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DRUID
Driving under the Influence of Drugs, Alcohol and Medicines

Integrated Project
1.6. Sustainable Development, Global Change and Ecosystem
1.6.2: Sustainable Surface Transport

6th Framework Programme
Deliverable D 5.2.3

Quality Management Systems established along with Driver Rehabilitation Schemes

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Deliverable D 5.2.3

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Status: Restricted to other programme participants

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"In the beginning, there were amoebas. Then monkeys. Then Total Quality Management."
(freely quoted from Scott Adams, 1996)

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List of Abbreviations

AA	Alcoholics Anonymous
ADDAPT	Association of Drink-Drive Approved Providers of Training, UK
ANDREA	EU project “Analysis of Driver Rehabilitation Programmes”
ANPER	Association Nationale pour la Promotion de L`Education Routière (National Association for the Promotion of Road Education), FR
Art.	Article
AT	Austria
BAC	Blood alcohol concentration
BASt	Bundesanstalt für Straßenwesen (Federal Highway Research Institute), DE
BdF	Begutachtung der Fahreignung, (fitness-to-drive assessment), DE
BdP	Bund Deutscher Psychologinnen und Psychologen, (The Association of German Professional Psychologists), DE
BE	Belgium
bfu	Schweizerische Beratungsstelle für Unfallverhütung, (Swiss Council for Accident Prevention), CH
BGBl	BundesGesetzBlatt (Federal Law Gazette), AT
BIVT	Belgisch Instituut voor Verkeerstherapie, (Belgian Institute for Traffic Therapy), BE
BIVV	Belgisch Instituut voor de Verkeersveiligheid, (Belgian Road Safety Institute), BE
BMVIT	Bundesministerium für Verkehr, Innovationen und Technologie, (Federal Ministry for Transport, Innovation and Technology), AT
BPR	Business Process Re-engineering
BrAC	Breath alcohol concentration
CBR	Centraal Bureau Rijvaardigheidsbewijzen, (Dutch Driving Test Organisation), NL
CER	Centre d'Éducation Routière, (Centre of Road Education), FR
CIP	Continuous Improvement Process
CH	Switzerland
CSAP	The Correctional Services Accreditation Panel, UK
DAN	EU-project “Description and Analysis of post licensing Measures for Novice drivers”
DDR	Drink-drive Rehabilitation, UK
DE	Germany; equivalent to GE
DfT	Department for Transport, UK
DGVP	Deutsche Gesellschaft für Verkehrspsychologie, (German Association for Traffic Psychology), DE
DI	Driver Improvement
DID	Drink Impaired Drivers, UK
DIN	Deutsche Industrie Norm, (German Industrial Norm), DE
DR	Driver Rehabilitation
DUI	Driving under influence of alcohol

DUID	Driving under influence of (illicit) drugs
DHV .	DHV Group is a global provider of consultancy and engineering services in Transportation (including Aviation), Building & Manufacturing, Spatial Planning & Environment, and Water, NL
DSM-III-R	Diagnostic and Statistical Manual of Mental Disorders (version 3, revised)
DVLA	Driver and Vehicle Licensing Agency, UK
DWI	Driving while impaired/intoxicated
EFQM-Model	Excellence Model of the European Foundation for Quality Management
e.g.	exempli gratia (Latin): for example
EC	European Commission
ECF	École de Conduite française, (French Driving School), FR
EEC	European Economic Community
EMA	Educatieve Maatregel Alcohol, (Educational Measure Alcohol), NL
EN	European Norm
et al.	et alii (Latin): and others
EU	European Union
EUR	Euro
FB	Feedback
FeV	Fahrerlaubnisverordnung (German Driving Licensing Act), DE
FiaZ	Fahren im angetrunkenem Zustand (Driving under the influence of alcohol), CH
FR	France
FSG	Führerscheingesetz (Austria Driving Licence Law), AT
FSG-GV	Führerscheingesetz-Gesundheitsverordnung (Driving Licence Health Act), AT
FSG-NV	Führerscheingesetz-Nachschulungsverordnung (Driving Licence Rehabilitation Act), AT
FSP	Föderation Schweizer Psychologinnen und Psychologen, (Swiss Federation of Psychologists), CH
FVS	Fonds für Verkehrssicherheit, (The Swiss Road Safety Fund), CH
GE	Germany
GGZ	Geestelijke gezondheidszorg, NL
h	hour(s)
HBO	Hoger beroepsonderwijs,(high school graduation in the NL), NL
HKZ	Stichting harmonisatie kwaliteitsbeoordeling indezorgsector, (Harmonisation of quality review in health care and welfare), NL
HMPS	Her Majesty's Prison Service, UK
HRO	High Risk Offender, UK
HU	Hungary
IAPS	Interim Accredited Programme Software
i.e.	id est (Latin): that is
IBSR	Institut Belge pour la Sécurité Routière (Belgian Road Safety Institute), BE
IFT	Institut für Therapieforschung (Institute for Therapy Research), DE

INFAR	Institut für Nachschulung und Fahrer-Rehabilitation (Institute for Corrective Training and Driver Rehabilitation), AT
INRETS	Institut National de Recherche sur les Transports et leur Sécurité (National Institute for Transport and Safety Research), FR
INSERR	Institute National de Sécurité Routière et de Recherché (National Institute of Road Safety and Research), FR
IQA	Internal Quality Audits, (Interne Qualitäts Audits), DE
ISO	International Organization for Standardization
IT	Italy
ITRD	International Transport Research Documentation
IVT-Hö®	Individual Psychologische Verkehrs Therapie (traffic therapeutic model by Höcher)
KDV	Kraftfahrgesetz Durchführungsverordnung, AT
KfV	Kuratorium für Verkehrssicherheit (Austrian Road Safety Board), AT
LEER	City of Leer (name of DR course measure), DE
LU	Luxembourg
MA	Medical assessment, DE
MALT	Munich Alcoholism Test
MD	Medical Doctor
mg/dl	milligram per decilitre
mg/l	milligram per litre
MPA	Medical psychological assessment, DE
NGO	Non governmental organisation
NL	Netherlands
NOMS	National Outcomes Measurement System, UK
NPD	National Probation Directorate, UK
NPS	National Probation Service, UK
NTA	National Transport Authority (Nemzeti Közlekedési Hatóság – NKH), HU
OASys	Offender Assessment System, UK
ON	Österreichisches Normeninstitut, (Austrian Institute for Norms), AT
p.	page
PL	Poland
PNC Bureau	Police National Computer Bureau, UK
PQ	Provider Questionnaire
PRI	Prison and Probation Service, SE
PSO	Prison Service Orders, UK
PSR	Pre-sentence Report, UK
QA	Quality assurance
QM	Quality management
q.v.	quod vide (Latin; see there)
RCT	Randomised Controlled Study

R&D	Research and Development
RH	Rehabilitation
RTOA	Road Traffic Offenders Act, UK
SBU	Swedish Council for Technology Assessment in Health Care
SE	Sweden
SPSS	Statistical Package for the Social Sciences
StGB	Strafgesetzbuch (German Criminal Code), DE
StPO	Strafprozessordnung (German Code of Criminal Procedure), DE
StVG	Strassenverkehrsgesetz (German Road Traffic Act), DE
SUPREME	EU-project “Summary and publication of best practices in Road safety in the Member States”
SVG	Strassenverkehrsgesetz (Swiss Road Traffic Act), CH
SVG	Stichting Verslavingsreclassering, NL
TRL	Transport Research Laboratory, UK
UK	United Kingdom
VfV	Schweizerische Vereinigung für Verkehrspsychologie (The Swiss Society of Traffic Psychology), CH
VPK	Verkehrspsychologischer Koordinierungsauschuss (Traffic Psychological Coordination Council), AT
VPU	Verkehrspsychologische Untersuchung (traffic psychological assessments), AT
vs.	versus
VZV	Verkehrszulassungsverordnung (Ordinance on the roadworthiness of people and vehicles), CH
WP	Work Package

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0. Executive Summary

The topic quality management (QM) in driver rehabilitation (DR) is defined as one major sub-task of the EU-project DRUID's WP 5 task 5.2 "good practice". This sub-task aims at analyzing existing QM systems established along with DR schemes. Thus, this deliverable D 5.2.3 consists of 10 country reports. Each country applying some kind of QM in DR programmes in Europe is analyzed in detail. The research reports focus on several aspects of QM, lasting from the QM-relevant issues of the applied DR programmes over the processes of allocating and assigning drivers to DR measures up to the legal frame conditions, governmental monitoring and supervision. In addition to the country reports, a summary of QM approaches in addiction treatment is presented. By taking all the mentioned issues into account, general criteria for uniform quality standards and evaluation of QM systems are defined in the end.

The analyses and reports show that the variety and level of implementation of QM systems and elements are different in the 10 countries which were subjects to this analysis. The degrees of implementation range from voluntary applied QM elements in certain programmes (e.g. requirement of regular attendance at advanced trainings for staff carrying out the programme like in Italy) over QM systems on provider level (e.g. documentation of procedures for data handling/recording or even ISO certifications like in Sweden or the Netherlands) over to sophisticated national standards for the delivery of programmes (authorization and accreditation requirements for programmes and providers like in Germany or U.K). Table 1 (p. 16) contains an overview of the QM elements applied in DR in the different countries.

QM systems assure that a specific quality of a product (or service) can be reproduced according to determined, checkable regulations or standards. This means that in case a certain quality of a product, or in this case outcome of a service, is defined specifically, standards set for the delivery of the service may guarantee that the highest probability to reach the specified product quality/service outcome is given – basically assumed that the production/service process is delivered in compliance with the standards. From this point of view, the definition of and compliance with QM standards for DR measures is most important if the expected outcome aims high (e.g. restoration of the fitness to drive or cessation of deviant and dangerous behaviours) and successful participation leads to immediate legal consequences; i.e. the client is considered as safely re-integrated into the community or road traffic after participation. This means that QM systems are essential to support the DR measures working in the expected direction.

Regular and continuous evaluation studies are a core element of QM systems. They serve as a direct target-performance comparison and are a minimum condition for all programmes. Participant feedbacks can always provide useful information about customer satisfaction and achieved changes; thus they trigger programme improvements. For courses with legal consequences, evaluations regarding recidivism criteria are necessarily recommended, as these may prove the outcome quality (effectiveness) and hence verify the DR measure with its consequences.

Due to the fact that studies focussing on the impacts of QM in addiction treatment and healthcare revealed that it may take long until the impact of an established QM system becomes clearly obvious, the earliest point in time should be taken to establish European standards or recommendations for QM in DR schemes.

All in all, the research activities revealed that QM systems in DR schemes are necessary to create transparency of procedures by fixing rules and instructions (standards) for carrying out DR services. The compliance with the standards is a medium to create confidence and a necessary condition for the trust of all sides: legislators, authorities, individuals and the public.

The establishment of QM systems in DR comprises different levels of implementation: a European, a national, a provider and a programme level. The following criteria are essential to adhere in order to implement a comprehensive QM system:

I. European level (European body for QM issues):
- normative function according to EU legislation/regulations/guidelines
- controlling & coordination of national accreditation bodies

II. Country level (national body for authorization/accreditation of programmes & providers):
- operating function, checking compliance with QM regulations and standards
- controlling/auditing unit in the national DR field
- independent from national providers
- working on behalf of the government, embedded in a national administrative frame
- responsible for accreditation/authorization of new providers & re-accreditation/re-authorization
- responsible for authorization of programmes
- standards for programme evaluation
- regulatory authority for customer complaints
- standards/regulations for offender management

III. Provider level:
- quality policy, organizational structures & responsibilities
- QM manual, planning, reporting
- documentation & change service,
- corrective measures & prevention
- data protection, evaluation & statistics
- supervision of work & controlling devices, equipment & accommodation
- internal quality & course audits

IV. Programme level (QM standards may be set on national or provider level; provider is responsible for programme delivery according to the standards)
- staff: qualification, advanced trainings, supervision & monitoring
- manual (in continuous improvement): aims, concept & operationalisation
- effective delivery: procedures, rules & justification
- performance: entrance/final assessment, contracting, course minutes & certificate of attendance
- evaluation: participant feedback, process & recidivism evaluation

For the establishement of a new or evaluation of an already existing QM system, the criteria and requirements are to be checked for their presence on each level. If all conditions are met, the QM system is comprehensive and ideal; if most of them are given, the QM system seems sufficient, but improvable. If only a few requirements are met, the QM system shows basic needs for improvement.

Table 1: Matrix for country overview of established QM elements

	AT	BE	FR	GE	HU	IT	NL	SE	CH	UK
1. country level										
• checking QM regulations & standards		X		X	X		X	X		X
• accreditation/authorization of new providers	X	X		X	X		X	X		X
• reaccreditation/reauthorisation		X		X	X		X	X		X
• authorization of programmes	X	X		X	X		X	X		X
• standards for programme evaluation	X			X			X	X		X
• costumer complaints regulation				X			X	X		X
• regulations for offender management										X
2. provider level										
• quality policy & organisational standards	X	X	X	X	X		X	X	X*	X
• QM commissioner / manager	X*			X	X		X	X		X
• QM-manual, planning, reporting	X*			X	X		X	X		X
• documentation & change service		X		X			X	X		X
• corrective measures & prevention				X	X		X	X		X
• data protection	X	X	X	X	X	X	X	X		
• evaluation & statistics	X	X		X	X		X	X		X
• supervision of work	X	X		X	X		X	X		X
• controlling device	X			X	X			X		
• equipment & facilities	X	X*		X	X		X	X		X
• internal quality & course audits	X*		X	X	X		X	X	X*	X
3. programme level										
• qualification of staff	X	X*	X	X	X	X	X	X	X*	X*
• advanced training of staff	X	X*		X	X	X*	X	X	X*	X
• supervision & monitoring of staff	X	X*		X	X		X	X	X*	X
• manual including aims & operationalisation	X	X		X			X	X	X*	X
• determination of procedures	X	X	X	X			X	X	X	X
• course rules	X	X	X	X	X	X	X	X		X
• entrance / final assessment				X		X	X			X
• contracting	X	X		X						X
• course minutes	X*			X			X		X*	
• certificate of attendance	X	X	X	X	X	X	X			X
• participant feedback	X*	X	X	X	X	X	X	X		X
• process evaluation			X	X	X		X	X		X
• recidivism studies & evaluation	X*	X	X	X		X*	X	X		X

* voluntary QM element, application depends on provider or type of programme

1. Introduction

The task of WP 5 of the DRUID project is a comprehensive evaluation of driver rehabilitation (DR) measures for the entire group of drink-driving (DUI) and drug-driving (DUID) offenders. Additional to the state of the art on DR documented in deliverable D 5.1.1 (DRUID WP 5 team, 2008), further information is collected on good practice issues in WP 5 task 5.2.

The topic quality management (QM) in DR is defined as one major sub-task of the WP 5 task 5.2 "good practice". This sub-task aims at analyzing existing QM systems established along with DR schemes. Thus, this deliverable D 5.2.3 consists of country reports of each country applying DR programmes in Europe and a summary of QM approaches in addiction treatment. The research reports focus on several aspects of QM in DR, lasting from the QM-relevant issues of the applied programmes over the processes of allocating and assigning drivers to DR measures up to the legal frame conditions, governmental monitoring and supervision. By taking all these issues into account, general criteria for uniform quality standards and evaluation of QM systems are defined.

1.1 General definition and evolution of QM

QM is not a recent phenomenon. Its origin goes back to the beginning of the last century with upcoming industrial revolution: the term "quality control" appeared and namely meant that faulty products were sorted out. The next major step in its evolution was in the 1930s, when Shewhart (1939) created a statistical method for quality control for production. In the 1960s quality control was extended to quality measures in the whole company, not only focusing on the outcomes or products, but also taking processes and activities within a company into account. This process-oriented view was advanced further and further and added by several details and sub-components up to the 1980s ending up with highly sophisticated QM models like the standards of the ISO 9000 series (setting requirements which an organization needs to fulfil if it is to achieve customer satisfaction through consistent products and services and providing guidelines for performance improvements) or the Excellence Model of the European Foundation for Quality Management (EFQM-Model). Not only the contents of QM changed through the century, but also its application was extended. The utilization of comprehensive and advanced QM methods is no longer restricted to companies producing certain articles or products – meanwhile the use of QM systems has been transferred amongst others to health services and QM is mandatory in health care units.

Nowadays QM encompasses all organized methods that aim at improving products, processes and services of all kind. Thus it is used as a measure to ensure that all activities necessary to design, develop and implement a product or service are effective and efficient with respect to the system, its performance and outcome. This concerns i.e. the optimization of communication structures, professional solution strategies, the increase of customer/client satisfaction and motivation of staff, the standardization of action and work processes, norms of products and services, documentation, qualification and training, the equipment and design of workspaces. In the arrangement of work flows and routines, QM should assure that specific quality issues are concerned. In this regard, the term quality applies to merchandised products and services as well as to internal processes of an organization and is defined as the degree of how the concerned product, service or process meets certain requirements. These requirements can be defined explicitly, but also exist implicitly as expectations. Hence, quality management does not consequently result in a higher product quality, but steers reaching a *specified* production quality. Quality certificates like ISO do not necessarily mirror a certain quality of a product, but mirror the QM during the production or service process. The base of all

QM systems is the Continuous Improvement Process (CIP) aiming at a steady improvement of processes concerning efficiency, customer/client satisfaction and employee satisfaction.

1.2 Relevance of QM in DR

In deliverable D 5.1.1, the WP 5 team defined driver rehabilitation as a "collective term for specific secondary interpersonal prevention measures that focus on attitudinal and behavioural changes of DUI/DUID offenders.

It mainly comprises post-licensing measures for different driving under influence offender groups regarding alcohol and/or illicit drugs, while also covering applicants for a driving licence with an official record related to alcohol and/or illicit drug use.

Drink driving (DUI) offenders with a problematic drinking and driving pattern compose the main target group. Illicit drug driving (DUID) offenders and individuals whose fitness to drive is also in question due to an alcohol or illicit drug history, are further target groups.

The primary aim of driver rehabilitation is to avoid new traffic offences under the influence of alcohol and/or illicit drugs, and/or to re-integrate the individual into the traffic system without imposing a risk on other traffic participants." (DRUID WP 5 team, 2008, p. 27)

By this definition, certain elements relating to QM are already mentioned:

- the customer/client = drink driving (DUI) offenders with a problematic drinking and driving pattern and illicit drug driving (DUID) offenders and individuals whose fitness to drive is also in question due to an alcohol or illicit drug history.
- the service = interpersonal prevention measure that focus on attitudinal and behavioural changes of DUI/DUID offenders.
- the expected outcome / objective of the service = avoiding subsequent traffic offences under the influence of alcohol and/or illicit drugs, and/or to re-integrate the individual into the traffic system without imposing a risk on other traffic participants.

Thereby several features are of particular importance and deserve careful attention, because they may interfere with the focus of the service (inducing attitudinal and behavioural changes) and its objectives (avoidance of subsequent offences).

First of all, the customer does not always volunteer to use the service; in many cases, the attendance at and successful completion of a DR intervention is mandatory and the non-compliance with an obligation to participate is connected to negative consequences for the "customer". Thus, to facilitate a successful intervention and outcome the reluctance of the customer has to be transformed into an attraction towards the service before the service procedure starts or at least within the first steps of the service procedure. This could be done e.g. by stressing the positive consequences of participating or setting incentives for using the service in form of definite legal consequences like license reinstatement or reduction of the disqualification period.

Secondly, and what is closely connected to it, the service focuses on an attitudinal and behavioural change of the customer, but only the minority of DUI/DUID offenders are aware of their problematic use of alcohol or drugs and demand for help or formal support in order to change attitudes or behaviours (Klipp et al., 2005). Hence, the motivation and readiness for change has to be created as a change would never be considered as stable, if it was not conducted intentionally. The awareness of the current alcohol or drug problem and the subsequent intentional change always imply an active engagement. This means that the customer does not only needs to attend a DR measure and gets cured like a patient going to hospital, but he/she must actively take part in the intervention. To that effect, the service procedure must always care to create and keep the customers attention, interest

and active engagement. This requires a specific qualification of the staff conducting the intervention with an explicit definition of necessary skills to be up to standard. In addition to the staff qualification, the intervention techniques or means for the programme performance (including e.g. material arousing interest) need to be defined in a programme procedure or manual.

Thirdly, and of major importance, the expected outcome / objective of the service does not only affect the customer alone. In case the service does not reach the expected outcome, but the driver is nevertheless allowed to drive a motor vehicle (again), he/she poses a threat to other participants in traffic. This means that all efforts must be made in order to assure the highest outcome quality to protect the public. Above all, this is the case for DR measures with legal consequences like license reinstatement or avoidance of prison. From one point of view, the legislator is also responsible towards the public as the definition and justification of legal consequences is its task. This requires that minimum standards or regulations for the definition of "successful completion" and how the intervention has to be conducted in order to reach the expected outcome. From another point of view, the provider delivering the service is responsible towards the legislator and the competent authorities enforcing laws and regulations as the service must be properly conducted to assure that its outcomes are reliably achieved. The programme performance needs to be traceable and the aims to be reached within the intervention need to be defined and pursuable or testable. This may include the definition of criteria for non-completion or exclusion from the service as well.

