisal method would also improve service delivery by allowing a free exchange of ideas, concerning how services are delivered, as well as allowing greater opportunities for employee development (DrugScope, 1999).

In the same year, Alcohol Concern and DrugScope produced the _Quality in Drug and Alcohol Services_ framework (QuADS), (DrugScope, 1999). This is a system for developing and monitoring quality through a process of self-assessment against a set of national standards. The system was designed to be used with the Substance Misuse Advisory Services (SMAS) standards for commissioning and the Drug and Alcohol National Occupational Standards (DANOS).

The QuADS framework enabled community substance misuse services to work toward improving standards and to demonstrate their ability to comply with Government initiatives. Standards used included Best Value, Investors in People and the European Excellence Model (EEM). In addition, the QuADS self-assessment framework was developed. Each of these frameworks aimed to raise standards and improve outcome monitoring in substance misuse services for adults and young people in the community and in residential and secure settings.

However, concerns remain over programme monitoring and assessment. In a report by Addaction (2005), concern was expressed over the lack of standard tools for evaluation, which can act as a barrier to effective service development and delivery. The authors recommend that the DCSF should develop a national substance misuse screening tool that is linked to the Common Assessment Framework (CAF) and an outcome-monitoring tool, both of which will make it easier to construct a national picture of substance misuse needs.

_Innovations in aftercare_

Fox (2000) identified innovative examples of aftercare in her review of European best practice; in particular, Vienna’s use of the ‘Freigang’ or ‘release house’. During the final six months of a sentence, prisoners are allowed to work in external, prison-controlled jobs near the prison. To assist community reintegration, prisoners in their final three months reside in the Friegang rather than prison and continue their external employment. Staff at the Friegang help prisoners to find proper employment and help them to assume greater
responsibility for creating a drug-free life. Greater freedom to spend less time in the Freigang is progressive, subject to successful adaptation into the community.

The use of non-professionals in aftercare programmes might be considered a risky approach, but one state in the USA is utilising university students (who are studying relevant disciplines, such as social work or psychology) with some success. The Department of Youth Services, located within the Department of Social Services in Missouri employs university students as ‘Trackers’, as part of their intensive care supervision programme (Glover and Bumby, 2001). Trackers are directed by service directors to maintain consistent and frequent contact with young people in aftercare or community care.

Trackers participate in a wide range of supervision, recreational and support activities and are viewed as an important part of the aftercare supervision programme. They obtain valuable work experience and provide a cost-effective means of enhancing youth supervision, enabling service co-ordinators to focus on case management.

**Best practice example**

The first designated service for adolescent drug misusers in the UK, ‘The Young People’s Clinic’, was developed as a result of collaboration between Druglink, the Substance Abuse Unit and an NHS hospital-based treatment service. The main aims of this multi-agency service were to:

- establish the first documented methadone clinic exclusive to under-18s
- treat psychiatric co-morbidity
- work alongside other agencies as well as developing a team culture of “multi-disciplinary and inter-agency working”
- appeal to, engage and then hold on to this young population
- encourage abstinence, or at least a significant reduction in drug use (Crome, Christian and Green, 2000, p89).

The workers were drawn from a wide variety of occupational backgrounds and included a counsellor, a psychiatric nurse, a psychiatrist, a youth justice worker, a young person’s project worker and a social worker. Treatment was implemented via multi-disciplinary assessment and clear care plans. Crome et al. (2000) concluded that this multi-agency approach was a “national model for good practice, research and education”. It certainly compares favourably with studies of best practice in reducing recidivism. Lipsey found that high impact intervention programmes comprised interpersonal skills training, behavioural programmes and multiple services that were fully implemented by appropriately-trained personnel over at least six months (Lipsey, 1999).
Checklist of effective practice

After extrapolating effective practice from evaluation studies, including meta-analyses (such as Lipsey’s 1999 meta-analysis of reconviction studies between 1950–1995), four key features of treatment programmes emerge:

- primary services – the main intervention, which is proven to work
- supplemental services – provided in addition to the primary service, depending on identified need
- service delivery – high quality service of the required duration and frequency, properly implemented and evaluated
- Client characteristics – intervention targeted according to assessed risk of offender and their age (Howell and Lipsey, 2004).

The most effective primary services in delinquency prevention are as follows, in descending order of effectiveness. They have been identified from extensive meta-analyses (for example Lipsey, 1999):

- interpersonal skills training
- behavioural management
- cognitive-behavioural
- parent/family training or counselling
- mentoring
- drug/health education
- individual counselling
- group counselling
- restitution
- academic advancement
- intensive supervision
- multi-modal
- employment training.
3. Methods

Aims
The overarching aim of this research is to evaluate the implementation of RAP and the extent to which the programme has been effective in achieving its stated goals (see Section 2). In order to evaluate the RAP initiative, the YJB specified a number of research questions that address the key areas of RAP.

- Does the model of RAP service delivery affect the partnership working of YOTs, secure establishments and treatment services?
- Does RAP enhance the availability of services for young people? Are there any unmet areas of need?
- How is the flexible fund being used and how effective is this?
- What is the effect of RAP on outcomes such as young people’s substance misuse, quality of life and offending behaviour?
- Are there differential outcomes for certain groups, such as females and Black and Minority Ethnic (BME) young people?
- Is RAP an effective and appropriate means for meeting the substance misuse needs of vulnerable young people?

Case study sites
Galahad researchers visited five RAP sites and five non-RAP YOTs to conduct interviews and observe working practice. The RAP sites were selected from a list of sites in five areas of England and Wales – the North East, the North West, the West Midlands, London and Wales. A list of RAP sites in each region was obtained from the YJB and five study sites were selected randomly. For efficiency and convenience, the five non-RAP study sites were chosen on the basis of their proximity to the RAP study sites. This meant that comparison sites were similar given their geographical location and the fact that they will be part of the same YOT region. These study sites have been kept anonymous throughout this report.

Information from a further three RAP sites was also collected as researchers had to occasionally visit RAP sites that were not on the original list of study sites – due to some young people in custody being released to other YOT areas. No young people were added to the original sample and further information was only collected concerning how RAP works at these sites. Therefore the qualitative analysis of young people’s interviews should not be biased.
Site profiles

Table 1: Population size of study areas

<table>
<thead>
<tr>
<th>Study Site</th>
<th>Population Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site B</td>
<td>243,000</td>
</tr>
<tr>
<td>Site C</td>
<td>250,000</td>
</tr>
<tr>
<td>Site D</td>
<td>282,000</td>
</tr>
<tr>
<td>Site E</td>
<td>223,000</td>
</tr>
<tr>
<td>Site G</td>
<td>240,000</td>
</tr>
<tr>
<td>Site I</td>
<td>165,000</td>
</tr>
<tr>
<td>Site J</td>
<td>53,000</td>
</tr>
<tr>
<td>Site K</td>
<td>181,000</td>
</tr>
<tr>
<td>Site L</td>
<td>260,000</td>
</tr>
</tbody>
</table>

Note: Sites A, F and H are not included in the table as these sites were added to the study opportunistically.

As demonstrated in Table 3.1, the population size of six of the study sites is comparable, with the exceptions being Sites K, I and J. The largest discrepancy between regional study sites is between two sites in Wales, with the population of one being more than four times greater than that of the other.

Black and Minority Ethnic (BME) population

An important element of the research is to report the experiences of YOT clients from an ethnic minority background. The BME proportion of the general UK population is 9% but we have deliberately over-represented the BME population in the intended sample in order to increase the overall number. This is because constructing a sample using a proportional basis would have led us to interview only eight BME young people, which would be too few to draw accurate conclusions.

The table below shows the BME population of each study area. As we can see, Sites D, E, J and K all have very small local BME communities. We therefore took the great majority of our BME sample from regions in which the BME population is much greater than the UK average.

Table 2: BME population of study site regions

<table>
<thead>
<tr>
<th>Study Site</th>
<th>BME Population Size (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site B</td>
<td>61</td>
</tr>
<tr>
<td>Site C</td>
<td>33</td>
</tr>
<tr>
<td>Site D</td>
<td>2</td>
</tr>
<tr>
<td>Site E</td>
<td>2</td>
</tr>
<tr>
<td>Site G</td>
<td>22</td>
</tr>
<tr>
<td>Site I</td>
<td>15</td>
</tr>
<tr>
<td>Site J</td>
<td>1</td>
</tr>
<tr>
<td>Site K</td>
<td>3</td>
</tr>
<tr>
<td>Site L</td>
<td>14</td>
</tr>
</tbody>
</table>
Youth crime

The prevalence of youth crime across our study sites is broadly similar. Table 3.3 below demonstrates that, although overall youth crime varies massively between sites, the number of crimes committed as a proportion of the population is comparable. Site G and Site K seem to be exceptions with noticeably higher rates of youth crime than the other study sites, which could once again affect the conclusions drawn from the data. Where crime is higher, we may find that YOTs have to stretch resources further, which has obvious implications for the effectiveness of programmes implemented by the YOTs. A further problem for comparison lies in the number of young people sentenced to either custodial or community sentences. This varies wildly between study sites with significantly more community sentences being handed down in Sites E, L and G than in other study areas. It is also worth noting that young offenders in Site J are much more likely to face a custodial sentence. In terms of our research, we split our sample for interviews equally between young people sentenced to custody and those given community orders.

Table 3: Youth crime statistics for research study areas

<table>
<thead>
<tr>
<th>Study Site</th>
<th>Total Proceeded Against</th>
<th>Total Proceeded Against as Proportion of Population (%)</th>
<th>Proportion of Community Sentences (%)</th>
<th>Proportion of Sentenced to Custody (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site D</td>
<td>574</td>
<td>0.20</td>
<td>33</td>
<td>16.9</td>
</tr>
<tr>
<td>Site E</td>
<td>479</td>
<td>0.21</td>
<td>65</td>
<td>13.7</td>
</tr>
<tr>
<td>Site G</td>
<td>704</td>
<td>0.29</td>
<td>63</td>
<td>13.6</td>
</tr>
<tr>
<td>Site I</td>
<td>317</td>
<td>0.19</td>
<td>55</td>
<td>13.7</td>
</tr>
<tr>
<td>Site J</td>
<td>120</td>
<td>0.23</td>
<td>42</td>
<td>24.6</td>
</tr>
<tr>
<td>Site K</td>
<td>476</td>
<td>0.26</td>
<td>44</td>
<td>5.2</td>
</tr>
<tr>
<td>Site L</td>
<td>467</td>
<td>0.18</td>
<td>60</td>
<td>9.9</td>
</tr>
</tbody>
</table>

Source: Home Office. (Note: no statistics available for the Sites B and C).

Process evaluation

Galahad SMS Ltd carried out a process and implementation evaluation of RAP. Such process evaluation has been described as:

…”an indispensable adjunct to impact evaluation. The information about program outcomes that impact evaluation provides is incomplete and ambiguous without knowledge of the program activities and services that produced those outcomes.

Rossi, Freeman, and Lipsey, 1999

Therefore, the evaluation of the activities and operations of the RAP programme involved a long period observing several RAP schemes, with a period of ongoing consultancy and feedback to the YJB, based on observations carried out during the initial implementation of RAP.
The difficulty in carrying out a traditional process evaluation of RAP lay in the flexibility of the programme. Most programmes operate according to an intended design – a blueprint – and can be evaluated based on the fidelity of implementation. Although RAP has clear aims (as stated above), the manner of implementation is determined by each RAP team, the approach of individual RAP workers and the needs of each young person. However, one conclusion of this study is that this flexibility – to be child-centred rather than driven by strict programme parameters – is an inherent part of the programme’s effectiveness.

This report consists of the outcome evaluation results and many elements of the process evaluation, such as RAP models and infrastructure (Section 5), as well as descriptions of several operational elements of RAP (Section 4). Problems experienced in programme implementation are documented in Section 8.

**Data collection**

Data collection has been undertaken in three ways:

- Quantitative data, derived from a survey of young people who were serving custodial or community sentences. This data was used primarily for the reconviction analysis but also to provide demographic and substance misuse data at the national level. Seventy-three Asset forms were also collected to provide cross-referencing (see below).

- Qualitative data (interviews and focus groups).

- Observation (case studies).

It was determined that the most effective way to evaluate RAP was by comparison with the standard resettlement and aftercare services offered by YOTs, so a sample of young people were selected for interview. Groups were selected based on YOT area, with approximately equal numbers targeted in RAP and non-RAP areas across the country.

Young people were selected on the basis of their suitability for the study. This was determined in co-ordination with YOT workers so that, in non-RAP areas, the young people selected for interview should have met the eligibility criteria for RAP. This ensured a fair comparison group from which conclusions are drawn.
Sample overview diagram: young people

Figure 2: Sample overview diagram

Quantitative data collection

Surveys
A survey of 558 young people who were engaged in the youth justice system (serving both custodial and community sentences) was conducted and returned survey questionnaires were entered into an SPSS database. This survey provided information that allowed Galahad SMS Ltd to conduct a reconviction study for those on RAP, as well as providing data on the extent of problematic substance misuse among young people. Although the RAP sample was not initially matched with a non-RAP sample, researchers used Propensity Score Matching in the final analysis to obtain this result (Heckman and Hotz, 1989). The full survey can be found at appendix one and this covered:

- basic demographic data
- an assessment of respondents’ participation in education, training or employment
- an indication of young people’s living situation
an assessment of their substance use, using a validated tool – the Adolescent Alcohol and Drug Involvement Scale (AADIS)\(^1\).

AADIS has proved to be effective at identifying young people who have one or more substance-use disorders and was used in this study to assess the severity of young people’s substance misuse. A series of multiple-choice questions were put to respondents and their answers were then scored, according to the criteria set out in the manual. Those with a score over 37 are said to have more severe substance misuse problems.

The survey sample

In total, 1500 questionnaires were sent to various RAP and non-RAP sites across England and Wales and 558 self-completed questionnaires were returned from young people. This broke down into 196 on RAP and 362 non-RAP – a response rate of 37%. A greater number of questionnaires were sent to young people who were not on RAP with the intention of providing the largest possible pool of candidates from which we could match to the RAP sample (see below for further details). However, the response rate from the non-RAP sample was slightly better than expected. Overall, 900 questionnaires were sent to people not on RAP and 600 were sent to those on RAP, which gave us response rates of 40% and 33% respectively. However, non-response bias should not be an issue in this research as we are not using a probability sample. As described below, respondents are included on the basis of selected criteria.

Questionnaires were distributed to custodial substance misuse teams and YOTs, who then administered the survey to young people and returned the completed questionnaires to Galahad. Galahad sought to gather a large sample of young people both on RAP and not on RAP so that a fair comparison could be made as to the effectiveness of RAP in each area. Due to the extensive assistance needed from workers in the youth justice system to access a sample, the selection criteria were kept deliberately brief. Researchers sought help from workers in the secure estate to identify young people who were on RAP.

For all young people, it was also requested that (as far as was possible), questionnaires be given only to those either serving a short sentence or those who were coming to the end of their sentence. This was so that young people who responded could adequately fit into the one-year reoffending timescale that Galahad used to measure reconviction rates (see below). Questionnaires were also sent to YOTs for distribution to young people serving community sentences. The targeting of RAP and non-RAP individuals was much easier in this case, as the YJB provided a list of all those YOT areas that were also taking part in RAP.

\(^{10}\) www.pophealth.wisc.edu. Retrieved 22/07/2008
Table 4: Survey sample selection criteria

<table>
<thead>
<tr>
<th>Survey sample selection criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>On RAP or not on RAP</td>
</tr>
<tr>
<td>Date of offence</td>
</tr>
<tr>
<td>Length of sentence (custody only)</td>
</tr>
<tr>
<td>Young person has Tier 2 substance misuse needs</td>
</tr>
<tr>
<td>plus other complex needs (for non-RAP only)</td>
</tr>
</tbody>
</table>

The data from participants in the survey were then submitted to the Home Office’s Reconviction Analysis Team, who provided the criminal history data for those young people from the Police National Computer (PNC). This information was then sorted and recoded into a more usable format. From the PNC data, researchers extracted the date of the offence for which young people had been convicted at the time they completed the questionnaire, the date they were convicted of their next offence (if indeed they were reconvicted), and the category of each offence\(^\text{11}\).

The characteristics of those currently on RAP – according to the YJB statistics – are closely mirrored by the sample of young people surveyed for this research. On gender, 79% of the sample is male and 21% female and the ethnicity of those on RAP is broadly similar in the Galahad sample, although with slightly fewer Black participants (9.6% compared to 15.5% for the RAP statistics). However, this should not bias the conclusions, as ethnicity was included in the matching process for the reconviction study. The survey sample had a mean age of 17, which is higher than that seen in the official statistics (16.3), although this slight difference was overcome in the reconviction analysis by use of the Propensity Score Matching (PSM) methodology.

The data also shows that most young people on RAP lived with one or both parents before they were sentenced. Also, 33% of young people on RAP and 39% not on RAP reported that their parents used drugs or alcohol – which may raise concerns about ‘hidden harm’. Young people on RAP were less likely to have been excluded or left school before the age of 16 (36.9%) than those not on RAP (48.2%).

Limitations of the data

Reconviction statistics have a number of acknowledged shortcomings which have been discussed at length by others (Lloyd, Mair, and Hough, 1994). One such shortcoming is that, as only recorded offences are counted, there is always the possibility of under-reporting. Another limitation of the PNC data is the possibility of ‘pseudo-reconvictions’: PNC data records the date of reconviction for an offence rather than the date that the offence took place, which can lead to distortions in the data. This most commonly occurs when a conviction is made for an offence that was committed before the start of the reconviction period. Efforts were made to ensure that such cases were not included in the final data set, and we maintain that the data from the PNC will

\(^{11}\) For a complete list of the categories of offence see appendix two.
give a more accurate reflection of the true reconviction rate than other possible techniques, such as self-report reoffending rates.

Initially, 558 questionnaires were collected from young people across England and Wales. A larger number were collected from young people not on RAP to provide a larger pool of young people from which we could select a “matching group” using the Propensity Score Matching (PSM) method (Heckman and Hotz, 1989). However, the size of the final sample has been reduced substantially because of missing data.

The missing data problem occurred because the PSM process requires complete data from each subject on every one of the matching criteria in order to produce a propensity score. Although researchers have been as parsimonious as possible when choosing matching criteria, this still resulted in data loss. Also, a number of respondents were excluded from the analysis after the criminal history data had been received. In some cases this was because the respondent did not fit into the one-year time frame for reoffending, but in most cases it was due to the lack of data which the Home Office team could use to identify the respondent (i.e. lack of name, age or date of birth).

Allowing for this data loss, in the final reconviction analysis, the sample consists of 294 young people; 147 of whom were on RAP at the time and 147 who were not. It should be noted that this loss of data is important as it means that the sample size is unlikely to be sufficient to detect a significant change in reoffending rates. The results of the reconviction analysis in Section 7 should be read with this in mind and findings can only be interpreted as indicative rather than conclusive. We should also note that there are limitations with a “before and after” method of analysis in this case. There are possible intervening factors which researchers cannot control for (e.g. personal tragedy) that could affect a young person’s behaviour and therefore whether or not they were reconvicted. However, as a randomised control trial was not possible, we believe that the methods adopted here are the most appropriate for this evaluation.

**Asset data**

Young people’s Asset forms also provided important data for the evaluation\(^\text{12}\), although collection of these forms was a difficult task because many YOTs expressed concerns about confidentiality. In total, 73 Assets were collected by Galahad SMS Ltd, representing about 70% of the total interview sample. The data from Assets was used to cross-check the substance use data from Galahad’s interviews, although the Asset data was much less detailed than that collected by Galahad.

Other sections from Asset used as a cross-check with Galahad’s data included: ‘accommodation’ and ‘education, training and employment’. The most instructive data found in Asset were young people’s attitudes towards offending and substance misuse, which were reported in full.

\(^\text{12}\)Asset forms are used by YOTs to assess young people’s substance misuse, health, education, employment and other needs.
Interview and follow-up data collection

Interviews with young people

Face-to-face interviews were conducted with young people who were both on RAP and not on RAP. The purpose of these interviews was to try and gain young peoples’ perspectives on a number of issues, such as their perceived needs, whether or not they believed the YOT was meeting these needs and their opinions on the YOT and RAP workers involved in delivering services. In doing this we hoped to gain an insight into the comparative needs of young people and highlight any differences between RAP and non-RAP YOTs.

We initially set a sampling target of 100 young people – 50 who were on RAP and 50 who were not – which was sufficient to gather the qualitative data we needed. Young people were accessed through their YOTs and opportunistic sampling was adopted for efficiency, although those young people interviewed for the non-RAP sample were again expected to meet the RAP selection criteria (Tier 2 substance misuse plus other complex needs such as housing, education or employment). This would ensure they would potentially have the same problems and needs as the RAP sample. Young people for the non-RAP group were accessed through YOTs where RAP was not available. As with most qualitative studies, the sample size is too small to be considered statistically representative.

In the final count, 104 initial interviews were conducted with young people by Galahad and 58 of these were on RAP (46 males aged 14 to 19 years [nine known BME] and 12 females aged 16 to 18 years [eight BME]). The remaining 46 young people were not on RAP (33 males aged 14 to 18 years [seven known BME] and 13 females aged 14 to 18 years [four known BME]). All interview participants were offered an incentive of a £10 shopping voucher or phone credit, as well as the promise of a £20 incentive if they completed a follow-up interview.

Interviews were conducted using standardised interview schedules which covered the following areas:13

- education, training and employment
- living arrangements
- hidden harm
- friends
- offending behaviour
- substance use
- engagement with RAP/YOT
- experience of RAP/YOT

13 See appendix three for a copy of the interview schedule.
Young people who were interviewed face-to-face also completed the structured survey questionnaire referred to above. We believed this was the easiest way to collect demographic data and information regarding substance use, allowing us to make a “before and after” comparison of young people’s substance use by analysing the AADIS responses from the first and follow-up interviews. The structured part of the interview also contained a series of “Quality of Life” questions which are reported in-depth later in this report. These were included to see if young people believed that their quality of life had improved between the time of the first interview and the follow-up.

It was intended that all young people would be contacted for a follow-up interview three months after the initial interview. This length of time was chosen as it gave young people enough time to start to experience any changes that may have come about as a result of their work with YOT and RAP staff, while it was also a short enough period to try and reduce the likelihood that young people would lose contact with the YOT and Galahad researchers.

We decided to conduct follow-up interviews to assess any changes that young people had made to their drug use, offending behaviour or lifestyle and whether or not they believed the RAP or YOT teams had any influence on that. For these follow-ups, we attempted to contact young people through their YOTs in the first instance. In cases where the young person had lost contact with the YOT, we attempted to contact them directly using information gathered in the first interview and only after obtaining their consent to be followed-up by Galahad. Young people who offend and misuse substances are notoriously difficult to keep track of and a very high rate of attrition was expected.

In the end, Galahad managed to follow-up 62 young people (a loss of 42 from the initial sample), 30 of whom were on RAP (22 males aged 14 to 19 years [eight known BME] and 8 females aged 16 to 19 years [four known BME]). There were also 32 who were not on RAP (26 males aged 14 to 18 years [two known BME] and 6 females aged 17 to 18 years [one BME]).

Those who were not re-interviewed fell into two categories: first, those who had lost contact with the YOT and had not given Galahad any further contact information; second, those who were contacted but refused to participate further in the research. Usually no reason was given for non-participation but those
who did give a reason stated that they were “tired”, “bored”, or “don’t have the time”.

All interviews were recorded, transcribed and transferred into the NVivo qualitative analysis software package. The interview data has been analysed and coded using the Interpretive Phenomenological Analysis (IPA) method (Smith and Osborn, 2003). The aim of IPA is to explore how participants make sense of their personal and social world, aiming to produce an individual’s personal perception rather than an objective statement of the event. The aim here was to gain an understanding of how young people made sense of their offending, substance use and attempts by RAP and YOT staff to help them. IPA was also employed to make sense of staff views of RAP and its effectiveness.

**Focus groups with young people**

As group discussions often reveal a different perspective and insights, three focus groups with young people (a total of 22 young people) were also held at Ashfield young offenders institution (YOI), Brinsford YOI and Downview YOI. These took place right at the start of the research and included both males and females. Discussion topics included:

- patterns of substance use and misuse among group members
- reasons for using substances
- attitudes towards substance use and misuse motivation to make change
- association between substance use/misuse and offending
- experience of custody including help with substance misuse
- knowledge of the RAP scheme and source of this knowledge
- (for those in RAP areas): contact with RAP workers, experience of RAP selection and engagement, type of help offered, their involvement in planning this support, satisfaction with current RAP contact, comparison with previous YOT experiences
- what the young people think they need to avoid coming back into custody.
In order to assess the implementation and functioning of RAP, Galahad completed interviews with staff at all of the case study sites (see below). An initial list of staff and stakeholders who worked on RAP – or in conjunction with RAP – was drawn up, based on briefings and conversations with RAP managers at regional forums. However, due to the flexible nature of RAP, there is no set structure which establishes which agencies will contribute in every area. It was therefore left to researchers, in discussion with individual RAP managers, to draw up a list of staff and stakeholders who contributed to RAP in each area. Researchers then attempted to interview as many of these staff as possible, though, due to time constraints and workloads, it was not always possible to interview all contributing staff at all study sites. Where possible, every effort was made to interview staff over the phone if face-to-face interviews were inconvenient.

Ninety-nine interviews were completed with service providers in eight RAP and four non-RAP YOT areas, along with 11 follow-up interviews with staff and service providers, including:

- RAP managers and workers
- YOT workers
- community drug and alcohol workers
- substance misuse staff in the Young Person’s Substance Misuse Service (YPSMS)
- a Criminal Justice Intervention Team (CJIT) worker
- a manager in a Youth Access training and employment scheme.

In addition, initial interviews (in 2005 and early 2006) and follow-up interviews (2006 and early 2007) were completed with 14 YPSMS managers and practitioners.

Attempts were also made to interview the parents or carers of some young people, although little information was collected from this source because many young people were not comfortable with researchers making contact with their families, usually due to fear of breaches in confidentiality.

