

Implementing a culture of restorative practices to foster inclusive residential environments at Approved Premises

NOMS Pilot Project Evaluation

Final Report May 2017

Dr Elizabeth A. Bates



Executive Summary

- The aims of the pilot were to develop pro-social, inclusive environments that improve the service user engagement within Approved Premises (APs). This is done through fostering and developing interpersonal relationships between staff and service users, and by developing an understanding of the needs of these service users to be able to influence these relationships. This includes reducing indicators of residents experiencing isolation associated with their protected characteristics. It also aimed to rigorously test the impact of restorative practice as an approach within this setting.
- Health and Social Care Evaluations (HASCE) at the University of Cumbria was commissioned to conduct the external and independent evaluation of the pilot. They collected data from the project at different time intervals across its duration: pre-training; immediate post-training; and 3, 6 and 9 months post-training.
- This final report explores qualitative and quantitative findings from pre-training and immediate post-training data collection and at 3, 6 and 9 month follow up points. It further includes interview data with staff and residents, as well as analysis of baseline and post-pilot AP data.
- Key findings included
 - Staff described an increased confidence in tackling conflict within the AP environment between residents.
 - Staff felt extremely positively about working with Restorative Thinking on this pilot, they felt their training was providing them with additional skills to tackle conflict in APs. They described instances of utilising restorative principles and skills in their work within the APs.
 - In APs where the intervention programme had been delivered, staff indicated they felt it impacting within their AP. Many requested additional training and support going forward to ensure they were able to deliver the intervention programme fully.
 - Residents who had completed the intervention programme spoke overwhelmingly positively about it. Many discussed the impact it had had on them within the AP setting and how they felt about leaving and making decisions in the future.

- The pilot as a whole, and the intervention programme, was seen to have an impact on inclusivity within the APs. Staff reported residents feeling more included and more involved, with staff describing that they felt it had changed or at least enhanced their own practice around inclusivity.

- Analysis of the AP data yielded no significant differences and yet showed promise for future delivery. Specifically, it supported that APs are already engaging in inclusive practice, specifically including some of the protected characteristics, but that the Restorative Thinking pilot had served to emphasise and reinforce this.

- There were a number of external barriers that prevented the training and intervention programme being fully implemented by AP staff with residents, which has restricted being able to fully explore the impact.

- One of the key conclusions from this report is that where the Restorative Thinking intervention programme has been implemented, it has been seen to have a positive impact on staff and residents. Specifically, how resident spoke about their experiences within the APs and their thoughts about the future.

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1 Introduction and Overview

1.1 About Restorative Thinking Limited

Restorative Thinking Limited is a social enterprise, delivering restorative training and consultation. They provide restorative practice/restorative justice prevention and intervention programmes and related training, support and evaluation within a variety of settings including within Criminal Justice Services (prisons and probation services). Restorative Thinking Limited has been awarded the Restorative Justice Council's RSQM (Restorative Services Quality Mark).

1.2 About the Project

Restorative Thinking Limited successfully gained grant funding from the National Offender Management Service (NOMS) to pilot their restorative practice work within 16 Approved Premises (AP) in both the North East of England and the Midlands (8 APs in each area). These areas were chosen specifically to represent two demographically different areas; they represent an important geographical spread of the pilot, highlighting the scope of the project and the good use of NOMS funds.

This pilot was designed by Restorative Thinking Limited to test the effectiveness of restorative practice in improving outcomes for service users of Approved Premises within the two NPS divisions – the North East and Midlands. The aims of the pilot were to develop pro-social, inclusive environments that improve the service user engagement within Approved Premises. The intention was to do this through fostering and developing interpersonal relationships between staff and service users, and by developing an understanding of the needs of these service users to be able to influence these relationships. It also aimed to rigorously test the impact of restorative practice as an approach within this setting. The implementation of the pilot involved two distinct stages: the training and supervision of the AP staff, and the intervention programme delivered to residents. AP managers and staff were first trained in restorative principles and skills and the benefits of utilising these skills within the AP environment to foster inclusivity and reduce conflict. Staff then went on to be trained in the delivery of an intervention programme that could be used with residents to increase their responsibility taking, their

understanding of restorative practice and how it could be utilised in their day to day life around challenges and conflict resolution.

The implementation of the project involved several separate types of training. First, 16 AP managers (some were deputy managers), underwent the Leadership Training. Over the course of a day, they were introduced to the project aims and objectives, the timelines of the project, principles and skills of restorative practice. They then identified staff who would undertake the next stage of training and become members of the “guiding team” – this was 8 staff members in the Midlands and 13 in the North East APs. The guiding teams were also introduced to the project aims and objectives over three days, the principles and skills of restorative practice and how to begin embedding this practice in AP settings. The final stage of training was the staff training which involved rolling out the programme more widely across the APs. In the Midlands, 53 staff were trained in restorative practice principles and skills with 33 of these also being trained to deliver the Restorative Thinking intervention programme in the APs; in the North East this was 72 staff trained in the restorative practice principles and skills with 39 of them being trained to deliver the intervention programme. The principles and skills training took a day with the effective delivery of the intervention programme training taking a further day. Additionally, the team worked with the APs to edit the materials to make them more suitable for the AP environment, provided materials and documentation explaining how restorative practice could work within APs, the latter of which was written specifically for the AP staff, residents and associated service (e.g. probation). The Restorative Thinking team then visited each AP to work with staff and develop specific tailored action plans, devising their own restorative 'road map', customised for each AP.

The project focused on staff training, and the implementation of the Restorative Thinking intervention programme to introduce residents to restorative practice principles and skills. This model meant both staff and residents were introduced to restorative practice principles and skills: staff through the training and modelling by Restorative Thinking, residents through engaging with the intervention programme. The intended outcomes of the restorative practice intervention programme include: encouraging the adoption of restorative practice as a key life skill and being able to apply restorative practice to daily challenges and conflicts; being familiar with restorative ‘language’, principles and skills; promoting responsibility-taking and improved positive self-talk to change attitudes and behaviour, ultimately facilitating desistance and reducing reoffending; improving capacity to change and facilitating the process of change; and increased victim empathy. This intervention programme was offered to the APs via a licensing

agreement for the length of the pilot, which enabled Restorative Thinking to manage the quality control and integrity of the intervention programme.

During the training, and following the training, Restorative Thinking Limited provided ongoing wrap around and tailored support so that AP staff had access to the ongoing expertise of the Restorative Thinking team both to help implement restorative practice in the day to day running of APs and to support effective delivery of the intervention programme. The Restorative Thinking team set up email groups and regularly communicated with the APs, both to support the development of the project as a whole and to facilitate the dissemination of information as it developed throughout the project.

During this time, ethical approval was sought from the NOMS National Research Committee to conduct the evaluation (see details of the evaluation plan in Section 2 below). Leadership training commenced in September of 2015 and the guiding team training followed in October of the same year. The implementation of the staff training began in January 2016 and continued through until May.

Throughout the implementation of the pilot Restorative Thinking communicated with NOMS through regular steering group meetings. Regular reports were produced and shared at meetings and teleconferences to ensure NOMS were kept up to date with progress, development and issues that were encountered in order to be accountable.

1.3 Intended outcomes

The project listed four intended outcomes:

- 1) Data indicating enhanced resettlement and improved overall compliance with the regime.
- 2) Protection of staff and other residents and a reduction in disruptive behaviours within the AP environment.
- 3) Reduced indicators of residents experiencing isolation associated with their protected characteristics via, for example analysis of complaints received.
- 4) Products that will help to inform and enable new and complementary means of working with individual and specific groups.

2 Evaluation Approach and Methodology

In order to evaluate the Restorative Thinking Limited NOMS pilot project, a mixed methods approach was taken. The approach drew on existing data from the APs, interviews with staff and residents, as well as feedback from staff after training collected by Restorative Thinking Limited and HASCE for the purpose of the evaluation.

