



**EVALUATION OF THE
TURNAROUND SERVICE**

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EXECUTIVE SUMMARY

Introduction

This research was commissioned to evaluate Turnaround, a new criminal justice service, which provides a community intervention service as an alternative to short term prison sentences for young men, aged 16-30, who are persistent low tariff offenders with drug and/or alcohol addictions and other issues, and have failed or are failing in other community-based alternatives. Turnaround is a partnership service, managed by Turning Point Scotland and delivered with Apex and the Venture Trust, which aims to provide a holistic approach to tackling the complex needs of this service group through a range of interventions to stabilise their addictions, reduce their offending, and through a range of programmes to increase their social and employability skills. It operates from four community bases in Irvine, Kilmarnock, Greenock and Dumbarton and since July, 2009, a 10 bed residential unit in Gleniffer Braes, Paisley.

Methodology

There were three stages to the research. Stage one involved a review of the existing academic and Turnaround literature, and introductory visits to the service to establish context and background. Stage two involved interviews with all staff in each of the four community day centres, all staff who were available to be interviewed at the residential unit and a sample of service users. All members of the advisory group were invited to participate in a telephone interview to clarify and expand on issues that arose either from our meeting with them or in the evaluation process. In stage three an analysis of statistical data provided by Turnaround from their data base was undertaken. This report documents and analyses the experience and views of the development of the service from the perspective of those strategically involved in its delivery through to frontline staff and service users. It is based on data obtained from interviews carried out in each of the five locations: Greenock, Dumbarton, Irvine, Kilmarnock, and the residential unit in Gleniffer Braes. Of particular interest to this study are the young men's experiences and perceptions of the service. The research was conducted in line with the ethical guidelines of the British Sociological Association, The British Society of Criminology and Glasgow Caledonian University.

Summary Findings

1. The service provided by Turnaround is much needed to support this service user group in desisting from offending and addiction behaviour.
2. All staff were well trained and committed in their belief of community-based person-centred interventions as an effective approach in dealing with these service users.
3. Service users are particularly enthusiastic in their appraisal of the service. In total 1306 referrals have been made to the service with 474 (36%) actively engaging in the programme through the community bases (see Table 2). This includes some service users who have had more than one period of engagement with the service.

4. The person-centred approach, they report, enables them to make effective transitions to recovery from a life of crime and addiction by addressing their most pressing needs.
5. All service users interviewed reported improvements in their quality of life: reduced offending, stabilisation of their addictions, improved family relationships including re-establishing contact with their children, access to training and skill building in readiness for employment.
- 6 Turnaround, where it is used as an alternative to short-term custodial sentences, is likely to produce significant financial savings and, as stated above, more likely to impact positively on the lifestyle, addiction and offending behaviours of their clients.

Good Practice

7. Turnaround should be commended in five main areas:
 - Partnership working with APEX and the Venture Trust in service delivery has allowed for a more holistic service to be provided.
 - The person-centred approach to service delivery is unique in that its flexibility allows for clients to individualise their recovery programme.
 - Flexibility and an open door policy were stressed by service users as invaluable.
 - Staff training and induction are comprehensive and undertaken prior to working in either the community bases or residential unit.
 - Turnaround's data base is centrally maintained and contains extensive clients' records; however, it has limited applicability for monitoring their progress.

Lessons Learned

- 8 Delivering such a service is a lengthy process from identifying and defining the concept through to locating suitable premises, furnishing offices, training staff and opening the doors to service users.
- 9 Filling staff vacancies quickly is central to maintaining staff morale and ensuring the continued development of the service.
- 10 Time-limited funding is an issue for the development of new services and would appear to have been a contributing factor to staff moving on from Turnaround in the last year.

- 11 Meeting the requirement imposed by funders should be reviewed, as their expectations of 'hard' evidence cannot always be realised.
- 12 Developing links with referring agencies such as the Courts, Reliance and CJSW needs to be pro-active in order to establish an identity and awareness of Turnaround's services.

Areas for Development

- 13 A clear protocol for sharing of information across agencies is essential to ensure the smooth transition of service users between Turnaround and other service providers.
- 14 Opportunities to develop peer support should be considered.
- 15 Service users would like to see more support or a staged programme to exit using all drugs and/or alcohol rather than being on a stabilisation programme of methadone.
- 16 Service users would also like to see more day activities – swimming walking, canoeing, and abseiling - provided by Venture Trust rather than the 3-day or week long programmes that they have been able to access thus far.

Outcomes

- 17 Where Turnaround is used as an alternative to the traditional, costly short-term custodial sentences so characteristic of the service users' history, this is likely to provide significant financial savings.
- 18 The programme is impacting positively on the lives of its service users' and on their offending behaviours and addiction issues, and in supporting them into stable lifestyle patterns, as well as improving social and employability skills.
- 19 The community bases are well established and despite the geographical difficulties of the Irvine base it is running well. All were found to be very effective and supportive from the service users' point of view.
- 20 The service is not always running at its capacity especially at the residential unit; however there was little evidence to suggest that this was impacting on the quality of the service and as it develops the perception is that service user participation will increase.
- 21 While the service is delivered by highly qualified and committed staff some of the services delivered were compromised due to staffing shortages.
- 22 The majority of service users have been referred to Turnaround from the Courts, Reliance and CJSW. However, referrals from the Courts and Reliance show a lower uptake of Turnaround's services than those referred from CJSW.

Recommendations

- 1 Funding should be secured for another 3, preferably 5, year period, to allow the service to develop its potential without struggling with a constant turnover of staff.
- 2 Funding streams should be re-examined to see if there is any way of negotiating a staged or staggered approach to extending the funding period with the Scottish Government and the various charitable organisations currently supporting this project.
- 3 Referral routes and processes should be re-examined especially in relation to the Courts, Reliance and CJSW. The provision of clearer guidelines or criteria for selection of young offenders for referral to Turnaround may help to reduce the lower up-take of referrals from the Courts and Reliance.
- 4 The role of APEX workers should be reviewed. Currently they are working as support or project workers but as the service develops it is important that their role as Employment Development Advisors is retained.
- 5 The role of the Venture Trust should be re-examined. It is felt, amongst service users and staff, that there is considerable scope to develop their involvement to the benefit of the service and enhance the service users' experience and skills.
- 6 There is the desire for more physical activities amongst the service users, for example, swimming, canoeing, abseiling, walking, football, and in the residential unit for supervised access to the gym. Consideration should be given as to the best way to provide these activities in ways which allow service users to develop and build on their inter-personal, communication and team-work skills.
- 7 Consideration should be given to extending the age range to 16-40 and also to including girls and young women in service provision. While this may be problematic, staff experiences suggest that there is an unmet demand from girls and women and from older men whom they currently cannot accommodate. Suggestions proffered by staff included splitting the service delivery into two categories - a young person service 16-25, with another to focus on the older group 25-40.
- 8 Communication strategies should also be reviewed. In relation to staffing, morale and identity of the service, a clear communications strategy and more all-staff meetings are needed to encourage a homogenised service and the exchange of good practice between the various community bases and the residential unit.
- 9 Exit procedures should also be reviewed and protocols set in place with partnership agencies to ensure a smooth transition between support services for service users.
- 10 Peer support opportunities should be considered to widen the service range. Some service users report that contact with ex-service users is helpful and indeed some of the current service users feel they could offer peer support to those who have just come to Turnaround.

CHAPTER ONE: INTRODUCTION

Introduction

- 1.1** Effective alternatives to custody for low tariff, high volume offending, has recently been reinforced by the Scottish Government in amendments to the Criminal Justice and Licensing (Scotland) Act 2010¹ which seeks to replace short term custodial sentences of three months or less with community based programmes, which would help address the ever increasing prison populations and demonstrate recognition that imprisonment does not meet the diverse needs of many of those who find themselves there.
- 1.2** Community based programmes need to support and enable vulnerable people to make life changing decisions, and to exit the ‘revolving doors’ scenario of prison, addiction, offending and prison by addressing their complex lifestyles, which are linked with other social problems, mental and physical health issues, and addictions.
- 1.3** Turnaround, a new criminal justice service, aims to provide such an alternative for young men, aged 16-30, who have failed or are failing in other community-based alternatives, or who have had multiple remand or short-term prison sentences, and who may also be vulnerable due to substance misuse, mental health issues, homelessness, or a lack of coping/social skills.
- 1.4** Turnaround, funded since 2008 for 3 years, with a total budget of £1,568,578, by the Scottish Government and 10 charitable trusts², is led by Turning Point Scotland (TPS) and supported by APEX Scotland and the Venture Trust in service delivery. Geographically it straddles the Community Justice Authority³ (CJA) areas of North Strathclyde, and South West Scotland which cover 10 local authorities⁴, 10 sheriff courts and 3 local receiving prisons.
- 1.5** It operates four community bases in Irvine, Kilmarnock, Greenock and Dumbarton and since July, 2009, a residential unit in Gleniffer Braes, Paisley. Therefore it is an apposite time to evaluate the service’s contribution to the Scottish criminal justice system; what has it achieved; what has been particularly effective; what the clients’ experiences and perceptions are of the service; and what is needed for the continuance of this quality service.

¹ <http://www.scotland.gov.uk/Topics/Justice/criminal-justice-bill> (accessed 16/10/2010)

² The Big Lottery Fund, Dulverton Trust, Esmee Fairbairn Foundation, Gannochy Trust, Henry Smith Charity, KPMG Foundation, Lloyds TSB Foundation for Scotland, Monument Trust, Robertson Trust and the Tudor Trust.

³ CJA’s were set up in 2006 by the then Scottish Executive to support the reforms in the Management of Offenders etc. (Scotland) Act 2005. They bring together local authorities including the police, NHS, Scottish Court Service, the Crown Office, Scottish Prison Service and relevant voluntary organisations to work collectively in tackling re-offending by improving sharing of information and good practice, and in the distribution of Criminal Justice Social Work (CJSW) funds.

⁴ Argyll & Bute, East Dumbarton, East Renfrewshire, Inverclyde, Renfrewshire, West Dumbarton, Dumfries & Galloway, East Ayrshire, North Ayrshire, South Ayrshire.

Turnaround

Background

- 1.6** This service was developed in response to ever increasing prison populations, the Scottish Government's desire for a change in policy and the charitable trusts' belief that there was an unmet need for, and urgent need to establish, an alternative to a custodial sentence for repeat, low tariff, young male offenders with complex social and addiction issues. The charitable trusts were keen to establish a new criminal justice service: a more effective community-based alternative that would provide a multi-disciplinary, physically challenging, and person-centred service including a residential facility based on the principles of the Airborne Initiative. The service would be delivered from four localised day centres and a residential service in the West of Scotland in CJA areas of North Strathclyde and South West Scotland.
- 1.7** These two authorities were identified as they covered a number of areas that fall into the lower quartile of the SIMD⁵ which are characterised by high levels of poverty, deprivation, unemployment and worklessness, crime and areas with substantial substance misuse. The belief was that this new service, Turnaround, with its flexible admission programme and phased service delivery, would be best suited to meet the diverse needs of young men in these areas.
- 1.8** Initial discussion, led by T PS began as early as 2005/6 with an aspiration of having the necessary management structure in place to support the delivery of community-based day services in late spring/early summer 2007 and the residential unit later that year. TPS and the charitable trusts sought to secure funding for such a development to take place and a steering group⁶, representative of the funders and statutory and community organisations involved, was formed to facilitate the development of the service and sits on a quarterly basis to oversee achievements and continued development.
- 1.9** The basic principle was to offer a service that would deliver a holistic criminal justice service for 16-30 year old young men with persistent, low tariff offending behaviour patterns to address this behaviour, their social and employability skills and to impact on their addictions. It was to be developed on a social model, tailored to meet the individual needs of young people. It was not, however, to be a detoxification⁷ but one that recognised the importance of being able to provide support for substance misuse problems that service users with criminal justice issues may also present with.

⁵ Scottish Index of Multiple Deprivation.

⁶ The steering group changed its name after the service was defined and became known as the Advisory Group.

⁷ Detoxification in this context only refers to those who were using opiates. These clients were to be offered stabilisation of their addictions by prescribed methadone substitute. However, all other clients, who for example had a drink or cannabis problem, would be expected to refrain from this behaviour in the residential unit. If they were found to be smoking a joint or taking any other drug they would be asked to leave.

- 1.10** This was to be achieved by encouraging desistance from offending through stabilising their addiction behaviour, addressing their social problems, health issues, housing issues, and their education, training and employment needs in order to increase self-confidence, self-esteem and ultimately to assist a transition from offending back into mainstream society.
- 1.11** Developing such a service was not without its challenges, initially in getting the concept pulled together, securing funding, encouraging and consolidating the support of the two community justice authorities, but also then in harnessing the support of the 10 local authorities and social work departments that lay within this region. The process was at times slow and sometimes difficult, especially with so many partners involved across the 10 local authorities and various funding bodies, but eventually an agreement was reached, funding was secured, and the agreement for services was signed in 2007. The residential unit followed in 2009.

The Service

- 1.12** The funding partners involved are: TPS (through the charitable contributions from the discretionary funders⁸) and the Scottish Government. The Venture Trust element of the service is funded by the Scottish Government and the Big Lottery fund the Apex Scotland contribution.
- 1.13** Turning Point Scotland is the lead organisation and has overall managerial responsibility of the services delivered by Turnaround. Turnaround work in partnership with Apex Scotland and the Venture Trust to deliver services in four community day centres and one residential unit. The community day centres opened in 2008, followed by the residential unit in 2009.
- 1.14** The community day centres are located in Greenock, Kilmarnock, Irvine and Dumbarton and provide services five days a week – Monday to Friday – between the hours of 9am and 5pm, with the exception of statutory holidays. All day centres are located in the town centre apart from in Irvine, where securing suitable premises proved difficult and where consequently they are currently located in an industrial estate, some way from the town centre. It is acknowledged that this location is not ideal and as a consequence more outreach work has been involved than had been anticipated.
- 1.15** The residential unit is based in Gleniffer Braes, in a rural setting just outside Paisley. It is open on a 24/7 basis throughout the entire year.
- 1.16** There is one service manager with overall responsibility for both the community day and residential services. Administrative support is provided by one administration officer and two administrative assistants to serve the whole service.

⁸ Henry Smith Charity, Esmee Fairbairn Foundation, Gannochy Trust, Lloyds TSB Foundation for Scotland, KPMG Foundation, Dulverton Trust, Monument Trust, Robertson Trust and the Big Lottery Fund.

- 1.17** Day-to-day running of the community day service is the responsibility of the two service co-ordinators (one for each of the community justice authority areas). Each centre has two project workers, one support worker, and one employment development advisor (EDA) who is employed by Apex. An outreach worker from Venture Trust also visits each of the community day centres on a half-day, once a fortnight basis.
- 1.18** The residential unit is run by three service co-ordinators, six project workers, six support workers and four nurses all working on a shift rotation. Additionally, support for running the residential unit is provided by 1.5 FTE⁹ cook, 1.5 FTE cleaner, and one handyman.
- 1.19** Turning Point Scotland provides all staff with an in-house training package (see Appendix 1) prior to working with clients in either the community day or residential unit and offers opportunities for CPD¹⁰ (see Appendix 2)¹¹ to all staff who work for Turnaround.

Service Delivery

- 1.20** Clients referred to the day centres are assessed and an agreed personal programme of support is drawn up with a key worker. All day centres offer a structured programme that can be tailored to the needs of every client they see. The programme used is E.C.H.O.¹² (see appendix 3). However, they also work with a variety of other community/voluntary based organisations to ensure the best fit of programme for their clients. Not all clients will want or need to use the residential unit as part of their recovery programme but for those who do it is anticipated that, on average, they can expect to stay there for around 6 to 10 weeks. The day centres also provide continued support for clients after they have left the residential unit, working with them until the client no longer needs support.
- 1.21** All clients have a key worker assigned to them at the day centre they attend. Every client can expect to see their key worker on an average of two one-to-one sessions per week. However, all day centres also have drop-in sessions and group work or activity programmes. Some staff are also trained in, and can provide, acupuncture treatments for clients.
- 1.22** Once clients have been stabilised and the many and complex social and life skills developed they are encouraged with the support of the APEX staff to engage in educational or employability training. Venture Trust also provide training packages

⁹ FTE – Full time equivalent

¹⁰ Continued Professional Development

¹¹ The range of courses identified here is not representative of all the training packages available from Turning Point Scotland but of those most appropriate to staff working for Turnaround.