Structure of the report
What follows are the results of our evaluation of RAP. Section 4 discusses the content of RAP and the individual programme elements that were observed at our study sites. Section 5 details the different organisational models that researchers identified at each of the study sites and also examines the associated infrastructure of RAP schemes. Sections 6 and 7 analyse the effect of RAP on young people’s substance use and offending behaviour, through qualitative analysis of interviews with a sample of young people. Changes in young people’s substance misuse are also assessed via a validated screening tool. Section 7 includes a reconviction analysis based on the large-scale survey detailed above. Section 8 outlines unmet needs and barriers to RAP’s success,
as perceived by the young people who were interviewed for this research. Section 9 draws together conclusions based on the evidence presented in this report and finally, Section 10 sets out our recommendations for the development of RAP in the future.
4. RAP programme elements

Introduction
This section provides an analysis of 10 key elements of RAP:

1. targeting, identification and referral
2. engagement strategies and approaches
3. frequency of contact
4. substance misuse interventions
5. diversionary activities
6. use of the flexible fund
7. practical assistance
8. help with accommodation
9. education, employment and training
10. RAP completions and exits.

Targeting high-risk youth
The results from interviews with young people completed for this research seem to confirm that RAP specifically targets young people who fall into the higher-risk category as a result of:

- school exclusion
- peer group influence
- ‘hidden harm’ (family members using drugs)
- drug or alcohol-related offending
- Tier 3 or 4 substance misuse needs (see page 67).

The following section explores how well RAP has been applied in practice with these young people, in comparison with a similar group of young people placed with YOTs who did not have RAP workers.
School exclusions
The majority of young people on RAP had either dropped out or been excluded from school, many for truanting. A slightly smaller proportion of non-RAP young people had either been excluded from school or dropped out of school.\textsuperscript{14}

Peer group influence
Nineteen out of 58 young people on RAP claimed that their offending was due to the influence of their friends, and of these, 14 had been excluded from school. A slightly smaller proportion of the non-RAP sample claimed that their offending was a result of their peer group’s influence.

Hidden harm
Nineteen of the young people on RAP had a close family member who had used drugs or alcohol to excess and, in some cases, the young person had actually been introduced to drugs by their family member (though in one case, a young male had been dissuaded from drinking by seeing his mother abuse alcohol). The proportion of young people who reported that a family member used drugs or drank alcohol to excess was slightly higher in the non-RAP sample (18 out of 46 young people). The impact of this could be quite profound. For example (in the non-RAP sample), one young person reported that he would go out and offend to get away from his substance-using parent; another claimed his mum gave him drugs; two reported that their parents sold drugs; and one young male reported that he was treated as a drinking partner rather than a son by his father.

Drug or alcohol-related offending
Some young people on RAP admitted to offending in order to obtain money for drugs (of whom eight also had a family member using drugs or alcohol). A slightly smaller proportion of non-RAP young people stated that they offended specifically to obtain money for drugs or alcohol, of whom only six also had close family members who used drugs or alcohol.

Identification and referral
Eligibility criteria
Initial concerns (in 2006) regarding eligibility criteria appear to have been overcome by RAP staff’s increased experience and confidence in applying the guidelines in practice.

Several workers in the YPSMS and in YOTs were initially confused about the criteria for including young people on RAP and the interpretation of the tiered system of care.\textsuperscript{15} Williams et al (2004) determined that low-threshold brief interventions (e.g., individual counselling), combined with practical support,
should be classed as Tier 2 activity (Williams, Gilvarry and Christian, 2004). A year later, guidance produced by the National Drug Treatment Monitoring System (NDTMS) indicated that any intervention which was led by a care plan (which could include brief interventions as well as longer-term psychosocial interventions) should be seen as a Tier 3 intervention (National Treatment Agency, 2005).

Some substance-misuse workers in the community felt that the NDTMS guidance had redefined their understanding of the tiers and consequently cases they would previously have classified as Tier 2 ‘low-threshold’ interventions (such as a few sessions using motivational interviewing methods) would now be reported back through the NDTMS as Tier 3 activity. This change in practice was also picked up by staff in the YPSMS (Galahad, 2007), who informed researchers that interventions were being allocated to different tiers, depending on which guidance was being followed.

This confusion persisted and has seemed to spread into the question of eligibility for RAP. Consistent with the referral guidance provided by the YJB, the general consensus in interviews with RAP staff at an early stage in this research was that – although priority was given to those young people with Tier 3 and 4 needs – they could also enrol young people with Tier 2 needs. The increasing experience of RAP teams seemed to have bolstered their confidence to resolve these questions of eligibility seen in the early stages of the implementation of RAP. For example, on the issue of whether RAP could be used as an early intervention for younger vulnerable people, both Areas D and H RAP teams decided to use RAP as a preventative measure for young people whose substance use was not problematic, but might become so in the future. The initial concerns that RAP teams expressed regarding the suitability assessment seem to have been gradually overcome with increasing experience.

Guidance setting out the criteria for referral of young people onto the RAP scheme states that there are two levels of need (YJB, 2006):

- **High-priority cases**
  RAP workers should give priority to young people receiving (or assessed as needing) Tier 3 or 4 substance misuse interventions.

- **Lower-priority cases**
  After giving priority to the young people mentioned above, RAP workers should consider young people who are receiving Tier 2 interventions in custody and identified as being at high risk of substance misuse. A young person who is high risk would have dual-diagnosis needs (co-existing needs concerning mental health, substance misuse or other health problems), be in need of housing or have employment and training needs.

Determining whether non-users or non-problematic substance users should be eligible for RAP has proved challenging for practitioners. Although the

---

16 See ‘Eligibility criteria’ page 57.
guidance recommends engaging young people who are receiving Tier 2 treatment and who have co-existing vulnerabilities or needs, in practice, workers have found this difficult to interpret. According to Health Advisory Service guidance, Tier 2 target groups include those who are considered at risk of substance misuse in some way (Health Advisory Service, 1996). A Galahad SMS Ltd research (2003) study suggested that most young offenders in the YPSMS would probably be part of this high-risk group.

Other studies have shown that young people who are excluded from school, those deemed in crisis (Health Advisory Service, 2001), and those with drug and alcohol-using parents would also be usually seen to fall into Tier 2 (Health Advisory Service, 2001, Williams et al, 2004, DrugScope, 2003).

Initially, several workers in the YPSMS and in YOTs were confused about the criteria for including young people on RAP and, as indicated by the following comment from a YPSMS manager, workers need more clarity and greater guidance:

*It’s not very clear-cut. I don’t know whether people think that “They’ve dabbled but it’s not a serious case, so therefore we can’t use the resources”. I think that might be a bit of a concern, a bit of a grey area, you know: does a young person … meet the criteria? … Even kids with mild substance-misuse issues? I don’t know. It would be useful to know what the referral process is, you know, what the criteria is.*

Manager, secure children’s home

Because confusion has arisen over the past two years regarding the tier system in substance misuse work with young people, some workers initially found it difficult to assess eligibility for RAP. These issues, however, seem to have been resolved over the course of this study and may have been improved by the acceptance of the *Every Child Matters* framework. Only one staff member mentioned difficulty in referring a young person who was considered high risk, yet did not fulfil the substance misuse or mental health criteria.

**Assessment tools**

In the initial stages of this study, it was noted that variation existed between RAP teams in their use of either the Asset or the tier system, in helping them decide who was eligible for the scheme. However, by mid-2007, when follow-up interviews were conducted with staff, the initial confusion over eligibility criteria had been resolved. Although staff members reported using a range of information-providing tools, including the Asset and the tier system to establish initial suitability, case conferences and multi-disciplinary team discussions were the methods that most teams used to clarify final suitability for RAP. Workers also took into consideration information such as the young person’s family circumstances, mental health and ETE needs when determining suitability for RAP.
The growing experience of RAP teams seems to have increased their confidence in being able to resolve these questions of eligibility. For example, on the issue of whether RAP could be used as an early intervention for younger vulnerable people, both Areas D and H RAP teams decided to use RAP as a preventive measure for young people whose substance use was not yet problematic but might become so in the future. For some, the absence of prescriptive criteria was perceived as an advantage:

…The criteria have some flexibility … and (are) open to creative interpretation, which is nice at this point.

RAP supervisor, RAP Area G

Court-based identification
Most RAP managers and staff identified young people for RAP by working closely with the court teams in local YOTs. One manager explained that young people were being identified for RAP at the point that they were remanded to custody or placed on bail. In areas where RAP managers also held some responsibility for court-based work, the process of filtering work through to the RAP team was easier. One manager explained the process as follows:

We don’t rely on referrals, because all young people who have gotten pre-sentence reports we see, and screen for RAP. And so there’s no kind of groups left out, it’s quite equal access.

RAP manager, RAP Area C

The role of YPSMS staff
In the initial stages of the implementation of RAP, researchers noted some tension and professional ‘territoriality’ concerning referrals between YPSMS workers in secure settings and RAP workers (partnership working between these is covered in greater detail later in this section). Some YPSMS workers said they had been told by RAP workers not to make referrals but YPSMS staff had concerns that some potential candidates for the scheme were being missed. By early 2007, most of this confusion had apparently been resolved by both sets of workers. RAP managers were generally clear that, through their overview of young people’s cases, they would expect to identify most of the young people appropriate for the scheme. However, both RAP and YPSMS managers agreed that – in exceptional circumstances – eligible young people might be missed, and referrals would be needed from YPSMS staff.

Analysis of the data collected by the YJB suggests that younger people are not being proactively targeted by the scheme, which may be because their substance use would be at an earlier and therefore less dependent stage.

In the early phases of RAP implementation, confidence in the scheme was lowest among YPSMS staff, although there has since been a positive shift in perceptions. The following issues raised concerns from YPSMS staff about the RAP scheme:
The degree of variation from scheme to scheme and the resulting lack of clarity about the content of RAP packages. Many staff felt that, as a result of this, some young people struggled to understand what they were being offered and staff were unable to assist, due to lack of knowledge about each project.

When RAP schemes were first rolled out, YPSMS staff indicated that there was a general lack of communication with RAP staff about young people in their units.

How the eligibility criteria were being applied and whether this met with YJB RAP criteria.

YPSMS managers and one YOT worker were keen to see whether the financial investment in RAP would produce sufficiently positive outcomes.

Visits were made by YAP staff to young people without this having been arranged with the substance misuse worker.

The national protocol was not being followed in some RAP areas.

Accommodation was sometimes left until the last minute, which undermined other aftercare work.

In the final stages of this evaluation, some YPSMS staff still felt frustrated at the lack of contact from some RAP staff but, on the whole, improvements have occurred. These changes have been greatest where workers in both RAP schemes and YPSMS settings had made active efforts to link up. Examples of the types of activity in the case study sites which assisted joint working between the two groups of staff were as follows:

- **attendance of the RAP forums**
  Although relations were initially strained, negotiations about solutions to problems were improved by face-to-face contact.

- **joint working between the two sets of workers**
  Area E RAP workers had begun to provide group work sessions for those on RAP in Ashfield YOI.

- **shadowing and staff induction**
  Some YPSMS workers and RAP workers shadowed each other as part of their induction and training.

- **frequent and persistent contact**
  Proactive attempts were made by YPSMS staff to contact local RAP teams.

- **RAP link workers in YPSMS teams**
  Some YOIs had created a linkage post for RAP issues in their team.

- **sharing RAP timetables with YPSMS substance misuse staff**
  When a young person was placed on RAP, a timetable of his or her
activities was set out in advance. This was often shared with YPSMS staff.

- **transfer of paperwork**
  Some secure units and RAP staff had developed bespoke exchange-of-information paperwork.

The RAP schemes that were geographically closer to secure units had established the most effective joint working relationships, while those at some distance were not always making contact with YPSMS staff, although relationships had significantly improved by the end of this project. Some positive examples of joint-working working have also emerged between the YPSMS and the RAP teams at the initial referral stage. When young people were in custody, some RAP managers used the YPSMS screening form as an aid to assess RAP eligibility, as explained by the following interviewee:

> We call the YPSMS team to see if they have done a screening with them yet. If they have, then they send it to us and we see what their level is. If it's at the higher end of Tier 2, then the drug RAP worker, will attend and try to sign them up to RAP.

  RAP manager

By mid-2006, some substance misuse workers in YPSMS substance misuse teams had been given responsibility for liaising with RAP teams, in an attempt to simplify and improve communication between community-based and secure-care workers.

**RAP engagement strategies and approaches**

Official statistics show that in the first three quarters of 2007/08, the majority of young people on RAP were initially engaged while in custody (60%).

This contrasts with the first three quarters of the previous year (2006/07) when only 46% were initially engaged while in custody. The sample used in this research was constructed during the first quarter of 2006/07 and more closely reflects the figures of that period (see chart below) rather than those provided in later versions of the official statistics. This shift to greater engagement of young people in custody perhaps reflects that RAP is aimed at more serious offenders who are more likely to be sentenced to custody.

---

17 YJB, RAP quarterly monitoring statistics: 3rd Quarter to October-December 2007.
RAP approaches to engagement

It has been previously documented that some young people are reluctant to seek help for their substance use after release from custody, for reasons which include:

- not believing that their substance use is a problem for them
- feeling confident about being able to make change unaided
- feeling confident – after being off substances for a while in custody – of being able to continue changes unaided
- believing that lifestyle change (rather than assistance) was the best way to stabilise their substance use and offending. They tended to see change coming from willpower and strength of mind, rather than by receiving help.
- having a poor opinion of the effectiveness of drug and alcohol interventions
- fear of being lectured or ‘preached to.’ (Galahad, 2007)

Young people in this study appeared to follow this trend. Seven substance misuse staff members talked specifically about young offenders’ reluctance to seek help and it was reported that many 14 to 16-year-olds enjoyed using drugs with their peers and did not see it as a problem. Many also felt that drug use helped them to cope with their troubled lives.

Some interviewees on RAP schemes did say that they had made changes to their drug and alcohol use, but there was variation in the degree to which they were prepared to work directly on this issue with their RAP workers. In a voluntary service like RAP, this can create a dilemma for workers: if the scheme is targeted at young people with substance misuse problems but those young
people do not want to directly address their substance use, should they be excluded?

On this subject, the referral guidance for RAP states that:

\textit{While engagement with RAP will be voluntary, candidates should not be given a lower priority on the basis of potential non-compliance. Rather, non-compliance should be seen as a potential indicator of need and so tend to increase the priority of the candidate.}

RAP guidance, YJB, 2006

When faced with this difficulty, it was found that RAP schemes varied in their approach.

\textit{Exclusion approach}

In one scheme, if a young person refused to make changes to their drug or alcohol use then he or she was excluded from the scheme:

\textit{The ones who refuse to engage in substance misuse [programmes], and show no signs of a let-up in that respect, we would say “We’re not going to continue working with you unless you do something about your substance misuse”.}

RAP manager

\textit{Motivational approach}

Other programmes took a different approach. Many RAP workers made the assumption that if young people were linked up with constructive activities and with employment, then decisions about their drug and alcohol use would follow.\textsuperscript{18} Where researchers observed this second type of approach, the RAP workers used motivational interviewing techniques during day-to-day contact to promote ‘readiness to change’.

For example, a young female who disclosed that she still binged on alcohol, cannabis and ecstasy remained adamant at the time of the first interview (mid-2006) that she was not going to change. At that time, she had been linked up with a trainee hairdressing course. Both RAP staff and training support staff were working together, encouraging her to keep an eye on her drug and alcohol use. Both workers commented on how well she had been doing on the training course and noted the progress in attitude she had made since being on RAP, although the young person herself was ambivalent about the usefulness of the scheme. By the time of her follow-up interview, however, she had made the decision to cease her drug and alcohol use.

\textsuperscript{18} This method employs the theoretical approach put forward by Brown, Montoya and Riley (2004) that involves strengthening the positive aspects of a young person’s life in the belief that the risk of substance-misuse will consequently subside.
In addition to mentoring, RAP workers steered young people into more constructive activities, away from alcohol and drugs, in the hope that these pursuits would be continued after they left the programme, thereby preventing a return to substance misuse. This multi-disciplinary approach to address substance misuse was highly regarded by specialist staff, as the following comment illustrates:

*From a substance misuse perspective, RAP is an absolute Godsend. … Having worked on both sides of the fence, my duties are assessment and action plans … and then the RAP workers get into those action plans and (this) benefits me immensely because they spend a lot of time with the young person. It might be around education, housing – all those issues – health – so obviously there are really no big magic cures to get young people off drugs. … For me, the more the young person is doing with their life, the less they’re using drugs. We can fight to improve that, and as far as I’m concerned RAP fits into that and, at this moment in time, they help me immensely in that respect. So it just works fantastically.*

Substance misuse worker, RAP Area B

The benefits of mentoring and structuring the young person’s time were reiterated by RAP and substance misuse staff in other locations. The RAP worker’s close contact with, and understanding of the young person provided valuable insight to inform case planning and risk assessment – as the following quote illustrates:

*For example, the case I’ve got at the moment, which is quite a tricky one, the young person has got substance-misuse problems, he’s a sex offender, and he’s homeless. Because the RAP staff are the ones having quite a lot of contact with him, (they) will know quite a lot of information about that young person. So when they go to meetings to assess risk and look at planning, they can contribute to the information that’s needed to formulate the plan, if that makes sense. It’s not that they’re doing tasks on behalf of other people, they’ll go with the case manager, it’s just that you’ve got that additionality feeding into things like plans, interventions and risk management.*

Operations manager, RAP Area D

*Frequency of contact with RAP staff*

The frequency of young people’s contact with RAP staff varied, mainly based on individual need. By contrast, young people’s frequency of contact with their YOT worker was based on the condition of their order. It was therefore difficult to assess differences in the frequency of contact between the two groups, as a young person’s RAP work in the community will often be in addition to work with their YOT worker. However, the findings did suggest that young people on RAP have, on average, greater frequency of contact than young people who were with non-RAP YOTs.
RAP young people in custody
The frequency of contact by RAP workers with young people in custody varied from once a week (four young people: three males and one female, all aged 15 to 17), to twice a month (four males, aged 15 to 18) and then to just once a month (10 young people: eight males and two females, aged 16 to 18). These visits tended to focus on preparing the young person for entry into the community by organising education and training placements and finding suitable accommodation. More frequent visits were not necessarily related to the youngest but seemed to relate more to the young people with greater individual needs. One young female even mentioned that her RAP worker visited her socially in prison at weekends to ensure she was comfortable.

Non-RAP young people in custody
The amount of contact non-RAP young people reported having with their YOT when they were in custody varied from once a fortnight (of which there were five) to once a month (four), although one young female said she only saw her YOT worker once every two months. Although five young people said they saw their YOT worker once a fortnight while in custody, three of those said that they spoke to their worker on the phone at least once a week. The degree of contact appears to be slightly less frequent for YOT staff than for RAP staff. Also, it appears that some YOT staff alternated visits with telephone contact in custody, suggesting a more distant approach than the personal visits by RAP staff.

RAP young people in the community
A varied degree of contact was reported by young people on RAP in the community. Some young people reported that they were expected to see their RAP worker at least twice a week for the first 12 weeks, which could be reduced to just once a month thereafter if the young person wanted, although for others the condition of their licence was initially just once a week. Young people reported their contact from as often as every day – for those who needed a lot of support – to as little as twice a month or less for those who were in the process of exiting the scheme. Even as young people were coming to the end of their licence, seven young people said they were still keen to keep in touch with their RAP worker by telephone for support.

Non-RAP young people in the community
By contrast, for some young people not on RAP, contact with their YOT worker appeared to be more intensive for a few, although this may have been purely due to the condition of their licence. Most saw their worker once or twice a week (one young male saw his worker every day, two saw their workers twice a week, and two saw them three times a week). For two young people, this reduced to once every two weeks after they were able to demonstrate that they could keep appointments. Just one person in the sample had reduced his contact to once a month.

Comments on amount of contact with staff
There was only one report that a young person considered their contact with RAP and the various YOT staff too onerous. In this particular case, the young male lost his job as he had to take so much time off to complete his Education,
Training and Employment (ETE) and Community Service Order (CSO). Although it is possible that this young male exaggerated the role played by his CSO in losing his job, this incident still gives cause for concern, as one would hope that YOT staff would be flexible in modifying his licence terms to ensure he remained in employment.

Some non-RAP young people also complained that the amount of contact with their YOT worker was too onerous. This is unsurprising considering the high level of contact some reported initially, compared with RAP young people. The high levels of contact were not usually positively received; rather young people appeared to resent the frequent appointments with their YOT worker. The needs-led approach by RAP appears to be more appreciated by young people.

**RAP substance misuse interventions**

**Tiers 1 and 2**
Most RAP programmes did not conduct their own substance misuse educational or therapeutic programmes. Their main efforts in this regard were in encouraging and motivating young people to access other community resources. There were a few schemes among the case studies, however, that did organise awareness and education programmes of their own.

In at least two RAP teams, staff conducted drug-awareness sessions in local prisons and schools. In RAP Area B YOT, if a young person was reluctant to work with substance misuse staff then they had the option to be referred to a local drugs agency that provided a Tier 3 and 4 service. Substance misuse staff valued the positive mentoring contribution of RAP workers, which they regarded as “early intervention”:

*You can see when they come in with their RAP workers … the young people are benefiting.*

Substance misuse worker, RAP Area B

Staff in RAP Area C had devised a structured programme of substance misuse interventions which enabled young people to access local resources:

*Before they came onto RAP they’re entered into a drugs-awareness programme; substances, level of use, harm risk management and harm reduction and stuff like that and that will also involve us, their level of knowledge … to find out where they’re really at so we can get a better picture of the individual.*

RAP worker, RAP Area C

**RAP sample Tier 3 and 4 support**
For young people with Tier 4 needs, or those who recognised that they had a difficulty with controlling their drinking or their drug use, there was evidence that
RAP workers had provided them with timely assistance in linking them up with in-house specialists or external drug agencies. In RAP Area E, RAP workers benefited from a drug and alcohol worker who was based at the RAP office one day a week and half of the young people in this area had been linked up with this worker. In the higher tier cases, researchers noted that RAP staff worked hard to keep young people in contact with prescribing services and other substance misuse services. For example, the Area G RAP scheme was established as a direct partnership between drug services and the YOT, providing a weekly prescribing clinic and on-site substance misuse workers.

A total of eight young people (five male and three female) on RAP admitted to using heroin and seven of them offended to obtain money for drugs, with one young female engaging in robberies with her friends. All eight had been excluded from school, with four excluded for truanting. Four of these young people had both parents misusing drugs and/or alcohol and one had a cousin who was a heroin addict in prison at the time of the first interview. Five out of the eight young people had been introduced to drugs by a member of their family and the remaining three were introduced to drugs by their friends.

When asked about family relationships, one young male reported receiving support from his family for his drug addiction and offending when he was in custody (at the time of the first interview), although he was the youngest interviewee at only 16 years. Only one other young female reported receiving support from her mother while in custody. Four young people had either been excluded from or left the family home and three did not discuss their family relationships.

In terms of substance misuse support in custody, five young people reported that they had received detox help, one had received substance misuse group work in custody and one person was in receipt of methadone in the community. One person did not discuss receipt of any substance misuse interventions in either custody or the community. All of the five young people who had received detox in custody appreciated the medical help, although one young female was left without any medication for two days while on remand. There was also a young male who did not mention his heroin addiction until his second week in custody, when he was given medication for his withdrawal symptoms. These latter two cases, although not prevalent, highlight the need for a thorough and early assessment for substance misuse when young people are placed in custody – particularly remand – to ensure the provision of timely medical and therapeutic interventions.

One young heroin user was working closely with RAP at the time of his first interview and both enjoyed and appreciated the assistance from his RAP worker. He had been through detox in custody before going on methadone, organised by RAP in liaison with the local young person’s drugs agency (who worked closely with RAP). When he turned 18, he was linked up with the CJIT team (equivalent of the Drug Intervention teams in England) who usually deal
with adults. He was found to be topping up his methadone with heroin and so excluded from the CJIT scheme. The CJIT team appear not to have followed his case up after his relapse because, by the time of his follow-up interview for this study three months later, he was re-using heroin with a sibling and funding his use through reoffending. He was unaware that he might be able to reapproach CJIT to review the possibility of another intervention. RAP workers talked of CJIT not having the same assertive outreach approach and having a poor understanding of what approaches were likely to result in positive engagement and progress for this young male.

The young female was in custody on remand at the time of the first interview and this seemed to have provided a stable, safe and healthy environment because she reported eating properly, had put on weight and felt quite healthy. She intended to reduce her alcohol and drug use and not reoffend on release. When she was interviewed at the follow-up interview in the community, she was in receipt of a broad range of support via a dual-diagnosis nurse, two people involved in her supervision order, a housing worker, a Connexions worker and a RAP worker. This young female was a former alcoholic and was on medication that had significantly reduced her alcohol consumption. When asked about future needs, she just wanted continued help to stay off heroin. She confirmed at the follow-up interview that she had stopped offending and had also ceased a relationship with the boyfriend who had introduced her to heroin. She was coming to the end of her licence but was comfortable leaving RAP, although she thought she would keep in touch with her worker, just for “a little bit of help now and again”.

A young male who had detoxed in custody was interviewed after his release, when placed on RAP. Once in the community, RAP helped him to reduce his drug use, alcohol consumption and offending. He hoped to find a job in carpentry, following RAP staff’s help to obtain a training placement and RAP staff had also given him practical help with a housing application. Unfortunately it was not possible to conduct a follow-up interview with him to determine whether he had relapsed or not.

Non-RAP Tier 3 and 4 support
Only three non-RAP young people (one male and two females) reported using either crack or heroin on a regular basis, of which two used both crack and heroin regularly. Two of the three young people reported committing crimes to obtain money for drugs and they had all either been excluded from, or truanted while at school. The parents of one person misused drugs or alcohol and another had an uncle with substance misuse problems. One young person claimed to have been introduced to drugs by their family, while all said that they took drugs with friends. Just one young person reported receiving family support to help with their substance misuse.

