**Bridging the Gap between Research and Frontline Youth Justice Practice**

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**Abstract**

Although the Risk, Need, Responsivity model of rehabilitation is rooted in a substantial body of research evidence, several studies of the model’s efficacy in youth and adult justice settings within England and Wales have revealed modest outcomes. In this article, we contend that the findings do not necessarily reflect deficits in the model. Rather, a growing corpus of research now indicates that poor practice integrity or inadequate implementation of the model’s principles is a key but under-researched factor that undermines the efficacy of interventions based on the model. We also present the findings of a study that explored applications of the model in three Welsh youth justice services and we examine possible means of bridging the gap between research evidence and real-world practice.

**Keywords:** Youth Justice, Rehabilitation, Evidence-Based Practice, Programme Integrity, Supervision Skills

**Introduction**

In the 1990s, small-scale studies in the UK and meta-analytic reviews of mainly North American research literature on criminal justice interventions revealed that interventions that adhere to certain research-based principles of practice can reduce recidivism rates (Andrews et al., 1990; McGuire, 1995). Although there was substantial research evidence to support the efficacy of up to 17 principles of practice, the meta-analytic reviews pointed to the fundamentality of three core principles namely, the risk, need and responsivity principles1. The reviews revealed that adhering to these principles of practice can reduce reconviction rates, not only in adult criminal justice settings, but also in youth justice settings (Andrews et al., 1990; Lipsey, 2009; McGuire, 1995).

However, when interventions based on the principles were evaluated in some youth justice services in England and Wales, the evaluations produced inconclusive evidence of the model’s efficacy (Cann et al., 2003; Feilzer et al., 2004). Similar findings have emerged in adult justice settings. For example, a recent evaluation of the Sex Offender Treatment Programme (SOTP) which is based on the model has also produced limited evidence of positive outcomes. Indeed, programme participants reoffended at a higher rate than non-participants. The researchers did however note that issues to do with the design and implementation of the programme were not assessed:

This study does not reveal the extent to which Core SOTP reoffending outcomes are due to treatment design or poor implementation. However, the treatment approach should be modified in line with the latest evidence base (Mews et al., 2017: 5).

A limitation of the studies cited above is that they were impact evaluations that did not closely examine the processes of service delivery to assess whether the model’s principles were being implemented appropriately. In other words, the studies overlooked the important issue of programme integrity. The term ‘programme integrity’ has been used to describe the degree to which interventions are delivered according to their design or underpinning principles (Helmond et al., 2014). Therefore, interventions that adhere to the research-based principles are said to possess high programme integrity, and they are more likely to reduce recidivism than interventions that demonstrate poor programme integrity (Helmond et al., 2014; Lowenkamp et al., 2006). Studies have found that poor programme integrity correlates with attrition and higher risks of reconviction (Andrews et al., 1990; Bonta et al., 2011; Hollin and Palmer, 2006;Lowenkamp et al., 2006).

To date, although much has been written about the importance of programme integrity, the few studies that have explored this issue have been conducted mainly in adult criminal justice settings and in jurisdictions outside the UK. This paper seeks to expand the existing literature by addressing the ‘programme integrity’ gap (Helmond et al., 2014: 1190) in youth justice settings within a UK jurisdiction, namely Wales.

In this paper, we broaden the concept of ‘programme integrity’ by reconceptualising it as ‘practice integrity’ to reflect developments in research. In particular, there has been a shift from analysing the impact of structured RNR programmes (mainly structured group programmes) to studying the processes of applying the research-based principles during assessments, sentence planning, routine one-to-one supervision practice, enforcement practice, or whilst delivering other interventions (Bonta et al., 2017; Sorsby et al., 2017; Raynor et al., 2014; Trotter, 2013). Therefore, practice integrity involves applying evidence-based RNR principles that are relevant to a given aspect of frontline practice, including the examples provided above.

In line with the growing focus of recent research on studying broad aspects of practice to support the integration of research-based principles (rather than the narrow focus on structured programmes), we explored practice integrity within three youth justice settings in Wales. We studied several aspects of practice from assessment practice to modes of intervention and supervision skills, including relationship skills. The organisational contexts of practice were also examined. Our aim was to address the paucity of knowledge created by the dearth of research on frontline, real-world youth justice practice in England and Wales. We also sought to add to the international literature on effective approaches to integrating research-validated principles of practice into real-world practice (Raynor et al., 2014; Smith et al., 2012).

**Evidence-based principles of practice**

Several evidence-based principles were identified by RNR proponents, but three core principles were emphasised as more closely linked to reductions in reoffending, and they were the risk, need, and responsivity (RNR) principles (Bonta and Andrews, 2016)1. The risk principle highlights the importance of allocating service users to interventions that match their levels of assessed risk. The principle also emphasises that interventions should be targeted at those assessed as posing a high risk of reoffending (Andrews and Bonta, 2010; Hollin et al., 2013).