Evers (2000) sums up the basic ideas of QM in post licensing measures: a QM system creates transparency of procedures by fixing rules and instructions (standards) for carrying out a certain procedure or measure. The compliance with the standards is a medium to create confidence on all sides. All in all, the overall objective of QM is to create and increase confidence of legislators, authorities, individuals and the public.

This deliverable gives an overview of QM systems established along with DR schemes by describing each country with its DR systems, its DR measures and all issues related to QM in DR. The country reports are presented in alphabetical order and reveal the variety of existing QM systems or elements among the DR schemes of concern. QM is conducted on different levels and in various shapes. In some countries only specific QM elements are applied, but in other countries sophisticated QM systems are established, often resulting in the definition of national quality standards with comprehensive authorization or accreditation procedures for programmes and their suppliers. What becomes clear is that the more severe the legal consequences, the more sophisticated the QM standards and systems. Subsequent to the country reports on QM in DR, a review of QM approaches in addiction services is presented as the field of addiction treatment cannot be excluded from the whole DR area.

The consolidation of the results leads to the definition of QM criteria for DR services and allows recommendations in form of a tool to evaluate and develop a comprehensive "good practice" QM system on a national and also on a European level.

2. Methodology

The deliverable D 5.2.3 “Quality management systems established along with rehabilitation schemes” is the result of the investigations in the task WP 5.2 on “good practice”. Five partners of WP 5 were involved:

- Federal Highway Research Institute (BASt), Germany
- Belgian Road Safety Institute (IBSR/BIVV), Belgium
- Austrian Road Safety Board (KfV), Austria
- Institute for Therapy Research (IFT), Germany
- Centre for Research & Technology Hellas/Hellenic Institute of Transport (CERTH-HIT), Greece

In addition, the lead contractor of the deliverable, i.e. Federal Highway Research Institute (BASt), Germany, sub-contracted two project collaborators:

- Quality management expert experienced in conducting DR measures in Germany
- Swiss Council for Accident Prevention (bfu), Switzerland

The existing QM systems in European countries providing DR services are displayed by means of country reports. These were developed in several steps and in collaboration with country experts, whereby the Swiss country report was produced by the Swiss sub-contractor (bfu) alone.

Starting point were the results of the research activities in WP 5 task 5.1 “state of the art”. In the frame of the Provider Questionnaire Survey the countries applying QM systems or at least QM elements were identified. As 10 countries (Austria, Belgium, France, Germany, Hungary, Italy, The Netherlands, Sweden, Switzerland and United Kingdom) reported to apply QM in DR schemes, they have been selected for further analysis of the QM systems and related issues in the deliverable at hand. As two countries (Poland & Portugal) reported to apply neither QM systems nor QM elements, these countries have not been subjects of detailed inquiries and thus no country report on QM is presented.

The following table displays the methods and research activities that have been conducted in order to produce the country reports, and the deliverable respectively, in a chronological order as well as the institutions involved in each step.

Table 2: Overview of research activities in chronological order

Activity	**Institutions involved**
Literature search in scientific databases: • International Transport Research Documentation (ITRD / English and German language) • BASt library (English and German language) • Pubmed (English language)	• BASt • IFT • IBSR • KfV
Internet search for official documents (e.g. national standards etc.) and other available information relevant for QM in DR	• BASt • QM expert (sub-contracted by BASt)
Development of a questionnaire on QM issues for country experts and DR providers (see Annex I, pp.135ff)	• QM expert (sub-contracted by BASt) • BASt

Review and discussion of the QM questionnaire	• KfV • IBSR • CERTH-HIT • BASt • QM expert (sub-contracted by BASt)
Definition of QM criteria and development of a decision tree for QM in DR	• BASt • QM expert (sub-contracted by BASt)
Identification of information already available from the empirical data collection of the task WP 5.1 "State of the Art"	• BASt • QM expert (sub-contracted by BASt)
First drafts of country reports based on available literature and data collected in task WP 5.1 "State of the Art"	• BASt • QM expert (sub-contracted by BASt)
Formulation of open questions on QM issues based on the developed questionnaire on a. country level and b. provider level	• BASt • QM expert (sub-contracted by BASt)
Review of the country report drafts and replies to open questions	• IBSR • KfV • BASt • QM expert (sub-contracted by BASt) • Country experts from Belgim, France, Hungary, Italy, Netherlands, Sweden & United Kingdom
Consolidation of all data collected in second drafts of country reports	• BASt • QM expert (sub-contracted by BASt)
Review of the second drafts of country reports	• IBSR • BASt • QM expert (sub-contracted by BASt)
Preparation of the final draft of D 5.2.3	• BASt

In the following chapters the country reports are presented in alphabetical order. These country reports focus on established QM elements and systems, but do not provide quantitative details on all implemented programmes or providers as these details are included in WP 5's deliverables D 5.1.1 "State of the art" and D 5.2.4 "Validation of existing rehabilitation schemes".

The report on QM systems in addicition treatment which is presented after the country reports is the result of a comprehensive literatiur review on the matter of concern.

The last chapter includes the conclusions and recommendations in form of a tool to evaluate and develop a comprehensive QM system on a national, but also on a European level.

3. Austria

Simone Klipp, Elisabeth Panosch & Birgit Bukasa

3.1 History and legal framework

Since the beginning of the 1970ies when the psychologists of the Austrian Road Safety Board (KfV) developed DR measures in Austria quality assurance gained only relevance insofar as in the first field trials of the programmes the procedure was documented in as many details as possible in order to consistently include improvements from these first practical experiences.

In 1977, when the licensing authorities started to impose courses for DUI offenders as an accompanying measure in the process of license reinstatement on a voluntary base, essential quality elements (e.g. documentation of the programme in a manual, documentation of the courses by means of a trainer protocol, performance of evaluation studies) were realized by the KfV which was the only DR provider at that time. In 1996 KfV introduced the ISO 9001 QM system for its DR activities and became a certified body. From 1998 onwards other Austrian institutions which started operations in this field, e.g. the INFAR institute, but only internal quality management systems were applied as no binding guidelines or legal regulations regarding ISO certification for new providers existed.

In 1992, along with the legal implementation of driving license on probation general quality requirements were anchored in the respective legal act (KDV). Therein quality standards for the course programmes and their performance were fixed, e.g. course leaders' qualification, number of course participants, number of sessions. From 1992-1997 more than 100 KfV psychologists were specially trained according to fixed quality standards and got ISO certified as course leaders over the country. In KfV curriculum the concrete contents for a total of 160 hours on traffic psychological theory and additional 160 hours of introduction in therapeutic intervention strategies were scheduled and the trainings were conducted in a standardized way.

In 1997 when DR courses became mandatory for all DUI offenders with a BAC of 1.2‰ or more, several new DR providers were authorized by the Federal Ministry of Transport. This inserted a dumping and thereby the quality of the offered services deteriorated (reduction of the time efforts, participants starting in "non-stop-courses" leading to a questionable or even inexistent group cohesion, single providers did not apply breath tests in the course in order to save the costs of the purchase of breathalyzers etc.).

Only since October 2002 when the Driving licence rehabilitation act (FSG-NV, BGBl. II Nr. 357 / 2002) came into force, quality issues were included. From this time on binding standards regarding the performance of DR courses were established for all Austrian providers although no uniform national or international QM system became mandatory for all DR providers.

The FSG-NV contains the following quality relevant contents:

- Section 1 (definition of terms) describes the course types and course contents for the target groups. Courses for DUI and DUID offenders are distinguished.
- Section 2 (course procedure) regulates the length and the schedule line of the courses.
- Section 3 (requirements for the performance of driver improvement) regulates the authorization of DR providers, the requirements for the course leaders and the suitability of the course programmes for the specific target group.

- Section 4 (miscellaneous facilities etc.) describes the Traffic Psychological Coordination Council, the obligations to annually report the number of DR courses carried out per provider, the costs of the courses and the interim regulations.

Vergeiner (2003a; 2003b) summarises the essential quality relevant readjustments of the FGS-NV:

- The terminology is explicitly fixed leading to the following hierarchical structure:
  - Course programme (scientific description of the course type)
  - Course type (course programme for a defined target group)
  - Course (individually concrete driver improvement)
  - Course session (specific course fraction) with group sessions (standard case) and single sessions (exceptional case).
- The group size is restricted to maximum 11 participants. The time spam of course performance resp. completion is fixed to a minimum duration of 22 up to a maximum of 40 calendar days. Per day only one course session can take place. The period between two sessions must compass a minimum of two days. Moreover, the group of participants has to remain unchanged during the entire course.
- A psychologist is not allowed to be DR course leader and DA diagnostician of one and the same offender although DR and DA do not have to be separated organisationally.
- The costs of DR courses are laid down and may not be exceeded or undercut.
- The successful course participation is connected to the attendance at all course sessions, a sufficient activity during the course, soberness and full payment of the course fee. Exclusion from a DR course, i.e. not successful course participation due to one of these reasons has to documented and reported to the responsible licensing authority.
- The Traffic Psychological Coordination Council serves as an expert counselling tool including quality assurance and quality improvement issues. Its decisions and recommendations are support, but not binding for the Ministry of Transport though.

3.2 Authorization issues

3.2.1 Requirements for course programmes and methods

According to the FGS-NV all providers authorized for the performance of DR courses in Austria need to operate an appropriate course programme. According to the state of the art of science the programme must be i) basically suitable, ii) suitable for the application within a specific course type and iii) effective particularly with regards to the target group and the objectives.

For the assessment of the basic suitability a scientific description of the course programme has to be approved by the prior to the authorization of a new provider.

Newly developed course programmes have to be transferred to external experts for independent evaluation by the Federal Ministry for Transport, Innovation and Technologies (BMVIT) before its approval.

The efficiency of DR programmes has to be evaluated. For this purpose each provider gets the recidivism rates (another DUI or DUID offence despite of having participated in a DR course) within an observation period of five years.

Although no regulations regarding alcohol or drug addicts are laid down in the FSG-NV, it is specified in the Driving License Health Act (FSG-GV, BMVVIT 2002) that in case of addiction no participation in a DR course is required.

3.2.2 Requirements for DR providers

DR courses can only be conducted by institutions or organisations authorized by the Federal Ministry for Transport, Innovation and Technologies. Thereby, the provider needs to meet the following requirements:

- Organizational structure which enables to conduct DR courses nationwide in a uniform course procedure
- Locations in at least 6 federal states, thus an appropriate reachability is given
- Appropriate facilities for course performance
- Availability of at least six course leaders
- Assurance of uniform standards for the education and advanced training of course leaders
- Availability of an appropriate and suitable course concept
- Accompanying evaluation of courses (outcome evaluation of courses and evaluation of the course models)
- Organizational structure with a corporate body.

All (new) providers are obliged to document the required standards according to the FSG-NV in a manual which is available at the BMVIT. No official body exists at present which regularly monitors, systematically checks or audits the performance of the DR activity according to the fixed standards set by the providers' manual.

3.2.3 Requirements for course leaders

In order to become a course leader the following requirements have to be fulfilled:

- Psychologist due to an accomplished university study in psychology
- 1.600 hours professional experience in traffic psychology
- 160 hours postgraduate further education in theory of traffic psychology
- 160 hours introduction to therapeutic intervention techniques
- 20 hours introduction to the theory of the course model
- 2 courses as co-trainer and 3 courses as course leader under supervision
- Possession of driving licence class B

Applications for authorization as course leader must include verifications/certificates regarding all above issues. The BMVIT forwards the applications to an expert body for examination. Actually the traffic psychological subgroup of the expert commission which is a counselling body in the frame of the FSG-GV has overtaken this activity. In order to keep the course leader authorization, the trainers are obliged to yearly undergo 8 working units advanced training, 8 working units intervision and 8 working units supervision. The fulfilment of these requirements has to be reported to the BMVIT per course leader.

3.3 Quality control measures

In case of current occasions or questions, including quality relevant ones, the BMVIT can ask the Traffic Psychological Coordination Council for support. Each provider is obliged to take part in the regular meetings of this council by sending one representative. The council is chaired by a member of the Professional Association of Austrian Psychologists, section traffic psychology. Different to the participating representatives of DR providers, the chair has no vote in case of decisions. The Traffic Psychological Coordination Council decides with majority of votes.

The Traffic Psychological Coordination Council has to fulfil the following tasks:

1. Evaluation of the recidivism rates after course completion provided by the BMVIT after a time period of 5 years.
2. Assurance of educational and advanced trainings for the obtainment and ongoing validity of being a course leader.
3. Development and further development of quality criteria for professional, human resources-related, facility-related and organizational requirements of authorized providers.
4. Development of criteria and procedures for the scientific further and new development of traffic psychological activities.

At present the Traffic Psychological Coordination Council carries out 8 meetings per year each of 3 hours duration.

Although no regular monitoring takes place, the BMVIT evaluated each authorized provider in 2004 once concerning their current standards for the performance of DR courses. For this purpose the BMVIT ordered the German Association for Traffic Psychology (DGVP, Deutsche Gesellschaft für Verkehrspsychologie) as an independent expert council. The DGVP developed a list of criteria and investigated all providers according to a respective questionnaire in randomly chosen locations. The results were transferred to all providers and they were asked to comment in case of discovered deficits as well as to correct the deficits until the end of 2005. Since then, no other external evaluation of quality standards of DR providers took place.

3.4 Evaluation studies

Several evaluation studies regarding DR courses had been carried out with Austrian DUI offenders until now. Different studies evaluated recidivism (e.g. Michalke et al. 1987; Schützenhöfer & Krainz. 1999). Other studies included feedback of course leaders and/or course participants as well as pre-post studies regarding attitudinal and behavioural changes due to the DR courses (e.g. Klebel et al., 1977; Christ, 1994; Christ, 2001; Posch, 2000; Lager, 1994). Two research studies in the frame of a diploma thesis (Schickhofer, 2003) and a dissertation (Drexler, 2005) were conducted by Austrian providers.

4. Belgium

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In Belgium, two kinds of DR measures exist:

1. The sensitization courses which are legally authorized as "educational project" by the Federal Public Service of Justice and serve as alternative sanctions for DUI/DUID offenders.
2. The individual traffic therapy which is not legally regulated, but can be proposed by the court within the scope of probation.

Both are described detailed in this chapter.

4.1 Sensitization courses as alternative measure (IBSR)

4.1.1 History and legal framework

Since 1996, the Belgian Federal Public Service of Justice has recognized and subsidized Driver Improvement (DI) courses as alternative measures for traffic offenders (Royal Decree of October 6th 1994 on punishment and educational projects). Within this scope, the Belgian Road Safety Institute (IBSR/BIVV) is the only legally recognized provider, which has established specific DI courses for the group of DUI/DUID offenders.

Legislation exists on conditions for bodies to be recognized and financed as alternative measures (public services - community work - or educational measures, like a DI course) by the Federal Public Service of Justice (Minister of Justice).

Conditions include aspects the status as legal entity (e.g. non-profit organisation, governmental organisation), the local frame (e.g. a local project must have activities in just one district and national projects must have activities in more districts) according to the Royal Decree of October 6th 1994.

Also established by law is the condition for educational projects (DI courses) under probation: to last at least 20 hours and maximum 240 hours and to start within 12 months after the conviction (according to Law on probation of 22/03/1999). With regard to further design, structure or content of projects, no legal standards exist.

4.1.2 Procedural issues

A DI measure (sensibilisation courses for traffic offenders) can be proposed on two levels:

- as an alternative measure at the level of the public prosecutor (via penal mediation), where other measures on this level are a payment (called "financial transaction") or the dismissal of the case. In case of a penal mediation there is neither a legal action, nor a police record.
- as a demand within probation at the level of the police court, where the judge pronounces a fine, a withdrawal of the driving license or even an imprisonment which can be replaced by or completed with a DI course.

The following part describes the legal frame of DUI/DUID rehabilitation measures in more detail. The Traffic Law (31/03/2006) classifies DUI/DUID offences into five categories based on their severity:

- BAC ≥ 0.5‰ < 0.8‰ (equivalent to a BrAC ≥ 0.22 mg/l < 0.35 mg/l);
- BAC ≥ 0.8‰ (equivalent to a BrAC ≥ 0.35 mg/l);
- state of drunkenness or equivalent state due to the use of drugs or medicines;
- recidivism for DUI ≥ 0.8‰ or for state of drunkenness or equivalent state after the use of drugs and medicine;
- refusal of breath or blood analysis without valid reason.

The category determines the type of sanction and the legal procedures to be followed. The more dangerous the offence, the heavier the sanction, is the general principle. For the first category, the police can automatically give a fine (called “immediate payment”). For the more severe offences, the police have to make a report of the offence and send it to the public prosecutor who can decide whether to bring the offender to police court or to propose an alternative for further prosecution (alternative measure). An alternative measure can be a payment (called “financial transaction”), a public service or an educational measure. The choice to propose an alternative is thus up to the public prosecutor. The law only mentions a few restrictions (Law on Probation, 10/02/1994):

- Financial transaction: there are guidelines for the amount;
- Community work: max. 120 hours;
- DI sensitisation course: a recent change of the Law on Probation (22/3/1999) indicates that a DI course has to be performed within 12 month after conviction and must encompass a period of minimum 20 to maximum 240 hours.

The possibility to propose an alternative sanction is limited though. The directives on DUI offenders for the public prosecutors (College of Public Prosecutors, 2006) state that no alternative measure is proposed if the driving license is already withdrawn for preventive reasons or for DUI offenders with a BAC >1.6‰. Furthermore, the procedure to propose a DI course within penal mediation is exclusively for young drivers (<26 years). Besides DI sensitisation courses, regular rehabilitation or treatment can also be formulated as a condition within probation (e.g. Anonymous Alcoholics - AA), but these are not recognized as alternative measures.

Very serious offences are always brought to police court by the public prosecutor. At that level the judge can announce a fine in combination with a deprivation of the right to drive. In some cases the judge can also pronounce an imprisonment and/or even an impoundment of the vehicle. Sentences can be pronounced ‘effectively’ or ‘conditionally’, the latter meaning that the sentence will only be carried out effectively in case of not fulfilled probation conditions.

In case the judge puts the execution of the sentence conditionally, he lets the offender off on probation. A judge can only propose a DI course as an alternative within the scope of probation. It is then up to the offender to accept this or not. When it is not accepted the original sentence will have to be carried out though. Although the decision to accept a DI course is strictly speaking voluntary, the offenders are quite forced to make this decision as the alternative would be either to be brought to police court, or having to execute the full sentence. The DI courses are free of charge for the offender. They are financed by the Federal Public Service of Justice.

In summary, on the level of the public prosecutor DI courses can be proposed as an alternative for further prosecution, and on the level of the police court, DI courses can be proposed by the judge as probation condition in replacement of sanctions like fines. Until today though, the DI courses for DUI/DUID offenders play a marginal role within legal sanctions for these traffic offenders in Belgium. Based on statistical data on DUI and DUID offences of the Belgian Federal Public Service of Justice (2005) and the annual statistics of the IBSR on the amount of DUI/DUID participants in DI courses (BIVV, 2007) a first estimation shows that less than 2% of the DUI/DUID offenders in 2005 were sent

to DI sensibilisation courses. The States-General of road safety (Staten-Generaal Verkeersveiligheid, 2007) as well as the States-General of road casualties (Staten-Generaal Verkeersslachtoffers, 2007) – both steering committees with governmental stakeholders and field experts which lay out the spearheads in the governmental policies – give recommendations for DI courses as alternative sanctions for DUI/DUID offenders. The States-General of road safety (Staten-General van de Verkeersveiligheid, 2007) furthermore recommends that the offer of alternative punishments should be extended and further differentiated.

4.1.3 Authorization

4.1.3.1 Legislative conditions and standards

The Royal Decree of October 6th 1994 on punishment and educative projects states the following issues for bodies who want to get financed by the Ministry:

- Art. 2 defines the possible legal entities (non profit organisation, central/de-central governments), Art. 7 states that bodies that can be considered for financing, are non profit organisation and corporations with social, scientific or cultural aims, who's working costs are yet subsidised by the governments and organisations under Art. 12.
- Art. 8 declares that a standard agreement (model given by the Minister - like a contract) is made up between the probation assistant, the participant and the deputy of the body (incl. description of type of education, date/hours, direct person of guidance at the body, insurance policy for the education)
- Art. 9: each irregularity should be communicated to the probation assistant who communicates this to the probation commission
- Art. 12 states that the Minister of Justice can provide subsidies to the bodies under the following conditions:
  - 1° in case it concerns special projects which have an innovative character with regard to treatment or education
  - 2° in case it concerns projects in which the type of activities or formation requires follow-up by specialised personnel
- Art. 13 states that the bodies who think to comply with the criteria in Art. 12 can submit an application at the Minister of Justice.