All three young people were in custody at the time of the first interview, although only one young female said she had been offered help for her substance misuse while in custody. She had been placed on methadone but voluntarily
came off it as she did not want it to become a crutch for her when she left custody. One young male admitted that he needed and would like help but that he had never been offered any. He had been assessed for substance use in custody, although he claimed not to have been offered any therapeutic help, which he said he would have accepted.

Only one of the two young females completed a follow-up interview. Following a brief transfer to another institution – during which time she relapsed and then started to self-harm because of guilt over the relapse – she claimed to have stayed away from all drugs following her release from custody. She had obtained a job and some family and friends had become more involved with her (she lost some friends due to drugs and offending behaviour). She was appreciative of the help she received in custody from the CARAT worker and the psychologist, who helped her deal with the withdrawal symptoms from coming off heroin and crack. She had re-established some family relationships but was still distant from her mother, who had introduced her to heroin and crack. Her YOT worker was providing help to get back into college and find her own accommodation.

**Diversionary activities**

RAP teams were able to create facilities and provide access to a wide range of diversionary activities to engage young people and divert them away from offending and substance misuse – far more than their non-RAP colleagues. This may be due to shortages of staff and funding but, whatever the reason, the evidence clearly shows the positive impact of these activities on engaging young people into new pursuits and interests.

**RAP activities**

Many RAP schemes offered a range of activities which were used both to engage young people with the scheme as well as to provide a diversion to help them break away from previous substance-misusing and offending-orientated lifestyles. One worker in the YPSMS recognised that these opportunities were an important mechanism to engage young people who may be ambivalent, both about the scheme and about making change:

> The big draw to young people is somewhere where they’ll be safe, somewhere where they’re going to be engaged in things, diversionary activities and stuff like that, I think that’s vital; and, of course, employment.

Substance misuse manager, YPSMS

The emphasis for all RAP teams was to empower young people to develop their own interests away from substance use and criminal activity. The RAP teams provided a regular, organised and wide range of diversionary activities. One RAP scheme operated a drop-in centre which was deliberately unstructured, with games consoles, computers and art equipment for young people to use as...
and when they wanted to. This centre also provided yoga and other organised activities.

Table 5: Activities offered by RAP schemes

<table>
<thead>
<tr>
<th>Sporting activities</th>
<th>Cultural activities</th>
<th>Vocational activities</th>
<th>Rehabilitation-related activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gym memberships</td>
<td>Visiting the Science Museum</td>
<td>Making garden benches for the children’s homes</td>
<td>Anti-drugs drama workshops</td>
</tr>
<tr>
<td>Boxing</td>
<td>Weekend arts and media workshops</td>
<td>Workshops for young adults with music, creative writing and artistic talents</td>
<td>Inspirational talks from guest speakers</td>
</tr>
<tr>
<td>Basketball</td>
<td>Attending a cultural celebration of Black female achievers</td>
<td>Sitting the first stage of the vehicle-licence test on computer</td>
<td>Weekly evening girls’ workshops to build self-esteem and self-confidence.</td>
</tr>
<tr>
<td>Netball</td>
<td>Golf</td>
<td>Running an allotment</td>
<td>Weekly afternoon workshops on linking creative skills with anti-drugs and reparation activities, such as designing a poster and leaflet campaign on RAP for families.</td>
</tr>
<tr>
<td>Snooker and pool</td>
<td>Individual fishing licences</td>
<td>Basic skills sessions and key skill sessions</td>
<td></td>
</tr>
<tr>
<td>Individ. fishing</td>
<td>Football</td>
<td>First aid certificate training</td>
<td></td>
</tr>
<tr>
<td>licences</td>
<td>Tournaments</td>
<td>Music writing and production on computer</td>
<td></td>
</tr>
<tr>
<td>Bowling</td>
<td>Outdoor activity group sessions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Non-RAP YOT activities

By contrast, the non-RAP teams reported organising a much smaller range of activities and on a less regular basis and these were only for the higher-end offenders on ISSPs. Just one non-RAP team mentioned giving young people gym memberships, while only one other team organised a regular weekly sport or leisure activity. Non-RAP Area J had successfully raised funds for a six-week summer sports and leisure activity package for their young people the previous year, although it was acknowledged there was a significant lack of organised activities for their young people. One non-RAP team made no mention of organising any diversionary activities for their young people, while the remaining team only referred to holding meetings with young people in places where leisure activities (such as pool) were available, to encourage them to engage and participate with the YOT.
RAP sample experience and views of activities

At the initial interview, 20 males and two females on RAP specifically expressed enthusiasm about the activities organised by RAP. Specific activities they enjoyed included: sports (including gym memberships), cinema, theatre, music production, bowling, ice skating and quad biking. Some young people valued the activity as a clear diversion away from drugs and offending. As this young male pointed out:

_I could be at home most probably sitting there or being with a friend and they’re offering me weed or drugs or whatever. No-one’s going to offer me nothing, I’ll be in a happy mood, doing what I’m doing._

RAP Male, aged 18, BME

This type of initiative to divert young people away from drug use seems to have had some impact, as some claimed to have stopped offending, while others had reduced their offending. Some young people also valued the opportunity to undertake activities that they would not normally be exposed to:

_They brought us to a theatre, it was played by Black youths. …It was really wonderful. …They show you things; that’s my point. They show you certain things and it does mean a lot. It really does._

RAP Male, aged 18, BME

One young male valued RAP’s support to study for his moped driving licence as an initiative to help people drive legally:

_I think that’s a brilliant idea because … it’s stopping people from like going out and driving illegally, because you’re offering them the chance to get their licence. But also, it’s like it gives you a goal._

RAP Male, aged 18, white

At the time of the follow-up interview, a further 10 young people talked about enjoying the activities organised by RAP. They said that these activities helped to occupy their time, provided a new interest (such as gym memberships, for four young people) and provided a diversion away from drugs and offending (though only two of these young people claimed to have stopped offending in their interview). In one case, a young person who had not engaged with ISSP activities in the past had been encouraged to join in, purely due to the enthusiasm of his RAP worker. One other young male still in custody was excited at the possibility of doing outdoor activities with RAP when he was released and had found it very helpful just to talk in his one-to-one session with his RAP worker.

On a less positive note, one young male felt that a talk from a former offender had only influenced his thinking for a couple of days before the impact had
dissipated, while another young male reported complete disinterest in all of the RAP-related activities.

From the Quality of Life survey questions, 28 of these 32 young people reported in interviews that they had been excluded from school. This highlights the importance of engaging difficult-to-reach young people in new interests and activities to employ their time usefully and offer alternatives to substance misuse and crime.

Non-RAP sample experience with activities

As expected from the poor provision mentioned by YOT staff, few young people talked positively about being distracted away from offending by the activities on offer from the YOT. One young male thought these activities were not going to help young people turn away from offending in the long term because, as soon as the activities stopped, they would just return to crime. Another young male mentioned enjoying the Prince’s Trust but he had to leave as he could not afford the travel costs and pay for lunch on his job-seeker’s allowance. At the follow-up interview, a few further young males had engaged in sporting activities and two had participated in other activities related to their Reparation Order (gardening and painting a church).

Fifteen young people specifically requested that more organised activities be available through the YOT, which is discussed further under ‘unmet needs’ in Section 8.

Use of the flexible fund

As part of the funding made available to RAP teams, a Flexible Resettlement Fund was given to RAP managers. The aim of this fund, as set out in YJB guidance, is to:

\[\text{.. provide positive life chances for young offenders who meet the agreed criteria and to reduce the likelihood of their reoffending by identifying and meeting their very specific needs.} \]

RAP guidance, YJB, 2006

In practice, the flexible fund was used in a variety of different ways and some workers acknowledged that there had been an initial learning curve for them in determining the most effective way of managing this fund. The following paragraphs demonstrate the variations our researchers noted in its use.

Incentive schemes

The flexible fund was used in some teams to provide incentives for attendance. For example, this RAP manager explained the use of his incentive scheme as follows:

\[\text{We only link the flexible fund spends with incentives or earned privileges that most of them can relate to from prison anyway. But (this) will be linked with the work plan (both the RAP work plan and the Detention and} \]
Training Order community work plan) and so there’s certain objectives in there, such as education, training and employment attendance, stabilising accommodation, behaving better with your family … We’d say, “as long as you’re sustaining progress against those objectives, then this flexible fund spend will happen”. But we get them to sign contracts, and if they stop coming in or they start blatantly disregarding a particular objective, we won’t spend on them.

RAP manager

Access to the diversionary activities (see page 71) were via the incentive schemes operated by RAP teams. Participation in sports and media activities valued by young people was usually conditional on good behaviour (for example, not offending for a month) and engagement with RAP and YOT staff. In one area, participation in a specified amount of community work was rewarded with access to moped driving lessons.

Crisis management
The flexible fund was commonly used to fund very practical assistance for young people on RAP schemes. Most commonly, the fund was used to help access or supplement housing expenses and, in some cases, without such financial support, the young person would have been left homeless. Another key area of financial support was to fund college books, equipment and study guides for young people who could simply not afford them.

Some RAP managers also explained that this fund had been useful in situations when young people went into crisis; for example, if they needed food or a bridging loan for housing deposits. One worker emphasised the valuable part played by the fund, which they believed gave them the flexibility to create needs-led and meaningful packages of assistance and the capacity to respond to crises:

*I think it’s the one thing that gets people to move very quickly, and when we’re trying to work with somebody, quite often that’s what we need to do … for such a piddling amount of money it enables us to do massive things.*

RAP manager

RAP’s use of the flexible fund was also appreciated by YOT staff. In one case, a young female who was refused assistance from housing agencies due to her offending behaviour was given financial assistance by RAP:

*Now the other housing agencies have realised a couple months on that she has got herself stabilised, and they’ve now got her in proper accommodation, and that’s only due to the fact that RAP were able to actually fund a bed and breakfast place for her while she proved to the
housing organisations that she had sorted herself out. And without RAP funding it would all have gone completely pear-shaped.

YOT accommodations officer, RAP Area G

Most RAP teams also used the flexible fund to purchase bus passes for young people to attend their appointments, college, training placements and employment until they were able to access state benefits and training allowances to fund themselves.

Workers occasionally struggled with the dilemma of whether to use the fund to make a real difference to a small number of young people (as they did in the costly funding of the ST@C housing project for two young people in RAP Area C, and plans to partly fund the Community Projects Abroad scheme or to use the fund to create less dramatic change for the wider RAP group. The YJB and RAP workers will need to consider this issue further so that decisions can be justified, if spending should be subjected to scrutiny.

Non-RAP resources
The crisis management and practical support funded by RAP’s flexible fund was in sharp contrast with conventional YOT services, which only reimbursed bus fares. Unfortunately, many young people simply did not have the money to purchase a bus ticket, meaning they missed appointments and were then penalised for non-attendance:

They've served their custodial sentence. In some ways that's punishment enough. Try and support them and stop them reoffending – otherwise nothing's going to happen.

Keeping Young People Engaged (KYPE) worker, non-RAP Area L

Practical support
Due largely to the flexible fund, RAP teams were able to provide a much greater range of support to young people than YOT staff in non-RAP locations. This support helped young people to access a wide range of services, assisted them with immediate and longer-term rehabilitation needs and ultimately facilitated their transition to independence.

A drug worker involved in one RAP scheme, emphasised the importance of practical assistance, in expressing his view of how many other agencies did not have the time or resources to help young people in this very practical way:

I think relationship building is a lot to do with it. Young people, I think, very often sit in front of ‘talkers’, and not many ‘doers.’ … young people … do need the helping hand to get them on their way. And once they
realise what can be achieved, or what is out there, then they become independent.

RAP drug worker

For young people who lead chaotic lifestyles, keeping appointments can be vitally important to both keep them engaged with support services and to ensure that they do not breach the terms of their care order. Nine young people specifically expressed appreciation for the assistance given by their RAP worker in helping them to keep appointments with various care and offending agencies. In at least two cases, young people stated they had ended up in custody in the past due to breaching their appointments, so RAP workers had therefore targeted their support to ensure this did not happen again. By contrast, no non-RAP young people reported receiving any assistance from their YOT worker to attend appointments.

The type of practical help on offer from RAP teams included:

- transport to appointments and job interviews
- calling or texting to remind the young person about appointments and, in RAP Area B, one RAP worker compiled a weekly schedule for her RAP clients
- bus passes and (less commonly) taxi fares
- help with benefit forms as well as with getting full benefit entitlements
- one-to-one sessions on how to present their CV
- accompanying them to the job centre
- help with writing letters seeking work from prospective employers
- help with washing clothes and domestic tasks
- practical workshops in supermarkets on how to shop on a budget
- accompanying the young person to the library to help them learn basic skills
- helping the young person to pass a landlord inspection
- help with moving belongings from place to place
- buying meals for young people when they were hungry or giving them vouchers for meals
- very practical help with budgeting
- painting and decorating in their accommodation, as well as helping with furnishing.
Views of non-RAP YOT staff on practical support

Staff in YOTs without RAP did not have access to the flexible fund to support young people with bus passes to attend appointments, although some teams did reimburse young people for the expense of travelling to the YOT premises. However, as noted above young people occasionally did not have the money to fund the transport initially. There was no evidence of YOT staff transporting young people to appointments, with the exception of some KYPE workers in non-RAP Area L who also provide some young people with access to courses in practical living skills. Non-RAP Area J was in the process of expanding its initiative to help young people back into work, with plans to provide help on correspondence and CV writing.

Practical support needs of RAP sample

In a recent study by Galahad SMS Ltd, researchers noted that young people were sometimes wary of accessing official help and often preferred to rely on friends and family (Galahad, 2007). In contrast, almost all young people on RAP were happy to accept help from RAP workers. RAP workers were seen by young people to offer needs-led, knowledgeable and practical help, providing ‘added value’ in comparison with the assistance they could get from their friends, as explained by this young female:

Now that I’ve got on RAP there are people who are connected to the things I need. Say I’ve got a problem with housing; where I talked to my friend before she couldn’t do much about it. Actually they [RAP workers] can. They go down there with me and sort out whatever it is.

RAP Female, aged 18

It may be that this readiness to accept help from RAP workers is characteristic of young people who are inclined to accept the offer of RAP in the first place. If so, this would indicate that young people on RAP are more ready to make changes to their lifestyle than those not on RAP and what the RAP provides is a place for those young people to easily access the help they need to make those changes.

Many young people at their initial and follow-up interviews commented on the importance of the practical help received from their RAP worker19, which took the form of:

- providing public transport passes to help them attend appointments
- RAP workers collecting and taking them to appointments
- helping them, some of whom were barely literate, to complete applications for housing, state benefits and other personal administration

---

19 Seven males and one female at the first interview, plus another six males and one female from the follow-up interview.
- helping young people to navigate through the bureaucracy of other agencies
- advice and support on household budgeting, shopping and paying bills
- loan provision for essential furnishings.

Though some of this support sounds rather basic, helping young people – particularly chaotic substance abusers – to attend appointments is vitally important, considering that for many, this is a condition of their licence. One young female mentioned that she had missed appointments when her YOT worker was on holiday, so her RAP worker had stepped in to collect and deliver her to appointments.

**Practical support needs of the non-RAP sample**

Only a few young people in the initial and follow-up interviews talked of receiving practical help, although in two cases this was from their Connexions worker who helped them access state benefits and move into their accommodation. The only young person who mentioned receiving practical help from their YOT worker talked of receiving a life-skills programme as part of the second section of their order in non-RAP Area L YOT, who employ KYPE workers.

**Help with accommodation: survey data**

**RAP sample: housing status**

The survey data shows that only 58% of young people on RAP schemes (n=196) lived with one or both parents, compared with 56% of those not on RAP (n=362). Of the young people on RAP, 5% either lived in foster care or a children’s home, compared with 6.7% of the non-RAP sample, while 1.2% on RAP were homeless, as opposed to 3.3% not on RAP.

---

20 For young people who responded to a survey in custody in which they were asked “Where did you live prior to going into custody?” 59% of RAP respondents and 24% of the non-RAP respondents did not answer the question on accommodation.

21 These data have been drawn from the survey conducted by Galahad, as respondents in the face-to-face interviews gave little information about their living arrangements.
A number of young people in both groups were living on their own at the time of the survey, with 14.8% (RAP) and 11% (non-RAP) living alone.

**Help with accommodation: interview data**

As RAP is aimed at those with accommodation needs that co-exist along with substance misuse problems, these findings indicate a need for better monitoring of this particular type of vulnerability in young people leaving custody.

Galahad researchers asked interviewees a series of structured questions in order to assess Quality of Life changes that may have been made over the course of the research. In one of the key areas – the young people’s accommodation situation – there were clearly fewer RAP interviewees who were unhappy (8.3%) by the time of the follow-up interview compared to their non-RAP counterparts (30%). Roughly equal numbers said they were happy with their accommodation situation, but there is a marked improvement in the RAP group between first and follow-up interviews, with the proportion declaring themselves happy rising from 35% to 58%. A slightly less substantial rise was also reported in the comparable non-RAP group – from 47% to 60%.
Figure 5: Quality of Life: Accommodation

Note: sample sizes: RAP n=43, non-RAP n=54. RAP follow up n=30, non-RAP follow-up n=36.

**RAP assistance with accommodation**

Many young people reported that RAP and other agencies had helped them to obtain suitable accommodation. In some cases, this involved practical support to complete housing application forms, although for others this involved workers from a range of services such as the YOT, RAP and Connexions working together to help the young person obtain accommodation.

At the time of the follow-up interview, RAP had helped an additional three young people to obtain or complete the relevant documentation to apply for accommodation, in one case also providing financial assistance to obtain emergency furnishings. A few young people had been helped to obtain actual accommodation in private flats or hostels, two others had been helped to obtain emergency accommodation and one was in the process of finding emergency accommodation after being thrown out of the family home. Another young male had been able to return to the family home, with the support and financial assistance from RAP to redecorate and furnish his former bedroom, which had been put to a different use when he had been in custody.

Three strategies employed by RAP teams to try and address the accommodation needs of young people were identified by the Galahad research team. A brief summary of these is provided below, with supplementary evidence of their effectiveness.

1. **Housing worker in RAP YOT**

   In RAP Area E, the manager had recruited a RAP worker with a background in housing and benefits to try to ensure that there was expertise in the team on this issue. The team also worked closely in partnership with a housing organisation in the local area to try to find suitable accommodation. Staff had proved to be extremely proactive in locating and obtaining privately-rented accommodation for young people, although this involved significant time and resources. However, the team had managed to secure accommodation, against all expectations, for ‘hard-to-place’ young people:
**RAP were able to help him secure private-rented accommodation .... And I think ... he pretty much kept that together really quite well, I think, against ... people’s expectations really. ... They were saying: “His support needs are too high, he couldn’t possibly manage his own tenancy”. But in actual fact he did.**

Substance misuse worker, RAP Area E

In RAP Area D, young people on RAP were linked with a housing worker attached to the YOT, who supported them in finding and holding on to accommodation, as explained by the RAP manager:

**We have an accommodation officer who sits in my team who takes referrals, in the case of DTO (Detention and Training Order) RAP cases, takes referrals at commencement stage for all of them and does an assessment. We’ve got a special housing needs assessment tool that the seconded worker does on all new DTO commencement and any other referrals that she receives in from other parts of the service.**

Manager for post-custodial RAP, RAP Area D

The assessment tool for housing, referred to by this manager, had been developed by RAP Area D YOT. Almost all of the housing found in this area tended to be hostels or bed-and-breakfast accommodation, due to the lack of supported or independent accommodation for young people in the local area.

In early 2007, RAP Area C had also recruited an accommodations officer (funded from the YOT budget) to free up additional time for RAP workers to concentrate on other tasks. This specialist post was perceived as a great benefit by the team. Similar in-house accommodations officers were also employed in RAP Area B and RAP Area G.

2. **Strategic partnerships with local authority housing departments**

Two RAP managers spoke of involvement in wider strategic planning with housing departments about young people’s needs in their area. This was seen as a positive step forward in helping young people access housing, although it was seen as unlikely to produce improvements in the short term. One RAP manager in Area C said that she had negotiated a fast-track system for RAP clients with the local homeless department, which had been successful to the extent that her clients were given greater priority.

**RAP staff have more time, a lot more time, to be able to go down with the young person at the homeless person’s unit and help them, you know, complete the forms and things like that. What happens is, if there’s not a professional with them when the young person goes down to the homeless person’s unit, usually nothing happens, usually they won’t get housed.**

RAP manager, RAP Area C
Staff from another scheme were working with the local housing authority to develop a protocol for RAP service users.

3. Partnerships with housing-support projects

In RAP Area C, the RAP team had commissioned two flats from a new housing organisation that provided intensive life-skills training over 10 weeks to assist young people towards their own independent tenancies. Unfortunately, despite early signs of success, this project failed, mainly due to the high running costs that local authorities were unable to support. The RAP Area C manager explained:

“They did good in their flats … then they had the opportunity to have their own flat, and then we got them housing benefit … which turned out to be really good. But the thing is, … it was so expensive. I mean, it was two young people, and it cost me £16,000 or something. … We just don’t have that money.”

RAP manager, RAP Area C

In RAP Area H, a link had been forged with an organisation called Developing Initiative for Support in the Community (DISC), which was a charitable organisation aiming:

“
To reduce homelessness by assisting people to access appropriate accommodation, whilst also helping them to maintain their tenancies and access other relevant services.

Policy statement, DISC

Once RAP workers had assessed a need for housing young people, they held three-way referral meetings (involving the RAP worker, the young person and the DISC worker), as outlined by this RAP manager:

“
You get them on board, and they would then take them to the local housing department and get the process going and support them through that until they get their accommodation and then for a year after…. They look into providers that we probably wouldn’t know about, but mainly they go with the local authority.

RAP manager

The manager went on to explain that, even with the help of DISC, young people usually tended to access hostel or bed-and-breakfast accommodation. Workers in another area had been able to purchase emergency bed spaces at the local YMCA.

Many managers explained that RAP workers themselves spent much of their time seeking out housing and maintaining young people in accommodation. Workers would typically need to spend many hours waiting with the young person when they were scheduled to see housing officers, themselves becoming involved as advocates in negotiations. Some workers spoke of making telephone calls to track progress in eligibility for accommodation with local authorities during what was generally characterised as long-winded applications for stable housing, as this manager explained:

*There’s two lists: you have a temporary list, and you have to be on the temporary list, you know, before you can get permanently placed. That’s usually a couple of months and you have to continue with the temporary. You know, if you stop and end up staying with a friend, then the process starts all over again.*

RAP manager

In addition to locating emergency or longer-term accommodation, RAP workers also mentioned acting as liaison to moderate troubled relationships between young people and their families, to try and ensure that they remained with or returned to live at the family home. Such liaison could involve support from wider social services – such as parenting groups – and finance from the flexible fund to make a bedroom habitable (such as buying paint or a carpet). This liaison role sometimes extended to housing providers, where the young person had difficulty with rent arrears or anti-social behaviour.

In summary, RAP teams devoted considerable resources to locate and keep young people in suitable accommodation, which included worker time and financial support from the flexible fund – resources to which non-RAP teams do not have access.

**Non-RAP YOT approaches to the accommodation issue**

In non-RAP Area I, YOT staff had a strained relationship with the local Homeless Persons Unit (HPU) for housing, due to their reluctance to accept young offenders. Unlike RAP teams, this YOT did not have access to funds to support young people in emergency accommodation. However, the team hoped that the dire accommodation situation would improve in 2009 when a new ‘Young Persons Foyer’ would be created:

*The Young Persons Foyer, it’s like a hostel, hotel kind of situation for young people up to 21, so they will be accepting young people that are homeless through the HPU route, they’ll be looking at young offenders, bail options or whatever it may be. They look at children leaving care and social work placements as well, and they offer supportive networks within the hostel around getting them in to education as well, the provisions.*

Operations manager, non-RAP Area I
In non-RAP Area J, YOT staff reported a closer working relationship with their local HPU, although a single charity was responsible for all hostel and homeless accommodation provision in their area. This meant that if a young person fell foul of hostel rules in one building, they would be banned from all homeless accommodation in the area. Unlike the housing association in RAP Area C, these hostels did not provide lessons in key living skills, so young people were often in trouble with rule violations:

_They’ve perhaps never lived on their own before: they get into arrears where they rent or they service-charge or things like that, you know? They have friends in their rooms, and things that young people want to do, but it’s against the hostel rules or whatever, and then they find themselves back out on the street again._

ISSP co-ordinator, non-RAP Area J

In non-RAP Area K, the accommodations officer post had been filled for only one year out of the past five. As a result, YOT case managers did not have the resources to help with accommodation, except to refer the young person to other agencies such as the YMCA. Bed-and-breakfast was the only emergency accommodation available in the area, which was not ideal. Staff in this area acknowledged the significant constraints on helping young people with housing provision.

Non-RAP Area L employed their own Accommodation Officer to work closely with case managers and KYPE workers to support young people in finding suitable accommodation. This officer’s proactive approach usually ensured that accommodation was found prior to release, although not all case managers identified the need early enough. Unfortunately, their local authority emergency housing was located in an area of known drug use:

_It’s not going to be very helpful to them … by putting a lot of youngsters of a similar age together so they’re immature, unemployed in an area which is rife with substance misuse and you say “Well, that’s where your licence says you have to go”. They then obviously will say “I don’t want to go there – won’t go there” and we start to have difficulties when the youngster then refuses accommodation. The housing authority (say) “Well, you’re intentionally making yourself homeless” and it’s a knock-on effect with them trying to find alternatives._

YOT worker, non-RAP Area L

Interview data from non-RAP young people showed that far fewer had received assistance to find accommodation. At the first interview, only one young person had received help to move into new accommodation by her Connexions worker. The fact that only one person had been assisted was not due to lack of need, as 10 young people expressed the need for help to find accommodation in the future. By the time of the follow-up interview, only two young people had received help from their YOT to find a flat while one young female had received
assistance from Connexions and a young male reported that his YOT worker was actively trying to help him find accommodation.

