"It didn't feel like a 'programme' – it felt personal"

**Evaluating support work delivered
by Dignifi Ltd to NPS Care Leavers**

**Research report submitted to Dignifi
by ARCS Ltd**

ARCS

EXECUTIVE SUMMARY

Further to discussions between ARCS and Dignifi Ltd during 2020, ARCS agreed to undertake some evaluation research and analysis focusing on support work delivered by Dignifi, to NPS (National Probation Service) "Care Leaver" clients.

The research was designed to examine all of the available data concerning the client cohort that Dignifi worked with during the first half of 2020, and draw some evidence-based conclusions about the design, implementation, and impacts of that work. In the final quarter of 2020 it was decided to extend the study by several months, to allow for longer term follow-up (and the gathering of some further data via client interviews).

THE SUPPORT DELIVERED TO NPS CARE LEAVERS BY DIGNIFI

Dignifi Ltd was created both to deliver trauma-responsive support work for individual clients (from a range of vulnerable groups), and to support other organisations in their efforts to make their own activities "trauma responsive".

The organisation has a range of resources and tools that it has developed since its creation, and it tailors these to each of its commissioned work programmes.

For the work focusing on NPS Care Leavers, Dignifi used a framework involving a programme of one-to-one sessions (although some of it was designed to be deliverable to groups as well, prior to COVID-19 restrictions). The sessions focused on a range of topics - including awareness of trauma and its impacts, feelings of safety, strategies for emotional management, self-knowledge and empowerment, and understanding bodily and emotional components of risky or destructive behaviour – with the topic areas all elaborating a particular aspect of the "safety, connection, and purpose" focus that underpins Dignifi's work.

Dignifi's work with clients also involved peripatetic support outside the main sessions, assistance with practical difficulties (such as engagement with other key workers and services), and the use of a range of flexibly administered and individually tailored tools, which clients could use as part of their everyday routines (e.g. "self-compassion cards", "emotion cards", and journals for keeping track of progress and development). The Dignifi support activities were also closely coordinated with support provided by Probation staff.

THE EVALUATION

The evaluation involved several key strands – collection and analysis of client/project data and documentation, interviews with Dignifi staff and clients, and analysis of feedback from Probation staff – and was designed to:

- ➢ assess monitoring and data-collection systems used by Dignifi to keep track of the trauma-responsive case work that they do, and to make recommendations about possible improvements;

➢ aggregate all available information concerning the individual clients involved in this particular cohort, in order to assess baselines, progress, and outcomes;

➢ gather some further "gap-filling" data about clients and their progress, where necessary;

➢ draw some evidence-based conclusions about project outcomes and the reasons for these, and make recommendations about future practice, and

➢ provide feedback to the project incrementally during the research period, so that Dignifi could make relevant decisions about changes to data-collection or other practice, as suggested by the assessment

KEY FINDINGS

Characteristics of the client cohort

The eight clients making up the cohort that Dignifi worked with ranged in age from 19 to 26 years at initial assessment, with six being male and two female. About a third of them had been involved in offending from an early age, half had been in custody, and of course all of them had previously been in local authority care. The final data-set suggested that all in the group had experienced significant levels of childhood and adolescent adversity, and that to varying degrees they were struggling with particular trauma symptoms. A detailed analysis of project data alongside clinical (behaviour and emotional wellbeing) categories suggested that at least six in the cohort would probably have been eligible for a PTSD diagnosis. The Dignifi support work was therefore very well suited to this group.

Dignifi's approach

The approach that Dignifi takes to its work with clients is quite unique in the field. On the one hand it incorporates features that resonate with good practice from related fields such as resettlement, where it is well established that the effectiveness of client-focused work can be enhanced to the extent that it is holistic, individually-tailored, coordinated with other services, co-produced, future-oriented and empowering, and consistent across time and transitions.

Dignifi's support work moves beyond that however, in that it is also focused specifically on trauma and the impacts of trauma. The approach uses the insights from trauma research and training to locate clients "in the present", but in a way that links them also to prior experiences that still have a hold on them, and that still exert an influence over their everyday lives. Given what we know about the nature of that "hold" and the way in which it can both impede progress and also sustain behaviours that are linked to offending, that combination of features is much better placed than many other approaches, to make a difference in terms of positive change in the lives of people who have had some very difficult background experiences.

Impacts on clients

Emotional wellbeing, self-management

Although COVID restrictions placed some real constraints on the way in which Dignifi could work with clients, the support work effectively brought about a range of positive changes, including improved levels of emotional awareness, more effective self-management and autonomous decision-making, and improved levels of engagement with wider services.

Offending and risk

Although individuals having these offending histories and current difficulties would normally be expected to continue offending at a fairly high rate, no clients in this cohort had re-offended during the 13 month period of the evaluation. Feedback from clients and staff suggests that reductions in problematic and/or risky behaviour were a direct result of improved levels of self-awareness and the continued application of emotional management skills developed as a result of involvement with Dignifi. Formal NPS assessments of risk did not lower for the cohort during the evaluation however, although the evaluation evidence did suggest that risk levels had decreased across the cohort.

Addressing key trauma symptoms

Since we know from previous research that some symptoms associated with previous trauma place real constraints on individual development, narrow the scope for individual progress and success, and feed into offending and other problematic behaviour, it was of particular importance in the evaluation to assess impacts on these kinds of symptoms. The evidence does suggest that the Dignifi support work effectively reduced some of the negative impacts of key trauma symptoms for people in this cohort, but it is difficult to quantify those reductions in the absence of the kind of data that regular use of psychometric monitoring tools might have provided. The project is in the process of changing their practice to allow them to measure this kind of change more robustly over time.

FURTHER RESEARCH

The most obvious limitation of the assessment that we have undertaken concerns a lack of detailed evidence about outcomes, and it was also difficult to address "the counterfactual" in a robust manner, given the small size of the cohort and the lack of clear comparison groups.

We would suggest that future evaluations of interventions of this kind involve a focus not only on whether such support can reduce the negative effects of trauma symptoms, but *that those reductions in turn are linked to reductions in both re-offending and risk*. That there are such links is indicated very strongly in the literature and previous research – and this small scale evaluation suggests that all of the indicators "point in the right direction" - but it would be a considerable advance to be able to quantify and test them in more detail.

CONTENTS

1 INTRODUCTION

Further to discussions between ARCS and Dignifi Ltd during 2020, ARCS agreed to undertake some evaluation research and analysis focusing on support work delivered by Dignifi, to NPS (National Probation Service) "Care Leaver" clients.

The research was designed to examine all of the available data concerning the client cohort that Dignifi worked with during the first half of 2020 (called "cohort one" in the records), and draw some evidence-based conclusions about the design, implementation, and impacts of that work. In the final quarter of 2020 it was decided to extend the study by several months, to allow for longer term follow-up.

This report describes that research and how it was conducted, and outlines key findings from the analysis undertaken.

After commenting on the background to the study and outlining the support work itself in the following two sections, the research and the methods used are outlined in section 4. Key findings are then provided in section 5, concerning the client group, its characteristics and form of involvement, and some of the outcomes achieved.

The key conclusions are discussed further in section 6.

2 BACKGROUND, CONTEXT

Before describing the approach taken by Dignifi to the support of Probation clients, it is worth highlighting some of the findings from studies that have focused on the prevalence of trauma among young people (and adults) having some contact with the justice system. That material is relevant both to the approach that Dignifi takes to its support work, and to the characteristics and circumstances of the cohort that they worked with as part of the "pilot" being focused on here.

The accumulated literature on trauma and offending illustrates clearly and consistently that those involved in offending have experienced high levels of trauma in childhood and adolescence (Liddle et al., 2016). In their research for the Joseph Rowntree Foundation, for example, Stuart and Baines (2004) reported that among their sample of 100 girls across five custodial establishments and 2,500 boys across 14 male establishments:

➢ 40–49% had a history of local authority care,

➢ 40% of girls and 25% of boys suffered violence at home, and

➢ 33% of girls and 5% of boys reported sexual abuse.

Again focusing on younger offenders, research undertaken by Jacobson and colleagues (2010) also found high percentages of adverse experience among young people in custody:

➢ 39% had been on the child protection register and/or had experienced abuse or neglect,

➢ 28% had witnessed domestic violence ,

- ➤ 27% had been accommodated in local authority care (through voluntary agreement by parents and/or care order) ,
- ➤ 20% had self-harmed,
- ➤ 17% had a formal diagnosis of an emotional or mental health condition,
- ➤ 13% had experienced bereavement, of a parent and/or sibling(s), and
- ➤ 11% had attempted suicide.

Findings of that sort have been echoed in many hundreds of studies over the last two decades in particular, and in relation to a very wide range of different offending groups. A smaller number of studies have *directly* compared levels of adverse experience within offending groups with levels for the general population, however, which is unfortunate because although adverse experience and trauma are common across *all* social groups, the difference between offending and non-offending groups is quite stark in terms of both the prevalence and the impacts of trauma, and it is useful to illustrate that.

A recent study conducted in Wales does precisely that, and it very usefully includes comparisons of offending and non-offending populations (Ford et al., 2019). The following Figure compares numbers of ACEs (adverse childhood experiences) in both prisoners, and the general population in Wales, and the difference between the two groups is very clear, with the difference in relation to "0 ACEs" and "4 or more ACEs" being particularly significant.

Figure 1 – A comparison of ACE count prevalence in Welsh male general population (2017) and the 2018 Welsh prisoner ACE survey
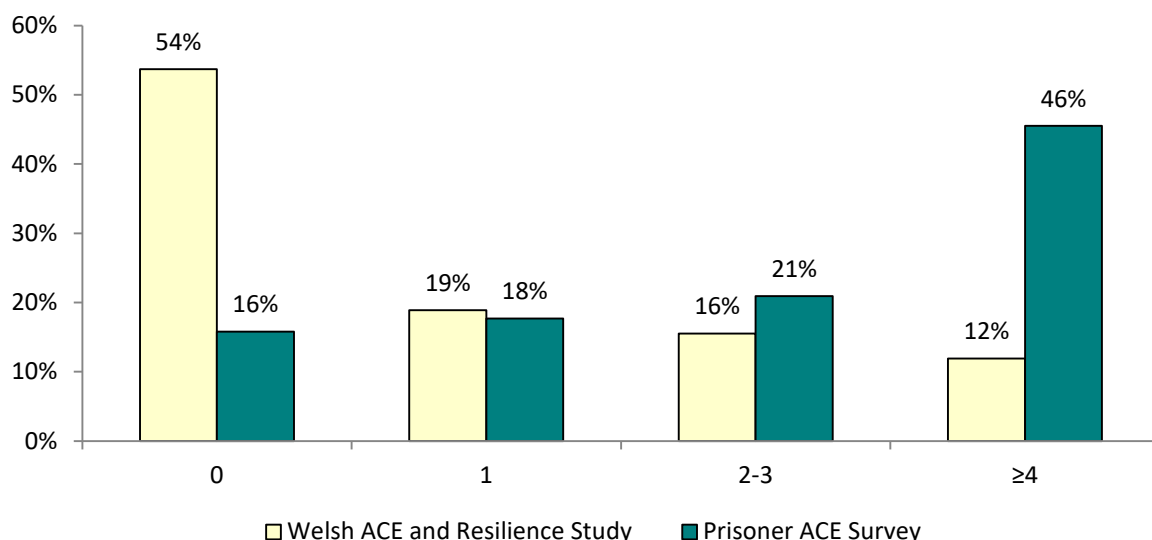
This all leads to the final point that we wanted to make in this section, which is that although an increasing number of organisations that work with offenders are better informed about trauma and its impacts than they were 20 years ago (with many organisations now claiming that their practice is "trauma-informed"), in reality there are far fewer that have approaches which could be regarded as being trauma-responsive – in the sense that they actually do something directly to address some of the key symptoms of trauma which can otherwise so seriously erode individual progress and development.

