

**EVALUATION OF  
THE CHRYSALIS LITE PROGRAMME**

**FIRST STEP**

**PAT WATSON**

**DRAFT**

## TABLE OF CONTENTS

1.0	INTRODUCTION.....	3
2.0	CONTEXT .....	5
2.1	First Step .....	5
2.2	Chrysalis Programme .....	5
2.3	Evaluation .....	7
3.0	METHODOLOGY.....	8
4.0	FINDINGS.....	10
4.1	Fit within Rehabilitation Arena .....	10
4.2	Delivery Methods .....	10
4.3	Uptake .....	13
4.4	Participant Perceptions .....	14
4.5	Lessons Learned .....	16
4.6	Challenges.....	18
4.7	Future Roll Out .....	18
5.0	CONCLUSIONS.....	20
6.0	REFERENCES.....	23

DRAFT

## 1.0 INTRODUCTION

The University of Teesside has been commissioned to carry out an evaluation of the Chrysalis Lite Programme currently being introduced into a Drug & Alcohol Rehabilitation setting.

The implementation and delivery of this programme is a joint initiative between First Step, OSL and Harnessing Potential. It offers a new way of working and engaging with people with alcohol and substance misuse issues, with a view to increasing skills, aspirations, changing behaviours and increasing opportunities for future employment.

The aims of the Chrysalis Programme are:

- To engage and inspire individuals to make sustainable changes to their behaviours;
- To influence attitudes and behaviours in practice so that individuals take personal responsibility, ownership, assume accountability and make a positive contribution to their role in society/community;
- To motivate and encourage people to be less cynical, have greater levels of self esteem and self work and become more caring and achieve fulfilment from their work and life;
- To build a Personal Improvement Culture where individuals are encouraged to think and contribute to their life long learning and development to enable them to grow;
- To make improvements to personal effectiveness and interpersonal skills and behaviours.

The key objectives of the Chrysalis Programme are:

- To reduce the level of re-offending rates and instances of repeated substance misuse;
- To engage and inspire people to make sustainable changes to their lives;
- To create a paradigm shift in the approach to offender development and rehabilitation through application of behavioural change, learning and development programmes;
- To engage individuals in making the behavioural changes that they want to achieve in their lives
- To create switched-on, motivated and re-engaged individuals that are driven to make a contribution to their local communities and society as a whole.

Although the Chrysalis Programme is a 12 month training and learning programme covering 12 modules that have been tried and tested in prison settings, this evaluation will focus on the pilot of the first 4 modules delivered within the Drug and Alcohol Rehabilitation setting. This is regarded as a starter course in order to assess suitability within this particular setting. This pilot project has been named "Chrysalis Lite".

This report presents the findings of the evaluation of this pilot and is structured as follows:

- Section 2 will summarise the context of the Chrysalis Programme
- Section 3 will provide the methodology of the evaluation
- Section 4 will present the findings of the evaluation
- Section 5 will provide conclusions

DRAFT

## **2.0 CONTEXT**

### **2.1 First Step**

First Step offers both a residential and outreach drug and alcohol rehabilitation service to clients. It is based in Middlesbrough but accepts referrals locally, regionally and nationally.

First Step is committed to the provision of a safe residential environment for individuals who have substance/alcohol misuse issues providing both detoxification and rehabilitation programmes. Their mission is to engage clients in a process of change through both therapeutic interventions and learning.

The aim of First Step is to provide a set of treatments that are tailor made to the individual's needs using a client centred approach. This primarily takes the form of a 4-stage process:

1. Induction/Detoxification (1-6 weeks)
2. Main Programme (7-16 weeks)
3. Transition (17 weeks onwards)
4. Semi Independent

As part of the First Step programme of work, clients are offered medical, educational and therapeutic support. The main programme (weeks 7-16) consists of a range of training eg Life Skills, personal development, relapse interventions group work and education. First Step management believes that the Chrysalis Lite Programme can offer a wide range of skills and opportunities for their clients that fit neatly with and enhance the current First Step provision.

In this pilot phase, the First Step Programme was offered only to residential clients of First Step although there is some potential that outreach clients could also participate in any future roll out.