The need principle proposes that interventions should focus on criminogenic needs (dynamic factors that increase the likelihood of recidivism and can be targeted for change). Socioeconomic factors, for example, limited involvement in education, employment or training, and personal competencies such as reasoning and attitudes are examples (Bonta and Andrews, 2016). There is evidence that addressing criminogenic needs reduces reoffending at a higher rate compared with addressing non-criminogenic needs (see for example, Wooditch et al., 2014), although there can be good reasons for addressing needs believed to be non-criminogenic. An example could be to identify and address *specific* responsivity issues (described below) in order to encourage service user engagement, and promote their welfare.

The responsivity principle comprises two dimensions namely, *general* responsivity and *specific* responsivity. General responsivity directs attention to the importance of employing evidence-based modes of intervention, particularly cognitive behavioural approaches. Studies suggest that interventions based on cognitive behavioural techniques significantly reduce reconviction rates among young people (McGlynn et al., 2012; Trotter, 2013).

The specific responsivity principle emphasises the importance of personalising or tailoring interventions and supervision practice, to suit the personal attributes and circumstances of the individual service user and encourage engagement and participation. Examples of these attributes include the service user’s gender, culture, ethnicity, learning style, relational and communication style, level of motivation, level of development, and cognitive ability (Bonta and Andrews, 2016; Nee et al., 2015). Assessments should be conducted to identify these and other responsivity factors where relevant. The specific responsivity principle also draws attention to practitioners’ skills (Bourgon and Bonta, 2014), and studies have outlined several practice skills that enhance adherence to the specific responsivity principle and indeed the risk and need principles. The skills are described as Core Correctional Practices (CCPs) (see Table 1).

**Table 1: Core Correctional Practices (CCPs)**

|  |  |
| --- | --- |
| **Core Correctional Practices** | **Examples** |
| **Prosocial Modelling**  *Effective Reinforcement*  *Effective Disapproval*  **Problem Solving**  **Prosocial skills building (using structured procedures)**  **Effective use of authority**  **Cognitive Restructuring**  **Relationship**  **Practices**  **Motivational Interviewing** | * Modelling prosocial attitudes and behaviour using child-friendly role plays to encourage young people to learn new behaviours. * Using positive reinforcements to encourage prosocial behaviour. Maruna (2004) notes that reinforcements such as praise and rewards can encourage people to adapt their self-identity and behaviour to the expectations of others; performing highly if others expect them to do so, and vice versa. * Showing disapproval in a non-blaming way immediately after negative behaviour/speech and explaining reasons for disapproval. * Working collaboratively with young people to identify problems, elucidate goals, explore solutions, formulate a clear plan and evaluate the plan. Useful for helping young people realize that they have the skills to identify their goals and address problems. This can give them a sense of control. * Working collaboratively with young people to identify and practice new prosocial skills. * Clarifying rules, providing clear guidelines, reinforcing desired attitudes and behaviours, and maintaining an adequate balance between the caring and controlling dimensions of practice – for example, being encouraging and respectful even when compliance issues arise. * Helping young people learn and practice the skills required for replacing risky thoughts and feelings associated with offending behaviour, with prosocial alternatives. * Being optimistic that young people can achieve positive change, using role plays to model prosocial behaviour, focusing on solutions not problems, being non-judgmental, showing respect, empathy, and warmth. * Eliciting self-motivation by developing discrepancies between the young person’s current and desired states and using questioning rather than confrontational techniques to counter resistance. |
| **Interagency Communication/Use of Community Resources** | * Facilitating access to social welfare services that help address substance misuse-related problems, socioeconomic problems such as educational, housing and employment-related difficulties, and other related issues. |
|  |  |

(See Andrews and Kiessling 1980; Dowden and Andrews 2004; Gendreau et al. 2010; Lipsey 2009)

The CCPs have been linked to positive outcomes in adult and youth justice settings such as reductions in rates of attrition from interventions, improved levels of service user engagement, and reductions in recidivism rates (Andrews and Kiessling, 1980; Dowden and Andrews, 2004; Lipsey, 2009; Raynor et al., 2014; Trotter, 2013).

**Practice integrity: The gap between evidence and practice**

In our study of practice integrity in youth justice services, we explored applications of RNR principles in three youth justice services. The services were interested in aligning their practices, programmes, and other interventions with the research-based principles. Therefore, we examined levels of adherence to the principles (practice integrity).

There is a dearth of research on the content of youth justice practice in England and Wales, but the few evaluations of youth justice and adult interventions based on aspects the RNR principles, have found evidence of poor practice integrity (Feilzer et al., 2004; Luong and Wormith, 2011), and limited applications of the CCPs (Dowden and Andrews, 2004).

