Brighter Futures Programme: Interim Findings from a Mixed Methods Analysis

Siddhartha Bandyopadhyay
Jessica Woodhams
Surinder Guru
Aixa Garcia-Ramos
Louise Dixon
Background

• Brighter Futures programme is a solution focused brief therapy, which means that the client's strengths and previous successes are emphasised. The objective is to focus on what the client desires to change, rather than on past failings or problems.

• The programme is delivered through 10 sessions of one and a half hours each by Fry Housing Trust in Sandwell. Depending on the client, he/she attends group or one-to-one meetings.

• The data are collected at five points of time, namely before the programme, the last day of it, and three, six and twelve months after finishing it.
• The evaluation has three parts
  – Descriptive analysis
  – Quantitative analysis
  – Qualitative analysis

• The descriptive analysis gives an overview of the perpetrators of the programme, the quantitative analysis provides an understanding of ‘does it work’ while the qualitative analysis tries to understand the process or mechanism behind what works (or what needs improvement)
Quantitative analysis

Looks at both self-reported data as well as data from WMP DV incidents pre, during and post programme
Results: Before-After

• There is a change in self reported incidence of DV for participants during and after the programme compared to before.
• There is also a change in the number of DV incidents for participants based on police recorded data.
• Both show a reduction that is statistically significant though the reduction in police recorded DV incidents is lower than the self-reported data.
• Self reported data also shows that participants who completed the programme have a better understanding of DV and take greater responsibility for their actions compared to perpetrators that did not complete the programme.
Incidence of DV by form of abuse (Clients)
Incidence of DV (WMP)

- Before: 0.68
- During: 0.11
- After: 0.21
Thoughts and feelings (Clients)

<table>
<thead>
<tr>
<th>Question</th>
<th>Before</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much do you think you are to blame for having to be here today?</td>
<td>6.35</td>
<td>8.95</td>
</tr>
<tr>
<td>How much do you think your (ex) partner/family member is to blame for you being here today?</td>
<td>4.26</td>
<td>7.91</td>
</tr>
<tr>
<td>How much do you think someone outside of your relationship is to blame for you being here today?</td>
<td>3.37</td>
<td>4.86</td>
</tr>
<tr>
<td>How much do you think you need to change your behaviour in relationships?</td>
<td>5.53</td>
<td>3.14</td>
</tr>
<tr>
<td>How much do you think you need to improve your communication skills within your relationship?</td>
<td>5.51</td>
<td>2.07</td>
</tr>
<tr>
<td>How would you rate your level of understanding of DVA and its impact?</td>
<td>5.74</td>
<td>4.98</td>
</tr>
<tr>
<td>How would you rate your relationship with current/ex partner</td>
<td>6.23</td>
<td></td>
</tr>
</tbody>
</table>
Before after critique

- Before after gives us a first indication whether the programme has caused any change
- Why is that not enough?
- This does not allow us to distinguish any change that occurred because of the programme against those that may have occurred anyway (because of other policies, for example or other changes over time).
- There is also a programme selection effect, people who entered the programme may be the ones who see the need for change in behaviour
- Thus, we need a ‘suitable’ control group
Econometric Methodology

- We combined propensity score matching (PSM) with a difference in difference (DiD)
- Why PSM?
  - PSM allows us to construct a suitable control group in order to account for selection into the treatment based on observable characteristics
- Why DiD? DiD controls for unobserved time-invariant characteristics that might also affect the selection into the treatment
Results: Treatment Control

We use a control group based on similar characteristics of DV perpetrators who did not participate in the Brighter Futures programme and find that:

- White clients and clients age 30 or above who have been treated have significantly less DV incidents after the programme than perpetrators with the same characteristics who have not been treated.
- To illustrate perpetrators over 30 in the treatment group on an average commit 1.1 DV incidents less than those over 30 in the control.
- There are also reductions in DV incidents for other types of clients in the treatment group (including an overall reduction) but the effect is not statistically significant.
- The hazard rate (rate at which re-offending occurs) of White perpetrators in the treatment group is significantly smaller than that of perpetrators in the control group.
- It is to be noted that the sample size is small and the matching was on the basis of only age, gender and ethnicity so results should be treated with caution.
Difference-in-Difference: Heterogeneous effects

