The process of implementing
programmes across the Scottish
Criminal Justice system: Lessons
learned from the Moving Forward
Making Changes programme

Moving Forward
Making Changes
End of study report

RMA

Acknowledgements

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EXECUTIVE SUMMARY

Background.
The successful translation of research into practice is a much debated topic across the criminal justice literature (Andrews & Bonta, 2010). Inherent to the FRAME policy, the Risk Management Authority (RMA) outline the need to implement correctional interventions with integrity and fidelity at organisational and individual levels to contribute to the reduction of reoffending. At a basic level, the term 'implementation' refers to the active and planned processes to mainstream an intervention such as a treatment programme within an organisation or system (Rabin, Haire-Joshu et al, 2008). Though frequently referred to in evaluations of treatment programmes or guidelines, a description of the implementation process, i.e. the 'know how', is rarely documented nor defined (e.g. McNair, Woodward & Mount, 2010).

Aims.
The present study aimed to document and evaluate the barriers and obstacles to the implementation of the Moving Forward Making Changes (MF:MC) programme across the criminal justice system in Scotland.

Methods.
Semi structured interviews were conducted with all key stakeholders (agencies) involved in the planning and the implementation of MF:MC. Data were analysed using Framework Analysis. This is a qualitative method, which is typically used to assess and review policies and procedures across organisations.

Main findings.
A number of interrelated emergent themes were identified, which were labelled with reference to the implementation and project management literature. In particular, interviewees identified a prevailing lack of:- clear project management, leadership and support, communication and documentation as well as clearly defined roles and responsibilities.

Main conclusions.
The implementation of MF:MC appeared to have commenced with limited reference to the key factors evidenced as necessary in the success of implementations. This said, despite challenges and shortcomings, interviewees identified positive aspects, perhaps most importantly a clear desire to make MF:MC work.

Recommendations.
It is suggested that future implementations across the criminal justice system lean on guidelines in the implementation literature. Of particular importance is the establishment of a consistent strong leader who needs to be supported by a change team of individuals with the required skills and knowledge to facilitate the implementation.

1. Clear objectives, outcomes and process

2. Clear leadership

3. Clear communication strategy

4. Clear dissemination strategy

5. Application of project management measures resulting in effective documentation (including change control and assigning roles and responsibilities)

6. Skills analysis of those directly involved in the implementation

7. Involvement of frontline staff, i.e. treatment and service manager, where appropriate, in the design and delivery means of a new programme

8. Consideration of existing systems to support implementation (as opposed to introducing completely new systems)

9. Transparency in relationships

10. Pilot study to identify gaps and barriers prior to full implementation

11. Avoid staff turnover among oversight and managerial staff to retain expertise

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Introduction

The FRAME policy published by the RMA (2013) underlines the importance attached to implementation integrity and fidelity. Implementation refers to the active and planned processes to mainstream an intervention such as a treatment programme within an organisation or system (Rabin, Haire-Joshu et al, 2008). Though frequently referred to in evaluations of treatment programmes or guidelines, a description of the implementation process, i.e. the 'know how', is rarely addressed. This presents as somewhat of a problem as implementation efforts typically face a number of obstacles, both at the organisational and individual level (Ward, Melzer & Yates, 2007; RMA, 2011). For example, Homel, Nutley, Webb et al (2005) report from a failed implementation, and the associated resources, when rolling out 1,350 correctional intervention projects across the UK. Though a decrease in reoffending was noted, this did not compare favourably to the rate expected from the research literature. The explanation was thought to lie within the fact that implementation fidelity and integrity were amiss, i.e. services did not adhere to protocols and evidence-based principles.