¹² E.C.H.O. – Empower, Choice, Hope, Opportunity. This programme is a Turning Point Scotland (TPS) bespoke programme delivered in three phases. There are 12 sessions each in phases 1 and 2 and 8 sessions in phase 3. Each phase builds up awareness of issues and skills that are designed to assist service users in their journey to recovery.

in the form of wilderness-based personal development journey training packages to develop coping strategies and social skills.

- 1.23** Other services such as, Alcoholics Anonymous and addiction services are also linked into programmes delivered by Turnaround and clients are encouraged to take up the most appropriate service to them.

Referrals

- 1.24** Criminal Justice Social Work, the Courts and Reliance were expected to be the main referring agents of 16 to 30 year old males who might benefit from the Turnaround Service. These bodies can make representation directly to both the day community services and/or the residential unit. The community day centres also accept referrals from other local authority, health, community and voluntary organisations. Clients or service users can also self-refer. Initially it was anticipated clients would be referred to the day centres where they would be assessed, and, if it was felt appropriate, a referral would be made to the residential unit for a place when one became available.
- 1.25** Being person-centred, the service is structured to allow repeat periods at the residential unit if this is felt to be the best action for the client. This is in recognition of the evidence from research into recovery from addictions, and experience of working with these client groups, as well as in mental health, has shown that recovery is often a process of lapses and relapses.

Conclusion

- 1.26** This reports aims to evaluate service delivery of Turnaround in its first 3 years in relation to: the development of the service; referral routes of clients; staff experiences of working for Turnaround including workloads; service users' experiences of Turnaround; and a simple cost benefit analysis of Turnaround service provision in comparison to the costs of short-term imprisonment. Full details of the methodology can be found in the following chapter – Chapter 2.
- 1.27** Chapter three provides a short literature review. Chapter four outlines the development and implementation of the Turnaround Service Programme, its structure, communications, staff relations and training provision. In chapter five the links and partnerships internally and externally with partner agencies is explored. Of particular interest is the relationship between other agencies' engagement with the service and how that affects referral routes and service users' engagement with Turnaround. Chapter six provides the clients' or service users' experiences of the service. Chapter seven provides a discussion on the capacity and added value of the service and a simple cost benefit analysis. Chapter eight provides a narrative of the main issues raised and is accompanied by conclusions and recommendations.

CHAPTER TWO: METHODOLOGY

Introduction

- 2.1** There were three stages to the research. Stage one involved a review of the existing academic and Turnaround literature, and introductory visits to the service to provide context and background of it. Stage two involved interviews with all staff in each of the four community day centres, all staff who were available to be interviewed at the residential unit and a sample of service users. All members of the advisory group were invited to participate in a telephone interview to clarify and expand on issues that arose either from our meeting with them or in the evaluation process. In stage three an analysis of statistical data provided by Turnaround from their data base was undertaken.
- 2.2** This report documents and analyses the experience and views of the development of the service from the perspective of those strategically involved in its delivery through to frontline staff and service users. It is based on data obtained from interviews carried out in each of the five locations: Greenock, Dumbarton, Irvine, Kilmarnock, and the residential unit in Gleniffer Braes. Of particular interest to this study are the young men's experiences and perceptions of the service.
- 2.3** The research was conducted in line with the ethical guidelines of the British Sociological Association, The British Society of Criminology and Glasgow Caledonian University.

Stage One: Background and Literature Review

- 2.4** The review of literature examines policy documents, published research, other/service documents, and media sources. The review of service documents outlines the background against which the initiative emerged and was developed. The review of the wider literature offers a summary of what is known about delivering and measuring the efficacy of services for high frequency low tariff offenders with addiction problems. This review contributed to the study by identifying emerging themes relevant to the research issue and informed the development of research tools at stage two and three, as well as providing the research context for the study.
- 2.5** Introductory visits were carried out by the research team to each of Turnaround's units, to Turning Point Scotland, and to an Advisory Group Meeting, in order to familiarise themselves with the service, to make observations, and to discuss how best to organise the data collection process whilst minimising disruption to the normal routine of service delivery in stage 2.

Stage Two: Interviews

- 2.6** Qualitative research provides a unique tool for studying what lies behind or underpins behaviour and attitudes, and for studying the dynamics that affect outcomes of policy. Carrying out fieldwork in a variety of ways leads to interaction at different levels between the researcher and the participants. Therefore what is found is not ‘sweeping generalisations but deeply contextualised meanings of the participant’s experiences’.¹³ This enhances understanding and counterbalances the concerns that quantitative research can leave many questions essential to the ‘evaluation and development of policy’ misconceived or inadequately understood¹⁴.
- 2.7** Field Work comprised interviews with all staff in each of the four community day centres, and all staff on duty when the research team visited the residential unit. Service users were recruited by Turnaround staff as due to data protection issues it was not possible for us to randomly select service and/or ex-service. We requested a sample size of 10 young people from each community day centre and the residential unit. However, a number of young people did not turn up, some agreed to be telephone interviewed instead but despite numerous attempts to contact them only a couple of service user answered our calls. The table below shows the number of respondents in each of the categories.

Number of Respondents

Participants	Number
Operational Manager	1
Service Co-ordinator	3
TPS Project and Support Workers ¹⁵	12
Nurse	1
Apex	4
Venture Trust	1
Service & Ex-service Users ¹⁶	40

Table 1

¹³ Maykut, P. and Morehouse, R. (1994) *Beginning Qualitative Research: A Philosophical and Practical Guide*. London: The Falmer Press.

¹⁴ J Ritchie & J Lewis (eds) (2003) – *ibid*

¹⁵ 4 Project Workers, 6 Support Workers, and 2 Agency Staff.

¹⁶ All service users’ and ex-service users’ data was analysed together as the sample size was too small.

- 2.8** Towards the end of stage two, telephone interviews were carried out with those advisory group members whom we were able to contact, and agree a mutually suitable time to interview, to clarify issues emerging in the research process and/or to confirm issues that arose from the focus group in stage one. Thirteen members of the Advisory Group took part, 10 by telephone interview; another 1, the operational manager, was formally interviewed as part of the service evaluation and another two members of the advisory group were instrumental in assisting the evaluation team with background information on TPS and the development and implementation of the Turnaround service.
- 2.9** All the face-to-face interviews were carried out in the offices of the service in each of the geographical locations.
- 2.10** No incentive was offered for participating in this study.
- 2.11** Care was taken to ensure a range of perspectives and experiences was accessed. The individual interviews provided an excellent forum for generating discussion about the experiences of delivering and using the service/s provided by Turnaround and the benefits of the multi-agency approach with the Venture Trust and Apex. Core topic guides were used as the basis for discussions.
- 2.12** These interview schedules covered the following:
- Staff – experiences and perceptions of working for Turnaround, service delivery and service needs;
 - Service users – experiences and perceptions of using Turnaround services, what they liked, what they disliked, what they would like to have had and how the service has affected their lives;
 - Advisory group – what their role is in relation to the development and running of the Turnaround service.

Stage Three

- 2.13** A review of Turnaround’s internal reports was conducted, including its internal monitoring system. Alongside this a limited analysis of its data base was carried out. This was a protracted process due to issues of data protection. It was also identified in this period that the necessary information to cross-reference data with that of the Criminal Justice Histories (CJH), and Scottish Prison Population (POP)¹⁷ data bases was not recorded. Therefore it is not possible to track service users in order establish their desistance or involvement with crime.

¹⁷ Published statistics from official data bases such as CJH and POP are normally 2 years behind actual time. Therefore they would have been of limited value in relation to tracking the service users of such a young service.

2.14 In order to provide some analysis of the effect that Turnaround may be having on the offending behaviour of its service users, a random sample of around 100 service users was selected and where possible cross-matched with official police records¹⁸.

Conclusion

2.15 This chapter has laid out the methodological framework for data collection and analysis. The following chapter provides a review of the literature in relation to desistance from offending and substance abuse.

¹⁸ It was not possible to cross-match all of these service users, nor was it possible to ascertain for certain why this was so. It may be a reflection of the chaotic lifestyles of some of Turnaround's service users.

CHAPTER THREE: LITERATURE REVIEW

Introduction

- 3.1** Since devolution, Scotland has been working towards reforming its criminal justice system. A key objective of the Criminal Justice Plan for a Safer and Stronger Scotland (2004) is to reduce its high re-offending rates, ever-increasing prison populations, and its high prevalence of drug addictions. As part of the New National Strategy (Scottish Executive, 2006), services were reshaped or created to meet the needs of the offender and to provide alternatives for short prison sentences (Scottish Prisons Commission, 2008).
- 3.2** This need for change has been reinforced in Protecting Scotland's Communities: Fair Fast and Flexible Justice (Scottish Government 2008) and The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem (Scottish Government 2008) which underpin the Scottish Government's Reducing Re-offending Programme. All are committed to deliver a person-centred approach in line with the most recent amendments in the Criminal Justice and Licensing (Scotland) Act 2010. Collectively they aim to deliver effective, high quality, flexible community disposals that address the needs of persistent low-tariff offenders as well as the deeds they have committed - providing a person-centred integrated programme that is sensitive to the nuances of recovery and desistance from crime.

Re-offending: prevalence, offender characteristics, Scottish policy

- 3.3** While recent statistics for Scotland show that the total number of crimes recorded by the police is at its lowest in 30 years (Scottish Government, 2009a) a reduction of re-offending and imprisonment rates has not yet been realised. Scotland continues to have one of the largest prison populations in Europe and it is projected to rise from 8,100 in 2009-10 to 9,600 by 2018-19 (Scottish Government, 2010).
- 3.4** Hay et al. (2009) found that between 2003 and 2006 the overall prevalence of problem drug use increased slightly with an estimated 55,328 users of opiates in 2006, and that between 40,000 to 60,000 children were also affected by the drug problem of a parent.
- 3.5** Both factors, imprisonment and drug misuse, have been found to create pressures that lead to repeated offending. Recent reconviction rates for 2005-2007 have remained relatively constant but have demonstrated clear patterns for re-offending (Scottish Government, 2009b).
- 3.6** Young male offenders continued to be more likely to be reconvicted than females; fifty-eight per cent of male offenders under 21 years of age were reconvicted within two years, forty-nine percent aged 21 to 25 years and forty-nine percent aged 26 to 30 years were reconvicted within two years. There was a significant decrease of

reconviction rates for those over the age of 30 years. The likelihood of reconviction was further increased by the number of previous convictions: twenty-seven per cent of offenders with no previous convictions were reconvicted within two years compared with seventy-four per cent of offenders with more than 10 previous convictions. Eighty-one per cent of those who had received a Drug Treatment and Testing Order and sixty-eight per cent of those who received a Restriction of Liberty Order were reconvicted within two years while sixty-two per cent of those who received a custodial sentence were reconvicted within two years (Scottish Government 2009b). In addition offenders who served shorter custodial sentences were significantly more likely to be reconvicted than offenders who served sentences of more than six months. Crimes within the dishonesty category, such as shoplifting or housebreaking, which frequently are drug-related crimes, had the highest two year reconviction rates.

- 3.7** Significantly for this study, reconvictions within two years of a custodial sentence were found to be well above the Scottish average in Inverclyde, East and West Dunbartonshire, and East, North and South Ayrshire (amongst others) (Scottish Government 2009b). This in part parallels increases in the prevalence of drug injection rates in some of these locations (Hay et al., 2009). Arguably this may be a reflection of local sentencing practices where custody may be used at a higher rate than in other parts of Scotland.
- 3.8** A detailed statistical analysis of the prison population conducted in 2003 by Houchin (2005) identified that young men from the most deprived communities in Scotland are disproportionately represented in the criminal justice system.
- 3.9** The majority of those within the category of persistent re-offenders are likely to experience multiple and complex needs that require multi-disciplinary and individualised support services (Scottish Executive, 2007). The Scottish Executive proposed in its 2006 report, *Reducing Reoffending: National Strategy for the Management of Offenders*, that appropriate early interventions be delivered by services designed to meet the specific needs of offenders. Interventions should support the following outcomes:
- Sustained or improved physical and mental well-being
 - The ability to access and retain suitable accommodation
 - Reduced or stabilised substance misuse
 - Improved literacy skills
 - Increased employability prospects
 - Maintaining or improving relationships with families, peers and community
 - The ability to access and sustain community support, including financial advice and education

- The ability to live independently if they choose
- Improvements in the attitudes or behaviour which lead to offending and greater acceptance of responsibility in managing their own behaviour and understanding of the impact of their offending on victims and on their own families (Scottish Executive, 2006:5)

Effective Intervention - Research Findings

- 3.10** Whyte (2004) points out that what works for one person may not work for others and what constitutes a good outcome will vary between individuals. He argues that offending and pathways out of offending are constituted through multiple factors within specific social environments. Furthermore, research has shown that the process of moving out of offending is often marked by repeated relapses that should not be understood as an indicator of program failure (Maguire and Raynor, 2006).
- 3.11** Programs which are of a long duration are most likely to be effective and provide opportunities for meaningful contact and relationship building (Whyte, 2004; Scottish Executive Justice Department, 2006). For example, service users of the 218 project most valued the quality of the relationships they could build with workers and the informal support availability throughout the day (Scottish Executive Justice Department, 2006).
- 3.12** It is crucial to the delivery of effective interventions that there is a sound management structure, good communications and clear leadership in program delivery as well as provision of opportunities for training and support of frontline staff (Whyte, 2004; McNeill et al., 2005). Lack of effective communication and a shared understanding of strategies continue to be identified as a recurrent problem for service providers:

“For effective case management, use of resources, and partnership working, clear guidance is needed over the roles and expectations of each agency in managing and supporting prolific offenders.” (Millie and Erol, 2006:705).

Flexibility of services is important so that they can be adapted to address the varied needs and local context of client groups (McNeill et al., 2005).

- 3.13** Burnett et al. (2005) found that the success is attributable to two factors: client and extra-therapeutic factors (40%), and the therapeutic relationship (30%). They identified four inter-connected client characteristics as important for successful outcomes: readiness to change, motivation to change, expectation of the program to facilitate change, and what they attribute offending and subsequent changes to (Burnett et al., 2005). This is reinforced by the findings of Holloway et al (2005), and Maguire and Raynor (2006) also point out that it is equally important that services are able to adjust to the service user’s pace.

- 3.14** There is some ambiguity over the significance of age and maturity in effective intervention outcomes. McNeill (2006) argues that older users may have the maturity to use relationships and treatments offered to them for the redefinition of their identities. Holloway et al. (2005), however, argue that there is inconsistency in the research findings as a number of studies have suggested that younger people were more responsive to interventions than older people.
- 3.15** Desistance, according to Glaser (1964) and Matza (1964), is likely to be a complex process and recovery is likely to follow a zigzag or ebb and flow trajectory; offenders drift in and out of trouble before they eventually break free from their offending and addiction behaviours. Maruan & Farrell's (2004) findings support this, as they note that desistance involves more than simply stopping offending. They argue that, initially, or in the first steps towards it, desistance is characterised by a lull in offending behaviour and is dependent on a secondary stage of recognition and acceptance of one's changing identity from offender to civilian which is often a difficult journey to make. Adopting a new identity is a process of learned adaptation in order to develop and live with a new persona. A pivotal role in successful adjustment is the ability to establish and maintain trustworthy relationships (Barry 2000; Burnett 2004; Burnett and McNeill 2005; Holt 2000; Hopkinson and Rex 2003; McNeill et al 2005; McNeill 2006).
- 3.16** McNeill (2009) argues that workers need to invest time and effort into the building of relationships, which must be marked by respect and collaboration for a really successful working alliance to be established. He describes the characteristics of skilled workers as being warm, genuinely interested, optimistic, and enthusiastic; they are individuals who are able to discuss service users' and family members' feelings and articulate these through reflective practice with colleagues (McNeill et al., 2005). Workers with these qualities provide the best opportunities for service users to achieve positive outcomes in addressing their criminogenic needs (Whyte, 2004). In addition Burnett et al. (2005) highlight the value of working alliances between workers and service users, that are characterised by shared goals and tasks, as those most likely to lead to positive outcomes.
- 3.17** Thus it is evident that in order to meet the needs of persistent offenders and support a process of change a flexible and multi-modal approach is required (Whyte, 2004; Scottish Executive Justice Department, 2006; Scottish Government, 2008). Interventions have to focus on addressing practical, social, cognitive, emotional, behavioural and criminogenic needs. Interventions should be client-centred across a wide range of life-skills to challenge criminal behaviour, and offer assistance with areas such as communication, housing and finance, education, addiction counselling/support, analytical and problem solving skills, to promote pro-social attitudes and feelings of familial affection.
- 3.18** While help and support with practical life-skills are found to be helpful, Lewis et al. (2007) noted in their Pathfinders projects that what service users reported as being

most helpful and beneficial to them were the softer outcomes: building self-confidence, having peace of mind and someone to talk to both during and after completion of the programme about their continued progress. Service users also cited peer support as being beneficial to them. Similar findings were also recorded in the evaluation of the 218 project, where service users felt that ex-using staff members genuinely understood their problems and provided positive role models (Scottish Executive Justice Department, 2006).