### **2.2 Chrysalis Programme**

Experience working within the Criminal Justice System highlighted a number of key questions as to the availability of effective rehabilitation of offenders within that system. As a way of answering some of these questions, the Chrysalis Programme was developed as a way of providing a systematic approach to rehabilitation in an integrated way.

The Chrysalis Programme was initially designed for offenders (mainly within the prison and probation service). A pilot study within a prison setting has been carried out and evaluated. It has since been realised that not only people in prison may benefit from such a programme. Whilst First Step help

people to stay off alcohol and drugs, it was felt that additional work needed to be done to provide those people with the tools to get back into the outside world and be able to maintain an alcohol/drug free life. In addition, with help, they may be able to go into education or into employment which would increase the chances of success considerably.

The Chrysalis Lite Programme is designed to provide people with interpersonal skills, increase their knowledge and understanding, behavioural change, self confidence as well as to motivate them to move on. Such a programme provides a clear link with the needs and further development of people undergoing detoxification or rehabilitation interventions.

The Chrysalis Programme in its entirety is both resource and time intensive and has an ultimate aim of preparing people for work, providing them with work placements, skills, helping them to move back into the workforce and most importantly support them in changing their behaviours and attitudes. It begins as a learning and training programme (12 modules totalling 130 hours study) and moves on to practical experience in a work setting. This programme is accredited by both BTEC and NVQ up to Diploma level.

The Chrysalis Lite Programme forms a small element of the programme as a whole. It includes the first 4 modules of the programme:

- Know Thyself (1 day)
- 7 Habits (2 days)
- Interpersonal and Communication Skills (1 day)
- Health & Wellbeing (1 day)

These 4 modules equate to 30 hours of study and result in participants receiving a BTEC Level 2 Award through EdExcel. This forms the baseline for continuing the programme.

The Chrysalis Lite Programme has been delivered in First Step as a standalone programme. However, discussions are currently underway as to additional modules being made available to First Step clients.

To facilitate maximum output of the Chrysalis Programme a "Train the Trainer" course has been created which is designed to ensure that trainers are trained and qualified to deliver at an appropriate level of quality. The aim of the Train the Trainer Programme is to provide participants with the skills and ability to deliver the programme to an accredited quality standard. This is to be a vital part in the roll out nationally of the Chrysalis Programme to both the criminal justice and rehabilitation systems.

It is understood that some members of First Step staff will undergo this training as a way of rolling out the programme within their service but also to offer and deliver the programme to other rehabilitation services within the area. This area of work does not form part of this evaluation but is likely to be evaluated at a later date.

The overall design of the Chrysalis programme includes the use of external speakers and also the inclusion of pre-designed workbooks for the 7-Habits module. Whilst this workbook is world renowned, it forms it substantially increases the running costs of this programme.

### **2.3 Evaluation**

This evaluation has been designed to provide a snapshot of the Chrysalis Lite Programme within First Step. The primary aim of this evaluation is:

“To explore the feasibility and potential of the Chrysalis Lite Programme for people in a detoxification/rehabilitation setting”.

The following key themes will be examined:

- Fit within a rehabilitation setting
- Delivery methods
- Uptake
- Participant Perceptions
- Lessons Learned
- Key challenges
- Future Development

Longer term outcomes of the programme cannot be included due to the short term nature of the evaluation.

### 3.0 METHODOLOGY

Programme evaluation, as part of ongoing development is a keystone of most current intervention programmes. Government directives of late dictate that the development and promotion of services are evidence based (Goodman (2003). It is necessary to establish “what works”, support improvements in services, disseminate best practice, provide assurance about comparability of standards and encourage more co-operation and co-ordination. (McLaughlin et al 2001).

The piloting of any programme is crucial to future development and it is the evaluator’s role to aid the decision making processes of those responsible for the future development of the programme. This is particularly pertinent in this instance as the target group to be involved are new and carry a wide range of issues. Therefore to ensure informed development of the programme within this arena, it is vital that we understand how this programme works with this specific group as well as the effectiveness of such a programme and its potential outcomes.