In comparison with the many young people who had received assistance with accommodation in the RAP sample, only a minority of non-RAP young people reported that they had been assisted.

**Importance of suitable accommodation**

Staff at all RAP and non-RAP locations reported that accommodation was the most significant barrier to effective resettlement for young people. As RAP is targeted towards the highest-risk young people, this group often have multiple and complex needs, with the result that many are excluded from the family home, or considered intentionally homeless due to their chaotic behaviour.

Every unit (RAP and non-RAP) reported a paucity of suitable emergency accommodation. While most locations had access to bed and breakfast and homeless hostel accommodation, this was rarely considered suitable for vulnerable young people with substance misuse issues, since hardened adult drug users would most likely be in close proximity.

The 16 to 18-year-old age group was considered particularly difficult to house as, without an income or suitable ID to try and claim benefits, obtaining their own rented accommodation was virtually impossible. Without suitable housing, staff reported that it was extremely difficult to engage young people in training or other useful activities. In non-RAP areas, staff reported that lack of suitable accommodation made it almost impossible to release a young person who needed their curfew monitoring. One member of staff reported:

> They cannot do an ISSP programme unless they have stable accommodation. And it has happened in the past that we just can't find their accommodation, and the young person has gone to custody.

Bail and ISSP co-ordinator, non-RAP Area J

Although RAP staff acknowledged that obtaining suitable accommodation was a fundamental problem for young people, the evidence in this study shows that they have been more successful in addressing this need than their non-RAP colleagues. This is due to the increased provision of staff time to devote to the issue and the proactive approach of some RAP teams to create strategic partnerships with housing departments, agencies and charities – as well as their access to the flexible fund.

**Employment and training**

RAP appeared to be more successful in finding, placing and encouraging young people to engage with training and employment than their non-RAP YOT colleagues. Young people on RAP were less likely to have been excluded from or have left school before the age of 16 (36.9%) than those not on RAP.
(48.2%). Young people in the RAP sample received more assistance with employment and training than those in the non-RAP sample (89% compared to 64%). This was partly due to the co-location of Connexions workers in RAP teams, the active support role of RAP staff and their strategic links with training organisations and employers. Non-RAP teams appeared to be less advanced in their initiatives to address training and employment, with the result that a significant number of non-RAP young people have unmet training and employment needs. This is discussed more fully under ‘unmet needs’ in Section 8.

Employment and training experience of the RAP sample

Of the 28 young people eligible for training and employment in the sample (aged 16 or over), 25 had received assistance to attend vocational or trade-related training or to find employment. From the first interview, three young people were still in custody but their training placement had already been organised for their release, while Connexions had also organised job interviews for another young male after his release.

At the time of the follow-up interview, a few young people talked about the help they had received to find trade-related training placements. One young female had received help from ISSP and RAP to obtain a part-time hairdresser placement at the time of her first interview, which she enjoyed and had almost completed full-time by the follow-up interview. One young male had received help with job interviews initially, but had completed five vocational courses and was about to begin fork-lift truck training by the time of the follow-up interview. Another young male had been on a work placement at the time of his first interview but had received further assistance from Pathways (a community drug team) to attend the Prince’s Trust by the time of the follow-up.

The remaining young people were attending training in vocational courses such as plastering and construction, with one young male having been helped in custody by a young offender charity (Carter and Carter) to obtain a college place on his release.

A few young males had received help to find employment from both RAP and Connexions, although unfortunately one young male had lost his previous job due to taking time off to complete his Education Training and Skills programme and Community Service.

From the Quality of Life survey, the charts below show that on both ‘happiness with their education and employment situations’, young people on RAP tended to become increasingly unhappy by the time of the follow-up interview. In contrast, young people in the non-RAP group tended to become happier with their education and employment situations. It is difficult to discern why this may be the case, although one possible explanation is that RAP raises the expectations of young people and they soon become dissatisfied with their lot.
In some respects this could act as a motivation to change for young people as they become more aware of themselves and their situation.

**Figure 6: Quality of Life: Education**

![Bar chart showing the percentage of RAP, RAP follow-up, non-RAP, and non-RAP follow-up groups with different levels of happiness regarding their education situation.

Note: sample sizes: RAP n= 43, non-RAP n=54. RAP follow up n=30, non-RAP follow-up n=36.

**Figure 7: Quality of Life: Employment**

![Bar chart showing the percentage of RAP, RAP follow-up, non-RAP, and non-RAP follow-up groups with different levels of happiness regarding their employment situation.

Note: sample sizes: RAP n= 43, non-RAP n=54. RAP follow up n=30, non-RAP follow-up n=36.

**RAP approaches to employment and training**

RAP managers and training partners recognised the need to not just find young people training opportunities but also to link them with projects that prepared them for work by getting them used to a more structured lifestyle. For example, the RAP Area G scheme worked with the Prince’s Trust to develop work skills. However, one of the workers felt that – from a drug-treatment provider’s point of view – some young people needed literacy and numeracy preparation to even attend this course. Another benefit of RAP, where a young male had been helped to access a college place, was the use of the flexible fund to purchase college books that he was unable to afford.

In RAP Area E, researchers found a centre that helped young people progress towards readiness for work, which is a promising example of a long-standing...
relationship between the RAP and the YOT and a fairly unusual, well-resourced training enterprise. The ‘Skill Build’ scheme drew together a number of training opportunities for young people, including plastering, IT and administration skills, partitioning, electrical work, bricklaying, construction skills, painting and decorating, carpentry, hairdressing, and basic literacy and numeracy skills. The Skill Build initiative is financed in part through the European Union Structural Funds and the Welsh Assembly Government’s ‘Pathways to Employment’ funding. The centre also housed projects designed to prepare people for work.

Researchers interviewed the manager of the Youth Access project, which had also been set up via a successful application for European Commission Funding,\(^{23}\) and worked particularly closely with the RAP workers, as outlined by the Youth Access Training Manager:

> ...It’s about looking at things like enabling youth to access employment and educational training (and addressing) whatever logistical issues that they may have, addressing other issues such as social and other economical issues based around drugs and other things. What we do is support young people on one of our programmes (on Skill Build) and if there’s a problem, ... then the staff will contact us and we will support that young person – hopefully overcome the barrier that they have and then continue on.

Youth Access training manager, RAP Area E

He went on to say that the scheme had an ‘open-door’ policy that was not time-constrained.

The benefits of this training and support organisation, and of its co-location with the training warehouse, were varied.

- There were real opportunities for young people to build up practical skills in a number of areas of work.
- Funding had been secured to hold on to those people who were not ready for work beyond the normal target timescales governing other employment-support schemes.
- The manager of the Youth Access team also explained how the more chaotic young people were able to build up time in the training centre slowly, gradually getting used to the routine of work.
- Young people who were not able to cope with their placements were brought back into the centre (after negotiation with the employers with whom they had been placed) and provided with more support to work on their readiness for work.

\(^{23}\) This project was set up through applying for European ‘Objective One’ funding.
Researchers interviewed two young people attending this centre – one a young male who had co-existing mental health difficulties and the other a young female who had a pattern of substance misuse and offending behaviour. This scheme helped both to get into a routine and, for the young male, the RAP worker initially helped by giving him lifts, before familiarising him with bus routes and timetables so that he could eventually make his own way there.

Staff in RAP Area H had created a similar, although less comprehensive, programme in partnership with their local college. They had noted that some of their RAP young people were only in part-time education and needed pre-vocational training. Therefore, together with the college tutors, they created two 15-week courses:

The first one focusing on team work, first aid at work and healthy living which will give us an insight into the groups which will work together well and then, from that, we can go to look at some pre-vocational work in the second-core half which includes three to five weeks in an area that they’re interested in – so it could be catering, leisure and tourism,…. health and beauty. All of these will be certificated and accredited by the college – IT, information, motor vehicle, electrical. So this is equipping these young people not just with qualifications but also with the ability to go out and show these qualifications and show that they can communicate effectively so they can be integrated and conform to today’s society.

RAP co-ordinator, RAP Area H

RAP staff also supported young people to attend job interviews, college interviews and training place assessments. This element of support for young people was considered by RAP workers to be a critical element of their job, particularly when parental support was absent:

…We got permission from the young girl to speak to her tutors and to let them know what we do and how we’re supporting her. Again that proved beneficial. We were linking in. We were taking her maybe sometimes when she wasn’t wanting to go, encouraging her, motivating her. She passed that with flying colours – was awarded the Student of the Year by the Borough Councillor. I went to the presentation because her mother wasn’t interested in going and just to be there for her (for someone to be there.)

RAP co-ordinator, RAP Area H

Further practical support for engaging young people in training and employment was evident in the RAP teams with integrated Connexions staff co-located in their YOT. Their specialist expertise and direct links into local training and employment providers helped to speed up the placement process:
…They’ve got their ears to the ground as it were and they’ve got some very good information about jobs, what training courses are on, what college courses are on and what communication is between all those, so it’s quite quick.

RAP substance misuse worker, Haringay RAP

The supportive element of the help provided by RAP workers was valued not just by the young person but also by education and training providers. In one case, the support of RAP workers influenced a college to accept a young person with a criminal record into childcare training:

…They might not accept them on the basis of their criminal record but these days we’ve actually negotiated a support with RAP. [Name]) is actually working with a young person and she’s been very supportive of her course and on the basis of [name] supporting her, she’s actually allowed to stay on the course which is a good thing.

Connexions worker, RAP Area B

Employment and training experience of non-RAP young people

Of the 31 young people in non-RAP areas who were eligible for training and employment, many had received assistance to attend vocational or trade-related training, find employment or help in seeking employment.

A few young males had received help to find a job, although one of these found an apprenticeship through a friend after completing trade-related training in custody. A few young males were unemployed and, while one of these had been helped by the YOT to find a job, he had left after only six weeks. Another young male had been on the Prince’s Trust, although he was forced to leave this as he could not afford the travel and lunch costs each day on his job-seeker’s allowance.

A few young people had been assisted to attend vocational or trade related training, specifically:

- one female was attending a 22-week training course to prepare for work
- two males were attending college for vocational training
- one female was on a training scheme with ACT
- one male was on a training placement and planning to attend college on completion for further trade-related training.

At the time of the follow-up interview, a few young people had left custody and found employment quickly. One young man, who had been unemployed after being sacked for tardiness in his previous job, had obtained a work placement in a garage.
Some were actively looking for work, with support from Connexions to improve their CVs or to think about further education opportunities. One young male had left college but was finding it difficult to obtain suitable employment, which created difficulties at home:

*I was on a course with ACT and I finished that and I’ve been out for five weeks and my Mum’s been threatening to kick me out after eight o’clock (after my tag time). And I have to be in by seven and I’ve no money.*

RAP Male, aged 16, white

Two young people were embarking on further trade-related training. A few young people talked of completing various trade courses, such as motor mechanics, carpentry, decorating and catering while in custody. One also reported that Connexions had organised a college application for a mechanics course on his release.

**Non-RAP YOT approach to employment and training**

In non-RAP Area I, Connexions workers were located in-house, together with an ETE (education, training and employment) development officer. They offered motor-vehicle mechanic courses – such as the local YPP 2000 project – and vocational motor mechanics courses with basic literacy and numeracy. However, there were no links with concrete employment opportunities through apprenticeship opportunities as in RAP Area C. There were also limited places on construction courses (only a third of the number of places available on motor mechanics courses). Also, not all YOTs had MDT workers (education, Connexions, etc) located within the YOT (such as in RAP Area D), and this was perceived to make the referral process much more difficult for staff.

As Wales does not have Connexions, the Welsh Assembly created an 18-month pilot project to fund a personal custody support worker in non-RAP Area J to work with young males about to leave or already on release from Ashfield YOI. The aim of the role was to support and assist young male offenders to access suitable training and employment on release into the community and, similar to RAP, participation was voluntary. A personal custody support worker was interviewed by Galahad who claimed the programme had been reasonably successful:

*Quite a lot of the boys have stayed in employment/training and education – about 50% are doing reasonably well in employment, training and education.*

Personal custody support worker, non-RAP Area J

However, the post needed closer line-management integration with the YOT and YPSMS to ensure more effective liaison. In addition to this post, the local Borough Council had seconded an education worker into the YOT to work with young people either coming through the court system, at the Final Warning
stage or under the prevention-of-offending umbrella (10 to 16-year-olds). The aim was to help young offenders to access full-time education and this post was the culmination of seven years’ effort to set up an alternative Key Stage 4 package (the borough had been failing previously to provide the 25 hours of tuition a week required under national standards). In 2006, a pilot scheme was implemented successfully and was extended in 2007 to another pilot scheme to Year 10, to take the hard-end offenders and disadvantaged youngsters. Though the initiative was still in the early stages, staff were keen to extend the service to:

... Set up CV-building workshops and interview skills to try and develop the basic skills required to go into employment, because a lot of the youngsters we work with have no idea how to phone up and ask for a job.

Education representative, non-RAP Area J YOT

**Education**

**Education status of the sample**

The data from the structured element of the face-to-face interviews indicates that those on RAP are less likely to have left or been excluded from school before the age of 16 than those not on RAP. Of those on RAP, 39.6% had left education before the age of 16, compared to 48.2% of those who are not participating in RAP. This suggests that many young people are unlikely to have received the substance misuse education available via Personal Social and Health Education (PHSE) in secondary schools.

**Figure 8: School attendance among young people on RAP and those not on RAP**

A recent study by Galahad SMS Ltd noted that 69% of young people in the YPSMS had been excluded from school or dropped out before they were 16 (Galahad, 2007).
Although the sample sizes being compared here are markedly different, there is some indication that RAP schemes are successful in making contact with the most vulnerable young people (in terms of the risks of being excluded or truanting from school) in the youth justice system.

Though not all young people chose to discuss their educational needs, the data suggests that the RAP schemes were more successful in accessing both secondary education and college places for difficult-to-teach young people. However, accessing mainstream secondary education was difficult for both RAP and non-RAP teams, due to school budget constraints and the degree of willingness of mainstream education to provide places for hard-to-teach young people. RAP schemes were more successful in this area, due to their increased level of resources to support young people with both time and the flexible fund to access education.

**RAP approach to education needs**

One RAP team was able, through the YOT, to link with an educational worker who specialised in engaging with head teachers, as well as managing and supporting those who were being excluded from school. This worker was praised for her tenacity by RAP workers:

> We’ve got an education worker – she doesn’t muck about, that one, I swear! She’s very good. If a young person’s going to be excluded from school, she wants to know “What provisions are you putting in place for them? What is happening?” and she’s done some fabulous things for some of our young people. She’s got them funding; just moved mountains really.

**RAP worker**

A significant number of young people interviewed by researchers stated that they had been excluded from, or had dropped out of school, and had then been involved in lifestyles linked to substance misuse and offending. RAP staff acknowledged that placing excluded young people into alternative school provision was difficult and not always within their control, particularly in relation to how school budgets operate. In RAP Area D, an organisation called Positive Connections existed to provide education for difficult year-11 pupils, although places required funding. As schools were reluctant or unwilling to fund paces, the flexible fund was sometimes used to fund a placement.

In RAP Area H, RAP staff had actually supported young people to engage in local education provision by sitting with them in class to provide one-to-one support. Though this was an initial programme for RAP, feedback has so far been positive.

**Education assistance among the RAP sample**

It should be noted that not all interview participants chose to discuss their educational needs. The following data should therefore not be taken to indicate
the rate of participation in education; rather, the interviews provide an indication of the types of assistance that young people have found helpful to access education.

At the time of the first interview, some young people talked about the assistance provided by RAP to help them into further education in the community. In one case, a young female who enjoyed gym work while in custody was encouraged to apply for a place on a gym-instructor’s course, while another young male was receiving education in custody. Most young people had been found places on college courses with the help of their RAP worker, including one young male who had previously experienced problems getting back into education, due to prior exclusions.

At the follow-up interview, some young people specifically reported that RAP had helped them access secondary education and college places and one had continued to enjoy her college placement since the first interview. Assistance while in custody included literacy and numeracy courses, enabling one young female to return to school after release from custody to complete her GSCEs. In the community, assistance included vocational and employment-related training in areas such as music teaching, IT, plastering and motor mechanics.

Non-RAP YOT approaches to education needs

Non-RAP Area I had created an in-house education team with a manager, two attendance officers, and an ETE and development officer. Two Connexions officers were co-located, with plans for a third officer to deal with a particular caseload. Staff had the resources to complete a detailed education action plan, which for each young person, comprised a full assessment of their education needs, similar to Asset, although focused specifically on education. From this assessment, staff then devised a detailed education action plan based on specific objectives over the period of the young person’s order. The attendance officers would link with local schools, although schools would only accept young people if they had their school file containing an attendance history. In practice, therefore, it was not possible to find schooling for every young person:

> A part of my role is to ensure that a young person of school age coming back into the borough has a school place, but that was actually quite unfeasible to do that for every young person.

   Education manager, non-RAP Area I

Staff conducted regular reviews every month and if, after three or four months, the young people were coping, they would close their education work. The Pupil Referral Units (PRU) had a flexible learning team to provide three days per week of education, based on vocational needs, plus two days of being back in school (if the young person was in school) for literacy or numeracy tuition. However, staff acknowledged that it was almost impossible to find another school place in their borough for young people who had been excluded from mainstream education.
Not all YOTs, however, had Multi Disciplinary Team (MDT) workers (education, Connexions, etc.) located within the YOT premises (such as RAP Area D) and this was perceived as making the referral process much more difficult for staff. Even where staff were co-located, persuading schools to provide education for young offenders was problematic:

*It’s more to do with budgets and decisions. Because we’re working with other agencies now, school funding …. The whole system seems a lot harsher than it was 30 years ago … because there’s a league table and stuff like that, and it’s all out of the school funding, so a lot of decisions will be out of my hands.*

Probation officer, non-RAP Area L

**Education assistance among the non-RAP sample**

Some of the non-RAP sample commented positively in initial interviews on the educational assistance they had received either from the YOT or in custody. A few young people were appreciative of the help they had received in custody, which included basic literacy, trade-skill courses and further education classes. Only two young people spoke in negative terms of the education they received in custody, complaining that it was boring. A few young people in the community said that their YOT had helped them get back into education and, of these, the majority attended vocational courses while two others were in standard education.

By the time of the follow-up interviews, some young people stated that their YOT had helped them with their educational needs, in terms of helping them find the most appropriate course. A few young people needed help with literacy and numeracy, while others were found places on vocational courses and a further two were in college on unspecified courses. Only one young person in the non-RAP follow-up sample complained about the YOTs educational assistance. This young male was on ISSP and said that attending the YOT every day kept him out of school.

**RAP completions and exits**

The chart below illustrates the reasons why young people leave RAP schemes across the country. The data is taken from official statistics for the first three-quarters of 2007/08 and shows that between 30% and 35% of young people are leaving RAP in line with the agreed plan. Less than 25% of young people voluntarily dropped out of the RAP scheme in each quarter of the last year sampled, which points to some success for RAP workers in maintaining positive engagement in a voluntary programme. In each quarter, less than 10% of young people have either been returned to custody or been sentenced to custody, and in the case of those ‘sentenced to custody’ the number has fallen steadily over the course of the year. Although this does not provide evidence for the effectiveness of RAP in reducing reoffending, it could indicate that young people on RAP are not committing as serious offences – of the sort that would incur a custodial sentence.
General views of staff on RAP programme implementation

RAP workers’ views

RAP workers were overwhelmingly positive about the new scheme, as were all of the YOT workers interviewed, because the scheme enabled YOTs to provide a more seamless service and strengthened the duty of care for resettlement and aftercare, which had previously not been given priority. As one manager pointed out:

You could really see their resettlement into the community, after they went inside, which was really messy and nothing was being followed through, so it was like our first kind of proper resettlement provision. Well, also the aftercare element, it could still work with the young person on RAP for six months after they’re on statutory order.

RAP manager

The positive result was reflected in that young people, who would previously have been considered by YOT workers as hard-to-reach and difficult to retain in services, were being engaged and retained on the RAP scheme.

However, one member of staff described the reality of working with this group of young people as being “one step forward, two steps back.” In spite of this, most staff also spoke of young people making real progress, particularly in their attitudes and sometimes in the type and frequency of their offending. A more structured approach to the ‘safety net’ function was provided by RAP teams at
three drop-in centres, whose aim was to provide an informal, safe environment in which young people could find advice and support. Staff in other locations acknowledged the importance of their role in crisis management, even if young people were initially reluctant to engage:

*I think at the end of the day, young people do want that, even if they’re on the surface reluctantly saying ‘No’, they actually do want someone there who’s going to be a safety net sometimes – not permanently, but someone who’s going to be there for them at times of crisis or doubts or insecurity; and the RAP workers are quite flexible in the way they approach their work with young people.*

YOT case manager, RAP Area B

YOT workers’ views on RAP

YOT workers were also universally positive about the scheme and a number of them explained that RAP had enabled their team to offer an enhanced service to young people. YOT workers found themselves able to focus just on the management and enforcement of orders, offending and risk of offending. They recognised that the young people in their caseloads often had a need for intensive and very practical support. Although staff expressed a wish to complete this work, they felt it was unrealistic, given workload pressures — as one YOT worker explained:

*The intensity of the supervision that you can afford (is improved by RAP) because if you’re looking at a caseload of 15 to 20 ... you have a duty, particularly with Detention and Training Orders, to see a young person twice a week .... The reality is ... sometimes you’ve got in the back of your head “Okay, I’ve seen that person, I’ve sighted this person” but because I’ve got 20 other things to do today, the quality of the intervention in terms of the time you spend with that young person ... may be affected. ... What the RAP team provides is the practical day-to-day involvement, the day-to-day support, transport, befriending, that you (as a statutory social worker) don’t have time to do.*

Caseworker, YOT

YOT workers also found that their clients received a higher quality of needs-led and practical assistance, which they felt was essential if sustainable changes were to be achieved:

*The fact that they (RAP workers) work in such a different way, which is more practical for them – I think he’s (young person) learnt so much more. No matter what I do, I’m not going to teach him that way. This is more enforcement procedure; it’s not the practical procedure.*

RAP worker
Some unanticipated benefits of the scheme mentioned by YOT staff included the separation of the care and control functions in YOT work. There was muted concern at some RAP forums that this might leave the YOT worker in the difficult position of being unfairly demonised by young people, while the RAP worker was perceived positively. However, most YOT workers interviewed actually took a broader view, feeling that this separation had provided clarity for the young person about what could often be a confusing mix of welfare and enforcement roles. As this YOT manager explained:

_The case worker breaching you: the RAP worker supporting you ….. I think it’s a good way of explaining to a young person … not just putting them through a legal process, but supporting them through that as well, getting them to engage with a solicitor, getting them to get legal representation and stuff_

YOT manager

Workers talked about the improved continuity of contact that now occurred via the RAP scheme throughout the different stages of the Criminal Justice System. Young people who reoffended were supported at court by RAP workers, reassessed for eligibility for the scheme and then followed back into custody with visits until they were released. As one worker explained: “It’s providing them with support: we’re with them throughout their journey.”

YOT workers also said that having RAP workers closely involved in the case meant that there was increased continuity of contact during periods of leave and staff training, even though RAP workers were not responsible for statutory supervision.

At the time of the follow-up RAP staff interviews, no issues were reported regarding non-completion of cases or unmanageable caseloads. RAP staff members were very clear in their aim of supporting young people towards independent living and the flexible nature of the programme adapted as the young person’s need for staff contact reduced – as they matured and organised their lives:

_I think very often (that) young people … need the helping hand to get them on their way. And once they realise what can be achieved, or what is out there, then they become independent._

Drug worker, RAP Area E

YPSMS staff

Early on in this study, the most strident criticisms about RAP came from YPSMS staff in secure custodial settings. In the early phases of RAP implementation, confidence in the scheme was lowest among these staff, although there had been a positive shift in perceptions in the latter half of 2006. As the implementation process for RAP continued, researchers observed an improvement in confidence and in relationships between workers in the two
settings. In the follow-up interviews, comments such as the following were much more typical:

_In fairness, since we spoke last, every single RAP has told us who is on RAP so that’s some kind of a step forward, I guess, although whether that’s up to date now I’m not sure._

YPSMS substance misuse manager, YOI

This suggests that most of the earlier comments were due to early teething problems that one would expect with any new initiative.

**Young people’s views on RAP and YOT workers**

In general, young people on RAP felt more positive about their RAP workers than their non-RAP counterparts felt about their YOT workers. In particular, it is noteworthy that a number of young people not on RAP wanted a more understanding worker; something that RAP aims to provide. These young people felt that YOT staff did not have the time or the inclination to listen to their problems or provide a sympathetic ear:

_Oh not very. He’s too rude….See these people they go on like they can be bothered but they really can’t._

Non-RAP Female, aged 17, white

_I don’t know how to put it. …If I’m struggling a bit and I want to chat to them they don’t chat to you about stuff like that. They just chat about criminals and stuff._

Non-RAP, Male, aged 16, speaking of YOT worker

Instead, these young people wanted someone to take the time to listen to their problems:

_Come and see me more and talk to me more, ask me if I’ve any problems and that because when they do see me they don’t spend that long with me._

Non-RAP, Male, aged 15, ethnicity unknown

Young people on RAP were almost universally complimentary about service provision and the efforts to build a relationship by their RAP worker. In particular, they appreciated the practical and emotional support, encouragement and efforts to engage them with RAP and wider support services. A greater proportion of young people on RAP than non-RAP were also positive about their YOT worker. However, young people in general valued the practical support, advice and information provided by their YOT worker.

Criticisms focused on a failure to engage with young people (professionally or personally), failure to deliver on promises or commitments and boring activities.
The failure to deliver on promises may be due to the lack of resources (staff time) in YOTs without RAP, as these criticisms were not voiced by young people on RAP. However, both groups of young people did complain about YOT staff failing to engage with them. This is an area for concern and suggests a need for staff training.