Addiction Services:

- 3.19** The Size and Scale of the Illicit Drugs Market in Scotland (2009c) report gives a figure of just under £3.5bn for the total economic and social cost of illicit drug use in Scotland. Alcohol misuse imposes a substantial burden on Scottish society, costing between £2,476.6 million and £4,635.4 million per year (Scottish Government 2010). It is also important to recognise the human cost: three in four people using drugs and up to one in two people with alcohol problems may also have a mental health problem (Scottish Executive 2003). Around 1,400 lives were lost as a result of alcohol abuse and for drug addiction the figures were 455 in 2008 (GROS 2008), 574 in 2009 (GROS 2009) and 545 in 2010 (GROS 2010). Evidence shows that most drug-related deaths in Scotland involve a combination of more than one drug and/or alcohol (GROS 2008).
- 3.20** Illegal drug use has a profound effect on local communities: drug misuse and drug dealing increase the fear and the actuality of crime. McKeganey et al. (2002) found a significant relationship between crime and drug or alcohol abuse: eighty per cent of those arrested for criminal offences had also admitted using illegal drugs within the previous year. Similar research in England and Wales showed that sixty-five per cent of arrestees between 1999 and 2002 had also used illegal drugs and eighty-five per cent of the arrestees who had used heroin, cocaine or crack, admitted to having committed property theft during the previous year (Holloway et al., 2004).
- 3.21** In Glasgow, two-thirds of those held in custody for violent offences at three Glasgow police stations between April 2006 and March 2007 were under the influence of alcohol (Audit Scotland 2009). In 2009-10 nearly half (49%) of people accused of homicide in Scotland were reported to have been drunk and/or under the influence of drugs at the time they committed their offence/s (Scottish Government 2009-10). The influence of alcohol is also found to be significant amongst young offenders; the SPS Prisoner Survey (2009) reports that 77% of young offenders say they were drunk at the time when they committed their offence and the Scottish Crime and Justice Survey 2009-10 states that 62% of victims of violence say that the perpetrator/s was/were drunk. Similarly, NHS Quality Improvement Scotland (2006) report states that 70% of all assaults presenting to emergency departments may be alcohol-related and they extrapolate from their data that at least 77 alcohol-related assaults present to emergency departments every day in Scotland. McKeganey et al (2002) suggest many police resources are spent on policing the impact of addiction problems.

3.22 The UK government has also made the treatment of drug addiction a priority policy of its crime and disorder agenda, investing half a billion pounds annually (Luty & Rajagopal Arokiadass, 2009). Central to achieving this is a strategy which focuses on recovery as advocated by Fergus Ewing MSP in the foreword to *The Road to Recovery* (2008); tackling drug abuse in Scotland is a key national objective:

‘Reducing problem drug use will get more people back to work; revitalise some of our most deprived communities; and allow significant public investment to be redirected’ [above all the strategy is] *‘to set out a new vision where all our drug treatment and rehabilitation services are based on the principle of recovery’* (op cit 2008:p.iv).

3.23 The *Essential Care*, published by SACDM in 2008, and *Closing the Gaps – Making a Difference* (2007) reports identify that a wide range of medical and non-medical supports, for mental health, homelessness and unemployment, are essential to the promotion of recovery and reinforce the need for a person-centred approach: support designed to address the person, rather than the addiction. The *Research for Recovery: A review of the drugs evidence base* (2010) report points out that while the existing evidence base is relatively strong more research to support and develop recovery programmes further is needed. For example, ‘a drug research forum linked to the National Drug Evidence Group’ (Scottish Government 2010b) is advocated to examine: recovery, treatment, interventions, prevention and public policy; transitions, abstinence, and continuity of care in recovery; understanding of treatment delivery and technological developments for further improvement of the evidence base culture; costs and benefits of prescribing and developing recovery communities within maintenance programmes; prioritising research and programmatic funding support within Scotland and in the international context; and collaboration, and funding opportunities with external partners for supporting recovery orientated activities.

3.24 Combining alcohol/drug treatment with activities that facilitate a move towards employment is viewed as being especially important. Research has shown a strong link between employment and wellbeing which has led researchers to suggest that employment can aid recovery from drug use (See: Scottish Executive, 2001; McLean et al., 2005). Both the *Closing the Gaps - Making a Difference* and the *Essential Care* reports have identified a need for better integration of services. The Government has made a commitment in the *Alcohol Framework* to establish a Ministerial advisory group to update 2002 guidance on core services for alcohol treatment and support. The *Essential Services* working group comprises membership from experts in the field and will provide guidance to Alcohol and Drug Partnerships (ADPs), their partners and specialist alcohol treatment and support services. The Government expects that their report will re-visit the principles underpinning the 2002 *Alcohol Treatment Services Framework*, and provide updated guidance and recommendations relating to effective interventions and integrated care pathways, with a focus on the

person-centred approach to treatment, recovery and delivery of outcomes. It is anticipated the final Essential Services report will be published in March 2011.

- 3.25** Addiction can ruin lives, break up families, and result in unemployment and/or homelessness; seeking treatment can help turn things around. However, long-term commitment is necessary for successful treatment of the root causes, as substance dependence can impair individual perceptions, which then requires professional treatment to help reintegrate the individual back into society (Audit Scotland, 2009). Further assistance is often required to meet complex addiction needs, ranging from intensive residential programmes to more informal services, such as needle exchange facilities, and community information centres assisting with housing, finance and employability (NQS 2010). Buddying and mentoring schemes can also aid recovery by helping addicts to develop coping strategies and skills that avoid old habits (Audit Scotland, 2009). Increasingly integrated packages of care or ‘wraparound’ services are to be found that encompass housing, education, training and employment (McKeganey et al., 2002).
- 3.26** The median age of people contacting drug addiction services for the first time was thirty years; sixteen per cent were over the age of forty, whilst eight per cent were aged nineteen years or younger (ISD 2008). The largest cohort of drug users in prisons are males aged between twenty and thirty-five years, who are often serving short sentences for acquisitive crime but have a history of imprisonment (Price Waterhouse Coopers LLP, 2007). However, user groups are not of a static demography so funding bodies and service groups currently working with eighteen to thirty year olds may need to reconsider widening their client groups in terms of age-range. Research by SACDM (2008) suggests that innovative strategies can be developed by utilising the experiences of, and working with, substance addicts, particularly as a means to improving the confidence and skills of other users.

Conclusion

- 3.27** While there is a desire to change service provision at the highest levels, and research to show that community disposals that are multi modal in approach, person-centered, promote pro-social attitudes and feelings of familial affection while offering assistance with communication, housing and finance, education, addiction, analytical and problem solving skills, have much to add to the range of custodial, medical and community services available. In particular, service that combine support, treatment and facilitate a move towards employment are found to be particularly relevant. However, it is argued by Plunkett (2008) that there is a dearth of formal literature and evaluation of alcohol related user involvement projects. More qualitative research would undoubtedly be beneficial to the effective development and application of user involvement as an additional resource.

Chapter 4: Turnaround

Introduction

- 4.1** Turnaround is an innovative criminal justice service, joining together three agencies - Turning Point Scotland, Apex Scotland and Venture Trust. It is designed to reduce re-offending rates and the use of short custodial sentences and to meet a gap in current service. It was funded to provide a holistic, residential and non-residential support for young offenders whose lifestyles could be characterised as ‘chaotic’. The service specialises in addressing the underlying causes of offending behaviour and therefore also delivers support for addictions, education and employment, and welfare in general. Consequently the aims of the service are focused more on a rehabilitative approach to encourage service users to engage in thinking about the root causes of their offending behaviour with a view to reducing it rather than the more traditional punitive approaches. It was established in West Central Scotland in areas with high custodial reconviction rates and drug addictions: Greenock, Irvine, Kilmarnock, Dumbarton and Paisley. It is designed to address the needs of young men - 16 to 30 year olds - whose offending could be described as ‘persistent, high volume, low tariff’, as this is the age group considered to have the highest custodial reconviction rates but for whom there were few specialised services.
- 4.2** Its interagency approach is considered to be one of the strengths of Turnaround, providing multidimensional skills, expertise in complementary interventions, and intense support across a range of issues including drug and alcohol dependencies, unemployment, homelessness, and mental health, amongst others.
- 4.3** Since Turnaround has been open for service one or two modifications have been made in relation to its service delivery. Apex workers’ initial remit had been to provide employability support to those service users who were close to moving on from Turnaround. However, initially there were very few service users in this position and consequently their (the workers’) contribution has been mainstreamed into service delivery – they now carry caseloads alongside project and support workers and provide employability support when appropriate for service users. Similarly, Venture Trust have renegotiated their contribution to meet the needs of Turnaround service users and under current demand visit each of the offices on a fortnightly basis and provide training courses for service users when it is appropriate to do so.

The Programme

- 4.4** Developing such an ambitious programme was challenging in a number of ways and its success is a testimony to the commitment of the then Steering and now Advisory Group. Bringing all the diverse agencies together was not only ambitious but a lengthy process as was rationalising their various aims, objectives and aspirations into the delivery of one service. Securing funding was also problematic and further

complicated by a change of administration in Scotland from the Scottish Executive to the Scottish Government. Locating the service and finding appropriate and accessible premises was also challenging. Greenock, Dumbarton and Kilmarnock services are all located in town centre locations. The Residential Unit is in a rural location on the outskirts of Paisley which, while difficult to get to, is felt to be appropriate: being in a rural location provides a secure place – away from it all – for service users to stabilise their lifestyles. Unfortunately, finding suitable accommodation in Irvine was more difficult and currently they are located in an industrial estate at some distance from the town centre. It is difficult to reach but nonetheless the staff there are still able through providing out-reach work to support many young people to make life changing choices.

- 4.5** It was envisaged that service users would enter the service at a point when they could still be described as ‘chaotic’, with on-going issues around offending or substance misuse and therefore, most likely, they would spend the first six weeks in the residential unit to stabilise their lifestyle, be assessed and begin on a programme of appropriate interventions to support their transition back into mainstream society. Towards the end of this stage Venture Trust would provide opportunities to promote service users’ personal development through an experiential outdoor learning approach.
- 4.6** The residential unit and community bases would work in close collaboration and service users would always be referred on to one of the community bases or appropriate support services. Service users’ progression would then be supported by Turnaround staff and Apex would deliver employability support.
- 4.7** Turnaround use their own in-house bespoke recovery programme - ECHO – which is designed in three stages but flexible at the point of delivery so that it can be tailored to meet the needs of service users: they can access the programme at the level most appropriate for them.

Entering the Programme

- 4.8** On entering¹⁹ the service each client is assessed, using an internally designed TPS assessment document(see appendix 4) , in relation to their -
- Criminal Activity
 - Accommodation Status
 - Substance Abuse
 - Social Skills

¹⁹ Service users can self-refer to Turnaround but more typically they are referred from either a statutory or community/voluntary organisation.

This allows staff to assess how chaotic each service user's lifestyle is, where and what type/s of support each individual service user would benefit from. Thus service users can access the most appropriate level of service/s to assist them in a journey to recovery. Dentistry and health issues are also dealt with at this point.

- 4.9** Following the assessment services users are allocated a key worker. Relatively few services have been referred directly to the residential unit. The majority of them have self-referred or been referred to the community day services. The assessment and service users' progress on their recovery programme/s are then the criteria on which referral to the residential unit is based. Typically a service user enters the service via a community base, where appropriate spends a short period of approximately 6-7 weeks in the residential unit and then returns back to the community base for further support.

Programme Content

- 4.10** The ECHO programme is complemented with a number of courses, programmes and treatments such as acupuncture to assist with stabilisation of substance misuse; Hazelden addiction programmes are also used by some staff; group work to encourage communication skills; street-football to build team work; Venture Trust wilderness-based personal development journey training packages to build trust in others; and peer support to help raise self-esteem. Training programmes can also be accessed to provide service users with certificates that allow them to consider taking on employment in, for example, the building trade or becoming a fork lift truck driver etc.
- 4.11** The programme is flexible in that on entering the service clients can with their key worker develop a package of interventions that best suits their needs, which can be modified as the client progresses through and begins to develop. For example, some service users are not ready or equipped to benefit from group sessions when they first arrive and so prefer only to engage in one-to-one sessions until they are stabilised and have begun to re-build their self-confidence.
- 4.12** Normally service users would expect to see or at least contact their key worker twice weekly in the initial stages. However, the community bases, with the exception of Irvine where its location does not lend itself to such a service - also provide drop-in facility.
- 4.13** The key to Turnaround's successful delivery of service is its ability to nuance services to service users' needs. Therefore, some service users will have more contact with staff than others at various different points in the recovery programme/s: to support clients over crisis periods in their personal lives, offending, or substance misuse behaviours. Recovery of this type is seldom a smooth linear pathway, but one of peaks and troughs which the programme can respond to.

- 4.14** Apex Employment Development Advisers (EDAs) can provide complementary modules to support service users in their transitions to education and employment. These modules aim to assist service users to develop employability skills, to recognise personal qualities and include elements of experientially learned skills, to identify work or training opportunities, to write and format CVs, and to prepare for interviews. The advisers also liaise with job centres, colleges and training centres on behalf of clients to access courses that they were keen to undertake; for example, NVQ forklift driving, construction site certificates of competency, and with the Red Cross to deliver first aid training and award-related certificates.
- 4.15** Venture Trust aim to provide service users with lifelong social and inter-personal skills by participating in wilderness-based personal development journey training packages²⁰ which promote personal development and communication skills. The process begins with an assessment and preparatory work carried out by the community links workers and staff in the community and residential bases to identify service users whom they feel would benefit from or are ready to start the course. It is important that service users are fully prepared and assessed for these wilderness-based personal development journey training packages which are geared towards addressing communication and development, interpersonal skills, personal esteem and consequential thinking.
- 4.16** The wilderness-based personal development journey training packages involve a session to familiarise them with the kit, another day to organise the ‘expedition’, and then the trip. Service users are always involved in choosing where they will go, what they’ll do, what they’ll eat, and in deciding what kit they need to take with them. The service users are encouraged to take responsibility for themselves and to develop leadership skills through this challenging programme to improve self-reliance and self-determination.

Programme structure and communications

- 4.17** While this is a multi-agency service and all staff on a day-to-day basis in the community bases and residential unit are working as a team, TPS only has management responsibility for the Turnaround Support, Project Workers and Service Co-ordinators and Management staff. Apex staff are employed and contracted to Apex and Venture Trust has contractual responsibility for their own staff. In the Residential unit Medical and Nursing Services were at the time of data collection bought in due to recruitment difficulties. However, at the time of writing we understand from TPS that a senior nurse practitioner is now employed at the residential unit.
- 4.18** Service delivery on a day-to-day basis is managed and co-ordinated by TPS. However the overall development of service provision is overseen by the Advisory

²⁰ Wilderness-based personal development journey training packages include: building tepees, kayaking, canoeing, gorge walking and hill walking.

Group who receive regular updates from Turnaround on the service. Issues concerning service provision, uptake by and referral of service users, staffing levels and the continued development of the service are all matters which are discussed at the Advisory Group.