Perhaps this is not surprising given that changes, in particular in large organisations, are typically complex because diverse perspective and interests of various stakeholders and professions require to be fused. This is addressed by FRAME through the agreed approach for organisational commitment, training and practitioner support at all levels. Specifically, it is the organisation's responsibility to promote, supervise and maintain competencies required during the implementation across the entire workforce. There is evidence that investing resources and time into the early stages of implementation is a fruitful endeavour. In Canada, Bourgon, Bonta, Rugge et al (2009) describe a training package 'the strategic training initiative in community supervision' (STICS) as an effective service delivery model aimed at probation officers. In particular, the paper outlines difficulties experienced, and how these were addressed, in the implementation and training of STICS. The description reminds of Fixsen and colleagues' (2005) implementation framework. This framework acknowledges that change is required at the practitioner, supervisory, administrative and systems level. Across all levels, four stages to change are suggested:- (1) exploration and adoption, (2) installation; (3) initial implementation and (4) full operation. During the initial stage 'exploration and adoption' change is facilitated by selecting the most appropriate programme to meet the desired outcome, and establishing a local implementation team to determine adoption of the new programme. The second stage 'installation' encompasses the setting up of structures to initiate the change. For example, systems are set up to select, train and mentor practitioners in the new practice. This may require the inducement of appropriate policies, protocols, procedures and referral pathways. This is followed by the 'initial implementation', which may refer to a pilot of the new practice. Essentially, this phase should be used to identify gaps in staff competencies and confidence, change administrative procedures and manage expectations, both negative and positive. The aim is to utilise the knowledge gained on local needs and barriers by informing future waves, or the next stage 'full implementation' in a meaningful and applied manner. It is with this in mind that the present study proposes to identify and document the perspectives of various stakeholders in the implementation of the MF:MC programme.

Moving Forward Making Changes

The Moving Forward Making Changes (MF:MC) programme is an intervention aimed at adult sex offenders across the Scottish prison service and the community. The model is partly based on the principles of the Good Lives Model (GLM) (Ward & Stewart, 2003), but has been adapted to apply to offenders within a Scottish context. Operationally, MF:MC is very different from the previously endorsed sex offending programmes such as the Community Sex Offender Groupwork Programme (CSOGP) in that the latter followed a pre-determined and structured approach. All clients completed the same modules, in the same sequence and at the same time. In contrast, MF:MC employs a rolling format, i.e. clients enter the programme and engage in a variety of modules ranging from mandatory core aspects to optional specialist areas at any given point. The programme operates outwith a pre-determined timescale or sequence of sessions. This means that each individual's treatment pathway is considered and followed up as required. Group facilitators are required to be flexible and client-focussed whilst ensuring that the group format is upheld.

Rationale

The rationale to the proposed study is three-fold. Firstly, eliciting and documenting expectations and challenges contribute to good practice in that the gleaned information could, and should, be used for future phases of the MF:MC implementation. Secondly, the proposed investigation facilitates the RMA's role in providing quality assurance in the MF:MC programme by identifying emerging issues open to remedial actions. Thirdly, the RMA are involved in evaluating the effectiveness of the MF:MC programme.

Aims

(1) To assess the process of the implementation of the MF:MC programme.
(2) To identify barriers to the successful implementation of changes across criminal justice areas.
(3) To identify principles of good practice and 'what works'.
(4) To utilise the lessons learned when analysing and interpreting the results of the MF:MC programme in the short, medium and long term.
(5) To inform future implementations across the criminal justice system in Scotland.

Research Questions

- Are key characteristics associated with successful implementations reflected in the implementation of the MF:MC programme?
- What might have been barriers to the MF:MC implementation?
- What are principles of good practice as identified in the MF:MC implementation?
- What are the recommendations for future implementation projects?

Methods
Design

This study employed a qualitative design and aimed to provide a cross-section of perspectives on the implementation of MF:MC across Scotland to date.

Ethical approval

The Research and Training Committee at the Risk Management Authority approved this study as a service evaluation. Therefore ethics approval was not required.

Inclusion Criteria
All key individuals involved in the implementation of the MF:MC programme are eligible for inclusion in this study.

Participants
The sample consisted of 12 individuals representing key stakeholders in the implementation of MF:MC. These represent the Scottish Prison Service, the Scottish Government, the MF:MC Implementation Board, the MF:MC developers and trainers, the Scottish Advisory Panel for Offender Rehabilitation (SAPOR), treatment managers and training development officers across a number of local authorities. Of those approached (n = 14), only two individuals did not respond to study invites, i.e. the response rate was 85.7 per cent. No demographic information was collected to ensure anonymity.