The work of Dignifi addresses a clear gap in the field, and an evaluation focus on this kind of work is therefore of particular importance.

3   THE SUPPORT DELIVERED TO NPS CARE LEAVERS BY DIGNIFI

Dignifi Ltd was created both to deliver trauma-responsive support work for individual clients (from a range of vulnerable groups), and to support other organisations in their efforts to make their own activities "trauma responsive".

The organisation has a range of resources and tools that it has developed since its creation, and it tailors these to each of its commissioned work programmes.

All of its work is animated by a deep understanding of trauma and its impacts on human behaviour and wellbeing.

For the work focusing on NPS Care Leavers, Dignifi used a framework involving eight sessions of one-to-one work (although some of it was designed to be deliverable to groups as well, prior to implementation of the COVID-19 restrictions). The eight sessions were outlined as follows, in the original submission to the NPS:

> ➤ *Suitability Assessment* – as the title suggests, this is a screening session that is designed to ensure client suitability, and to make sure also that involvement on the programme will not generate any undue risk;
>
> ➤ *Developing awareness of trauma* – this session aims to provide some understanding of trauma and its impacts on the body and brain, and of the way in which feelings of safety or unsafety affect us; the focus on safety marks the start of an ongoing elaboration of the "safety, connection, and purpose" triad that underpins Dignifi's work;
>
> ➤ *Understanding the impact of trauma* – this session goes into more detail about symptoms of trauma and how these affect both development and the way that we think about and seek to regulate ourselves;
>
> ➤ *Self-soothing* – given that focusing on trauma and its impacts can be painful, this session aims to develop strategies for providing calm;
>
> ➤ *Finding the spark within* – this session begins the focus on empowerment, and is designed to uncover sources of support (people and networks) for each client, and to develop a sense of future-oriented self-worth and positivity;
>
> ➤ *Developing self-knowledge* – this session focused on taking responsibility for the client's life, body and behaviour, and on linking daily micro-decisions to the task of recovery and overcoming of trauma;
>
> ➤ *Rewriting the script* – this session focuses on "scripts" that involve negative self-perceptions and disempowerment, and that can lead individuals to seek escape, block trauma and engage in risky or destructive behaviour; the aim is to give the client more ownership of these scripts, and to adopt new and more empowering narratives;

➢ ***Compassion on ration*** – this final session is about clients making agreements with themselves to stay on course for development of a more positive and self-defined future, and in light of the anger, shame and sadness that trauma can involve, the session also focuses on how clients can develop compassion both for themselves and for others.

The work with clients was initially planned to be delivered primarily at two sites in Manchester, but COVID restrictions forced a change in delivery plans, with the bulk of the work then being delivered using other media.

Clients were to be referred to Dignifi by Probation staff, with the "suitability" for the work being decided by both Probation and Dignifi. It was a requirement of involvement that prospective clients be committed to engaging, and "ready to change".

4   THE RESEARCH – APPROACH AND METHODS

This section outlines the key aims of the research and the methods used to deliver it, and we also include a detailed description of the final data-set.

4.1 Key aims, research questions

The research involvement with Dignifi was designed to achieve a number of key aims:

➢ to assess monitoring and data-collection systems used by Dignifi to keep track of the trauma-responsive case work that they do, and to make recommendations about possible improvements;

➢ to aggregate all available information concerning the individual clients involved in this particular cohort, in order to assess baselines, progress, and outcomes;

➢ to gather some further "gap-filling" data about clients and their progress, if necessary;

➢ to draw some evidence-based conclusions about project outcomes and the reasons for these, and make recommendations about future practice,

➢ to provide feedback to the project incrementally during the research period, so that Dignifi could make relevant decisions about changes to data-collection or other practice, as suggested by the assessment.

There were a number of key research questions underpinning the work strands summarised above, including:

➢ What approach does Dignifi take to its work with clients, and how does that approach compare with others?

➢ In what sense is Dignifi's work "trauma responsive"?

➢ Does Dignifi's work reduce the negative impacts of trauma symptoms?

➢ What impacts does Dignifi's work have on re-offending and risk?

➢ Does Dignifi's work facilitate progress in other areas of a client's life?

➢ Do clients think that Dignifi's inputs are relevant?

➢ What are the connections between the effectiveness of Dignifi's work and types of client?

We return to these questions in section 6, where we summarise some of the findings and link them back to the research questions.

4.2 Accessing client/project information

A data-protection agreement was reached between ARCS and Dignifi in order to ensure that all information relating to individual clients was handled in an appropriate and GDPR-compliant manner.

This agreement placed conditions on the way that project data could be transmitted and stored, and it conferred responsibility on the research team to limit use of the data and to protect and subsequently dispose of it securely. Both Dignifi and the researchers took further steps as well, to ensure that all of the main analysis would be of data-sets incorporating several layers of anonymization.

All files were strongly anonymised, but were still password protected and held on encrypted drives, and were titled using an alphanumeric unique identifier for each client (in some cases files were named using other unique identifiers, so that there was no way that interview comments from Dignifi clients could be accessed by Dignifi staff).

The project provided a range of data-sets to the researchers during the period from September/October 2020 to March 2021 (described in detail in section 4.4, below).

4.3 Interviews with Dignifi staff and clients

During the period from September 2020 to February 2021, 8 interviews were conducted with Dignifi staff, focusing on issues around project approach, the content and duration of interventions, and the background, circumstances, progress and outcomes associated with each individual client. Feedback from those interviews was transcribed partially and imported into NVIVO software for analysis.

An effort was made to contact all 8 members of the cohort sample through Dignifi, and in the end full interviews were conducted with 3 clients. Those interviews focused on client involvement with Dignifi and the background to that, the nature and duration of involvement, perceptions about the content and utility of Dignifi sessions, any changes that might have been related to involvement, and areas where support from Dignifi might be improved (we have attached the client interview questionnaire to this report, as Appendix 1). Those interviews were also transcribed partially - with responses to individual questions being typed directly onto a blank interview questionnaire on screen at the point of interview - and that material was also imported into NVIVO for qualitative analysis.

4.4 Final data-set

The final data-set for the research was made up of several key strands, as described below.

➢ *Documentation concerning client-focused, training and other work delivered by Dignifi* – a wide range of project material in Word format;

➢ *Information from the Dignifi client database*, on 8 clients, taken from key sections including:

- "Demographics" – this includes key demographic information for each client, stored across 9 data fields;

- "Self-Summary" – information across 15 (open-ended text) data fields, concerning each client's support needs, priorities, goals, "self-descriptions", likes and dislikes, mental health diagnoses, and whether the client has other support workers;

- "Baseline Feelings" – this is key information taken from each client's main assessment form, broadly covering mental or emotional health issues, and a range of key trauma impacts (36 data fields, with all of these being numeric – scores from 0 to 5);

- "Baseline self-image" – this information is again taken from each client's main assessment form (13 data fields, with all of these being numeric – scores from 0 to 5);

- "Baseline support and need" – 7 open-ended text fields beginning with a "notes" section, and then covering each client's views about past events in their lives that might have an influence on their ability to move forward, about their level of emotional coping (and networks of support they might have), and whether they are committed to exploring their own self-development and barriers to success;

- "Session 4 review" – this captures feedback from each client about particular aspects of the course and their experience of it, what they might have learned from the sessions and homework, and whether they have become more self-aware;

➢ *IOMI data* – baseline IOMI (Intermediate Outcome Measurement Instrument)[1] questionnaires were completed for 7 clients, shortly after their project start dates;

➢ *Call logs* – this information is taken from regular updates provided to NPS by Dignifi, concerning all contacts with each client over a specified period (usually weekly), and the content or outcome of each contact; the material is very detailed and useful (involving some 12,000 words across 16 open-ended text fields (each of which is also dated); the research team transferred this material onto an EXCEL spreadsheet to make it easier to analyse;

➢ *"NPS session log/Assessment Case Notes"* – a wide-ranging and substantial set of notes and comments (around 17,000 words) made by Dignifi staff about client sessions; (the research team transferred this material onto an EXCEL spreadsheet to make it more accessible);

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[1] IOMI is a tool designed for the Ministry of Justice to measure key dimensions of emotional wellbeing including hope, resilience, agency, impulsivity, motivation to change, wellbeing, and interpersonal trust (Disley et al., 2019; Liddle et al., 2019).

➢ ***Written feedback from Probation Officers*** – Probation staff have over time provided feedback to Dignifi about the work with clients, and a full set of that feedback was made available to the research team – 8 sets of comments of varying lengths, in Word format;

➢ ***Feedback from Dignifi clients and staff*** – material included 3 partially transcribed interviews with clients, just over 40 comments provided in various formats by clients to Dignifi (and made available to the research team after anonymization), a video created by one client with Dignifi (which covered key features of involvement with the project), and partially transcribed notes from 8 discussions held with Dignifi staff.

➢ ***Details on changes in re-offending, sentence completion and risk, provided for cohort 1 clients by Probation*** – in response to the project's queries about these three areas, details were received by email from Probation Officers responsible for the cohort 1 clients.

5   KEY FINDINGS

5.1 Project monitoring and data-collection systems

As noted in section 4.1, one of the aims of the research was to assess the project's systems and tools for data-collection, and to make recommendations for possible changes or augmentation.

In terms of routine monitoring and information-collection about cases, the project does collect a detailed range of information about clients, sessions held with clients, actions taken, and individual progress. That material (as detailed above, in section 4.4) is very useful, and formed the bulk of information that we aggregated and analysed to help us understand the project's work with clients and the impacts of that.

The research team identified several ways in which the project's information-collection systems could be refined however, to make data-entry less labour-intensive, on the one hand, and to make the data-set more inter-linked and accessible to Dignifi staff, on the other. Suggested refinements to the project's main tool for holding information about individual clients were presented to the project during the second half of 2020.

The research team paid particular attention to the initial assessment tool used by Dignifi, because it has been designed to set baselines for a range of areas that are of key importance for monitoring progress over time. As noted in section 4.4, the assessment tool gathers details relating to key fields in the monitoring spreadsheet for "Self-Summary", "Baseline Feelings", "Baseline self-image" and "Baseline support and need".

It offers a particularly good starting point for work with offending clients because in addition to providing a snapshot of current individual circumstances and self-image, it focuses directly on trauma symptoms that the client is experiencing at the time of assessment. This is arguably more useful than using an ACE screening tool for example, because the latter is designed to provide an overview of the client's range of previous adverse childhood and adolescent experience, where the experiences being screened for are the ones most associated with negative emotional and behavioural impacts. But as we know from the wider research, people with high ACE scores do not somehow automatically end up suffering from some of those longer-term negative outcomes, and many individuals with those backgrounds do manage to benefit from resilience-building factors which act to insulate them from some of the more negative impacts of previous adverse experience.[2]

So the Dignifi assessment tool is well suited to this kind of work in our view, and the questions that it uses about key trauma symptoms are entirely consistent with what has been established in the clinical and wider literature about those symptoms. The questions on the Dignifi form can even be sub-divided into the Criterion categories used for symptom categorisation in the DSM[3], and also used for measures such as the PCL-5, which have been widely tested and validated.[4]

In fact we have recommended that the project use the PCL-5 tool as part of initial assessment, but that the project also continue to use the tool at regular intervals over time, in order to allow for a more precise measurement of changes in key trauma symptoms. The project should keep the remaining questions from their existing tool (because those perform a different function from the ones focusing on trauma symptoms) but keep them in a newly structured format.