- 4.19** Key to the success of this service is good communications – between TPS and Turnaround and its partner agencies; between the community bases and the residential unit; and with the external agencies with which they work. .
- 4.20** While there is a clear management structure within each of the partner agencies and Turnaround, and agreement between the agencies on the day-to-day service provision, there are concerns amongst some staff members that communications systems could be improved. Some staff feel that communications between the community bases and residential unit are not as well co-ordinated as they could be which leaves some members of staff feeling isolated from the other parts of the service. However, other members of staff report that they keep contact with the other bases themselves by telephone.
- 4.21** The staffing issues, due to recruitment difficulties are thought to have contributed to the perceived lack of effective communications between TPS, Turnaround management and staff in the community bases and residential unit. These issues, project, support and Apex staff feel, are unhelpful to the development of the service. They also report that they feel the communications issue is an organisational issue. Several staff members commented that they felt they ‘don’t know what is going on’; when staff leave ‘you hear nothing. You are just expected to get on with the job.’ There was a high expectation amongst staff that they should be kept informed about staffing and other management issues. Their rationale for being informed was based on how staffing levels affect their ability to plan, develop, and ensure that they were delivering a consistently high quality of service.
- 4.22** This staffing issue is however, a more complex issue than just a lack of communication between managers and staff: Turnaround, like other time-restricted funded projects, especially in the early years of service delivery, has been subjected to a high turnover of staff. Nevertheless, the number of staff leaving, at management, project and support worker levels, has been a contributing factor in the lack of communication amongst the various bases and some external agencies.
- 4.23** As previously highlighted all staff undertake a training programme run by TPS prior to taking up a post in either the community bases or the residential units. TPS also provide a range of opportunities for CPD once in post. Staff are taking advantage of these opportunities, and indeed the level of commitment and skills of the Turnaround project and support workers (including Apex and Venture Trust staff) cannot be questioned. However, it also serves them in good stead to progress their careers and, unfortunately for Turnaround, much of this expertise is being lost as staff move into permanent jobs in the public sector.

- 4.24** This has left gaps, which in some community bases has reached a critical level – for example in Dumbarton²¹. Consequently, in those bases where they have been hardest hit with staff shortages, it is reported that some of the good external links they had with, for example, criminal justice social work (CJSW) have been virtually lost. Other community bases like Greenock, who as yet don't report have critical staffing shortages, believe that they have made good progress in making links with a range of local services as will be more fully discussed in the following chapter.
- 4.25** Despite the staffing and communication issues highlighted above it is apparent that communications between frontline staff and current clients are not being affected. However, some staff do report that while they have a good rapport with their service users some of the services they would like to be able to offer are not always available to them because of low staffing levels.
- 4.26** One area of contention is around the medical and nursing provision at the residential unit. It has never been possible to recruit the nursing staff anticipated in the developmental stage of the service: 4 nurses to be employed by TPS for the Turnaround service in order to provide cover on a 24/7 basis. Consequently, nursing provision was bought in from a nursing agency. However the agency nurse working in the residential unit, at the time of data collection, had strong views on the need for nursing provision to be maintained there, as opposed to the perceived management view that this arrangement should be changed and any medications needed for service users should be received in pre-packaged dosages. This alternative provision is in line with the type of provision offered in other services run by TPS.
- 4.27** At the time of writing, this issue remains unresolved, although we understand that TPA are in discussions with the Care Commission in relation to this. Nonetheless, the nurse was adamant that given the complex nature of the service users' substance abuse and the subsequent health issues related to that, she believed using a pre-packaged prescription dosage-based system could put service users health at further risk. If, she argued, there was not a practitioner nurse on duty then there was the potential for commonly used drugs such as paracetamol for pain relief to be given to service users by staff, which could potentially lead to overdosing or a reaction to the combination of prescribed drugs the service user was on. She argues strongly for the retention of a fully qualified practitioner nurse to be on duty at the residential unit with the expertise to be able to recognise potential symptoms of prescribed drug reactions and the appropriate combination of drug therapies that can be administered.

²¹ At the time of the evaluation there were no permanent project or support workers permanently working in Dumbarton. The Service Coordinator and 1 Apex worker were located there and supported by project and/or support workers being transferred from one of the other community bases. However, TPS had indicated that they were in the process of recruiting staff but also that the situation was not being helped by the fact that the project was nearing the ending of its initial funded phase and they were still waiting to see if they were to be funded for a further period of time. In particular reference was made to the lack of skill and experience in the applications they were receiving. Highly skilled workers we understand are unlikely to apply for posts that only offer short-term prospects.

Conclusions

4.28 This chapter has highlighted the main challenges faced by the steering group in developing a new and innovative service to meet a gap in the provision of support services that can offer a credible alternative to short term custodial sentences for prolific, low tariff young offenders in the 16-30 year old age group. It has also examined the impact this has had in establishing this new service which is governed by time-restricted funding and how this has **adversely affected** recruitment of staff. The as yet unresolved issue of provision of medical, in particular nursing, provision for the residential unit is discussed. The following chapter examines the relationships and links with external partner agencies and referral routes to the service.

CHAPTER 5: LINKS AND PARTNERSHIPS

Introduction

5.1 The formal arrangements regarding the sharing of information and placement of individuals with various agencies such as CJSW services, Prisons, Secure Units etc, do not apply to a community service such as Turnaround. Therefore it was necessary to the success of the service to make links with both the statutory and the community voluntary organisations affiliated with criminal justice and substance abuse. This chapter discusses the complexities for Turnaround in building relationships, and provides, drawn from their own data base, an analysis of the referral routes of clients.

Building relationships

5.2 Partnership working lies at the core of what Turnaround aims to do. Turnaround acknowledges that it cannot deliver all services for all service users. It can however, support them in accessing the most appropriate organisations and agencies to support a transition from a chaotic, offending and substance abuse lifestyle to one of stability, education, training and hopefully employment. It can refer service users to, and sometimes approach on their behalf, other agencies and organisations as appropriate to each service user's needs.

5.3 Turnaround, therefore, also has many partnerships with a wide and varied range of organisations and service providers; for example, the Courts, Reliance, Prison Services, Local Authority service such as CJSW, Alcoholics Anonymous (AA), Narcotics Anonymous (NC), Cocaine Anonymous (CA), local Health Services, Dentists, Police, Barnardos, the Sandyford Services, Homeless Services, Addiction Services, Money Matters, and the Prince's Trust. However, links and partnership working are stronger with some organisations and in some locations than in others.

5.4 The initial assumption, in the development of the service, was that service users would be referred from the courts to the residential facility as an alternative to a short-term custodial sentence. Clients would be assessed on arrival and referred on to community bases when it was appropriate to do so.

5.5 However, the residential unit was not opened for receiving service users until approximately a year after the community bases were opened. Furthermore, the links with the courts are still being developed. This is an area that staff feel could and should be being developed more. They feel that senior managers from the service co-ordinator grade upwards should be more pro-active in ensuring that the judges are aware that the service exists, what it can offer, and how, as Turnaround advocates, its programme can be more beneficial for the specific client group than a custodial sentence.

- 5.6** The service co-ordinators at the Residential Unit have been proactive in this area and given a number of presentations to local Sheriffs but it is felt that a more strategic and co-ordinated approach is needed to encourage the Courts to recognise Turnaround as a credible alternative community disposal for vulnerable young men with persistent low tariff and substance misuse issues.
- 5.7** More substantial links have been made with CJSW although it is felt that these could be developed more. In one case, Dumbarton, exceptional relationships had existed between Turnaround staff and CJSW but due to the difficulties in retaining and replacing staff in Dumbarton this relationship has declined to the extent, that Turnaround staff report CJSW as virtually having forgotten the service was available.
- 5.8** All bases report having quite strong links with Reliance. These relationships have been built up by Turnaround staff pro-actively advertising their services by visiting the holding cells in the courts on a daily basis, staffing levels permitting, and encouraging Reliance staff to inform defendants of their services. However, Turnaround staff also report inconsistency in this arrangement and that it might be helpful for TPS to formalise an agreement with Reliance.
- 5.9** Links with other agencies vary. For example, few Turnaround staff report having much contact with the local police but conversely, all community bases and the residential unit do report having good links with the various benefit, housing, health and substance abuse agencies in their own local areas.
- 5.10** However, it would appear that many of these relationships are based on individual Turnaround staff knowing or building relationships with individuals in the various agencies. Therefore, some links are based on personal contacts and personalities, which, given the high volume turnover in staff, means that many of these links could potentially be weakened if not lost if current staff were to move on.
- 5.11** There are differing perceptions amongst the Turnaround staff on the strength of these partnerships. For example, some have expressed the view that CJSW, are being '*precious*' about their clients and perhaps not buying into the Turnaround services in the way they could. Why this might be so no-one was able to say but the perception was that these links needed to be strengthened at management level.

Referral routes

- 5.12** As stated above referrals to the services have not followed in quite the way that had been anticipated and consequently the service has not always been running at maximum capacity.
- 5.13** Turnaround staff, however, have been pro-active in recruiting service users, particularly through their daily visits to the courts. They have also been pro-active in promoting the service to the CJSW and other statutory and voluntary organisations in their own local areas. Furthermore a number of the young men we spoke to reported that they themselves had self-referred or knew of other service users who had self-

referred on the basis of hearsay from a friend or family member who had spoken positively of the Turnaround service.

- 5.14** Self-referral in service user terms does not always mean what the term may seem to imply, but rather, that some service users have asked their CJSW or addiction counsellor to refer them to Turnaround. It would appear from the service users' perspective that making the decision to come to Turnaround is tantamount to a self-referral.

Referrers

- 5.15** The table, Table 2, below shows who, in the period to 30th June, 2010, the referring agency was and the number of clients from each of these agencies who took up the opportunity to engage with Turnaround's services.
- 5.16** The table highlights that the largest number of referrals (74%) are coming from the Criminal Justice system: Courts/Reliance (51%) and Criminal Justice Social Work (23%).
- 5.17** However only 21% of those referred by Courts/Reliance actually went on to engage with the service compared to 58% of those referred by CJSW. This highlights the importance of developing pro-active links with CJSW as an agency which will offer a high volume of clients who are likely to engage.
- 5.18** These findings are at some odds with the perceptions of the staff working in the community and residential bases where they report that they are not receiving referrals from these agencies in the numbers they expected. This would suggest that staff are basing their perceptions on the clients who engage with the service rather than on the numbers that are referred to the service.
- 5.19** An examination of some of the reasons noted by staff for referrals not engaging with the service is discussed more fully in chapter 7. However, for the majority of non-engagers all that can be surmised from Turnaround's data base is that they did not wish to engage with the service after their initial assessment.

Referral source: Engagers and Non-engagers with Turnaround Services

Referral Sources	Dumbarton		Greenock		Irvine		Kilmarnock	
	Non-engagers	Engagers	Non-engagers	Engagers	Non-engagers	Engagers	Non-engagers	Engagers
Null	2	2	1	0	1	0	1	2
Addiction	0	0	0	0	0	0	1	1
Addiction Services	13	7	6	10	7	1	4	2
APEX	2	1	2	5	1	0	0	1
CACTUS	0	0	0	0	0	1	0	0
Courts/Reliance	105	12	129	39	187	37	106	50
CJSW	40	24	3	10	46	48	38	96
Midas Group	2	2	0	0	0	0	0	0
Homeless Health Team (Ayrshire)	0	0	0	0	1	0	5	4
Other²²	15	17	0	0	48	31	24	33
Prison	1	0	2	2	9	2	8	3
Self	2	1	11	15	1	5	0	7
Statutory Homeless Provision	4	0	2	2	0	0	1	0
Substitute Prescribing Team	0	0	0	0	1	0	0	1
Total	186	66	156	83	302	125	188	200

Source: Abstracted from Turnaround's Database.

Table 2

Conclusion

5.20 Partnership working with external agencies is recognised as beneficial for service users and therefore a core objective of Turnaround is to secure links with other criminal justice agencies, addictions services, local authorities, health and housing to provide a quality support service to aid service users' recovery.

²² Other – any referral source not on the current drop down list on the data base. For example, Barnardos, homelessness hostel, any small agencies specific to each base location.

5.21 There are a number of issues in relation to referral and retention of service users that need to be addressed to maximise the full potential of the service. The following chapter discusses the experiences and successes and desires of the service users.

CHAPTER 6: SERVICE USERS' PERSPECTIVES

Introduction

- 6.1** In this chapter the experiences of being a service user of Turnaround are explored. It includes representations from ex- and current service users, from a range of backgrounds, ages, and at different stages in their recovery either at one of the community bases and/or the residential unit.
- 6.2** The majority of the service users that we spoke to had been referred either by the Sheriff or their CJSW; a smaller group had taken up the opportunity to attend Turnaround after talking to staff in the holding suites at the courts. However, another group also reported either having self-referred or having been encouraged to go along by friends or family members. It would appear that positive feedback on their experience of Turnaround is being spread by word of mouth as some current service users stated they asked their CJSW if they could be referred following hearing about it from others.
- 6.3** A significant theme in these service users' accounts of why they attend Turnaround is that of change: *'needing to change their lifestyle'*, but also *'wanting to change'*. The desire to change is a significant factor in both the commitment to the programme and the success of service users in turning their lives around.
- 6.4** Background lifestyle of the service users is characterised by a long history of involvement with the criminal justice system and they all had numerous convictions and short custodial sentences. Only a few of the sample group reported having had significant sentencing periods or involvement in serious and/or violent crime. All however, did have issues with substance abuse – drink and drugs - to the extent that some of these young men report that they have *'always been offending'*. The majority report becoming involved in the drink and drugs scene in their mid to late teens, but a few report becoming involved when they were 10 or 11 years old.
- 6.5** Furthermore, for many of these services users it was their offending behaviour that brought them to the attention of the CJS rather than their addiction. However, it was, in their opinion their addictions that led them into offending behaviour patterns. This demonstrates the complex and chaotic nature of these service users lifestyles. For them, recovery was in controlling their addiction first as they believed that once they were stabilised *'off the drink and off the drugs'* their offending behaviour would fall away.

Why Turnaround?

- 6.6** Service users report that Turnaround provides a service that they cannot access elsewhere for a number of reasons. Firstly, they find staff to be non-judgemental. Secondly, the service is flexible and therefore service users have a recovery package

that meets their requirements, desires and aspirations – a structured person-centred supported package that allows them to set the pace. Thirdly, it provides real opportunities for them. Lastly, they feel they are in control and learning as opposed to responding to another's perception of what they need to know and do.

- 6.7** In particular, they report that addressing offending behaviour with addiction support is welcomed. Having someone to talk to who understands the relationships between offending and addictions is extremely helpful. It allows for a more holistic approach to their problems and brings together a diverse mix of agencies, therapies and support to meet individual needs.
- 6.8** Consequently, service users reported that they then were able to develop at their own pace. For some, group work was a stage too far to begin with and so they only had one-two-one sessions with their key worker. Whereas other service users were more confident in group settings and preferred them to individual sessions.
- 6.9** One of the issues of concern for some of the service users was the lack of advertising of this service. This they also felt contributed to misconceptions about what Turnaround was. On entering the programme a number of service users reported that they thought it was *'just another detox type thing'* but they now recognised that it is a more structured approach that allows you to *'work things through'*.
- 6.10** While all service users report high satisfaction rates with the service - *'it saved my life'* - it was also evident that most had no specific expectation of what the service could do for them: *'if it was [thought it was] going to help then [they'd] give it a try'*. Similarly, some service users were not fully aware of the full range of services that Turnaround can provide, some of them stating that they would be willing to *'give it a try'* (in relation to acupuncture) if their key worker thought it would be helpful.
- 6.11** That strong relationships were developed between service users and Turnaround staff was evident. The former spoke very highly of their key workers and trusted that they would guide them in making the right choices in each stage of their journey to recovery. The influence of these relationships on the service users' growth is evident in how they speak of their key workers and of how this relationship has altered their opinions of themselves. For example, service users report that key workers not only supported them but also made them feel worthy – *'I didn't know that...people could make you feel like that...like they cared...that you were important: a normal person, like'*.
- 6.12** Building such strong relationships is not easy particularly when service users report being wary to begin with – *'we are very distrusting by nature because of our experiences'* - as they think this is going to be the same as always - *'you know, another service where they tell you what to do and when to come and everything'*. Added to this distrust, service users commented that they also find it difficult to talk, open up and trust others because of living up to the 'macho man' image – strong, silent hard men. Negotiating this transition for some had been difficult, but it is

where most of the service users identify **trust** as a significant factor. Once they were over that hurdle, strong relationships were forged and the support Turnaround offered valued: you can drop in any time or *'all you need to do is pick up the phone'* and they will either *'talk to you or see you or whatever it is you want – just brilliant'*. Service users report that they are never made to feel as if they are a burden or abusing the service.