2.1 Existing data Sources

Existing service user data was used from APs at beginning of the project, and again at 12 months post-pilot. This data includes that gathered when service users enter the AP (e.g. age, race, presence of a disability) and data from their time there which included whether they were recalled. Baseline data involved collecting compliance with the regime, disruptive behaviour within the AP environment and the number of complaints received within the 12 months prior to training starting. This was then collected again at 12 months post-pilot to compare. Data included the following for each AP involved in the pilot:

- Number of complaints (received by residents about their treatment at APs);
- Number of grievances (staff with complaints about offenders);
- Number of incidents (low level conflict e.g. residents arguing or breaking a rule);
- Number of residents recalled due to breaches.

2.2 Data collected for the evaluation

In addition to the data from the APs there were a number of other measures and methods used to gather data to help understand the effectiveness of the programme and training. These are as follows:

2.2.1 Baseline Data

Coupled with the existing service user data about compliance and disruptive behaviour, data was also collected from staff using a culture check questionnaire designed for the project. The questionnaire was distributed to those on each stage of the training before the training took place. This questionnaire asked questions including (but not limited to) the following open ended questions (see Appendix 1 for the full questionnaire):

- What is your current understanding of Restorative Practice?
- How do you feel you currently ensure inclusivity for all your residents?
- What issues do you feel there currently are in your AP?
- How do you currently deal with conflict that occurs at your AP?

There were also questions asking about confidence dealing with conflict between staff, staff and residents, and between residents. These were scored on a Likert scale of 0 (not at all confident) to 10 (very confident) with a space for staff to explain their answers too. These were then coded into “very confident”, “confident”, “Quite/somewhat confident” and “not confident”.

2.2.2 Post Training Data

At the end of the training sessions, staff were provided with a further feedback sheet to detail how they felt the training had gone, if it met their perceived objectives and whether it had impacted on their confidence in dealing with conflict in the AP. It asked some of the same questions as the baseline questionnaire (for comparison) with some additional questions including (please see the Appendix 2 for the full questionnaire):

- Did the training achieve the objectives you expected?
- Please comment overall on the effectiveness of the speakers/trainers at this event in terms of style, content and delivery.
- How do you feel about Restorative Practice now you’ve completed the training?

2.2.3 Follow Up Data

Following completion of the training, there was a need to understand the sustainability of its effects. To consider the longer term impact of the training on the AP environments, therefore, data was collected from staff at 3 months, 6 months and 9 months post-training. Questionnaires were distributed at these time periods and ask questions around the long term effect, sustainability and the impact of the training on current practice. Some example questions are included below (see full questionnaire in the Appendix 3):

- It has been 3/6/9 months since you completed the Restorative Practice training. How do you feel about the training now?
- How do you feel the training has helped you ensure inclusivity for all your residents?
- How do you feel the training has impacted on how you currently deal with conflict within in AP? Between staff? Between residents? Between residents and staff?

This data was analysed by comparing the aggregate answers and themes across the different time points.

In addition to the questionnaire data there were a number of follow up interviews conducted with staff and residents. A representative sample was gathered from both areas and a range of staff who had engaged with the different types of training. Interviews included AP managers (n = 2 for the North East and n = 6 for the Midlands); staff/guiding team (n = 5 for the North East and n = 4 for the Midlands) and residents (n = 1 for the North East and n = 8 for the Midlands). The interview questions included questions that were asked to all staff and then specific questions for each training type. See Appendix 4 for the questions asked to all staff, and those tailored towards those at each specific training event.

The questionnaires were collected in hard copy or via email/online copy. Interviews were conducted over the phone and notes were taken and analysed using Thematic Analysis. Having engaged with the training and questionnaires, it was intended the interviews will allow staff and residents to discuss in more depth their thoughts about the pilot. The questionnaire data and interview data taken together should give a robust and clearly articulated picture of the merits of the project and staff perceptions of its impact.

3 Evaluation Findings

For this final report, the findings are presented in three sections relating to the questionnaire (3.1), and thematic analysis of the interview data (3.2), analysis of AP data around complaints, breaches and recalls (3.3).

3.1 Culture Check Questionnaire Data

The pre- and post-training questionnaire response rates were reasonable but these decreased at the 3-month and 6-month point. There were also issues around returning consent forms that meant a further reduction in the data for analysis. However, support from AP divisional leads meant that there was an increase in the numbers of staff returning their 9-month culture checks.

3.1.1 Pre-Training Questionnaires

At baseline 27.7% has no current understanding of restorative practice with a larger majority (55.5%) having some knowledge. Only 16.6% had what they described as “good” levels of knowledge about what restorative practice is and how it was used. When asked about how they felt towards the practice, the majority were either open-minded (29.4%) or cautious/unsure (29.4%). Some were interested (11.7%), some had never heard of it (11.7%) and a small number had engaged previously and were very positive towards it (17.6%).

People were then asked about their current practice within their APs, how they felt about inclusivity, what issues there were within their individual AP and how they currently dealt with conflict. Staff largely answered that they ensured inclusivity by treating residents as individuals (treating each situation as unique), they treated residents with equality and respect and they looked into the backgrounds of each resident to ensure they were aware of factors affecting their behaviour. Others responded that they made sure they always explained behaviour and action, they were honest and open with residents and they tried to model pro-social behaviour. There were very few that indicated inclusivity was a concern for them.

Issues that were currently apparent within the APs were quite varied. The most common problem that arose was around issues with New Psychoactive Substances (NPS; “legal highs”)

amongst the residents. Another common comment was that there were issues between staff, and that there was a lot of uncertainty amongst the staff in the current AP structure (to be discussed further in the interview data below). Other comments around issues were split between issues specific to residents (e.g. shared rooms, issues with younger residents) and those specific to staff (e.g. a lack of empathy, resistance to change).

Staff largely felt they currently handled conflict well. The most common methods included: discussion and prevention of escalation, giving residents space as appropriate, and discussing directly. Other methods included avoidance, collaboratively, and an aim to identify early. When asked about how confident staff felt in dealing with conflict between a) staff; b) residents and c) staff and residents, there was a range in terms of levels of confidence as figure 1 illustrates:

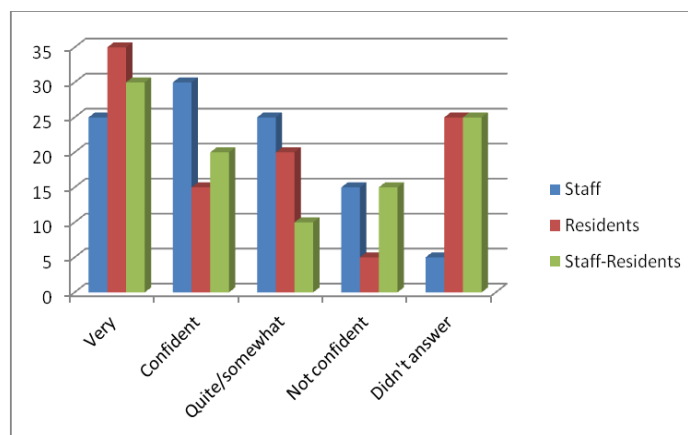


Figure 1: % of staff who felt confident dealing with conflict in APs.

As seen in figure 1, the majority of staff reported feeling very confident in dealing with conflict. This ranged a little across the different types of conflict (staff-staff, staff-residents or residents-residents) as can be seen by the variation in the chart above.

This data allows a picture to be developed of the staff that entered into the Restorative Thinking Limited pilot and the nature of how they felt about their current practice.

3.1.2 Post-Training Evaluation

Looking at an overview of the responses from the post-training evaluations, it is clear that the vast majority of people who attended the training found it to be useful. When asked whether the training met the training objectives that staff expected 70% responded that it met "all" or

“more” of what they expected. A further 24% suggested it met most of their expectations with 6% suggesting it met some expectations.