Procedure
Identification of interviewees
The aim was to achieve a cross-section of views and perspectives of all key stakeholders involved in the implementation of MF:MC across Scotland. Eligible participants were randomly assigned to three groups, ensuring that each stakeholder party (such as the Scottish Government or the Scottish Prison Service) were represented in each potential interviewee group. All potential interviewees in group one (n = 14) were approached with the intention of contacting those in group two if specific key stakeholder groups could not be recruited within group one. The researcher successfully recruited the majority of stakeholder groups within group one, and recruited the final two stakeholders in group two. All interviewees were invited to the study via email. If potential interviewees agreed to participate in the study, the researcher liaised with the interviewee to arrange times and places for the interview. Prior to the interview, written consent was obtained from all interviewees. All participants were informed of their right to decline answering questions, all were informed of their right to terminate the interview at any given point and all were made aware that all data disclosed would be treated with strictest confidentiality.

Challenges experienced
While data collection ceased within the predicted timescales, arranging interviews and the building of rapport was time consuming. This, however, emerged as a wise investment as the response rate was high.

Interview process
Interviews were conducted in private offices at the interviewee's work of place or, on three occasions, in a pre-arranged interview room at Scottish Government buildings. In line with the research proposal, none of the interviews were tape-recorded. Instead, the primary researcher took notes during the interview. All interviewees were given a full written and verbal explanation of the nature of the research (appendix 1). The confidentiality agreement and written consent was obtained prior to commencement of the interview (appendix 2). In particular, participants were informed that data disclosed to the researcher during interviews were confidential. Interviewees were reassured of their right to refuse to answer any question which they felt might cause them distress. Furthermore, all respondents were informed that participation in the study was voluntary and that no reimbursement would be offered for their time. In tandem with this, respondents were made aware of their prerogative to terminate proceedings at any stage, without explanation, if they so chose. None of the participants disengaged during or after the interview. Furthermore, all interviewees were informed that they could see the notes if they so wished. Only one interviewee requested to see the notes, who then made minor changes to the researcher's notes.

Interviewer

All interviews were conducted, summarised and analysed by the primary researcher. Whilst known to some of the interviewees, the researcher is recognised as independent to the MF:MC implementation and its funders and sponsors. In line with good research practice and guidelines (British Psychological Society, 2010), the researcher ascertained ongoing consent throughout each interview, reminding interviewees that they did not have to answer any questions if they did not want to.

Measures

A semi-structured interview schedule with open-ended questions was developed for this study (appendix 3). Data were analysed using Framework Analysis (Ritchie & Spencer, 1994).

Data Analysis

In line with the methodology advocated in Framework Analysis, the aim is to collect specific information in order to elicit actionable outcomes. This means that Framework Analysis allows investigations of specific questions, within a limited time frame, on a pre-designed sample and on a host of a-priori issues. In the current study, these referred to challenges experienced during the implementation of MF:MC. The analysis was carried out on interview notes until some degree of closure, i.e. connections and understandings of how interviewees' themes connected, was achieved. The analysis was underpinned by a process of coding, organising, integrating and interpreting of the data at both an individual and a group level. This means that final themes represent the shared views of the group, and as such it is possible to induct meaning on implementation issues and future guidelines from key stakeholders as a whole.

Results and Discussion

The results and discussion form a coherent body of summarised interview data and the researcher's interpretation of these within context. Previous research, the wider literature and practice background were utilised to generate recommendations and strategies. These are grounded in the interview accounts.

Data triangulation

Main themes as identified by the researcher were triangulated by a second researcher at the RMA who is independent of the MF:MC studies. The aim of triangulation is to minimise subjective bias during the analysis process and to verify the consistency of themes. Four interviews were randomly chosen, constituting 30 percent of the total sample. Coding of main themes overlapped significantly (> 95%). Where differences were noted, these were minor and these were discussed until consensus was reached.

Main emergent themes

Analysis revealed a host of interrelated emergent themes based on participants' experienced and perceptions of the planning and roll-out of MF:MC across Scotland. The bulk of these refer to shared beliefs about insufficient project management, poor communication and engagement, and the perceived lack of leadership and support.

Table 1 outlines main themes in line with the existing implementation literature and interviewees' accounts. The latter were grouped into distinct categories of interviewees' involvement and level of responsibility within the implementation of MF:MC (i.e. oversight, managerial, frontline and accreditation staff). Each 'x' signifies that the relevant theme was discussed by individual interviewees.