- 6.13** The perception of a consistently high quality of the service is one of the key issues for service users – *'you always find them [key workers] the same way – helpful and cheery. Turnaround staff don't rush you. It is all at your own pace.'* Several service users describe themselves as being *'in a pure mess'* when they came here. Some at the early stages of engagement with the service report that they are still quite chaotic and still abusing drink and/or drugs but they had come along to Turnaround and were getting help and support with more practical issues such as housing and benefits.
- 6.14** This should not be viewed as negative as the experience from those service users who have left or are close to leaving the service is quite similar. Some service users enter seeking advice and then move on to engage in a different way as they recognise the risks to which they are exposing themselves and sometimes their families. Other service users enter Turnaround focused on making substantial changes to their lifestyles.
- 6.15** Age, from the sample group interviewed, was found to be a significant factor in the level of commitment and progress to recovery. Younger service-users – 18-21 year olds - were more likely to be seeking specific advice and in some cases have yet to acknowledge that offending and any associated substance misuse is an issue in their lives.
- 6.16** Older service users, especially the over-25 year old age group, present as more motivated to change. This is often driven by a desire to regain access to their children. Turnaround was perceived as good in helping them achieve this as it provides a multi-dimensional service: addressing offending and addictive practices, providing practical support with housing and benefits, and strongly encouraging education and employability training. Furthermore the delivery of the package was such that it also helped to build life skills – communications, self-awareness, self-confidence, empathy, and on how to build relationships.
- 6.17** Holistic support of this nature coupled with the service user being *'ready to change'* has proved to be a very successful combination for service users. Re-building communication and social interaction skills was key for some of those who have spent a considerable amount of time in a cycle of being in and out of prison.
- 6.18** Service users really appreciate the apparent informality of meetings - tea and biscuits with key workers - and in particular being involved in the decision making process regarding their recovery programme: from appointments being arranged at a time that best suits the service users, to the setting of goals and selecting of therapies with

support from staff, the procedure is much more favourable than the experiences they had had elsewhere. Past experiences with other service providers had been very different – clients had to fit the programme, whereas at Turnaround they were made to feel part of the programme: their programme. This sense of ownership it would appear is one of the key characteristics of the programme that encourages service users to stay with the service as it provides service users with a *'fresh start'* and attempts to support *'resolution'* or provide *'solutions'* for their issues and problems.

- 6.19** The informality and drop-in facility was singled out by service users as being one of the keys to their ability to desist from offending and addictive practices. Being able to drop in when things start *'to get to you'*, and being able to talk to Turnaround staff *'who listen and respect you as a person'* while providing effective support is for these service users something very special and linked closely to their ability to re-build their identity.
- 6.20** Flexibility of service provision also means that service users can adjust and negotiate a tapered exit from Turnaround. Some ex-service users report still dropping in from time to time when they are passing for a bit of a chat and on some occasions for advice. This open door policy is another valued aspect of the Turnaround service compared to other services, which it is reported do not accommodate informal or drop-in contact which some service users report left them feeling vulnerable, unsupported and alone.
- 6.21** One area where some service users felt a bit let down by Turnaround was in the transition between the residential unit and the community bases and between Turnaround services and other agencies. On some occasions communications were not good and service users report, for example, that *'the Social Work didn't know what I had done or anything'* and on others *'having to establish links themselves'*. However, whether this was a failure on the part of Turnaround, Social Work services, or a misconception on the part of the service user we were unable to ascertain.
- 6.22** It would appear from the service users' point of view that there needs to be a protocol in place to ensure the sharing of all necessary information with statutory, community and/or voluntary services that service users are moving on to.
- 6.23** For those service users who engaged in group work, particularly in the residential unit where it is noted that some of the service users *'buddied up'*, it provided a form of peer review which the majority of those involved found to be supportive. Peer review – meeting and discussing difficulties faced with those who had already experienced them and were now ahead of you in the recovery route - was found to be extremely encouraging and supportive.

Outcomes for Service Users

- 6.24** Service users report that they have found the Turnaround service very useful in assisting their desistance from crime and recovery from drug and alcohol addiction/s.

- 6.25** Many of the ex- and current service users report having re-established contact with families and friends since they started with Turnaround. Others have re-established contact with their children. Generally, they report having quieter lives, and even though many of them are still on staged methadone withdrawal programmes to control opiate addictions, they recognise that they are stable and have a clear vision of where they want to be and how they are going to get there no matter how long it takes. In some cases service users themselves recognise that it may take years but they are still positively focused on making that transition.
- 6.26** Employability support was identified by all as an added value of the service provided by Turnaround. Indeed several of the ex- and current service users cited the employability aspect of Turnaround's service as being one of its big attractions. Gaining qualifications either from short college courses in First Aid training, for example, gave the clients an immense feeling of achievement. Others had secured qualifications that will allow them to follow up career prospects in the building trade which for many of them had long been a desire. Similarly, the wilderness-based personal development journey training packages offered by the Venture Trust was also singled out. Many of those who had been on the course were keen to point out that it was not just about surviving in the wild, which they had thought it was in the first instance, but about learning how to get along and to put trust in others – working together to ensure that everyone survived the experience.
- 6.27** Undoubtedly the partnership approach offers that something extra for service users, which they themselves report has enabled them to make life-changing choices.
- 6.28** A number of service users are currently in training and a few of the ex-users are in training. Others have moved into employment, some are volunteering as peer-support mentors, some are looking for employment and others are not yet ready to take that step but working towards it.
- 6.29** Those whom we were able to contact who have moved on from Turnaround have various ambitions. One in particular is hoping to be able to go to college next year with a view to going to university after that to take a degree in Psychology, and a number of them expressed a wish to be able to support other young people to make the transition they have made.
- 6.30** However, for another group, moving on and away from their previous lifestyle was all important. This group were concerned that any involvement with others who were where they had been might have a negative effect on their recovery. In these cases it was ascertained that fear of regressing was the driver to away and get on with their new life. Some service users were just uncomfortable with the whole buddying/mentoring issues and preferred to keep themselves to themselves.
- 6.31** Moving on, for some, also meant getting away from the physical environment and known characters they had lived in and amongst. For them, an addiction free, and

offending free lifestyle was also reliant on physical distance from those they had previously classed as friends and establishing a new life altogether.

Conclusions

- 6.32** This chapter has highlighted the significant advantages that a service like Turnaround can offer and the positive impacts that such a service can have for the service users.
- 6.33** The next chapter provides an overview of where the service is now and some statistical analysis of service provision, capacity and cost benefits of the service.

CHAPTER 7: WHERE WE ARE NOW

Introduction

7.1 This chapter provides a statistical overview of Turnaround’s performance in its first 3 years of service. It also presents a few case studies that were matched with police data to provide a snapshot of some of the service users’ offending patterns prior to and during their period of engagement with Turnaround. It also examines the potential of the service, and the relative cost benefits of placing prolific low tariff offenders with Turnaround in place of a short term custodial sentence.

Statistical Overview of Turnaround Performance

7.2 Table 3 below provides an overview of the total number of referrals to each of the Turnaround bases. It also gives an indicator of the number of service users who have had more than one period of engagement with Turnaround. There have been a total of 1,518 referrals to the service for 1,172 individual service users. On average service users spend around 6 months in community bases (see appendix 5 for graphs of attendance period by community base).

Service Users to 30th June, 2010

Current or final base location	Individual referrals	POE²³x1	POEx2	POEx3	POEx4	POEx5	POEx6	Referred – Total POE
Dumbarton	229	185	38	5	1	0	0	280
Greenock	208	166	34	8	0	0	0	258
Irvine	350	249	73	22	2	2	2	491
Kilmarnock	341	267	55	11	7	1	0	443
Residential	44	42	2	0	0	0	0	46
Total	1172	909	202	46	10	9	2	1518

Source: Abstracted from Turnaround’s data base.

Table 3

7.3 Irvine, despite its location, has had the highest number of individuals referred to them (350); just under a third (29% approx) of whom have had more than one POE. Repeat periods of engagement at Irvine are slightly higher than they are in the other community bases. Kilmarnock has had 341 individuals referred, 19% of whom have had more than one POE; Dumbarton, 229 individual referrals, 19% of whom have had

²³ POE – Period/s of Engagement.

more than one POE; and Greenock, 208 individual referrals, 20% of whom have had more than one POE.

- 7.4** Closer analysis of the Turnaround data base shows that a number of these referrals did not progress beyond an initial interview. Unfortunately, currently there is no way of knowing why some referrals choose not to engage with the service. Less than half (48%) of these referrals were taken forward to the assessment stage.

Service Users Assessed by Community Base

Current or final base location	Individuals Assessed	POEx1	POEx2	POEx3	POEx4	Assessed – total POE
Dumbarton	93	82	10	1	0	105
Greenock	80	68	9	3	0	95
Irvine	155	139	13	3	0	174
Kilmarnock	192	161	28	3	1	230
Total	560	450	60	10	1	645

Source: Abstracted from Turnaround’s data base.

Table 4

- 7.5** Table 4 above shows that Kilmarnock is the only community base to have taken over 50% of their referrals forward to the Assessment stage: Irvine 44%, Dumbarton 41%, and Greenock 39%. However, in Table 5 below it is evident that a significant number of clients, once assessed, do not follow on and actively engage in the programme.

Service Users who started the programme by Community Base

Current or final base location	Individuals on programme/engaged	POEx1	POEx2	POEx3	Programme/engaged – total POE
Dumbarton	56	51	5	0	61
Greenock	65	53	9	3	80
Irvine	84	79	4	1	90
Kilmarnock	165	137	26	2	195
Total	370	320	44	6	426

Source: Abstracted from the Turnaround data base.

Table 5

- 7.6** Table 5 also shows that 24% of referrals to Kilmarnock joined the Turnaround programme. However, only 31% did so in Greenock and 24% in Dumbarton and Irvine.
- 7.7** Statistics provided from Turnaround's data base suggests that age has an impact on the likelihood of a service user to actively engage in the programme beyond the assessment stage. 33% of referrals aged under 18 years actively engage in the programme while this rose to 39% of referrals aged 25-30 years of age.
- 7.8** While these tables give a picture of the uptake of the Turnaround Service they don't provide much explanation as to why so many service users don't engage when they first hear about the agency. Table 2, in Chapter 5, highlighted that the majority of referrals were coming from agencies in the criminal justice system; the Courts, CJSW and Reliance. Consequently, most of the clients on the programme are from these agencies. Perhaps the low up-take is related to the readiness of those referred to change but it also may be that there is a need to work with these agencies to try and refine the criteria for selecting individuals to refer to Turnaround.
- 7.9** The need for refinement of selection criteria is based on the statistical evidence in Table 2 which shows that more individuals referred by the CJSW engage with Turnaround than the other two although it is not the most frequent referrer. Due to the restricted nature and contact that the Courts and Reliance have with individuals whom they refer compared to the more open access of CJSWs it may be that they are less discerning in whom they are referring.
- 7.10** The data available from Turnaround's data base gives a little more detail but as can be seen in Table 6 below the majority of non-engagers either did not attend appointments or did not wish to engage.

Reasons for Non-engagement by Community Base.

Reason did not engage	Dumbarton	Irvine	Kilmarnock	Greenock
Abandoned residence	1	2	3	1
Addiction issues			1	1
Asked to leave before completing			1	
Deceased			2	1
Did not attend appointments	173	230	105	111
Does not wish to engage	12	42	31	7
Goals achieved		2		1
Goals achieved (in part)		1		
In hospital		2	2	1
In prison (Sentenced)	5	33	32	11
Lack of contact	2	7	15	4
MDAS – No further support required				2
MDAS – Referred to other agency		1		2
Left area		1	5	
Open access or STA only			1	
Remand	19	61	40	22
Remand for SER	1	1	2	1
Residential service is full			1	
Unsuitable for service	4	12	5	13
Total	217	395	246	178

Table 6

7.11 It is apparent in the table above that the only two categories where a number of service users' reasons for non-engagement with Turnaround can be tracked is those who are either in prison (approx 8%) or on remand (approx. 14%) of the total cohort.

Residential Unit

7.12 The data presented here refers only to the activity at the residential unit and should not be taken as additional to the numbers of service users above as a number of the service users were referred to the residential unit from the community bases. Similarly, a number of service users were referred from the residential unit to the community bases for continued support. Table 7 below shows the number of individuals by referring agency to the residential unit and those individuals' destinations on leaving it.

Users' Pathway Into and Exit from the Residential Unit by POEs.

Referrer	Number	Reason for Leaving	Number
Community Bases ²⁴	32	Community Bases	25
Addiction Services	7	In Prison (Sentenced)	1
CACTUS	4	Completed Programme	16
Courts	4	Does not wish to engage	5
CJSW	10	Asked to Leave	6
No Value ²⁵	0	Residential Unit full	1
Other	3	Abandoned Residence	1
Reliance	1	Goals Achieved	7
Self	1	--	--
Total	62	Total	62

Source: Abstracted from the Turnaround Data Base.

Table 7

7.13 Sixty two people used the residential unit over the period July 2009 to June 2010. Six were in it at the time of the data collection. The above table shows that for the majority (77%) the next steps following their stay in the residential unit were positive in that they were either referred to the community day bases for continued support, had completed the programme or achieved their goals.

²⁴ 4 referrals came from the Dumbarton base, 11 from Greenock, 5 from Irvine, and 12 from Kilmarnock.

²⁵ No Value – Blank data on the data base.

Outcomes

- 7.14** Turnaround assess service users' progress as part of the programme. These assessments are carried out jointly with the service user but the staff member fills in the form. Assessment is across 6 categories: criminal activity; substance misuse; psychological wellbeing; physical health; social functioning; living situation.
- 7.15** Two hundred and thirty eight outcome assessments have been completed of which 115 service users report positive outcomes; 78 no movement and 45 a negative outcome in relation to their criminal activity.
- 7.16** A more positive outcome is reported in relation to their substance misuse, 135 positive, 68 no movement and a further 35 report negative outcomes.
- 7.17** A similar outcome is also reported in relation to psychological wellbeing: 134 positive outcomes, 66 no movement and 38 negative outcomes.
- 7.18** Outcomes for physical health indicated the least movement overall: 106 positive outcomes, 95 no movement and 32 negative outcomes.
- 7.19** The most positive outcomes were in relation to social functioning: 140 positive outcomes, 76 no movement and 41 negative outcomes.
- 7.20** Positive outcome in relation to service users living situation was reported by 120 of them, 42 had negative outcomes and 88 reported no movement.
- 7.21** Overall these reviews show that the majority of clients (over 50%) across all 6 categories report positive outcomes from their engagement with the service.

Capacity

- 7.22** While it has been reported in previous chapters that staff are disappointed at the levels of referrals and that in particular staff at the residential unit feel there is a need to keep service users coming through from the court and community bases, there was also some concern amongst staff in the community bases about being too prescriptive on what 'capacity' means.
- 7.23** The total capacity at the residential unit is 10 but available capacity is defined by the number of empty beds they have available at any given time.
- 7.24** Defining capacity in the community bases is more difficult. Some clients need more input than others at differing points on their road to recovery. For example, some service users benefit from being able to have daily sessions at crisis points. Therefore, staff argue, it is important that quotas are not set that would restrict flexibility in their work patterns to accommodate service users' needs.

7.25 While some staff do acknowledge that there are periods of time when they are not working at capacity they, on reflection, argue that a service user case load of 10-15 per staff member would be about right.

Costs and Benefits²⁶

7.26 Establishing value for money in terms of any community intervention service as opposed to traditional penal services is always difficult as you are not comparing like with like. In the case of Turnaround, however, in comparing costs of service delivery with that of short term imprisonment, where Turnaround is used as an alternative to prison, the added value is clearly in the person-centred service Turnaround provides.

7.27 The total cost per annum per prisoner in the Scottish Prison Service is £31,703²⁷ and according to Kenneth Clark, the UK Government Justice Secretary, £38,000²⁸ per annum. Based on the Scottish annual costs a 3 month sentence would cost on average £7,926 and a 6 month sentence £15,852. Typically, there is little support beyond the punishment of imprisonment for those sentenced to 6 months or less.

7.28 The typical cost of a client for a 6 month period of engagement with Turnaround is £2,788. Furthermore clients who are actively engaged with Turnaround benefit from a package of support which tackles their offending behaviour and/or addiction problems while building social, communication and employability skills.