In case of a positive response, an agreement is made with the body in which implementation and payment modalities are described.

Subsidies for Art. 12 1° projects count for one year and can be extended maximum 2 times.

Subsidies for Art. 12 2° projects are yearly renewable.

- Art. 14 states that in case the public prosecutor is informed by the probation commission of irregularities of the body, he/she informs the Minister of Justice. Each year in December the public prosecutor informs the Minister of Justice on the bodys which conduct the service.

The Royal Decree of 17/12/2003 on the subsidising of instances that provide a specialised support for citizens involved in judicial procedures describes aspects like:

- the conditions and procedure of the subsidising of instances, including for instance the required documents to be sent to the Minister (activities report of previous year, action plan with aims and how to achieve them, estimation of the required budget)

- requirements for the instance to keep receiving subsidies, include aspects like bookkeeping plan, required minimal amount of guided persons in the project per fulltime professional, collaboration with legal instances, reasons in case of a person has been excluded, provision of adapted formation and specialised support for the personnel (these are the qualitative criteria to be recognized and subsidised)
- payment regulations, including required content and rules for the financial year reports

The Law on probation (22/03/1999) describes the requirements for public services / educational measures proposed within probation, e.g. time frame after conviction (within 12 months), duration of the education (minimum 20h, maximum 240h). It states that the probation commission must decide on the type of education that fits to the physical and mental fitness – after having listened to the person and taking into account his/her remarks – and the place of performance. Changes on formation can only be imposed after a short information report or after a social inventory.

The Ministry Conclusion (19/12/1994) with regard to the realisation of public services and education measures, provides the model for the agreement between participant, probation assistant and provider, including aspects like date/hours of the measure, and certain general rules/conditions for the participant (e.g. procedure in case of foreseen absence, in case of sickness, change of address, in case the participant lives on social security – the unemployment benefit cannot come into danger – , in case of bad performance – can lead to other prosecution measures).

4.1.3.2 Authorization procedure

The DI programme provided by IBSR is an educational project subsidised by the Minister of Justice. The subsidising procedure and conditions are described in the Royal Decree of 17/12/2003.

A project proposal for “sensitization group courses for offenders” was sent to the Minister of Justice in 1994 and accepted for a one year period. In case of acceptance of a project a “subsiding agreement” is made and signed by the Minister and the head of the body (here IBSR). This describes:

- subject of the agreement (“… sensibilisation courses for traffic offenders by IBSR … in several legal districts … in Dutch and French …”)
- price (received subsidy of the Ministry for the year)
- duration of agreement (dates – one year)
- required reports (activities report, including evolution of the number of courses in the legal districts and the results, evaluation of the main findings)
- permitted expenses (personnel / working costs)
- payment arrangements
- arrangements in case of disputes
- liabilities
- publication issues

Such document is thus the binding agreement with the Ministry and stipulates the realization modalities of the project on which no conditions exist in legislation. For the DI courses the modalities in the core agreement are:

- course duration fixed to 20 hours,
- several modules for drivers under influence, and
- number of trainers per course.

The subsidy counts for personnel (trainers and an administrative force according to their diploma a ratio of a certain amount of fulltime mandates) and general working costs (a forfeit amount) for one year. Each year a new procedure for authorisation is thus required and a new request for continuation/expansion of the project is sent to the Federal Public Service of Justice. The required documents are described in the Royal Decree of 17/12/2003.

Concretely, the IBSR sends at the end of each working year reports for evaluation to the Minister of Justice, including reports on the actual personnel costs, achievements report for the trimester and for the full year, report on actual and evolution of numbers, action plan for the next year. The focus lies on numerical information on achievements of the last year, like evolution of the number and type of referrals, evolution of the number of courses, over which legal districts, and on number of personnel and their diplomas and certain parameters (e.g. workload, rate of participant attendance, number of negative judgements). Reports including these data have to be transferred also each trimester. Furthermore, proposals for further future planning are given, including continuation of activities and/or required extensions.

In order to evaluate a request for continuation/expansion for the next year, the Minister checks the criteria made up in the financial agreement with the year results of the project, and evaluates the quantitative norm and qualitative criteria, which are specified in the Royal Decree of 17/12/2003.

The Ministry Conclusion of 19/12/1994 describes the realization measures for public services or educational measures (like DI courses) within probation, including the model of the signed agreement between probation assistant, participants and providing institute.

4.1.4 Descirption of the DI programme

The general objective of the DI sensitisation courses for DUI/DUID offenders is to prevent DUI/DUID recidivism. The IBSR provides three different DUI/DUID courses: two for novice drivers (one for DUI and one for DUID offenders) and one for DUI recidivists. IBSR carries out the courses for DUI offenders, and two other organisations, INTRO and DELTA, carry out the DUID offender course for young drivers. The three courses are constructed on the same basic plan. The content of the courses is based on the particular needs of each target group. The primary approach of the courses is informative and educational, including main principles from group dynamics and the behavioural model of Ronis et al. (1989).

There are no legal regulations on the DI programmes' structure and content or on the trainer/course leader qualification etc. On the other hand, as mentioned before, there is a legal base for the status of the organization (legal entity) and referral procedure.

Internally established standards are:

- only one standard procedure for each target group course,
- group intervention, with minimum 5 and max. 10 participants with 20 hours of duration in 6 sessions within minimum 10 to maximum 15 days time span (internally determined and partly described in the official agreement with the Ministry)
- no single setting recognized so far
- repeated participation is not possible (this is an informal rule that most probation assistants and judges are aware of; but in case a judge refers an offender anyway, the DI courses must always be conducted; exception on this is when a considerable time period has elapsed, like 3-5 years)

Further internal regulations on the DI programmes' structure and content are for the Flemish courses:

- target group specific courses

- target group specific trainer handbooks; separate ones exists for instance for DUI and DUID offenders, in which the course content, performance, methods etc. are specified from the very beginning until the end.

The French trainers on the other hand work with:

- one general course script (including all possible content, tools, etc.) and
- a methods' manual from which they can select content and methods as a function of the characteristics of the group and the group members (no specific target groups).

There is thus differentiation of course approaches according to the needs of the participants, but in the Flemish part the distinction is made prior to the courses by differing target groups, while in the French part types of offenders are mixed and differentiation of methods/contents is done during the course.

The fact that all DUI courses are conducted by two trainers enables some informal quality control of the performance. Further on there are monthly team meetings, with intervision and supervision. Due to a very small group of trainers, they see each other often and can communicate about experiences and give mutual feedback.

A contract between participant, probation assistant and DI organiser is always signed which includes a performance obligation (having followed the minimum of 20h), but is no result obligation (see Ministry Conclusion of 19/12/1994).

Internally determined course rules exist, concerning punctuality, sobriety, cooperation and others. There is no specific contract between DI organiser and participant on the course rules, but during the first session, an overview of the rules is presented and participants have to give their verbal consent. They also get a document where the main rules and information on procedures when coming too late, being absent etc. are described. The specific rules are:

- being in time,
- following all sessions,
- being sober and
- active participation (i.e. participant must at least talk about his own experiences on traffic participation).

In case of alcohol intoxication and not being able to function in the group, an exclusion from further participation in the DI sensitisation course will be executed (this information is given verbally at the first session). Also mentioned are some practical rules and rules of mutual respect.

A certificate of attendance is given to the participant. Content and design is standardized and follows internal regulations.

The concerns of a participant feedback are regulated as followed:

- at the end of the last session of a course there is always a participant feedback (evaluation of the course, are the expectations fulfilled, main impressions),
- pre- and post- studies with regard to changes in attitudes and behaviour were also carried out in the past, including questions like 'responsible for own behaviour in traffic?' 'sees risks of own behaviour?' 'Concrete behaviour in traffic is the same or different now?'. Two main pre-post studies were done in 1997 and 1999, and after that a recidivists study was done and an effects' monitoring study guided by the University of Ghent.

4.1.5 Trainer qualification

There are no legal, but internal regulations on the profession of the trainer.

Internally there is a preference for: psychologists, social assistants and criminologists. Persons ideally have an education in a field of working with other persons and experiences in group- or didactic working.

An additional education for the trainers is required. This refers to the on-the-job training: there is an internal (recruiting and) training procedure, which was previously performed informally, but is currently written down in the DI process' report (not finalized yet) including the different parts of the procedure, the aims, duration in time, and the effective realization:

- content formation (one month): basic knowledge of road safety aspects in general and on the DI courses specifically. The laboratories for alcohol and for helmets at IBSR are visited. All trainers get a map with relevant articles, legislation.
- on-the-job practical training (one month) with a mentor-experienced trainer: intensive observation of a first course organisation and performance (only minimal assistance in practical organisation, no intervention yet); 2nd course: more than half of the exercises by the novice, and evaluations in between and after based on this, the duration of this training phase is decided on
- gain independence (one month): two standard courses are fully individually organised and conducted, the novice trainer needs to find his rhythm and is intensely followed and supervised by the mentor and coordinator.
- diversification (unrestricted): further training in order to be able to give other modules too (same procedure again for each new module)

Regularly advanced trainings / continuation courses are supported, but there are no regulations on this. This also depends on the availability of trainings, conferences, etc. When it concerns themes with regard to road safety or with regard to methods, trainers get the chance to subscribe.

4.1.6 QM issues

Concerning quality assurance the implementation of a QM system is not legally required. QM issues are neither on a national nor on a provider level regulated.

No official documents specifically dedicated to quality assurance issues of the DI courses exist yet. There is a trainer handbook for the performance of the DUI and DUID courses, but no QM handbook exists. There have been first attempts to work out a QM manual (e.g. a pilot study was done using the effectiveness barometer from the Netherlands), but until today nothing was effectively elaborated.

At this moment, the person responsible for the DI courses at IBSR is working on a report describing the standard procedures (including QM aspects) in the DI department, including:

- the vision and mission of DI;
- an overview of content and frame related aspects: types of courses, general and specific course organisation, course contents, course methods, local frames of courses;
- procedures for recruiting and training of new personnel, further formation of personnel, home work regulations, distribution of responsibilities and administrative procedures.

This document is not finished yet and will be reviewed and discussed with the relevant parties (superiors, trainers) before being officially used.

Although there is neither an implemented QM system nor a QM manual, aspects of quality assurance are taken into account intra-organisationally:

- standard trainer manual for course performance,
- theoretical and on-the-job training process of trainers,

- two trainers conduct the DUI courses together (intervision),
- monthly DI team meetings (inter- and supervision),
- studies have been conducted in the past (one recidivism study and several pre-post evaluation studies),
- participant feedback questionnaire at the end of each course.

There is no external control on the procedure/performance of the courses; the Federal Public Service of Justice mainly checks and controls the numbers and costs. And internally, a need for a fixed QM system was never expressed. This is related to the facts that it is a small team with a lot of possibilities for inter- and supervision and with monthly team meetings, but also to the high workload with conducting and organising courses while there are no finances foreseen to establish a QM system on provider level.

There is no charged person (commissioner) but the head of the DI department organises the regular team meetings to discuss current procedures, to brainstorm on new procedures and to keep up-to-date on new evolutions.

The head's responsibilities in principle terms are:

- organising the team meetings
- providing supervision
- recruiting and training of personnel
- data input and correction, data analysis
- official reports to the Federal Public Service of Justice
- writing an internal document on the 'process of DI'

No internal auditing system, but a statistical documentation system is implemented so far. All participant and course related data are centralised in access (MS Office). This includes: data required by the Federal Public Service of Justice and other content related statistics (e.g. target groups). The data mainly include the information in the reports from the probation assistants. Input is done by an administrative force. Each trimester and at the end of the working year the statistics are processed and reported to the Federal Public Service. Sometimes also statistical analyses are done in response to specific questions.

Concerning legal regulations on data protection, there are formal criteria with regard to what kind of information can be transferred between DI and probation assistant. These are written down in the Business process Re-engineering (BPR) of the Ministry of Justice (on general communication with projects and collaboration between projects and justice). Furthermore, there are no regulations on aspects like how long to keep files of participants, expect that all individual data should be kept internal (Privacy Law) while of course anonymous statistics are possible.

There is an internal regulation that all paper files have to be destroyed after 3 years counting from the end of the course, and this also counts for the reports of the courses (i.e. group report – themes in the group/evolution as a group – and individual reports – compliance to the 3 main course rules and consequences in case of incompliance).

All the electronic data in access is kept though, but internal regulations are in rule on data protective issues, concerning access, storage and data security. Only the DI personnel has access to the data, all trainers have access to all participant data, but for security reasons only the administrative force and the head of the DI department are allowed to make changes on the data pool.

There is no official procedure for complaints of participants. But a participant can inform the probation assistant of problems with the DI courses, who can then report this to the probation commission.

4.2 Individual traffic therapy (BIVT)

4.2.1 History and general issues

The Belgian Institute for Traffic Therapy (BIVT) was founded in 2002. It follows the approach of the traffic therapeutic model "Individualpsychologische Verkehrstherapie" by Höcher (IVT-Hö®, 2007), which is in use in Germany. The German provider IVT-Hö® which developed the concept is accredited by the German Federal Highway Research Institute (BASt) to provide courses for the restoration for the fitness to drive, but with a different course programme. In addition, the traffic therapeutic model "Individualpsychologische Verkehrstherapie" is accredited in Luxemburg. This type of traffic therapy tries to increase the understanding of the problematic behind dangerous or irresponsible driving behaviour. The traffic therapeutic method IVT-Hö® in particular, addresses and helps to develop the self-management competences of the individual (BIVT, 2007).

The participation is not legally regulated and voluntary, but it can be proposed by the court within the scope of probation. It can lead to a more favourable judgement and/or reduce the fine. Further on participation can lead to improved chances of passing an upcoming driver assessment.

The target groups of the programme are mainly DUI/DUID offenders.

The content and form of the BIVT rehabilitation programmes are based on the individual needs of each participant. BIVT uses two different approaches (BIVT, 2007):

- a short traffic therapy which is an intensive seminar of 20 hours on three days;
- a long traffic therapy (minimum 10 units) which combines different elements: individual sessions, group sessions, intensive three day seminar, and self-help groups.

At closing a therapy one of two different certificates are given to the client, depending on the case that is applicable:

- "certification of participation" (just specifying exactly how many courses, and which ones etc.).
- "certification of having fulfilled the full recommended therapy and being ready for the psychological assessment" when the proposed individually fine-tuned programme was completely fulfilled and the client has thoroughly worked on his underlying problem.

Evaluation studies (process, content, outcome and recidivism) have been performed by IVT-Hö® in Germany and Luxembourg, but not from data of BIVT Belgium. International studies have been conducted and published by Echterhoff (1999).

A participant feedback is done at the end of the 3rd session, referring for example to the score/level of personal satisfaction with the therapy.

4.2.2 Therapist qualification

There are internal regulations referring to the profession of the therapist.

An acknowledged therapeutic education, completed at IVT-Hö® or at BIVT (on-the-job-stage) is required. Most of the therapists are clinical psychologists or have followed an education in psychoanalysis. In addition, they have followed the specialised two year traffic therapy education by IVT-Hö®. The therapists furthermore should follow as much advanced courses related to the traffic therapeutic domain, psychotherapy etc., as possible.

4.2.3 QM issues

There is no elaborated QM system or manual on quality assurance, but there are informal aspects of quality care. BIVT has implemented single elements of quality assurance on organisational level, deduced from and following the given standards of the quality criteria of IVT-Hö®, without external control of these issues so far though. Supporting references for their working procedures are regular contacts with the programme developers Dr. German Höcher (Germany) & Prof. Lucien Nicolay (Luxembourg) and also written material (Höcher & Nicolay, 2000).

A work document on the BIVT working and relevant procedures exists, also dealing with required quality criteria. It describes aspects like: the different types of programmes, criteria for assignment, costs, programmes' descriptions in detail (number of sessions, duration, costs), scientific background, evaluation, etc. This document is an internal working text and is not evaluated externally. There have been no finances for any kind of external evaluation (as evaluation is not regulated on a national level and should thus be arranged on provider level), and this moreover since the amount of referred clients for this type of DR is very low.

The permanent quality of the therapy performance is furthermore assured through the following:

- internal team meetings with supervision of all therapists (every six months);
- regular contact and evaluation brainstorms on the therapies' procedures with two external supervisors (one who also followed the IVT-Hö® course, one who is graduated as a traffic psychologist in Germany, and both well aware of the BASt criteria);
- in the past and until now there have been regular contacts and information exchanges, brainstorms, with experts in the field;
- regular meetings: look at up-to-date situation with the team and the two external supervisors, establishment of a work map (situation today, evolution, documents to be used, relevant articles to be discussed, work texts with new activities, brainstorming concerning future working).

There is no charged person (commissioner) for QM-related issues.

There is a system for the handling of customer complaints. At the end of the three days sessions the client is offered a feedback questionnaire. This questionnaire deals with aspects of individual experiences in the therapy, questions on financial issues, practical organisation and content-related issues.

There are internal regulations referring to the traffic therapy's structure and content, which are also worked out in the above mentioned BIVT work document. Further on there is regular contact with external experts and a constant update with regard to the IVT-Hö® approach. In general, it can be said that the methods and contents derive completely and have a tide connection to the therapeutic approach of IVT-Hö®.

Therapy rules exist concerning absenteeism, sobriety, cooperation and confidentiality. At the beginning of the therapy the client has to sign a contract ("agrees to engage him/herself to follow the sessions"). Engagement is interpreted very generally and includes aspects like active cooperation during the therapy. Conditions can be written on the contract too: e.g. the client can decide him/herself to include in the contract that he/she wants controlled drinking (abstinence is not necessarily a precondition); this is then interpreted as a mutual agreement.

Further formal and informal procedures in rule are the following. In case a client knows he/she will be late, BIVT should be informed about this 24h in advance, otherwise the session has to be paid anyway. Sobriety during the therapy is a condition for participation in a session. In case of alcohol dependency the concerned client has to undergo a medical treatment before starting the therapy

programme. The focus of the programmes offered by BIVT is mainly on cases of alcohol misuse (not dependency). And finally, confidentiality has to be respected with regard to sensible individual information derived from or concerning other participants in the group sessions.

There are legal regulations (Privacy Law) on data protection. Further on, there are applied internal regulations on data protective issues. Each therapist is responsible for his/her own data input and all data is centralised (one global base). The required data to be gathered are defined. All therapists have access to the none-personal client data and each therapist manages his/her own files. All collected data are kept internal. Concerns with regard to individual clients can be discussed only with a therapist's supervisor, who is also subject to the oath of secrecy.

5. France

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5.1 Legal framework

France has a dual DR system: one within the administrative system and another one within the judiciary system, both are interdependent. A section of the judiciary system is the so-called alternative judiciary system. In case of DUI/DUID offences with a high level of intoxication, the administrative system takes an immediate measure: the driving licence is withdrawn up to 6 months. During this period, the offender has to go to court and the judge sentences him to one or several penalties.

DR measures can be undertaken within the administrative system. France uses - as other countries e.g. Germany - a demerit point system. DUI/DUID offences with an illegal level of intoxication lead to a significant (6) loss of points, the loss of all (12) points leads to withdrawal of the driving licence with a following suspension period of up to 6 months.

- The DR programmes started when the demerit point system was implemented in the year 1992 *(law of 10th of July 1989 and law of 25th of June 1992);*
- within the demerit point system one type of course is offered for all offenders;
- in groups of averaged 15 persons (10 up to 20 persons), DUI/DUID offenders are mixed with general traffic offenders. In these cases, the trainers target on one or several topics (alcohol, speeding, etc.);
- offenders can participate in order to get 4 demerit points back or instead of other sanctions;
- the courses, lasting 16 hours are held on two following days;
- there are always two trainers co-operating per course – one trained driving school teacher and one especially trained psychologist;
- recently the programme approach moved from a primarily educative and informative one to a more psychological-based intervention focusing on methods of self-control and behavioural change strategies.

Within the judiciary system many laws connect the different sanctioning decisions according to the level of intoxication, to the incidence of recurring or to the involvement in an accident.

The judge can make - besides other decisions like community work, fines, imprisonment and impoundment of the offenders vehicle – a proposal to attend a DR course (which are not the same throughout the country) or a point recovery course. When a course is ordered mandatory, no points are recovered.

Within the frame of the alternative judiciary system (articles 40-1 and 41-2 of the French penal code) the public prosecutor may decide in case of the first offence or of low level of intoxication to offer an alternative sanction to the offender. In that case, the offender must usually undergo a demerit point recuperation course which consequently does not lead to a regain of points.