Staff reported positive experiences about the training received. The majority found “all of it” to be the most interesting with others commenting on specific aspects such as the use of videos, activities, the social discipline window, the group discussions and interactions and looking at previous knowledge but with a new perspective. Similarly, responses to questions about the effectiveness of the delivery and the speakers were also overwhelmingly positive. Staff commented the delivery was “excellent” and “very good” and delivered at an appropriate pace. They felt the background and experience of some of the RT staff fed well into the delivery of the programme.

At this stage, staff also commented that they could see the utility of restorative practice for their APs. Again, the majority were very positive, they were interested and could see the potential benefits that this practice could implement.

“Excellent trainer and clearly very well knowledgeable about topic.”

“Looking forward to tweaking my approach and utilising Restorative Thinking daily.”

“Think it will work well with offenders and staff.”

“Feel confident and equipped.”

There were some tentative comments that suggested that the effectiveness would need time and that they were unsure if they could implement this in practice but these comments were mostly in the minority. There were many positive comments around how they felt the practice would promote inclusivity at their APs too.

“It will help re-assure residents that as an AP we want to promote safety and healthy ways of resolving issues.”

“Supportive to the work we already undertake.”

Lots of responses indicated they would benefit from it, promote it and use it within their own practice. One particular comment indicated they would now see “behind the behaviour” indicating they could see how it would help them tackle disruptive behaviour and conflict.

“I am more aware of the positive needs of residents and staff... I would still deal with the situation the same way but with a more positive approach.”

“I feel that RT has given me the tools to treat people as individuals with various needs which need addressing differently for each person...”

When asked about how confident staff felt in dealing with conflict between a) staff; b) residents and c) staff and residents, there was a much clearer majority that felt “very confident” with very few feeling “not confident” or “quite confident”. Fig 2 demonstrates this shift and also highlights the smaller range of scores; the “very” category received a much greater majority.

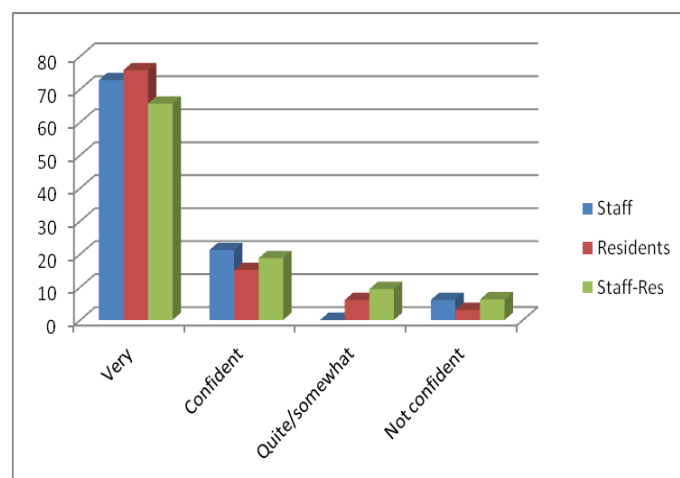


Figure 2: % of staff who felt confident dealing with conflict in APs, post-training.

3.1.3 3-month follow up

At the three month follow up, the majority of people still felt positively about restorative practice and the training they had received. A number of staff responded and said they found restorative practice interesting, they were looking forward to implementing it, they felt positively about it and felt it had helped build on other practices they were already using.

“Developed a more inclusive approach to the environment and supports EE. Putting relationships at the centre of practice and the impact relationships have in an AP community, using questions such as ‘how does your behaviour impact on other residents?’ This is quite powerful during conflict.”

“It has enabled staff to include this area of work with all residents. This has reduced the amount of disruption in the AP.”

There were some less positive comments: these indicated there had been issues in the time delay between training of the guiding team and that of the rest of the staff. When asked about obstacles that had affected implementation comments included

“Timing with the Nationalisation of Approved Premises”

“Other colleagues not been on training, not being on the same page in ways of working with residents”

“No support from management”

The delay between training is attributed to E3 change programme and travel restrictions that were imposed. There were concerns about AP staff no longer being able to travel; it was planned to deliver the training as soon as possible after the guiding team training. Others were disappointed they had not yet been able to implement the training. Staff had acted on the training they had received and many were discussing it with their colleagues and introducing the skills and techniques of restorative practice into their work. Some had heard positive feedback from others and several had introduced the use of the restorative practice questions.

There were some perceived obstacles to the success of implementing the practice these were largely grouped into the following:

- *Time* – having the time to discuss with staff and encourage them, having time to implement the practice
- *Staffing/shift patterns* – staff resistance (attributed to other agendas, see below), shift patterns meaning inconsistency in delivery, delays between training of the guiding team and the other staff
- *AP structure and culture* – seemed to be related to above around staff resistance, often hard to implement new initiatives in such an environment, some felt it was not wholly suitable for AP environments
- *Other initiatives and agendas that impacted* (e.g. E3 change programme, Enabling Environments) - during the implementation of this pilot there were other initiatives being run and other organisational changes outside of the control of both Restorative Thinking

Limited and the staff at the APs. The E3 change programme in particular has created a lot of uncertainty around the security of the jobs of many of the staff who engaged in the training. Many staff commented that this affected their motivation, engagement and the momentum of the progress.

It should be noted that there were several comments that indicated there were no obstacles and that the comments listed above are largely unrelated to the training and intervention programme.

The responses to questions around whether restorative practice affected the promotion of inclusivity, changes in practice, and the effect on compliance and disruptive behaviour, were affected by the issues described above. In many cases many answers included “not yet implemented”, staff described frustrations at not having yet been able to implement the training with residents and so they felt they could not answer.

Those that could, described that they felt the training reinforced their current practice and built on previous knowledge around promoting inclusivity. Some people were more aware of the issues that existed with residents and others felt more confident in challenging and discussing behaviour with them. Those who had changed their practice reported including more discussion, asking about feelings behind behaviours, having a better understanding.

“The training was invaluable and I feel I am able to talk to residents in a more understanding manner due to the empathic nature of the course. I gained understanding in several helpful tools which were explained very well by X, the trainer.”

Others felt they had not hugely changed their practice but it had built on previous knowledge. Many felt it was too soon to say whether it had affected disruptive behaviour but they felt positively about it.

Staff who had delivered the intervention programme were positive about the impact it had had on the residents who had engaged:

“The residents involved in the programme have found it beneficial to them and made them think how to resolve conflict in the hostel in a more pro social way.”

“I feel it draws the whole group together to become involved in group discussions”

What is clear from Figure 3 (below) is that the majority of staff did still feel very confident in tackling conflict. What is also noticeable at this time point is that there is a difference around the “staff-staff” conflict category. This is the category where staff seemed the least confident in tackling conflict. It is extremely positive to see figures in the other categories being so high in the “very confident” category and it perhaps indicates that there are nuances of conflict that exists between staff that requires more training or additional support.

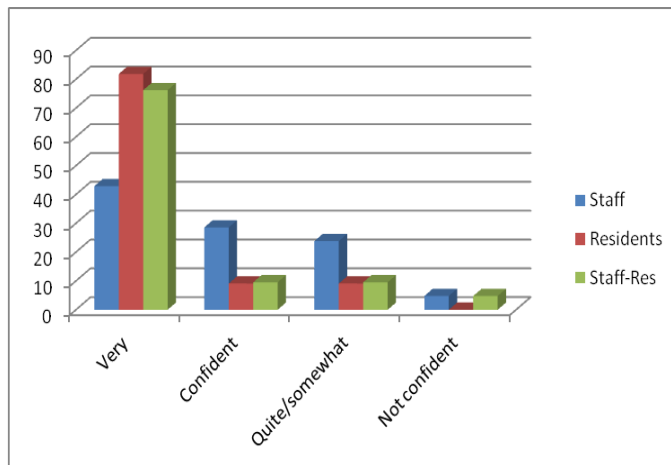


Figure 3: % of staff who felt confident dealing with conflict in APs, 3 month follow up.