Given the scope of this evaluation and in order to provide good quality, in-depth data, a number of different evaluative techniques have been used in order to collect both qualitative and quantitative data in relation to this programme. These include:

1. Document review of Chrysalis Programme materials, source content, train the trainer materials and existing evaluation reports.
2. Analysis of the pre-questionnaire completed by participants prior to the start of the programme to assess expectations.
3. Analysis of questionnaires completed by participants at the end of the programme.
5. Semi structured interviews with course participants.
6. Semi structured interviews with Chrysalis and First Step staff.

Such an approach allows the evaluator to test for consistencies and inconsistencies in the data before reaching any conclusions and increases the ability to provide formative feedback. (Patton 2002).

Both the pre-course and course completion questionnaire have been analysed using SPSS (Statistical Package for Social Sciences). The use of semi structured interviews allows the evaluator to “guide discussion” and provide opportunities together good quality, rich data. (Rubin & Rubin (1995). This data has been analysed using a grounded theory approach which identifies key themes that emerge from the data itself. This analysis was aided by the use of NVivo 7 (a qualitative data analysis package).

A purposive sample was used to identify key stakeholders and participants. These included delivery staff, First Step staff and First Step clients. In total, 10 interviews were carried out, 6 with course participants (2 of whom were

also First Step staff), a further 3 with First Step staff and one with the delivery agent. In total 20 First Step clients participated in the Chrysalis Lite Programme at some level. This means that 20% of that sample was interviewed as part of this evaluation. Of the 20 participants, 13 (65%) completed evaluation questionnaires.

Measuring the impact of this programme on course participants is not possible within the scope of this evaluation. However, a tracking system of course participants, particularly those who are longer term residents would be beneficial to measuring longer term impacts of this programme.

DRAFT

## **4.0 FINDINGS**

### **4.1 Fit within Rehabilitation Arena**

Detoxification and rehabilitation of alcohol and drug users covers a wide area in both research and practice. It is not the purpose of this evaluation to carry out a critique of these materials. However, what is clear is that there is a general view that whilst such interventions can help clients 'kick' their habit, they rarely prepare them for their return to the real world. Within the rehabilitation centres, there is a general need for structure by residents who often have chaotic and disordered lives. Time and activity is highly structured and clients abide by and function within those structures. Many addicts portray low self confidence, poor problem solving skills and in reality relapse rates are high for those people who do not have the necessary support or family networks in place when returning to their own lives and communities. One problem for clients moving back is that there is often a clear lack of structure and it is important for them to be able to adopt suitable coping strategies to help them move forward with their lives and not fall back into the more chaotic lifestyles they have become used to. In addition to this aspirations are often low making it difficult to make positive steps towards a better future.

First Step offers a range of support as part of their rehabilitation package. These include understanding of addictive behaviour, self esteem, mental health, depression, dealing with outcomes for others including bereavement. Many of these issues are addressed through group work.

The Chrysalis Lite Programme provides an opportunity for First Step to provide their clients with new skills and provide them with tools that better prepare them for their future, provide learning incentives for future learning, improve aspirations and make a positive step into the world of employment. It is anticipated that the results of this evaluation will inform whether the Chrysalis Lite programme will be included in the mandatory rehabilitation programme of work becoming an integral part of the programme.

The prison setting provides an alternative setting. Whilst both settings could be described as challenging, there are some major differences such as prisons have enforceable rules and regulations and a captive audience. The drug/alcohol rehabilitation setting also provides boundaries but the target audience can be more fluid and to a large extent have a larger element of choice.

### **4.2 Delivery Methods**

Method of delivery is a key aspect of this programme. Whereby it is prescriptive in content, and quality measures are in place, there is a general learning strategy but the actual delivery method can be adapted to suit the target audience. The strategy has been designed by somebody with a vast

knowledge of the issues and the sector and who has piloted the approach in a number of prison settings.

### **Delivery Mode**

The four modules were delivered over 5 days over a 3 month period. It was essential that the person delivering this programme develop a relationship with the participants, can understand their needs and ensure participants feel comfortable both individually and as a group and also tries to reduce the feeling that the participants are under pressure.

The Chrysalis Lite was portrayed to participants as part of the compulsory rehabilitation programme so most felt that they had no option but to attend. This issue will be explored further later in this report. However, all participants were given the option to leave if they did not want to actively participate. In the first session, two people were unruly, disruptive and making it obvious they did not want to be there. They were given the option either to stay and participate, or leave. They chose to leave. For those who remained, this “set the scene”, relieved any tensions and helped them to more actively participate.