7.29 The costs of a period in the residential unit are £11,673 for a 6 week period. However, a period in the residential unit is only part of the service provided for clients and more typically the 6 week residential period would be supported before and/or after by the community day bases. For example, for a typical 6 month period of engagement with Turnaround, combined with the intensive support of the residential unit, and the before and after support at a community day base, the total cost comes to approximately £13, 827.

7.30 Similarly, where a Turnaround service user has had 2 periods of engagement with the service (typical of the recovery route of the types of service users Turnaround is dealing with): on average he spends around 5½ months (170 days) in the first period and a further 5 months (151 days) in the second period. In total service users spend approximately 10½-11 months engaged with the service over a 14 month period. The typical costs for Turnaround are £4,879-£5,111.

²⁶ All Turnaround costs and length of engagement for service users were supplied by Turnaround.

²⁷ SPS Annual Report and Accounts 09-10. <http://www.sps.gov.uk/MultimediaGallery/cf5e352d-fd0e-451f-ab9e-d631c9ca9003.pdf>

²⁸ <http://www.guardian.co.uk/uk/feedarticle/9150155>

- 7.31** In cases where Turnaround is used as an alternative to traditional and costly short-term custodial sentences it is likely to provide significant financial savings and is also more likely to impact positively on the lifestyle, addiction and offending behaviours of their clients.

Case Studies

- 7.32** As Turnaround is a new service of only 3 years, there is currently little official statistical evidence available to support the very positive qualitative outcomes reported due to the 2 year time lag on the release of official statistics for Criminal History System (CHS) of the Scottish Police Services Agency. Additional to this the incompatibility of these databases with Turnaround's prohibited any cross reference of their service users. In order to try and address this, a random but representative sample of service users from all the community day bases and the residential unit was extracted from Turnaround's database and forwarded via South West Scotland Community Justice Authority to Strathclyde Police who provided information in relation to the sample group's offending behaviour.
- 7.33** The police data only allowed a limited analysis of offending patterns of behaviour. It only provided recorded charges for service users. No information on outcomes of these charges was available.
- 7.34** The information does however provide some evidence regarding attending Turnaround and any subsequent change in service users' offending behaviour.
- 7.35** Ninety of the sample of service users' cases have now been closed and table 8 below shows their outcome as recorded on Turnaround's data base.
- 7.36** The majority of service users in the sample had police records, prior to their referral to Turnaround. As table 8 below shows, some - irrespective of their offending behaviour and being referred to Turnaround - simply did not engage with the service. This supports what the literature tells us about dealing with offending/addiction behaviours and the individual's readiness to accept they have a significant problem and motivation to make changes. However the police records indicate that being referred to Turnaround, in the short term at least, results in a decrease in the referee's offending behaviour as discussed in the case studies below.

Selected Sample Service User Outcome.

Reason given for the case being closed	Number of Service Users
In Prison	2
On Remand	6
Achieved Goals/ *Partly Achieved Goals/ Completed Programme	24
Asked to Leave *Unsuitable for Service Addiction Issues	7
*Did not attend appointments	25
*Did not wish to engage	15
*Lack of contact	2
Left the Area	1
Referred to Rehabilitation Centre	2
Residential is Full	1
Total²⁹	90

Source: Extracted from Turnaround's Data Base.

Table 8

* Turnaround's Definitions of terms for service users leaving. The brief explanations of these terms was supplied by Turnaround.

Did not attend appointments - Probably used primarily for service users at pre-assessment stage where they have not engaged with the service at all from referral and did not attend any initial appointments. The service users will be relatively unknown to staff.

Does not wish to engage- The service users have actually stated themselves or via another worker that they do not wish to engage/ no longer wish to engage with Turnaround and their file is closed at their request.

Goals Achieved (Part) - There may be a number of issues on the service user care plan that the individual needs support with e.g. alcohol use, employability, gambling. The service user may move on from Turnaround having secured full-time employment, for example, and not fully addressed their gambling/ binge drinking. I would use this option in these kinds of scenarios.

Lack of Contact - Used more for service users quite well known to staff, perhaps had been regularly attending so mainly on programme or pre-admission. I would use this option more for service users who had engaged well and with whom perhaps progress had been made or care plan devised and things developed to losing contact with the individual, perhaps unreachable by phone/letter and the individual fails to make contact themselves, so we are forced to close their file.

Unsuitable for Service- Possibly under/over-age; service user does not fit criteria in that they are not getting anything beneficial from the service e.g. stopped offending, actively pursuing employment in their own time.....really not in need of support and little to contribute to 1-1 work/ do not want to attend group work etc.

²⁹ A significant number of the cases referred to in the table above had more than one period of engagement with Turnaround and the reason for closing the case shown was the most recent one.

7.37 Below we highlight 3 cases which illustrate the fickleness of this client group's recovery process. As the literature and indeed the experiences of service users have shown, the road to recovery is often characterised by progression and relapse. These cases also underline the difficulty of quantifiably illustrating this process in a meaningful and accurate manner and highlight that the softer outcomes, contextualised in the day-to-day achievements and experiences of this service user group, are more likely to uncover and explain their progression towards recovery.

Case Studies

Case 1

This service user has had 5 periods of engagement with the service – for a total of 212 days. It would be fair to assume from his records that he has not actively engaged with Turnaround service. This lack of engagement is also evident from the police records as he has continued to offend throughout the period. Between 4/8/2008 and 23/2/2010 there is a catalogue of some 12 offences and a further 3 since his case was last closed. His records show that he only had 1 offence prior to his first referral, but refused to take up the opportunity of help and instead continued to rack up offences. This case is a prime example of someone who either has not yet recognised that their behaviour is problematic or someone who is not yet ready to address their offending behaviour and engage in a process to recovery.

Case 2

This service user had 2 previous police records when he was first referred to Turnaround. His records show that he engaged in Turnaround's recovery programme in November, 2008 and some 10 months later is recorded as having his case closed as he had achieved his goals. Immediately after this he managed to keep himself out of trouble for around 5 months. However in early March, 2010, he is recorded as having been charged with 2 counts of theft, and he was referred back to Turnaround; he then is recorded as having been charged with 4 violations of MDA Sec 5 in early April, 2010 and shortly after this put on remand.

This lapse, the literature argues, should not be seen as a negative outcome, but indicative of the process of moving towards full recovery which may be characterised by one or more period/s of relapse.

Case 3

This case illustrates what at the time of writing was a positive outcome for this particular service user. He initially was referred to Turnaround in February 2009, but did not engage with the service, was referred back a few months later – April, 2009 - and still did not engage. It was only

on his 3rd referral, some 2 weeks after his second, that he accepted the support that Turnaround could offer him and he is now progressing towards recovery having received support from both the community day centre and the residential unit (a six week period in late August to early October, 2009).

Prior to being referred to Turnaround he had 11 police records for offences such as: Drunk and Incapable, Theft, RTA, Fraud and Breach of the Peace. Since engaging he has a record to show that he was arrested for 6 offences in his first period, when he did not attend appointments, for being drunk and incapable and stealing. He has no records in the second period. In the third period, which he began in April 2009, and at the time of writing he is still receiving support; on his way to recovery he has clocked up a further 5 records which is suggestive of some relapses in his recovery.

His police record also supports the notion of relapses, but, significantly the intensity of his offending has reduced. Since entering his 3rd period with Turnaround, he has picked up a further 5 records of being drunk and incapable and 1 for theft: 1 offence in April, 09, 2 in June, 09, 1 in August, 09 and 1 in May 2010 for being drunk and incapable and another in March, 2010. His offending has become more sporadic, which is indicative of the relapse/recovery pattern. Furthermore immediately after his period in the residential unit his offending behaviour stopped for a period of 6 months and since then he has had only two lapses – March and May 2010.

Conclusions

7.38 This chapter has provided a statistical overview of the Service's performance over the last three years in terms of capacity, along with evidence from Strathclyde Police records to support the contention that the service is having a positive impact on the offending behaviour of those individuals who engage with it and accept the support and help that Turnaround can provide. It has also shown that it is a more cost effective intervention than the traditional short term custodial sentences that so often characterise the service users' lives.

Chapter 8: Conclusions and Recommendations

Introduction

8.1 This chapter provides an assessment of the first 3 years of the achievements of Turnaround, a new and innovative service for young men, aged 16-30, who have failed or are failing in other community-based alternatives, who have had multiple remand or short-term prison sentences, and who may also be vulnerable due to substance misuse, mental health issues, homelessness, and/or a lack of coping/social skills. It highlights from the evaluation of the service the key findings, identifies areas of good practice, lessons that have been learned, areas for improvement of the service, outcomes and recommendations.

Key Findings

- 8.2** This evaluation has found that the type of service provided by Turnaround is a much needed service for supporting young men in desisting from offending and addiction behaviour.
- 8.3** Service delivery is supported by well-trained staff who are committed to the belief that this type of community-based person-centred supportive approach is the most effective way to deal with this service user group.
- 8.4** Service users are particularly enthusiastic in their appraisal of the service. The non-judgemental approach taken by staff is singled out by them as is the flexibility of the programme that places them at the centre of their individual recovery programmes.
- 8.5** In particular service users feel they are not being processed by a programme, but enabled to make the transition to recovery from a life of crime and addiction through a process that addresses the most pressing issues for them in that process and not, as they so often reported, made to conform to a programme or programmes offered by other services that at the time seemed irrelevant.
- 8.6** All of the service users in our sample group reported improvements in their quality of life: reduced offending, stabilisation of their addictions, improved family relationships including re-establishing contact with their children, training and up-skilling in readiness for employment, having taken up education opportunities, volunteering opportunities and for some new employment opportunities.
- 8.7** While this is not a cheap service to provide it is found to be considerably more cost-effective than traditional short term custodial sentences. It not only is cheaper to deliver, but it also provides support and guidance which encourages changes in lifestyle behaviours that are not traditionally available in prison to these types of offenders.

Good Practice

8.8 Turnaround should be commended in five main areas:

- Partnership working with APEX and the Venture Trust in service delivery has allowed for a more holistic service to be provided which supports personal, practical and social development. Furthermore, Turnaround also works with and has links to various external statutory, community and voluntary agencies and organisations which can be called upon for additional support to their service users, including the NHS, local council housing providers, Alcoholics Anonymous, local Colleges and CJSW.
- The person-centred approach to service delivery is unique in that its flexibility allows for clients to individualise their recovery programme through a generic model for developing social and life skills. This is delivered using their quality bespoke ECHO programme which is supplemented by others such as the Hazelden addiction programmes. Particularly, service users identified the quality of the key-worker as being hugely influential and they also welcomed being viewed by staff as people with problems and not as problem people.
- Flexibility and open door policy of service delivery: service users repeatedly stressed that the ability to drop in on the service and just chat with staff was invaluable. This they felt was one of the key qualities of the service which set it apart from others where a structured appointment system was in place.
- Staff training and induction is comprehensive and undertaken prior to working in either the community bases or residential unit. Through TPS, Turnaround staff are also able to access a number of CPD opportunities. There is also the possibility of staff undertaking training in alternative therapies such acupuncture.

- Turnaround's data base. This is a centrally maintained data base at TPS headquarters. It contains extensive records of clients' for which it should be commended. However, there are 2 caveats that have to be added: it is unwieldy for evaluation purposes; and the information contained therein is currently incompatible with other criminal justice data bases.

Lessons Learned

- 8.9** It is important to recognise the time involved in bringing such an ambitious service as this together, both conceptually and physically: conceptually in design when there are a number of voluntary and statutory organisations with a shared vision but different views and opinions on what that vision may be like; physically, in locating suitable premises, furnishing offices, and training staff prior to the service being opened.
- 8.10** Maintaining or replacing quickly staff who leave is central to improving staff morale and the continued development of the service. At the time of writing some links with external agencies are becoming tenuous because of staff shortages in some of the community bases.
- 8.11** Time-limited funding is an issue for the development of new services and would appear to have been a contributing factor to staff moving on from Turnaround in the last year.
- 8.12** Meeting the needs of funding streams has to be examined, as funders' expectations of 'hard' evidence cannot always be realised. Closer discussions early in the development of the service between, for example, the Scottish Government and TPS about the outcomes to be measured and how this might be effected could have avoided some of the issues for this evaluation.
- 8.13** For a new service trying to develop links with potential referring agencies such as the Courts, Reliance and CJSW, a pro-active approach is necessary to establish an identity and awareness of the services provided.

Areas for Development

- 8.14** Exit strategies from Turnaround were identified as being of variable standard. This evaluation was not able to establish where the problem lay but ex-service users report that when moving onto other services there is a gap in sharing of information between agencies. Developing a clear protocol for sharing of information across agencies would allow for Turnaround to establish where this apparent gap is occurring in the transfer process.

- 8.15** It is reported by some of the service users that they would like to see more opportunities for peer support from those ahead of them in the recovery programme and those who have successfully exited it.
- 8.16** Service users would also like to see more support for addiction issues: many perceive their offending behaviour as being a consequence of their addictions. They would like to see more support for this including the possibility of a staged programme to exit using all drugs and/or alcohol rather than being on a stabilisation programme of methadone.
- 8.17** The need for an expansion of the services currently provided was evident, particularly for recreational activities that enhance social and life skills; such activities as swimming, bowling, football, shopping and visits to the cinema were all requested by the service users. Staff believe this would provide variety and increase interest in the service for its users. Furthermore, service users would also like to see more day activities provided by Venture Trust rather than the 3-day or week long programmes that they have been able to access thus far. For example, they would like to see opportunities for day excursions including walking, canoeing, and abseiling. Within the residential unit the service users would also like to see more activities offered including supervised gym sessions – Venture Trust were again identified as being the ideal partner to deliver this service.

Outcomes

- 8.18** Turnaround provides a quality, cost-efficient alternative to the more traditional and costly short-term custodial sentences so characteristic of the service users' history.
- 8.19** The evidence presented here suggests that the programme is impacting positively on the lives of its service users' and their offending behaviours and addiction issues, supporting them into stable lifestyle patterns, as well as improving social and employability skills.
- 8.20** All community bases are well established and despite the geographical difficulties of the Irvine base it is running well. All were found to be very effective and supportive from the service users' point of view.
- 8.21** While the service is not always running at its capacity especially at the residential unit, the quality is not compromised by this and as it develops the perception is that service user participation will increase.
- 8.22** While the service is delivered by highly qualified and committed staff some of the services delivered are compromised due to staffing shortages.
- 8.23** The majority of service users have been referred to Turnaround from the Courts, Reliance and CJSW. However, referrals from the Courts and Reliance show a lower uptake of Turnaround's services than those referred from CJSW for example.

Recommendations

- 8.24** Funding should be secured for another 3, preferably 5, year period, to allow the service time to further develop its potential without struggling with a constant turnover of staff.
- 8.25** Funding streams should be re-examined to see if there is any way of negotiating a staged or staggered approach to extending the funding period with the Scottish Government and the various charitable organisations currently supporting this project.
- 8.26** Referral routes and processes should be re-examined especially in relation to the Courts, Reliance and CJSW. The provision of clearer guidelines or criteria for selection of young offenders for referral to Turnaround may help to reduce the lower up-take of referrals from the Courts and Reliance.
- 8.27** The role of APEX workers should be reviewed. Currently they are working as support or project workers but as the service develops it is important that their role as Employment Development Advisors is retained.
- 8.28** The role of the Venture Trust should be re-examined. It is felt, amongst service users generally and staff, that there is considerable scope to develop their involvement with Turnaround to the benefit of the service and enhance the service users' experience and skills.
- 8.29** There is the desire for more physical activities amongst the service users, for example, swimming, canoeing, abseiling, walking, football, and in the residential unit for supervised access to the gym. The desire for more physical activities was seen as not just providing physical benefit but as offering other ways in which service users could develop and build on their inter-personal, communication and team work skills.
- 8.30** Consideration should be given to extending the age range to 16-40 and also to including girls and young women in service provision. While this may be problematic, staff experiences suggest that there is an unmet demand from girls and women and from older men whom they currently cannot accommodate. Suggestions proffered by staff included splitting the service delivery into two categories - a young person service 16-25, with another to focus on the older group 25-40.
- 8.31** Communication strategies should also be reviewed. In relation to staffing, morale and identity of the service, a clear communications strategy and more all-staff meetings are needed to encourage a homogenised service and the exchange of good practice between the various community bases and the residential unit.
- 8.32** Exit procedures should also be reviewed and protocols set in place with partnership agencies to ensure that service users experience a smooth transition between support services.