3.1.4 6-month follow up

At the 6-month follow up stage there was a noticeable drop in responses but those who did respond showed a consistent pattern from the three month follow up point. This indicates a consistency in the effect of the training and similar issues preventing it being auctioned further. Staff still felt largely very positive about restorative practice, they described feeling interested, enthusiastic, confident and looking forward to starting the implementation of the Restorative Thinking intervention programme. One staff member described the training as “invaluable”. Some still did see issues that affected how they felt, largely around the changes within the probation service as discussed above.

The actions staff had taken were the same as at 3 months, it involved discussing with colleagues, with managers and using the principles in their practice where possible (e.g. using the social discipline window, Fair Process, restorative questions). Similarly, the obstacles were felt to be

the same: time, staffing, budgets and the E3 change programme. Some still felt there were no obstacles.

As above, findings around inclusivity were similar to the three month follow up. Staff felt it added to their already inclusive practice but that they felt more focused, confident and able to understand issues residents were experiencing. Many reported few changes to practice due to a delay in implementing the programme with others discussing that little had changed but it had added to or enhanced their current practice. This followed into discussions about the reduction in disruptive behaviour with several reporting it had not yet been implemented and other suggesting it was too soon to make a judgement.

Similarly, to the 3 month follow up, those who had been able to implement the intervention programme were positive about the impact it had had on residents, and the knock-on impact on staff:

“I feel that the weekly group allows the residents to have the time to discuss any grievances that have occurred that week and then to look at a well thought out way of resolving any issues.”

“I do think it is a good idea because it reminds staff and residents that is why they are here to think of other people (victims) and not just themselves.”

What is clear from Figure 4 (below) is that the majority of staff did still feel very confident in tackling conflict even at a 6 month follow up. All staff that completed the questionnaire were confident or very confident in tackling conflict in all groups. It should be noted that there was a low number who completed this and there’s the possibility that those who responded were those who feel generally more positively towards the practice. However, it is still very positive that a number felt so confident in tackling conflict.

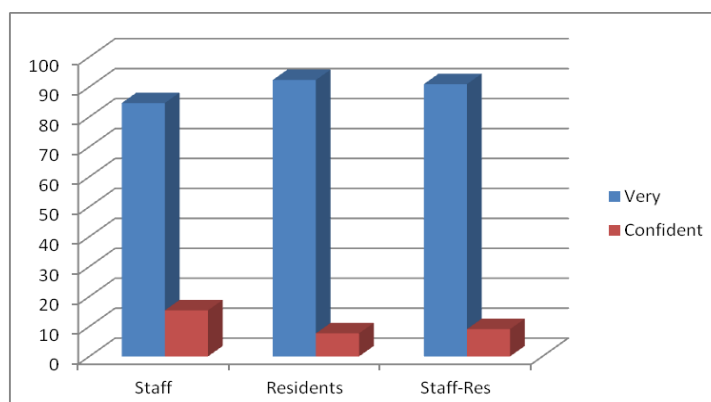


Figure 4: % of staff who felt confident dealing with conflict in APs, 6 month follow up.

3.1.5 9-month follow up

There was a noticeable increase in response rate based on some support from divisional leads. This is likely to be partly responsible for the wider variation in responses. Staff still felt largely very positive about the use of restorative practice within the AP environment. Most staff described it as a valuable tool that helped residents, and had also helped develop their skills. Other staff described that they still had not utilised and implemented the training which meant they could not say either way. Some of this latter group did say they still felt positive about it despite not being able to put it into practice yet. Feedback on this issue included reference to managers not being supportive, support not coming from “the top” with some staff felt they needed the managers to take a leadership role. Restorative Thinking had tried to implement a structure that would support this; the intention was for each AP to have a guiding team who would be responsible for supporting the implementation. Unfortunately, this structure did not always occur as planned due to issues with staff changes and the AP environment.

Staff had largely undertaken the same actions as earlier, including discussing with colleagues and managers. Many discussed having implemented restorative practice skills; this included some running the Restorative Thinking intervention programme but others, who were not currently able to implement it, were still utilising restorative principles and skills in their work with residents and staff. There was a further sub group who were preparing for hopefully being able to start intervention programme delivery soon.

Similarly, the obstacles staff reported in the intervention programme delivery were also much the same as previous time points. These were staff issues (staff moving AP/leaving, staff on rotas), time to plan and implement it, and E3/changing AP environment. Some staff also commented on some resident’s reluctance to engage in the intervention programme (linked to it not being mandatory to their licence conditions) and residents leaving or moving on before completing.

As above, findings around inclusivity were similar to the three and six month follow up. Staff felt the project and their training had added to their already inclusive practice but that they felt more focused, confident and able to understand issues residents were experiencing:

“... mindful for those who may feel excluded.”

“Using RP in day to day contact with offenders and to acknowledge the protected characteristics are important.”

“We have some Immigration cases at XX and RP has made me want to learn/ask more about the processes and procedures for these specific cases as they face much uncertainty and are very complicated.”

“Trainers have ensured there has been support for those with reading and writing difficulties. Catch ups have been provided for those who have struggled to attend all the sessions due to chaotic lifestyles.”

“The biggest change of practice is when working with individual to involve them in making decisions rather than tell them what they must do.”

Other staff commented that it had enhanced rather than changed their practice, they already felt their practice was inclusive:

“I feel that each resident is treated individually and with respect already so not much difference.”

“As I have said before I find this difficult to answer as I have always fostered inclusivity with all residents.”

“I feel that it has enhanced my practice, rather than changed it.”

With one staff member commenting that it was more impactful for residents:

“Our hostel has always practised ‘inclusivity’ with a variety of activities and very good staff. The content of the programme is more acceptable and understandable to the residents compared to other programmes we have delivered in the past.”

Others felt it had not impacted on their inclusive practice due to not being able to implement some of the changes.

At this stage, staff requested a number of possible follow ups from Restorative Thinking which is indicative of their experience working with the team and the intervention programme:

- More training/some refresher training;
- Help with communicating to management about the importance of the training;
- Continued ongoing support;
- Continued access to materials/extended licence period;

What is clear from Figure 5 (below) is that the majority of staff still felt very confident or confident, in tackling conflict at this 9-month point. The lower confidence levels for the Staff and Staff-Residents group was largely attributed to not being involved in that sort of conflict management within their role.

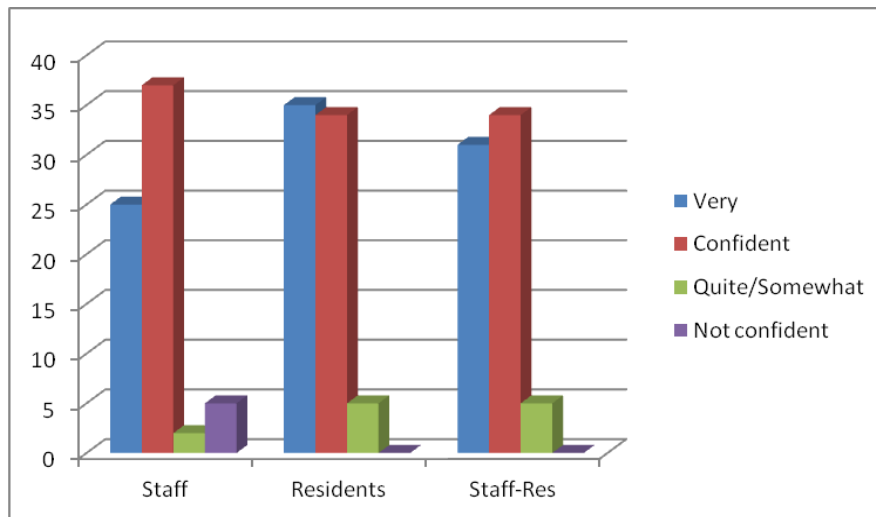


Figure 5: % of staff who felt confident dealing with conflict in APs, 9 month follow up.