Table 1 Main themes as reported by individual interviewees, and according to staff level

Main themes	Number of interviewees (n = 12) discussing main themes											
	Oversight staff (n = 5)						Managerial staff (n = 3)			Frontline staff (n = 3)		
	Interview 10	Interview 11	Interview 12	Interview 8	Interview 4	Interview 5	Interview 9	Interview 2	Interview 3	Interview 1	Interview 6	Interview 7
Lack of Leadership	x	x	x	x	x		x	x	x	x		
Lack of Change team	x	x	x	x	x		x	x	x	x		
Lack of skills analysis	x	x	x	x	x		x	x	x	x		x
Lack of clearly defined roles and responsibilities	x	x	x	x	x		x	x	x		x	
Lack of project management	x	x	x	x	x		x				x	x
Poor communication	x	x	x	x	x	x	x	x	x	x	x	x
Poor dissemination	x	x		x			x	x	x	x	x	x
Poor documentation	x	x	x	x	x		x	x	x	x	x	x
Lack of involving frontline staff	x	x	x	x		x	x	x	x	x	x	x
Lack of planning	x	x	x			x	x	x	x	x	x	x
Lack of training strategy	x	x					x	x	x	x	x	x
Lack of pilot study		x		x			x	x			x	
Lack of trust and value	x					x	x	x	x	x	x	x
Lack of considering local contexts						x	x	x	x	x	x	x
Lack of considering existing procedures/documentation						x		x	x	x	x	x

While implementation models such as the four-stage approach described by Fixsen et al (2005) ranging from exploration, installation, initial implementation to full operation are useful, the literature highlights a common set of key characteristics as necessary in successful change efforts (e.g. Bourgon, Bonta, Ruggee et al, 2009). The lack of these (see table 1) were evident across interviewees' accounts. Each characteristic as discussed by interviewees is outlined in reference to Fixsen et al's implementation model.

Stage 1 exploration and adoption
Rationale
The literature stipulates that any successful implementation needs to be grounded within a clear rationale and a desired outcome for the change. When applied to the current study, interviewees clearly reported an understanding for the need of a new intervention for sex offenders across correctional settings and the community in Scotland. Typically, this was linked to the expired accreditation of the previously delivered sex offending programme (CSOGP).

Leadership and support
(see recommendations 2, 11)
The literature has repeatedly found leadership to be a key factor in successful organisational change (Weiner, 2009). The leader does not necessarily need to come from higher managerial levels. Instead, change leaders are 'hero-innovators' who need to be credible, well respected, confident, determined and undeterred by resistance, but also able to form relationships with others to create trust. The latter is of particular importance as implementation issues are typically noted when trust is weak or has broken down (Jung & Avolio, 2000). Of equal importance are allies within the system, i.e. the change leader needs support. This is typically presented through the careful appointment of a change team whose roles and responsibilities need to be clearly outlined and documented. Perhaps most importantly, the change team ought to support and constructively facilitate the implementation (Golden, 2006).

With reference to the implementation of MF:MC, the majority of interviewees (n = 9, 60.0%) identified a lack of leadership as one of the primary issues, in particular during the initial planning stages of the implementation. While three interviewees conceded that leadership was successfully established at a later point, it was felt that this was an ad-hoc reaction. In addition to the perceived lack of leadership, interviewees described a lack of clarity on roles and responsibilities across change teams (i.e. the Good Lives Advisory Group, the Transitions Group, the MF:MC Project Implementation Board). Six of the 12 (50.0%) interviewees described that there was a high staff turnover in the change team, which resulted in a loss of expertise, authority and powers in decision making at a group level. It was further noted that though actions were typically assigned at meetings, there was limited documentation which led some interviewees to question the extent to which actions had been followed up on.

Skills analysis
(see recommendation 6)
The appointment of both, the change leader and the change team (i.e. steering or planning/implementation group) ought to be based on a set of skills analyses. That is, 'the right person, in the right job, with the right skills, at the right time' (Stokker & Hallam, 2009). Practically, this means that careful consideration needs to be given to who to employ as the leader and who might be skilled and equipped to support the leader during all or specific stages of the implementation. Consistency in membership of the change team, for the full or for specific parts of the implementation, is equally important as research has evidenced that when group

cohesion is high, implementation efforts are more likely to succeed due to the retention of a shared vision, knowledge and expertise (Kirsh, Lawrence & Aron, 2008).