Chrysalis works on the premise that all participants want to be there, want to learn and most importantly want to start making some changes to their lives. This cannot be the case if it becomes a compulsory part of a rehabilitation programme. However, the element of choice helps to ensure that people want to do this. What is not clear is how any refusal to participate will impact on the wider rehabilitation work. Ethically, participation should be consensual and no rights to services should be affected due to refusal to participate in this service. Participants should be made aware of this at the beginning of the course.

### **Course Materials**

Course materials include a workbook and handouts and these are completed using a range of participatory methods that are designed to suit the specific audience. This requires high levels of expertise of the person delivering as this is done at the beginning of each session. For an experienced trainer, this may come naturally but may become an issue for less experienced trainers following the ‘train the trainer’ work. Any trainer will require a good knowledge and understanding of this target group, a flexible approach to learning and an ability to adapt to meet the needs of the audience.

The Chrysalis Lite Programme was delivered by a very experienced trainer who quickly developed a rapport with the group. Using a range of techniques to facilitate the group and ensuring that the pace suited everyone, he was able to offer interesting, sometimes challenging, interactive and fun sessions that the group as a whole could and did engage with.

## **Feedback on Delivery**

Course participants<sup>1</sup> reported that the course presentation was good and suited them. They had every opportunity to ask questions, challenge the facilitator and each other in a constructive way. Whole day courses proved difficult for some participants (particularly those on a methadone programme) as their medication time was after lunch which sometimes made it difficult to concentrate on the morning sessions. Short but regular breaks were built into the structure as a way of sustaining the interest and engagement of the group.

Given the nature of this group, the modules had to be timetabled in a way to allow them some flexibility and freedom to take regular short breaks. For many participants, sitting in one room over long periods of time is difficult and focusing on any one thing for any length of time.

Most felt that the course was intensive and required a lot of thought and discussion. However, the high levels of interaction meant that there was a minimal amount of written work included. Course participants reported that in the main they were able to cope with this but additional written work may have become a problem. Some participants reported adding to the workbook after the module and also using them to prepare for the next session.

Delivery methods were interactive and engaging and very flexible and responsive to the needs of the group. This is an approach which needs to be adopted for any type of training in the rehabilitation session if any degree of success is to be achieved.

Participants interviewed reported that such an approach was critical in their completing the modules. Many participants reported feeling some anxiety at the beginning of the course, mainly due to their own state of mind at that time. All reported that the “laid back” delivery put them at ease and helped them take a more active role in the sessions.

It is also worthy of note that two members of the First Step staff formed a part of the initial cohort for the Chrysalis Lite. This decision was taken to provide some support to the trainer in managing the group if the need arose. By nature some people undergoing detox and rehabilitation can be volatile, wary and distant.<sup>2</sup> A known presence was put in place as a way of putting participants at ease. It is difficult to measure the effectiveness of this action as participants felt that the relationship with the trainer developed without any input from staff and staff reported having little input in terms of ensuring safety or maintaining any order. However, participants did feel it was useful that they were included in the course as it brought about a new level of relationship and helped them all get to know each other better.

---

<sup>1</sup> Interviews with course participants

<sup>2</sup> Staff Interviews

### 4.3 Uptake

In total 20 First Step clients participated in the Chrysalis Lite programme. Of these, 4 clients (20%) completed the full 5 day programme and 4 modules. They are now eligible for the Level 2 Award. Another 3 clients (15%) completed 4 days and 3 modules. A further 2 clients (10%) completed Module 2 which was a 2 day module and 11 clients (55%) completed a one day module.

All participants were residents of First Step although two left rehab through the life of the programme and chose to attend on an outreach basis to complete the modules. This provides a good testimony as to the commitment made by participants placed on this programme.