With the higher response rate at this time point, there was much more feedback around the impact of restorative principles and skills on the practice of staff, as well as the impact staff felt it was having on residents.

“It’s been positive but at XX we have focused mainly on the [intervention] programme. This has been a really good experience and staff have enjoyed facilitating the sessions.”

“I think it has helped residents look at their own behaviour and that conflict does not need to be addressed violently and that there are other options.”

With one staff comment in particular, it was clear they had engaged with this intervention programme more than others they had previously had experience with:

“I have been heartened by the feedback from course participants, who have been able to express how aspects of it have positively influenced their thinking and behaviour. I have also personally found being involved genuinely rewarding. I have never hidden my lack of confidence in delivering previous hostel programmes, but - with guidance – I have embraced this particular programme like no other!”

It seems clear from analysis of all the culture check data that there has been a mixed experience around implementing restorative practice within APs. Many of the staff who have been able to engage with the intervention programme and delivery reported positive attitudes and impact. Where there were negative experiences, it was largely attributed to issues outside the control of both staff and Restorative Thinking as a team. This includes uncertainty in the AP environment and the implementation of other initiatives. Those who had the chance to engage with the practice over the last 9 months were those who spoke most positively about it; this links with the developing area in the NPS of “procedural justice”. Where offenders feel they have been treated fairly and appropriately within the Criminal Justice System, it will positively affect their outcome; similarly where staff feel they are also being treated fairly, it will impact positively on their impact as staff within the AP setting.

3.2 Interview Data

At the stage of the interim report, there had been quite a poor response to the request for interviews with both staff and residents. However, since its publication, the Restorative Thinking team have worked alongside the NOMS divisional leads and there has been a noticeable improvement in responses. In total this meant gaining interview data from AP managers (n = 2 for the North East and n = 6 for the Midlands); staff/guiding team (n = 5 for the North East and n = 4 for the Midlands) and residents (n = 1 for the North East and n = 8 for the Midlands). The discussion here includes all interviews (including those previously discussed in the interim report) to give a broader view of the impact of this pilot on those involved. These largely fall within four themes, staff experiences, the impact on APs, residents’ experiences and working with Restorative Thinking, which are discussed below.

3.2.1 Staff Experiences

The staff interviewed described largely positive experiences and feelings about using restorative practice in their APs. Staff commented on how using restorative practice had impacted on their meetings with residents, their relationship with other staff, they also commented on the positive impact and challenges they had faced.

Staff described utilising this in their one to one work with residents; they used it to facilitate discussions and reflections around behaviour. For example, one staff member told of delivering the intervention programme fully with one resident; this led the resident to question and reflect,

to discuss his remorse for his behaviour, and consider the impact of his behaviour on the victims of his crimes. It was useful to utilise the tools to explore motive, and reflect on how individual situations can create certain behaviour. Another staff member spoke of using this within the “warning system” to talk about behaviour and give opportunity for change, before more serious discipline was considered. It seemed to give staff more confidence moving forward and working more closely with residents. It was empowering residents to take responsibility for their own behaviour and consider the impact; it allowed residents the space to consider solutions for themselves.

Beyond this, staff spoke of the wider impact of restorative practice in staff relationships, team meetings and training. One staff member described observing it in a team meeting and how the practice could be seen as “automatic” and “coming natural”. Staff in one AP were described as bringing restorative practice into everyday working, into their responses to both residents and each other.

Whilst there was a lot of positive feedback about the training and restorative practice, many members of staff interviewed mentioned there were barriers to its progress. Staff did reflect on difficulties they had had when implementing this practice, and the intervention programme within the APs. The most significant and common issues raised was around the changes within the National Probation service and the restructuring of staff roles. Other initiatives were being implemented (e.g. Enabling Environments, E3 change programme), which meant the true effect of the pilot could not be fully seen. Staff commented about the effect of this in two key ways; the first was around staff motivation and morale. Many of the staff engaged with the pilot were concerned about their job security, being moved to different premises and this was impacting on their motivation to be able to implement the principles of the programme. It affected the momentum that was created in their training in terms of implementing what they had learned. Secondly, because there were other initiatives being implemented they felt it was hard to differentiate the effect of individual programmes. This being said, it is important to note here that due to the unstable AP environment, the Restorative Thinking team worked hard with the AP managers and staff to ensure they engaged with all staff concerns. This meant rearranging training and AP visits to make it more viable for staff to be involved. This work served to keep the APs and staff involved, and is an excellent example of restorative practice and skills in action. Indeed, the Restorative Thinking team noticed in this engagement that some staff were utilising the skills they had learned in trying to “steer” through the difficulties in the AP environment.

Linked to the above issue was another around time and staffing. Many staff members interviewed felt they had not been given the time to implement the intervention programme. Some staff who had been trained at one AP in particular, had now moved to other roles or had gone on long term leave – this was affecting the momentum of the practice in a way that was again unavoidable. Similarly, this was also affected by staff shift patterns which created issues with consistency in delivery. Generally, this had created issues with confidence, these barriers and the time delay caused by this. This links again to the notion of procedural justice, the lack of this concept here may point to staff not feeling as confident or motivated to be able to do the best for the residents they were working with.

Despite these issues, staff expressed a desire to implement and deliver the programme but logistically have not been able to; this has not stopped them implementing some of the practice within key worker and one to one sessions. They described positive impacts for residents where this had been possible. One staff member commented it was “one of the programmes staff have been most enthusiastic about.”

3.2.2 Impacts on the APs

Staff interviewed all gave examples of how they were applying restorative practice within their own APs. Examples included use of the guiding questions, talking about positive behaviour, using the principles to tackle conflict between residents, using it in resident inductions, key workers introducing the practice in work with resident and offender managers, and the advertisement of the Restorative Thinking diagrams used in the training, in their APs.

Those who felt there had been an impact, felt it had been positive. They had started to implement some of what they had learnt on the training and felt it had had a positive impact on their AP. There was still a degree of misunderstanding around restorative practice with some feeling it was only appropriate for working with victims of crime, yet these people still felt some of the tenants and principles of the practice could be applied within the AP context.

When asked about the sustainability of the intervention programme and its impact, staff agreed it had the potential to be sustainable. Those who had engaged fully were more certain about this, but those who were currently facing challenges in delivery felt it would be once the context of APs had “calmed down.” Their current shift patterns made it difficult to run groups (as described above) but there was a very positive attitude towards the intervention programme

despite this. Currently the complexity of the environment and the roles means staff have a “jigsaw puzzle” of tasks that affect continuous delivery of the intervention programme. One staff member commented that they felt the intervention programme should be a condition of the residents’ licence as this could encourage more of them to engage.

It was clear that restorative practice was adding to their existing practice. For example, there was a presence of the same actions being used to tackle conflict (e.g. warning system) but that restorative practice was enhancing the processes. Where before staff may have given a verbal warning, they were now giving the same warning but discussing with the resident why that was the case. They would engage the resident in a discussion about why a certain behaviour (e.g. leaving the fire door propped open, leaving the cooker on) could be harmful, the consequences of that behaviour and why this meant they had to give a warning. The staff described that this was having positive impacts on relationships with the residents. One staff member commented that they felt the training had led to gaining “a few more items in my toolbox”. Another staff member commented that it was being used with flashpoints and meant they were not going straight to disciplinary action for misdemeanours.

The principles were being used in some resident induction processes too, as well as in staff meetings and the management of day to day issues. Whilst staff felt there was some work to make some elements of restorative practice to be AP friendly, they felt it was having a positive impact.

Staff were applying the restorative practice principles and skills by ensuring inclusivity in their AP. They were very clear that inclusivity was already an important consideration in their practice but that there were elements of restorative practice that emphasised and facilitated this. This included ensuring that each resident was treated respectfully, individually, with a consideration of their background and specific needs.