Stage 2 installation

Change is always embedded within the organisational culture and the values set within this culture. This means that any implementation needs to be viewed and dealt with in a dynamic manner. Past research states that this can be established if the implementation is tried (through a pilot study), implemented in stages, concrete rather than abstract, familiar and marginal, i.e. it is important to consider existing documentation, procedures and protocols already in place. This in turn holds implications for communication systems, training strategies, and dissemination approaches.

Training strategy
(see recommendation 7)
Failed implementations often outline that staff involved in the implementation lacked a supportive attitude, knowledge and skills (Greenhalgh et al, 2004). Research has linked this to an underlying lack of an adequate training strategy, i.e. training that is congruent with the to-be-implemented services. With reference to MF:MC, across all training delivered throughout the initial implementation stage, eight interviewees (75.0%) reported negative experiences often citing that training lacked focus, structure and cohesion. A further factor of concern was the limited time set aside for consolidating the training material. For example, three interviewees suggested that the training should have occurred in stages rather than as a three week (group practitioners) and three day block (case managers). It was assumed that this would have eased the transition as well as allowed the identification of training gaps when the material was applied to practice. Indeed, recommendations from previous studies in criminal justice outline that agencies should select staff for training 'who are able to utilise their learning within a short timescale of receiving training' (RMA, 2013 : 10).

Communication
(see recommendation 1, 3, 5, 9)
In those organisations where change is most effective, educational and communication strategies are central aspects. The communication style by the change leader and change team should be characterised by consistent objectives and means. The message conveyed might use multiple media and the message should be tailored to the audience and delivered by a credible source (Shortell, 2006). In addition to conveying information, communication should be used to make staff feel valued and invite feedback and review among peers and hierarchical levels. Failing this, for example via 'keeping silent' or 'sugar coating the truth' has been shown to be detrimental to the success of any implementation (Golden, 2006). Practically, evidence suggests that facing up to uncertainties and acknowledging that the change might be challenging and exhausting increased staff cohesion. It is further recommended that implementations take account of the views and perspectives of frontline staff, i.e. those who will deliver the final product.

The lack of effective communication was a strong theme across all interviewees' accounts. That is, communication difficulties were perceived between stakeholders, between funders and the development team as well as amongst the change team. Linked to this was a perceived lack of good relationships between stakeholders as well as within stakeholder teams. The perceived lack of communication also affected the extent to which services could prepare and plan for the implementation prior to the roll-out of the training. Managerial and frontline interviewees in particular

highlighted that the lack of communication affected resource and time allocation. This was further corroborated in that most interviewees (n = 11, 91.7%) identified the lack of a frontline voice as a shortcoming during the initial planning and the design of MF:MC. While managerial and frontline participants stated they were consulted, they questioned the extent to which their feedback and comments were acted upon.

Dissemination
(see recommendation 4, 9)
Closely linked to communication is the impact of dissemination on the effect of the implementation. The literature on implementations recommends that dissemination of information needs to be context and audience sensitive and accessible, with clear guidelines on how to use information (Gagliardi, Brouwers, Palda et al, 2011). The implementation needs to be 'sold' in that key personnel as well as gatekeepers in the implementation process should have a good understanding of the implementation literature, and that these responsibilities are recognised in their job description (Golden, 2006). Additionally, this should be reflected in gatekeepers' roles and responsibilities within the terms of reference or similar project management document. Yet, in the present study, a number of interviewees described that the implementation of MF:MC had suffered due to the lack of 'selling' this product to the service providers. This was typically related to interviewees not having sighted any of the materials prior to the first training session as well as inaccuracies, repetitions and poor structure throughout the manuals and training materials.

Adaptability
(see recommendation 7)
While the accreditation standards as stipulated by SAPOR include references to adaptability, the tension between the need to achieve full and consistent implementation across multiple context, whilst providing flexibility for local sites, is a challenge in practice. It is, however, feasible as interventions usually consist of a core component (the static, unchangeable factor) and an adaptable periphery (adaptable elements, structures) (Greenhalgh et al, 2004). The latter allows consideration of using existing protocols and systems, rather than introducing completely new systems to aid the implementation. This in turn is thought to increase the likelihood of implementation fidelity (Hall, 2007). This is reflected in the extent to which these particular interviewees (n = 7, 58.3%) perceived that local contexts and existing documentations were not considered in the implementation of MF:MC. This is despite the Transitions Group, which had been set up in advance of MF:MC in order to pre-empt such issues in the move to MF:MC.