The public prosecutor's assistant is also allowed to propose a demerit point recovery course or other measures like diving licence withdrawal for up to six months or attendance of a treatment programme.

Out of the available variety of different providers which are acting in the DR service field in France, and carrying out different DUI/DUID programmes, a selection of two organizations and their

programmes has been made for this country report in order to have a suitable representation of the heterogenic picture of France's DR field.

5.2 Provider and programme descriptions

5.2.1 Description of the provider "ANPER"

ANPER is one of the two most important DR providers in France and thus selected for this report. This association offers three different DUI programmes. It is a private company with commercial aims and it is primarily acting in the driver education field. Driving schools from all over France may apply to collaborate with it. There are other, similar organisations in France like ECF (École de Conduite Française) and CER (Centre d'Éducation Routière).

The provider has implemented a QM system on an organisational level. A national coordinator is the person in charge for all QM concerns (Coordinateur réseau national des centres de récupération de points; National Net Coordinator of Centres of Regaining Points).

There a two different kind of documents where QM system related issues are described:

- one for the assistants of each administrative areas ("Guide du secrétariat Régional");
- one for the providers of the centres ("Guide du directeur de stages").

Their application and processing is controlled based on a data processing programme; including reports of the trainers.

So far only an internal auditing system and no statistical documentation system is implemented, but the provider has also established a system for handling customer complaints. Complaints are collected by a person in charge for this (assistant). Complaints are also gained through an anonymous questionnaire which is filled out by the customers at the end of every course. The questionnaire's themes refer to issues related to the quality of the service of the organisation, to the contents of the training, to the reception of the participants and to the trainer-participant relation.

In France there are legal regulations concerning data protection, but internal regulations are also applied. For data processing and storage an independent web server is implemented, the access is restricted to ANPER employees.

5.2.2 Description of ANPER's programmes

5.2.2.1 Programme I "Sensibilisation aux causes et consequences de la Conduite en Etat Alcoolique"

The first out of 3 different DUI programmes offered by *ANPER* is named "Sensibilisation aux causes et consequences de la Conduite en Etat Alcoolique" (Sensitisation for causes and consequences of drink driving).

Participation is legally regulated, but voluntary. The target group of this programme are alcohol offenders; they are not mixed with other offenders in the courses. A DUI offence with a BAC level of more than 0.8 ‰ and less than 1.2 ‰ commences programme participation. The programme attendance leads to a reduction of the suspension period and to an avoidance of further criminal prosecution. Repeated participation is not possible. There are no legal regulations for successful completion. A certificate of attendance is given.

Criteria for exclusion of participants during the programme exist concerning punctuality, alcohol intoxication (zero level) and missing cooperation. Concerning punctuality the provider may not accept a participant who is late or who does not respect the course's time table. The consequences in case of incompliance are left to the decision and discretionary authority of the trainer and to the provider`s director. The consequences concerning a sufficient level of cooperation are also left to the trainer`s decision. In case of lacking cooperation or disturbing behaviour, the trainer may exclude the participant from further course participation.

In addition, it is determined by the public prosecutor that if a participant does not pay the fee, the provider is not allowed to issue the certificate of attendance. The costs for the participants are legally regulated (220 Euro).

There is a legal base for the programme setting without any exception s from the normal procedure. The programme is principally designed as a combined group/single intervention. The maximum group size is restricted to 20 participants per course. There are 2 sessions on two following days, with a duration of 8 hours per day.

The primary programme approach is individually tailored. The most important aims to be reached within the programme are increasing self-awareness, increase of knowledge and higher sensitisation. These should be achieved by:

- self observation and reflection;
- discussion and confrontation;
- emotional experiencing and involvement;
- emotional verbal/non-verbal expressing;
- open trustworthy group climate.
-

Specific course material is provided.

In 2006, 224 participants underwent this programme in total.

An outcome evaluation and a recidivism study have been conducted, but have not been published.

5.2.2.2 Programme II "Alternative"

The second out of three DUI programmes offered by ANPER is named "Alternative". The participation is legally regulated by articles 40-1 and 40-2 and can be proposed by the public prosecutor. It leads to an avoidance of further criminal prosecution.

The target group of the programme are alcohol offenders without any specification of the BAC limit of at the offence. Alcohol offenders not mixed with DUID offenders or other traffic violators. Repeated participation is possible. The fees for the participants are legally regulated (90 Euro). There are no legal regulations for successful completion; a certificate of attendance is issued after completion.

Criteria for exclusion of participants during the programme exist concerning punctuality and cooperation. The provider and/or the trainer may not accept someone who is late. Concerning sobriety / soberness (alcohol / drugs) no specified control procedure exists, but in case of disturbing behaviour the person is excluded from further course participation.

There is a legal base for the setting and procedure without any exceptions. The programme is designed as a group intervention. The group size can vary from a minimum 10 to a maximum 15 participants. There is only one session with a duration of 8 hours.

The scientific background is based on internalisation of behaviour. The primary approach is predominantly educational, but individually tailored., no material is provided.

Legal regulations regarding the programme's aims exist. The most important aims to be reached within the programme are increasing self-awareness, increase of knowledge and higher sensitisation. The course topics concern the rules in the society, risks in road traffic, alcohol and other different psychoactive substances. The most relevant methods for programme success are discussion and confrontation.

In 2006, 70 participants underwent this programme in total.

The programme has been evaluated by participant feedback, but the results are unpublished.

5.2.2.3 Programme III "Peine complementaire"

The third of the three DUI programmes offered by ANPER is called "Peine complementaire" (Complementary sentence) and is very similar to "Alternative". The participation is legally regulated by law no. 2003-495 of 12th June 2003 and can be imposed by the court as a sanction.

Target group of the programme are alcohol offenders without any specification of the BAC limit of at the offence. They are mixed with DUID offenders within the courses. The costs for the participants are determined by the organisation (250 Euro) and repeated participation is possible. There are no legal regulations for successful completion; a certificate of attendance is given.

Criteria for exclusion of participants during the programme exist concerning lacking cooperation, punctuality and absenteeism. The provider and/or the trainer can exclude someone who is late. Concerning sobriety / soberness (alcohol / drugs) no specified control procedure exist. But in case of disturbing behaviour the person concerned is also excluded from further course participation.

There is a legal base for the setting and procedure without any exceptions. The programme is designed as group intervention; the group size can vary from 10 up to 20 participants. There a two session with a duration of 8 hours each.

There are legal regulations concerning the aims and the four most important topics to be dealt with are the same as in the programme "Alternative" (rules in the society, risks in road traffic, alcohol and other different psychoactive substances). The most relevant methods for programme success are also discussion and confrontation. No material is provided to the participants.

In 2006, 53 participants underwent this programme in total.

The programme has been evaluated by participant feedback, but the results are unpublished.

5.2.3 Description of the provider "La Prévention routière Formation"

The second important provider selected here to represent the French DR field is the organisation La Prévention routière Formation. It is a private, non-profit organisation offering its service in the driver rehabilitation field since February of 1992. It has 96 centres throughout the country. They carry out courses in their centres or in rented hotel rooms.

The provider has implemented a QM system on organisational level. The administrative director is also the person in charge(commissioner) for QM issues. His responsibilities in principle terms are to supervise the regulations set by the legal frame and determined by the public prosecutor.

No specific manual exists in which the QM-system is described, but there is an agreement signed by the public prosecutor and the provider, which is related to the activities in practice. The application and performance of these concerns are controlled. The provider compiles and provides annual reports. The public prosecutor or a designated person is allowed to audit a course any time.

The QM system does not contain an internal auditing system. The performance of the statistical documentation system is controlled, providing a monthly data processing programme-based statistic report to the management on a national level.

The provider has also established a system for handling customer complaints. Complaints are collected by a person in charge (assistant). Complaints could be gained through an anonymous questionnaire which is filled out by the customers at the end of every course. The questionnaire's questions refer to issues such as the quality of the organisation, the contents of the training, the reception of the participants and the trainer-participant relation.

The legal regulations on data protection restrict the use of the trainers' mailing addresses. There are no further internal regulations on data protection. All relevant data are stored on the assistant 's computer.

5.2.4 Description of La Prévention routière Formation's programme

The offered DUI/DUID programme is named "Composition penal et complément de peine".

The participation is legally regulated; it can be voluntary or imposed mandatory by the court in case of a DUI offence with a BAC level of more than 0.8 ‰ or driving offence under the influence of cannabis. Recidivism can also be a criterion for participation. In this case it leads to a reduction of other sanctions (i.e. reduced fine) and in addition, it is a necessary condition for re-licensing/licence reinstatement. Alcohol offenders and DUID offenders are not mixed with general traffic offenders. The costs for the participants are determined by the organisation (225 Euro).

There are legal and intra-organisational criteria for successful completion; a certificate of attendance is issued after successful completion. Criteria for exclusion of participants during the programme exist concerning alcohol or drug intoxication and punctuality. Generally the provider and/or the trainer can exclude persons being 30 minutes too late. But before a decision is taken, an individual examination is made. In case the participant is excluded, then he/she may be offered to start a new course or he/she has to get back in touch with the public prosecutor. In this case the provider files a report for the public prosecutor.

Concerning sobriety/soberness (alcohol/drugs) no specified control procedure exists. But in case of disturbing behaviour the person is also excluded from further course participation and the provider also files a report for the public prosecutor.

For the programme setting and procedure there is a legal base and there are no exceptions from the normal procedure. It is principally designed as group intervention. Group size is minimum 10 to maximum 17 participants. There is 1 session with duration of 14 hours. Repeated participation is not possible.

The primary approach of the programme is educational on an uniform base. Concerning the programme's aims there are no legal regulations. No specific material is provided.

The most relevant methods for programme success are:

- information;
- self observation and reflection;
- discussion and confrontation;
- development of alternative, new behaviour.

In 2006 a total number of 655 participants underwent this programme in one of the centres.

Unpublished evaluations of the programme concerning the content, the process, the effects and recidivism have been realised, but only a statistic report exists concerning this issues.

5.3 Qualification of trainers

All course programmes of ANPER are based on a co-educational concept. This means that the courses are carried out by a team of two trainers teaching simultaneously. Legal regulations exist for the trainers' qualifications; one is a psychologist, the other is a driving instructor. For both of them, an advanced education is required.

The programme provided by La Prévention routière Formation is conducted by one person who has to be a psychologist with an advanced education.

For both organizations the same standard for the required additional education exist: the potential trainers have to participate in two training courses in order to observe the required qualifications. They have to attend a 5 weeks additional education, controlled by the government. The ministry sets up the programme with a determined organisation (INSERR: Institute National de Sécurité Routière et de Recherché). The main topics of this additional education are:

- legal framework,
- communication and group-dynamics,
- didactics and psycho-educative strategies.

After the first half of the qualification procedure, the psychologist has to participate as a trainer in two training courses, supervised by regular trainers. At the end of this qualification programme, he obtains an authorization issued by the ministry valid for conducting DR courses. When a trainer presents himself to the provider, he has to present this certification for authorization.

There are no regulations on regular advanced trainings/continuation courses yet, but activities are planned in this area.

6. Germany

Simone Klipp & Michael Escrihuela-Branz

Rehabilitation of traffic offenders is established as an essential part of a comprehensive countermeasure programme for secondary prevention of DUI/DUID in Germany. The 30 years of experiences with rehabilitative measures and programs has lead to a multifarious field of systematic and targeted measures. DR measures for DUI/DUID offenders are provided on various levels which reflect different levels of QM as well. Two main divisions with different sub-divisions can be distinguished:

1. the domain of programmes regulated by law, i.e.:
    a. special advanced driver improvement courses according to §§ 36 & 43 FeV (Fahrerlaubnis-Verordnung = Driving Licensing Regulation),
    b. rehabilitation courses for the restoration of the fitness to drive according to § 70 FeV (Fahrerlaubnis-Verordnung = Driving Licensing Regulation).
2. the domain of programs without any legal base, i.e. voluntary programmes that serve as a precondition for an application to reduce the revocation period or mainly as a preparation for the medical psychological assessment.

The following paragraphs will give a systematic overview over the different measures and their QM relevant issues within each (sub-)division.

6.1 Special advanced driver improvement courses

6.1.1 History and legal framework

The first concepts for the treatment of young and novice drivers have their origin in the efforts of a project group of the Federal Highway Research Institute in 1974 (“Typical wrong behaviours of novice drivers and options for targeted improvement measures”). Based on its work, model concepts were developed by a following project group which was established at the Federal Highway Research Institute (BASt) in 1977 (Bundesanstalt für Straßenwesen, 1978). The first course leader manual for these courses was already published in 1980 (Deutscher Verkehrssicherheitsrat & Bundesanstalt für Straßenwesen, 1980). Motivated by the positive results of first effectiveness studies of these course models in combination with the also positive experiences from applying courses for alcohol offenders during the same period (von Hebenstreit et al., 1982), concepts for the treatment of young drivers under the influence of alcohol were designed.

In 1986, special advanced driver improvement courses were implemented in the German law in the frame of the introduction of the driving licence on probation. According to the German Road Traffic Act (§ 2a Abs. 4 StVG) novice drivers are issued a probational licence for two years. In case a driver is caught driving under the influence of alcohol or drugs within the probation period, the mandatory participation in a special advanced driver improvement course is ordered, also based on the Road Traffic Act (§ 2b Abs. 2 StVG). The participation in one of these courses can also be commenced in the frame of the German demerit point system for drivers with repeated offences whereof one is a DUI/DUID offence in accordance with the Road Traffic Act (§ 4 Abs. 1, Abs. 3 & Abs. 8 StVG). If a driver reaches at least 8 but not more than 13 points he or she can voluntary participate in the course; if a driver reaches 14 points the mandatory participation is ordered.

Another possibility to commence participation in a special advanced driver improvement courses is provided by the German Code of Criminal Procedure (§ 153a StPO). According to this paragraph, the public prosecutor can abandon a (DUI/DUID offense) case and impose the obligation of attendance of this kind of course, but actually this procedure is currently rarely used.

The Road Traffic Act (§ 6 Abs. 1 StVG) further regulates that the Federal Ministry of Transport, Building and Urban Affairs is authorized to define requirements for the special advanced driver improvement courses, specifically concerning content and duration, participation, requirements for course leaders and their authorization as well as certification of quality assurance, its content including the therefore required handling and using of person-related data and accreditation by the Federal Highway Research Institute (BASt). These specifications of requirements have to be approved by the Federal Council of Germany (Bundesrat). They were laid down in the Driving Licensing Regulation (§§ 36 & 43 FeV) in 1998 which came into force 1st January 1999.

6.1.2 Procedural issues

The administrative licensing authority is responsible for the enforcement of these Driving Licensing Regulations.

In case a novice driver has been detected driving under the influence of alcohol or drugs within the probation period, the successful participation is a necessary condition for the ongoing validity of the permission to drive or the reinstatement of a withdrawn driving licence. The administrative licensing authority orders the mandatory participation in a special advanced driver improvement course within a certain time period. If the driver does not provide the Certificate of Attendance to the licensing authority within this period, the driving licence is withdrawn at least for three months or it is not reissued in case it was already withdrawn. In both cases the probation period is extended for another two years.

In case a driver offends repeatedly after the probation period elapsed and one offence is a DUI/DUID offence and thus reaches 8, but not more than 13 points, the administrative licensing authority must inform the driver in written form about the possibility of voluntary participation in the course of concern. If the driver takes this possibility and participates on a voluntary base, the demerit points are reduced. For drivers with 8 points or below the reduction is 4 points, for drivers with between 9 and 13 points the reduction is 2 points. A point reduction is only admissible once in 5 years.

If a driver reaches 14 points or more with at least one DUI/DUID offence in the past, the administrative licensing authority orders the mandatory participation within a certain time period. If the driver does not provide the Certificate of Attendance within this period, the driving licence is withdrawn.

6.1.3 Authorization of courses and course leaders

The Supreme Authority of each Federal State is responsible for authorization and surveillance of the special advanced driver improvement courses in the Federal State of concern. The § 36 and § 43 of the German Driving Licensing Regulation (FeV) serve as legal bases for the performance of these courses whereas § 43 FeV only refers to adopt § 36 FeV without specifying more details. The applicable Driving Licensing Regulation defines:

- the group size of each course, which is at least 6, but up to a maximum of 12 people

- the program structure and duration, consisting of one preliminarily talk followed by three sessions of at least 180 minutes length in a time period between two and four weeks plus homework between the different sessions
- the aims and topics of the course, which are
  - discussion of the origin of the traffic offense(s),
  - transfer of knowledge about alcohol and other psychoactive drugs and
  - development of individual and adequate behaviour alternatives to reduce alcohol or avoid drug consumption, leading to a reliable competence to avoid future DUI/DUID
- the performance of the course as single intervention in three sessions of 90 minutes each
- the necessity of a personal governmental authorization of the course leader by the Supreme Authority of the Federal State
- the minimum necessary qualifications of and conditions for becoming a course leader which are
  - academic degree in psychology
  - additional education in traffic psychology
  - knowledge and experience in the assessment of the fitness to drive
  - education and experience as course leader in courses for DUI/DUID offenders
  - doubtless reliability
  - presentation of a scientific based appropriate course concept and
  - evidence of appropriate locations for the course performance.

The competent Authority of the Federal State could also define further specific requirements regarding the monitoring of course performances and advanced trainings of the course leaders. The Authority of the Federal State receives annual reports from the course providers about statistical data and evaluations as well as verifications of the course leaders' reliability and participation in advanced trainings. Competent persons of the authority may also participate in courses for audit purposes.

6.1.4 Certificate of Attendance

The German Driving Licensing Regulation (FeV) also specifies details about the Certificate of Attendance in § 37 and § 44 whereas § 44 FeV only refers to be applied in accordance with § 37 FeV.

The course leader has to issue a Certificate of Attendance after successful course completion which the participant can submit to the administrative driving licensing authority. The Certificate must include:

- surname and first name, day of birth and address of the course participant,
- the course model's name,
- information about the length and duration of the course,
- date of issue
- signature of the course leader.

The paragraph also regulates that the issuing of the certificate can be denied if the participant missed one or more sessions of the course or refused to perform course tasks.

6.1.5 Data protection

The same paragraphs which applies for the Certificate of Attendance contains details for the handling of person-related data. It regulates that these kinds of data may only be handled and used according to purposes concerning the evidence of course completion or non-completion. They have to be deleted six months after the course ended except for those data which are required for quality assurance or surveillance purposes. These data have to be blocked, but have to be deleted as well after the end of the second year after the course ending.

6.1.6 Evaluation studies

There are no regulations concerning the consistent evaluation or evidences for the effectiveness of the courses. Nevertheless one evaluation study was conducted regarding the recidivism criterion (Jacobshagen, 1998) and another one concerning the acceptance within the target group (Spoerer & Kratz, 1991).

6.2 Courses for the restoration of the fitness to drive

6.2.1 History and legal framework

Rehabilitative measures for drivers with deficits in the fitness to drive have been applied in Germany since the beginning of the 1970s. The first interventions which have been offered target-specific for drink drivers since 1971 were so-called “group talks for repeated drivers under the influence of alcohol” (Winkler, 1974) – later known as the German course model LEER. In 1975 the Federal Highway Research Institute (BASt) incorporated a research project named “the effectiveness of group talks with alcohol offenders” in its research programme. The following basic steps were defined:

- scientific justification of the transaction
- formulation of selection criteria for participants
- clarification of organisational preconditions
- education of the group leaders
- performance of a model trial including required control group comparisons
- calculation of the organisational and financial effort in case of a nationwide realisation
- efficiency control particularly in consideration of selection options, different strategies of group talks, cost efforts etc. (Bundesanstalt für Straßenwesen, 1975).

A comprehensive study of applied measures in North America and Canada followed (Spoerer, 1976) and as a consequence, two other group intervention concepts (I.R.A.K. & IFT) were developed on behalf of the Federal Highway Research Institute (BASt) which have been applied since 1978. Before these types of courses were definitely implemented into the legal system, their effectiveness had to be proven (Winkler et al., 1988). Already during the trial phase of the courses Utzelmann (1987) claimed specific requirements for quality assurance in this field of interventions. As the result of participation in one of the courses had legal consequences, it has been regarded necessary for the public as well as for the driver of concern that the intervention results in reliable changes. Therefore, Utzelmann (1987) defined requirements for moderators, their activities and status:

1. independency,
2. multidisciplinary qualification and

3. traceability and verifiability of their methods and results of work.

To achieve ongoing quality assurance after the trial period, he stretched the necessity of an institutionalized quality control of course providers. Some critical comments were made by Kroj (1987) in the same year as he worried that providers would flag by their massive efforts to assure and improve the quality in this field.