Views of young people about RAP staff
In both initial and follow-up interviews, many young people made general positive comments about the help and support provided by their RAP worker. Their comments included views on:

- RAP worker was genuinely interested in the young person’s welfare
- encouragement to attend activities not normally available to them
- encouragement to attend activities to divert them away from trouble
- the use of engaging teaching techniques
- encouragement to be ambitious for the future
- general support
- helped to boost the young person’s confidence
- the flexibility of RAP workers compared to the YOT
- the provision of multiple sources of assistance and support
- extended support by telephone at the end of their licence
- enjoying the company of the RAP worker.

These comments reinforce the views of staff that their role is to support vulnerable young people to engage in a positive manner with the YOT and ultimately with wider mainstream support services, developing young people’s interests and ambitions away from criminal behaviour. It may also be the case that having a stable adult committed to a young person’s resettlement could act as a protective factor.

Views of RAP young people about YOT staff
Many young people on RAP gave their views during the initial and follow-up interviews on their YOT worker, most of whom made positive comments.24 Young people were complimentary about various aspects of their contact with YOT workers such as:

- actually took action to help them
- provided a source of good advice
- provided general support

24 27 young people on RAP commented, of whom 21 were positive (16 male, seven BME: four female, two BME).
- made prison visits
- provided assistance to access training
- facilitated access to other support staff.

From those who were critical of their YOT worker, the most common criticism concerned the worker’s emphasis on offending and enforcement instead of the young person’s needs. Three young people viewed their RAP worker as more helpful, particularly with practical problems and hence said they preferred their RAP worker to their YOT worker. Other criticisms concerned:

- failure of the YOT worker to engage with them
- their own failure to engage with the YOT worker
- dissatisfaction with possible training placement far from home
- dissatisfaction with length of time the YOT worker took to action request.

It should be noted at this point that it is not the YOT’s remit to work on offenders’ overall welfare needs. They are directed to target those needs that are associated with offending and the Children’s Service Authorities (CSAs) are tasked with addressing the more general welfare needs of young people. The fact that some young people believe these issues are left unaddressed raises the possibility that YOTs and CSAs are not working together as effectively as they should.

Apparently, the same staff concerns over the separation of care (by RAP) and control (by YOT workers) has been perceived by young people, resulting in the potential to resent and vilify their YOT worker. This issue may create further problems for YOT staff in the future and will require careful management.

**Non-RAP young people’s views on YOT staff**

Similar numbers of non-RAP young people were both positive and critical of their YOT worker. Some young people appreciated the help of their YOT worker, in terms of the support and information they received or in just having someone to talk to. One young female was particularly articulate in her praise:

*They’ve helped me a lot. Like I think if I didn’t come to YOT I’d be – I’d probably be in prison, obviously! When I come here I don’t wanna go to prison. But, they have helped me a lot, ‘cause they’ve also seen the change in me, and like if …you hang around with a lot of people who … don’t realize that you’ve changed, you don’t wanna change. ‘Cos you think, I’m making all this effort, and nobody’s even noticing nothing; what is the point? But when you’ve got people praising me and saying, “Oh you’ve done really well, I’m so proud of you”, you want to do more to make them even happier and make yourself feel good.*

Non-RAP Female, aged 17, BME
At the follow-up interview, some additional young people were positive about the help they were receiving from the YOT and for most, this was just for the general support received. However, specific examples included one YOT worker who helped a young person move home, one who obtained information about getting a young person back into education and a Connexions worker who helped a young person apply for housing.

Of the young people who were negative about their YOT worker, some were critical of the YOT taking up too much time in their life, while others complained that they just didn’t get along with their YOT worker. Specific issues included activities that were boring, the YOT promised (unspecified) things that they then went back on, and that they didn’t spend enough time with a young person. Similar criticisms were made by some additional young people at the follow-up interview, including two young people complaining that the YOT had failed to help them with their educational needs, while others said that the support offered was boring and repetitive. One young male complained that he could never contact his YOT worker, even when his personnel officer tried on his behalf.
5. RAP models and infrastructure

This section outlines the main forms of RAP scheme organisation found among the case study sites, and of other infrastructural elements – such as staffing issues, multi-disciplinary working, collaboration with YOT and caseloads – that were influential in the overall effectiveness of the programme.

**RAP organisational models**

Four main models of RAP provision were identified based on information from the 110 staff interviews conducted for this research, along with observations at study sites and researcher attendance at RAP forums and other meetings. These were observed at eight separate study sites, which are labelled as areas A to H.  

**Figure 10: Models of RAP**

![Diagram of RAP organisational models]

**YOT-umbrella RAP service models**

RAP schemes that come under the YOT umbrella appeared to be the ‘default’ model. Three approaches were identified within this model. Most RAP teams in case study sites were also located within YOT premises, although some had separate premises, which it was felt encouraged young people to use the site as their own space in which to relax and ‘chill out’. In one case study site – although located within the YOT – a ‘divided’ RAP service dealt separately with community and custodial cases, with teams in separate premises. Although teams worked in two locations, they were supervised by a single RAP manager and there was no concrete evidence that this had a detrimental effect on staff collaboration, although one manager did acknowledge the existence of two distinct working cultures.

---

25 Area F is not covered below as too little usable information was obtained from staff interviews at that site.
The perceived overall benefits of the YOT-connected model were:

- It was cost-effective, as resources were shared between RAP and YOTs
- It gave young people access to a wider range of services and resources (the “octopus” model, as one RAP worker put it)
- It facilitated partnership working and communication.

**RAP-partnered service**

Only one case study site (RAP Area G) operated based on the partnered service model. The RAP proposal for Area G was jointly developed by the YOT manager and the local manager of the young people’s community drug and alcohol service, known as SUBS. One RAP worker, with a background as a drug and alcohol worker for SUBS, was recruited and he was jointly supervised by both YOT and SUBS managers so that drug/alcohol issues and criminal justice were given equal priority in the development of the role.

Within each model, researchers assessed the success of multi-disciplinary and multi-agency working practice (now a requirement for YOTs), and, in particular, links with mental health teams, both of which are considered key elements of best practice in aftercare.

**Multi-disciplinary, multi-agency team working**

**YOT-based RAP service**

In areas where a YOT co-located RAP service was established, the model of RAP delivery followed the standard multi-disciplinary and multi-agency approach used by all YOTs. For example, RAP Area B had incorporated a number of multi-agency staff within their team, including psychologists, systemic therapists, two youth-offending nurses, Connexions, family/parenting workers, mentors, social workers, an education worker and probation staff. A number of the YOT workers were also counsellors.

Staff did not sit in specialised teams; instead there was a deliberate policy to mix specialists to foster collaborative working (for example, between caseworkers, drug workers and the police). Staff attended regular service and practitioner meetings, which kept them fully involved in care planning.

The multi-disciplinary, multi-agency approach had worked particularly well for chaotic young people with multiple complex needs, as this example from a case manager illustrates:

*I’ve got one lass there who was multiple drug using and now she doesn’t even drink. She goes to the gym, so she’s getting fit, and she’s got a very close relationship with (RAP worker), and she’s come along in leaps and bounds since she’s been referred to them (RAP worker), and I’m chuffed*
to pieces, because she was actually public enemy number one at one point in time…(with) support from them (RAP worker) with the education, supporting and trying to address some of her behaviours and working with the family. It’s been a multi-agency thing and I couldn’t have done it without their (RAP) support as well.

RAP case manager

Much like YOT staff, RAP staff were keen to emphasise that they would work with any agency who could offer help to young people. Again, the emphasis was on being ‘needs-led’ by the young person and being flexible in the provision of support:

We’ve got contact with other agencies. We work alongside them and they work with us but they’re not a support agency. Some of the children that we work with, we can go out and do a piece of work with them, and they might say “Well, I don’t really want RAP. I live in a young homeless place and I’ve got support workers around me and I don’t want too many people in my face doing things for me.” Which is fair enough, and we’ll stay in the background and they’ll just come to us for (like I said) drugs advice or something else that we’ve got on offer.

RAP project worker

RAP-specific site

RAP staff in Area C reported strong links between their small team and their wider network of agencies, particularly between the housing department and a community drug-education project. Multi-disciplinary working brought additional benefits in cross-discipline training. For example, the substance misuse nurse had conducted awareness training with staff, explaining the mental health issues of troubled young people from a therapeutic angle – an aspect the YOT had not previously always considered.

For the substance misuse team, a reciprocal benefit of RAP was the improved support to encourage young people to attend, whereas non-RAP young people often failed to keep appointments or lacked the motivation to attend. The resettlement worker was particularly impressed with the additional resources provided by RAP, as compared to traditional YOTs:

If I’m here, then I can refer young people to other things and there are other people. I feel like a case manager in a sense that I can refer…I don’t have to do everything myself, and that has been my experience in most YOTs, where it has been lack of resources – that you find yourself doing housing stuff, the drugs work – everything.... Here there are people that you can refer them to, like, say, there’s a good system here about the initial drugs screening.

Resettlement worker
YOT-based divided model

In RAP Area D, the RAP team was split into two locations. The RESET team (resettlement, education and training) comprised the DTO case manager, two school inclusion officers, YOT secondments, a Connexions YOT secondment, a housing officer, two recidivism workers and the two RAP workers. The YOT-based team comprised a social worker and probation officer, plus case managers for community cases. For staff in RAP Area D, the difference that RAP had made was not just the range of services on offer, but the co-ordinated monitoring of support for as long as the young person was in need:

*I think with young people linking in to RAP, that means that the support that’s in place prior to that can continue. Other services, for instance, like our housing officer will continue to offer support, the education workers, CAMHS, all those sorts of agencies, the multi-agency workers will continue to work with young people who are active on RAP, whereas in the past that wasn’t the case……but we continue to monitor things and put support in place as and when for as long as they’re active on RAP, and the young people continue to buy in to the service it provides.*

Education inclusion officer, RAP Area D

The Connexions worker acknowledged the often close relationship between the RAP worker and the young person, which in turn meant a closer working relationship between multi-agency staff, marked by a willingness to share information. Although the teams worked in two different locations, there was no evidence this had had a detrimental impact on staff collaboration or service provision. Consistency in RAP provision and working practices was maintained by oversight from a single RAP manager.

RAP-partnered service

Though the RAP team in Area G was not physically located within the YOT service, staff still felt that they worked in a multi-agency setting, having developed strong working partnerships with Connexions and training providers, the youth service and City Council. However, they were concerned that discounted rates for some services (such as gym memberships) were not yet negotiated, which they thought other RAP teams who enjoyed closer agency relationships had been able to obtain.

Collaboration between RAP and YOTs

In each RAP area studied, various members of staff in other disciplines (such as caseworkers and social workers) and other agencies (such as Connexions), were asked for their views on how well RAP had integrated into the wider YOT.

RAP Area A

In RAP Area A, staff in both the secure estate and in the RAP team reported closer working relationships, in spite of initial concerns over RAP in 2006. Many RAP team members attended forums to share information and also invited new YPSMS staff to learn about the service as part of their induction training. RAP
staff clearly felt fully integrated into the YOT. By the end of this study, a general assumption was apparent among YOT caseworkers, that RAP would support a young person with substance misuse or mental health issues, throughout their order and beyond.

**RAP Area B**
In RAP Area B, a social worker was especially positive about RAP engaging with young people while they were still in custody, to facilitate and organise accommodation, education, training and employment. Due to heavy caseloads, the social worker felt they lacked the resources to supply many key elements of the RAP’s support to young people. Similar comments were made by caseworkers, who would identify potential young people suitable for RAP when in custody or close to release, before inviting RAP to an early planning meeting to identify the areas of support that RAP might offer.

To encourage and motivate the young person, RAP workers would also attend review meetings with Connexions workers, who found that their own high client volume and turnover prevented them from personally providing the kind of support available from the RAP team. At cross-agency professional meetings, staff roles were explained in relation to each young person so that everyone was fully aware of the range of services and support being offered. Thereafter, regular cross-agency meetings ensured that everyone was kept informed of the young person’s progress.

YOT staff regarded RAP workers as just part of the same team and praise was also given to RAP workers for taking time to make custody visits and supporting young people between the statutory visits of YOT staff, as this one explained:

> They … meet a lot of their (young people’s) welfare needs as well. Especially the custody visits, because quite often the young people don’t have family or friends visiting them. They really look forward to the RAP workers coming to visit them; so that’s a lovely intervention on their part. (Because) we have statutory national standards to meet, and you know, it’s either once a month or once every six weeks visit, so in-between then they may not see anybody. So RAP is there for them.

YOT worker

**RAP Area C**
A similar picture emerged from RAP Area C, where RAP workers felt they had the time and resources, which the YOT workers did not have, to ensure the resettlement process was working. RAP workers felt they complimented the YOT by going out into the community to support young people in attending appointments and engaging them in diversionary activities. The scheme also had the resources to reward young people for the goals they had achieved, which was perceived as maintaining young people’s motivation to succeed.

Caseworkers regarded their RAP colleagues as providing a complementary service to support young people in the community which they did not have the
time to provide. This intense support enabled RAP to develop closer relationships with young people than YOT staff enjoyed, bringing a deeper understanding of the positive changes in the young person’s behaviour that was not always evident to the YOT:

*It’s [RAP] there to enable us to actually be effective working with young people, and it has become an asset for youngsters. There is evidence that I’ll be able to say to [name] in the case sessions that we have with the young person, “What’s been happening?” and they can actually see that physical difference in the young person’s attitude or their engagement.*

Resettlement worker

**RAP Area D**

In Area D, RAP workers sat in the same teams as supervising YOT officers, so information was shared informally outside of formal case management meetings. This approach had overcome initial resistance to RAP among YOT staff:

*… Because people felt like it was goodies for baddies, but that’s been overcome, particularly when the contract incentive system’s explained and stuff like that, and we involve the supervising officers in decisions about what incentives are appropriate and stuff as well.*

RAP worker, RAP Area D

RAP staff had tried to raise their profile in the wider arena of children’s support by attending child-protection meetings and looked-after children reviews, while also visiting young people in children’s homes.

**RAP Area E**

In Area E, YOT staff attended weekly meetings with RAP staff to update cases and share information. RAP staff mentioned that it was initially difficult to foster a sense of trust across YOT staff, but co-operation had rapidly improved. Weekly staff meetings provided an opportunity to discuss referrals and involve RAP staff in joint planning and problem solving, creating a truly collaborative environment. A member of the RAP team provided an example of this collaboration, having helped a young female faced with the possibility of custody to remain in the community. They worked closely with the ISSP officer and made a case to the court panel to defer custody, by suggesting they impose an ‘acceptable behaviour contract’. This enabled the RAP team to engage the young female:

*We got her into training, and we’ve actually housed her, and we’re paying out a flexible fund (a top-up) from the housing benefit for six months …. The breach date isn’t ready for court, and if she complies, then we’ll consider withdrawing it then. But that was a good backup, because we*
could work closely with ISSP saying “Right, we’ll do the housing. We’ll check up and chase around,” which was good.

RAP co-ordinator, RAP Area E

Social workers also praised the support and close collaboration they enjoyed with the RAP team in RAP Area E. For example, in one case, RAP workers had managed to persuade a mother to create a bedroom for her son so he could return to the family home:

So, if I was supervising in relation to my normal responsibilities for that boy, the reality is, I’d be saying to Mum: “Look, you really need to try and think about turning that back into a bedroom for him, so that he feels more welcome”. The reality is that it’ll go in one ear and out the other with her. But through the RAP team, it’s a very specific example that they are actually able to provide the resources of – perhaps four or five hours’ worth of contact time to do that. But there’s no way that I would ever be able to do that in terms of my caseload.

Social worker, RAP Area E

In this instance, the RAP team used the flexible fund to provide paint to redecorate the room as a bedroom for the young male. This solved his acute housing problem and facilitated his reintegration back into family life. The RAP team had also tried to create closer collaborative relationships with prison staff by hosting open days and this was been reciprocated by YPSMS units, inviting RAP members to secure estate open days.

RAP Area G

In Area G, RAP staff reported close working relationships with YOTs, despite not being co-located. Probation staff were therefore confident enough in their knowledge of RAP to approach potential young offender candidates directly:

I usually float the idea [of RAP] to the young person primarily and also to advise them that “if you’re coming to the end of your licence period and you’ve had support from us, how do you think you’re going to manage afterwards? Do you think you’d like a bit of extra help?” And that seems to work and they can see the benefits of that.

Probation officer, RAP Area G

RAP team members reported feeling fully involved in YOT meetings, including resettlement team meetings, where staff discuss the type of interventions that might be appropriate for each case:

… And RAP figures quite prominently in those discussions. And there’ll be informal discussions with supervising officers, housing workers within the team. A range of professionals within the team.

RAP co-ordinator
RAP staff said they valued the partnership they enjoyed with the YOT, although the majority of their referrals were Tier 3 drug and alcohol work. The YOT substance misuse worker post had been in place for four years, which RAP staff thought helped them to provide an integral part of the YOT service. The RAP supervisor was keen to ensure that the YOT substance misuse worker did not become just a referrer and therefore decided to ensure that the post was part of the treatment team, seconded into the YOT to work within the YJB and YOT targets.

RAP Area H
RAP staff in Area H had made an effort to explain to YOT staff how the services and activities that they provided to young people supported caseworker efforts to reduce reoffending:

*We have a really good relationship with ISSP and the caseworkers here. We tried to explain to them that, yes, we do take them on activities, but it’s not activities that these young people couldn’t afford themselves. So it’s not a treat if you like. It’s just a way of getting them on their own to mentor them effectively. What we try and say to the young people and the worker is that … RAP are here to support you through your order. We want you to get through your order without offending again, which is exactly what ISSP want and exactly what case managers want.*

RAP co-ordinator, RAP Area H

This collaborative approach had helped to ensure that the RAP team were embedded into the YOT, to the extent that Joint Substance Misuse Service workers invited them to planning meetings to devise a structured timetable of intervention for young people, prior to release. RAP was considered part of the YOT:

*The RAP team are actively involved with the YOT. We don’t see ourselves individually as a RAP team, we’re part of the youth offending service. That’s the big difference I think. We work jointly. We don’t work on our own.*

RAP worker

**Links with mental health provision**
In general, regardless of the RAP organisational model, staff were positive about their links with mental health provision.

**YOT-based service**
RAP staff in Area B reported close links with the Outreach Adolescence Team, located just across the road from their offices. YOT staff reported that they were therefore able to obtain same-day appointments for a young person with mental health issues.
Staff in RAP Area H reported effective liaison with their local CAMHS team, in one case allowing the RAP worker to attend sessions with a young person to act as a ‘calming influence’ and facilitate communication between the physician and young person (at the young person’s request). The RAP team also addressed mental health needs at pre-release meetings to ensure that support would be in place before the young person was released from custody.

In Area E, although they had an in-house community psychiatric nurse, the RAP co-ordinator reported that the local CAMHS was extremely difficult to access, due to staff shortages within CAMHS.

**RAP-specific sites**

RAP Area C had access to a substance misuse nurse (known locally as a SM Nurse) to provide a Tier 3 service. Although employed by CAHMS and not the YOT, the nurse was located in the YOT building, in the room opposite the YOT and RAP, which facilitated efficient staff communication. The SM Nurse also attended regular meetings with the RAP manager to discuss individual client needs. Locating this nurse within the RAP team helped to overcome resistance from young people:

> The idea for me to go to the RAP room was that sometimes young people hear mental health and they go “Oh, I’m not mad!” So they get used to that being more normal and they can talk to me, because it was quite an informal thing, in a relaxed approach to providing mental health direct to the young people.

---

Substance Misuse Nurse, RAP Area C

---

**YOT-based divided**

Area D YOT had attached a CAMHS nurse to their team, thereby ensuring that the service was integral to case-planning meetings. This was perceived as very positive for young people, as RAP could engage the young person into attending mental health appointments, helping to overcome their mistrust and the stigma associated with mental health support. RAP workers not only organised these but also explained why support staff felt attendance was important:

> For me, certainly, it’s kind of knowing that if there is a young person who has got a RAP worker, the ease in which I can contact them, probably the depth of knowledge that they’ve got about that young person, their lifestyle and kind of what will work, what approach is going to work …. It’s the preparation beforehand, kind of the motivation, you know “Do you know why you’re here?”, “Yes”. You know, that’s kind of a revelation ‘cause most of the young people would say “No, I’ve just been told I’ve got to come”, whereas now they can kind of explain that “Yeah, you know, this worker had explained it would be a really good idea because …”, they’ve kind of got reasons for attending, which is hugely important.
for mental-health work. I think it would be a massive impact if the RAP scheme wasn’t around.

CAMHS worker

**RAP-partnered team**

In RAP Area G, CAMHS provided a psychiatrist who specialised in addiction for a weekly clinic at the RAP offices, shared with the local substance misuse team. In addition, the RAP co-ordinator was trained in substance misuse – having formerly been a substance misuse worker – and offered structured drug sessions for young people. However, the physical and organisational distance from the YOT had created some communication problems for the RAP co-ordinator.

**Workforce retention**

Three RAP teams in Areas B, C and H, had retained all of their original RAP workers, while in Area D, only one team member had moved, due to internal promotion. Reasons given for the high retention of staff included:

- their jobs are exciting
- they have a great deal of flexibility
- a great deal of devolved authority
- they can develop initiatives themselves (within set budgets)
- they don’t have the constraints that can demotivate other people
- what they have developed has generally been successful.

By contrast, one of the non-RAP study sites had a stable team until early 2007, when a significant number of staff left for various reasons. This turnover was compounded by difficulties in recruitment, due in part – according to one staff member – to the political climate in the borough, plus local economic and social deprivation. Another staff member suggested that the nature of YOT work might contribute to high turnover:

> I speak with other YOTs, that turnover is high as well, I wonder whether it’s the nature of working in the YOT.

Education advisor

Similar retention and recruitment problems were also reported in non-RAP Areas L and K, where both YOTs were short-staffed. Although the ISSP team in non-RAP Area K was reportedly stable, the YOT were short staffed on case managers, which had a detrimental impact on the consistency and stability of care for young people:
At the moment we’re short staffed … . We have had a lot of turnaround here, to be honest, in the five years. We’ve got a completely different staff to when I first started. That impacts greatly because obviously if you’ve got two case managers down, then you’ve got to pick up their caseload and their reports as well so, yes, that has a massive input …. I mean, I know there’s been some dissatisfaction here, I have moments when I’m not awfully satisfied with the way things are, because of the caseload being so high, you know …. And then it’s the recognition … like ISSP … they seem to get a lot of project work and a lot of job satisfaction, … and they get that recognition, they get the YJB’s recognition. Case managers just don’t seem to.

YOT officer

**Caseloads**

It was expected that caseloads for RAP teams would be significantly lighter than their non-RAP team counterparts, although analysis of staff responses showed that this was only partly the case. The vast majority of RAP team members reported manageable caseloads of between six to 10 young people at high risk, though one team reported a high but manageable caseload of 16 young people. The non-RAP teams reported dealing with larger caseloads of 14 to 18 and up to 30 high-risk young people, which some staff thought was too many for them to provide the quality and intensity of service that their young people needed:

> In terms of the level of interventions and support we can offer the children and the families, yes it is (too many). In terms of national standards, trying to get, you know, 25 cases, people that need to be seen twice a week who might not have a lot of referrals to other resources … so you have to pick up a lot of the appointments yourself and do work with them. You can’t … mathematically, to work that out, you couldn’t do it in the week with 25 people.

YOT officer

**Summary**

The various models chosen by YOTs to implement RAP appear to be operating well, according to the positive views expressed by staff at various levels within the organisational structure. The freedom of YOT staff to choose and operate a RAP model suiting their specific geographic, organisational and budgetary constraints appears to be crucial to the success of the schemes. It was found that effective management of RAP initiatives also depended on:

- strong personal commitment to the success of the initiative
- building the necessary formal and informal partnerships with other YOT staff, the YPSMS and other agencies
- effective case-management systems
facilitating a strong teamwork ethos within the YOT\textsuperscript{26}.

One measure of the success of the RAP initiatives was indicated by the low levels of staff turnover observed and the improved contact time, due mainly to lower caseloads compared with YOTs. Low staff turnover and lower caseloads also facilitate the provision of a single stable adult to vulnerable young people, which (as mentioned earlier) may act as a protective factor. There is no shortcut to the effective implementation of RAP across the YOT and YPSMS. It requires time and commitment to foster and maintain effective working relationships with a wide range of staff, both within the youth justice department and with outside agencies and, not least, with young people themselves.

\textsuperscript{26} Similar findings were observed in the Evaluation Report of the Working Neighbourhoods Pilot (www.employment-studies.co.uk) for the Department for Work and Pensions. This study of effective engagement with disadvantaged communities found that there was no short-cut; engagement with the community takes time and investment.
6. Influence of RAP on substance misuse

Introduction
As one of the primary aims of RAP is to address substance misuse issues, researchers gathered as much information as possible from young people about their drug and alcohol use both before and after their engagement with RAP. This data was used to assess the possible influence that RAP had over a three-month period. The results were compared with information gathered from a matched sample of young people not on RAP.

However, it must be noted that changes in substance use can be due to many factors and the influence of a scheme such as RAP may be just one among many. In addition, as the data is gathered from self-report surveys, there is no objective way of verifying the changes in substance use. However, wherever possible, and within the confines of the Data Protection Act, each case was cross-checked with information from the young person’s RAP or YOT worker and their Asset information.

Substance use: qualitative data
Not all young people wanted to complete the quantitative survey portion of the face-to-face interview. The sample here is therefore comprised of 51 young people on RAP and 57 who were not on RAP, who were willing to complete the quantitative questionnaire.

Although young people on RAP were slightly less likely to be frequent substance users than those not on RAP, this difference is not statistically significant. A large percentage (73%) of young people on RAP had used a substance at least several times a month and 35% used more than one substance several times a month. For young people not on RAP, the comparative figures are 77% and 35% respectively. It therefore seems that there is little difference in terms of severity of substance use between those starting on RAP and those young people not on RAP.