Of the 20 participants, 9 (45%) were at First Step for detox/rehab services involving longer term stays (more than 3 months). Of these, 4 participants (44%) completed all 4 modules and a further 3 participants (33%) each completed 3 modules. The evidence suggests<sup>3</sup> that these are the people who gained more from the programme and wanted to continue with further modules. It is noted those who completed only one day were primarily clients undergoing detox (7 day stay). Questionnaire data revealed that those people on short term detox were less likely to want to continue with the programme and also expected less from their participation. Continued involvement with the programme would appear to motivate participants into thinking about and actioning change. Participants interviewed who completed the full Chrysalis Lite Programme reported that their motivation increased as the course progressed and completion of the course had “stirred” them on to do other things but more importantly to look at themselves, their actions and focus on what needs to change in their lives for them to “get clean”, “stay clean”, “re-establish relationships” and move on into employment.<sup>4</sup>

Interviews were not carried out with participants completing only one module (primarily due to access). It could be argued that the strength of the Chrysalis Programme is to work alongside participants to facilitate change over a prolonged period of time. This is unlikely to be achieved in one module. This begs the question as to the benefits of individual modules being offered to short term residents. However, those participants completing only one module reported<sup>5</sup> that they enjoyed the module, had learned some new things and that it had helped them to begin thinking about their lifestyle and actions. What was not clear was if one module was enough to elicit any major changes. It is clear that those participants undergoing detox and completing only one module regard their participation as part of their detox programme but their short stay limits potential for any substantial impact.

---

<sup>3</sup> Participant Interviews

<sup>4</sup> Participant Interviews

<sup>5</sup> Course Questionnaires

#### 4.4 Participant Perceptions

Overall, course participants reported their participation as a positive experience. The programme was described by participants as:

- Lively
- Fun
- A great way of getting to know people
- Motivating
- Intense
- Makes you stop and think
- A good chance to learn
- Really positive<sup>6</sup>

Most participants interviewed felt that they had gained a lot from taking part with the Chrysalis Lite Programme. The fact that the course was accredited was regarded as “a step in the right direction” in terms of moving forward with their lives and taking steps towards future employment. However, this was not reported as the primary incentive for participating.

Whilst the majority of those clients participating in more than one module also regarded them as part of their rehabilitation programme and generally believed it to be compulsory, these participants reported a better understanding of their right to withdraw and had clearly chosen to remain in the programme.

In terms of course content, participants reported that some modules were very intensive and in some ways difficult for them to take on board. Those who completed all the modules reported a real sense of achievement in completing them but this was primarily in terms of personal development as opposed to the accreditation award.

The course content was seen as highly relevant and easy to relate to. Some participants reported that a lot of it was “common sense” but that it highlighted where they had lost their way. Understanding their own issues better was reported as a key benefit of this programme. While most reported feeling they knew a lot about alcohol and drugs, all felt they learned a lot of new things, particularly about consequences. One participant reported:

“We know alcohol and drugs are bad for you and how it can mess with your head but I was shocked at some of the things they were telling us.”<sup>7</sup>

Another point of key learning from this programme was identified as “working as a team”. All those interviewed commented on the fact that working as part of a team helped them develop a range of skills that they had not really

---

<sup>6</sup> Participant Interviews

<sup>7</sup> Participant Interviews

expected from this programme. There was a consensus from those interviewed that working as a group was a valuable experience. Important aspects of this were “learning to listen to people”, “understand where people are coming from” and “how to react to others”. These skills were regarded as something they can take forward both in their rehabilitation and their future.

Course participants were particularly pleased with the delivery approach. They felt listened to, valued and accepted. All got on well with the course deliverer and were particularly pleased with the fact that “there was more to this course than just sitting at a desk and listening”.<sup>8</sup> The delivery included lots of different techniques including pairs, group sessions, games, quizzes, moving around and individual work. The fact that participants were not static yielded more positive interaction and engagement. By the end of the course, most reported feeling better informed but more importantly, more confident in speaking to a group and working within it.

Those participants completing the full Chrysalis Lite Programme reported that they felt “on the road to recovery”. This was not meant in relation to alcohol or drugs specifically but crucially to their state of mind about themselves, increased self confidence and awareness and energised.