Stage 3 initial implementation
Pilot study
(see recommendation 10)
The literature stipulates that any project ought to be preceded by a pilot study. For example, in health care, Golden (2006) outlines the benefits of piloting interventions while in research a pilot study is conducted in order to not 'take the risk' (De Vaus, 1993) and instead identify gaps and challenges in advances (van Teijlingen & Hundley, 2001). Within criminal justice, a pilot study opens up avenues to explore local contexts, it also serves the function of ensuring evidence that the change is worthwhile (i.e. in reports to stakeholders and funders). Five interviewees (41.7%) voiced their belief that due to time constraints, lack of leadership and lack of clearly defined roles, no pilot study was conducted on MF:MC prior to its roll-out across Scotland. Three interviewees viewed the initial training course for treatment managers as a proxy pilot study due to the perceived changes which were evident in the programme designer team and the programme content following feedback from the training.

Initial evaluation

Though Fixsen et al (2005) advise that gaps should be identified in staff competencies and confidence, this was not discussed by any of the interviewees in the present study. While the RMA was commissioned to conduct a process evaluation of MF:MC, with the focus being on the extent to which MF:MC tapped into the practical realities of working with sex offenders in the community, the Scottish Government in liaison with the Prison Service also designed a short questionnaire assessing the extent of practitioners' satisfaction with the training. The results were generally positive across both studies.

Stage 4 full operation

The aim of stage four is to utilise the information gleaned from the initial implementation to establish tried and tested protocols and procedures. This requires efforts to monitor performance, highlight success, recognise losses associated with the change and reconsider goals. This stage also invites to reflect on lessons learned. It is as part of this final stage that the present study was conducted.

Evaluation

The RMA has conducted an evaluation of MF:MC training utilising a mixed methods approach. Staff across a number of hierarchical levels who contribute to the delivery of MF:MC were interviewed. These interview data then informed a Scotland-wide survey assessing the learning experience of practitioners. Additionally, as part of the MF:MC accreditation conditions (SAPOR), the effectiveness of MF:MC will be further evaluated in an independent study, to be tendered in 2016.

Monitoring

The RMA is further involved in the provision of quality assurance and monitoring of MF:MC in practice. While the literature outlines that regular audits are beneficial, this has not yet taken place as no audit standards can be set (due to the lack of comparison data). In the future, it is suggested that both quantitative and qualitative audits are conducted.

Summary

Successful implementations are characterised by:-
- Strong leadership (Weiner, 2009).
- A supportive change team or steering group consisting of respected members of staff whose role is to ensure and maintain credibility and applicability throughout the implementation (Golden, 2006).
- The provision of appropriate training (Bourgon, Bonta, Rugge et al, 2009) sensitive to the needs and context of trainees.
- Honest and effective communication and dissemination of information (Greenhalg et al, 2004).

These characteristics should be facilitated by a project management approach, governance systems and evaluations of the implementation (Hall, 2007). The results of the present study suggest that the implementation of MF:MC took place with little regards to the implementation nor project management literature. While those categorised as 'oversight staff' provided context and background information to various issues identified such as the lack of a consistent leader and change team, managerial and frontline staff expressed frustrations and resentment regarding the issues identified.

Achievements

Implementation barriers aside, across all interviews, participants expressed appreciation of the underlying ethos of MF:MC, and a real desire to engage and deliver the intervention. That is, despite the challenges identified, interviewees described pride and satisfaction that MF:MC did roll out across Scotland and that the implementation, as far as possible, was successful. Of particular note was that interviewees took ownership of MF:MC and declared that staff 'make it [MF:MC] work'. This is reflected in current figures confirming that MF:MC is fully operational across Scotland, and the generally positive views expressed in two learning evaluations on the MF:MC training. Additionally, three participants expressed improvements in their relationships with the Scottish Prison Service. For example where MF:MC transitions between the prison and the community have taken place, interviewees remarked that information was shared appropriately and sufficiently. The benefits of receiving clinical support as part of the MF:MC package was noted by one interviewee, however this person explained that this was because they never had access to such support before. Whilst the lack of detail in the manuals was viewed as an issue in terms of service provision and planning, it was equally seen as a benefit as it allowed local services a degree of flexibility.