***Factors that affect practice integrity***

In England and Wales specifically, studies suggest that practitioners’ interpretations of the RNR principles can affect practice integrity. For example, in Briggs’s (2013) study of risk assessment practice, youth justice practitioners described ‘risk’ as a concept that is difficult to define and offered multidimensional conceptualisations of the term. During risk/need assessments, some de-emphasised criminogenic needs and prioritised the non-criminogenic needs they considered to be more relevant. In Phoenix’s (2009) study,practitioners defined risk as the degree to which young people were ‘at risk’ or vulnerable and in need of protection. Consequently, the practitioners awarded higher scores to non-criminogenic needs which in their view, placed young people ‘at risk’ or rendered them vulnerable. Those with high risk scores were subsequently seen as victims of marginalisation who required high level interventions so they could access relevant welfare provision. Reflecting on this practice which unnecessarily exposed young people to more intensive youth justice intervention, Phoenix (2009: 128) noted that ‘punishment and increased criminalisation were seen as a form of welfarism’.

Another factor that undermines practice integrity is the perception of some practitioners that risk assessment policies are in conflict with their welfarist professional ethos and as such, the policies constitute organisational constraints that pose competing demands (see generally, Briggs, 2013; Kemshall, 2008; Morris, 2015; Phoenix, 2009; Souhami, 2009). An example is the requirement to focus on criminogenic needs rather than other welfarist needs the practitioners may deem more relevant. Another example is the priority given to standardised actuarial assessments at the expense of assessments based on clinical judgment.

As Kemshall (2008) notes, policy demands do not translate into practice in any straightforward manner and some practitioners use their discretion to negotiate these demands where they can. For example, as already noted, with respect to risk assessments, some practitioners replace standardised actuarial assessment with assessments that are based on their clinical judgment and prioritise the non-criminogenic needs they consider more appropriate (Briggs, 2013). These actions undermine practice integrity given that adherence to theRNR model involves identifying and responding to criminogenic needs (factors that increase the likelihood of further offending and potentially harmful criminal justice intervention). Non-criminogenic needs tend to include responsivity factors and they should certainly be identified as part of the effort to personalise interventions. But, they should not inform risk scores, because as Phoenix’s (2008) study found, awarding scores to non-criminogenic needs can render young people vulnerable to unwarranted intervention.

Additional organisational constraints that undermine practice integrity are the demands on practitioners to focus on bureaucratic tasks such as time-intensive assessments and other paperwork-based or computerised functions, with limited professional time and space to form supervision relationships with young people, (Almond, 2012). Lack of adequate training and having to manage heavy caseloads, probably due to declining budgets, also constitute organisational constraints (Sutherland, 2009). Our study of practice integrity assessed real-world practice (what practitioners do) and organisational factors that shape practice.

**The Study**

The study employed the Correctional Programme Assessment Inventory-2010 (CPAI-2010) which was developed by Gendreau and colleagues (2010) (See Figure 1).

**Figure 1: Sections A to I of the CPAI-2010**

The CPAI-2010 is an empirically-validated inventory for assessing frontline practice and organisational factors that shape practice. Several studies have shown that high CPAI scores (indicating high practice integrity) are linked to reductions in recidivism rates (Lowenkamp et al., 2006; Smith, 2013).

In addition, the CPAI-2010 promotes practices that support several rights-based principles enshrined in the Youth Justice Board (YJB)/Welsh Government (WG)’s Children and Young People First, Offenders Second (CFOS) policy (YJB/WG, 2014). This policy was endorsed in a wide-ranging review of youth justice services across England and Wales (Taylor, 2016). An example of a CFOS principle is - ‘effective use of custody’ (custody should be used as a last resort). The CPAI-2010 derives from research which strongly suggests that effective practice principles produce best results when deployed in a community-based rather than custodial setting (Bonta and Andrews, 2016). This is in part because prisons are not typically therapeutic environments. Furthermore, in the community, there are more opportunities for service users to access relevant services and practice prosocial and other skills they acquire during interventions. ‘Reducing reoffending’ is yet another CFOS principle and as we shall see, Section F assesses the use of evidence-based modes of intervention that have been consistently shown to reduce reoffending.

CPAI-2010 evaluations are designed to enhance the effectiveness and efficacy of frontline practice. Therefore, CPAI-2010 evaluation reports inform practitioners of the extent to which their skills and practices are consistent with research-based skills and practices, and what should be done to bridge gaps between practice and research to improve effectiveness.

Indeed, it has been noted that the inventory represents one of several emerging modes of knowledge transfer that help bridge the gulf that exists between research and practice; the inventory enables the effective transfer of knowledge about evidence-based practices to real-world settings (Taxman and Belenko, 2011). Practitioners who participate in CPAI evaluations attest to the positive impact of the process on their awareness and use of evidence-based approaches. Theybelieve that the evaluations provide useful insights into effective skills and practices:

‘Feedback from CPAI users has often been positive because just going through the exercise is a tremendous learning experience for agencies…’ (Andrews and Bonta, 2010).

Echoing this, Smith (2013: 82) remarks that the CPAI-2010: ‘provides practitioners with the tools needed to implement evidence-based services.’