However, whilst the majority of participants reported many positives to their participation, two major concerns were identified. The first was that the modules were fairly intense and that some had difficulty because of a low attention span. The biggest problem was Module 2 – the 7 Habits. This was a 2-day module and whilst it was identified as the favourite, all respondents felt it was too long and too intense and that while the majority felt they engaged well, they also believed they “lost out” in some ways because of their need to take more frequent breaks. Many participants reported that the days were too long and that the modules should have been delivered in half day blocks. This was particularly pertinent for those on the methadone programme who reported some difficulties concentrating on the mornings prior to their medication.

The second issue was some of the terminology used within the delivery. Some participants felt that some of the language used was often difficult to understand. One example given was the use of the word “paradigms”. While accepting that they had the opportunity to request clarification and ask questions, there was some discussion as to the way the content was pitched to the audience. While some respondents felt that the course content was easy to understand, more reported struggling with some of the language. This appeared to add to the intensity of the course. However, even taking this into account, the general feeling of respondents was that despite this, they gained a lot from the programme but the use of less technical language would have made things easier.

---

<sup>8</sup> Participant Interviews

Respondents reported that generally they were at a stage in their lives when they needed to begin thinking about making changes and that the Chrysalis Lite Programme helped them to begin that. All but one participant felt that the timing of the course (within their rehab) was the right time to begin this process. Their reasons for participating in the course ranged from:

- Compulsory
- Personal development
- To help address some personal issues
- To help make some changes
- To give a better understanding of self

It is clear that such a course can mean different things to different people. Those people participating had different issues, different ways of coping, different lifestyles, different expectations of such a programme. Most participants reported having little or no expectations of the programme at the start. However, most felt they had achieved a range of different things by the end. These included:

- Making good progress
- Feeling able to stay sober
- New coping skills
- Become a better person
- Improved self confidence
- Improved relationship skills

Participants reported learning useful skills throughout the programme that would aid them in the future. One of the most useful things learned was reported as their perception of themselves and of others and how to treat people and respond properly. These were regarded as key skills that could better prepare them for their lives outside of rehabilitation.

#### **4.5 Lessons Learned**

The key lesson learned is that the Chrysalis Lite Programme can be adapted and be of benefit within the rehabilitation services. However, in such a setting the numbers completing to accreditation level will always be limited. In the pilot 20% of the participants completed the full programme and gained an award. Bearing in mind the nature of addiction and the challenges faced by addicts, this is deemed as a positive result. There is some question as to the feasibility of those clients undergoing detox and on short term stay participating in this programme. It is recognised that while those participants completing only one module did enjoy it, even learned something from it, there is little or no scope that they will continue with the programme on release or benefit any long term impact of the learning objectives of the programme as a whole.

Involving short term residents (detox) serves to increase the numbers participating substantially. However, it also makes it impossible to measure

impacts on this particular group. More prolonged learning and participation has resulted in participants actually placing more belief in the programme and its aims and objectives, and as a result a view that they gain more benefits from it.

Taking account of all the evidence it is recommended that the Chrysalis Lite Programme be made available only to those people in longer term rehabilitation resulting a better return of those completing and gaining the accreditation award. However, the fact that many of the modules can be offered as standalone modules, and as such can carry some benefit to those people undergoing detox also means that some benefits can be gained from this. Client involvement in individual modules would appear to offer some benefits to clients but primarily provide information sharing opportunities, general skills development, and group working as opposed to change management.

In practical terms the management and administration of the Chrysalis Lite Programme can be time intensive. Having some members of staff attend alongside clients proved valuable and if this was to become part of the delivery process, then will require a proportion of staff time allocated to the training. It is envisaged that this may reduce if the programme was extended beyond the Chrysalis Lite Programme as the group will be cemented and have a longer standing relationship with the person delivering the programme.

Another issue is that it may not be possible to offer modules as a concrete part of the detox/rehab programmes as delivery will be dependent on resources etc. However, this may be more easily addressed following the train the trainer course whereby First Step staff may then take on the role of regularly delivering modules within the centre. However, it is also noted that one of the strengths of this pilot programme has been that the person delivering the programme is external to First Step. While clients were happy for First Step staff to be involved, most reported that having an external person helped them “open up more” and improved their reactions.

In practical terms, the timing of courses/modules should fit in around medication programmes. A lack of concentration on the morning can make it difficult to engage fully or even catch up later in the afternoon. Some participants felt that half day sessions would be more beneficial and that these should be on the afternoon.