However, concrete standards for quality assurance in the field of the support and restoration of the fitness to drive were initially defined by Kroj (1995). He stated that rehabilitative institutions aiming to support the restoration of the fitness to drive must provide for sufficient and qualified staff as well as for material means which contribute to realization of a QM system in order to achieve quality objectives. Furthermore, these institutions need to be DIN ISO 9001 certified or must follow any other association which is commissioned with quality control in the sense of a voluntary self-control. Hence they are mandated to develop and apply a quality assurance system according to DIN ISO 9004-2. This implies the following obligations:

- to collect and document necessary data and provide them to the person or institution in charge for quality control
- to conduct only evaluated measures
- to report trials of new developments or enhancements to the person or institution in charge for quality control. The developments have to be published at scientific conferences.

In the following chapters, requirements regarding the qualification of course leaders (e.g. academic degree in psychology, experiences in the assessments of the fitness to drive, advanced trainings and regular supervision) and concerning the intervention measures (e.g. appropriate concept with fixed basic data, evaluation regarding recidivism and separation of the assessment and course conducting staff) were made (Kroj, 1995).

With the implementation of the Driving Licensing Regulation in 1999 the courses for the restoration of the fitness to drive gained the necessary legal frame for defined quality standards. The German Driving Licensing Regulation (FeV) contains regulations about the requirements people have to meet before they receive the official valid permission to drive a motor vehicle on motor roads in Germany, i.e. requirements to gain a driving licence. More precisely, the § 11 FeV regulates that only those persons who meet the physical and mental requirements are allowed to drive in Germany; regularly named the “fitness to drive”. Further this paragraph states that if this fitness to drive of an applicant or owner of a driving licence is in question an assessment of the fitness to drive (BdF = Begutachtung der Fahreignung, formerly MPA = Medical Psychological assessment) that gives detailed information about the driver’s aptitude regarding the question of concern is ordered. Within the same paragraph it is regulated that the driving licence is (re-)issued (or not withdrawn) after successful completion of a courses for the restoration of the fitness to drive, but only in case

- the course is approved according to § 70 FeV,
- the medical and psychological experts who conducted the assessment state in their expertise result that the participation is sufficient to remedy still existing deficits and
- the administrative driving licensing authority agrees to the course participation.

The authorization of courses is conducted by the Supreme Authority of the Federal State according to § 70 FeV in case of meeting the following requirements:

- the course is based on a concept with scientific background,
- the suitability of the course is approved by an independent scientific expert opinion,
- the course leader provide evidence for

  - an academic degree in psychology,
  - additional education in traffic psychology at a university or an academy or an institution which deals with driver assessment or restoration of the fitness to drive,
  - knowledge and experience in the assessment of the fitness to drive and
  - an advanced education as course leader of courses for traffic offenders
- the effectiveness of the course was approved according to the state of the art (evaluation)
- a quality assurance system according to § 72 FeV is submitted whereas all courses have to be re-evaluated each 15 years.

According to § 72 FeV provider of the courses for the restoration of the fitness to drive have to be accredited following the German DIN EN 45013 norm. The accreditation is conducted by the Accreditation Agency for Bodies Providing Driving Licence Services of the Federal Highway Research Institute (BASt) according to the German DIN EN 45010 norm.

6.2.2 Procedural issues

Competent for the enforcement of these regulations is the administrative driving licence authority. It orders to undergo a BdF within a certain time frame as preparation for a decision regarding the issuing of a driving licence or licence withdrawal due to a driver's or licence applicant's potential problem with alcohol or drugs in cases of

- DUI offenses with a BAC equal or above 1.6‰
- repeated DUI offenses regardless the BAC reached at the incident
- any other incidents that indicate an alcohol problem or alcohol abuse consumption pattern and
- occasional cannabis consumption in connection with other incidents leading to doubts concerning the fitness to drive,
- illicit drugs addiction or consumption, which led to a withdrawal of the driving licence
- clarification if the person is still addicted to drugs or still consumes drugs without being addicted.

If the owner of or applicant for a driving licence does not undergo the assessment within the specified time frame or gets a negative result, the driving licence is withdrawn or the application is refused respectively. In case of a positive assessment result the licence is (re-)issued or stays valid.

In case the medical and psychological experts who conducted the assessment recommend the participation in an approved course for the restoration of the fitness to drive and the licensing authority agrees to this decision, the offender attends such a course supplied by an accredited provider.

According to the Guidelines for the Assessment of the Fitness to Drive (Bundesanstalt für Straßenwesen, 2000), the medical and psychological experts have to check if the offender fulfils one of the following preconditions before assigning him/her to a course for the restoration of the fitness to drive:

- a behavioural change has already been performed, but needs to be systematised or stabilized,
- a necessary behavioural change has just been initiated, but still needs to be supported, systematised or stabilized or
- a necessary behavioural change was not yet initiated effectively, but seems attainable due to the given results, particularly due to the individual's awareness of the necessity of a behavioural change as well as the ability and readiness for self-criticism and self-control.

The fitness to drive is regarded as restored after successful completion of a course for the restoration of the fitness to drive. Hence, the successful participation has legal consequences: if the offender submits the Certificate of Attendance the driving licence is reinstated without any new assessment or additional obligations. Although the participants of these courses often feel obliged to participate mandatory, the participation actually is voluntary. The alternative to the course participation is passing a new driver assessment, as often as the assessment succeeds in a positive result.

6.2.3 Accreditation of course providers

Each provider of an approved course needs a governmental accreditation assigned by Accreditation Agency for Bodies Providing Driving Licence Services of the Federal Highway Research Institute (BASt). To gain this the provider have to meet high requirements and normative standards for quality assurance according to the norm DIN EN 45013 as regulated by §72 of the German driving licensing act (FeV).

6.2.3.1 Accreditation Agency for Bodies Providing Driving Licence Services

The Accreditation Agency for Bodies Providing Driving Licence Services was established on 1st June 1998 at the BASt and started to perform its accreditation tasks in the beginning of 1999 when the Driving Licensing Regulation (FeV) came into force. The BASt is a subordinated technical and scientific institute of the Federal Ministry of Transport, Building and Urban Affairs and plays a significant role in drawing up regulations and standards. Its accreditation agency is responsible for the surveillance of all issues related to quality assurance in driving licence-related services in Germany through the accreditation of agencies which provide one of the following services:

- agencies for fitness to drive assessments
- technical approval agencies
- providers of courses for the restoration of the fitness to drive.

The accreditation assures that all of the agencies providing one of the mentioned services work according to defined quality standards. In order to check the quality of these services the accreditation agency defines quality criteria and requirements based on expert council meetings dealing with the improvement of the applied measures from a scientific angle and the integration of experiences.

As part of the accreditation process the accreditation agency conducts regular provider audits in situ. Annually 20% of the providers are monitored, meaning that each site is controlled every five years.

The accreditation agency's annual interim reports deliver important information about issues of improvement and optimization of driving licences services.

The turnover of the accredited bodies along EN 45013 („General criteria for certification bodies operating certification of personnel") in three different provider areas (rehabilitation, driver assessment institutes and agencies which conduct driving licences) sums up to 240 million Euro, whereby the costs for the accreditation system are half a million Euro yearly (Kroj, 2002).

6.2.3.2 The accreditation process

The accreditation process is divided into four main sections: the application procedure, the assessment procedure, accreditation and the monitoring procedure. The whole sequence is as follows:

1. *Application Procedure*
    a. Request: Provider applies for the accreditation
    b. Preliminary talk: The aim is to clear open questions concerning the provider organisation, the schedule of proceedings and the costs to be expected for the accreditation
    c. Application: The application for an accreditation has to be filed using the foreseen template. It has to include the signature of a competent representative of the provider and the defined field of application. Further information concerning the legal form and structure of the organisation and the locations where the courses are conducted has to be attached.
    d. Check of the application: the application is examined and the accreditation procedure is commenced; the provider is asked for a partial advanced payment of the accreditation fee.
2. *Assessment procedure*

The accreditation procedure is started on receipt of partial advanced payment.

    a. Request for documents and nomination of a qualified expert committee: The provider is asked to submit the relevant required documents (i.e. QM manual); any objections of the provider against the nominated expert committee have to be justified.
    b. Checking of documents: All relevant documents which the provider has submitted are checked. If significant variations are detected, a fair time limit is set to the provider for clearance.
    c. Inspection in situ: Inspections of the provider's agency and delivery sites are conducted. The expert committee communicates the results of the inspections in situ to the head of the provider in a final meeting.
    d. Expertise report: The provider is informed about all detected variations and asked for his statement. He is requested to describe the measures for elimination of the variations or the planning of the correction within a defined time span.
3. *Accreditation*
    a. Check of the results of the expertise and decision for accreditation: the accreditation committee deliberates on the instatement or maintenance of the accreditation. The accreditation agency decides on the base of the recommendation of the committee. The provider is informed about the result.
    b. Certification of accreditation: The confirmation of an accreditation is given in form of a certification, which is issued by the accreditation agency. The accreditation certification includes name and address of the provider and the date of legal validity, the expiration date of the accreditation and its field of application. Accreditations have an expiration period of 5 years. The accredited provider and its approved programmes are registered in the regular list of the accreditation agency which is published on its homepage.
4. *Monitoring Procedure*

In the frame of continuously monitoring, the provider is annually audited in situ. The provider is duly informed about audits. A complete accreditation procedure includes inspections in situ for checking if the required equipment concerning the personnel, the location and the educational supplies are available. In cases of any deviations a timely suspension, withdrawal and revocation of an accreditation is possible.

After a full accreditation, the re-accreditation procedure is necessary after five years. The provider needs to file an application at least 10 months prior the expiry of the accreditation.

6.2.3.3 Accreditation requirements for providers

The accreditation agency has formulated requirements a provider needs to meet to get accredited. The requirements are regularly updated and contain detailed information about all issues relevant for QM, i.e. specifications of management issues including data protection and internal audits, staff requirements and qualifications, means for course performance and details about the actual course performance including entrance checks and mandatory contents of the Certificate of Attendance.

The following requirements have been set by February 2008 (BASt, 2008):

1. *Management*

Quality policy

The executive management of a provider has to define and document the quality policy, including the goals and the commitment of performing courses for the restoration of the fitness to drive professionally and in a uniform and appropriate quality, considering the state-of-the-art of science and technology, the regulatory framework and the obligations of professional ethics. The provider's quality policy aims to take in account the entitled requirements of the participants, of the competent supervisory authority and of the driver licensing authority on the quality of these courses. The provider has to ensure, that the implemented quality policy is apprehended, realized and maintained.

Organisational structure and responsibilities

The provider defines the organisational structure, the responsibilities and authorities of the personnel with leading, executing and quality proving tasks and documents these rules and procedures. Skilled and trained staff and the necessary equipment components have to be provided for leading, executing and quality proving activities, including internal quality audits. The provider has to declare an executive manager and his deputy, representing the provider internally and externally.

QM commissioner

- Assigned to / in charge of the top management of the provider
- responsible for assurance of accordance of QM system with the existing tasks
- delegation of tasks to a qualified person is possible, in case commissioner himself doesn't meet requirements
- following tasks are included: issue, update and distribution of QM documentary (manual, procedural instructions, etc.)
- scheduling, performance or rather executing management of internal audits, as well as reporting of results
- counselling of responsible head on issues of QM concerning courses aimed at restoring driver aptitude and determination of need for improvements

QM manual

- has to contain a description of the applied QM system and latest updates of further applicable documents:
  - laws and regulations relevant for road traffic,
  - guidelines of the assessment of the fitness to drive,
  - manual for trainers (for each specific programme),
  - relevant extracts of the legal regulations concerning data protection and
  - decrees/orders of Supreme Authority of the Federal State in charge.

The manual, relevant procedural instructions and further applicable documents have to be provided to the course leaders.

Quality planning

The provider has to design and to document a scheme how to fulfil QM requirements for the course performances

Documentation

The provider needs to assure and to document verifiable the functioning of the QM system as well as fulfilment of QM tasks of course performances. This contains the following issues:

- course documentations (minutes, lists of attendees, participant contracts)
- documents for corrective actions and preventive measures
- reports on examinations
- reports of audits of course leaders
- documents of testing aids / controlling devices
- documents of compliance with design parameters / key data / basic data
- audit annual reports of the QM commissioner
- reports of quality audits
- documents of staff skills / qualifications
- quality reports on subcontractors
- complete / fully asset / supply / portfolio of QM documents including former inspections / audits
- reports of research and development facilities
- statistics

The annual check of course documentations is 5 % of total or minimum 10 files per programme; to proof evidence to the accreditation body the quality reports (as statistics, quality audits) have to be stored at least 5 years

Documentation & change service

The provider has to maintain a system of controlling the full documentation of its QM- and course-system and make sure that:

- the most recent updates of documents are provided to every staff member
- all types of modifications and supplements of documents are regulated for a subsequent realization on the right place
- void or obsolete documents have to be removed
- obsolete documents which must be stored due to legal regulations have to be clearly characterized

- other programme users (i.e. freelancers) have to be notified by mail or by internal announcements about modifications

The provider has to assure that course leaders are fully informed concerning all the recent relevant legal regulations, course requirements and about the newest scientific findings. All relevant documents and data have to be approved by entitled staff before releasing. The same staff also proves and releases also modifications of documents. These modifications have to be characterized on the documents.

Data protection

Providers have to assure that obtained information on course performances on all levels are kept confidential. Course documentations and other individual-related data are to store in lockable cabins inside lockable rooms; this requirement needs also to be fulfilled for storage of course documentations in the course leaders' apartments.

Regulations have to be established concerning the following issues:

- access to course documentations and other person-related data,
- data protection of electronic data files and of internet or intranet data transfer,
- demolition and disposal of documents and files
- gaining of confidentiality agreements in case of participations of third persons in courses
- contractual agreements with participants about confidentiality of person-related circumstances which come up in the courses

All person-related data are dealt with in accordance to the national or federal data protection laws. They must be deleted after the date of expiration.

Supervision of work- & controlling devices

Provider has to provide equipment of work- & controlling devices and regulates their application, surveillance and storage.

Providers offering DUID programmes have to assure that uniform standards for material procurement and for commissioning of subcontractors. Only suppliers are taken which have an appropriate QM system implemented. The performance quality has to be verified and evaluated annually. Verification analyses have to comply with a forensic ensured procedure. Therefore records have to be kept.

Data evaluation & statistics

An annual statistic report has to be compiled in order to check compliance with design parameters / key data / basic data. It must contain the following information:

- Number of conducted courses
- Number of courses for each trainer
- Number of participants of every course
- Total number of participants
- Number of sessions of each course and week
- Duration time in days of every course
- Number of exclusions, including declaration of reasons
- Number of participants of the final session (only if aftercare is foreseen)

The compilation of the statistic has to be described detailed in an own procedural instruction. The statistic reports have to be stored for 5 years and must be shown to the accreditation body on demand.

Internal quality audits (IQA)

Providers have to assure the fulfilment of criteria of these requirements by conducting internal audits on a regular base. The results of these inspections have to be documented.

These documents have to be at the disposal of the accreditation body.

The provider has to make sure that IQA on the base of a binding questionnaire and of the specified QM documents are conducted at least once every year.

The accreditation body assures itself periodically and on a given reason by an own examination or by an inspection of the documents about the success on the IQA and about the effectiveness of the providers QM system.

The internal quality audits have to be conducted in accordance with the following principles:

- IQA have to be conducted by the executive management of the QM commissioner of the provider. The commissioner has to be independent of the staff which has a direct responsibility for the job/function to be audited.
- An IQA can be conducted at the request of the QM commissioner by further elected and qualified auditors, which have no leading position on the function to be proved.
- The QM commissioner has to compile an annual audit scheme, which contains the functions to be audited, the foreseen auditors and the scheduled dates of the IQA. The annual audit scheme has to be approved by the executive management.
- The QM commissioner has to compile a specific audit scheme and appoint the definitive audit questionnaire.
- Every IQA proves if the formulated requirements and the necessary documents are duly kept. As far as observable, advice is given on possible causes of deviations and their elimination.
- After every IQA, the auditor compiles an audit report which includes a short description and assessment of the deviations and if applicable, the recommendations for necessary corrective measures.
- The executive management of the provider arranges necessary corrective measurements to improve the QM and its effectiveness as well as the reporting towards the accreditation body on the base of the results of the IQA.
- After the expiry of the defined time limit the auditor proofs the elimination of the deviation if applicable. If necessary he conducts a follow-up audit.
- The auditor finalizes the audit report. The QM commissioner secures the success of the conducted audit and forwards the audit report together with the audit scheme to the provider's executive management.

  Internal quality reports have o be shown to the accreditation body on demand.

  Freelancers are to include in the IQA.

  The executive management undergoes an annual performance evaluation of the QM system in order to assure its permanent aptitude and effectiveness. Reports of such kind of evaluations have to be stored and to place at the accreditation body's disposal.

Course audits

Course audits are to implement for the monitoring of the quality of course performances of the single course leaders as follows:

- Course leaders without relevant professional experience have to undergo a course leader audit of a complete course within the first and second year following their education as course leader
- From the third year on, a course leader audit is undertaken on single sessions within every three years
- The head of management nominates qualified course auditors who undertake a regular foreseen course leader audit on their own responsibility

The course auditor has to be qualified as course leader for the corresponding programme and experienced in conducting courses (minimum 12 courses) or being qualified equally. Reports have to be made on the results of these course leader audits, including the course leader's resources and deficits. These reports should include the following points:

- provider and course location
- name of course leader and auditor
- name of the programme
- number of the audited session
- date of the audit
- duration of the audit
- course leader's and auditor's signature

The report has to include the following issues: authenticity, flexibility, cooperation, management of conflict situations, competency in relationships, handling of rules, interactive behaviour (i.e. verbal vs. non-verbal interaction), application of course methods, expert knowledge and didactics.

Further on the reports have to contain

- a comprehensible description of the evaluation of the individual
- a concluding/closing written assessment by the auditor
- the result of the feedback of the course auditor

The yearly reports of the course leader audits are to forward for an analysis to the QM commissioner, who includes all the results in the audit report.

Corrective measures & prevention

The provider has to assure the identified causes of deficits are eliminated and (….) not likely to appear again by

- revision of the existing QM documents or compiling new QM documents
- closure or exchange of work equipment
- education of staff

The procedures for corrective measures have to include (minimum):

- Investigations of causes of deficits; fixing a countermeasure
- Controlling if an corrective measure has been taken and is effective

Measures for prevention have to include (minimum):

- use of appropriate information in order to impact quality issues of courses

- reports of quality audits, documentary of quality checks, course leader audits and customer complaints in order to identify, analyse and debug potential causes of errors
- definition of necessary steps to be taken for dealing with problems which demand a preventive measure
- undertake of prevention measures and of control in order assure their effectiveness

Dealing with customer complaints

Providers which conduct courses for the restoration of the fitness to drive have to regulate complaints.

2. Staff

Qualification of staff

Staff of the provider which conducts courses for the restoration of the fitness to drive has to be qualified and competent. The provider has to prove the individual reliability and all technical skills of the course leaders in charge.

All requirements related to the trainers education, continuation course and advanced trainings have to be documented and kept up to date regularly.

Staff has to have proper instructions on its duties and responsibilities. These instructions also have to be kept up to date.

- The head of the organisation and his deputy have to be experienced for at least 2 years with a minimum of 12 conducted courses.
- The authorized representative of the QM system has to have sufficient working knowledge in QM (education as auditor)
- The provider has to make sure that the course leaders meet the following qualifications:
  - psychologist (university degree of psychology)
  - education in traffic psychology obtained in university or in an institution, either conducting assessments or courses aimed at restoring driver aptitude
  - knowledge and experiences in examination and assessment of the fitness to drive (course leader has participate in and observe 10 relevant assessments at an accredited agency for driver assessment before starting to conduct his courses)

Further on the provider has to assure that a trainer has obtained an education as course leader for offenders which have committed offences against traffic laws; this education includes 16 hours of instructions in basic principles and in specific contents and methods of a specific course programme and additionally has to co-moderate two complete courses.

The instruction of trainers with relevant professional experience for a new course programme includes the following minimum requirements:

- instructions on the specific contents and methods of the course programme
- co-moderation of a complete course or participation in a model course of the specific programme

Education and advanced trainings

Education and training needs have to be identified based on fixed procedures in order to supply suitable and appropriate education and advanced trainings for all staff. The contents of these educational measures have to be fixed and advanced trainings have to be conducted by the provider.

For maintenance of qualification standards of the course leaders the following preconditions have to be fulfilled:

- Participation on advanced training activities (e.g. course leader meetings). The provider has to ensure that all course leaders participate on relevant advanced training activities in extensiveness of at least two days (16 hours) per year
- Performance of at least two courses every year

The provider is responsible that supervision is offered to the course leaders. The participation of course leaders on supervision activities has to be documented by the provider.

Only experienced course leaders are permitted to function as supervisors. The Supervisor needs to have a qualification as course leader and two years experiences in conducting courses (performance of a minimum of 12 courses).

The supervision can take place on in individual settings or in group settings. Within the frame of a group setting, the group size should not extend ten persons.