*CPAI-2010 Domains*

The CPAI-2010 comprises nine domains, namely sections A to I (see Figure 1). Section A of the CPAI-2010 is not scored; it is used to generate demographic information about the service that is being evaluated. The remaining domains comprise 133 scored items which assess almost every aspect of practice (or what practitioners do). The aim is to identify good practice and areas that require improvement in order to promote effectiveness. Sections B-D and I focus on organisational contextswhilst Sections E-H assess practice integrity factors.

*Assessing practice integrity: Sections E-H of the CPAI-2010*

Sections E and F of the CPAI-2010 examine whether services adhere to key dimensions of the risk, need, and responsivity principles. The scores attained in both sections are said to be particularly indicative of effectiveness (Gendreau et al. 2010) Aspects of practice explored by the sections include: the quality of risk/need/responsivity assessments; the allocation of services users and staff to appropriate interventions; the degree to which assessment outcomes inform practices and interventions; and the use of effective modes of intervention including cognitive behavioural approaches. Section G of the CPAI-2010 assesses whether services employ the CCPs. The objective is to observe practitioners’ skills and to describe (in the CPAI-2010 evaluation report), how practitioners can strengthen their skills by adopting relevant CCPs.Section H examines how well services work in an interagency capacity to provide brokerage and advocacy services that facilitate access to community resources (socioeconomic, substance misuse, and other support services).

*Assessing organisational contexts: Sections B-D and I of the CPAI-2010*

As already noted, Sections B – D and I of the CPAI-2010 examine organisational contexts that affect practice integrity. For example, the domains assess whether there are documented goals and ethics of practice, adequate staff training facilities, and organisational harmony in the sense that: staff members get on well and communicate effectively with each other and with members of management; staff feel supported by management; members of management have the confidence of staff; and there are low levels of staff turnover.

Additional organisational factors assessed by these sections of the CPAI-2010 include issues that affect the sustainability of services, and examples are policy changes and funding issues. The sections also examine whether practitioners and managers possess requisite academic qualifications, training, skills, and levels of experience. In addition, quality assurance strategies such as the presence of robust facilities for auditing and evaluating practice are assessed (see generally, Latessa et al., 2002).

*The CPAI-2010’s Scoring Protocol*

The CPAI-2010 comprises questions that are scored by ticking ‘yes’, or ‘no’. A score of ‘yes’ indicates that a requisite skill or evidence-based practice is present. A score of ‘no’ demonstrates that a requisite skill or evidence-based practice is lacking. If a question about a skill or practice is not relevant to a service, the question is marked as ‘not applicable’.

Section G is scored by observing supervision sessions and applying a score of ‘yes’, ‘no’ or ‘not applicable’ depending on the presence or absence of relevant CCPs. The assessor observes each participating practitioner’s interactions with a young person during supervision sessions. A score of yes is applied if the practitioner uses an appropriate skill where relevant and ‘no’ is applied if the practitioner should apply a relevant skill (for example, positive reinforcement) but does not use the skill. If a skill is irrelevant in the context of the supervision session being observed, a score of ‘not applicable’ is applied. Unlike Section G of the CPAI-2010 which involves observing supervision practice, all the other CPAI-2010 domains comprise questions that are administered during structured interviews with each participating practitioner.

To calculate the score attained in a specific CPAI-2010 domain or overall, the assessor calculates the number of ‘yes’ scores and converts the number into a percentage of the total number of applicable items. Items scored as ‘not applicable’ do not count towards domain or overall CPAI-2010 scores. The scores are categorised according to the classifications in Table 2.

**Table 2: Classifying the Overall CPAI-2010 score**

|  |  |
| --- | --- |
| Classification | Score (%) |
| Very Satisfactory | 70+ |
| Satisfactory | 50-69 |
| Unsatisfactory | Below-50 |

*The Participating Services*

Three Statutory Orders Teams (SOTs) interested in developing practices based on evidence-based RNR principles participated in the study between 2014 and 2015. The SOTs were responsible for supervising young people who were undertaking court orders. A SOT is a sub-team within a Youth Offending Team (YJB) which is a multi-agency service. Youth Offending Teams were created by the Crime and Disorder Act 1998 of England and Wales. The Act also established the YJB to manage and support the work of Youth Offending Teams. The fundamental role of every SOT is the same; to oversee the coordinated delivery of services to young people undertaking court orders and to comply with National Standards and other guidelines set by the YJB (see for example, YJB/WG, 2014). Interventions in every SOT should depend on assessment outcomes and may include one-to-one supervision sessions and referrals to relevant services. However, CPAI-2010 evaluations mainly focus on the issue of whether or not services employ research-based skills and practices when they design and deliver interventions.The evaluations also assess organisational contexts.

The participating SOTs were at the time of the study (from November 2014 to April 2015), supervising a total of 174 young people. The key problems with which most of the young people presented were: substance misuse; violence; sex offending; poor family relationships and anti-social attitudes. SOTs 1 and 2 were assessed in November 2014 and the study of SOT 3 took place in January 2015. In total, 26 staff were interviewed using all CPAI-2010 domains apart from Section G which was applied during observations of practices to assess the use of CCPs. 27 sessions were observed across the three SOTs to score Section G (see Table 3 below). These observations were sufficient to demonstrate the range of skills. However, as is the case with the structured observation method, additional observations would have enhanced the reliability of findings.