Limitations

By necessity, the results presented here are biased due to the methodology and the research approach chosen. The sample size is small (n = 12) and by definition, research is typically limited to those who wish to engage in research. That is, the present sample is unlikely to be representative of the wider implementation experiences. In addition, the chosen analysis - framework analysis – allows data to be organised, but as a consequence data are reduced. While a direct link to the data can be retained, the methodology employed in the present study did not allow inspection of the raw interviews as these were not recorded nor transcribed. In this way, the data rely on the researcher's interpretation of the spoken word of the interviewee with little room to ascertain the validity of these interpretations. This said, interrater agreement across themes was high. Additionally, the sampling strategy succeeded in securing a cross-section of all main stakeholders involved in the implementation of MF:MC with a high response rate.

Future research

It is suggested that future research studies assess the potential utility and feasibility of employing social cognition theories to influence the success of implementations. Inherent to these theories is that intention to change and actual behaviour can be influenced by the provision of appropriate information. This means consideration ought to be given to the dissemination strategy such as designing the most effective, user-friendly format and means to achieve credibility and 'buy-in' attitudes from those involved in the implementation. It is further suggested that future research should consider assessing the potential impact of a specific implementation facilitator. Facilitation has been identified as a promising strategy in ensuring the success of implementations (Kauth, Sullivan, Cully et al, 2010). The facilitator is an implementation expert who is either external or internal to the agency and works with individuals or teams to help them identify and solve problems around the change efforts, as well as maintain motivation. While the benefits of an implementation facilitator have been evinced within health care settings, this is yet to be considered with criminal justice staff.

Conclusions

The implementation of an intervention across a number of arguably complex organisations and stakeholder agencies is unlikely to be linear. This means that change cannot be stipulated but it can be planned and managed via dynamic action

project management plans. In the present study, interviewees identified the absence of the latter, coupled with the perceived lack of a consistent leader and skilled change team (where roles and responsibilities had been clearly defined and documented) as detrimental factors throughout the implementation of MF:MC.

Recommendations

Future implementations across the criminal justice system may wish to consider a number of key characteristics when introducing change. These pertain to:-

1. Clear objectives, outcomes and process

2. Clear leadership

3. Clear communication strategy

4. Clear dissemination strategy

5. Application of project management measures resulting in effective documentation   (including change control and assigning roles and responsibilities)

6. Skills analysis of those directly involved in the implementation.

7. Involvement of frontline staff, i.e. treatment and service manager, where appropriate, in the design and delivery means of a new programme..

8. Consideration of existing systems to support implementation (as opposed to introducing completely new systems).

9. Transparency in relationships.

10. Pilot study to identify gaps and barriers prior to full implementation.

11. Avoid staff turnover among oversight and managerial staff to retain expertise.

OUTCOME SUMMARY

Research Question	Brief summary
Are key characteristics associated with successful implementations reflected in the implementation of the MFMC programme?	The accounts of interviewees clearly showed a lack of key characteristics as recommended in the implementation and project management literature.
What might have been barriers to the MFMC implementation?	Lack of leadership; inconsistency in representatives across the leader and the change team; poor communication; lack of input from frontline staff (i.e. those who are expected to deliver); poor dissemination and documentation; lack of skills analysis in key implementation runners; lack of consideration of existing protocols
What are principles of good practice as identified in the MFMC implementation?	Established links between SPS and community to ensure continuity of care; provision of clinical support.
What are the recommendations for future implementation projects?	Clear objectives, outcomes and process; Clear leadership; Clear communication strategy; Clear dissemination strategy; Application of project management resulting in effective documentation. change control and assigning roles and responsibilities; Skills analysis of those directly involved in the implementation; Involvement of frontline staff, i.e. treatment and service manager; Consideration of existing systems to support implementation (as opposed to introducing completely new systems); Transparency in relationships; Pilot study to identify gaps and barriers prior to full implementation; Avoid staff turnover to retain expertise.

Dissemination to date
Annual Forensic Network Research Special Interest Group Conference (6 November 2014). Moving Forward Making Changes: Quality assurance and Evaluation of the Scotland wide intervention for sex offenders in the community. G Vojt.