A related point concerns the use of IOMI, which although it was used by the project very usefully to create baselines, was not used for taking repeated measures over time, which narrowed the scope for quantifying impact on emotional wellbeing.

In short, while the evidence clearly suggests that there have been positive impacts on both fronts (i.e. in relation to changes in emotional wellbeing and in adverse impacts from key trauma symptoms), in terms of future evaluation it would be useful to adopt a more robust approach to evidencing those changes, through the continued use of validated and reliable tools.

COVID-related restrictions have obviously had a clear impact on the way that the project works, and have made both client assessment and project evaluation more difficult - the tools referred to above are easier to administer in a face to face context, for example (or as part of delivering regular progress meetings with clients).

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[2] For a useful review of that literature see Asmussen et al., (2020).

[3] The DSM is short for the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (2013). The Criterion categories referred to here are Criterion B, which includes "intrusion symptoms", Criterion C, "avoidance", Criterion D, "negative alterations in cognitions and mood", and Criterion E, "alterations in arousal and reactivity".

[4] For details on that tool, see *Using the PTSD Checklist for DSM-5 (PCL-5)*, at www.ptsd.va.gov.

The research team has been discussing those points with the project over recent months, and the project has been incorporating our suggestions into their current practice and their use of monitoring and evaluation tools. Taken together, those changes will add some strength to an already impressive data-collection system and set of tools, particularly when restrictions related to COVID-19 begin to be relaxed (and the use of tools is less constrained).

5.2 Characteristics of client sample

The characteristics and needs of the "cohort 1" group are provided below.

5.2.1 *Key demographics*

The information in the project database provides a snapshot of key demographics for each individual.

In terms of age, the information in the database allowed us to calculate each individual's age at the time of their initial assessment (although the ages given are approximate, since birth dates were changed to the first of each month as part of the effort to anonymise the data-set).[5] The clients ranged in age from 19 to 26 at the start of their involvement (as summarised at **Figure 2**), and the average age was 22.6 years.

Figure 2 – Project participants: age at initial assessment (by number of clients)
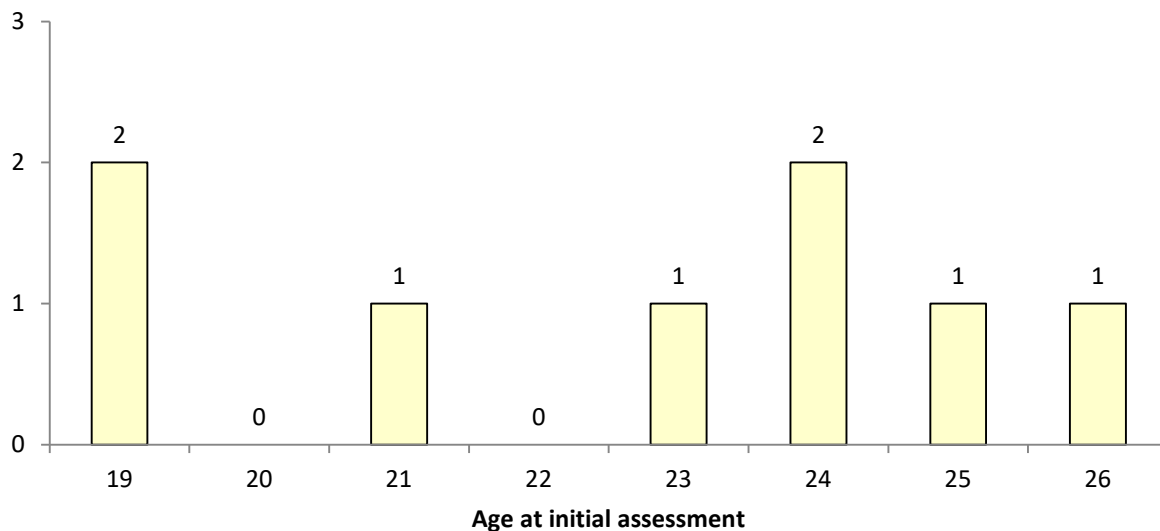
Information on ethnicity was recorded for all 8 of the participants, and it involved "self-identification" using the categories taken from the database and summarised at **Figure 3**.

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[5] The project database includes a column for "current age", but entries in that column are raw figures entered manually.

Figure 3 – Ethnicity of participants (number of clients, by category)
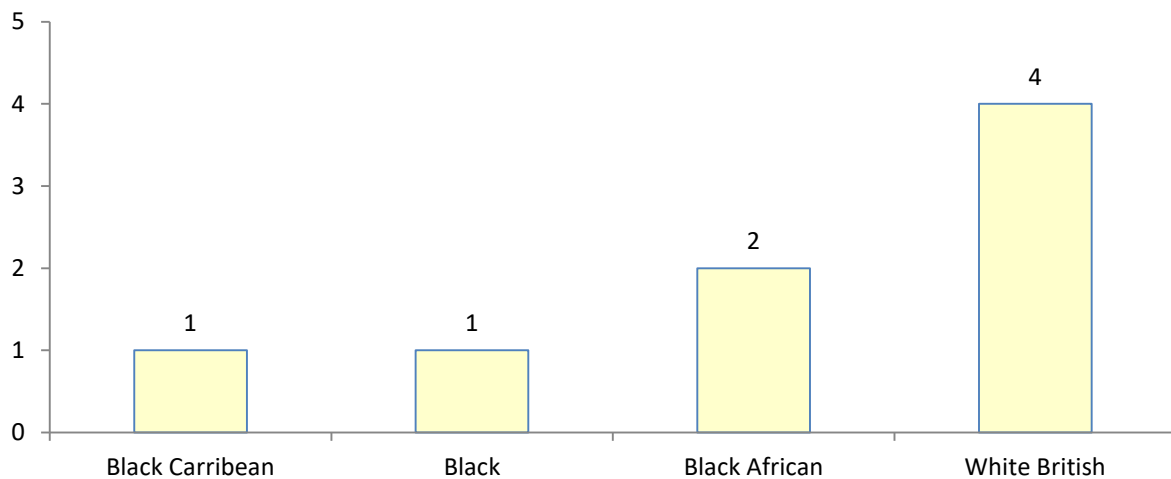
In terms of sex, 6 of the participants were male, and 2 female.

5.2.2 *Adverse childhood and adolescent experience*

The available information indicates that *all* of the clients in this cohort had some level of adverse childhood and adolescent experience in their histories, with most of that also being significant and complex (i.e. with the same individual history sometimes involving several different types of adverse experience over time). Some of these clients were clearly very affected by those experiences and their impacts.

The experiences detailed in the project data are quite varied, but include:

  ➢ physical and sexual abuse (with some involving extreme violence or torture),

  ➢ racist abuse,

  ➢ violent abuse by siblings,

  ➢ childhood neglect,

  ➢ death of parents or close relatives,

  ➢ being shot or stabbed,

  ➢ substance misusing parents,

  ➢ parents with mental health difficulties, and

  ➢ self-harm and/or suicide attempts (involving hanging, stabbing and cutting).

Details concerning some of these background events did not always surface until after a period of involvement with the project – the case notes in particular reveal how some details emerged after clients had been involved for a few sessions. In one case a client initially claimed that there were no difficulties in relation to trauma or previous adverse experience, for example, but later on began to describe quite serious events that clearly did have an impact on behaviour and wellbeing in the present.

5.2.3 *Trauma symptoms*

As noted in section 5.1, one of the key strengths of the assessment form that Dignifi uses is that the questions it uses to highlight trauma symptoms are very well aligned with current clinical practice around the identification and tracking of such symptoms using psychometric tools. We have drawn on some of that literature in our assessment and description of Dignifi's cohort 1 sample.

The Dignifi trauma symptom questions on the assessment form use scores from 0 (meaning "not at all") to 5 (meaning "a lot") in relation statements such as "I am easily startled", "I have flashbacks to painful memories", and so on. In assessing the feedback generated by those questions, we have mapped the questions across to the key symptoms outlined in the DSM-5, and to actual questions used on the PCL-5 assessment tool, referred to earlier. This is not a straightforward process because the wording of questions between the two sources does vary slightly, and the way in which responses are scored is also somewhat different (with the PCL-5 using scores from 0 to 4, for example).

But we present the details below using four figures which we have aligned to the four trauma symptom Criteria used by the PCL-5 (with these also being the main symptom categories on which diagnoses of PTSD are based in the DSM).

Figure 4 – Trauma symptoms: client responses to questions most closely aligned to Criterion B in DSM (intrusion symptoms)
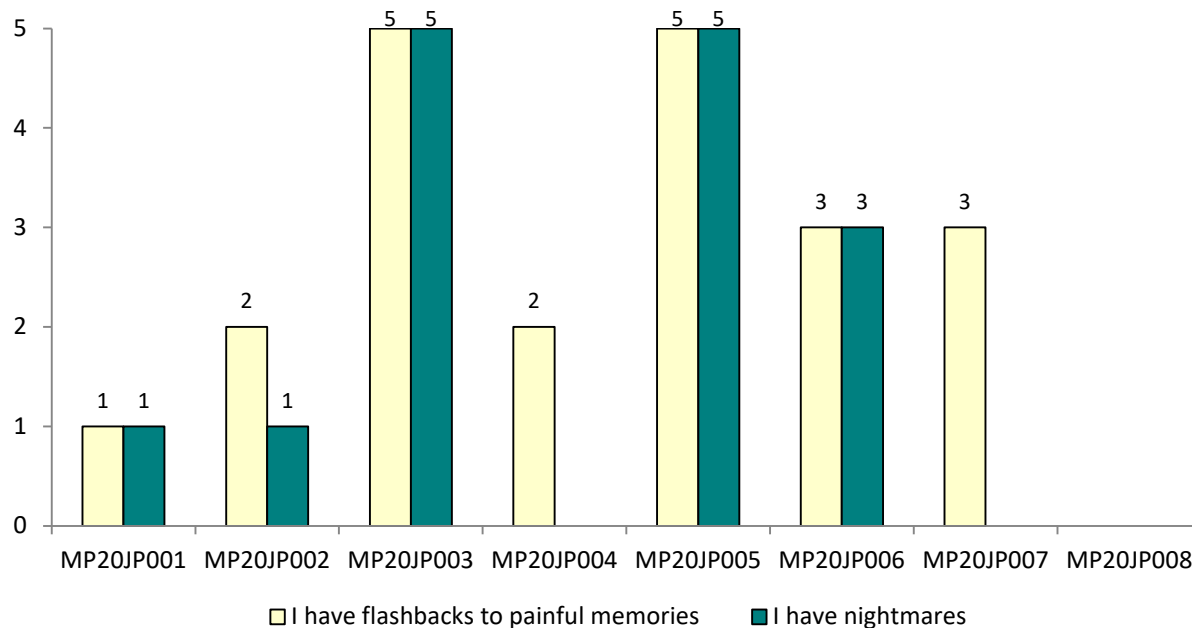
In relation to **Figure 5**, it should be pointed out that the relevant statements about substance misuse and numbness have been interpreted against the wider data, and the actual wording of these items on the assessment form should probably be amended. In relation to substance use for example, we know that many (perhaps most) respondents would say that they did use substances, but for clients in this cohort it is the *context* of such use and the *motivations* behind it that are important. For example, clients who scored highly on that question sometimes also noted elsewhere that they used substances to "avoid thinking" about particular issues, or that they "needed" substances to cope with stress or anxiety – and their wider descriptions about experiences linked to the latter made it clear that previous adverse events were pivotal.