8.33 Peer support opportunities should be considered to widen the service range. Service users report that contact with ex-service users is helpful and indeed some of the current service users feel they could offer peer support to those who have just come to Turnaround.

En Fin

8.34 Turnaround was found to be an innovative, effective and cost-efficient service for persistent, low tariff, young offenders with addiction problems. The staff of Turnaround are to be commended in the quality of the service they have developed and currently are providing in a very challenging environment of time-limited funding. Securing funding for a further 3-5 year period would help to establish the service on a firm footing and help to stem the haemorrhaging of staff. It would also permit the service time to further refine, define and develop its range and scope. Turnaround is a quality service that meets a demand not currently met elsewhere in the criminal justice system.



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APPENDIX 1

		Turnaround Induction Programme December 2007				
		Group 1				
Monday	Tuesday	Wednesday	Thursday	Friday		
3	4	5	6	7		
9.30am – 4.30pm Welcome/Introductions [Training Room 2 & 3, Govan Road]	9.30am – 4.30pm Welcome/Introductions [Training Room 2 & 3, Govan Road]	9.00am – 5.00pm Emergency First Aid [Adelphi Centre] Nautical College	9.30am – 4.30pm Introduction to Alcohol & Drugs [Training Room 2 (& TR1), Govan Road] James Withey &			
10	11	12	13	14		
9.30am- 4.30pm Skills for one to one working [Training Room 3 (& TR4), Govan Road] Christine McGarvey & Patrick Joyce		9.30am – 4.30pm Child Protection [Training Room 2 (&TR1), Govan Road] James Withey	9.30am – 4.30pm ASIST [Training Room 2 & 3 (& TR1 & 4), Govan Road] Bernadette Walsh & Linda Lammin-Simpson			
17	18	19	20	21		
9.30am – 4.30pm CPI Training [Training Room 2 & 3, Govan Road] Anne Marie Quigg & Mark Phillips	9.30am – 4.30pm Protection of Vulnerable Adults [Training Room 2 (& TR1), Govan Road] John White & Sandra Lindsay	9.30am – 4.30pm Blood Borne Viruses [Training Room 3, Govan Road] James Withey	9.30am – 4.30pm Groupwork [Training Room 2 & 3 (& TR1), Govan Road] James Withey			



February				
Monday	Tuesday	Wednesday	Thursday	Friday
16 th	17 th	18 th	19 th	20 th
9.30 – 12.30 – Introductions/Welcome [Marnie Hodge & Tracey McFall] 1.30 – 4.30 Team Building [Christine McGarvey & Sandra Lindsay] Govan Road, Glasgow	9.30 – 4.30 Preparing to Practice [Sandra Lindsay] Govan Road, Glasgow	9.30 – 4.30 Emergency First Aid [Nautical College] Adelphi Centre, Glasgow	9.30 – 4.30 Skills for One to One Working [Christine McGarvey & Katie McLeod] Govan Road, Glasgow	
23 rd	24 th	25 th	26 th	27 th
9.30 – 4.30 Making Most of Supervision [Moirra McLellan] Govan Road, Glasgow	9.30 – 4.30 Child Protection [James Withey] Govan Road, Glasgow	9.30am – 4.30pm Communication Training [John White] Govan Road, Glasgow	9.30 – 4.30 Individual Risk Assessment [John White] Govan Road, Glasgow	9.30 – 4.30 WRAP Training [Eric Nicol] Govan Road, Glasgow
March				
2 nd	3 rd	4 th	5 th	6 th
9.30 – 4.30 Group Work [Duncan Wallace] Govan Road, Glasgow		9.30 – 4.30 Introduction to Alcohol & Drugs [James Withey] Govan Road, Glasgow		9.30 – 4.30 Blood Borne Viruses [Alan Johnston - STRADA] Scottish Drugs Forum

APPENDIX 2

<i>Course Title</i>	<i>Duration</i>
Adult Protection Issues	1
Adult Protection Issues - Office based, Admin & Auxiliary	0.5
Alcohol & Drug Awareness for Admin Staff	0.5
Applied Suicide Intervention Skills (ASIST)	2
Auricular Acupuncture	5
Auricular Acupuncture - Refresher	1
Blood Borne Viruses	1
Child Protection Issues	1
Child Protection Issues - Admin & Auxiliary	0.5
Crack/Cocaine Awareness	1
Customer Care	1
Emergency First Aid	1
Fire Safety Management	0.5
Food Hygiene	1
Group Work - Level 1	2
Group Work - Level 2	2
How to Offer Effective Supervision	2
Individual Risk Assessment	1
Introduction to Alcohol & Drugs	2
Making the Most of your Supervision	1
Medication (distance learning)	N/A
Mental Health - Advancing your Practice	1
Mental Health First Aid	1
Minute Taking	1
Motivational Interviewing & Solution Focused Therapy	1
Non Violent Crisis Intervention	1
Non Violent Crisis Intervention - Refresher	0.5
Overdose Prevention & Intervention	1
Preparing to Practice	1
Recording Skills (distance learning)	N/A
Safer Handling & Back Care	0.5
Skills for One to One Working	2
Working Safely	1



Phase 1- 12 sessions

AIMS:

- To raise overall awareness of the various issues raised over the 12 sessions
- To reduce harm in drug/alcohol use, health, offending and behavioural issues
- To encourage and facilitate change and recovery
- Move from pre-contemplation to contemplation stage in cycle of change

OBJECTIVES: By the end of Phase 1 group members should:

- Have increased awareness of issues raised over the 12 sessions
- Have safer drug/alcohol use and lifestyle practices
- Be at a place where they can consider change in some way

OVERVIEW

- Motivational Interviewing approach by group facilitators
- Looking at moving from pre-contemplation to contemplation parts of cycle of change
- Harm reduction and recovery based approaches

CONTENT

1. Change-What's in it for me?
2. Alcohol and behaviour
3. Drug awareness
4. Understanding emotions and how to keep your temper
5. Overdose awareness
6. Triggers
7. Blood Borne Viruses and safer injecting practice
8. Self talk

Phase 2- 12 sessions

AIMS:

- To raise overall awareness of the various issues raised over the 12 sessions
- To reduce and move towards abstaining from drug/alcohol use, offending and problematic health and behavioural issues
- To encourage and facilitate change and recovery
- Move from contemplation stage to preparation and action stages in cycle of change

OBJECTIVES: By the end of Phase 2 group members should:

- Be able to demonstrate increased awareness of issues raised over the 12 sessions
- Have significantly reduced drug/alcohol use, offending and problematic lifestyle practices
- Be preparing for, or actioning change

OVERVIEW

- Cognitive behavioural therapy and psychodynamic methods used by group facilitators
- Looking at moving from contemplation to preparation and action parts of cycle of change
- Harm reduction and recovery based approaches

CONTENT

1. Thinking about my offending
2. Self awareness: Who am I?
3. Negative emotions and coping with loss
4. More self talk!
5. ABC's and thinking errors
6. Victim empathy
7. Anger, aggression and assertiveness
8. Sleep management and relaxation
9. Relationships

Phase 3- 8 sessions

AIMS:

- To raise overall awareness of the various issues raised over the 8 sessions
- To support service users to abstain from drug/alcohol use, offending and problematic health and behavioural issues
- To encourage and facilitate change and recovery
- To be at action and maintenance stages in cycle of change
- Support service users to address practical areas of their life
- To support service users back in to training/education/employment

OBJECTIVES: By the end of Phase 3 group members should:

- Be able to demonstrate increased awareness of issues raised over the 8 sessions
- Be abstaining from drug/alcohol use, offending and problematic lifestyle practices
- Be actioning and maintaining change
- Be working towards employment, education or training

OVERVIEW

- Cognitive behavioural therapy, solution focused and motivational interviewing techniques used by group facilitators
- Looking at action and maintenance parts of cycle of change
- Recovery based and solution focused approach

CONTENT

1. Living skills
2. Why work?
3. Effective communication
4. The world of work
5. Why disclose?
6. Social functioning and parenting
7. Overcoming barriers and resolving conflict
8. Moving on and programme review

APPENDIX 4



Assessment TA10



Name:		Site of Assessment:	Turnaround
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D.O.B:		Personal contact No:	
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Height:		Weight:	
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NI:		Service ID		Date	
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Address:		Prison number:	
		Care Justice number:	
		SMR25 number:	
Postcode:		LSRI SCORE:	

1. CRIMINAL ACTIVITY		
Legal Issues:		
<p>1.Criminal justice status: <i>please tick all that apply and give details below..</i></p>	<p>Probation <input type="checkbox"/> D.T.T.O <input type="checkbox"/> H.D.C/R.L.O <input type="checkbox"/> Community Service <input type="checkbox"/></p> <p>Recent release from prison <input type="checkbox"/> X Deferred sentence <input type="checkbox"/> S.A.O <input type="checkbox"/> Bail <input type="checkbox"/></p> <p>Supervised bail <input type="checkbox"/> License <input type="checkbox"/> A.S.B.O <input type="checkbox"/></p>	
<p>Conviction(s):</p>	<p>Length of order/deferment/sentence:</p>	<p>Any conditions:</p>

2. Do you have court cases pending?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If yes expand: nature of charge, date of case, time of case, any risk to self by attending.</i>
<i>Charge:</i>	<i>Date, time and court:</i>	<i>Any risk:</i>
3. Do you have a solicitor?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If yes expand: If yes Name, address, and contact telephone number.</i>
<i>Name:</i>	<i>Address:</i>	<i>Tel no:</i>
4. Outstanding warrant for arrest?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If yes, reason for warrant</i>
<i>On a scale of 1-6 How big a problem are your legal issues in your life?</i>		

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
					
None at all	Not much	a bit of a problem	Problem	Big problem	Huge problem

Offending Behaviour

Criminal Justice History (tick all that apply):







Probation Community Service D.T.T.O Custodial sentences H.D.C/R.L.O Bail
 Supervised bail S.A.O Deferred sentence Unpaid fines History of offending A.S.B.O A.B.C

Details of prison sentences:

What are your main charges/convictions for? (tick all that apply)

Shoplifting B.O.P Theft Assault Misuse of drugs Possession of an offensive weapon
 Driving offences Breaching an order Criminal damage Fire raising Domestic abuse Firearm offences
 Other (please specify):

On a scale of 1-6 How big a problem is offending in your life?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
					
None at all	Not much	a bit of a problem	Problem	Big problem	Huge problem

2.ACCOMODATION/LIVING SITUATION

Current Housing Status:		
Tenancy <input type="checkbox"/>	Bed & Breakfast <input type="checkbox"/>	Family/Friends <input type="checkbox"/>
Private Hostel <input type="checkbox"/>	Supported Accommodation <input type="checkbox"/>	Rehabilitation <input type="checkbox"/>
Council Hostel <input type="checkbox"/>	Roofless/Homeless <input type="checkbox"/>	Other <input type="checkbox"/>

Status Confirmed by housing officer:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Baseline Assessment present:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Known Restrictions/Alerts:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>Details:</i>

Previous Housing/Homeless History: *include the last 12 month period, dates, accommodation type, length of stay in each place, reasons for leaving,*

Previous History of Substance Misuse Rehabilitation: *include the last 3 year period, dates, where, length of stay, outcome, reasons for leaving,*

3.SUBSTANCE MISUSE:

Current drug and alcohol use:

	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>If yes expand below: include name of drug, amount, and method of delivery, ie, IV, Inhalation, Oral, Nasal, Other.</i>	
Drug:	Amount:	How often:	Method:	

2. Are you using alcohol at this time? Yes No *If yes expand below: include amount, how often and what alcohol consumed e.g wine, vodka, lager*

Alcohol:	Amount:	How often:

3. Where do you use/drink? *Please tick all that apply* Own house Friends house Outside Pub/Club

4. Who do use/drink with? *Please tick all that apply* Alone With friends With partner
Other (specify) :

5. Why do you use/drink?

6. Have you received treatment for this? Yes No *If yes expand: include date of commencement, agencies, duration, contact names, type of treatment.*

7. Are you in receipt of substitute prescription ? Yes No *If yes expand: include drug, amount, duration, who prescribes this, name of pharmacist or other dispenser, supervised or un-supervised?*

On a scale of 1-6 How big a problem is your accommodation/living situation in your life?

1

2

3

4

5

6



None at all



Not much



a bit of a problem



Problem









Big problem









Huge problem

On a scale of 1-6 How big a problem are drugs in your life?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
					
<i>None at all</i>	<i>Not much</i>	<i>a bit of a problem</i>	<i>Problem</i>	<i>Big problem</i>	<i>Huge problem</i>







On a scale of 1-6 How big a problem is alcohol in your life?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
					
<i>None at all</i>	<i>Not much</i>	<i>a bit of a problem</i>	<i>Problem</i>	<i>Big problem</i>	<i>Huge problem</i>

Substance use related health:

1. Do you know your Hep B, Hep C and HIV status?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If yes expand below: detail status, date of last test or immunisation if known</i>
2. If yes, are you aware of how Hep B, Hep C and HIV is transmitted?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	<i>If unsure or no: Assessor should provide information</i>
3. Do you have any problems associated with your drug use?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If yes expand: include any abscesses or infected injection sites. Any other.</i>
4. Do you inject?	Yes <input type="checkbox"/> No <input type="checkbox"/> In the past <input type="checkbox"/>	<i>If yes, expand: Where do they inject and do they rotate injecting sites.</i>

On a scale of 1-6 How big a problem are injecting related issues in your life?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
					
<i>None at all</i>	<i>Not much</i>	<i>a bit of a problem</i>	<i>Problem</i>	<i>Big problem</i>	<i>Huge problem</i>

Substance use history:

1. Have you had any periods when you have been drug or alcohol free?

Yes No

If yes expand below: amount daily, type of drug/ alcohol, last abstained.

2. Have you ever overdosed?

Yes No

If yes expand below:

3. Previous drug supports?

Yes No

If yes expand: agency used, date of use, contact names, outcomes.

5. Have you experienced withdrawals?

Yes No

If yes expand: hallucination type, visual, auditory, sensory, tactile,

6. Do you experience seizures?

Yes No

If yes expand: date of last seizure, drug/alcohol related, duration of seizure, medical intervention required.

(detail in risk assessment)

On a scale of 1-6 How much at risk do you feel of overdose?

1

2

3

4

5

6



None at all



Not much



a bit of a risk



Risk



Big risk



Huge risk

On a scale of 1-6 How much at risk do you feel of relapse?

1

2

3

4

5

6



None at all



Not much



a bit of a risk



Risk



Big risk



Huge risk

4. PSYCHOLOGICAL WELLBEING:

Mental Health:

Very well Well Not so well Poorly Don't know

Feeling depressed Low self esteem Self Harm Anxiety

Panic Paranoia Feeling lonely Feeling sad

Stress Worried Sleeping problems

Suicidal thoughts

On a scale of 1-6 How big a problem is mental health in your life?

1

2

3

4

5

6



None at all



Not much



a bit of a problem



Problem



Big problem



Huge problem

On a scale of 1-6 How big a problem is self esteem in your life?

1

2

3

4

5

6



None at all



Not much



a bit of a problem



Problem



Big problem



Huge problem

On a scale of 1-6 How big a problem is confidence in your life?

1

2

3

4

5

6



None at all



Not much



a bit of a problem



Problem



Big problem



Huge problem

On a scale of 1-6 How big a problem is anxiety in your life?

1

2

3

4

5

6



None at all



Not much



a bit of a problem



Problem



Big problem



Huge problem

3. Are you currently on any medication for any mental health related issue?

Yes

No

If yes expand: details of medication, dosage, prescribed by, do they take this regularly

Medication/dosage:

Prescribed by:

How often:

Mental Health History :

1. Have you ever self-harmed or attempted suicide?

Yes

No

If yes expand: date of last episode, frequency of episodes, medical intervention required, any triggers.

2. Have you ever had any psychiatric treatment or hospitalisation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If yes expand: dates, names of hospital, duration of stay, Has the client ever been sectioned, any diagnosed mental illness.</i>
<i>Hospital/dates:</i>	<i>Length of stay:</i>	<i>Outcome:</i>
3. Have you ever been treated for depression or anxiety?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If yes expand: dates of treatment, where treated? Who treated? Medical intervention.</i>
<i>Dates:</i>	<i>Treated by/where:</i>	<i>Intervention:</i>

5. SOCIAL FUNCTIONING:		
Parental Responsibilities:		
Are you a parent:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have contact with your child:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you wish contact while in residential:	Yes <input type="checkbox"/>	No <input type="checkbox"/> <input type="checkbox"/>
Is your partner pregnant:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you care for any other children:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Details of all children that you have responsibility for

Child Name	Age	Your relationship	Main Carers Address	Nursery/ School	S/W Details	Access/ Contact

If the child(ren), do not live with you, do they live with any of the following?