3. Means for course performance

Minimum of personnel resources

The provider needs to have qualified staff available.

Minimum of facilities

The provider has to satisfactorily show suitable facilities and appropriate equipment for course performances.

The representatives of the accreditation body are entitled to assess the course locations. The means of work and the controlling devices serve for effective course performance and have to be at disposal. The provider has to ensure that at every location (including the course locations) the requirements of the Health and Safety at Work Act are fulfilled.

Aims of the course

Course programmes have to describe their psychological aims, their rationales, their conceptual and concrete operationalisation and their target group.

In detail:

a. The target group of the programme has to be defined; if applicable, criteria for inclusion and exclusion have to be defined.
b. The aims of intervention have to be connected to the traffic-related deficits of the target group in a problem specific manner. It needs to be recognisable that the aims of intervention are focussing on attitudinal and behavioural patterns which contribute in being supportive for performing driving behaviour in line with the national road traffic laws in order to decrease the risk of recidivism.
c. The course objectives and sub-goals have to be explained in an operationalised manner, so that their connection to the aims of intervention is evident. The criteria on which the achievement of goals is identifiable need to be specified.
d. The stated aims of intervention have to be linked with psychological, educative and psychotherapeutic strategies of intervention. It has to be described comprehensibly why the elected strategies are promising.
e. Individual factors or factors related to the target group which would support recidivism should be explicitly displayed and considered in the course aims (c) and in the strategies of intervention (d).

Course procedure

Course procedures have to be determined and justified.

a. the theoretical base of the course procedure has to be explained explicitly.
b. the components of the course programme have to be explained in their sequence and systematic method - at least as an example – so that it is comprehensible:
    i. which aims or sub-goals are strived for within the concerning unit of the intervention
    ii. by which methods it is intended to achieve them
    iii. how it could be checked that the aim of intervention / sub-goals have been fulfilled
c. the results of scientific findings of psychotherapy have to be considered for realizing the course aims and their determination of procedures
d. juridical and organisational concerns have to be taken in account on the determination of course procedures
e. the key / basic data of the course programme (number of hours and sessions, time span between beginning and end of course, minimum number of participants) have to be determined and explained

    At least the following minimum requirements have to be fulfilled:

    - Number of hours: minimum 12
    - Number of sessions: minimum 4
    - Time span between beginning and end of course: minimum 21 days
    - Number of participants: minimum 4, maximum 12

    No course is allowed to start, before the foreseen minimum number of participants is reached. If applicable the permission of the responsible authority has to be requested. In case that the written form of permission is unavailable, it has to be documented by signature and date.

    In any case, no course is allowed to start with less than 4 participants.

    The consequences of incompliance with the key / basic data and hence the responsibilities have to be regulated.
f. the foreseen material for conveyance, for procedure of moderation and for the supplementary pedagogic-psychological aids and applications have to be explained, accounted and visualised exemplarily.

Course leaders

The requirements for course leaders have to be described in the course programme.

The guidelines for the trainer's education for a specific course programme have to include at least:

a. reasons of general and course specific requirements for trainers, derived from the aims of the programme and the contents,
b. detailed scheme for education and briefing of the course leaders
c. determinations which sequences need to be achieved until the potential course leader is allowed to co-moderate or lead a course on his own responsibility for the first time,

d. determinations under which conditions the course leaders qualification for course performance is withdrawn.

Advancement of the programme

The provider has to develop continuously the domain of courses for the restoration of the fitness to drive. Working instructions for the process control have to be established to ensure the compliance with quality requirements.

Innovations for improvements can result from:

- changes of statutory provisions / regulations
- suggestions coming from course leader meetings
- evaluation studies
- suggestions derived from scientific findings

The provider has to design schemes for every basic development activity concerning organisation and performance of courses. (...)

Improvements have to be considered in compliance with regulations of the law and the authority. (…)

All changes of course concerns which are affected within the framework of improvement of the programme have to be reported immediately to the accreditation body.

4. Course performance

Preconditions of course performance

The provider ensures by procedural instruction that course performances follow the regulations described in the manual for course leaders. The course performance has to be documented.

All persons willing to participate in courses for the restoration of the fitness to drive must have basically access to the frame of statutory regulations and requirements. In particular, excessive financial demands are not allowed.

Entrance check

The provider ensures by appropriate written regulations that the participants fulfil the mandatory conditions by proving all relevant documents before the contract is signed by the participant.

The entrance examination has to ensure that:

- the recommendation for course participation derived from the prior BdF is documented appropriately
- the identity of the person applying for the course has been proved by presenting an identity card
- the permission of the administrative licensing authority for course participation has to be documented appropriately

The results of the entrance examination are to document by indicating the date.

So far the participant's documents are incomplete it has to be documented and the client has to be informed on that. Missing documents are to hand in without delay. In addition, the entrance check has to assure that the course leader has not been the assessor of the BdF which led to the recommendation for course participation.

Contract review

The contract between provider and participant regulates that neither further course participation nor a Certificate of Attendance is given, if it turns out during the programme, that the participant

does not comply with course rules (e.g. alcohol intoxication, unsteady participation, refusal of homework). Additionally, it has to be assured that the participant is informed about the course fees, the course extent and the general terms and conditions before the contract is signed.

In the contract the course leader and the participant commit themselves to confidentiality. The course leader ascertains that the participant has understood the contract in form and content. The contract has to be signed by the participant indicating the date.

Documents referring to the contract have to be stored.

Course minutes

Within the course minutes, the content-related themes of every session, the proposals for changes, the agreed homework and anomalies (warnings) should be documented. The course minutes have to be signed after every session by indicating the date and the course leader. The course leader has to make sure that the applied themes and methods comply with the ones of the course leader manual. In addition, every participant has to confirm his participation on an attendance list by signing and indicating the date after every session. The attendance list is an integrative part of the course minute.

The sessions are to take down in a formal record in the manner that mutual substitution of course leaders is possible any time.

Every participant is asked to give a feedback on the course performance and the course procedure by a questionnaire. These have to be analysed for quality improvement proposals.

Certificate of attendance

The certificates of attendance have to include

- surname and first name, date and place of birth and address of the participant,
- the course model's name
- information about the length and duration of the course
- date of issue
- signature of the participant and the course leader

It has to be ensured that the data contained in the Certificate of Attendance are complete and correct and comply with the data from the entrance check.

Providers have to design the Certificate of Attendance in a manner that misuse (fraudulent falsification) is clearly avoided.

The provider has to ensure that a Certificate of Attendance for submission to the licensing authority is only issued to those participants who complied with all terms and conditions of the contract.

6.2.4 Evaluation of the courses

Evaluations are seen as a matter of major concern for the quality assurance and improvement. Thus the German Driving Licensing Regulation (FeV) issues an order for evaluations of these course programmes. According to it, the courses programmes are not approved before their effectiveness has not yet been proved. Hence new course programmes are only conducted on the base of interim permissions. In addition it is regulated that the programmes have to be re-evaluated every 15 years. A variety of evaluation studies have been published (Winkler et al., 1988; Winkler et al., 1990; Jacobshagen, 1996; Biehl & Birnbaum, 2004).

In addition, it is an accreditation requirement that participant feedbacks have to be conducted at the end of each course (BASt, 2008).

6.3 Programmes beyond legal regulations

A variety of voluntary rehabilitation measures exist within this domain. The services range from one-time counseling offers over short group interventions to long-term group or single interventions. The services are often provided by accredited course providers, but even addiction services offer so called "Führerscheingruppen" (driving licence groups), often carried out by psychologists or social workers. As these interventions are conducted without having any certain or fixed legal consequences, neither QM standards are defined by legislation nor official authority is responsible for the proper performance of these programmes. Nevertheless, QM elements or even whole systems are partially applied on a voluntary base. These interventions target two main groups:

1. Offenders who aim to reduce the revocation period.
2. Offenders that aim to prepare for the BdF.

6.3.1 Courses for the reduction of the revocation period

6.3.1.1 Procedural issues

The German Criminal Code (§ 69a (7) StGB) provides opportunity for offenders to apply for a reduction of the revocation period initially determined by court. The court can accept the application if the period already lasts at least three months and in case of reasons for the assumption that the offender's fitness to drive is no longer questionable. This may be the fact when the offender participated in some kind of rehabilitation and gained a reference for successful course completion. Specific course models aiming to improve the rehabilitation process of offenders by commencing early interventions were already developed in the 1970s and written down in course leader manuals (Nagel, 1979; Kunkel, 1977). Some of these models are connecting the rehabilitation to an entrance and final assessment to ensure that the only eligible offenders gain a reduction of the revocation period. Meanwhile a lot of providers accredited for conducting courses for the restoration of the fitness to drive are offering different programmes for specific target groups.

The final decision about acceptance or refusal of the application is up to the competent course and the practice of the courts is very unequal, mainly depending on the Federal State. One of the main reasons for a refusal is surely the deficit in quality assurance measures. The Hanseatic Higher Regional Court already stated in 1980: "Indispensable precondition for a positive evaluation of the participation of an alcohol offender in such a course is the proper operation according to the concept of the programme. Due to the fact that providers are operating in the private sector, a state control in any kind seems necessary. As long as no reliable measures for controlling are applied, the competent court has the duty to check, which may be sufficiently done by occasional, random hearings of the course leader or head of the institute." (Hanseatisches Oberlandesgericht Hamburg, 1980). Experiences show that courts in Berlin & Brandenburg are very rigid concerning any reductions and most often refuse the applications. In other parts of Germany it is regular that courts accept applications, e.g. Baden-Württemberg and Rhineland-Palatinate. A research project in Mecklenburg-Western Pomerania conducted on this issue found that that of 29 applications to the competent courts, only 5 were rejected. In 11 cases the revocation period was reduced, in 13 cases it was even

completely cancelled. The reduced period was between one and six months with an average of 3.2 months[1] (Klipp et al., in press).

After the reduction of the revocation period, the administrative licensing authority decides about licence reinstatement in any case. This authority may take appropriate action within the reinstatement procedure on an administrative way, e.g. order a BdF.

Concerning procedural issues it must be mentioned that these early and voluntary interventions show low participation rates. This may be due to the fact that no certain legal consequences will follow after participating, but another aspect is lacking information of offenders (Spoerer, 1987). Most offenders do not know of this opportunity and this incentive for participating early in a driver rehabilitation measure is only spread in some parts of Germany (Baden Württemberg, Rhineland-Palatinate) by the competent authorities (e.g. courts or licensing authorities). Within the same study mentioned above, Klipp et al. (2005) aimed to analyse the relevant determinants for early participation in voluntary DUI counselling supplies and found out that only 6-8% of eligible offenders take part in an intervention soon after the DUI/DUID incident and early within the revocation period. Jacobshagen (2001) reported that only 9.6% of eligible offenders participated in their early intervention model BUSS. He attributed this finding also on missing information. Based on their findings, Klipp and colleagues (in press) draw some conclusions and state the following recommendations to improve the rehabilitation processes of DUI/DUID offenders:

- A proactive contacting approach guarantees an early sensitisation and activation of DUI offenders. All potential channels of information flow should be used to support the provision of available information regarding all aspects of rehabilitation (e.g. providers and incentives).
- An early counselling offer should call on DUI offenders to engage in rehabilitation, whereas
  - a personal and committing invitation to a first counselling session and
  - a free of charge counselling offer are supporting factors that ensure high participation rates. Over 80% of those drivers who attend the counselling session decide to participate in a rehabilitation programme on a voluntary base.
- The successful participation in a programme should be connected to specific incentives, e.g. the option to shorten the disqualification or revocation period. Such incentives should be widely communicated and always be visible and transparent to the offenders.
- An economic and valid screening or diagnostic within the first counselling session could help to chose, plan and optimise an appropriate rehabilitation measure.
- The assignment to a certain measure should necessarily meet the offenders' requirements and resources. Not only the severity of the underlying alcohol or drug problem is of interest but also the offender's financial situation needs to be considered. The next steps of action after the counselling should be planned in detail. If the offender is not going to participate in a measure of the institute where the counselling took place the contact to another provider should be fixed within the counselling session.

6.3.1.2 Evaluations

Although no regulations regarding continuous evaluations exist, several were conducted and published already more than 20 years ago (Stephan, 1986). Recent evaluations verify the ongoing

[1] The period of revocation is always fixed individually by court, but in regular cases of first offenders it is determined in that way that additional to the time of preliminary withdrawal it comes up to 12 months.

quality of these measures (Birnbaum et al., 2002; Birnbaum et al., 2005; Jacobshagen, 2001; Klipp et al., 2007; Schülken et al., 2006).

6.3.2 Interventions preparing for the BdF

6.3.2.1 General issues

A negative result in a BdF often serves as a trigger for voluntary participation in such programmes, because the offender recognizes that some preparation is needed to improve the chances to succeed in the BdF and achieve a positive result. Besides, preparative remedial interventions are often recommended by the medical and psychological experts who conducted the assessment. These recommendations encompass a wide variety of different measures from group interventions over single interventions to addiction treatment.

The market of providers is big, uncontrolled and the supply is unmanageable. Due to the missing legislation or regulations for these interventions, a lot of profit-oriented providers exist. QM issues often just play a minor role for them. Follmann (in press) conducted an internet search and found out that at least 10% of these services can be characterized as suspect or dubious and additional 20% cannot even be evaluated due to missing information about their work and services.

The missing regulations concerning quality management standards in this area are criticisable, but serious providers apply some elements of quality management on a voluntary base (e.g. Fiesel, 1998) or even establish comprehensive quality management systems (e.g. Hellwig et al., 1998). Some suppliers verify their work by declarations of their job-related self-understandings or professional ethics (Berufsverband Niedergelassener Verkehrspsychologen, 1998). Most of them care for evaluations of their programs although they do not need to. One major aspect that helps to distinguish between serious and dubious supplies is what the provider claims as objective of the measure. Suppliers guaranteeing a positive BdF result (sometimes even with a money-back-guarantee) appear suspect. The regular objective of driver rehabilitation measure should always be to develop long-lasting strategies to separate drinking/drug consumption and driving, i.e. reduce the problematic consumption or stay sober.

6.3.2.2 Evaluations

As well as in the other described areas of driver rehabilitation in Germany, evaluations serve as one element for quality assurance and improvement. Thus, providers offering these kinds of interventions voluntary conduct evaluations on a regular base. Various publications are available (Höcher, 1994; Höcher, 1999; Echterhoff, 1999; Schülken et al., 2006, Scheucher et al., 2002; Graumann, 2002).

7. Hungary

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7.1 General issues and legal framework

The rehabilitation system for Hungarian drivers operates since the 1st of January 1992 according to the government decree 139/1991 (based on the article 18§ (2) of law no. 1 of 1988 about road traffic).

The whole DR system consists of seven different programmes, which are applicable in nine variants. Thereof, three programmes (V-VII) are available for different kind of DUI offenders.

A permission to conduct a programme can only be obtained by those providers which fulfil the required personnel and material requirements for the respective programme. Courses are conducted in driving schools or in rooms of the providing organisation. The activities of those carrying out DR are regularly controlled by the National Transport Authority (NTA) regional entities. In case of failing to meet the requirements or an unsatisfying level of professionalism the permission to provide DR can be withdrawn. The NTA is a governmental public service, founded in 1983.

7.2 Authorization of providers

The licensing (authorization process) is carried out in two steps:

1. A provisional/preliminary permission will be given to any organisation (i.e. driving schools) which fulfils the requirements of NTA concerning the material and personnel related conditions. Trainers have to fulfil the requirements of NTA and have to be authorized members of the Name Register of DR trainers established by the Central Office of NTA. The permission is released by the Vocational Training Unit of NTA. These permissions are not the same as licences to provide DR programmes, they are just a necessary condition to be eligible for licensing.
2. NTA releases licences to conduct DR programmes and measures to a very small number of driving schools, which all obtained the preliminary/provisional permissions mentioned above, based on the quality related criteria of their work in the previous year. This authorization is only valid for one year. NTA continuously takes in account the number of drivers that are assigned to take part in a DR programme and adjusts the number of authorizations annually. Therefore the total number of authorizations is never more than the required capacity .

The whole service is based on ISO standards. The right and duty of control is in the hands of NTA and is carried out randomly. A check includes the following issues:

- fulfilment of conditions related to material and personnel;
- fulfilment of timetable requirements;
- attendance of participants;
- sobriety (alcohol/drugs) of participants during the course.

NTA has implemented a QM system for DR services with a person in charge for QM issues. The implemented QM system is in accordance with ISO 9001:2000 standards and internal regulations of the NTA. Hence, a QM manual exists, containing the documentation of procedural instructions. The

application and performance according to the described manual is controlled and carried out randomly by:

- the lead management of NTA or its representative(s);
- consultants of NTA;
- other experts that are entrusted for this issue by NTA.

When the quality requirements of programme performance are not satisfactory met or any other condition is not fulfilled, the providers authorization is withdrawn.

The QM system also contains an internal auditing system. The performance of audits and the fulfilment of audit requirements are also controlled.

7.3 Statistics & data protection

A statistical documentation system is implemented as well. The relevant data are continuously collected by means of an administrative programme, which is implemented in the whole structure of NTA. The results of the data collection are documented and evaluated monthly and quarterly. In addition, a system for handling customer complaints exists. The handling and resolving of reported problems is carried out by the Training and Vocational Unit (of the DR field) of the regions.

There are legal regulations on data protection, which are defined by the Hungarian Law LXIII, 1992 about protection of personal data and publication of data of general interest. In accordance to this law internal regulations on data protection-related issues are applied . There regulations concern access, storage and data security. Personal data extracted from the DR process are handled in accordance with internal regulations concerning document proceedings. These regulations are part of the general "Presidential Regulations". In the Central Office of NTA a person is in charge for the data protection related to DR issues.

Depending on the results of the driver assessment exploration the NTA appoints the most appropriate programme to the offender.

For drunk drivers the programmes V ("Course for lightly drunk drivers"), VI ("Course for moderately drunk drivers") and VII ("Course for heavily drunk or repeated drunk drivers") are provided, gradually depending on the level of drunkenness and the severity of the substance use problem and/or related (personality) problems. All programmes were developed by the NTA.

7.4 Procedural and programme issues

Several regulations exist regarding the performance of the programmes. The compliance with the standards and regulations is controlled on the base of the programme documentary and random course audits in situ.

7.4.1 Programme descriptions

7.4.1.1 Programme V "Course for lightly drunk drivers"

The participation in this programme is mandatory and imposed by the court in case the offender wants his/her driving licence to be reinstated. The programme participation can be imposed to the convicted offender in combination with programme I (knowledge of traffic rules), II (practice of driving) or III (traffic psychology). This means that the participation in programme V cannot be imposed separately. It needs to be completed together with one of the programmes I, II or III.

A prior driver assessment determines participation in this programme in case the DUI offender reached a BAC level equal or above 0.8‰ and maximum BAC value of 1.6‰. Successful completion leads to a reduction/extinction of penalty points and improves the chances of passing subsequent upcoming assessments: although no exam has to be passed to complete programme V successfully, the participant has to pass an exam at the end of the programmes I and II. In addition, a driver evaluation is conducted at the end of programme III. After the driver has obtained the certificate of attendance of programme V and programme I, II or III, the driving licence is reinstated.

The course is conducted by a psychologist with an additional education (for details see chapter 6.4.3 “Qualification of course leaders”).

There is a legal base for the programme setting and procedure without any exceptions from the normal procedure being allowed. The programme is principally designed as group intervention, but “group” size can vary from only one single participant up to a maximum of 15 persons. Within the programme, DUI offenders are not mixed with DUID offenders or general traffic offenders.

The total intervention is conducted in 7 units within one single session, with duration of 50 minutes per unit. The costs are legally regulated (300 Euro) and have to be paid by the participant. Repeated participation is possible, on condition that the participant pays the fee again.

Aim of the programme is that the participants’ beliefs and behaviours related to the consumption of alcohol are corrected. The intervention approach has a predominantly uniform, not individually tailored educational and informative character, including group discussions and psychological behaviour therapeutic elements. In the units the participants’ knowledge concerning the field of traffic rules and related legal issues as well as information about health issues is improved and increased.

The most important contents of the course concern information about effects of alcohol, calculation of consumed alcohol and BAC, increase the sense of responsibility and strategies to separate drinking and driving. Information, self observation and reflection are considered the most relevant factors for the programme’s success. No specific course material is provided.

This programme has been evaluated by participant feedback.

In 2006 a total of 1856 participants underwent this programme.

7.4.1.2 Programme VI “Course for moderately drunk drivers”

The participation in this programme is mandatory and imposed by the court in case the offender wants his/her driving licence to be reinstated.

A prior driver assessment determines participation in this programme in case the DUI offender reached a BAC level equal or above 1.6‰ and maximum BAC value of 2.8‰. Successful programme completion leads to a reduction/extinction of penalty points and is a necessary condition for re-licensing/licence reinstatement. To complete this programme successfully, no exam has to be passed.