Working with this client group highlighted the need for flexible delivery. For most clients, drug and alcohol withdrawal can often result in very low attention spans, short tempers, hyperactivity.<sup>9</sup> Many feel the need to be constantly on the move and find it very difficult to sit for any length of time, let alone focus on a particular thing. Extra breaks need to be timetabled in to ensure the group are able to focus on the tasks at hand.

---

<sup>9</sup> Staff Interviews

Although course content is very structured, the delivery approach for this pilot programme gives a perception of freedom. Participants were aware they could walk around or leave the room if they felt the need. This was important to course participants and in many ways helped them to engage more fully with the programme.<sup>10</sup> Some participants reported that they cannot function well if they feel “hemmed in”. The nature of their addiction and to some extent their rehabilitation means that although they operate and function within tight boundaries within First Step, they need to have some semblance of freedom in their actions. Smoke breaks, tea breaks, food etc tend to become part of the general routine. When participating in courses such as Chrysalis Lite the need for these breaks remains and fitting the course in around this proves to be more beneficial both to the trainer and participants.

#### **4.6 Challenges**

Meeting the needs of people undergoing alcohol and/or drug rehabilitation is a complex issue. Within First Step there are clients at different stages of their rehabilitation and also dealing with a wide range of different issues eg mental health, depression, family conflict. How people are coping both personally and in terms of their rehabilitation is also very different meaning that no two participants will be alike and therefore no two courses will be alike. Trainers need to be able to adapt materials to the group at hand. Engaging with such a group will always be a challenge and requires the trainer to have high levels of expertise in delivery.

The nature of detox and rehabilitation is that people stay for varying lengths of time and these may not always fit well with programme delivery. This makes the planning of such a programme very important to ensure increasing numbers are in a position to complete. It also means that some people may be scheduled to leave in the midst of the programme meaning that it is unlikely that all First Step clients will have the opportunity to participate in the Chrysalis Lite Programme. Mechanisms need to be put into place to facilitate attendance on an outreach basis for those people wishing to continue.

#### **4.7 Future Roll Out**

Following on from the pilot of the Chrysalis Lite Programme, some participants are keen to follow on with additional modules leading toward the diploma. However, for some it is unlikely that they would complete the whole of the Chrysalis Programme due to their stay at First Step coming to an end. To some extent the pilot has set the scene for future roll out within First Step.

However, decisions need to be taken as to whether Chrysalis Lite forms an integral part of the rehabilitation package within First Step which will be offered to First Step clients. This will have a direct impact on any future roll out. It is also necessary to decide what (if any) standalone modules can be

---

<sup>10</sup> Participant Interviews

offered to the clients as part of their detox or rehabilitation programme. In addition to this, and bearing in mind the consistent changes in clients it may be possible for a rolling programme of Chrysalis Lite to be delivered. However, a commitment for the resources to establish such a rolling programme would need to be in place.

Another key aspect of any roll out outside of First Step is the availability of competent trainers. If the next phase of this programme is to develop and implement the Train the Trainer options, this is likely to open up a range of possibilities in promoting Chrysalis Lite to other rehabilitation centres both locally and nationally.

DRAFT

## 5.0 CONCLUSIONS

Overall the response to the Chrysalis Lite Programme with this particular target group has been positive. Both First Step staff and clients have responded well to its inclusion in First Step interventions. The nature of Chrysalis Lite links directly with the aims of First Step to meet clients individual needs, raise self confidence and belief, identify coping strategies and raise aspirations for the future. The Chrysalis Lite Programme aims to equip participants with a range of tools, highlight new ways of thinking and subsequently bring about behaviour change.

Whilst there is an identified need for a course of this type for clients in a rehabilitation setting, this does raise a number of issues for further consideration. This link primarily to the length of stay of clients and whether only longer term residents should access this programme as they are more likely to complete the whole of the course thus receiving an award. The evidence supports that longer term residents be the primary focus in terms of accreditation and that they are the group to reap greater benefits from the programme.

However, there is also evidence that argues that short term residents (detox) glean some benefits from single modules. However, these clients are unlikely to continue after release and potential longer term impacts are more limited.