Figure 5 – Trauma symptoms: client responses to questions most closely aligned to Criterion C in DSM (avoidance symptoms)
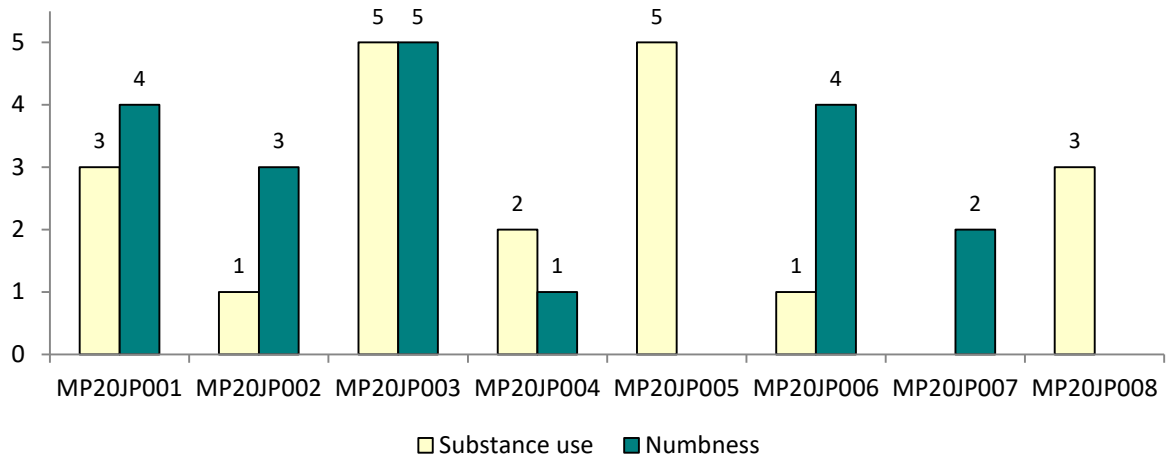

Figure 6 and **Figure 7** summarise responses from clients to questions related to Criterion D (negative alterations in cognitions and mood) and Criterion E (alterations in arousal and reactivity), respectively.

Figure 6 – Trauma symptoms: client responses to questions most closely aligned to Criterion D in DSM (negative alterations in cognitions and mood)
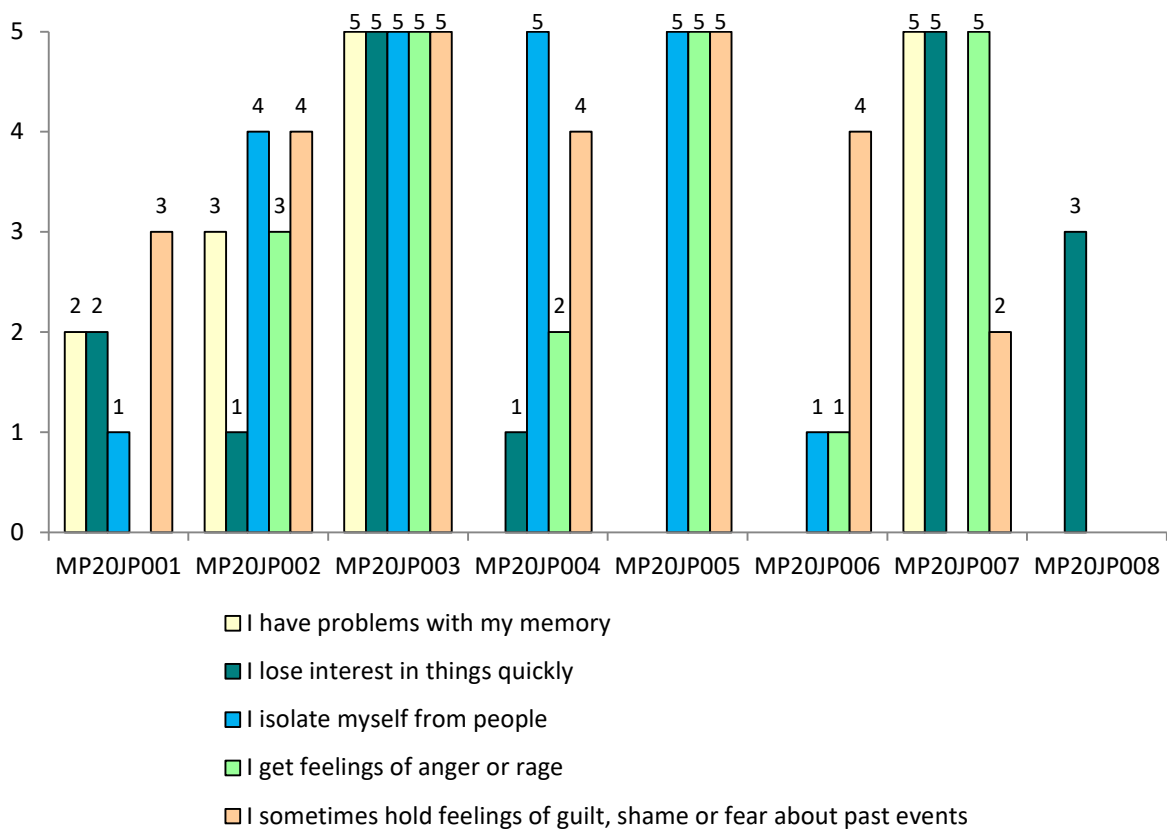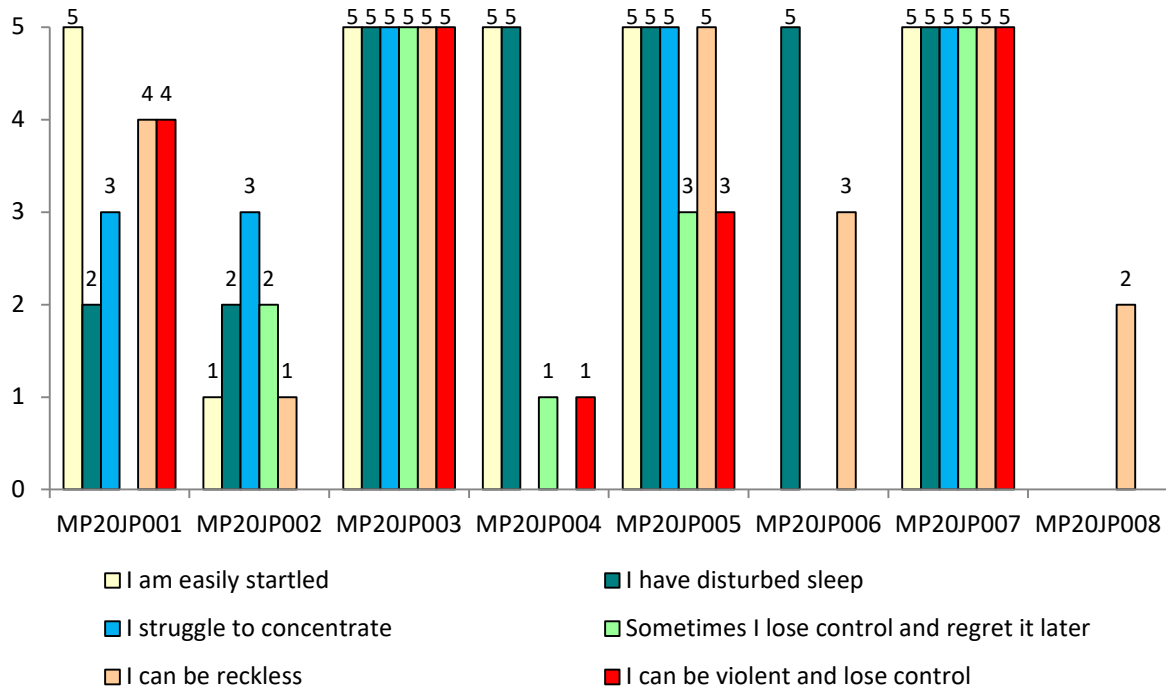
Figure 7 – Trauma symptoms: client responses to questions most closely aligned to Criterion E in DSM (alterations in arousal and reactivity)

Legend:
- ☐ I am easily startled
- ☐ I struggle to concentrate
- ☐ I can be reckless
- ☐ I have disturbed sleep
- ☐ Sometimes I lose control and regret it later
- ☐ I can be violent and lose control

Overall, the feedback given by clients to some of the key trauma symptom questions on the Dignifi assessment form do indicate that this group has fairly high levels of trauma impact across the main Criteria described. In fact, when we shifted the scores to fit with a four instead of a five category response range (and weighted the scores where the number of questions in a given Criterion were different from what is on the PCL-5), we found that six out of the eight Dignifi clients could probably be given a formal PTSD diagnosis, with some clients scoring very high within that range.

Some of the client responses to the above questions are also reinforced by their responses to questions in other sections of the Dignifi assessment tool that are less directly focused on trauma. In the section on self-image for example, there is a set of questions that focus on guilt, shame, blaming others for current situation, and "struggle to move on from painful experiences in the past". Although again the wording is slightly different from what we find in some of the validated tools, those questions are directly relevant to Criterion D (and probably Criterion B as well).[6]

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[6] We say "probably" here because some questions used in the Dignifi assessment tool span more than one Criterion. The statement about the "struggle to move on" for example actually encapsulates a wide range of factors – in a sense, it captures what is at the heart of adverse trauma impacts, which is that the person "cannot move on", but that impediment can involve a varied mix of intrusion, avoidance, or changes in reactivity, mood, cognitions or arousal depending on the person and the context.

Figure 8 – Client responses to selected "self-image" questions on Dignifi assessment form
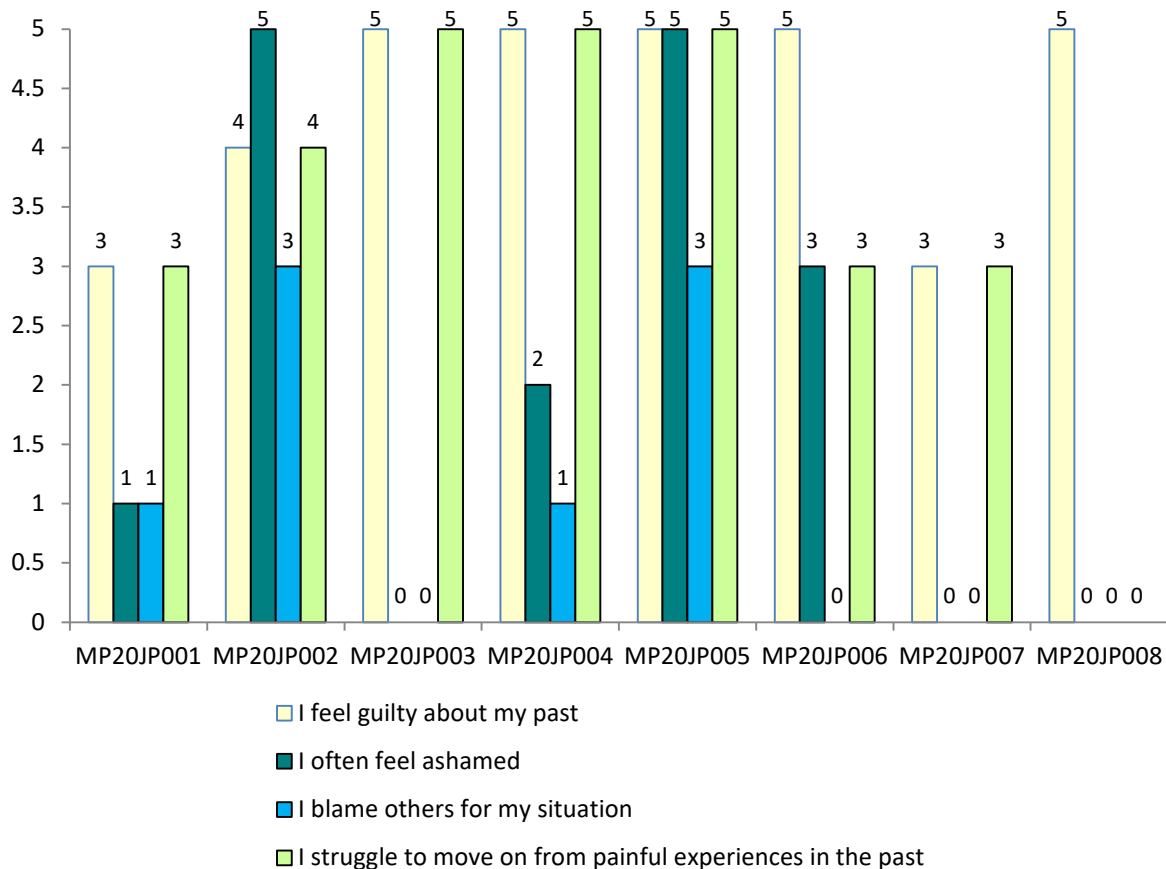
At the very least, the figures summarised in the above figures do illustrate that a trauma-responsive approach is entirely warranted for this particular group.