3.2.3 Working with Restorative Thinking Limited

The vast majority of those who were interviewed said they had really enjoyed the training and had benefited a lot from it. Every staff member commented positively about working with Restorative Thinking Limited, both during the training phase and the help they had received after.

The Restorative Thinking team were described as “enthusiastic” and “passionate” with one staff member commenting that they were “absolutely grand”. They were described as helpful and

approachable, both during the training and afterwards, always happy to respond to questions even when the training had finished. The Restorative Thinking Limited staff had created a really positive and exciting momentum that staff at the APs wanted to carry forward into practice. It was issues and some of the organisational changes mentioned that hindered this coming fully to fruition.

3.2.4 Residents' Experiences

Interviews were done with residents in each region and they largely spoke very positively of the intervention programme. For example, two residents discussed the use of restorative practice in their AP and gave some good examples of how they felt it was used. They spoke of staff using it with some “unacceptable behaviour” (e.g. loud music). Rather than reacting in the heat of the moment, they described using the skills to tell people how they felt – one said it had made them consider their opinion and how it may “look” to others, it made him consider how others perceived their opinions. It had helped the residents develop a greater understanding of their feelings and emotions, understanding that people use the same labels but for different emotional experiences; this demonstrated an increase in emotional vocabulary that is often an issue around conflict. One resident had never considered the consequences of his actions before, but the programme had helped him to understand how his behaviour impacted. Similarly, the skills helped the residents consider the motives behind the actions of others; they specifically described examples around aggressive behaviour

Two separate residents talked of seeing the “ripple effect”, of how the programme had taught them that every action had an impact, and often affected everyone. There was an indication that staff and residents had become very reflective about individual needs which lends itself well to considerations around inclusivity. Residents commented it had reduced conflict and arguments in the APs. Restorative practice was being reinforced by staff in their interactions and residents described how this positively impacted on their engagement with the skills. Residents felt very positively about the skills they had learned, they described how it “gets you thinking” and “puts everything into perspective”. They described how the skills were useful in their daily routine.

Perhaps most importantly, the residents talked about feeling “empowered”, that it gave them confidence for the next step. One resident talked about being “pretty hot headed” before but now he considers the impact of his actions (e.g., this will help me stay out of prison).

They had confidence to engage in this, to use these skills outside the AP and they were also motivated to do so. One resident (who had left but returned to be interviewed) described how utilising some of the skills learnt through engaging with the intervention programme helped him negotiate his first meeting with his key worker and establish a priority on articulating his needs in a calm and controlled way – previously he had described he “always knew best” but now he could reflect and take control of his future.

Residents felt “enlightened” and “empowered”; specifically, one described feeling “empowered to control your own future”. They liked the programme and enjoyed it; some described that even their fellow residents who had initially been resistant, once they saw the benefits they were much more engaged.

The residents’ testimonies of their experiences highlight the impact the programme has had on them, their lives within the APs and their feelings about their future. Every resident spoken to within the interviews felt positively about this. Interviews were sought at all APs but some had not yet run the programme with residents.

The data from the residents supports staff perceptions of the impact it had. Through staff culture checks, observations, and facilitator and residents’ insights post-delivery, it was clear that where the intervention programme had been delivered, there was a positive impact. This included about the residents’ behaviour for example:

“That helped this resident to feel empowered to take responsibility for his actions. And not being told what to do, which he said he felt was patronising.”

This quite in particular links with the idea of procedural justice; here the residents responded better to an approach that did not leave him feeling patronised. It was also reflected in observations about how the intervention programme had promoted inclusivity within the AP in a way that previous programmes had not:

“Residents who have completed the programme have stated they felt included in the group, listened to, equals.”

“I can only gauge from the residents’ feedback that the programme instilled a sense of involvement in the way it was delivered which they had not felt from previous programmes they had experienced.”

“I feel that the programme helps residents to reflect on their own offending behaviour and when sharing experiences and listening to others in the group, or even staff contributions, it has the “light bulb” effect at times.”

“Residents report skills / practices they have learnt on the programme have helped them to move forward with more confidence. They have also said they now look at their behaviours / emotions and how they have affected others with a greater understanding. I have facilitated on various programmes and I feel this is easily one of the best to date.”

One staff member had reported an instance of conflict between two residents at their AP and discussed how restorative practice had led to a positive resolution:

“It appears that whilst M was queuing up in the dining room before teatime on Saturday he told resident P, Rm X that he smells and needs a bath. Unfortunately, this was said in front of other residents which escalated in P storming out of the dining room being upset, angry and offended by M's comments. I took M to a private part of hostel and he told me what I have typed above. I asked M if he would do some restorative work with P and me in the room and explained what this was to M. He did not hesitate and agreed. However, P would not agree and as P was then leaving the hostel he saw M and had rant at him which I very quickly stopped. After tea I managed to get the two to agree and did some restorative work with both. I led and then each other got their opportunity to tell each other how the other one felt at the time and on reflection what could be done in a more appropriate positive manner in the future if the same or similar issue was to arise. By the end both shook hands and I made them both aware that a line is now drawn under this and for them both to move on with this and get on.”

Indeed, the residents' feedback indicated the impact this had for them thinking about the future:

“I am in a good place now. I have done a long sentence and now look forward to a bright future.”

“I learnt the impact of my actions not just on my victims. But also to my wider family, friends and society in general.”

Taken together, the intervention programme has been impactful for staff and residents where delivery has been able to occur. If the intervention programme was to be rolled out more widely

once the AP environment had stabilised, future investigations could explore both the wider experiences and the potential sustainability of this impact.

3.3 Analysis of the AP data

At the start of the pilot, data was requested from each AP involved as to complaints, incidents, grievances and the data around breach and recall. This included the data for all departures for the period including age, gender, race, presence of a disability, and the reason for departure (i.e. as a results of recall, and reason if so). This same data was requested at 12 months post-pilot as well to make comparisons. Of the 16 APs taking part in the pilot, complete data sets were received from 8¹ (these were from the Midlands and the North East). Analysis was done to explore whether the implementation of the pilot had impacted on the complaints and breaches, and whether it had helped foster inclusivity around the protected characteristics.

Within the data received, there were no grievances to compare across the two time points. However, two paired sampled t-tests² revealed that there was no significant difference found between pre- and post-pilot for complaints ($t(4) = .78, p = .477$) or incidents ($t(2) = 1.02, p = .414$). Similarly, when looking at reasons for departures there was no significant differences found in the number of breaches ($t(6) = 1.59, p = .163$) or non-breaches ($t(6) = .13, p = .901$).

3.3.1 Race

A Pearson's Chi Square test³ revealed that there was a significant association between departures due to breach and race at the pre-pilot stage. There were significantly fewer breaches within the ethnic minority groups (and more of these groups in the non-breach

¹ The baseline data for two APs was conflated at baseline and so the decision was made to conflate at post-pilot and analyse as 7 APs.

² The t-test is a parametric test and a significance test that uses mean comparisons. It is used as a statistical tool to examine the differences between two average scores from the same sample (within subjects) or from two difference samples (between subjects).

³ A Pearson's Chi-Square test is used to determine if there is a significant relationship between two categorical variables; the frequency of one category is compared with different values of the second category.

departures) than expected based on the number of people falling into each category ($\chi^2 (3) = 10.99, p < .05$). This was similarly seen again at the post-pilot follow up stage ($\chi^2 (3) = 12.17, p < .01$). This could indicate that the practice within these APs was already showing significant levels of inclusivity which could serve to reduce isolation and so increase compliance for these groups.

We were aware when considering race in APs, of the Young Review which aimed to consider how existing knowledge could be utilised to change the disproportionately negative outcomes that are faced by Black, Asian and minority ethnic young men within the Criminal Justice System. The findings here indicate that APs are already developing more inclusive approaches; the impact of the restorative practice is likely to have emphasised and reinforced this.