**Table 3: The Participants**

|  |  |  |
| --- | --- | --- |
| The SOTs | Number of Staff Interviewed | Sessions Observed |
| SOT1 | 8 | 8 |
| SOT2 | 9 | 8 |
| SOT3 | 9 | 11 |
| Total | **26** | **27** |

*Methodological Limitations: Applying the CPAI-2010 in Welsh youth justice contexts*

The CPAI was created in Canada and although it has been validated in other jurisdictions (see Lowenkamp et al. 2006), further research could assess its suitability in additional jurisdictions. Another limitation relates to the issue of whether the evidence-based RNR model that underpins the CPAI-2010 is relevant to both male and female young people. As already noted, there is research evidence that the RNR model can reduce reoffending rates among male and female offenders (Dowden and Andrews, 1999; McGlynn et al., 2012; Lipsey, 2009). Nevertheless, additional research could further develop the evidence-base in relation to, not only young people, but also women, ethnic minorities and other groups across various jurisdictions.

Furthermore, it is worth noting that CPAI-2010 domains derive from research evidence of effective practice. Therefore, to attain a high CPAI score, a service would have to demonstrate that frontline practice replicates the evidence-base as closely as possible and only few services have demonstrated this (Lowenkamp et al., 2006). CPAI-2010 assessors should emphasise this before each evaluation to manage the expectations of participating services. Evaluation results should also be fed back to services constructively.

In the study reported here, several methodological issues could have affected the findings. The participating SOTs volunteered to participate because the managers and several practitioners were interested in developing practices based on the research-based principles. Therefore, the sample achieved was not necessarily representative of the population of practitioners working within or beyond the SOTs sampled. There was also a lack of inter-rater reliability tests.

*Training, certification and* *confidence rating*

Two factors might have to a degree, ameliorated the limitation posed by the lack of inter-rater reliability tests. Accredited and certified CPAI-2010 assessors who have undertaken rigorous training in evidence-based approaches to achieve accreditation, conduct CPAI-2010 evaluations. In addition, scoring the CPAI-2010 involves calculating the average confidence rating for each section of the inventory. The confidence rating represents the degree to which the scorer is certain that the score given an item is reliable. Where for instance, the scorer has seen concrete evidence to support an item, (for example in case management records or intervention manuals) the item is scored as a ‘yes’ with a high confidence rating. The confidence rating is a five-point scale that ranges from five for strong confidence and three for moderate confidence, to one for uncertain reliability. The average confidence rating recorded for applying the CPAI-2010 in the three SOTs was high (4).

**Results**

Using the CPAI-2010, we assessed whether the SOTs adhered to the RNR principles (practice integrity). We also assessed the organisational contexts of practice.

*Risk/Need assessment practices: Identifying practice or intervention targets*

Figure 2 below demonstrates that the SOTs attained ‘satisfactory’ scores in Sections E which examined whether the teams adhered to the risk/need principle by using validated tools to identify the areas (criminogenic needs) that should be targeted to reduce reoffending.

The three SOTs utilised the Asset2 actuarial risk assessment tool. Asset assesses factors that affect the likelihood of reoffending, including socioeconomic factors such as education, training, and employment. It also assesses reasoning and attitudes. Based on an assessment of these and other factors, Asset classifies young people as posing either a low, medium or high risk of reoffending.

*Responsivity practices: Identifying barriers to participation and engagement*

The study found that assessments were conducted mainly to ascribe risk ratings. Additional assessments were not conducted to identify barriers to participation and engagement (responsivity factors). This undermined the SOTs’ scores in Section E.

*Responsivity practices: Effective allocation and integration of assessment outcomes*

Figure 3 below shows that the SOTs also attained relatively low ‘unsatisfactory’ scores in Section F.

Section F assesses the content of interventions. It examines whether assessment outcomes inform proportionate allocation to interventions. Assessment outcomes should also inform the delivery of interventions. Further, assessments should be collaborative; young people should be encouraged to participate in identifying goals and solutions to problems.

Interviews with practitioners and reviews of case management notes revealed that most practitioners encouraged young people to contribute to intervention planning. However, in all three SOTs, more steps should have been taken to ensure that the outcomes of assessments conducted with the Asset tool consistently informed the allocation of young people to interventions and also the content of intervention. In the three SOTs, practitioners were mainly using clinical assessments based on professional judgment to structure interventions.

*Responsivity practices: Employing evidence-based modes of intervention*

Another aspect of practice assessed by Section F is the use of evidence-based modes of intervention. The SOTs were delivering some structured programmes that had elements of cognitive behaviourism. However, interviews with practitioners and observations of practice revealed limited evidence that the practitioners applied the approach or understood the underpinning theories. Indeed, most of the participating practitioners stated that training on how to employ evidence-based modes of intervention such as cognitive behavioural approaches was required. In sum, the three SOTs attained low scores in this section (see Figure 3 above).