The courses are conducted by a team of two psychologists with an additional education (for details see chapter 6.4.3 “Qualification of course leaders”).

There is a legal base for the programme setting and procedure without any exceptions from the normal procedure being allowed. The programme is principally designed as group intervention and the group size can vary from a minimum of 8 to a maximum of 12 participants. Within the programme, DUI offenders are not mixed with DUID offenders or general traffic offenders.

The total of intervention is conducted in 15 units arranged in 3 sessions, with duration of 50 minutes per unit. The time span between two sessions is 3 days; the time span for the total programme is between 8 to 14 days. The costs are legally regulated (320 Euro) and have to be paid by the participant. Repeated participation is possible, on condition that the participant pays the fee again.

The aims of the programme are fixed by law and named as follows:

- to change false motives,
- to increase self-knowledge and
- to acquire self-control strategies (negation, aversion-avoidance).

The intervention approach has a uniform, not individually tailored, but predominantly psychological and therapeutic character including the use of group dynamics and corrective-behaviour therapeutic elements in order to support the development of strategies to separate drinking and driving. This programme focuses on knowledge transfer, but also on exploration of individual motives. In the units the participants' knowledge concerning the field of traffic rules and related legal issues as well as information about health issues is improved and increased.

The 4 most important themes within the programme are:

- increasing the offenders responsibility;
- helping to be able to separate drinking and driving;
- helping to modify his/her behaviour;
- strategies to comply with the traffic rules.

Self observation and reflection are considered to be the most contributing factor for the programme's success. No specific material is provided.

This programme has been evaluated by participant feedback.

In 2006 a total of 1691 participants underwent this programme.

7.4.1.3 Programme VII "Course for heavily drunk or repeated drunk drivers"

The participation in this programme is mandatory and imposed by the court in case the offender wants his/her driving licence to be reinstated.

A prior driver assessment determines participation in this programme in case of repeated DUI or the DUI offender reached a BAC level equal or above 2.0‰. Successful programme completion leads to a reduction/extinction of penalty points and is a necessary condition for re-licensing/licence reinstatement. To complete this programme successfully, no exam has to be passed.

The courses is conducted by a team of two psychologists with an additional education (for details see chapter 6.4.3 "Qualification of course leaders").

There is a legal base for the programme setting and procedure and exceptions from the normal procedure are not allowed. The programme is principally designed as group intervention and the group size can vary from a minimum of 8 to a maximum of 12 participants. Within the programme, DUI offenders are not mixed with DUID offenders or general traffic offenders.

The total time of intervention consists of 25 units spread over 5 sessions, with a duration of 50 minutes per unit. The time span between the first and the last session is 4 days. The costs are legally regulated (520 Euro) and have to be paid by the participant. Repeated participation is possible, on condition that the participant pays the fee again.

Similar to programme VI, the intervention approach has a uniform, not individually tailored, but predominantly psychological and therapeutic character. Explorative dynamically orientated therapy elements (definition of focus: 1. at the level of inclination, 2. at the level of prevention mechanism) are applied as well as analytically orientated group therapy elements (influence of personality's structure) which are supported by group dynamic processes. In addition, exploration of and confrontation with

the personality attributes that are connected with the inappropriate behaviour in traffic serve as intervention techniques.

The most relevant factors for the programme's success are considered to be:

- self observation and reflection;
- discussion and confrontation;
- emotional verbal/non-verbal expressing.

No specific material is provided.

This programme has been evaluated by participant feedback.

In 2006 a total of 342 participants underwent this programme.

7.4.2 Regulations regarding programme completion

All programmes have the same legal regulations concerning successful course completion and conditions for handing out a certificate of attendance. During all the DUI programmes there are defined and specified criteria which lead to exclusion from further participation, e.g. alcohol intoxication or lacking cooperation. The participants have to appear in a suitable condition for driving. The trainer has to check this concern randomly. Further course rules exist concerning punctuality/timeliness. Full attendance is obligatory. As a consequence of any cases of incompliance, i.e. if a person does not appear, comes late or intoxicated, the person is excluded from the course and has to repeat it completely. Passive appearance at the sessions has no consequences, but if the person hinders the training with his or her behaviour, the trainer has to check whether he/she is intoxicated/impaired with alcohol or drugs. The trainer documents all relevant events in a report. If a person fulfils all requirements of the programme, he/she will get a certificate of attendance.

7.4.3 Qualification of course leaders

All programmes require the same qualifications of the course leader. These requirements are legally regulated. An academic degree in psychology is mandatory.

In addition, there are regulations concerning the participation in regular advanced trainings and continuation courses based on a law and an order of the department. It is required that trainers have to participate in an educational course organised by NTA and successfully pass an exam at the end of this course. Then the trainer is registered in the Name Register of DR Trainers implemented by the Central Office of NTA. Every trainer has to take advanced trainings/continuation courses (professional skill training) every fifth year. These concerns are controlled according to the internal "Presidential Regulations".

8. Italy

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8.1 History and legal frame

Programmes are only applied in Northern Italy and started in 1997 following the German concept "LEER". The only conducting provider is integrated in the structure of the Azienda Sanitaria dell`Alto Adige, a health centre which provides DR courses for DUI drivers.

So far, there are no legal regulations concerning the participation in a course, but it is regularly imposed based on the result of a prior driver assessment. The imposed participation is mandatory as a necessary condition for licence reinstatement. Course attendance is free of charge.

The assessment consists of a psychological and a medical part. The psychological examination is conducted by a special trained traffic psychologist. The applied tools are personality testing programmes as well as tests for perceptual and cognitive functions on the dimensions of memory, concentration and intelligence. The additional medical examination consists of a physical examination, including a check of the physical and health status of the tested person. It is conducted by a psychiatrist who is specialised in traffic medicine. The medical examination also includes a check of the biological markers (blood) in order to gain further medical relevant information. For the final expertise of the test results, external medical and therapeutic information and opinions based on comprehensive information from the general practitioner or therapist. External laboratory results are also used.

At the moment a QM system is neither scheduled nor does a QM-related manual exist.

Concerning data protection issues there are legal regulations to be considered.

8.2 Course programme

Only one course type for DUI offenders is offered. The programme focuses on novice drivers and first time offenders. The participants are not mixed with drivers with DUID or general traffic offences. Addiction or communication problems are a priori exclusion criteria.

The courses are held in 4 sessions with a minimum of 6 and a maximum of 12 participants. The total time of intervention is 14 hours, running over 4 to 6 weeks, with a time span of 7 days between two sessions.

Legal and intra organisational criteria exist regarding successful course completion. Alcohol intoxication with a BAC level of 0.3‰ or higher as well as missing cooperation are exclusion criteria during the programme. In addition, there is an internal regulation regarding punctuality. When a client does not appear, he does not obtain a certificate of attendance. This leads to consequences concerning his licence reinstatement. Other course rules concerning sobriety and cooperation and its consequences in case of incompliance have not been specified by the provider. The participants get a certificate of attendance after successful course completion.

The primarily approach of the programme is psychological and therapeutic. There are no legal regulations regarding the course aims, but in general terms they aim at preventing subsequent DUI offences. Specific material is provided during the course and the most important course contents are the elaboration and planning of behavioural strategies to avoid subsequent DUI offences, information

about effects of alcohol and driving-related risks, the analysis of the offence and exploration of individual drinking motives. Self-observation and reflection, development of alternative, new behaviour and achievement of behavioural goals and self-control are considered to be the most relevant aspects for programme success.

There are legal regulations concerning the qualification of the course leaders. The courses are leaded by specifically trained traffic psychologists with an additional education. There are internal regulations determined by the section of traffic psychology on the regular attendance at advanced trainings/continuation courses. Regularly supervision or intervision is currently not foreseen.

The courses are regularly evaluated by participant feedbacks. The Data are collected by a questionnaire (e.g. concerning the participants' satisfaction). A recidivism study was published in 2004 (Dorfer, 2004).

9. The Netherlands

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In collaboration Gondelijn Salomons, Rob van Beekum (both CBR, The Netherlands) & Rob Merelle (SVG, The Netherlands)

9.1 History and legal frame

DR (the course model EMA - Educational Measure Alcohol) was introduced in the Netherlands in 1996 in order to reduce the problem of drunk driving. Under certain blood-alcohol-concentrations (BAC) the three day educational course is imposed, followed by an individual evaluation.

EMA is imposed within the framework of administrative law (Wegverkeersswet*,* Administrative Law, the Road Traffic Act Art. 8-11, 17 and 130-134*)* which contains general regulations around driver licence issues, including on withdrawal and required offender examinations and measures (e.g. EMA is a possible measure). It also defines the CBR (Centraal Bureau Rijvaardigheidsbewijzen – Dutch Driving Test Organization) as the responsible organisation for the examinations and measures.

In addition, there is a Ministerial legislative elaboration of the administrative law on how CBR should elaborate the measures (Regeling Maatregelen Rijvaardigheid en geschiktheid - Regulation on Measures of Driving Skills and Aptitudes). With regard to the EMA courses, this document includes regulations on:

- all possible circumstances under which an EMA course is imposed (e.g. BAC levels) and under which an EMA course is not an option (i.e. in case of involvement in an accident severely injuring or killing another; not having enough command of Dutch or of another offered language; having followed a previous EMA course within the last 5 years; presence of a severe psychiatric disorder or dementia, or a physical disorder, hindering participation (following a medical specialist's judgement); suspicion of alcohol dependence; and finally, if case an offender is known by the police as a user of drugs or other psychotropic substances.)
- behaviour during a course that is not accepted (i.e. showing up under influence of alcohol/drugs, clearly not cooperating, aggressive behaviour, and finally, disturbing the group process in any other way)
- the fee for the EMA measure

The main legal criteria for being referred to EMA are the following:

- the driver has been apprehended with a blood-alcohol-concentration (BAC) between 1.3‰ and 1.8‰ for the first offence or over 0.8‰ in case of recidivism. Novice drivers over 0.8‰ at the first offence and over 0.5‰ in case of recidivism.
- repeat offences within a period of 5 years in case that the driver scored a BAC of 0.8‰ or above twice. Novice drivers scoring a BAC of 0.8‰ at the first offence or with a repeat offence with a BAC of 0.5‰ or above.
- anyone apprehended with a BAC higher than 1.8‰ has to pass a medical examination. If a person succeeds this medical examination he/she still has to follow the rehabilitation programme because of his questionable attitude towards drinking and driving.
- refusal of the breath test.

The legal procedure starts with the assumption that a holder of a driving licence does not meet the standards for driving anymore. Generally this information is gained by police-officers because they observe deviant traffic behaviour (in this case drunk driving). The police then informs the Minister of Transport, Public Works and Water Management about the assumption. It is actually the CBR, working under the order of the Ministry and delegated to deal with all driving licence issues, that receives the information. Based on the assumption and depending on the legal criteria a decision is then made: either a person has to pass a medical examination or participate directly in a rehabilitation programme (EMA).

9.2 EMA commissioner and providers

On the one hand, the CBR is the commissioner of the Dutch rehabilitation programme for DUI offenders (EMA). The execution of the EMA programme on the other hand is delivered by the Dutch foundation for addiction and probation services *(*Stichting Verslavingsreclassering GGZ (SVG)). The SVG is a network organisation of all addiction care centres in the Netherlands and all of them are HKZ (Stichting Harmonisatie Kwaliteitsbeoordeling Indezorgsector) certified since 2007.

HKZ stands for Harmonisation of quality review in health care and welfare, and is a Dutch initiative of health care providers, patients/clients and insurers. It deals with the general quality management (QM) system of a centre (with regard to policy and organisation, human resources (HR) management, research and development (R&D), documentation, environment and materials, and services delivered by third parties). The HKZ mission is: harmonisation and implementation of QM systems and external review of such systems. To achieve this goal HKZ produces ISO 9001 compatible certification schemes for various types of health care and welfare institutions. Moreover, HKZ stimulates implementation of these schemes.

HKZ facilitates the Council of Experts in the Health Care Sector. All certification schemes are developed under the authorisation of this council, which is acknowledged by the Dutch Board of Accreditation.

The CBR was ISO certified in the past, but due to reasons of too much time consumption and costs, the maintenance has been stopped in 2004-2005. There exists a quality manual, which has not been updated since. Thus, the CBR has not implemented a document dealing specifically with the topic of QM, but nevertheless the organisation has different documents in use which include aspects of quality assurance, procedures and instructions. The ensuring and control of quality criteria concerning different frame aspects of the EMA programme (e.g. the minimal professional qualifications of course leaders defined by law) is one of the main tasks of the CBR. Generally speaking, programme content development and management issues are on the responsibility of CBR, while quality compliance in the execution is an SVG responsibility. CBR is the end responsible of the EMA programme and SVG is the delegated responsible for the execution of the programme.

9.3 Contractual obligations

The Road Traffic Act refers for the performance of EMA to a Ministerial Regulation but how the measure should exactly be elaborated is described in the CBR-SVG contract. There are no legal regulations on the programme setting, design, structure and condition, but the contract describes that it is a group intervention measure, with minimum 8 and maximum 12 participants, with 28 hours of duration in 3 sessions (one per week).

The contract between CBR and SVG is considered the most important document to guarantee quality issues. This document includes most elements of quality and also the obligation of both parties to maintain the acquired level of quality. It describes generally speaking the structure and demands of

content and quality of the EMA programme, and the specific tasks of SVG and CBR. Four times per year steering committee meetings between CBR and SVG take place.

Some specific aspects described in the contract are:

- the structure of the EMA programme (e.g. determinations on the individual pre-interview, on the course setting, on the number of participants [minimum 8 and maximum 12]);
- the tasks of SVG (e.g. country spread of EMA, fulfilment of administrative procedures for EMA, collaboration on and implementation of CBR policies/programmes, follow-up of new field evolutions), including also the qualitative and quantitative level of the course leaders and administrative personnel, course locations, first reception of complaints etc.;
- the tasks of CBR (e.g. fulfilment of the foreseen administrative procedures, planning of the disposition of participants into the courses, mail correspondence with participants, course materials, organisation of additional training for course leaders, treatment of complaints, maintenance of the quality assurance system);
- quality issues (i.e. CBR together with SVG define demands on content and quality of EMA, quality of the course leaders' qualification and requirements of the course locations);
- the correspondence requirements between parties, including which standard documents are to be used;
- dealing with complaints (i.e. the executing organisation ensures carefully the first reception of a complaint; the SVG then receives a document with the content and settlement of the complaint. A refusal of a settlement is send to the CBR who deals with it in the regular way (not EMA specific; based on a complaint letter, both parties are heard and the case is judicially examined). CBR then first asks SVG to comment on the complaint and afterwards informs SVG on the outcome of the complaint handling);
- the periodical consultation requirements, including that at least two times per year a steering committee meeting is to be hold between CBR and SVG on EMA procedures and quality care;
- the payment of course costs and other costs; and
- some special regulations, including the obligation for confidentiality by the SVG and all its employees with regard to all data of the EMA course participants. Without the consent of the participant, data may never be used for other purposes.

Further on, the SVG and the executing organisations have compiled an employment protocol which describes the necessary administrative procedures for the EMA (last version from April 2007) within the executing organisations. It includes:

- the description of the activities by the conducting organisation and by the CBR (scheme with a time schedule and the required administrative actions to be taken by the different responsible parties (CBR, executing organisation and course leader) in different situations);
- the administrative process to justify the work of the conducting organisation to the SVG (required quarterly), who later on transfers this information to the CBR;
- the work justification procedure and date planning;
- the procedure for the yearly control and checking of EMA work done by the organisations (i.e. SVG verifies and controls whether the contractually foreseen number of courses was performed);
- the format for the quarterly and yearly checks of the EMA work and the standard letter template in case of a negative outcome of the EMA course for a participant.

There are legal regulations on data protection. The general privacy law is in force: the CBR complies with the general condition of data protection. Further on, internal regulations on data protective issues are applied. Access to the CBR database/network is restricted to the CBR institute, no access from outside is possible. USB sticks with finger-scan are in use. Participant file data are strongly protected and no information is given to third parties. Furthermore, all programme conducting institutes have their own privacy regulation. A specific protocol determines what kind of data should be collected.

9.4 The EMA programme

EMA programme content and performance related documents include:

- A course leader manual: delivers a very detailed script of the complete conducting procedure of the EMA course (provided by CBR),
- Power Point and film material (developed and managed by CBR)
- Workbook for the participants (developed, managed and distributed by CBR)
- Proof of participation (standard template by CBR)

The CBR is responsible for developing and delivering all EMA (didactic) material.

The primary approaches of the EMA programme are psychological and therapeutic treatment. The major aims/themes and contents are: increasing road safety, increase of knowledge, influencing of the positive and negative outcome expectations, increasing personal effectiveness, and discussing habitual behaviour.

These aims are not legally regulated, but described in full detail in the manual for the course leaders, which is developed by CBR in consultation with SVG, and must be used by all EMA course leaders.

The scientific background of the EMA programme is partly based on the “Theory of reasoned action model” (ASE: attitudes, social influence, own effectiveness; Fishbein & Ajzen, 1975) and on the “Transtheoretical model of change” (Prochaska & DiClemente, 1983) and on the concept and approach of “Motivational Interviewing” (Miller & Rolnik, 1991).

The reported factors for EMA programme success are:

- most relevant: self-observation and reflection, discussion and confrontation, emotional experiencing and involvement, open-trustworthy group climate, goals setting and commitment to stick to them, development of alternative, new behaviour, achievement of behavioural goals/self control
- relevant: information, emotional verbal/non-verbal expressing

The characteristics of the EMA programme access and consequences are:

- Participation is legally regulated and mandatory
- DUI determines participation (details see above), groups are not mixed with other offenders (i.e. drugs)
- Participation leads to an ongoing validity of the licence

Target group(s) of the programme are exclusively alcohol offenders, including first time and repeated offenders, and novice drivers. Addicts are excluded a priori.

Based on the results of an evaluation study (Vissers & van Beekum, 2002) the former EMA programme was rearranged into the current structure. Compared to the former structure, the transfer of information is less important and there is more emphasis on techniques to motivate course participants to separate drinking and driving. The individual interview with course participants at the end of the programme has been replaced by an interview at the start of the course. Like in the former

situation the interview is performed by the course leader, but now it has the character of an admission interview; its primary function is to enhance the participant's motivation. Nevertheless, it may also reveal an exclusion criterion like for instance language problems or that the concerned person is not fit for a group setting. Thus, in case contra-indications become obvious, the pre-interview does become a selection instrument.

As the Ministerial "Regulation on Measures of Driving Skills and Aptitudes" determines, the suspicion of alcohol dependence is a contra-indication for the participation in an EMA course. The course leader does not perform a diagnostic procedure but his/her diagnosis is based on clinical observation and experience. In case of suspicion indicated by the results of the pre-interview or occurred during the course, the concerned person is referred back to the CBR and (further) course participation is excluded. This regulation also states that if the police report contains the information that a certain person is generally known as user of psychotropic substances, an EMA course participation is not appropriate and the CBR should suggest a fitness-to-drive assessment.

The "Regulation on Measures of Driving Skills and Aptitudes" furthermore describes the course rules for successful completion, concerning: intoxication by alcohol/drugs, missing cooperation, aggressive and other behaviour disturbing the group process. The suspicion of alcohol intoxication of a participant is sometimes verified by a non specified test procedure of the BAC. In other organisations it remains to the course leader's working experience and expertise to detect a case of alcohol/drug intoxication. Incompliance with a course rule leads to exclusion from further participation on the programme, and the driver licence will be suspended immediately. The concerned person can apply again for a new trial though. The participant is aware of these regulations.

After successful completion the participant gets a certificate of attendance, which is a standardized document developed and designed by the CBR and signed by the course leader and the participant.

9.5 Course leader qualification and authorisation

The Law on Driving Instruction of Motor Vehicles Art 10, 11 and 17 (Wet rijonderricht Motorvoertuigen) deals with the required training and professional qualifications for course leaders and the content of the additional course leaders' formation.

The actual elaboration and further agreements on this issue are described in the contract CBR-SVG, with regard to the following requirements:

- level of higher professional education (HBO) or university;
- a minimal educational requirement of having performed examinations in 5 core subjects (including psychology, pedagogy, andragogy, didactics) or to have a degree in behavioural sciences such as psychology, adult education, pedagogic and health education or specially trained in health and social studies or being a social worker;
- at least two years of specific professional experience (motivational interviewing, group dynamics, didactic skills, dealing with resistance, working with target group of persons with alcohol problems/dependency).

Additional training is provided by the CBR. A CBR text/training book exists, including the aims of the training and the contents of the examination which is conducted by an independent institute. An examination procedure specifically for EMA-course leaders exists as well (provided by IBKI – examination and certification for the mobility branch).