- With partner In care of social work
 With extended family In foster home
 With ex-partner Adopted
 Other (please state where) :







Is there any social work involvement with your children? YES NO

What is the nature of the social work involvement with your children? :

Is your child (or children) on the Child Protection Register? YES NO

Are you children aware of your substance misuse/alcohol? YES NO

On a scale of 1-6 How big an impact is your drug/alcohol use having on your ability to be a parent?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
					
<i>None at all</i>	<i>Not much</i>	<i>a bit of an impact</i>	<i>Impact</i>	<i>Big impact</i>	<i>Huge impact</i>







Social history:

1. Are there any issues from your past you feel have affected or triggered your drug /alcohol use?

Yes No
Don't wish to answer

If yes, expand below: consider parenting, schooling, significant life events







On a scale of 1-6 How big a problem is your social history in your life?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
					
<i>None at all</i>	<i>Not much</i>	<i>a bit of a problem</i>	<i>Problem</i>	<i>Big problem</i>	<i>Huge problem</i>

Relationships

1. What social supports do you have? Partner Family network Friends Very little None
2. Are these drug or alcohol free supports? All Some None *Expand below:*

On a scale of 1-6 How big a problem are your relationships in your life?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
					
<i>None at all</i>	<i>Not much</i>	<i>a bit of a problem</i>	<i>Problem</i>	<i>Big problem</i>	<i>Huge problem</i>

Occupational Issues:

1. Describe your daily routine: Structured day Semi-structured day Unstructured day

2. Describe any drug or alcohol free interests or activities you have:

On a scale of 1-6 How big a problem is your day to day situation in your life?

1

2

3

4

5

6



None at all



Not much



a bit of a problem



Problem



Big problem



Huge problem

3. Have you ever worked? Yes No

If yes: detail below, include employment history, dates

4. Would you like to work in the future? Yes No Unsure

Expand below: e.g what sort of job would interest you?

On a scale of 1-6 How big a problem are occupational issues in your life?

1

2

3

4

5

6



None at all



Not much



a bit of a problem



Problem



Big problem



Huge problem

What supports do you require towards employability? Literacy Numeracy CV References Skills

On a scale of 1-6 How big a problem is employability in your life?

1

2

3

4

5

6



None at all



Not much



a bit of a problem



Problem



Big problem



Huge problem

Finance:

1. What benefits do you receive:

Income Support Incapacity Jobseekers DLA Tax credits Child Benefit N/A

2. What is the total amount of benefits you receive: £ _____ weekly fortnightly monthly

3. How, when & where do you receive your payments:

4. Are there any deductions on your benefits (loans, rent arrears):

5. Any additional financial information:

On a scale of 1-6 How big a problem is your financial situation in your life?

1

2

3

4

5

6



None at all



Not much



a bit of a problem



Problem



Big problem



Huge problem

6. PHYSICAL HEALTH

Physical Health History:

1. Do you suffer from any disability?

Yes No

If yes expand: include nature of disability, any specific support need, is the person registered as disabled.

Nature:







Support needed:

Registered disabled?

2. Have you been admitted to any General Hospital in the past twelve months?

Yes No

If yes expand: include dates, name of hospital and ward, duration of stay, reason for admittance, any diagnosis, any need for continuing treatment, medication.

3. Have you undergone any surgery in the last twelve months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If yes expand: include reason for surgery, any requirement for continuing treatment, medication.</i>			
<i>Reason for surgery:</i>	<i>Continuing treatment:</i>	<i>Medication:</i>			
4. Have you sustained any head injuries requiring treatment in the last twelve months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If yes expand: include frequency, what medical intervention was requiring, are there any known effects of this.</i>			
5. Do you have any diagnosed medical condition that staff should be made aware of?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If yes expand: note of diagnosis, when diagnosed, by whom diagnosed, any ongoing treatment or medication.</i>			
6. Do you have any allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If yes expand: ask if person is allergic to penicillin, include any other allergy type, any known treatment or medication.</i>			
<i>Allergy:</i>	<i>Treatment:</i>	<i>Medication:</i>			
On a scale of 1-6 How big a problem is your health in your life?					
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
					
<i>None at all</i>	<i>Not much</i>	<i>a bit of a problem</i>	<i>Problem</i>	<i>Big problem</i>	<i>Huge problem</i>
Current health issues:					

7. Do you experience any of the following health issues?

- Poor general health Weight loss Memory loss Viruses Fits
 Blackouts Dental problems Poor diet/eating Insomnia
 Peripheral neuropathy Jaundice Vomiting Night sweats
 Coughing Pain Sexual health issues Headaches

On a scale of 1-6 How big a problem is your physical health and fitness in your life?

1

2

3

4

5

6



None at all



Not much



a bit of a problem



Problem



Big problem



Huge problem

What does Recovery mean to you?

Readiness for change

Reasons for change

Reasons/Barriers not to change






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How ready do you feel for change?

<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					
<i>Ready</i>	<i>Thinking about it</i>	<i>Not sure</i>	<i>Probably not ready</i>	<i>Not interested in change</i>	

Agreed goals:

Sec D Other Agencies/Professionals involved with you or your family: Next of Kin

Name	Relationship	Agency/Address	Tel No
	Next of Kin.		
	Care Manager		
	GP		
	Psychiatrist		
	CPN		

BRIEF CASE SUMMARY AND COMMENTS (fill in after assessment is complete)

PRESENTING ISSUE	SCORE	TO BE DISCUSSED AT CARE PLAN	No. on Care
------------------	-------	------------------------------	-------------

		Turnaround	01563 535510
	Counsellor		
	Social Worker		
	Probation Officer		
	Housing Worker		
	Lawyer		
	Other:		
	Other:		

		STAGE	Plan
Legal Issues			
Offending Issues			
Criminal activity overall (take average)			
Drug Issues			
Alcohol issues			
Risk of relapse			
Risk of overdose			
Injecting Issues			
Substance misuse overall (take average)			
Health			
Physical Health and fitness			
Physical health overall (take average)			
Mental Health Issues			
Self Esteem			
Confidence			
Anxiety			
Social History/Issues			
Psychological wellbeing overall (take average)			

Accommodation/Living Situation			
Living situation overall (take average)			
Impact drug/alcohol on parenting			
Relationship Issues			
Occupational Issues			
Day to Day situation			
Employability Issues			
Financial Issues			
Social functioning overall (take average)			

Signed By:		Date:	
Service User:			
Assessor:			

Residential only section

5 DAY DRUG HISTORY

DRUG	ROUTE	TODAY	@ TIME	DAY 1	DAY 2	DAY 3	DAY 4
Heroin/cocaine							
Diazepam							
Cannabis							
Buckfast/cider/lager							
Wine/sherry/spirits							
Methadone							
Other (specify)							

Nutrition:		
1. Do you have any special dietary requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If yes expand: include any information to be passed over to cook.</i>
2. Do you have any food allergies that you are Aware of?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If yes expand: include, the type of food or food groups.</i>
3. Do you have any concerns about your diet?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If yes expand</i>
4. What kind of things do you eat on a daily basis?	Enter information into nutrition plan.	
5. What are your favourite foods?	Enter information into nutrition plan.	

Nutrition Plan:
1.
2.
3.
4.
5.
6.
7.
8.

Empty rectangular box at the top of the page.

What do you expect from your stay at Turnaround Residential

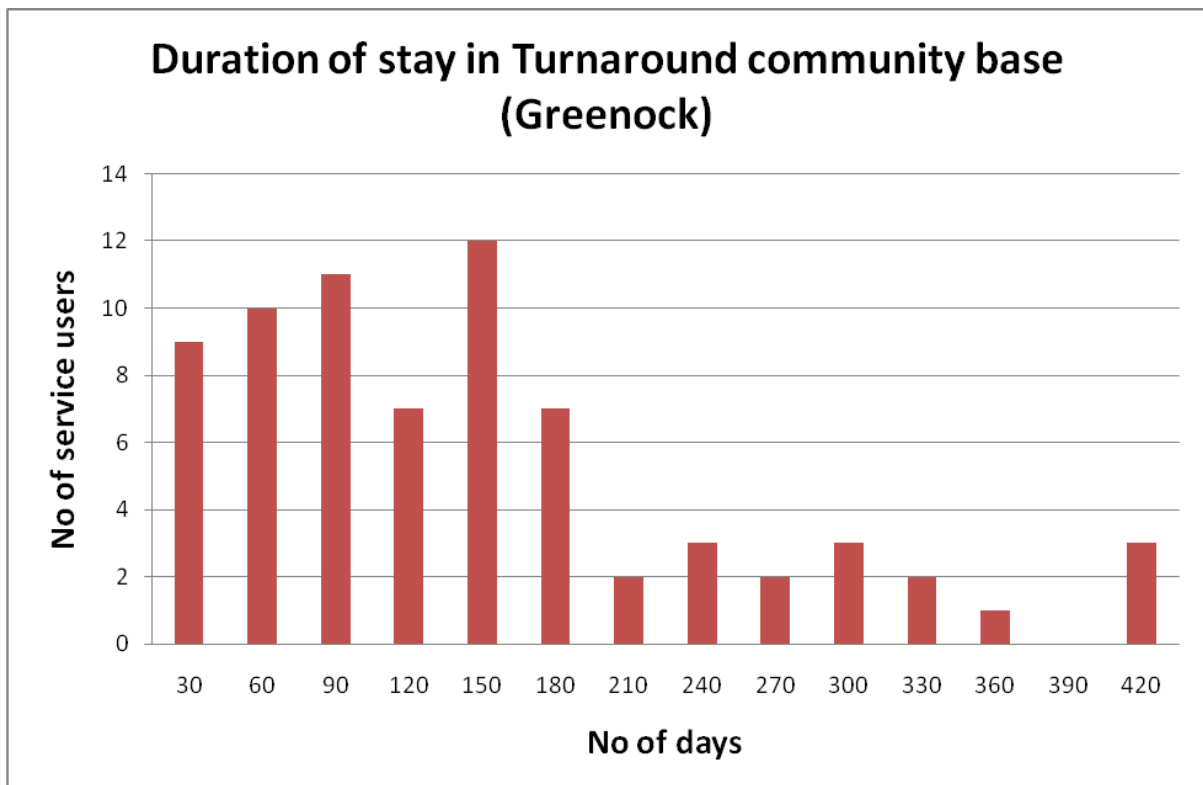
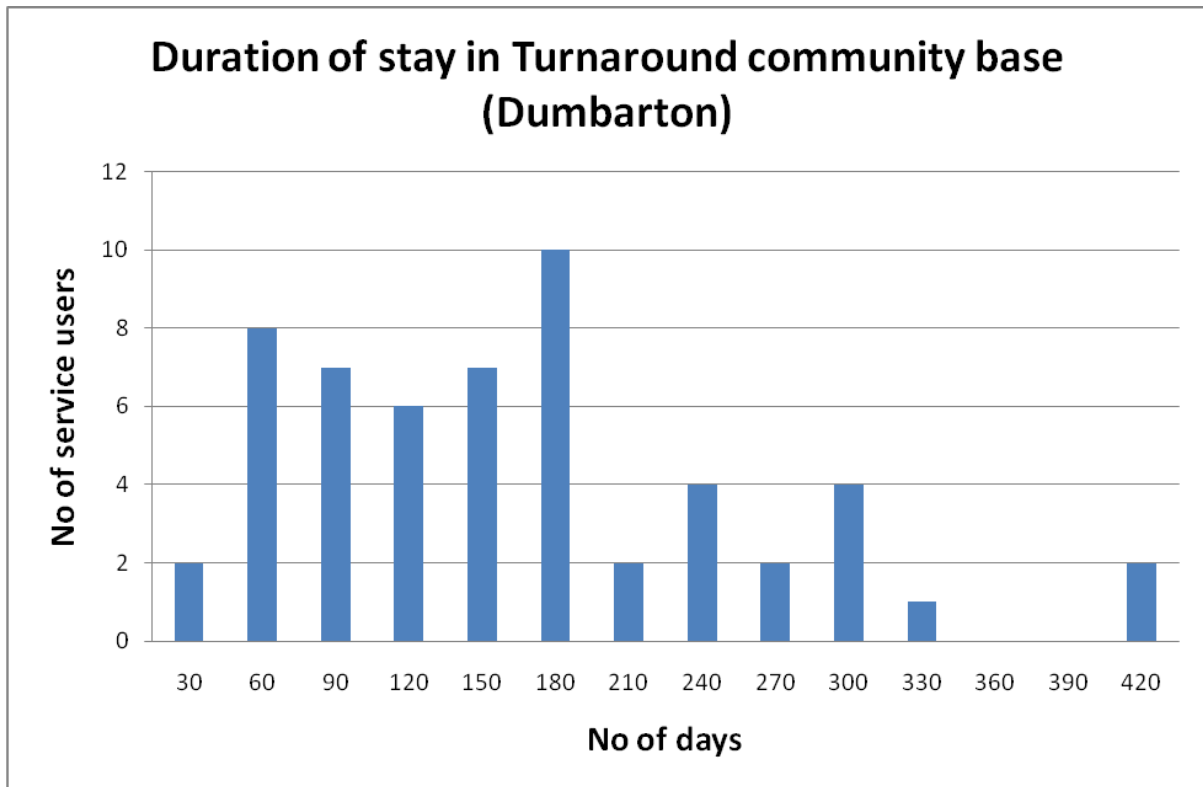
Large empty rectangular area for writing responses to the question above.

What changes or improvements would you like to see in your life by the end of your stay?

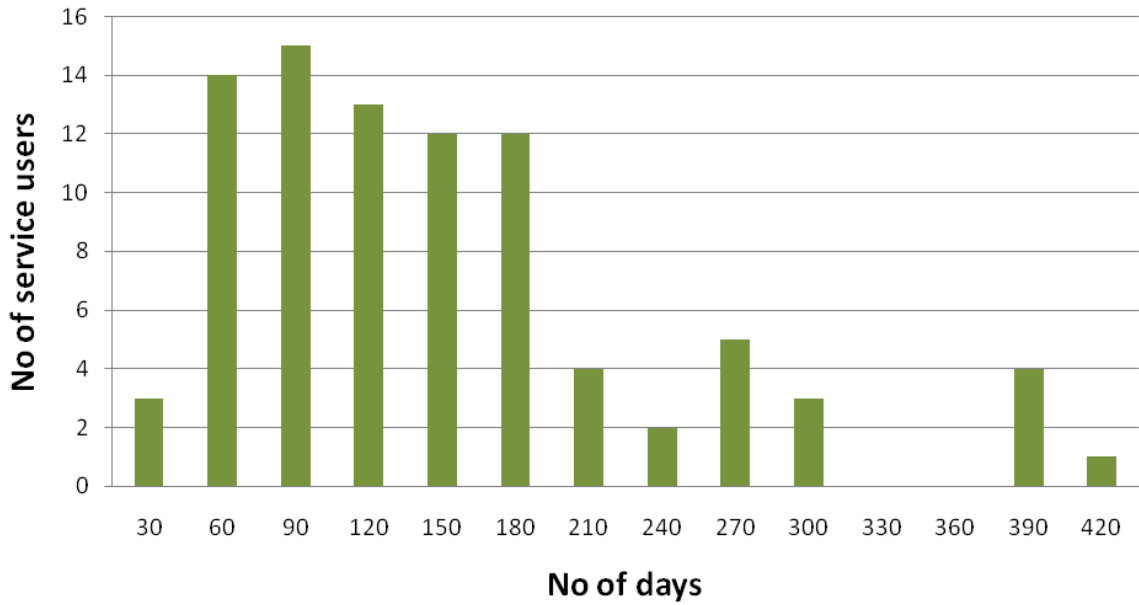
Empty rectangular area for writing responses to the question above.

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Signed By:		Date:	
Service User:			
Assessor:			
Shift Co-ordinator:			
Service Manager:			



Duration of stay in Turnaround community base (Irvine)



Duration of stay in Turnaround community base (Kilmarnock)