Consistent with other research, cannabis was the most frequently used substance in this sample, with 72% on RAP using it on a regular basis, compared to 67.2% of those not on RAP. As might be expected, the numbers of young people who had used cannabis at some point in their lives (even if not used regularly) were even higher, with 88% (RAP) and 86.2% of those not on RAP. The data also revealed that 58% of young people on RAP used both cannabis and alcohol on a regular basis, whereas just 43% of those who were

---

27 There are more respondents in the non-RAP group here than that stated in the ‘Methods’ section.

28 Chi-square for use of at least one substance several times a month: \( x^2 (1, n=108) = 0.31, p=.58 \); use of two or more substances several times a month: \( x^2 (1, n=108) = 0.00, p=.98 \).
not on RAP did the same. In part, this could be because RAP schemes targeted youngsters with more complex substance misuse needs, but we can not be certain of this.

**General Health: Quality of Life survey results**

In terms of young people’s general health, Figure 6.1 shows that greater numbers of those on RAP were happy with their health. The proportion who said that they were not happy fell from three people at the time of the initial interview to one person at the time of the follow-up. In contrast, the proportion of the non-RAP group who were unhappy with their general health rose from 4.7% to 13.3%. Although both groups experienced a rise in the proportion who said they were happy with their general health, the numbers who said so in the RAP group far exceed those of the non-RAP group.

**Figure 11: Quality of Life: General health**

![Bar chart showing general health](image)

Note: sample sizes: RAP n= 43, non-RAP n=54. RAP follow up n=30, non-RAP follow-up n=36.

**Substance use after three months on RAP**

The charts below show a comparison of young people’s frequent substance use (self-reported) at the time of initial interviews and at the time of follow-up surveys (at least three months later). Only those who completed both a first interview and follow-up were included in this analysis, so the total number of young people is 60.

Over a three-month period, young people on the RAP scheme decreased their use of alcohol, cannabis, LSD, amphetamines, cocaine and depressants. A greater proportion of young people on RAP reduced the frequency of both their cannabis and alcohol use than those not on RAP. At the time of initial interviews, 70% of people on RAP and 74% of those not on RAP used cannabis at least several times a month. However, by the time of the follow-up interviews, this number had fallen to 58% for those on RAP, compared to an increase to 72% for those not on RAP. A similar result is also evident for alcohol use.

Use of crack and heroin, however, increased slightly in the RAP group, although the overall numbers here are very low (the increase in crack users was two and the increase in heroin users was one young person). This may indicate that...
RAP is slightly less successful in assisting young people who use ‘harder’ drugs, or that it may take longer to change levels of dependency on these types of drugs. In line with other research (Galahad, 2007), use of crack and heroin was very low among the sample. Figure 6.2 shows that at the time of the initial interviews, none of those in the non-RAP group and 3% of those on RAP used heroin on at least a monthly basis. Similarly, none of the non-RAP group and 7% of young people who were on RAP used crack at least monthly. Apart from cannabis and alcohol, the next most frequently-used substances were cocaine and amphetamines.

**Figure 12: Frequent substance use at the time of the first interview**

![Graph showing frequent substance use at the time of the first interview](image)

Note: sample size n=60

**Figure 13: Frequent substance use at the time of the follow-up interview**

![Graph showing frequent substance use at the time of the follow-up interview](image)

Note: sample size n=60
**Interview data on reducing substance use**

When comparing the interviews, more young people on RAP expressed a desire to cease or reduce their substance use on release into the community, and more also managed to maintain abstinence or reductions in use, compared to non-RAP young people. Of those on RAP who took part in follow-up interviews (n=30), most had managed to actualise these good intentions into actual reductions in substance use and, in one case, a young male who had been reluctant in custody, had been successfully persuaded to engage with RAP and reduce his substance use. Fewer young people released to non-RAP YOT care managed to maintain their abstinence or reductions.

RAP staff continued to work with those young people who were initially reluctant to address their substance use. The good results (above) suggest that the motivational approach to substance misuse intervention can be effective in changing the behaviour of young people who offend. It may also be the case that young people on RAP were more motivated than those not on RAP to take action to reduce their substance misuse. Without conducting a randomised control trial – matching substance use and other key characteristics of offenders – it is not possible to be more definitive in identifying the reason for the differences observed in this sample.

A few young people at the follow-up interview, however, remained unconvinced of the need to address their substance misuse after working with RAP for three months. Reasons given included not being willing to listen to substance misuse education programmes, a dislike of group and (for one person) feeling that he knew all about drugs and did not see cannabis use as a problem.

Young people were also asked in both initial and follow-up interviews if they were happy with their ability to control both their drug and alcohol use. On both indicators, the numbers of those on RAP who stated they were unhappy fell by the time of the follow-up interview, while those numbers rose slightly in the non-RAP group. However, both the RAP and non-RAP groups saw substantial rises by the time of the follow-up interview in the number of young people who were happy with their ability to control their alcohol use (Figure 6.4).
Details of young people’s experience

One young male had increased his alcohol consumption to compensate for stopping drug use but had continued with RAP, whereas he had previously failed on ISSP (he had not found the community-based substance misuse education particularly helpful). RAP had helped another young male to find suitable accommodation and helped him to access fork-lift truck training, which he said diverted him away from substance use. A third young male had reduced his drinking, even going to buy clothes on his day of release instead of getting drunk. He was planning to join the Prince’s Trust with the help of RAP, who ensured that he kept busy on a day-to-day basis to divert him away from trouble.

A fourth young male had maintained his reduction in substance misuse – leading to an improvement in his health and mood – and he felt he was filling his time productively by attending a plastering course organised through his
YOT worker. The fifth young male had become interested in football while in custody and had ceased his drug use as it interfered with his sport. On release into the community, RAP had arranged a gym membership for him, encouraging his sporting interests and continued abstinence from drugs. RAP had also helped him attend college and to keep him busy and diverted away from drug use. Through this assistance he had remained drug-free and had not reoffended.

Many talked positively about the help they had received while on RAP in the community to address their substance misuse issues. Aspects of the intervention they found useful included: education on the effects of drugs (which had changed their attitude to drug use), the realisation that there are better ways to spend their time and money, and the assistance RAP workers gave in taking them to appointments and clinics. In one case, a young person who had previously breached her order due to failing to attend substance misuse appointments, was helped to keep her appointments by her RAP worker. A few young males claimed not to have been influenced by their substance misuse workers, one of whom regarded smoking and drinking as just leisure activities.

**AADIS scores: Overall decrease in problematic use on RAP**

Galahad researchers administered a validated tool, the Adolescent Alcohol and Drug Involvement Scale (AADIS), to assess the severity of young people’s substance misuse. A score of 37 or more on AADIS suggests potentially problematic substance misuse and the need for a full professional substance abuse assessment. Sixty young people were assessed using the AADIS at both the initial and follow-up stages.

The chart below shows that, at the time of first interview, 66.7% of young people on RAP scored 37 or more on the AADIS, and the same was true for 71% of young people not on RAP. When the follow-up interviews were conducted at least three months later, the proportion of young people on RAP scoring 37 or more on the AADIS had fallen to 58.1%, while the proportion of those not on RAP scoring 37 or more had risen to 75.9%. The overall numbers involved in the sample are small and therefore unsuitable for statistical significance testing but the results seem to indicate that young people on RAP are more likely to reduce the severity of their substance misuse over time, compared to those not on RAP.
**Substance misuse and offending**

Young people in the interview sample tended to dismiss any link between substance use and offending. However, according to information taken from the structured element of the interview, 33% of the RAP group and 44% of the non-RAP group said that they committed more offences after they started taking drugs. Furthermore, in their Asset assessments, 56% of RAP and 65% of non-RAP subjects noted some link between their substance use and offending behaviour. To assess the potential link between substance use and offending behaviour, a number of questions were put to young people to gauge their own perceptions. Although their responses cannot prove that a definite causal link exists, they demonstrate the young people’s level of awareness of any relationship between the two.

Young people both on RAP and not on RAP said that they committed more offences after they started taking substances (33.3% RAP and 43.9% non-RAP)\(^29\). However, roughly equal numbers also said that they had committed crimes before they had started using substances (33.3% on both RAP and non-RAP).\(^30\) Young people were also unsure about the effect that giving up drugs would have on their offending behaviour. Of those that chose to answer the question, the data from the Galahad interviews (see Figure 6.7 below) indicated that young people on RAP were more likely to be sceptical about the idea that refraining from using substances would reduce their offending behaviour.

Data from Asset also indicates that some young people did not see substance use as a problem, with 41.7% (n=15) on RAP stating that they see substance use as “positive or essential to life”, as did 32.4% (n=12) of those not on RAP.

---

\(^{29}\) 47% of those on RAP did not answer this question and neither did 33% of the non-RAP group.

\(^{30}\) 49% of those on RAP did not answer this question and neither did 33% of the non-RAP group.
On the other hand, 33.3% (n=12) of those on RAP and 21.6% (n=8) not on RAP said that they offended to obtain money for substances. Furthermore, 55.6% (n=20) and 64.9% (n=24) respectively stated that their substance use had other links to offending; for example, they were using drugs at the time they offended or were drunk when they got into a fight. The overall numbers involved here are quite low and this in no way proves a link between substance use and criminal behaviour, but it does give an indication of the number of young people for whom substance use is a ‘normal’ part of their daily life.

**Figure 17: Young people’s perceptions of the link between crime and substance use**

![Graph showing perceptions of the link between crime and substance use.]

<table>
<thead>
<tr>
<th>Agreement</th>
<th>RAP</th>
<th>Non-RAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>32.2</td>
<td>55.8</td>
</tr>
<tr>
<td>Disagree</td>
<td>39.3</td>
<td>53.5</td>
</tr>
<tr>
<td>Not sure</td>
<td>28.5</td>
<td>11.8</td>
</tr>
</tbody>
</table>

Note: sample size, all who responded to this question n=55

**Substance misuse changes among non-RAP sample**

In non-RAP YOTs, engagement with substance misuse interventions was always made a condition of the young person’s licence or ISSP. Three of the non-RAP YOTs had access to an in-house substance misuse worker, to whom young people could be referred for Tier 3 counselling as a requirement of their licence or ISSP. The degree of substance misuse intervention depended on the conditions of their release:

> A lot will depend on what order the kids are on, as to how many times they have to be seen. Some have to be seen once a week, some once a fortnight, depending on what order they’re on and how far into the order they are …. Kids who are on, say, bail supervision, have to be seen three times a week.

Substance misuse worker, non-RAP Area K

However, making substance misuse appointments a condition of their order did not guarantee attendance. One substance-misuse worker thought that young people felt stigmatised by the enforcement, with the result that some failed to attend. Conditional attendance also led to confusion for young people, in that their substance misuse appointments were enforced instead of therapeutic.
At the follow-up interview for the 32 non-RAP young people interviewed in the community, some claimed to have ceased or reduced substance use: a few claimed they had stopped using drugs while some said they had managed to reduce their use. One young male seemed to be self-medicating using cannabis to relieve stress and claimed that acupuncture had replaced cannabis as his method of relaxation. Some young people claimed there had been no change in their substance use, although a few said that they had reduced their drinking. Of these, two said in their first interview that the substance misuse education they had received in prison had made them reconsider their substance use, which perhaps indicates the effect of that education.

One of these young people attributed his reduced substance misuse to not hanging around with the same friends, while another put it down to maturing. One of the young people who had stopped using substances altogether mentioned that his YOT had helped him get back into full-time education and he expressed an intention to achieve further qualifications.

Of all the young people who had either stopped using drugs or reduced their drug use, a few spoke positively about the influence of their YOT workers, citing both the support and information they received as helping them to change the way they thought about substance use. Only one young person said that they had not been offered any help for substance misuse either in custody or the community, although a number of others said that they had rejected the offer of help because they deemed it boring or believed they already knew about drugs.
7. Influence of RAP on offending behaviour

Introduction
Along with assessing the structure of RAP and qualitative changes for the young people who were on the scheme, Galahad SMS Ltd also undertook an analysis of reconviction rates for young people on RAP. Whereas the qualitative evidence presented in earlier sections of this report has highlighted the quality of life changes that RAP has helped young people to make, the reconviction analysis tells us more about the effect RAP has had on reoffending and specifically whether or not young people on RAP are possibly less likely to reoffend than those not on RAP. The second part of this section reports the qualitative findings from the face-to-face interviews with young people.

Methods
The RAP and non-RAP survey samples were matched using the Propensity Score Matching (PSM) method. The chief advantage of PSM is that it reduces the biases in sample selection for large-scale studies of comparative outcomes. PSM can also be used to assess these outcomes in areas where the use of a Randomised Control Trial (RCT) is inappropriate or impossible. PSM also reduces the complexity of the matching process by distilling several key indicators into a single propensity score which is used to match the control and intervention groups. However, PSM does not provide the same robustness in results as RCT approaches, since contextual variables which may affect outcomes are not considered using the PSM method.

The samples in this research were matched on four variables which provided the propensity scores for respondents:
- age
- sex
- education status (Hammersley, Marsland and Reid, 2003)
- AADIS score.

Based on prior research and available reliable data, these were deemed to be the most appropriate variables. As well as the basic demographic variables, education status and AADIS score are the most likely indicators of eligibility for RAP because they yield information on a young person’s substance use and education, training and employment status. It would have been desirable to include accommodation status in the matching criteria but information on this proved to be sketchy and unreliable. Cases in the RAP and non-RAP groups were matched with the ‘greedy algorithm’ using a macro in SPSS.

31 The results of the regression used to arrive at the propensity score are available from the authors upon request.
The results of the reconviction analysis were then obtained using logistic regression with the dependent variable “reconvicted within 12 months: yes/no”.

**Sample characteristics**

Although the samples have been matched on theoretically relevant factors, it is still worth outlining some of the raw characteristics of the RAP and non-RAP samples.

Table 6: Reconviction sample characteristics

<table>
<thead>
<tr>
<th></th>
<th>RAP</th>
<th>Non-RAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean age</td>
<td>16.9</td>
<td>16.69</td>
</tr>
<tr>
<td>Sex (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>78</td>
<td>84</td>
</tr>
<tr>
<td>Female</td>
<td>22</td>
<td>16</td>
</tr>
<tr>
<td>Ethnicity (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>76</td>
<td>84</td>
</tr>
<tr>
<td>BME</td>
<td>24</td>
<td>16</td>
</tr>
<tr>
<td>Mean AADIS score</td>
<td>49.35</td>
<td>50.87</td>
</tr>
<tr>
<td>Excluded or regularly truanting from school before sentence (%)</td>
<td>62</td>
<td>58</td>
</tr>
</tbody>
</table>

It was proposed that we would examine the impact of RAP on reoffending for two sub-groups in the sample: BME young people and females. However, the size of these sub-groups in the sample\(^{32}\) means that statistical analysis will not yield reliable results and therefore we can not proceed with a statistical evaluation of these groups.

**Results**\(^{33}\)

The RAP initiative was established to help some of the more serious offenders in the youth justice system. It was targeted at those young people who had Tier 2 substance misuse needs and other complex needs, such as education, employment or accommodation. Young people who are eligible for RAP are

---

\(^{32}\) BME sample, RAP n=34, non-RAP n=23. Female sample, RAP n=32, non-RAP n=23

\(^{33}\) Samples for the study were selected on the basis of previous results Gray et al (2005). That research found that reconviction rates for the ISSP group and control group were 89% and 80% respectively. Galahad’s calculations for sampling were based on these data. With a power of 80% the required sample size for each group was 253. Although this was achieved in total, data loss (see page 53 of this report) reduced the sample size. Based on the outcomes observed in this study, samples of 462 respondents for both the intervention and control group would be needed to obtain a result with 80% power. The power of the results in this research is 35%.
generally the more problematic offenders and we would therefore expect reconviction rates to be higher than the national average.

The overall reconviction rates for young people in the sample are shown in the figure below, with 78% of young people on RAP reconvicted within one year of their first offence, compared to 86% of those not on RAP. This figure seems high but a comparison with young people on ISSP – another YJB programme aimed at serious offenders – is instructive, with 89% reconvicted within one year (Gray et al, 2005). So while the difference between the RAP and non-RAP groups is not significant (eight percentage points) it is still notable and certainly a more positive result than that observed for ISSP. This data provides the basis for the analysis below. However, it should be noted that the differences in reconviction rates between the RAP and non-RAP groups, although positive, are not statistically significant. This is due to the effects of data loss on the final sample (see last footnote).

Figure 18: Reconviction rates for young people on RAP, not on RAP and on ISSP

![Graph showing reconviction rates]

Note: sample size for current sample, n=294

Of more importance is whether or not this difference between the two groups is significant and this was assessed by means of logistic regression. The first model specified by researchers considered the effect of participation on RAP without any other variables. The results showed that this was insignificant (p=.069), although it was only narrowly outside the critical level of statistical significance (see Model 1 in the table below). Given this result, it was considered that although RAP alone may not explain the difference in reoffending rates between the two groups, it could contribute significantly as part of a larger model.

A second model was therefore specified that considered the effect of young people’s age and their score on the AADIS tool (as an indicator of their level of substance misuse) together with participation on RAP. As can be seen in Model 2, the RAP variable is once again insignificant (p=.064), as is the age variable.

34 The standard critical level of statistical significance is p=.05
However, the model reveals that young people with a higher AADIS score are significantly more likely to be reconvicted within one year (p=.006) than those with a lower score.

The results of Model 2 lead us to specify a third model containing only the RAP and AADIS variables. The results show that now both variables are significant in explaining reconviction within the sample. The AADIS variable is still the most powerful explanatory factor, but it seems that this variable interacts with the RAP variable which makes the latter much more significant (p=.047) than it is on its own. This means that according to this model, young people who are on RAP and have lower AADIS scores are less likely to be reconvicted within one year than young people who are not on RAP and have lower AADIS scores. One interpretation of this is that RAP could be a more effective intervention for those young offenders who are not also more serious drug users. This is something that also emerged from the qualitative findings earlier in this report when discussing reduced offending and substance use among the interview sample.

A final model was constructed that assessed both the significant variables from Model 3 and also whether or not a young person had been convicted of a previous offence, as it is generally considered that repeat offenders are more likely to offend again. Again, the RAP and AADIS variables proved to be significant but the previous offence variable was insignificant in this sample (p=.816).

Table 7: Results of the regression models for one-year reconviction (odds ratios and significance)

<table>
<thead>
<tr>
<th></th>
<th>Model 1</th>
<th>Model 2</th>
<th>Model 3</th>
<th>Model 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>3.594</td>
<td>45.719</td>
<td>1.140</td>
<td>1.206</td>
</tr>
<tr>
<td>RAP (yes/no)</td>
<td>1.767</td>
<td>1.812</td>
<td>1.882*</td>
<td>1.887*</td>
</tr>
<tr>
<td>AADIS score</td>
<td></td>
<td>1.025**</td>
<td>1.023**</td>
<td>1.023*</td>
</tr>
<tr>
<td>Age</td>
<td>.800</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous conviction</td>
<td></td>
<td></td>
<td></td>
<td>.924</td>
</tr>
</tbody>
</table>

Note: Dependent variable: reconvicted within one year (yes/no). *p<.05, **p<.01

Category of offence
Researchers also considered the change in category of offence for those in the sample that were reconvicted. The aim of this was to assess whether or not young people were committing less serious crimes, and if any differences were apparent between the RAP and non-RAP groups. There are limitations with this
type of analysis because the crime for which a young person is reconvicted can be a matter of a chance; a young person originally convicted of a violent offence could happen to be caught committing a lesser offence such as shoplifting on the next occasion.

Therefore it would be more robust to take a longer view of a young person’s criminal behaviour to see if the pattern of their criminality has changed. This was beyond the scope of this study as we were limited by the one-year reconviction period. However, the results presented below are interesting in their own right, although we would suggest further work is needed with a longer time frame to study the effect of RAP on changing patterns of criminal behaviour.

The data presented in the table below shows the proportion of offenders in the RAP and non-RAP groups that were convicted for each category of offence. This table shows the change in the proportion of young people convicted for each offence from the time of their first conviction to the time of their second.

Table 8: Change in the proportion of young people convicted for each category of offence after 12 months

<table>
<thead>
<tr>
<th>(% )</th>
<th>RAP</th>
<th>Non-RAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Violence against the person</td>
<td>-10</td>
<td>-12</td>
</tr>
<tr>
<td>2. Burglary</td>
<td>-6</td>
<td>-5</td>
</tr>
<tr>
<td>3. Robbery</td>
<td>-9</td>
<td>-9</td>
</tr>
<tr>
<td>4. Theft and handling stolen goods</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Drug offences</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>6. Other indictable offences (excluding motoring)</td>
<td>4</td>
<td>-2</td>
</tr>
<tr>
<td>7. Summary offences (excluding motoring)</td>
<td>-1</td>
<td>15</td>
</tr>
<tr>
<td>8. Summary motoring offences</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>9. Breach of an order</td>
<td>15</td>
<td>10</td>
</tr>
</tbody>
</table>

The first thing to note is that the proportion of those committing violence against the person, robbery and burglary is down for both the RAP and non-RAP groups, and by quite substantial margins for all these offences (particularly violence against the person). A large number in both groups were reconvicted for breach of their current order and there was an increase of just over four percentage points for those convicted of theft and handling stolen goods. There are few substantial differences between the RAP and non-RAP groups in terms of category of offence. More young people on RAP were reconvicted for ‘other indictable offences’ compared to the non-RAP group, which experienced a small decline in this category.

---

35 Offence categories were taken from the PNC database.
36 Only those young people who were reconvicted are shown in this data (n=115 Rap, 127 non-RAP).
The largest observable difference is that young people in the non-RAP group were reconvicted for summary offences in much greater numbers than the RAP group (summary offences are lower-level crimes dealt with by magistrates). It is difficult to say why fewer young people on RAP are reconvicted of these crimes without further research but one explanation could be the wider availability of diversionary activities for those on RAP. Young people engaged in other, constructive activities may be less likely to participate in petty criminal behaviour of the sort considered as summary offences.

**Qualitative results**

Although offending behaviour interventions were often seen to be the primary responsibility of the YOT worker rather than RAP staff, there was some evidence from staff interviews and case study site observation that RAP staff undertook work with young people on factors related to offending behaviour. However, in interviews with young people, it emerged that they felt that any reduction in their offending was due to the influence of other aspects of RAP, such as diversionary activities. As the following data shows, in general, RAP teams may have been more successful than YOT staff in non-RAP areas in improving young people’s chances of staying crime-free.

**Offending-behaviour work**

**Reparation work**

A few young people in the initial and follow-up interviews mentioned participating in either offending behaviour work or reparation work. Some of these appreciated the support of RAP workers in discussing how to change their offending behaviour, and one young female in custody said how staff had taught her how to communicate and control her anger as a way of resolving difficulties:

*When I was in there, I learned to control my anger...by just communicating with the staff. Before, in other secures, I wouldn't communicate with the staff, I'd just lash out and stuff, but in there I just sat down and communicated, and there were staff that I got on perfectly with. You just communicate with them, talk to them about problems. It was just great. There was no need for me to get angry 'cause I was just talking instead.*

RAP Female, aged 17, BME

Some RAP workers had helped young people to 'map out' when they were most likely to offend and raise their awareness of when they might be at risk. For some RAP workers, talking about offending and reparation was part of their mentoring role with young people, as one worker explained:

*Well, for me, to be quite honest it's making them feel that they're part of the community as well ... you've got to make them realise that "You know*
what? If you play your loud music at night, you’re waking up your neighbour who has a two month old baby”. And then you say to them “Imagine if that was your mum trying to bring you up when you were two months old”. Know what I mean? …. A hell of a lot of talking goes into it.

RAP worker

Being able to help young people understand and take responsibility for their actions – to feel genuinely sorry for their offences – was also quite empowering for staff.

Two young males were on Reparation Orders with ISSP and one of them was coaching football and appreciated the opportunity it provided to engage in something positive:

Yeah, ‘cause it ain’t just sitting around doing nothing, innit? It like, gives you a chance to do something that makes you feel good about yourself. And then, like, it’s something … if you wanted to, put it on your CV as well.

RAP Male, aged 18, white

**Diversionary activities**

Some RAP teams used diversionary activities, such as weekly afternoon workshops, to link creative skills with anti-drugs and reparation activities. The use of almost any diversionary activity was considered a positive step away from future offending:

*By being bold it maybe diverts young people from the potential to reoffend by getting them involved in areas like positive pursuits in the community, getting them involved in training.*

RAP case manager

**Reduced offending**

When they were first interviewed, a few young males (two of whom were in custody) claimed they had reduced their offending behaviour and attributed this change to a number of influences, such as becoming aware of the negative impact offending had on their family and from a reduction in their substance use. Among these, one young male had been returned to custody by the time of follow-up interview, although this was for a crime he had committed before the first interview and he still maintained his aim to stay crime-free.

A further couple of young males had managed to remain crime-free by the time of the follow-up interview, due, they thought, to RAP keeping them busy with activities, and one of them had also reduced his substance misuse. For one of these young males, staying crime-free was quite an achievement as he had
been involved with the YOT for the past two years and had previously only managed six weeks between offences. He felt that it was due to RAP’s help that he had now been crime-free for seven months. The remaining young males did not participate in a follow-up interview.

**Ceased offending**

At the time of their first interview, some young people claimed to have ceased offending altogether. Reasons for this included: having family responsibilities, not wanting to disappoint their family, the threat of returning to custody, realising the need to stay away from offending friends and developing new career aspirations. Of these young people, three took part in follow-up interviews, although one had returned to heroin use and crime to fund his habit. The remaining two had managed to stay crime-free due to staying away from former friends and, in the case of one young male, rebuilding his relationship with his mother, which had suffered due to his offending.

At the first interview, a few young people expressed a desire to stop offending but were not convinced they could stop, due to the absence of anything constructive to do in their area and the difficulty in escaping the influence of their peer group. Of these, one had remained crime-free by the follow-up interview but another had outstanding charges. Follow-up data on the third young person could not be obtained.

At the follow-up interview, some young people claimed that they had no desire to reoffend and for some of these, the threat of custody was the main deterrent, in addition to ‘growing out of’ offending. One young male had moved to RAP after starting off with the YOT and RAP helped him to reduce his substance use, which had improved his health and he felt he finally had hope for the future. He had therefore decided to avoid socialising with his former friends who offended.