Further disseminations are planned for the Treatment Manager Forum and the Project Oversight Board (formerly known as Project Implementation Board). It is also anticipated to share the report with the Scottish Government and the Scottish Prison Service. There are no intentions to publish these data in a peer-reviewed journal.

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Appendix 1

The process of implementing programmes across the Scottish Criminal Justice system

Dear [name],

My name is Dr Gabriele Vojt. I work as the research lead for the Risk Management Authority (RMA). I am writing to ask for your help in an RMA project. This project has been reviewed by the RMA Research and Training Committee and has been approved as a service evaluation.

What is the study about?

The Scottish Government has commissioned the RMA to evaluate the effectiveness of the Moving Forward Making Changes (MF:MC) programme across Scotland. As part of this evaluation, the RMA is exploring stakeholders' experiences of the implementation of the MF:MC programme. The purpose of this project therefore is to identify areas of good practice and to inform improvements for future implementations across the criminal justice system.

What will you be asked to do?

Participating in this project means that you will be asked to take part in an interview of approximately 30 - 45 minutes with the RMA researcher (GV). This interview will **NOT** be tape recorded, though with your permission GV will take notes of your account. This is to enable GV to pool all interview data and to identify common themes of good practice and areas of improvement. The notes from your interview will be sent to you to ensure that your views are accurately reflected. All information you supply will be dealt with strictest confidentiality, and only the researcher GV will have access to these data. Participating in this project is voluntary. You do not have to answer any question if you do not want to and you have the right to withdraw from the study at any given point without any implications to yourself.

What will happen to the information?

All information collected will be summarised and used to inform future implementations, as well as provide a wider context for the evaluation of the MFMC programme. The RMA anticipates to have this project completed within the next six months. The notes of your interview will be stored securely on a password protected computer and in a password protected building. The RMA may publish summarised results in a peer reviewed journal, which means that all data will have to be stored for up to 10 years following publication. Thereafter, all original data will be destroyed, i.e. secure shredding services will be utilised. In the meantime, all interview data will be assigned a random study number, i.e. no names will be attached to any interview documents. While all interview notes will be typed up, these will be anonymised, i.e. it will not be possible to identify you.

If you have any questions or concerns regarding this project, please do not hesitate to contact Gaby on 0141 278 4476 or at Gabriele.Vojt@rmascotland.gsi.gov.uk. If you would like to log a complaint, please contact Mr Mark McSherry at Mark.McSherry@rmascotland.gsi.gov.uk.

Thank you for your time, Gabriele Vojt

CONSENT FORM

Risk Management Authority

Title of project

The process of implementing programmes across the Scottish Criminal Justice system

Please tick box

1. I confirm that I have read and understand the information sheet for the above study and I have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without my profession being affected.

3. I understand that my information will be anonymised and pooled with other interviewees' accounts in order to inform future implementations across the criminal justice system in Scotland.

5. I agree to take part in the study titled 'The process of implementing programmes across the Scottish Criminal Justice system'.

Initial of interviewee_____   Date_____   Signature_____

Appendix 3

Interview schedule

Question 1	**What is your role in the MFMC implementation?** (descriptive opener, providing context for further interview questions)
Probe/Prompt	How did you become involved in the MFMC implementation? When did you become involved in the MFMC implementation?
Question 2	**What aspects of the MFMC implementation were helpful to your role?**
Probe/Prompt	Are there any incentives or areas of good practice that you found helpful to your role?
Question 2	**Did you experience any challenges during the MFMC implementation process?**
Probe/Prompt	If yes, what happened? How did these challenges come about? If no, how is that?
Question 3	**Did these challenges impact on your role in the implementation?**
Probe/prompt	If yes, how? If no, how not?
Question 4	**What, if anything at all, do you think could have been handled differently in the MFMC implementation?**
Probe/Prompt	Why is that?
Question 5	**Are there any improvements you would like to see to future implementations across the criminal justice sector?**
Probe/Prompt	If yes, what are these? If no, how come?
Question 6	**Is there anything you feel we may have missed?**
Probe/Prompt	If yes, can you tell me more about [topic named by participant]?
Following Q6, the interview will be slowly wound down, including debriefing the interviewee, asking for feedback on what the interviewee thought of interview and interview questions, and how she/he feels post interview.	