*Responsivity practices: Employing evidence-based CCPs*

Section G examines levels of adherence to the CCPs which comprise two principles. One is the structuring principle and it encompasses the following skills-set: prosocial modelling; effective reinforcement; effective disapproval; problem solving; prosocial skills building; effective use of authority; and skills for encouraging cognitive self-change3. These are change-focused skills that enhance service users’ skills and competencies, and encourage long-term positive change. The second principle is the relationship principle, namely ‘relationship practices’. Examples of these skills are provided in Table 1. They are useful for encouraging participation engagement, and providing a conducive context for deploying change-focused structuring skills. As Figure 4 below indicates, the 3 SOTs attained low scores (below 50%) in Section G.

**Figure 4: Section G – Core Correctional Practices**

Table 4 below sets out the mean scores the 3 SOTs attained in Sections G compared with the maximum scores they could have attained. SOT 2 achieved the lowest scores. These scores are presented below in detail because unlike the other Sections of the CPAI-2010, Section G involved direct observations of practice (supervision sessions and interactions involving practitioners and young people) to assess the use of the CCPs.

**Table 4: Section G – Mean Scores for the staff observed**

**in each of the Three Teams**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CPAI Items**  **(Domain G – CCPs)** | **Possible Scores** | **SOT1** | **SOT2** | **SOT3** |
| Prosocial modelling | 4 | 0.71 | 0.5 | 0.72 |
| Effective Reinforcement | 4 | 1.8 | 1.2 | 1.4 |
| Effective Disapproval | 4 | 0.57 | 0.25 | 0.36 |
| Problem Solving | 6 | 1.2 | 0.75 | 2.9 |
| Prosocial Skills Building | 5 | 0 | 0 | 0 |
| Effective Use of Authority | 10 | 6.8 | 5.3 | 7.6 |
| Cognitive Self Change | 5 | 1.5 | 1.5 | 1.8 |
| Relationship Practices | 7 | 5.8 | 5.8 | 6.5 |
| **Total** | **45** | **18.38** | **15.3** | **21.28** |

The scores attained in respect of the CCP, ‘Relationship Practices’, were uniformly high across the 3 SOTs, indicating that participating practitioners displayed skills that were required for forging good relationships (See Table 1). The scores for the CCP ‘Effective Use of Authority’ were also high and observations of practice revealed that this was attributable to the use of the relationship-building dimensions of Effective Use of Authority. Examples observed included: being encouraging and respectful (see Table 1). There was however, limited evidence that the structuring dimensions of that CCP (Effective Use of Authority) were being employed, such as providing clear guidelines and reinforcing desired attitudes and behaviours. Indeed, all three SOTs attained lower scores in the remaining CCPs, and these were the CCPs that constitute the ‘structuring principle’ (Bonta and Andrews 2016). The CCPs are: prosocial modelling; problem solving; cognitive restructuring; and the structuring elements of Motivational Interviewing such as developing discrepancies between the young person’s current and desired states.

The three SOTs attained high scores (100%) in Section H. This section contains items that assess the CCP - interagency collaboration/use of community resources. The items are: brokerage, advocacy, communication (with other agencies/services), co-ordination (of service delivery) and links (to relevant agencies/services). The study found that the SOTs were working collaboratively with these agencies to help young people access social welfare and other relevant services.

**Practice contexts: Impact of organisational factors**

As already noted, the CPAI-2010 includes domains that assess organisational contexts of practice, and these are:

* Section B (Organisational culture);
* Section C (Programme Implementation /Maintenance);
* Section D (Management/Staff Characteristics); and
* Section I (Evaluation).

Here, we assess these organisational factors given that as noted earlier, studies reveal that they impact on practice. Therefore, they could have contributed to the scores the SOTs attained in the domains that assess practice integrity - Section E (risk/need practices) and Section F (practice characteristics), Section G (Core Correctional Practices) and Section H (Interagency Communication).

The study found that SOT 2 which, as already noted, was the lowest scoring SOT in respect of Section G (Core Correctional Practices), also attained the lowest scores for organisational factors assessed by Sections B (Organisational Culture), and Section C (Programme Implementation). This indicates that there were several organisational constraints linked to both sections (see Figure 5).

In SOT 2, the scores achieved for the quality of relationships between staff and management were low. This is because staff did not feel supported by management. Additional factors defined as organisational constraints by the CPAI-2010 were present in SOT 2. There was perceived job insecurity; there had been funding cuts to the service, and staff had large caseloads which stemmed from staffing issues – staff were retiring and not being replaced. The budget cuts appeared to limit training and professional development opportunities, and staff did not have access to clinical supervision. These organisational constraints alongside fears of redundancy affected staff morale in SOT 2.