5.2.4 *Previous involvement in offending or antisocial behaviour*

The research team was not able to gain access to official records concerning previous offending, but it is clear from the project data that at least half of the sample had been in custody, and about a third had become involved in offending from an early age (– e.g. 13 in one case, another had first custody at 15, and so on).

5.2.5 *Care history*

Specific details were not always available, but these clients were obviously all deemed to be "Care Leavers" as defined by the Probation Service, and some of that history of care (and the reasons behind that history) is illustrated in the project data as well. Those reasons included deaths in the family, but also a range of forms of abuse or neglect.

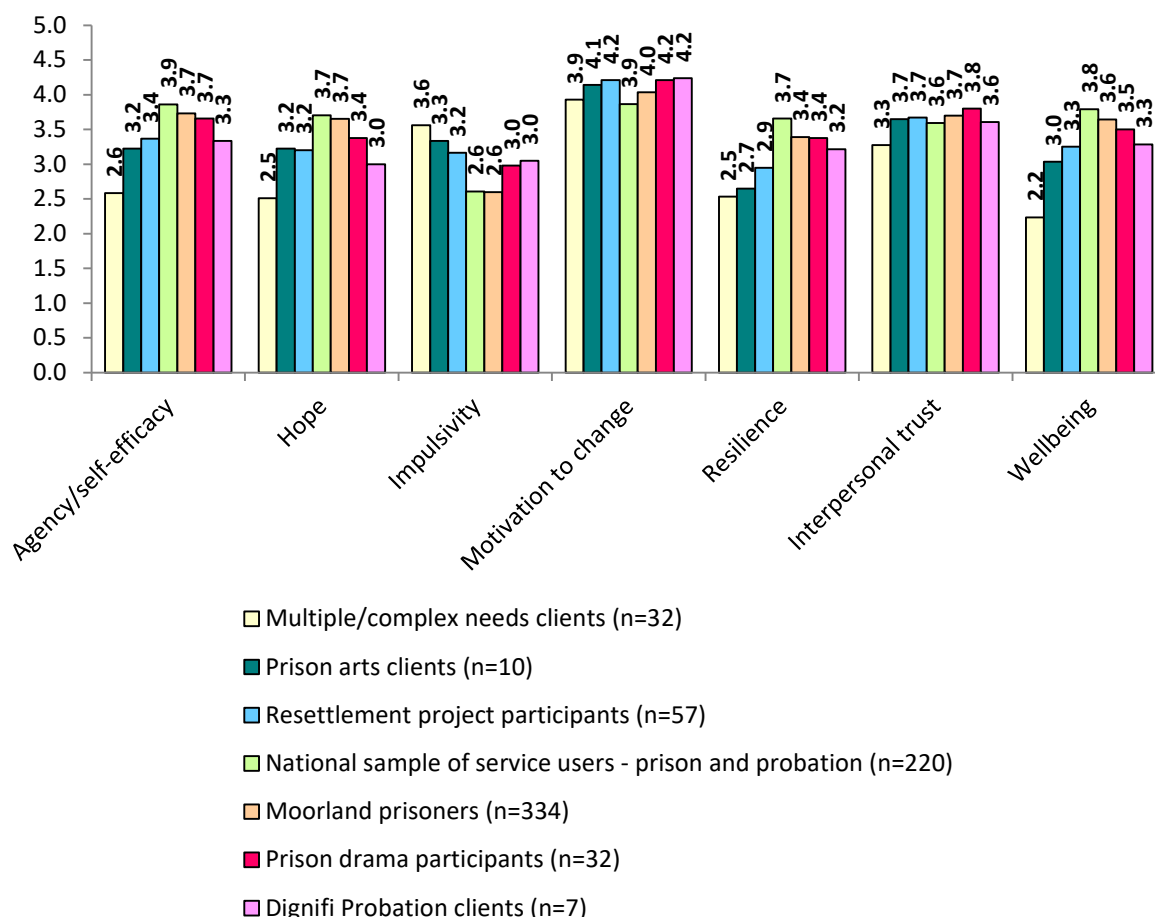### 5.2.6 *Baseline IOMI scores*

In this section we compare scores derived from the set of initial IOMIs completed by Dignifi participants, with initial IOMI scores for a number of other key intervention groups. A comparison of initial IOMI scores across different cohorts can give some indication of the differences across such groups in terms of starting points - i.e. what different groups "bring

to the table" in terms of their emotional and psychological wellbeing. It can be very useful when assessing data generated by psychometric or other tools, to use comparison data to see whether score patterns conform to what has been generated by similar respondent groups in other research. We have compared the initial scores for Dignifi participants with those recorded for other groups of service users, as detailed below:

- prison arts programme participants – initial IOMIs completed at start of a drama project for prisoners (n=10)[7];

- resettlement project participants – these are initial IOMIs completed by participants at the start of involvement with a project focusing on custody-leavers in a large northern city (n=57)[8];

- national sample of service users (from 6 prisons and 3 probation areas - n=220)[9];

- Moorland prisoners – initial IOMIs completed during the period 18–23 March 2014 (n=334); (this was part of a larger test-retest exercise for the IOMI tool)[10];

Figure 9 – DIGNIFI participants and other respondent groups – a comparison of initial IOMI scores

☐ Multiple/complex needs clients (n=32)

☐ Prison arts clients (n=10)

☐ Resettlement project participants (n=57)

☐ National sample of service users - prison and probation (n=220)

☐ Moorland prisoners (n=334)

☐ Prison drama participants (n=32)

☐ Dignifi Probation clients (n=7)

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[7] IOMI dataset provided to members of the ARCS team; unpublished.
[8] IOMI dataset collected and analysed by the research team as part of a Cabinet Office-funded mentoring project evaluation; unpublished.
[9] IOMI dataset collected and analysed by the research team as part of a national evaluation of user-led work in prisons and probation; now published as Barry et al. (2016).
[10] See references in note 1, for more details.

What that comparison shows is that the DIGNIFI participants (shown in pink) have scores that are close to average across all of the vulnerable groups listed above – scores for Dignifi clients are more positive than those for some other vulnerable groups (and much more positive than the "complex needs" group for example, shown in yellow in these presentations), but they are also less positive than for some of the other groups[11].

In order to make the comparison in a more accessible manner (given that the above graph is visually complicated, and difficult to make sense of quickly), we have also converted initial IOMI scores into one "composite score", which can be regarded as a rough measure of overall emotional and psychological health/wellbeing. The score is arrived at simply by summing the average dimension scores (and ensuring that the score for impulsivity is reverse scored), and then dividing that total by the number of dimensions (7).

In the following graphic, we have calculated a composite initial IOMI score for each group described above, and ranked them from highest to lowest.

Figure 10 – A comparison of DIGNIFI participants and other respondent groups, using composite initial IOMI scores
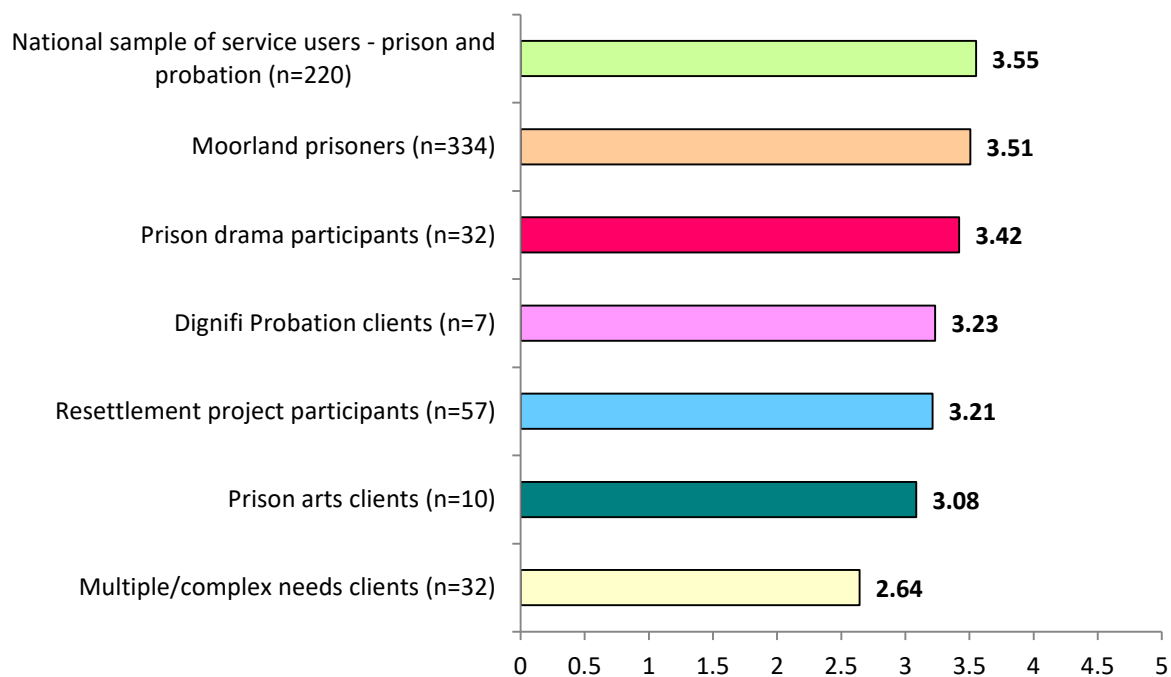
As can be seen, the composite IOMI score for the Dignifi group (again shown in pink) falls close to the middle of the range highlighted in the above graphic, and it is just below the average composite score of 3.24.

The data-set suggests that the IOMI scores for Dignifi clients may reflect a degree of "treatment effect" for some clients however, because their initial IOMIs were administered

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[11] It is worth noting that low scores for impulsivity are positive for these groups, whereas low scores are negative for all other dimensions. Some researchers "reverse score" that dimension (i.e. subtract the mean dimension score from 5) in order to harmonise it with the other dimensions before presentation. We tend to leave the impulsivity score as is, so that interpretation is more intuitive for each dimension.

well after their start date. The average length of time between project assessment and administration of the first IOMI was 15 days, although two clients had their first IOMI reading on the same day as their initial assessment. One client had their initial IOMI 29 days after starting however, with two further clients having their initial IOMIs at 12 days from their start date. In general, the longer the time period between project start date and administration of the initial IOMI, the more likely it is that the project would have had some impact on the scores (in a positive direction).

We would recommend that initial IOMI readings are taken as soon as possible after a client starts with the project, so that the scores can function best as baselines against which to measure change over time.