3.3.2 Disability

Pearson's Chi Square test revealed that there was no significant association between disability status and departures being due to breach at either pre-pilot ($\chi^2 (1) = .09, p = .760$) or post-pilot follow up ($\chi^2 (1) = .10, p = .757$). Whilst this indicates that the pilot programme has not significantly impacted on the breaches for this protected characteristic, the frequencies show that those being recalled is much lower than the number who have departed for other reasons.

3.3.3 Age

At both time points there was a significant association between age group and departure reasons: for pre-pilot ($\chi^2 (4) = 77.22, p < .001$) and post-pilot ($\chi^2 (4) = 68.70, p < .001$). The associations demonstrated that there are more breaches than you would expect by chance within the younger age groups, this is seen at both time points.

At post-pilot in particular there were fewer than expected in the breach category for the 56+ group which fits well with the residents that were interviewed and their feedback.

The lack of significance could point to the pilot not impacting on compliance within the APs, however it is not likely to be this simple. Firstly, the qualitative data and culture checks (see above) suggest that where the pilot has been able to be fully implemented and staff have been engaged, this has impacted on staff and residents. The other initiatives and changes that have occurred within the AP environment across this time period will have significantly affected the

behaviour of staff and residents, as well as reducing the opportunity to consistently implement the programme.

It is likely that the lack of full data from all APs did impact on the statistical power within these tests. Furthermore, there were low base rates of incidents and complaints at baseline with little change at the post-pilot period indicating the APs within this analysis did not have significant issues with compliance during this period. The restorative principles and skills that are encouraged within the project as a whole, and the intervention programme may have served to foster the inclusivity that was already developed within these APs.

4 Discussion and Recommendations

4.1 Evaluation of Pilot against Intended Outcomes

At the outset of the pilot there were several outcomes that were intended. Below, each intended outcome is discussed in line with the data and findings:

- 1) Data indicating enhanced resettlement and improved overall compliance with the regime. *There is mixed support for this. The data from the APs does not support a widespread improvement in compliance, however the additional data from staff and residents supports that where the intervention programme has been fully implemented, it has impacted on conflict and conflict resolution in the APs which in turn could impact on compliance. Residents discussed incidents of where the principles had helped them deal with specific issues in the APs in communicating with staff and their fellow residents. It is recommended that further data is collected around this with the APs that have been able to fully engage with the programme (see Section 3.3).*
- 2) Protection of staff and other residents and a reduction in disruptive behaviours within the AP environment. *As above, the AP data has not shown a reduction in these behaviours for the reasons listed above (see Section 3.3). However, from the qualitative data reported here it seems some staff are able to use restorative practice to tackle conflict and disruptive behaviour differently which seemingly was having positive outcomes (see Section 3.1 and 3.2). For those residents who took part in the interviews, this intervention programme had impacted on their experiences within the AP but also in their motivations about their future choices post-departure.*
- 3) Reduced indicators of residents experiencing isolation associated with their protected characteristics via, e.g. analysis of complaints received. *At this stage staff are indicating restorative practice had added to their existing practice in ensuring inclusivity amongst their residents. Each staff member that engaged with the data collection at this point was very aware of the importance of being inclusive with their practice (see Sections 3.1 and 3.2). The data from the APs showed no changes in the behaviour around some of the protected characteristics (e.g. race, disability), but did demonstrate that the staff were already demonstrating inclusivity in their practice (see Section 3.3). Taken together, this data could indicate that staff were already committed*

and effective in their inclusive practice but that the pilot had served to enhance and reinforce this.

- 4) Products that will help to inform and enable new and complementary means of working with individual and specific groups. *This is supported by the data here. In the culture checks and interviews, staff indicated they are using the principles to adapt their own practice and it is helping facilitate working with residents. The Restorative Thinking intervention programme, as a product, has been successful where it has been implemented.*

4.2 Limitations of the evaluation

Whilst the findings of this report are promising it is important to recognise there are several factors limiting the generalisability of the findings. At the beginning of the pilot 162 staff taking part in 16 APs; the two areas (North East and Midlands) were chosen specifically to represent two demographically different areas. These chosen areas represented an important geographical spread of the pilot and highlights the scope of the project and the good use of NOMS funds. This being said, it is important to note that these are not likely to be representative of all APs within the UK at this time. Additionally, whilst the response rate to the initial pre- and post-evaluation measures was good, at the follow up and interview stages it had dropped off considerably, before picking up again at the latter stages. Whilst this is a common occurrence in longitudinal research, the uncertainty within the sector and the AP environment is likely to have contributed to staff not engaging with this.

At this stage the findings are positive but tentative. The analysis of the AP data has failed to fully support the qualitative findings, but it is thought that if the intervention programme delivery continues, future data collection could reach statistical significance around for this.

4.3 Recommendations

The findings of this evaluation lend positive, yet tentative support to the success of the Restorative Thinking pilot within the AP setting. Despite issues around implementation and intervention programme delivery due to the changing nature of the AP setting, where the programme was implemented there was positive feedback from both staff and residents. Whilst the analysis of the AP data provides mixed support, it is thought that this can be explained by low statistical power and a failure to fully implement the pilot in all APs.

The results of this pilot are mixed but encouraging. In the areas where the pilot seems to have had a lesser impact, there were limitations around implementation (namely the challenges of the fluctuating AP environment) and data collection. However, the data from staff working in APs and residents who have participated in the programme suggests a positive impact. Staff were positive about their own training in restorative principles and skills with the majority saying that it had influenced their practice within the APs. With the changes in AP structure, it would be worth ensuring that all staff have the opportunity to engage with the training (if they have not already done so), and that refresher sessions are perhaps offered to enhance practice. This would be especially the case if the license for the intervention programme was to be extended.

In terms of future directions and recommendations for this Restorative Thinking intervention programme in the AP setting:

1. If the APs were able to fully engage in the programme, and run it on a regular basis with residents – including reinforcing through induction, staff meetings and other interactions/communications, including with sessional workers– then it is likely to be impactful. The qualitative data reported here indicates some staff are able to use restorative practice to tackle conflict and disruptive behaviour differently which seemingly was having positive outcomes. Furthermore, for residents the intervention programme had impacted on their experiences within the AP but also in their motivations about their future choices post-departure. With more consistent engagement it is possible that the impact of restorative practice could be felt more widely within the NPS.
2. Data collection from these APs after this period would serve to help illustrate this but it would also be useful to consider collecting data around recidivism. The impact of the intervention programme on the residents that were interviewed for this report indicates that it had impacted on how they were going to behave post-departure. A potentially effective way of measuring this would be to consider monitoring whether some of the residents re-offended and possibly following them up to be interviewed at a later date.
3. Going forward, it is important to consider where the AP data could have facilitated a better understanding of the impact of the project as a whole. For example, it would be helpful if data was consistently recorded in a similar format across APs. While there was some consistency, it would have been beneficial to ensure that a more coherent picture of the programme was represented. To illustrate reasons for departure and indication of departure due to recall had some inconsistent responses – staff coded responses

differently which meant less nuanced categories had to be developed for the analysis. This would have allowed for a more detailed exploration of some of the protected characteristics (e.g. gender, residents who have undergone gender reassignment). More intricate and specific analysis could be utilised in future if the data were to be coded in the same way. In the current climate, these issues are understandable. For example, at baseline data collection in one area there was a nominated administrator who collected the data across all 8 APs; this administrator had left and not been replaced at the 12-month post-pilot stage.

4. It would have further been useful to track data on assessing and monitoring implementation; this could have been useful data to consider within the analysis.
5. Where the principles had been implemented there was positive feedback and a sense that it was impacting on both staff and residents. A further recommendation could be that principles are used in resident induction processes, as well as in staff meetings and the management of day to day issues. Whilst there may be some work to make some elements of restorative practice to be AP friendly, staff felt it was having a positive impact.