By contrast, in the other SOTs (SOTs 1 and 3), participating staff stated that there was organisational harmony; staff members shared good working relationships with each other and the manager. There were also good communication channels with the managers, through for example, regular meetings. There were no feelings of job insecurity or perceived redundancy risks. In sum, levels of organisational harmony were higher in SOTs 1 and 3, compared with SOT 2. Although this might have contributed to SOT 2’s relatively poor performance in Section G, as we shall see later, insufficient training was an organisational constraint that affected the performance of all three SOTs.

Figure 5 above also demonstrates that the 3 SOTs achieved similarly low (albeit ‘satisfactory’) scores in respect of Section D which assesses another dimension of the organisational contexts of practice (practitioner/management characteristics). There was evidence that most of the managers and members of staff had educational qualifications and experience in youth justice practice. But, higher scores would have been attained in Section D if the managers had demonstrated that they were involved in training staff and delivering services. The SOTs would have also scored highly in the section if there had been evidence that the ability to deploy the CCPs was a staff selection criterion. Evidence of more regular clinical supervision, and training on evidence-based modes of intervention (for example, cognitive behavioural approaches), would have further enhanced the scores attained in this section which assessed organisational contexts and constraints.

The three SOTs also achieved low scores in the remaining section of the CPAI-2010 (Section I) which examines the aforementioned organisational factor - quality assurance strategies. Below, the overall findings are discussed and located within the exigencies of the organisational contexts from which they emerged.

**Discussion**

*Bridging gaps between research and practice*

The results reveal several areas of very good practice but direct attention to areas that could be improved to align service delivery with research-based principles of practice. Below,we discuss the findings and possible means of bridging gaps between research and practice.

*Risk/need practices*

The participating teams attained satisfactory scores in the CPAI-2010 domain (Section E) that assesses whether services employ validated tools to identify intervention targets and goals. It is however worth noting that attaining a satisfactory score in this area does not equate to effective implementation of the risk/need principles. To align risk/need practice with research, assessment outcomes should inform proportionate allocations to interventions but the three SOTs did not adhere to this principle. There is substantial evidence that proportionate allocation is important and intensive interventions are counterproductive for those assessed as posing lower risks of reoffending (Hollin et al., 2013). But, studies reveal that appropriate allocation is not always achieved in practice (see for example, Sutherland, 2009).

To narrow the gap between research and practice, assessment outcomes should also inform the content of interventions. However, the current study found limited evidence of this practice principle. The finding is consistent with existing research on assessment practice (see for example, Miller and Moloney, 2013). Meanwhile, Luong and Wormith (2011) found that interventions that were designed around identified criminogenic needs produced a 37.9% reduction in risk of reconviction. By contrast, interventions that did not target identified needs correlated with an 81.7% increase in risk of reconviction.

The aforementioned deficits in risk/need practice could in part be attributable to interpretational issues such as those described earlier. However, the CPAI-2010 focuses mainly on real-world practice (what practitioners do), not the meanings, perceptions or interpretations with which practitioners make sense of RNR principles. Perhaps this is a limitation of the tool. That said, Sections B-D and I of the CPAI-2010, which assess organisational factors, do provide insights into factors that could influence staff perceptions and shape practice.

*Responsivity practices*

In the current study, general responsivity (assessed by Section F) was another low scoring area. The general responsivity principle emphasises the efficacy of specific modes of intervention, particularly cognitive behavioural approaches. Most practitioners noted that training was required to equip them with relevant skills.

The participating services also attained low scores for specific responsivity practices, revealing a gap between research on this dimension of responsivity, and practice. To address this gap, responsivity items should be added to assessment tools so services can identify barriers to participation and engagement (or responsivity factors) and adapt interventions accordingly. Other studies of youth justice practice have similarly found limited adherence to this dimension of the responsivity principle. For example, the study by Luong and Wormith (2011) found that responsivity factors were not identified for most (80%) of the participating young people in their study.

In addition, the services would have attained high scores for specific responsivity if the practitioners had employed most of the evidence-based CCPs (assessed by Section G). The services did score higher in the relational dimensions of the CCPs than the structuring (change-focused) dimensions. Perhaps this reflects the impact of social work practice principles on most of the practitioners and the longstanding emphasis on relationship skills in social work training and practice (Sneden 2013). There is evidence that practitioners with a social work background tend to score higher on the relational dimensions of the CCPs than the structuring dimensions (Raynor et al., 2014). However, adopting structuring skills will align practice closely with the research-base.

‘Interagency communication/use of community resources’ (assessed by Section H) was a high scoring area for the three SOTs. In part, the high scores in this area could be attributed to the nature of YOTs as services with a statutory constitution that necessitates collaboration with other services. These services include social work, probation, police, educational, healthcare and other services (YJB/WG, 2014). The scores reveal that interagency collaboration which was formalised by the Crime and Disorder Act of 1998, remains a key priority for youth justice. In Wales specifically, YOTs have to work collaboratively with devolved services (such as education and healthcare services) which are subject to the Welsh government’s stated commitment to a children’s rights-based approach (YJB/WG, 2014).