Support from RAP had helped another young male to improve his self-confidence, obtain his own flat and attend college, which had all guided him away from further offending. A further couple of young people had breached the terms of their licence, although for minor infringements (missing appointments and breach of curfew). One young person said he had offended again due to the influence of his friends.

In total, therefore, many young people had been encouraged and supported by RAP to want to either reduce or cease their offending behaviour.

**Changes in offending among non-RAP sample**

**Intention to stop offending**

Some young people expressed an intention to stop or reduce their offending in the near future and the reasons for this varied. A few young people either
wanted to stop seeing the YOT or did not want to go back to prison, one claimed he wanted to change because he was getting married, another started to see a better life for himself with a job and different friends, one said he had matured out of offending and another said that having a child made him want to reduce his offending. Two people said the threat of custody was a deterrent to further crime.

Stopped offending
At the follow-up interview stage, a few young people said they had stopped offending and some said that they had reduced their offending. Reasons for this varied, with a few saying they simply had different priorities now, with five more stating it was due to a change of friends. Of those who said they had different priorities, some had simply matured and moved on with their life (for example, starting a new relationship). One young man, however, had begun to see how his behaviour impacted on the lives of his family members, in particular on his sister who wanted to become a YOT worker. A few other young people said the threat of custody had made them reduce their offending.

Increased offending or no change
A few of the young people who were not on RAP said that they had offended since their first interview (i.e. within the previous three months), and the majority of these (eight male, one female) said that they were unlikely to change their offending behaviour or substance misuse in the near future. For one young person, prison turned out to be better than he thought and he no longer saw it as a deterrent.

Summary
The raw statistics on reconviction among the RAP and non-RAP groups show that fewer people on RAP were reconvicted within one year, although this difference is not large (eight percentage points). By way of contrast, 89% of young people on ISSP were reconvicted within one year (compared with 78% on RAP in this study). The data also shows that RAP alone does not have a significant impact on reducing reconviction rates among young offenders in the sample. However, when combined with a measure of the extent of young people’s substance misuse, it is demonstrated that young people who are on RAP and who have a lower AADIS score are significantly less likely to be reconvicted than comparable young people not on RAP with similar AADIS scores. This result is similar to that found in the qualitative analysis in this report, which suggested that RAP may be a more effective intervention for young people with less serious substance misuse needs.

In terms of category of offence, there are no large differences between the RAP and non-RAP groups, other than far more young people from the non-RAP group are reconvicted of lower level summary offences. On a more positive note, young people in both groups were less likely to be reconvicted for violent offences, burglary or robbery.

The self-report data from young people suggests that those on RAP are slightly more successful in ceasing or reducing their offending behaviour than those not
on RAP. Young people in the RAP sample were also more likely to attribute their success directly to some element of the RAP scheme. The lower percentage of young people not on RAP who did manage to reduce or cease offending attributed this change to other external or internal influences in their lives, rather than an intervention.
8. Unmet needs and barriers to success

Although qualitative data can be rich in detail, it can often be difficult to establish clear categories. For example, in many cases, it was a matter of debate between analysts whether or not a young person’s comment reflected a true unmet need or merely an unfulfilled wish. Therefore, in the final analysis, we refined the list of young people with ‘unmet needs’ to those who had not been supplied with the forms of help that are the cornerstones of RAP – education, training and employment, substance misuse support, emotional support and practical assistance. Those who felt that the help they had received did not have an appropriate result were also included; for example, in the two cases (see below) where young males were provided with accommodation but felt that it was inappropriate. We have kept young people’s criticisms of RAP to a separate section as these largely reflected matters of personal taste, rather than unmet needs.

Follow-up interview comments by young people show that (after three months) those not on RAP had more unmet needs than those on RAP, particularly in education, training and employment. Only a minority of the 30 young people in the follow-up RAP sample stated a firm desire for more help than they were getting, as opposed to over half of the 32 in the non-RAP sample.

**RAP participants are less needy?**

It is interesting to note, however, that, at the initial interview stage (with young people still in custody), those not engaged with RAP had far more expressed needs than those destined for RAP. As other findings of this study show that RAP targets those young people who are at high risk and have complex needs, it would be wrong to interpret this finding as a flaw in the targeting process. It is also difficult to draw conclusions from this, given the small sample size, but it is possible that this reflects an issue with targeting criteria.

It must also be borne in mind that these results are based on the targeting of young people in the very early stages of the implementation of RAP (in 2005/2006) when, as has been earlier mentioned, there was some confusion over eligibility criteria. It should be relatively easy to further monitor the needs levels of RAP as opposed to non-RAP young people over time, through periodic review of Asset data. Unfortunately, there is currently no central database of Asset data and all forms are held by individual YOTs as case notes, rather than as data entered on a centralised, standardised database.
Table 9: Areas of help requested by the sample

<table>
<thead>
<tr>
<th>Area</th>
<th>RAP</th>
<th>Non-RAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education, training and employment</td>
<td>7</td>
<td>30</td>
</tr>
<tr>
<td>Organised diversionary activities</td>
<td>11</td>
<td>16</td>
</tr>
<tr>
<td>Accommodation</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Substance misuse treatment</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Anger management</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Emotional support</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Life skills/practical support</td>
<td>1</td>
<td>10</td>
</tr>
</tbody>
</table>

Expectations of RAP

In the initial interviews, young people in custody were asked about their expectations of how RAP might be able to help them in the future. Many young people voiced a variety of expectations and complex needs, based on their existing contact with RAP workers and what they had heard from other young people on the programme. Their needs closely match the current range of services available through RAP; from practical help and support with accommodation, education and training, through to organised activities and specific support to divert them away from substance misuse and offending. Interestingly, the most common request was for organised activities such as gym memberships.

These findings suggest that the range of support currently on offer from RAP is closely matched to the type of support young people need. From follow-up interviews, it would appear that young people would appreciate just more of the same practical help (such as finding accommodation) and emotional support.

RAP sample unmet needs

At the follow-up interviews, only a small minority of young people expressed further needs from RAP.

- **The need for appropriate accommodation**
  One young male did not want the hostel accommodation RAP had planned for him on release, as he knew it was populated by drug users and he would be confronted with drug use on a daily basis.

  Another young male had been provided with council accommodation on his release, but felt it was not a safe environment for him. RAP staff tried to help him into private accommodation via letting agencies.
The need for emotional support
One young male felt that he needed more support to help his family cope with his problem behaviour on release.

The need for employment and training courses
Three further young people wanted additional help in trying to find employment or specific training courses.

However, in all of the above cases, RAP staff members were actively trying to assist these young people with their needs.

Two young males, who had been returned to custody by the time of the second interview, reflected on elements of their care that they felt had been lacking. One of these stated he would have welcomed a detailed parenting course, covering the emotional aspects instead of just the practical aspects of parenting (he was just 16 when his son was born). The other young male now wanted help with his substance misuse, as he recognised that he needed help to control it.

Criticisms of RAP
A small number of young people were critical of RAP at the initial interview: two of these for lack of activities they wanted to do (one male wanted to engage in a graffiti project and one female wanted to go ice skating). Another young male claimed not to have seen his RAP worker since leaving custody, while one heroin user was critical of some aspects of RAP and yet full of praise for his own RAP worker.

At the time of the follow-up interviews, there were still a few critical comments about RAP. A few additional young males voiced specific criticisms including:

- RAP had been slow to start helping within his first month of release
- did not want to be involved in activities with people who might know him
- did not enjoy the activities and was disappointed that agreeing to RAP had not helped as much as expected with his court case
- there was nothing to do in their neighbourhood (i.e. no work or leisure opportunities) and so little motivation to engage.

Views of non-RAP young people
Young people not on RAP were asked whether there was any additional support not currently being provided by their YOT worker, in particular anything that could help to divert them away from crime and substance misuse. Examination of the data from both the initial and follow-up interviews found that 37 non-RAP young people (out of a total of 58) wanted help with a range of practical and emotional problems. Their range of needs is listed below, although it should be noted that some young people had complex needs and are therefore included in more than one category.
Employment and training
Some young people wanted help either to find suitable employment or job-related training. One young male was vocal in his desire for a job at both the initial and follow-up interview, while two young people were particularly critical of the YOT for not helping them to find employment.

Diversionary activities
Some young people wanted the YOT to provide, organise or facilitate more activities to keep them occupied and away from crime and substance misuse. Young people who had been involved with the YOT for over a year noted with dismay that the YOT had reduced the amount and range of activities they used to provide. Specific activities requested included:

- outdoor pursuits and sports
- evening activities to ease boredom and divert them away from crime
- motorcycle activities, such as access to an off-road track so young people could drive legally.

Education
Some young people expressed the need for places in either secondary education or college. One young female was particularly unhappy that her request for help to access secondary education had been ignored since she first came to the attention of social services, two years previously. Two other young males also expressed their frustration at missing Year 10 education provision in mainstream services. One of these young males had received assistance solely from his mother to access college and repeat his Year 10 coursework. At the follow-up interview, the young female had still not been able to access secondary education.

Accommodation
Some young people needed help to find suitable accommodation and one young male thought that his social worker might help him to find accommodation when he was released from custody. At the time of the follow-up interview, two further young males needed help to find suitable accommodation, one of whom was particularly critical of what he perceived as his YOT worker’s failure to help.

Practical support
Some young males wanted practical support, such as help to get them to morning appointments.

Substance misuse
Some young people wanted help to either manage or cease their drug and alcohol use. In one case, a young male complained that he had been assessed for substance misuse in custody but that no-one had offered him any therapeutic interventions, apart from substance misuse education.
Anger management
A few young males expressed a need for counselling and help to address their aggressive behaviour.

Barriers to success
Though the data so far indicates that RAP has been initially successful in providing a wide-ranging service to address the needs of vulnerable young people, the views of staff and young people on the significant barriers to change highlight the fact that some gaps in service provision remain. Young people and RAP staff appeared to agree that the most prevalent barrier to change was peer pressure, closely followed by difficulty engaging with RAP and facilitating a successful transition into the community. Other barriers to change included: lack of education and training opportunities and the addressing of complex social factors that led to their substance use and offending.

Peer pressure and family influence
Twenty-eight staff (across both RAP and non-RAP locations) reported that peer pressure – from peer groups with criminal and substance misuse behaviour – to be a significant barrier to resettlement and rehabilitation for young people. In the RAP sample, a few young people also stated directly that peer pressure was the greatest barrier to their success, and some felt that their own reluctance to move away from their peer group was a challenge to their rehabilitation. Some staff also felt that they (and the young person) had to overcome the negative influences of family members and referred such issues to the parenting teams, where they existed, for follow-up action.

Throughcare issues
Staff emphasised the importance of organising housing, education and training provision before the young person left custody, so that there was no gap in service provision between custody and the community. Staff members in five RAP teams talked about the importance of recognising the need for intensive provision within the first two days of leaving custody – including going to collect young people from custody – as key to successful resettlement.

Engagement issues
Some substance misuse RAP and YOT staff reported that difficulties in engaging with young people could be a significant barrier to resettlement. They did not consider it a problem to sustain young people who had engaged; rather, the difficulty lay in creating that initial interest, making participation attractive to them and motivating them to take up the provision of substance misuse sessions, education and training. This was not just reported as a problem of compliance with the voluntary aspect of RAP but also with the compulsory ISSPs and DTOs.
Lack of motivation
Lack of motivation to change was mentioned by both staff and young people as a significant obstacle to successful rehabilitation. Several young males interviewed seemed unwilling to change a lifestyle that involved crime and drug use. One felt disinclined to obtain legitimate employment as his criminal activities were far more lucrative, while another knew there was a possibility he would be caught and returned to custody but did not consider that a deterrent. Another young male knew that an impending court case would most likely result in his return to custody so he did not see any point in engaging with RAP or changing his ways.

Two young males had breached the terms of their order for missing appointments at the time of the follow-up interview, one of whom had also been discharged from a training course for failing to attend. This latter young male was moved to RAP in the interim period between the initial and follow-up interviews, but his brief time with RAP had not been successful and he was faced with further court action for breaching the terms of his licence. Another young male mentioned that his lack of motivation to attend college was the main barrier to his successful rehabilitation.

Education and training
Access to, and the provision of, education for young people who had been excluded from school was an issue for staff mainly in non-RAP areas. RAP staff did not raise education as an issue, which suggests they might be having more success placing young people in education than staff in non-RAP areas.

Mental health and dual-diagnosis issues
It was difficult to assess the extent of mental health difficulties among this sample. A small number of young people talked of problems that could be construed as mental health difficulties but, without proper assessment, this was difficult to verify. Young people were understandably reluctant to discuss their mental health problems.

However, in the RAP sample, a few young people discussed possible mental health problems. One young female polydrug user on heroin had been assigned a dual-diagnosis nurse and a young male heroin user talked of depressive symptoms, although he was not assigned a dual-diagnosis nurse. Another young female talked of continued depressive symptoms (though it was unclear whether this had been diagnosed and treated). Another young male who reported acute self-harm had been returned to custody for his own protection, while a young male heroin user who had detoxed in custody wanted to obtain mental health support when released into the community (though whether or not he was receiving this support in custody is not known).

Members of the YJB steering group have said that they would not expect young people with higher-level mental health needs to be on the scheme, although this is not currently clear from the guidance provided (YJB, 2006). Clearly, a few young people – at least two of whom were receiving psychiatric support – were included in RAP. Clarification about which type of mental health cases are being
included on RAP schemes and which are being excluded warrants further investigation and may need clarification through additional guidance for workers.

Four members of staff in RAP and non-RAP areas reported that poor access to mental health provision was a problem in their area. For example, although access was not an issue in Peterborough, there was a problem with over 16-year-olds; RAP had spent staff resources trying to resolve the boundaries between CAMHS and adult mental health for a young person. A similar picture emerged in RAP Area E, where CAMHS would not accept referrals for over-16-year-olds who were not in full-time education, which effectively excluded many in the sample.

For one young male (aged 15), alcohol abuse and family conflict had led to an attempted suicide with an overdose of Temazepam. He was placed in emergency care, but ran away and this vulnerable young person was eventually placed back in custody on a welfare basis, for his own protection. A second young male with possible dual-diagnosis talked about being unable to cope with stress and was suffering from profound mood swings. He had managed to find a job but by the time of the follow-up interview had lost his work placement, due to taking time off to complete his Community Service and ETS.

Such cases demonstrate that RAP was indeed targeting vulnerable young people with chaotic and complex social, health and substance misuse needs. When faced with such issues, however, it is perhaps not surprising that RAP teams were not able to make significant progress with all young people in the three months allocated for the follow-up study.

Substance use
At the time of the initial interviews, a few young people in custody expressed concern about being able to overcome their substance use after release. Some young people at the follow-up interview also talked about the difficulties they had experienced in trying to remain drug-free and not offend again when in the community. One young male reported smoking cannabis as his way of dealing with stress, particularly the pressure of being parent at a young age (16 years). RAP staff were continuing to try and divert him away from cannabis use but he was reluctant, even though he realised it prevented him from engaging in any useful activities when he was ‘stoned’.

A few young people in RAP schemes who were former heroin addicts, had been battling their substance misuse: one young male had relapsed after being transferred to the CJIT for his prescription medication, one young female was returned to the YOT from RAP for failure to attend the clinic for her prescription, while one young male remained drug-free, although was conscious of the temptation from his peers to return to drug use.
Transition to adult services
Though mainly positive, the data below emphasises the importance of facilitating the transition to independence. The majority of young people who expressed an opinion, felt that RAP had equipped them with the skills to cope on their own, although they were reassured that staff would be available for occasional advice and support, if necessary.

RAP sample experience of transition
At the time of the first interview, there were no young people who were in the process of leaving RAP. By the time of the follow-up interview, 10 young people were thinking about leaving RAP or moving to adult services (seven male, three female). Of these, five young people (four male, one female) had come to terms with being able to cope on their own, as one young female commented:

*They’ve helped me enough that I can go on my own.*

RAP Female, aged 18, BME

A further two young females were comfortable leaving RAP, but thought they would keep in touch with their worker for occasional support in the future.

Just a few young people were uncomfortable about leaving the support of RAP, two of whom voiced specific concerns.

- A Tier 3 to 4 heroin user who needed a lot of support was anxious about leaving RAP and moving to adult services. His transfer to adult services (CJIT) was unsuccessful and he returned to heroin use, reoffended and returned to custody for a 12-month sentence.
- One young male was concerned that when he left RAP he would no longer have any of the activities to do, which he’d found very helpful. There was no further information on his situation.

Suggested improvements from practitioner interviews
Views of RAP and non-RAP YOT staff

Increased resources
The most commonly requested measure to improve RAP services was for more resources for staff and an enhancement to the flexible fund. Aside from a general increase in staff numbers, specific initiatives staff would like to provide or access include:

- accredited education workshops and activities
- detox facilities
- group activities
- overseas activities
- a permanent office base, open at least once every day
- a dedicated mental health worker
- internet access for young people
- ability to pay for college courses
- ability to pay for more accommodation.

**Accountability and standards**

There were two comments from staff on the inconsistency of approach by RAP teams. A member of the secure children’s home expressed a preference for all RAP teams to work to the same protocols and this opinion was echoed by a YOT worker, who was exasperated by the inconsistency in approach of various RAP teams.

**Closer integration with YOT**

Most RAP staff reported close working relationships with their YOT colleagues and just two staff suggested areas for improvement; firstly, the opportunity to take a more active role in case management reviews, and secondly, to educate probation staff in how the voluntary nature of RAP operates in practice.

**Exit strategies**

Two RAP staff acknowledged that they needed to make improvements to the way exit strategies were implemented for young people on RAP. Staff in two separate locations noted that young people either gradually stopped attending or did not want to leave RAP. However, this was not just an issue for the RAP programme because staff at three non-RAP locations also mentioned keeping an open door for young people who had completed their orders. It may be the case that young people need a longer-term supportive relationship than the usual six months for most court orders, particularly those individuals without other adult support.

**Maintaining professional boundaries**

One social worker commented on the need for closer supervision of RAP staff to help them maintain a professional boundary with young people.

**More male workers**

One YOT worker suggested it might be helpful to employ more male workers in RAP to act as positive role models, given that the majority of young offenders are male.

**Improved drug training**

A drug worker proposed drug training provision to bring RAP workers’ knowledge up to Tier 3, to help them work with young people with substance misuse issues.
Family engagement/therapy
One mental health worker noted that, from his many years’ experience, he had experienced greater rehabilitation success working with both young people and their families to change behaviour.

Special diversity needs
Views of staff on BME needs
A recent study by Galahad SMS Ltd for the YJB found that, although in interviews BME young people self-reported lower levels of substance misuse than their white counterparts, survey results (using an accredited screening tool to assess levels of problematic substance use) suggested that there could be significant under-reporting (Galahad, 2007). One RAP worker also raised this as a challenge in assessing eligibility for the scheme:

*We have noticed that, even though we have quite a few young black males, we are finding that the trend is that they disclose less with regards to substance misuse. We have noticed that trend. So we have to kind of think of different ways to extract information from them*

RAP manager

There was some evidence that workers in London were making efforts to seek out activities of specific interest to BME young people and such initiatives were apparently successful in engaging their attention. In RAP Area C, for example, a RAP-organised trip to the theatre to watch a play about BME issues had clearly left an impression on one young male who said:

*They brought us to a theatre; it was played by black youths. I’ve got a really bad memory now, but it was really wonderful, and they show you things, that’s my point. They show you certain things and it does mean a lot. It really does. If you get into it*

RAP Male, aged 17

Eleven staff from across four RAP and three non-RAP locations reported very few BME young people in their jurisdiction, due mainly to low numbers of ethnic minorities in general within their local geographic area.

Five locations studied had significant numbers of BME young people. RAP Areas A and B, and non-RAP Area L therefore deliberately recruited BME workers to overcome the reluctance of some BME young people to engage with services. One other Area was in the process of putting in place an action plan to address the needs of young BME people, while another Area was investigating why BME young people appeared to be more likely to breach their orders.
Views of BME RAP and non-RAP young people

By the time of the follow-up interviews, 21 young people on RAP were of BME origin (12 male, nine female). Of these, 14 were on RAP in the community (nine male, five female), five were in custody (one male, four female) and two young males were initially in custody, but had been released on RAP into the community at the time of the follow-up interview. At both the initial and follow-up interviews, these young people were asked whether RAP should take into consideration people’s ethnic background.

Only a small number of young people expressed an opinion during both sets of interviews. Two young males thought that the punishment and RAP’s support for criminal behaviour should be the same regardless of someone’s ethnicity. One young female thought that non-native UK residents found it more difficult to cope generally in the UK and may need extra help, although by the time of the follow-up interview she thought that the YOT should offer the same services, irrespective of gender or ethnicity. Young people on RAP, therefore, did not feel that either the content or operation of RAP failed to address their needs with respect to ethnicity.

Three BME females thought that substance misuse education could be improved by using peer educators and ex-users:

*I reckon they should bring ex-addicts in here .... Say a person who’s had an understanding of it and they come in here and people can see how damaging drugs can be and how they got off it.*

RAP Female, aged 17, BME

The research literature (for example, Patel and Wibberley, 2002), has shown consistently that BME groups tend to under-report their substance misuse, possibly due to the social stigma. It is possible that peer educators of the same or similar ethnic background may help to overcome that stigma and encourage young people to be more open and responsive to substance misuse interventions.

There were 11 BME young people in the non-RAP group, three of whom were in custody. None of these young people identified special areas of need for those from a BME background.

Views of staff on female needs

Eleven staff from five RAP and three non-RAP locations did not feel that young female offenders were more difficult to engage or work with than any other group, and felt that services met their needs. One RAP manager acknowledged that YOT provision had traditionally been orientated toward male activities and that one of the challenges of a voluntary service was that it forced workers to be much more responsive to young female needs. Staff in just two non-RAP locations felt that their services were not addressing young females’ needs because there were so few young females, while most services, such as training courses, catered for young males. In the second non-RAP location, staff shortages due to maternity leave were the main reason for gaps in service provision for young females.
Views of RAP and non-RAP young females

There were 13 young females in the entire RAP sample, which comprised: one white and four BME females in the community, plus three white and five BME females in custody. Only two females in the entire sample commented on gender-based issues. One female reported poor self-image and diet issues, which had been positively addressed when she had been in custody to bring her back up to a healthy weight.

When I went in prison I was six and a half stone, when I came out I was eight and a half. But I’m back to my original how I was before seven and a half…. Cos I was eating proper three meals a day in prison, and it just put all my weight back on cos I was dead skinny and that …. I think my weight’s alright at the minute it’s just now and again I get a bit worried, sometimes I worry about my weight …. Sometimes I think I’m too fat, sometimes I think I’m too skinny, sometimes I think I’m just right.

RAP Female, aged 18, white

She thought that young females, particularly those with young children, might need more help with accommodation than young males. At the follow-up interview, she reported that she enjoyed the company of her female RAP worker as they engaged in a wide range of social and sports activities, including ‘female’ activities such as a beauty-treatment gift at Christmas. Another young female reported that she would have been more interested in participating in sports-based activities, if they had been offered by her YOT prior to custody. She was a particularly keen sportswoman and hoped to obtain a job in sports when she left custody.

There were 14 young females in the non-RAP sample. They comprised: three white and two BME females in the community, plus five white and two BME females in custody, plus two white females who were released from custody by the time of the follow-up interview. Again, only two females in the sample commented on gender-based issues. They both thought that the YOT should offer different activities for young females, although only one made a suggestion as to the type of activity they would like, suggesting that peer educators would be useful to talk to because she believed that the workers simply read everything from a book.

Analysis of the transcripts from all the staff and young people interviewed showed that the majority were not aware of any unmet needs for either BME young people or young females on RAP. Given the large numbers of people interviewed, it seems unlikely that the absence of any unmet needs is due to chance. It is more likely that RAP’s approach to the assessment and delivery of services to address individual needs is able to cater to the needs of BME young people and young females.
9. Conclusions

In terms of substance misuse, it was found that over the three-month period between interviews, a greater proportion of young people on RAP reduced the frequency of both their cannabis and alcohol use than those not on RAP. At the time of the initial interviews, 70% of people on RAP and 74% of those not on RAP used cannabis at least several times a month. When the quantitative survey was conducted again in follow-up interviews, 58% of young people on RAP used cannabis several times a month, compared to an increase of 72% for those not on RAP. A similar result is evident for alcohol use.

Apart from cannabis and alcohol, the next most frequently-used substances were cocaine and amphetamines, which also showed a reduction in use over three months. Use of crack and heroin, however, increased slightly in the RAP group, although the overall numbers here are very low (total increase of two users for crack and one user for heroin). This may indicate that RAP is slightly less successful in assisting young people who use ‘harder’ drugs, although with such a small sub-sample size, this conclusion is only tentative. A longer-term study may be needed to track these young people over a longer time frame, since dependency may take longer to address. Also, 33% of young people on RAP and 39% not on RAP reported that their parents used drugs or alcohol, which may raise concerns about ‘hidden harm’.

The results of the reconviction study demonstrate that young people on RAP are slightly less likely to reoffend than a matched sample of young people not engaged with the programme (78% on RAP were reconvicted within one year of their first offence, compared to 86% not on RAP). Although the difference is modest and statistically insignificant, it is moving in the right direction. A more refined statistical model found that young people on RAP with lower ADDIS scores were significantly less likely to be reconvicted within one year than non-RAP young people with similar AADIS scores. These findings, although modest, should be considered in light of the following factors.

Firstly, the evaluation was conducted in the early stages of the programme, before it was fully integrated into existing systems and processes. Further monitoring may therefore reveal more substantial benefits. Secondly, judged against the ISSP – another programme for a similar group of high-risk young offenders – RAP fares better (89% vs. 78% reconvictions). Thirdly, given that the literature review highlighted the poor results internationally of any rehabilitation programme for this group, an eight percentage point difference is encouraging.

It should also be noted that the smaller than expected final sample size for comparison reduced the power to detect statistical significance. In addition, the results of this study show that young people on RAP are more likely to reduce the severity of their substance misuse over time, compared to those not on RAP.
– although the small sample size of the study prevents us from stating that this
effect was statistically significant.