4.4 Reflections from Restorative Thinking

At this final stage of the pilot and the evaluation, it is important to include the reflections of Lesley Parkinson (Executive Director of Restorative Thinking), to ensure both the validity of the findings here but also that any future work can be a dynamic and ongoing process. Lesley reflected on the issues raised in the interim report around concerns with communication and a poor response rate to the follow-up culture check questionnaires.

Lesley discussed these issues with the Divisional Leads and moving forward, there was more regular communication with them about progress and issues. From this, there was a stronger response rate for the culture check questionnaires; there was an increase in response rate at the 9-month point, this is rare within longitudinal research (Goodman & Blum, 1996). This approach was successful in managing the then ongoing data collection. Lesley reflected that in future she would arrange this communication with the leads earlier in the pilot; she comments this was a key learning point for her and the team. Tracking regular communication and having clear,

systematic process in place for monitoring implementation could be a key point for future development.

Another key learning point was around the tailoring of the intervention programme materials. Lesley reflects that it would have been a further point of good practice to tailor the training materials a little more to the environment. Lesley and the team did work with staff to write AP specific case studies to be used in the training, but there were other aspects that could have been modified. For future development and roll out of the programme, this is a key point for consideration.

Since the end of the pilot (or the main involvement and training), Restorative Thinking has continued to offer wraparound support, both over the phone and email. This includes discussions around planning a session, or anything that occurs during or after sessions; there is a clear commitment here, from Lesley and the team, to ensuring this works within the AP environment. Staff have been requesting refresher training and it is thought, if viable, that this would be a good idea. Only trained staff should be delivering the intervention programme to ensure its integrity and consistency, with no “tweaks” made to the delivery or documentation. It has become apparent this is not always the case, and so to ensure this continues to work as effectively as it does, it would be useful to consider re-visiting and training more staff. This is especially so considering the changes in staffing and structure within these APs. Lesley will be addressing this when she re-visits the licensing agreement with Divisional Leads.

In addition to the data described here, there is further anecdotal data from staff and residents about how impactful this has been in the AP environment. With this continuing to be reflected after 18 months, it points to the sustainability of the pilot and the practices that are now being implemented in the APs. It has been seen to be embedded in AP inductions for residents, staff meetings, and conflict resolution to name just a few examples. Indeed, one of the strengths of this pilot has been this tailored approach and needs based training; the training offered is not standardised and appropriate to any AP, rather it has been specific to each AP in each region. A further testament to the success of the team lies in the negotiation with staff of managing the project and intervention programme in such a difficult AP environment. The Restorative Thinking team worked with staff and managers through the period of change and ensured they were fully supported and responded to their concerns. This work served to keep the APs and staff involved and is an excellent example of restorative practice and skills in action.

Author Details

Dr Elizabeth A. Bates is acknowledged as the author of this report:

Dr Elizabeth A. Bates

Senior Lecturer in Applied Psychology

University of Cumbria, Fusehill Street, Carlisle, CA12HH

Tel: 01228 616328

E-mail: Elizabeth.Bates@cumbria.ac.uk

Appendix 1: PRE-training questionnaire

Culture Check Questionnaire for use PRE-training:

Name:

AP:

1. What is your current understanding of Restorative Practice?
2. How do you currently feel about Restorative Practice?
3. How do you feel you currently ensure inclusivity for all your residents?
4. What issues do you feel there currently are in your AP?
5. How do you currently deal with conflict that occurs at your AP?
6. How confident do you feel when dealing with conflict:

a) Between staff

0 1 2 3 4 5 6 7 8 9 10
Not Confident Fairly Confident Very Confident

Please explain your answer:

b) Between residents

0 1 2 3 4 5 6 7 8 9 10
Not Confident Fairly Confident Very Confident

Please explain your answer:

c) Between residents and staff

0 1 2 3 4 5 6 7 8 9 10
Not Confident Fairly Confident Very Confident

Please explain your answer:

7) How do you feel you ensure inclusivity for all residents?

8) How do you feel you ensure inclusivity for those residents with protected characteristics (e.g. sex offenders, race/ethnicity, disability)?

9) What professional background are you from and what relevant qualifications do you possess?

10) Do you have any access needs or other support to help you get the best out of our training course?

Thank You for taking the time to complete this survey.

Appendix 2: POST-training questionnaire

Restorative Thinking Training Session Evaluation

Date: xxxxxxxx Venue: xxxxxxxx Trainer: xxxxxxxx

1. Did the training achieve the objectives you expected?

More	All	Most	Some	Not many	None

2. Which parts did you find:

- a) Most interesting and helpful?
- b) Least interesting and helpful?

3. Any other areas you would like to have covered?

4. Please comment overall on the effectiveness of the speakers/trainers at this event in terms of style, content and delivery.

5. Please help us collect data and refine our skills in measuring impact on learning, by giving examples for each of the following, if appropriate:

If you learned something new or deepened your understanding:

If you learned or improved a skill (eg. practical, work based, social, research, thinking, creative):

If you will change your practice as a result of this training:

If you have changed your mind about anything or increased your confidence in a particular area:
Please circle any words that describe how you felt about this training:

Relaxed Motivating Boring Demanding Outstanding Disorganised Interesting Formal
Useful Too easy Challenging Life changing Creative Informative

- 6. Do you have any other comments about any aspect of the training?
- 7. Would you recommend this training to others?

Thank you!

Appendix 3: 3/6/9 month follow up questionnaire

Culture Check Questionnaire at 3/6/9 months post-training

Name:

AP:

1. How do you feel about restorative practices six months post- training?
2. What action has been taken by you/other Guiding Team members/Leadership at your AP following your training session/s with Restorative Thinking?

By you:	
By (other) members of your Guiding Team:	
By Leadership:	

3. What have been the obstacles to implementing restorative practices at your AP?
4. How do you feel the training has helped you to foster inclusivity for all your residents?
5. How do you feel the training has helped you to foster inclusivity for those residents with protected characteristics (e.g. sex offenders, race/ethnicity, disability)?
6. How far have you changed your practice as a result of the training you received?
7. How confident do you now feel dealing with conflict:

a) **Between staff**

0 1 2 3 4 5 6 7 8 9 10
Not Confident Fairly Confident Very Confident

Please explain your answer:

b) **Between residents**

0 1 2 3 4 5 6 7 8 9 10
Not Confident Fairly Confident Very Confident

Please explain your answer:

c) Between residents and staff

0 1 2 3 4 5 6 7 8 9 10

Not Confident

Fairly Confident

Very Confident

Please explain your answer:

8. How do you feel implementing RP has affected disruptive behaviour and compliance at your AP?

9. What further support would you like/do you need from us (Restorative Thinking)?

10. Do you have any other comments or questions about any aspect of the pilot?

Thank you for completing this questionnaire!

Appendix 4: Interview Schedule

Questions for all interviewees

1. Can you describe how the training you have received has impacted on your AP?
2. Can you describe how the training has impacted on:
 - a. The relationships between staff
 - b. The relationships between staff and residents
 - c. The relationships between residents
3. Can you describe how restorative practice is being applied within your AP?
4. How do you feel about the sustainability of restorative practice in your AP?
 - a. How do you feel this will continue once the support from the Restorative Thinking team has ended?

Questions for Leaders:

1. Can you describe how you advertise the use of restorative practice within your APs?
2. How has the training affected your leadership style?
3. How has it affected your use of aspects such as the language you use?
4. Can you describe where and how you can see the restorative practice being implemented within your AP?
5. What is it like working with Restorative Thinking?

Questions for the Guiding team

1. Can you describe any examples of restorative practice within your AP?
2. Can you describe any specific examples of when restorative practice was used to resolve conflict within your AP?
3. What is it like working with Restorative Thinking?

Questions for the Staff

1. If you are delivering the toolkit, how have you found this?
2. Can you describe how the training has impacted on your practice?
3. What else would you have liked from the training and Restorative Thinking?
4. What is it like working with Restorative Thinking?