*Organisational factors*

Sections B-D and I of the CPAI-2010 which assess organisational factors, illuminate the organisational exigencies of the findings described above. We have seen that SOT 2, which attained the lowest scores for the use of key CCPs, also demonstrated evidence of poor organisational harmony and stability**.** However, whilst this could have affected the use of CCPs in SOT 2, it is worth noting that all three SOTs attained relatively low overall scores for the use of the CCPs and in several other CPAI-2010 domains. Lack of access to relevant training could explain this finding.

The participating practitioners in the three SOTs had suitable social work and aligned qualifications. That said, lack of adequate training on RNR principles was an organisational constraint that affected the scores attained in Sections E and F. Indeed, lack of relevant training (for example, training on risk/need assessments) has been described as a nationwide issue across England and Wales (Sutherland, 2009). Empirically-validated training models that equip practitioners with skills required for enhancing practice integrity can help services translate research evidence into practice. An example is the Strategic Training Initiative in Community Supervision (STICS) programme which has inspired the creation of additional staff training models (see generally, Bonta et al., 2017).

The paucity of strategies for evaluating service quality is yet another organisational issue that widens the gapbetween research and practice, and it affected the scores attained by the services in Section I. Studies show that evaluating services to assess and improve the quality of interventions can enhance practice integrity; it can bring practice more in line with research(see for example, Hollin and Palmer, 2006).

**Conclusion**

Exploring the dynamics of real-world practice uncovers the ‘black box’ of practice (Bonta et al. 2008) and in doing so, directs attention to areas that require improvement, that is, practice integrity issues. The findings of the current study suggest that to narrow the gap between research and practice, policies should be introduced to alleviate organisational constraints that impede research-based practice. For example, the results from SOT2 indicate that at the level of organisational policymaking, promoting good relations between staff and management, and providing clinical supervision will improve organisational harmony and staff morale. In addition, the findings relating to all three SOTs suggest that providing access to adequate training will help rectify limitations that undermine practice integrity. These are: the inadequate allocation of young people to interventions; designing interventions that are not informed by assessment outcomes; and the unsatisfactory application of general and specific responsivity principles.

These limitations could in part, stem from interpretational issues such as those cited earlier. They could also be attributable to the previously mentioned perception of some practitioners that risk assessment policies which emphasise criminogenic needs and standardised assessments are inconsistent with their welfare-based professional ethos. These practitioners prefer individualised clinical assessments that enable them to identify the specific welfare needs of each young person (Briggs, 2013). Indeed, the current evaluation did find that participating staff in all three SOTs were mainly using clinical assessments based on professional judgment to structure interventions, rather than standardised actuarial assessments with the Asset tool. This reinforces the position of Kemshall (2008) and others who argue that policies do not translate into practice automatically. Some practitioners may resist or negotiate organisational demands they construe as inconsistent with their occupational ethos by adopting alternative approaches. However, the alternative approaches can undermine practice integrity.

The aforementioned training models (for example, the STICS model and others) elucidate the RNR principles and how to implement them effectively to enhance practice integrity. Therefore, the models can resolve interpretational and other issues that undermine the quality of risk/need practices (see Briggs, 2013; Phoenix, 2009). For example, by drawing attention to the previously ignored concept of specific responsivity, the training models can address some practitioners’ perception that the RNR principles are inconsistent with their occupational ethos because the principles emphasise criminogenic needs and standardised assessments. As already noted, studies suggest that some practitioners prefer clinical assessments that enable them to identify a broader range needs including non-criminogenic needs. Some of these needs are specific responsivity factors and adequate training should improve awareness of how best to identify them (using professional discretion) in order to ensure that interventions are tailored to suit individual circumstances.

At the level of central youth justice policymaking, there should be a realisation that bridging the gap between research and practice requires a commitment to providing relevant resources. For example, we saw that in SOT 2, funding-related issues impacted quite negatively on staff resources and morale. It may well be that the lack of training provision identified across all three SOTs stemmed from funding deficits. Youth justice services are now delivered in a policy context of public sector budgetary retrenchment. Indeed, since 2010, the Youth Justice Board has had its budget significantly reduced as part of the UK government’s drive to reduce public spending (Youth Justice Board 2017). We contend that this poses implications for the ability of services to implement research-based approaches (and achieve practice integrity), not least because such approaches require adequate staff numbers, time, training and other relevant resources.

Finally, studying real-world practice to assess practice integrity can help ensure that an inaccurate conclusion that ‘nothing worked’ is not drawn when what actually transpired was that ‘nothing happened’; there was limited or no practice integrity (Van Voorhis et al., 1995:8).

**Notes:**

Although the RNR model is rooted in a substantial body of research evidence, it has been criticised on several bases but it is beyond the scope of this chapter to engage with all the criticisms and counter-criticisms that pertain to the model. Besides, they have been addressed quite extensively elsewhere (Herzog-Evans, 2017).

Asset has been replaced with AssetPlus which was phased in from September 2015 onwards.

Cognitive self-change techniques include the cognitive restructuring skills previously described in Table 1.

Examples of these skills are provided in Table 1.

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