5.2.7   *Other issues*

Since we go on to discuss some changes in relation to other difficulties that clients might have had – with housing, for example, or with substance use, or mental or physical health – it is worth commenting briefly on the extent to which clients found some of these key areas to be "problematic" for them at the point of initial assessment.

The second part of the IOMI questionnaire includes a brief set of questions concerning such areas, and all those who completed an initial IOMI therefore responded to questions about them.

More specifically, there are 8 separate issues that respondents are asked to comment on, saying for each one whether that issue is "not a problem" for them, or whether it is "a small problem", "a problem", or "a big problem".[12] Aggregate scores are calculated for each area on the basis of average client responses (where the four categories referred to are scored as 0, 1, 2 and 3, respectively), and the results are summarised in **Figure 11**.

"Money", "Employment" and "Housing" are the three categories where every respondent reported some level of difficulty, and it is noteworthy that "Drink" is not reported as being problematic by any respondent.[13]

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[12] In designing the "problem section" of IOMI, we modified a set of 8 questions from the "practical problems" component of CRIME PICS II (a widely used, validated questionnaire for examining, and detecting changes in, offenders' attitudes to offending, as well as in their perceived problems). CRIME-PICS II is third party copyright material and is reproduced with permission from M & A Research; copyright M&A Research (2013).

[13] This is unusual because most individuals in most offending groups will report some level of difficulty with alcohol, although we do know for this group that at least one of them had already stopped drinking. It is also the case that the questionnaire asks about which things are problematic at the time of reporting – of course the numbers here are small and we also know that some Dignifi clients did make reference to problematic drinking at some point after their project start date. This again highlights the importance of careful monitoring over time, so that change can be assessed in a robust manner.

Figure 11 – Average scores for key problem areas as reported by clients at initial assessment (as taken from first IOMI reading)
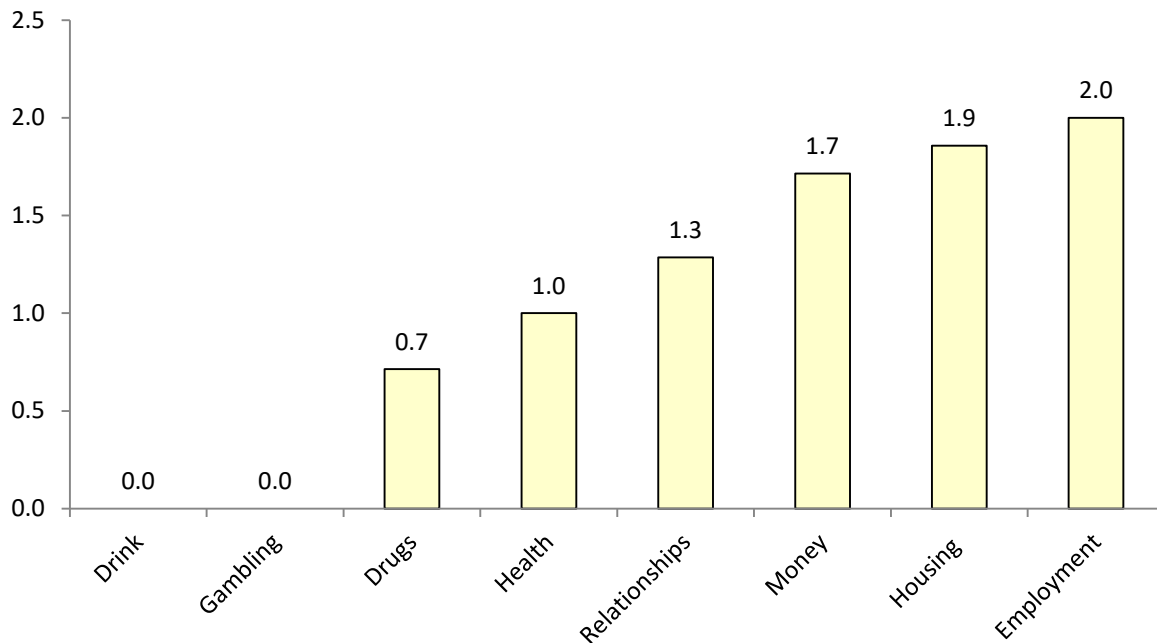
(N.B. one client did not complete this section of the IOMI)

Aggregate "problem scores" have also been calculated for each client on the basis of their responses (where the four categories referred to are again scored as 0, 1, 2 and 3, respectively), so that they can be compared with one another (and ideally, so that progress in relation to each problem area can be tracked over time). **Figure 12** summarises those aggregate scores for the group.

Figure 12 – Aggregate "problem scores" for clients at initial assessment (as taken from first IOMI reading)
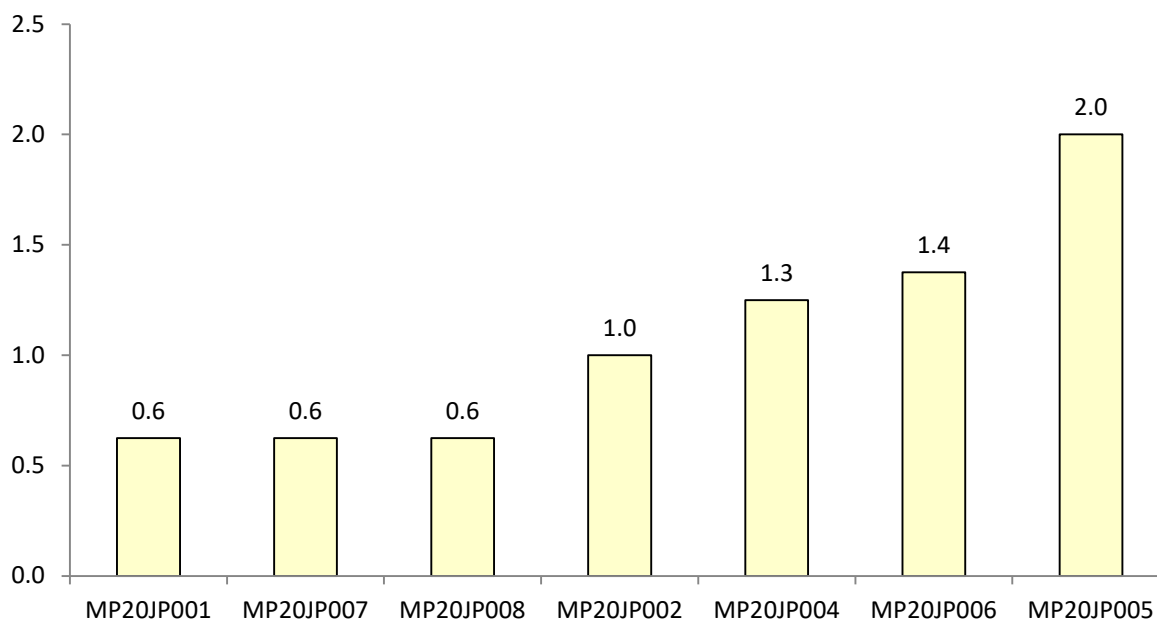
(N.B. one client did not complete this section of the IOMI)

5.3 Dignifi's support work

In this section we outline some key components of the Dignifi support work, and end with some comments about how that support was perceived by clients and Probation staff.

Before providing that detail it is worth noting here that COVID restrictions had a clear and ongoing impact on the way in which Dignifi's support work was designed and delivered from month to month. For one thing, the lockdown restrictions meant that the structured sessions outlined in section 3 had to be delivered in a much more flexible and responsive manner, depending on how each client was faring in light of the restrictions. For some, lockdown meant that they struggled more with routine activities such as cooking or buying food, for example, and some also found it very difficult to cope in the absence of their normal routines, where these previously involved activities such as involvement in a gym, or simply wider contacts with friends or family. There is a real sense in which the focus of the support work had to be broadened in order to provide assistance with some of these practical and personal challenges imposed on clients by COVID restrictions – including the provision of food items to some clients for example, or of assistance to clients who were struggling with household bills.

Dignifi had to respond flexibly to these developments in order to ensure that the support work "bedded down" with individual clients even though face to face interactions were not possible.

COVID restrictions also meant that the support work needed to continue for a longer period than initially planned (and to involve more sessions than outlined in section 3), with some clients receiving phone support for 6 months or longer.

5.3.1 *Engagement, relationship with clients*

The approach taken by the project appears to work well with offenders who typically struggle to engage with services, and who have a history of adverse life experience. By "work well" we mean that clients in this cohort tended to continue engaging with the project over many months, and this contrasts with the experience of some projects that also work with clients with these characteristics, who suffer higher levels of attrition.

Positive levels of engagement do seem to be linked to the way in which the Dignifi worker established relationships with each client, and feedback suggests strongly that clients appreciated that relationship for a number of reasons.

First, clients obviously felt that they were understood by the Dignifi worker, and there were numerous references to this in the client feedback. Interactions during sessions (and also during contacts outside of sessions) were very carefully monitored and managed by the Dignifi worker – being deeply knowledgeable about trauma and its impacts, the worker was able to read behavioural signs indicating where a particular client "was at" in terms of their emotional state and the extent to which they were triggered or put at risk. Clients did comment on this more generally, as in the following:

> *No one has been able to do that with me before, no one has understood me in that way.* [Dignifi team member] *can read me – knows what I'm going through or how I'm feeling just by looking at me.* [Dignifi team member] *reads my body.*

Clients clearly regarded this part of "being understood" as something positive, and as something that sustained their involvement in the work.

While a key part of the Dignifi worker's ability to understand clients and "where they are at" is obviously based on professional experience and significant training, some of it also has anchorage in "relatable experience" – something recognised by clients who pointed to a kind of "street cred" on the part of the worker, which made them feel accepted and not judged.

Second, clients appear to have valued the kind of "continuity of interest" shown to them by the Dignifi worker, and this was seen by them as being genuine (and for some, unique in terms of their previous experience). Clients felt free to contact the Dignifi worker if they needed to, and some did so even during non-social hours of the day. Others did not always make such "out of hours" contact, but claimed that it was comforting to know that they could if they decided to. It is worth noting that this accessibility was not simply something that placed demands on the Dignifi worker – the evidence (and in particular the details contained in the call log data) suggests that responses from Dignifi were often quite challenging to the clients, pushing them to think about their current circumstances and reactions in more critical, self-aware ways. It is clear from the evidence that in some cases this was quite difficult for the client, particularly if contact was made because they had been triggered by particular events that resonated with previous incidents and trauma concerning them (which was quite often the case).

The importance of relationships to effectiveness has of course been highlighted in a very wide range research and evaluation studies focusing on interventions with offenders, and links between effectiveness and the quality of relationships between workers and offenders have always been shown to be important.

In fact, that quality itself can reinforce positive outcomes in a range of areas, and can lead to particular clients actually accessing practical help and other opportunities, that they otherwise would not have accessed.

5.3.2 *Programme content*

Of course, in addition to being linked to good quality relationship-building and approaches that reinforced and sustained engagement, the Dignifi support work involved key content which was clearly pivotal for overall effectiveness.

As the Dignifi worker commented:

> Of course it's important that you engage properly and positively with clients, but what you engage them **with or about** is just as important.

We have outlined the content of the Dignifi programme above in section 3 (and we return to the issue of how that content might be linked to some of the positive outcomes, in section 5.5), but here we point out that clients seem to have felt that the content of the interactions – or what was conveyed during them - was relevant to them *personally* (as highlighted in the title of this report), but that it also had positive practical value – in terms of involving transportable techniques and insights which could be applied in everyday life.