Data from detailed initial and follow-up interviews with young people and staff showed that RAP’s needs-led approach to support was more positively perceived by young people, in comparison with the views of non-RAP young people about YOT staff. The motivational approach of some RAP teams to engage young people in positive activities and divert them away from substance use may be more promising in terms of its impact than non-RAP YOT efforts, particularly as RAP teams provided access to a wider range of diversionary activities. In addition, RAP was successful in providing a wide range of practical support to assist immediate and longer-term rehabilitation needs. Finally, it was encouraging that there was little mention of unmet needs by either BME young people or young females.

These qualitative findings are based on detailed interviews with 104 young people and 99 staff at 12 study locations. Young people and study locations were carefully selected to ensure that they were appropriate, representative and, in the case of the non-RAP sample, a fair comparison group. Given the nature of field research, it was not possible to remove all potential sources of bias, although every effort has been made to ensure the findings reflect the views of the sample.

The comparisons in this study have been made largely between young people on RAP and those under non-RAP YOT care. On almost all counts (reoffending, substance use, accommodation, etc.), young people in the RAP group fared better than those not on RAP. It must be emphasised, however, that those on RAP are also under YOT care. This is not, therefore a ‘RAP vs YOT’ evaluation but rather, an assessment of the differences that the RAP schemes make to young people on YOT provision – the ‘added value’ that RAP provides. The benefits observed cannot therefore be solely attributed to RAP. Indeed, it is clearly the collaboration between the care and mentoring of the RAP function and the control and discipline of the YOT function that we consider to be the key to the success of both.

**RAP policy observations**
The efforts of RAP to engage in partnership with local authorities, charities and agency housing providers demonstrates a proactive approach to one of the most significant barriers to effective resettlement for young people. These initiatives, although not universally effective, appear to be more successful in helping young people access suitable accommodation. RAP also appeared to be more successful in finding, placing and encouraging young people to engage with training and employment than their non-RAP YOT colleagues. This was partly due to the co-location of Connexions workers in their teams, the active support role of RAP staff and their strategic links with training organisations and employers.
The findings of this research show that RAP has been successfully implemented within the YOT, and that YOT workers view RAP as providing a higher quality service to young people in their caseloads. RAP workers appeared to be assuming a brokerage role between the young person and many of the services they need to access, which seems to have improved joint-working relationships in many RAP areas. An unexpected benefit of the scheme included the separation of the care and control functions in YOT work. Most YOT workers felt that this separation had provided clarity for the young person about what could often be a confusing mix of welfare and enforcement roles.

The various models chosen by YOTs to implement RAP appear to be operating well. The freedom of staff to choose and operate a RAP model that suited their specific geographic, organisational and budgetary constraints demonstrates that no one model is best. Rather, effectiveness appeared to be influenced by the strong personal commitment of staff members, a strong teamwork ethos, effective case management systems and formal and informal partnerships with other YOT staff, YPSMS, agencies and charities.
10. Recommendations

The results of this research demonstrate that the RAP initiative shows promising signs of being able to engage young offenders and help them to reduce or cease both their substance use and their offending.

We therefore recommend the following.

1. That further funding be sought to expand the programme to all YOT areas. RAP schemes will need continued funding to continue providing the practical support, intensive mentoring and range of diversionary activities that have proven to be effective in steering young people away from offending.

2. The separation of enforcement and welfare with RAP has brought a greater clarity to the roles of various workers. The drawback is that some young people now view YOT staff less positively than their RAP workers and so care should be taken to ensure that the success of RAP does not impact negatively on the crucial work carried out by YOTs.

Young people’s criticisms of the failure of YOT staff to deliver on promises may be due to the lack of resources (such as staff time) in YOTs without a RAP scheme. The complaints recorded here, regarding failure of some YOT staff to successfully engage young people, highlight a need for staff training in engagement techniques – particularly with high-risk and vulnerable young people. In particular, the motivational techniques employed by RAP staff appeared to be successful in retaining young people in contact with YOT services.

3. The effectiveness of various models chosen to implement RAP shows that no one model is preferable. It is recommended, however, that effective practice in RAP is documented and shared in forums and guidance documents, in much the same way that the YJB currently does for other services with the Directory of Emerging Practice. It is recommended that the YJB focuses attention, training and guidance on emphasising the importance of: staff’s personal commitment to RAP, the protective benefit for young people of having a single stable adult for support, developing a strong teamwork ethos, devising effective case management systems and building formal and informal partnerships with other YOT staff, the YPSMS and other agencies.

4. The flexibility of RAP schemes to be needs-led in terms of the degree and type of support given to young people was found to contribute to the scheme’s effectiveness. The two recorded cases in which young people lost their employment due to the conditions of their order suggest that similar flexibility could be incorporated into YOT work, so that punishment for minor breaches does not adversely impact rehabilitation efforts. However, this flexibility may possibly have negative consequences for
higher-tier drug users, who may need a more structured approach or may need longer to gain benefit from RAP interventions.

5. The strategic partnerships that some RAP teams have created with housing providers are laudable and demonstrate the benefits of collaboration to address one of the most significant barriers to effective resettlement for young people. It is therefore recommended that the YJB disseminates and promotes these strategies.

6. RAP appears to be comparatively more successful in finding, placing and encouraging young people to engage with training and employment. This was partly due to the co-location of Connexions workers in their teams, the active support role of RAP staff and their strategic links with training organisations and employers. It is therefore recommended that these three elements to enhance effective provision should be widely promoted by the YJB.

7. A review should be made of the procedures and protocols for young people who are exiting the scheme or transferring to adult services. Although some RAP staff were flexible in maintaining some form of contact with young people beyond the age of 18, further guidance is also needed on how to work with over-18s.

8. Further research is recommended to follow up on the reconviction study. Those young people who were reconvicted should be re-interviewed to find out why they reoffended. A sample of those who avoided reoffending should also be sought out to determine what particular elements of RAP helped them. We would also recommend ongoing quantitative research in order to gain a large enough sample for improved statistical testing.

9. Clarification about which type of mental health cases are being included on RAP schemes and which are being excluded warrants further investigation and may need clarification through additional guidance for workers.
11. Appendix One: Young person’s survey

Please note: Spacing, type size of questions and room for write-in options has been reduced for this appendix.

**Please Read**

The Youth Justice Board needs your help!

We need to find out what your experiences and needs are so we can provide young people like you with the help that they need.

When you have finished this questionnaire, fold it and put it in the envelope provided.

It will be sent directly to an independent research company.

No staff where you are will know what you have written so please be as honest as you can.

---

**OFFICE USE:** Please do not write in here

<table>
<thead>
<tr>
<th>Institution or YOT area</th>
<th>RAP / Non-RAP?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Questionnaire number:</th>
<th>DATE IN: ENTERED BY?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Name: ______________________________________

1. Are you: Male ☐ Female ☐

2. How old are you? ________

3. What is your date of birth? ____________________________

4. How would you classify your ethnicity? *(Tick one)*

☐ White British ☐ Indian
☐ White Irish ☐ Pakistani
☐ Any other white background ☐ Bangladeshi
☐ White and Black Caribbean ☐ Any other Asian background
☐ White and Black African ☐ Black Caribbean
☐ White and Asian ☐ Black African
☐ Any other mixed background ☐ Any other black background
☐ Chinese
☐ Any other background

5. In which town/city do you live? ____________________________

6. Where do you live now?

☐ With both parents ☐ Lived with friends
☐ With mum only ☐ I sleep rough
☐ With dad only ☐ Lived on my own
☐ With other family member (e.g. grandma, auntie) ☐ In children’s home
☐ With girlfriend ☐ Other *(please explain)*
☐ In foster care

7. Before you were sentenced, which of the following was true for you? *(Tick one)*

☐ I was still in secondary school or college
☐ I was still in school but was truanting at least weekly
☐ I had left school aged 16 or over
☐ I had left school before 16
☐ I was excluded from school before 16

8. If you have left school, what qualifications did you obtain?

☐ GCSE’s grade D and E only ☐ NVQ Level 1 and 2
☐ GCSE’s grade A-C only ☐ NVQ Level 2 only
☐ GCSE’s grade D-E and A-C ☐ Any other combinations
☐ NVQ Level 1 only ☐ None
☐ Other *(please specify)*

9. Were you in employment before you came into custody?

☐ Yes, full-time ☐ Yes, part-time ☐ No
10 (a). What is the name of your YOT worker? ____________________
10 (b). Where is he/she based? __________________________
11. Have you been offered Resettlement and Aftercare Provision (RAP)?
   ☐ Yes  ☐ No

12. Did you accept the offer of RAP?  ☐ Yes  ☐ No

13. What were you convicted of for this sentence? ____________________

14. What is your community order? (e.g. a pre-court disposal, referral order, supervision order etc) ________________________________

14a. How long will it last? ________________________________

15. Have you been convicted of any offences prior to this one?
   ☐ Yes  ☐ No

16. If yes, how many times? ________________________________
**DRUG USE HISTORY**

17. For each drug listed on the next page, please circle one number under the category that best describes how often you used that drug. Don’t include prescription drugs which you got from your doctor (GP) and for alcohol, don’t count just a few sips from someone else’s drink.

<table>
<thead>
<tr>
<th>Drug Description</th>
<th>Never Used</th>
<th>Tried But Quit</th>
<th>Several Times a Year</th>
<th>Several Times a Month</th>
<th>Week-Ends Only</th>
<th>Several Times a Week</th>
<th>Daily</th>
<th>Several Times a Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking tobacco (cigarettes, cigars)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Alcohol (beer, wine, spirits)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Cannabis (weed, grass, pot, skunk)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>LSD, mushrooms, and other hallucinogens (acid, magic mushrooms, trips)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Amphetamines (speed, whizz, ecstasy, crystal meth)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Cocaine (coke, charlie, blow)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Crack cocaine (crack, freebase, rocks)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Depressants (downers, Valium, Temazepam, gellies, ludes, blues)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Ketamine (K, Special K)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Heroin or other opiates (smack, horse, brown, morphine)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Solvents (glue, lighter fluid, aerosols, tip-ex, rush, etc.)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Prozac, or other tranquilisers or medication (without prescription)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Other drug</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>
For the questions below, circle the answers which describe your use of alcohol and/or other drug(s). Even if none of the answers seems exactly right, please pick the ones that come closest to being true. If a question doesn’t apply to you, you may leave it blank.

18. How often do you use alcohol or other drugs (such as E’s, coke, or cannabis)?
   a. never     e. several times a week
   b. once or twice a year    f. every day
   c. once or twice a month   g. several times a day
   d. every weekend

19. When did you last use alcohol or drugs?
   a. never used alcohol or drugs
   b. not for over a year
   c. between 6 months and 1 year before I went into custody
   d. several weeks before I went into custody
   e. the last week before I went into custody
   f. the day before I went into custody
   g. the same day I went into custody

20. “I usually start to drink or use drugs because”: (circle ALL that apply)
   a. I like the feeling
   b. to be like my friends
   c. I am bored; or just to have fun
   d. I feel stressed, nervous, tense, full of worries or problems
   e. I feel sad, lonely, sorry for myself

21. What do you drink, when you drink alcohol?
   a. wine                 b. beer / cider
   c. mixed drinks        d. spirits (vodka, whisky, etc.)
   e. Other: _________________

22. How do you get your alcohol or drugs? (Circle ALL that you do)
   a. Supervised by parents or relatives
   b. from brothers or sisters
   c. from home without parents’ knowledge
   d. get from friends
   e. buy my own (on the street or with fake ID)

23. Do you ever steal your drugs or alcohol? ☒ Yes   ☒ No

24. Do you ever get your drugs for free from a dealer? ☒ Yes   ☒ No

25. When did you first use drugs or take your first drink? (Circle ONE)
   a. never                               d. at ages 12 or 13
   b. after age 15                        e. at ages 10 or 11
   c. at ages 14 or 15                   f. before age 10
26. What time of day do you use alcohol or drugs? (Circle ALL that apply to you)
   a. at night
   b. afternoons/after school
   c. before or during school or work
   d. in the morning or when I first awaken
   e. I often get up during my sleep to use alcohol or drugs

27. Why did you take your first drink or first use drugs? (Circle ALL that apply)
   a. curiosity       d. to get away from my problems
   b. parents or relatives offered   e. to get high or drunk
   c. friends encouraged me; to have fun

28. When you drink alcohol, how much do you usually drink?
   a. 1 drink     d. 5 -9 drinks
   b. 2 drinks     e. 10 or more drinks
   c. 3-4 drinks

29. Who do you drink or use drugs with? (Circle ALL that are true of you)
   a. parents or adult relatives   d. with older friends
   b. with brothers or sisters   e. I'm usually alone
   c. with friends or relatives own age

30. What effects have you had from drinking or drugs? (Circle ALL that apply to you)
   a. chilled, relaxed feeling       d. became ill
   b. got a bit high                  e. passed out or overdosed
   c. got drunk or wasted            f. used a lot and next day didn’t remember what happened

31. What negative effects has alcohol or drug use had on your life? (Circle ALL that apply)
   a. none
   b. It has interfered with me talking to someone
   c. It has prevented me from having a good time
   d. It has interfered with my school work
   e. I have lost friends because of my use
   f. It has gotten me into trouble at home
   g. I was in a fight or destroyed property because of it
   h. It has resulted in an accident, an injury, an arrest or me being punished at school

For the following statements, please circle ALL that apply to you:

32.
   a. My alcohol or drug use is not a problem at all for me
   b. I can control my alcohol or drug use and set limits on myself
   c. I can control myself, but my friends easily influence me
   d. I often feel bad about my use
e. I need help to control my use
f. I have had professional help to control my drinking or drug use

33.  
a. Most of my family or friends think my drug or alcohol use is normal for my age.
b. When I use alcohol or drugs I tend to neglect my family or friends
c. My family or friends advise me to control or cut down on my use of alcohol or drugs
d. My family or friends tell me to get help for my alcohol or drug use
e. My family or friends have already gone for help about my use

34. Looking back, did you commit crimes before you started taking drugs or drinking?  ☐ Yes ☐ No

35. In your opinion, how has using drugs or alcohol affected your offending?

☐ I commit more crime
☐ I commit fewer crimes than before I started using
☐ I commit only certain types of crime (please explain)
☐ Other (please explain)

36. How much do you agree/disagree with the following statements?  

**DO NOT ANSWER THIS QUESTION IF YOU DON’T SMOKE, DRINK OR TAKE DRUGS**

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Not sure</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>If I gave up smoking I would commit less crime</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>If I gave up drinking I would commit less crime</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>If I gave up using drugs I would commit less crime</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

37. What kind of help do you think you will need when you finish your community order?

38. Is there anything else you would like to say about your drug or alcohol use or your offending?
12. Appendix Two: Categories of offences

Categories of offences in the Police National Computer (PNC) database

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Violence against the person</td>
</tr>
<tr>
<td>2</td>
<td>Sexual offences</td>
</tr>
<tr>
<td>3</td>
<td>Burglary</td>
</tr>
<tr>
<td>4</td>
<td>Robbery</td>
</tr>
<tr>
<td>5</td>
<td>Theft and handling stolen goods</td>
</tr>
<tr>
<td>6</td>
<td>Fraud and forgery</td>
</tr>
<tr>
<td>7</td>
<td>Criminal damage</td>
</tr>
<tr>
<td>8</td>
<td>Drug offences</td>
</tr>
<tr>
<td>9</td>
<td>Other indictable offences (excluding motoring)</td>
</tr>
<tr>
<td>10</td>
<td>Indictable motoring offences</td>
</tr>
<tr>
<td>11</td>
<td>Summary offences (excluding motoring)</td>
</tr>
<tr>
<td>12</td>
<td>Summary motoring offences</td>
</tr>
<tr>
<td>20</td>
<td>Unknown/Non-England &amp; Wales</td>
</tr>
<tr>
<td>21</td>
<td>Unknown/Non-England &amp; Wales</td>
</tr>
<tr>
<td>22</td>
<td>Unknown/Non-England &amp; Wales</td>
</tr>
<tr>
<td>23</td>
<td>Unknown/Non-England &amp; Wales</td>
</tr>
</tbody>
</table>
13. Appendix Three: Interview schedules

Semi structured interview: For YP on a community RAP order

About the young person:

Researchers will explore:

Education: (If applicable)

- School attendance patterns/pattern of truancy. How frequently were they attending school in a typical week before being on RAP?
- Why were they not going? What were they doing instead?
- Exclusion history and what behaviour/circumstances had led to exclusions
- Engagement with education since being put on RAP. Have there been any changes? If yes, who helped with this and what happened?
- Cross-reference with YP’s self-complete to see if more detail is needed.

Employment and training:

- Employment and training history before being put on RAP:
  - How confident was the YP of finding jobs and then keeping them before being put on RAP?
  - What were the barriers to finding and keeping work?
  - Progress with this area of life since being put on RAP? Has anyone helped the YP with this?

Living arrangements:

- With whom was the YP living before being put on RAP?
- How satisfied was the YP with their living arrangements? Why do they say that?
- How supported did the young person feel at home by carers?
- Who would the YP talk to if he/she had a problem?
- Was the YP ever in Local Authority Care or homeless? What were their experiences of being in care?
- Has there been any progress with this area of their life since being put on RAP? Has anyone helped with this?
Drug and alcohol use by family members
*(n.b. remember to stress confidentiality here)*

Do any of those around the YP at home:

1. Use drugs? What drugs?
2. Drink heavily?
3. Who uses (i.e. siblings, parents, step parents, carers etc)
4. Does the YP see their use as a problem? Worrying?
5. Has anyone else in their family sought professional help in relation to drugs or alcohol?

Friends:

- Who did the YP tend to hang out before being put on RAP? What did they tend to do in their spare time/evenings?
- Did friends use drugs/alcohol? Which drugs generally? How often? Did they engage in crime?
- Were most of their friends employed? In School? Unemployed?
- How old are the YP’s friends on average? What gender are their friends generally?
- (If appropriate) How do other people in their lives (carers, girl/boyfriends etc) view their group of friends?
- Changes to friendship groups since starting RAP? What changes have occurred and why? Has anyone helped with these changes?

Offending:

1. Type offences committed? Number of cautions etc and for what?
2. Reasons for offending before RAP? And now?
3. What did they spend their money on from offending?
4. Were they involved in dealing/drug running before RAP? *(n.b. remember to stress confidentiality here)*
5. In what ways do they think their offending was linked to their drug or alcohol use? For example:
   - Did they offend mainly to buy drugs/alcohol?
   - Did they tend to get involved in offending when they were high?
   - Did they tend to get involved in offending when they were drunk?
   - Did their drug or alcohol use have nothing to do with their offending?
   - Was their offending drug related or alcohol related in any other way
   - Did the YP need to get drunk/high before they offended?
   - Did drug or alcohol use reduce or make it less likely they would offend? Get them to explain in this instance.
6. Have there been any changes to their offending since being linked up with RAP? If so what are these? (e.g do they offend more/less/different types of offences etc.)

7. Has anyone helped them with this?

8. In a typical month before RAP, how often would they be offending (even if they didn’t get caught? **(n.b. remember to stress confidentiality here)**

9. How many offences would they be committing now in a typical month?

Complete Appendix 2.

**Substance misuse:** Researchers will complete the SM dependency tool in Appendix 1.

**Drug and alcohol use:**

- Does the young person take drugs? If not why have they made this decision?
- Does the young person drink alcohol? If not why have they made this decision?

**If yes, researchers will use the measurement tools:** Appendices 1 and 2.

- What positive experiences have they had of using drugs and alcohol?
- What negative experiences have they had of using drugs and alcohol?
- Can the person describe some typical occasions when they have used drugs or alcohol?
- What are the views of their carers/families of their drug or alcohol use?
- Have there been any changes to this area of their life since being linked up with RAP? What are these?
- Has anyone helped them with changing their drug or alcohol use? Find out who and in what ways.

**Experiences and expectations of RAP:**

**Researchers will explore:**

**Engagement:**

- First awareness of the RAP project, who they heard about it from, where they were and how the scheme was described.
- Expectations and worries about the scheme?
- Whether they consented to involvement and why they said yes/no.

**Experience of RAP:**

- How quickly RAP staff made contact after the issue was raised with the YP.
- Which workers made contact?
- Location of first and subsequent contacts?
- Expectations of the scheme?
• What did the people they live with think of the scheme and has it lived up to their expectations?
• What plans were made for them on RAP?
• Did they have enough information about the scheme? What else would they have wanted to know?

Dropping out: (if applicable)
• Has the young person dropped out of the scheme? Why? What happened?
• How long did they stay on the RAP scheme?

Experience of RAP:
• How frequently each week did the YP see their RAP worker?
• What’s been most helpful?
• What’s been least helpful?
• What else would they have wanted from the scheme?
• How often did they *not* keep RAP appointments?
• What happened if they didn’t see their RAP workers?
• What have been the three biggest challenges as they have tried to make progress on RAP?
• How long have they been in contact with RAP so far?

Making changes:
• What are the difficult things for them about making changes to:
  ▪ their offending,
  ▪ their lifestyle
  ▪ their use of drugs and alcohol?
• What were the biggest difficulties before RAP?
• What are their biggest difficulties now?

Complete Appendix 3.

Previous Orders
Find out if young person has ever been placed on a community order before. If so, how does the current help offered by RAP compare to the previous order? What was better and what was worse? Are there any noticeable differences?

Workers: *(Researchers: please fill in chart 1)*
• How helpful has the RAP worker been? What makes the YP say this?
• What other workers are in contact with the YP and how helpful have they been? What makes the YP say this?
• Has the RAP worker and YOT worker worked well together to support the YP? What makes them say that?
• Is the YP on an ISSP or any other order? How has the RAP scheme and this order worked together?
• Which person has helped the YP most since their release?
Satisfaction with workers:

<table>
<thead>
<tr>
<th>Workers in contact with YP</th>
<th>Really helpful</th>
<th>helpful</th>
<th>OK</th>
<th>Not very helpful</th>
<th>Not at all helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAP worker</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YOT worker</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Needs on RAP schemes:
(Researchers will have a laminated list of items as per Appendix 3. They will ask the YP to identify which things would be most useful to them on RAP).

Other questions about YP needs:
- Do they think they need help?
- What other types of help do they think would help them make progress and avoid future difficulties?
- What would be most likely to make them drop out of the RAP programme?
- Get the YP to describe their ideal RAP worker. What would she/he be like and what would they do?

BMEP and women:
- Does the YP think that services should consider a YP’s ethnic background and gender? In what way?
- Does the RAP scheme offer the right kind of activities/help for young people from BME backgrounds? Can The YP give me some examples of what is offered/not offered? What would they like to see in place?
- Does the RAP scheme offer the right kind of activities/help for young females? Can they give some examples of what is offered/not offered? What would they like to see in place?
- RAP programmes are voluntary and need to be attractive to young people for them to want to use the scheme. What five things do YP think the schemes could do to make themselves more attractive to young people?
  1.
  2.
  3.
  4.
  5.
• What 5 things could the schemes do to help them reduce or halt their drug use or alcohol use? (Mental health—there is something about feeling more settled)
  1.
  2.
  3.
  4.
  5.

Appendix 4:
What you need:
Some RAP schemes offer the following activities and support. Look at the list and indicate which ten things you’d find most useful/helpful.

<table>
<thead>
<tr>
<th>Please tick</th>
<th>• Someone to get you up in the mornings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Vouchers to attend a local gym</td>
</tr>
<tr>
<td></td>
<td>• Organised sporting activities</td>
</tr>
<tr>
<td></td>
<td>• Activities such as go-karting, car projects, climbing etc.</td>
</tr>
<tr>
<td></td>
<td>• Social activities (such as youth centres, music mixing activities, snooker and pool tables, drama, voluntary work, complementary therapies, cinema trips, trips to football matches).</td>
</tr>
<tr>
<td></td>
<td>• An understanding worker to talk to and trust</td>
</tr>
<tr>
<td></td>
<td>• Practical help with getting work (help with training, seeking work, helping with purchase of tools or equipment etc.)</td>
</tr>
<tr>
<td></td>
<td>• Encouragement and advice to help you keep a job once you have got it</td>
</tr>
<tr>
<td></td>
<td>• Help with getting your own accommodation</td>
</tr>
<tr>
<td></td>
<td>• Someone who will help you with day-to-day difficulties and problems (such as paying bills, managing your rent, dealing with benefit problems)</td>
</tr>
<tr>
<td></td>
<td>• Counselling to help keep your drug use in control</td>
</tr>
<tr>
<td></td>
<td>• Counselling to help keep your alcohol use safe</td>
</tr>
<tr>
<td></td>
<td>• Help with anger management</td>
</tr>
<tr>
<td></td>
<td>• Support and positive feedback when you are making progress</td>
</tr>
<tr>
<td></td>
<td>• A system of rewards/treats for progress made (what sort of incentives would motivate you?)</td>
</tr>
<tr>
<td></td>
<td>• Support to help you deal with your family relationships</td>
</tr>
<tr>
<td></td>
<td>• Help getting back into education or completing your exams</td>
</tr>
<tr>
<td></td>
<td>• Workers who have gone through similar difficulties to you in the past</td>
</tr>
<tr>
<td></td>
<td>• One-to-one work with a tutor to improve reading and writing</td>
</tr>
<tr>
<td></td>
<td>• A mentor (someone who sees you regularly and can offer support and advice but who is not an official or paid)</td>
</tr>
<tr>
<td></td>
<td>• Something to do in the evenings (Please tell us what type of thing).</td>
</tr>
<tr>
<td></td>
<td>• Other</td>
</tr>
</tbody>
</table>
14. Bibliography


Abusing and Conduct Disordered Adolescents: A Controlled Study’. Journal of Child and Adolescent Substance Abuse, 8 (1).


National Institute of Alcohol Abuse and Alcoholism. (1997) Improving the Delivery of Alcohol Treatment and Prevention Services: Executive Summary. NIH Publication No 97-4224, Bethesda, MD.