In practical terms both these arguments raise some major administrative and delivery issues. If Chrysalis Lite is to become an integral part of First Step rehabilitation, how can they ensure that all clients will have access to it due to the continuing rotation of clients? The ratio of clients completing the whole programme is always likely to be low. However, the strength of this programme is not entirely based on the accreditation. Whilst this is important, most participants regard it as a secondary benefit. The key strength is in “enabling change”, raising awareness and the ability to look to the future. For many, an accreditation, whilst useful is far less important than the action.

Delivery methods are key to the success of this course. A flexible, interactive approach is essential in developing a rapport, an understanding and respect of this particular target group. Using a range of innovative methods as a way of digging down in a way that helps participants realise their actions have consequences and begin to think about what they can do to change things is vital. What this also means is that these methods are likely to change from group to group so there is a clear need for experienced trainers who have the ability to think of their feet and adapt to suit the needs of the group.

This means there is a clear need for quality assurance on any train the trainer programme and also on those providing training in the future. The way the target audience responds to the trainer is an important element in the success of this programme and every effort should be made to maintain the high quality delivery process achieved in this pilot.

The use of external speakers and pre-existing workbooks increases the cost of this programme substantially. Whilst there is no doubt about the value of these, it does raise some issue in terms of sustainability. For this programme to be self sufficient, efforts now need to be made in substantially reducing these overheads. It would seem unlikely that in today's financial climate that the organisation would be able to cover these costs on a regular basis.

Take up for the pilot of the Chrysalis Lite Programme was good. Of the twenty participants involved, 4 completed all 4 modules resulting in them achieving the Level 2 Award. Over 50% of those involved completed only one module. This was mainly due to the fact that they were short stay residents (7 day detox).

Participants were very positive about the programme. Most felt it was a good experience and a really good opportunity for them. However, the majority also believed that the programme was a compulsory aspect of their detox/rehab when in fact this was not the case. There is a need for clear information about the programme provided to clients in terms of content and choice. Within the rehabilitation services, choice often means a reduction in the numbers of those participating, however, for the programme to become a compulsory element, it would need to be offered to all clients and the depth and length of the programme may make this difficult to achieve.

The timing of the programme is also critical. At what stage people are at within their rehabilitation can impact on their levels of engagement and also on their learning. This should be taken into account when planning future sessions.

Overall, participants reported learning a lot of the programme. It had helped them understand their problems and also helped them to believe that they can make changes. They also felt that the programme had helped them develop their communication and social skills, helped them work together as a group and to listen and value each other's input. Alongside these, they feel better prepared in beginning to make some smaller changes and plan for their future.

In conclusion, the evidence supports the value of the Chrysalis Lite Programme in the detox/rehabilitation arena, and that it can be of benefit to participants looking to make some changes in their lives. The delivery of the programme was of a very high quality and there may be some difficulty in maintaining this level of quality if the programme was to be offered on a rolling programme.

Steps should now be taken to ensure that the Chrysalis Lite Programme becomes embedded into First Step services and mechanisms put in place to ensure its availability to clients.

Whilst it is not possible to measure any long term outcomes for participants at this time, what became very clear throughout this evaluation was that participants were energised into thinking about making changes and already

exploring ways in which they could do so. Also, even at such an early stage following completion of the programme, participants were reporting feeling more confident about their rehabilitation, their future and themselves. All reported learning new skills and the ability to relate better to others, both staff and other residents. Therefore short term outcomes are very positive at this time.

DRAFT

## 6.0 REFERENCES

Goodman, A (2003) "Probation in the Millennium" in Young, J and Matthews, R (ed) *The New Politics of Crime and Punishment*. Cullompton Willan Publishing

McLaughlin, E, Munci, J & Hughes, G (2001) *The Permanent Revolution: New Labour, new public management and the modernisation of criminal justice*. *Criminal Justice Vol1 (3)* Pg 301-318

Patton, M, Q (2002) *Qualitative Research & Evaluation Methods*. Thousand Oaks, Sage Publications

Rubin H, J & Rubin, I, S (1995) *Qualitative Interviewing – The Art of Hearing Data*. Thousand Oaks, Sage Publication

DRAFT

DRAFT