The programme content laid out in section 3 was also reinforced in important ways through the use of flexibly administered and individually tailored tools, which clients could use as part of their everyday routines. Some of the practical tools provided to clients for use during the support work (and/or the strategies linked to them) are outlined below:

➤ "Self-compassion cards" – used to support clients in working on self-care;

➤ "Emotion cards" – used to reinforce the development of more effective emotional regulation;

➤ "Green journals" – clients were routinely issues with journals which they used to keep track of progress, and to record details about self-development tasks that they were asked to complete as homework (involving a focus on strategies for noticing and managing triggers, for example, or on strategies for coping with triggers, or for developing an empowering narrative and positive self-identity;

➤ "Positive quotes on a postcard" – reminders for clients to post around the house and keep themselves on track; and

➤ Links to videos for meditation and breathing exercises – supporting clients to develop coping strategies independently.

We suggest that facilitating that personal "feel" of the support work is a key achievement – i.e. managing to give programme content the kind of personal resonance that makes it "stick" for an individual client. Lengthy feedback from the Dignifi worker over several interviews suggests to us that the ability to communicate such content in that way is positively linked to the ability described above, about "reading" where a client is at in terms of their current circumstances and understanding.

It is for that reason that the Dignifi inputs did not always follow the kind of rigid structure outlined in section 3 – they did not stick with a linear script about which issues to address when, if their "reading" of a client's frame of mind and current situation warranted some deviation from a particular schedule of sessions. That flexibility is quite important, not least because it is consistent with what we know about addressing trauma symptoms within a "therapeutic window", with that term referring to a period of time when a client would be receptive to a certain kind of intervention. If an attempt is made to address a particular issue and the client is not ready to do that, it can result in disappointment or even worse, it can become a triggering event.

5.3.3 *Peripatetic support*

As noted in earlier sections, a key feature of Dignifi's support work is that it is flexible, accessible, and peripatetic for individual clients, and all of the clients have at some point needed to contact the project for support.

The call log data (described in section 4.4) highlights an impressive level of ongoing engagement with individual clients, sometimes over many months.

This aspect of the work is a key part of what we referred to as a "continuity of interest" in section 5.3.1.

5.3.4 *Coordination with Probation*

Dignifi also appears to have worked very well with Probation staff, and feedback from both clients and Probation Officers does suggest that this was viewed positively. Such coordination is quite important given that Probation staff are required to have a monitoring and support role with individual offenders, and that role becomes easier if the work that they outsource is properly and positively in step with their own.

That coordination also allows Probation staff to reinforce Dignifi programme content with individual clients, as suggested in the feedback from Probation staff:

> *Based on their self-report and detailed weekly feedback from* [Dignifi]*, I have been able to build on some of the areas covered by the clients in their sessions. Thus also improving my working relationship and rapport with them.*

> *Having a co-working element has also been really useful in terms of information sharing and risk management as well as* [client name] *feeling super supported.*

A general conclusion here would be that the Dignifi support reinforced the work undertaken by Probation, rather than simply filling a gap or providing something new and extraneous.

5.3.5 *Perceptions of the Dignifi support work*

As already suggested in some of the above quotations, both clients and Probation staff described Dignifi's support work in very positive terms.

On the client side, a key theme in the feedback was *gratitude*, as highlighted in the following comments:

> *I just want to say how* **grateful** [respondent's emphasis] *I am for the help and support. I am just so grateful.*

> *I am grateful for that help, especially because I could not get any support anywhere else.* [Dignifi] *was a blessing.* [The Dignifi team member] *was really supportive.*

> [Dignifi team member] *can also help me deal with other people – like from housing, Probation, or whatever.* **NO ONE** [respondent's emphasis] *has ever done that for me before. I am so grateful.*

Another client remarked on personal change, continuity of interest, relevant tools/skills for coping, and thankfulness all in a couple of sentences.

> *I feel much happier now and less depressed. I will have my down days but I have learned so many skills to cope so I thank you a lot for being not only my therapist but my friend when I need to talk or even popping up to see if I am okay.*

When asked about ways in which the Dignifi support work could be improved, clients appeared to feel that the service was more or less ideal. The following comments are illustrative:

You couldn't make it better. There is nothing that could be improved.

I can't think of anything. I can't really think of any ways that it could be improved.

No. There is no way you could improve it.

From Probation Officers, the praise for the support work was also uniformly positive, and somewhat more expansive. We include some further examples below, in section 5.5.

5.4 Changes in emotional awareness, self-management

Feedback from both clients and Probation staff suggested that the Dignifi support work had led to positive changes in emotional awareness, and to more effective self-management and autonomous decision-making.

Some clients commented that they had increased self-understanding:

[I] *now know more about myself, I understand myself better. The effects of trauma on my brain and body, fight or flight. I think differently about myself."*

Another commented similarly, but added a reference to subsequent reductions in "trouble":

I'm a lot better now. I'm not in trouble as much, and I understand myself more. I don't need Dignifi as much as I did before, but I can stay in touch whenever I want to.

We have included some further comments about this kind of change in section 5.3.5 (above) and in section 5.5 (below).

5.5 Links between positive change and programme content

It is important that there seems to have been a strong link between positive changes in emotional awareness and self-management, and some of the practical tools and exercises that clients were taught to use during sessions. It wasn't just that clients found sessions to be valuable (although they did), but that they also took away some practical tools which they could deploy themselves afterward.

This client referred both to general awareness-raising from the sessions, and to specific practical tools such as those outlined in section 5.3.2 above:

[The Dignifi team member] *also gives me the tools to use to work on this stuff. I now know more about myself, I understand myself better. The effects of trauma on my brain and body, fight or flight. I think differently about myself. . .* [The Dignifi team member] *uses cards, charts, exercises in front of the mirror. It sounds daft, but they work.*

Other clients offered similar comments:

Then there were some sessions that taught me how to cope, and how to deal with stress.

I completed some modules with Dignifi, and I still use those things now to help me. What I learned from the modules, I still use. It is still useful for me."

We had lots of sessions. [Dignifi team member] *just seemed to know what's going on in my head.* [Dignifi team member] *taught me to understand myself better, and to understand why I feel the way that I do.* [Dignifi team member]

She's available to me any time at all, and I appreciate that, but the best thing about Dignifi is that they give you the tools to change.

Probation Officers commented in more detail, about the way in which tools and "strategies" for addressing emotions and were being deployed by Probation clients that had been referred to Dignifi. One officer contextualised the Dignifi inputs and how they played out over time with a particular client:

Just from the initial sessions it was clear to see the benefits of the work and my client was beginning to use some of the strategies [Dignifi] *had worked on with [client] in improving* [client's] *social anxiety and ability to function in all areas of life. This work in turn increased my client's engagement with other agencies and* [the client's] *own confidence in meeting the challenges faced every day in just 'getting on with . . . life' and moving forward positively.* [Dignifi] *helped my client step by step even completing sessions with my service user at their home – making it even more impactful in terms of being able to implement changes and strategies in a practical way.*

Another officer offered a similar description and also highlighted links between the Dignifi support work and a deepening understanding of behaviour:

[Dignifi] *also gave my service user the skills to recognise triggers to their own anger and how this impacted on their behaviour not just towards themselves but to others – relating this to their index offence. This in turn offered up more insight into the service user's offending behaviour in the past and how this was related to their own early experiences of trauma and issues around forming positive lasting relationships in their adult life. This work has been backed up by* [Dignifi] *teaching strategies and techniques to the service user to deal with the triggers to their anxiety and emotional trauma in a different way – helping them turn around negative thought processes into positive thought patterns which can then impact more widely into their emotional life and daily experiences.*

Similarly, another officer commented on the way in which the Dignifi support allowed for a safe focus on trauma and enhanced understanding of risky behaviour:

The service delivered by Dignifi has been excellent in terms of input and exploration of the trauma the young man has experienced. This has helped [client] *understand his feelings and responses to life's challenges and raise awareness of his lost childhood. This feeds into his risk management as he has more understanding of his risky behaviour and being able to talk about this in a safe environment has been invaluable.*

5.6 Progress with practical issues, service brokerage

As noted in 5.2.7, clients in this cohort were also usually concerned to address a range of other practical issues in their lives, in areas such as housing, substance use, mental or physical health, employment/training, or life skills such as cooking, handling bills and debt, personal hygiene or diet. The project data-set contains numerous references to assistance provided to clients by the project in these areas, and clients also commented on the kind of support that they received from Dignifi on those issues as part of their individual "plan".

As one client described it:

> [Some practical issues were included in my plan] *such as housing issues, issues around my alcohol use, my substance use, mental health issues. The plan is about what the issues are and how I'm going to address them.*

Alongside this planning and other work to address practical issues with clients, Dignifi sometimes also acted in a kind of brokerage role, or as an advocate in dealings with other agencies or representatives. Some of the clients struggled to engage with other workers or services without support, and their feedback suggests that they benefited from this kind of assistance. As one client put it:

> *Some meetings were about the trauma stuff, but there were also times when I needed some help in dealing with Probation or with other workers.* [Dignifi team member] *would talk to them and make them understand.*

Another client made reference to Dignifi's help in dealing with a range of other services and workers:

> *[The Dignifi team member] has also helped me by speaking with people. Like my doctor, who wasn't listening to me, [the Dignifi team member] spoke to him. Helped me with housing too, and with workers around mental health or alcohol/substances.*

Although the qualitative feedback does suggest that progress was made by most clients in relation to practical problems of the sort referred to, it is difficult to quantify this in the absence of more routinely collected information about such issues – which could be monitored over time using the "problem" section of IOMI, for example.

5.1 Offending, risk

In terms of changes relating to offending and risk, the Probation service was asked to answer three specific questions about each client worked with by Dignifi – as summarised on Table 1 below. The details were provided at the end of February, 2021.

It is noteworthy that none of the clients had re-offended by the time that these details were provided, since we would normally expect a group of clients like this to continue offending to some degree over the time period in question (approximately one year).[14] Also, there is an obvious trend toward successful completion of sentences, with five clients completing successfully, and three others not yet being at that stage.

Table 1 – Client outcomes relating to re-offending, order completion, and risk

Client	Did client re-offend?	Did client complete their order or licence?	Did risk decrease?
MP20JP001	No	Current	No
MP20JP002	No	Yes	No
MP20JP003	No	Yes	Yes
MP20JP004	No	Yes	Yes
MP20JP005	No	Current	No
MP20JP006	No	Current	No
MP20JP007	No	Yes	No
MP20JP008	No	Yes	No

The majority of clients (6) did not have their risk levels adjusted downward however, although it was not possible to secure greater detail about those assessments. Our own assessments suggested that risk of all types – including risks to the individual and risks of offending - reduced for the majority of clients, and that is consistent with the fact that none of them had re-offended as of the time of reporting, but that judgment is based on the analysis of largely qualitative data rather than scores generated by a specific risk assessment tool (such as OASys).

Future evaluation research could usefully focus in more detail on impacts of this kind, as we also note below in section 6.8.

6   CONCLUSIONS, DISCUSSION

In this section we pull together some of the conclusions and implications from previous sections, and also link some of the above material back to the key aims of the research, using the initial list of research questions to provide a structure for the remainder of the section.

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[14] "Proven re-offending" rates vary from group to group, with adult offenders usually having a rate of 26- 29% for a one year period, and juveniles having a rate of 35-40%. Adults released from custodial sentences of less than 12 months usually have a proven re-offending rate of over 60%, based on MoJ/National Statistics figures. It is worth noting however, that particular sub-groups of offenders – such as those with multiple/complex needs, for example, or those with significant issues around substance misuse – can have much higher expected rates.