<table>
<thead>
<tr>
<th></th>
<th>All clients</th>
<th></th>
<th>Complete programme</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12 months</td>
<td>Any time</td>
<td>12 months</td>
<td>Any time</td>
</tr>
<tr>
<td>Panel A: By sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATT (Female)</td>
<td>-0.500</td>
<td>-0.500</td>
<td>-0.500</td>
<td>-0.500</td>
</tr>
<tr>
<td></td>
<td>(0.745)</td>
<td>(0.735)</td>
<td>(0.778)</td>
<td>(0.553)</td>
</tr>
<tr>
<td>ATT*Male</td>
<td>0.192</td>
<td>0.115</td>
<td>0.183</td>
<td>-0.114</td>
</tr>
<tr>
<td></td>
<td>(0.779)</td>
<td>(0.866)</td>
<td>(0.898)</td>
<td>(0.796)</td>
</tr>
<tr>
<td>ATT (Male)</td>
<td>-0.308</td>
<td>-0.385</td>
<td>-0.317</td>
<td>-0.614</td>
</tr>
<tr>
<td>Observations</td>
<td>216</td>
<td>216</td>
<td>182</td>
<td>182</td>
</tr>
<tr>
<td>Panel B: By ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATT (White)</td>
<td>-0.706*</td>
<td>0.029</td>
<td>-0.902**</td>
<td>-0.077</td>
</tr>
<tr>
<td></td>
<td>(0.412)</td>
<td>(0.777)</td>
<td>(0.437)</td>
<td>(1.042)</td>
</tr>
<tr>
<td>ATT*African-Caribbean</td>
<td>1.706**</td>
<td>-2.029</td>
<td>2.027**</td>
<td>-2.673</td>
</tr>
<tr>
<td></td>
<td>(0.756)</td>
<td>(1.989)</td>
<td>(0.941)</td>
<td>(2.121)</td>
</tr>
<tr>
<td>ATT*Asian</td>
<td>0.623</td>
<td>-0.529</td>
<td>0.902*</td>
<td>-0.540</td>
</tr>
<tr>
<td></td>
<td>(0.465)</td>
<td>(0.884)</td>
<td>(0.506)</td>
<td>(1.179)</td>
</tr>
<tr>
<td>ATT (African-Caribbean)</td>
<td>1.000</td>
<td>-2.058</td>
<td>1.125</td>
<td>-2.836</td>
</tr>
<tr>
<td>ATT (Asian)</td>
<td>-0.083</td>
<td>-0.558</td>
<td>0.000</td>
<td>-0.703</td>
</tr>
<tr>
<td>Observations</td>
<td>216</td>
<td>216</td>
<td>182</td>
<td>182</td>
</tr>
</tbody>
</table>
Difference-in-Difference: Heterogeneous effects

Panel B: By Age

<table>
<thead>
<tr>
<th></th>
<th>ATT (age&lt;30)</th>
<th>0.379 (0.367)</th>
<th>0.897 (0.757)</th>
<th>0.495 (0.368)</th>
<th>0.550 (1.023)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observations</td>
<td>116</td>
<td>116</td>
<td>92</td>
<td>92</td>
<td></td>
</tr>
<tr>
<td>ATT (age&gt;=30)</td>
<td>-1.120** (0.442)</td>
<td>-1.880** (0.943)</td>
<td>-1.090*** (0.412)</td>
<td>-1.730* (0.954)</td>
<td></td>
</tr>
<tr>
<td>Observations</td>
<td>100</td>
<td>100</td>
<td>90</td>
<td>90</td>
<td></td>
</tr>
</tbody>
</table>

Notes: OLS estimates reported. Bootstrapped standard errors in parentheses. The dependent variable is the number of DV incidents. Columns I-II include all clients regardless of whether they dropout, while columns III-IV restrict the sample to clients that complete the programme. Columns I and III consider the ‘before’ period as the 12 months prior to the programme, whereas columns II and IV as any time before it. All specifications control for sex, age, ethnicity and number of days between the end of the programme and the last day of data that we observe. ***significant at 1% level, **at 5%, *at 10%.
Qualitative Findings

• Positive views of the intervention from all.
• Strengths of the programme (just some):
  – Positive/solution-focused approach of the programme
  – Collaborative (not colluding but supportive)
  – Group-based/drawing on group’s experiences
  – Aftercare and supportive environment
  – Shorter duration and non-statutory
  – Staff personalities
  – Flexible programme (hours-wise)
  – Physical and interpersonal environment
  – Staff diversity
Qualitative findings (contd.)

• Challenges and Suggestions for Improvement
  – Language in the manual too technical
  – Ordering of sessions
  – Repetition in sessions (cut down first 3, clients said similar)
  – Relationships with referring partners
    • Not receiving information (or not timely)
    • Not receiving feedback
Benefits of the Programme (Clients)

• Learning new skills (e.g., perspective taking, consequential thinking, communication skills)
• Positive change in feelings (e.g., thinking more positively, more optimistically, feeling less frustrated and slower to anger).
• Transferral to other areas of life
• Improved relationships with spouse and children
Conclusion

• Interim findings indicate Brighter Futures is working
• A larger sample (being collected) will enable us to reach more robust conclusions
• Combining this with data from victims will also allow us to capture changes in victim outcome (increased safety, better control of their lives etc.) and we are in the process of co-ordinating the data collection
• Will also benchmark with aggregate outcomes in other areas where the same programme is in place