In terms of project monitoring and data-collection, first of all, we have noted elsewhere in the report how useful the project's overall data-set has been, but we have also recommended that the main data-collection tool for storing client-based information about background, current circumstances, assessed need, progress and outcomes be amended in a number of ways to make it more user friendly and robust.   Also, the project's assessment tool in particular is powerfully aligned with current knowledge and practice around trauma symptoms, although we have suggested a way in which more detailed monitoring of trauma symptoms over time could be recorded. As noted in section 5.1, a few changes could add some strength to a data-collection system and set of tools, that is an already impressive and useful for keeping track of the project's work.

The project's monitoring and data-collection activities were also curtailed significantly by COVID restrictions, since the latter placed real constraints on the routine administration of progress measurement tools for example.

Concerning the cohort that Dignifi worked with, the client group was obviously quite small, but details about their circumstances and previous experience (as taken from the project's assessment data and case notes, and initial IOMI scores) make it clear that they were affected by previous adverse experience, and that to varying degrees they were struggling with particular trauma symptoms. The Dignifi support work was therefore very well suited to this group.

We outline further conclusions below, using the key research questions outlined at the start of the report.

6.1 *What approach does Dignifi take to its work with clients, and how does that approach compare with others?*

The approach that Dignifi takes to its work with clients is quite unique in the field, although it is difficult to summarise briefly.

On the one hand it incorporates features that resonate with good practice from related fields such as resettlement, where it is well established that the effectiveness of client-focused work can be enhanced to the extent that it is holistic, individually-tailored, coordinated with other services, co-produced, future-oriented and empowering, and consistent across time and transitions (Hazel et al., 2017; Liddle, 2017).

Dignifi's support work obviously goes beyond that however, in that it is also focused specifically on trauma and the impacts of trauma. The approach uses the insights from trauma research and training to locate clients "in the present", but in a way that links them also to prior experiences that still have a hold on them, and that still exert an influence over their everyday lives. Given what we know about the nature of that "hold" and the way in which it can both impede progress and also sustain behaviours that are linked to offending, that combination of features is much better placed than lots of other approaches, to make a difference in terms of positive change in the lives of people who have had some very difficult background experiences.

Dignifi's approach is also distinct from most so-called "talking therapies" because it is designed not only to engage with vulnerable individuals in the context of their own current lived experience, and at the same time to engage with some of that context as part of the work with clients.

6.2 *In what sense is Dignifi's work "trauma responsive"?*

As noted above, the approach is trauma-responsive in the sense that it engages directly with the impacts of trauma for clients in the here and now – it does not require an up-front focus on specific traumatic events, but starts with a kind of present "grounding" of each client, which appears usually to lead to more specific engagement about trauma issues

In a general sense, the "safety, connection, purpose" triad usefully summarises how the approach is trauma-responsive. The approach seeks to facilitate an atmosphere of safety from within which the client can connect with both their past experience and their own autonomous decision-making skills, in order to craft new, and more positive, future-oriented scripts.

6.3 *Does Dignifi's work reduce the negative impacts of trauma symptoms?*

The short answer to this question appears to be "yes", and the qualitative evidence strongly suggests that involvement with Dignifi has for these clients led to better and more autonomous emotional self-management, although these impacts obviously varied across the group (and in one or two cases were less prounounced).

It is difficult to quantify those reductions in the absence of the kind of data that regular use of psychometric monitoring tools could generate, but the project is already moving in that direction in terms of their data-collection practice, and future (and better resourced) evaluations should be able to provide some real insights into the depth, spread, and durability of these kinds of impacts.

6.4 *What impacts does Dignifi's work have on re-offending and risk?*

The available evidence does suggest that re-offending rates are much lower than we would otherwise expect for this group, although the impact on levels of risk for this cohort appears to be muted, if we accept the feedback concerning risk assessments and impact that have been provided by the Probation service.

A very substantial and much needed aim of any future evaluation would be not only to demonstrate statistically that approaches such as that developed by Dignifi can reduce the negative effects of trauma symptoms, but *that those reductions in turn are linked to reductions in both re-offending and risk*. That there are such links is indicated very strongly in the literature and previous research – and this small scale evaluation suggests that all of the indicators "point in the right direction" - but it would be a considerable advance to be able to quantify and test them in more detail.

6.5 *Does Dignifi's work facilitate progress in other areas of a client's life?*

In keeping with best practice in other work with offenders, the Dignifi approach does also focus on other areas of a client's life besides trauma – the "context" referred to above – and the evidence suggests that the approach does lead to reductions in the extent to which some of those areas are "problematic" for clients over time.

6.6 *Do clients think that Dignifi's inputs are relevant?*

The feedback (both from clients and from Probation staff) does suggest strongly that clients did feel that the inputs were relevant and "personal" (again as in the title of this report – which was chosen to illustrate that key point).

6.7 *What are the connections between the effectiveness of Dignifi's work and types of client?*

As noted in section 3, it was a precondition for involvement with Dignifi that prospective clients be committed to engaging, and "ready to change", so that is obviously a key consideration when we are considering questions about the approach's potential spread or coverage.

A "willingness to change" is not a static characteristic however, and practice from elsewhere suggests that it can be jointly constructed. In our view the Dignifi approach has the potential also to be effective with clients where willingness to change is nurtured over time.

Another point to make here – and this is also related to the notion of "willingness to change" – is that feedback from Dignifi staff is particularly useful in helping us to address this question. In particular, feedback about the way in which the scope for effectiveness is somewhat narrower for clients who tend to adopt "freeze" responses to their trauma, is pertinent. To the extent that clients adopt those responses, they become in a sense inaccessible to work of this kind – at least until subsequent work can help to unpack and possibly re-direct those responses.

Again, to tease out some of these complexities would require a longer term focus and some more detailed information.

6.8 Limitations of the research, future evaluation work

The most obvious limitation of the assessment that we have undertaken concerns a lack of detailed evidence about outcomes, and it was also difficult to address "the counterfactual" in a robust manner, given the small size of the cohort and the lack of clear comparison groups.

We would suggest that future evaluations of Dignifi interventions involve several features:

➢ it would be most useful if a full evaluation of the Dignifi approach could have a timescale of at least two years, since that amount of time would allow for some very useful monitoring of progress and impacts over time (and for some definitive conclusions to be drawn about durability etc.); assessments of longer term outcomes should be captured partly through the use of validated tools for measuring change both in intermediate outcomes (especially dimensions of emotional wellbeing) and in trauma symptoms directly;

➢ an evaluation of that sort could also include a reconviction study, to try and identify some of the impacts on re-offending over time;

➢ even with a timescale of two years, a full evaluation should build in a longitudinal case study component, which could help to highlight individual change processes in some detail;

➢ related to the latter, such an evaluation would ideally also involve a cost-benefit strand linked to the longitudinal case studies; we were not able to focus on costs and benefits as part of this qualitative study, but a longer-term focus on these would be extremely useful for policy-makers and funders, because it could estimate cost-benefit trajectories for Dignifi clients – trajectories which could show (as they have done in relation to other work with vulnerable groups), that reductions in problematic behaviour are usually far more than sufficient to offset the costs of investing in ameliorative services.

7   References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders, 5th edition.* American Psychiatric Association.

Asmussen, K., Fischer, F., Drayton, E., & McBride, T. (2020). *Adverse childhood experiences— What we know, what we don't know, and what should happen next*. Early Intervention Foundation.

Barry, M., Liddle, M., Schmidt, B., & Weaver, E. (2016). *Evaluation of the User Voice Prison and Community Councils—Final Report. Submitted to User Voice/Cabinet Office by the University of Strathclyde, ARCS LTD, and the University of Cambridge.* Cabinet Office. https://strathprints.strath.ac.uk/65046/

Disley, E., Liddle, M., Maguire, M., Meek, R., & Burrowes, N. (2019). *Developing a Toolkit to Measure Intermediate Outcomes to Reduce Reoffending*. Ministry of Justice Analytical Series.

Ford, K., Barton, E. R., Newbury, A., Hughes, K., Bezeczky, Z., Roderick, J., & Bellis, M. A. (2019). *Understanding the prevalence of adverse childhood experiences (ACEs) in a male offender population in Wales: The Prisoner ACE Survey*. Public Health Wales NHS Trust/Bangor University.

Hazel, N., Goodfellow, P., Liddle, M., Bateman, T., & Pitts, J. (2017). *"Now all I Care About is My Future"—Supporting the Shift: Framework for the Effective Resettlement of Young People Leaving Custody*. Nacro, Beyond Youth Custody. http://www.beyondyouthcustody.net/wp-content/uploads/Now-all-I-care-about-is-my-future-Supporting-the-shift-full-research-report.pdf

Jacobson, J., Bhardwa, B., Gyateng, T., Hunter, G., & Hough, M. (2010). *Punishing Disadvantage: A Profile of Children in Custody*. Prison Reform Trust.

Liddle, M. (2017). *Lessons from Youth in Focus: Research Report*. Nacro, Beyond Youth Custody. http://www.beyondyouthcustody.net/wp-content/uploads/Lessons-from-Youth-in-Focus-Research-Report.pdf

Liddle, M., Boswell, G., Wright, S., Francis, V., & Perry, R. (2016). *Trauma and Young Offenders – A Review of the Research and Practice Literature*. Nacro, Beyond Youth Custody.

Liddle, M., Disley, E., Maguire, M., Meek, R., Renshaw, J., & Burrowes, N. (2019). *Intermediate Outcomes Measurement Instrument (IOMI) toolkit—Guidance notes*.

Stuart, M., & Baines, C. (2004). *Safeguards for Vulnerable Children: Three studies on abusers, disabled children and children in prison*. Joseph Rowntree Foundation.

Appendix 1 – Evaluation of Dignifi's work with Probation cohort 1 – Service User Interview Questionnaire

Interviewee code _____

Date _____

Introduction:

- *Thank you for taking the time to talk today.*

- [Respondents will have been provided with information by Dignifi beforehand, but tell the respondent briefly what the research is about, and then ask:] *Do you have any questions about our research?*

- *I would like to take notes during our conversation, but will not be recording it. My notes don't mention any names, and what you say to me is between yourself and me. We won't share anything you tell us unless what you say makes us think that you or someone else is in danger. If that happened, we would have to pass the information on to the right person, but we would also talk to you about it.*

- *We also want to give you a £20 store voucher in appreciation of you taking some time to talk to us about your experience. I will make sure that you get that in the post (or via Dignifi) as soon as possible after we've had our conversation.*

[Start the interview.]

1. *Can you start by telling me a bit about how you first got involved with Dignifi?* [If necessary, probe for details about the respondent's experience just prior to involvement, how they met their worker from Dignifi, and assistance that they received at the start of their involvement.]

2. [The respondent's comments about how they first became involved will usually continue into what has happened since, but if not, ask directly:] *What has happened since you first became involved working with Dignifi?* [If necessary, probe for details about how the respondent has engaged with Dignifi, what kind of support the respondent has received, and whether the latter has included services from other key agencies.]

3. *Since being involved with Dignifi, have things changed at all for you?* [If so, probe for details about what has changed, and why the respondent thinks that these changes have happened. Also, probe for details about the relationship between the respondent and the worker.]

4. *What would you say has been most important or helpful about your work with Dignifi so far?*

5. *Have you been involved with any projects like this before?* [If so, probe for details. If not:] *How have you tried to get support before you started with Dignifi, for the kinds of things that you've been working on with them?* [Probe for details about their experience of statutory agencies and other providers, if relevant.]

6. *Are there any ways in which Dignifi's work could be made better? If so, what would these be?*

Closing question

7. *Is there anything else you'd like to say about Dignifi's work, that you haven't had a chance to share during today's interview?*

[End the interview. Make sure that the respondent is OK, and thank them again.]