Course leaders get an EMA-certification and are then authorised by the CBR for a year. There are regulations regarding the regularly advanced trainings or continuation courses. To keep the EMA-certificate up to date the course leader is obliged by his contract to conduct at least four EMA

programmes per year and to follow at least two continuation courses (additional courses – organised by the CBR) per year. This is yearly counted and assessed by the CBR who keeps a central database on the course leaders. When these conditions are not fulfilled the authorisation can be withdrawn.

CBR is responsible for the training and the formation of course leaders, for the organisation of theme meetings, and for the development of protocols and materials. SVG must control that the CBR demands on content and quality for their course leaders are fulfilled.

9.6 EMA monitoring and quality system

The course performance itself is not controlled by the CBR, although in the past there have been ideas to implement an internal auditing system (the possibility of establishing audits to maintain quality standards is foreseen in the CBR-SVG contract), but this has not been done yet. But the CBR is able to control and monitor the compliance with the agreements through the monitor system for the EMA.

At the end of 2001 a start was made to develop a quality system (designed by DHV/Traffic Test) to ensure the quality of the execution of the EMA. In this system the quality of the content of the EMA itself and of the performance of the course leaders are monitored on a continuous basis. The function of the monitoring system is threefold:

- detect shortcomings in the EMA-programme;
- detect common shortcomings of course leaders;
- detect individual shortcomings of course leaders.

The main goal is to collect information about the way the course leaders have performed the programme; their performance is constantly evaluated. It can detect failures or differences in effectiveness, uniformity (e.g. are all parts of the course performed in the prescribed way) and quality and can ensure that the EMA is constantly executed at a similar level at all locations.

Information is collected by written questionnaires based on the ASE model of change (Attitudes, Social influences, Own effectiveness expectation, derived from the Fishbein & Ajzen model) and on the work model of change of Prochaska, that are filled out by the participants.

Since 2006, there is a pre- (in the pre-interview prior to the EMA) and a post- (at the end of the last session) EMA course measurement. It focuses on the participants' attitudes, own effectiveness (expectations), behavioural intentions (is the participant enriched with behavioural alternatives and can he apply them) and phase of behavioural change. The pre- and post-measurements allow the indication of possible shifts.

The effectiveness of the EMA can be ensured by this monitoring system. Defects can be discovered in an early stage so that corrective and preventive measures can be taken. The questionnaires' results are elaborated in SPSS and a 'score profile' report is established based on which the CBR plans an interview/audit with the course leader. Aim of the interview/audit is to check whether the course leader can find him/herself in the score and what the reasons behind the scores can be in order to optimize future working of the course leader. The report from the interview/audit includes possible recommendations that have to be taken into consideration and worked out by the course leader and his/her superior.

The EMA monitor system is regularly revised and thoroughly analysed in order to increase reliability and validity. Past versions included a questionnaire for the course leader as well but this did not give a lot of relevant information; also questions on knowledge were considered not relevant to be included as it is obvious that knowledge increases after a course. The pre- and post- system was established lately in the last version (2006).

The CBR maintains the results of the monitoring procedure and the corresponding reports of the interviews with the course leaders in a statistical documentation system. All data of the participants within the monitoring system are collected and stored anonymously.

10. Sweden

Michael Escrihuela-Branz, Simone Klipp & Uta Meesmann

In collaboration with Stig-Ake Johansson (PRI, Sweden)

The Swedish Prison and Probation Service (PRI), a public governmental institution, provides DR in Sweden. The institution started to deliver the DR services in 1987. The organisation carries out a nationwide DR programme named “Prime for life” in own rooms and in prisons.

10.1 Authorization of providers

An authorization procedure regulates the conditions, how the service gives missions to local probation services and prisons to deliver the programme. Before a local service is allowed to deliver the programme, the trainer has to participate in an additional education carried out according to an education manual. The implementation of the international QM standard ISO 9000, adapted to the delivery of offender behaviour programmes, is required.

The head of the probation service or the prison delivering the programme is responsible for the quality management system. There is a document (manual/handbook) where the QM system is described. Concerning the procedural instructions, all documents are easily accessible within the organisational intranet system.

The local service is committed to annually report and review that all criteria are fulfilled according to the implementation manual. The annual report is sent to the head of the regional office, which is responsible for taking action in case of problems. In addition, there is specialized staff in the regional offices, regularly visiting the local services and giving support in order to enhance programme conditions. In case there are grave difficulties in delivering the programme, ultimately the head of the regional office can suggest to the head office that the programme should not be delivered by this regional service. The QM system also contains an internal auditing system. The appropriate performance is controlled and documented in the annual report.

The head office also gets a copy of the report from the local service. These reports are used by the Commissioner (General Director) of the Swedish prison and probation service for preparing decisions in order to undertake missions for the upcoming year. The head office dialogues with the head of the regional office according to the outcome of the local reports.

Since the beginning of this year, many changes have been implemented; the follow-up on the regional level has contributed to enhance programme delivery. It is of highest importance that there is funding related to missions. A system has been implemented which ensures that missions are funded; Money budgeted for programme delivery is no longer used for other needs.

10.2 Statistics, data protection & handling of complaints

A statistical documentation system is also implemented. In the head office there is one person responsible for these issues (auditing the system, accesses etc.) All offenders are registered according to completion. Drop-outs are registered with reasons and date of drop-out, but so far only a few drop-outs have been reported. Participants are registered on the intranet system and follow-ups can be managed continuously on all levels in the organisation.

Every participant completes a programme evaluation, which is recorded in the intranet system. Complaints about the programme are transferred to PRI and new versions are worked out continuously. This year, programme version number 8 has been introduced.

As the organisation works within a governmental system all offenders have the possibility to complain to the regional office and a complaint can be directed to a civil court outside the service. The offender can also send complaints to the "Justitieombudsman" (ombudsman of justice), an authority which handles complaints from all government institutions in Sweden.

On the organisational level, access to information from the data system is limited to certain persons. The person needs to be authorized by the head of the unit to get access to data or to store information. All data records have to be dealt with according to the Swedish laws on data storage. Sweden has a special authority "Datainspection" (inspection of data), which inspects and controls the compliance with all laws and regulations. The offender is always entitled to ask for a summary of the information stored about him in the data system.

The DR programme named "Prime for life" has been introduced recently in 2006. In 2006 it was only conducted on a small scale with about 200 participants, but already in 2007 about 1000 offenders participated. The estimation is that over 2000 offenders will participate in 2008.

10.3 Procedural issues

The programme is a total manual based intervention. The participation is not legally regulated. It can be voluntary or mandatory as part of a court order. In the latter case, it leads to acceptance of an order related to probation or electronic monitoring, which means that imprisonment can be avoided. No certificate of attendance is given to the participants after successful completion of the programme.

The target groups of the programme are DUI and DUID offenders, which are regularly mixed in the courses. The criteria for participation are:

- a BAC level of 1.0‰ or more in case of alcohol offenses and
- all illicit drugs according to the narcotic law (*Law no. 1951:649 §4, traffic violations)* in case of drug offenses

Addiction is not an a priori exclusion criterion and the participation is free of charge. However, a participant can also be referred to treatment in the community for alcohol problems, like counselling or, if the problems are heavy, to an addiction treatment institution.

Repeated participation is possible, and there are exceptions from the normal procedure for persons with communication problems and persons in special conditions.

There are no legal, but intra organisational regulations for successful programme completion.

These criteria concern the sobriety of the participants:

- Participants of the electronic monitoring have to abstain from alcohol;
- Offenders on probation may have a court order about drug controls/screenings and intoxication can result in imprisonment.

For alcohol controls a breath analyser is used and for drugs urine samples. New screening instruments have been introduced this year, using sweat or hair probes for drug analysis. Offenders within the probation service usually have an order to comply. When the offender does not comply, he is sentenced or transferred to prison. In Prison, mandatory urine samples are used to assess intoxication by drugs. Failing to deliver drug samples could mean transferral to a closed prison or additional days of imprisonment.

Regular attendance at the programme is required. Participants must report to the staff in case of illness or if hindered due to any other reason. If the participant does not show up, an investigation is made. In case of repeated absenteeism, the offender could be referred to prison if it is within the intensive electronic monitoring period. In case this happens during probation, it is reported to the Probation Board, which can decide if the offender is referred back to court.

There are no special rules concerning cooperation. However if the offender threatens staff or other participants and openly opposes to the programme rules he/she can be excluded from further participation.

10.4 Programme description

There is no legal base for the setting and procedure. The programme is principally designed as a group intervention. Single interventions are neither foreseen nor conducted. The groups consist of a minimum of 5 and a maximum of 10 participants.

The *Prime for life* programme is a short intervention. When the participant needs more comprehensive or longer treatment he is referred to a so-called 12-step programme, counselling or behaviour treatment programmes. Courses are held in 4 sessions in a total intervention time of 15 hours, without specifications of the time span between two sessions.

The programme's aims are not legally regulated, but the most important aims are considered to be:

- to reduce relapse;
- to reduce problems caused by high risk drinking or drug use;
- to reduce risk for long term health problems and short term impairment problems;
- to help to protect things people value most: starting with their closest relatives, children, wife, husband and relating this to high risk drinking; thinking of what their life will be like, if they lose these relatives because of the drinking.

Self-observation and reflection are considered the most relevant factors for programme success.

Specific material is provided during the course. Every participant gets a course book. Short video clips are used for showing examples and starting discussions.

10.5 Qualification of course leaders

Only specially trained and certified programme facilitators conduct the courses, meaning that a special education is required.

The facilitators have to deliver sessions in another trainer's presence who will then decide about certification. Facilitators must conduct the programme at least once a year to keep the certificate**.** There are further regulations on regular advanced trainings for course facilitators.

The PRI Nordic delivers the training courses yearly, usually in two-day sessions. Staff from the USA must certify the trainers for these courses. The Swedish prison and probation service has its own trainers for education facilitators since the beginning of this year, but they are not yet allowed to certify the trainers. The advanced training are delivered by PRI.

The standard combination of disciplines in the programme is based on the latest research, combining a range of effective interventions to enhance risk awareness related to drug and/or alcohol use. The approach is predominantly educational, but based on psychological and therapeutic techniques as well.

10.6 Evaluation

Outcome evaluation, recidivism studies and participant feedback studies were conducted, indicating that DUI recidivism rates are reduced. The evaluation studies were carried out in USA and the results have been published. The provider is currently assessing the value of the studies because no randomized controlled trial studies were performed yet. Further follow-up studies related to criminal recidivism are planned. All data about participants are collected to enable comparisons about recidivism issues.

11. Switzerland

Stefan Siegrist

11.1 Legal parameters for driver rehabilitation courses in Switzerland

"Traffic education for follow-up training" is regulated in Art. 40 and 41 of the Swiss ordinance on roadworthiness VZV[2]. According to this, the cantons are obliged to introduce traffic education for repeat offenders. Attendance at these traffic education courses can be imposed by license-withdrawal authorities on car drivers, motor cyclists and cyclists who repeatedly violate road traffic regulations in a way that endangers other road users (e.g. repeat DUI offences). Attending a traffic education course can be imposed on its own or in combination with other administrative measures (warnings, license suspensions, driving bans). The use of alcohol ignition interlock systems as a supplementary administrative measure would first require legal parameters. As a rule, courses comprise eight lessons, the cost of which is borne by attendees. Cantons can offer their own courses or instruct suitable organizations to conduct them. If there are any doubts about a participant's suitability as a driver during the course, this must be reported to the cantonal authorities.

The legal parameters accordingly do not include some meaningful solutions:

- Mandatory participation in longer-term intervention measures
- Courses for first-time offenders
- Minimum requirements in terms of interventions and facilitators at national level

In addition, some issues considered important in the ANDREA EU project (Bartl et al., 2002) are not mentioned in the Swiss legal basis:

- Diagnostic screening system (i.e. separation of diagnostics and intervention)
- Methods of driver improvement courses
- Quality of training personnel
- Quality assurance of the courses

It is left to the discretion of the cantonal authorities responsible to make the corresponding demands and to collaborate with the other cantons.

11.2 Courses available

A lack of precise legal requirements has led to the development of a relatively complex range of courses with marked federalist tendencies in Switzerland (Table 3). The most frequent courses offered are those for first-time DUI offenders (70% of the cantons). Around 50% of the cantons conduct courses for repeat DUI offenders and for repeat DUI offenders in combination with other violations. Courses for joint attendance by DUI and other traffic offenders are rare. Only one canton offers senior-citizen courses that are attended exclusively by offenders of the same age group. A corresponding course for young drivers is not available anywhere in Switzerland so far. Courses for drug-taking driving offenders are also unavailable.

[2] Ordinance on the roadworthiness of people and vehicles (Verkehrszulassungsverordnung, VZV) of 27 October 1976, SR 741.51

Table 3: Courses available in the 26 Swiss cantons (number and proportion), status: 2006

	Violation			Age
	Involving alcohol	**Not involving alcohol** (mainly speeding)	**All violations**	**Senior citizens**
For first-time offenders	18 (= 70% of the cantons)	7 (27%)	1 (4%)	1 (4%) (for senior citizens)
For repeat offenders	14 (54%)	13 (50%)	5 (20%)	1 (4%) (for senior citizens)

Data based on a survey of cantonal traffic regulatory authorities, no responsibility is taken for the correctness of this information.

Less than 50% of the courses available meet legal requirements. Course attendance is generally mandatory. They last for one day and are usually conducted with the assistance of specialists from the administrative authorities. Even though these short interventions aim to bring about a change in behaviour, the emphasis is on conveying knowledge and the generation of a feeling for road usage. Some courses also include a (brief) discussion of the possible causes of violations and alternative modes of action.

In addition to the repeat offender courses, the cantons have been holding courses for first-time offenders for several years. Almost all of these are one-day courses due to the brief term of licence suspension. Attendance is mandatory in most of the cantons.

Outside of legal requirements, theses are longer-term courses, which are preceded by individual discussions and are based on documented curricula. Participation in these courses is voluntary and they lead to a reduction in the period of license suspension. However, the suspension period must not fall below the minimum period (q.v. Art. 17 § 1 SVG[3] for suspension period). This regulation means that this reduction is only available to those repeat offenders faced with suspension periods extending beyond the minimum suspension period. “Simple” repeat offenders are thus not motivated to take part in such driver retraining.

The most common course is the one targeting repeat offence drunk drivers (Siegrist, Kaegi & Ammann, 1995). This programme includes both educational and therapeutic elements, group size is up to 10 persons and course meetings are held over a long period of time (8–12 weeks). The courses are conducted by specially trained facilitators, i.e. psychologists with a university degree, who have generally had additional therapeutic training. Moreover, the measure is combined with early driver licence reinstatement. According to a similar basic design, a course for repeat traffic offenders not involving alcohol was developed in 2005 (Widmer, Hubacher & Bächli-Biétry, 2005). Around half of the cantons offer these courses, which were developed by a specialist agency and are conducted by specially trained traffic psychologists.

Traffic therapy treatment to regain driving capability is also conducted in Switzerland. Within the framework of clarifying suitability, traffic therapy of specific scope is recommended for those offenders who are considered unsuitable. An application can be made to the regulatory authorities for reassessment based on their attendance of this treatment and the fulfilment of further conditions if necessary. This treatment is carried out by psychotherapists in the private sector.

[3] Strassenverkehrsgesetz vom 19. December 1958, SR 741.01

Achermann, Bächli-Biétry and Siegrist (2007, p. 12) concluded their assessment of the present Swiss driver rehabilitation system as follows:

"Rehabilitation courses are undoubtedly a supplementary intervention that makes sanctions more effective. Switzerland was one of the first countries in the world to introduce this measure. Although there is a long tradition in this field, the Swiss system has some shortcomings. The effectiveness of the rehabilitation programmes can be improved, if:

- Separate bodies are concerned and responsible for diagnostics and intervention, and as a consequence:
- Only those offenders who have a chance to benefit from the course take part in courses
- All courses must be of the same quality standards (e.g. qualification of course leaders)
- Courses for first and repeat offenders are offered in all cantons and regions (also planned within Via sicura measures 505 "Retraining for motorists found driving under the influence of alcohol or drugs" and 506 "Systematic retraining for repeat offenders")
- The cantons are obliged to make sure that specific courses for specific target groups are offered".

11.3 Quality assurance system

11.3.1 Legal regulations

The initial legal situations and the heterogeneity of the range of courses described do not permit any uniform quality assurance system.

The cantons themselves are responsible for the quality of the courses offered by the cantonal regulatory authorities within the parameters of legal regulations. The Swiss Confederation delegates quality assurance expressly to the cantonal authorities by stipulating that course organizers must be recognized by the cantonal authorities. Neither quality standards nor procedures for monitoring and assuring have been formulated. The situation becomes particularly problematical when the cantonal authorities themselves offer courses. In these cases, an authority that is designed for administration becomes simultaneously responsible for the development, implementation and control of an educational-therapeutic measure. Theoretically, there is a possibility that legislators can intervene if the legal regulations are not - or only insufficiently - implemented at cantonal level. However, in practice this possibility is never used in connection with implementing rehabilitation measures. Quality assurance for mandatory courses for traffic offenders (Art 40/41 VZV) is accordingly not regulated and the practical aspects that are the responsibility of the cantons are not documented.

Generally, three agencies that are independent of each other are involved in the voluntary types of courses that do not come under VZV Art. 40/41. This has a positive effect on quality assurance: one agency (mainly the Swiss Council for Accident Prevention) is developing a course concept, makes demands on facilitators and trains and supports them. Only psychologists with university degrees and psychotherapeutic further training are considered for the post of facilitator. Introduction to the problem takes 5 days and the annual further training session takes 2 days. Selection, training and supervision are all conducted by the Swiss Council for Accident Prevention bfu, which thus bears the main responsibility for quality. The regulatory authority undertakes only to allocate traffic offenders to course providers that are considered good by the specialist agency. Course providers (generally psychologists in the private sector) make every effort to meet the necessary conditions so as to appear on the list of recommended course providers in the following year.

11.3.2 Quality assurance for bfu courses

The following specific demands are made on facilitators of bfu courses:

Skills (e.g. course facilitators: alcohol):

- Knowledge of aspects associated with driving under the influence of alcohol: risk of accident, accident statistics, mental and physical effects of alcohol, legal parameters, healthcare policy and the economic dimensions of driving under the influence and accidents involving alcohol
- Flair for and experience in dealing with groups in the sense of a professional background

Specifically, course facilitators must meet the following conditions (valid for all course facilitators):

1. Qualified psychologist (university degree and member of the Swiss Federation of Psychologists (FSP))
2. A minimum of 100 hours of training (knowledge/ability) in acknowledged therapeutic intervention techniques
3. A minimum of 50 hours of therapeutic self-awareness training
4. Course-specific supervision at regular intervals

All facilitators must complete a training session that contains the following elements (valid for all course facilitators):

1. Preparation: reading the relevant literature determined by the organization responsible for training.
2. Module 1 (2 days): information on accident statistics, legal, psychological, healthcare policy and medical aspects of drunk driving as well as the latest standard of knowledge on repeat DUI offenders. Development and diagnosis of alcohol dependency (including a knowledge of DSM-III-R and MALT).
3. Module 2 (2 days): group processes and methodic-didactic aspects of working with groups. Therapeutic approach in groups and intervention techniques: person-centred approach; group work; behaviour modification; intervention techniques such as role play, psychodrama, etc.
4. Further training: attendance of a further training course proposed by the Swiss Council for Accident Prevention bfu within two years at the latest and every 2 years after that.
5. Supervision and quality assessment: supervision every 2 years. If the supervision assessment criteria fail to be met in any year, supervision takes place again in the following year. Supervisors assess compliance with the guidelines issued by the bfu in its course concepts in terms of form and content (Siegrist, et. al. 1995; Widmer et. al. 2005). If the criteria fail to be met for two consecutive years, the course facilitator is removed from bfu's list of course facilitators.
6. Supervision in small groups outside of courses: after the successful conclusion of training within the course of the first year, one supervisory session (2½ hours) per year, then 2 supervisory sessions per year.
7. Supervision of two preliminary discussions: supervision of the first and second preliminary discussions in the facilitator's practice in the first three years after the successful completion of training.
8. Supervision of a follow-up discussion: supervision of a follow-up discussion in the facilitator's practice during the course of the first two years after the successful completion of training.

Experience so far with the quality assurance system for bfu courses has been positive. The division of tasks among the sanctioning authorities, the psychologists conducting the courses and an agency with sole responsibility for quality assurance has proved to be worthwhile. The results of the supervisory sessions have shown that the course concepts are being fully complied with and the quality of the facilitators' work is satisfactory to very good. From the bfu's standpoint, having taken on the task of quality assurance, quality can be satisfactorily monitored and assured with relatively little outlay.

11.3.3 Quality assurance for other driver retraining courses

However, not all cantons are integrated into this quality assurance process. Although some cantons offer longer-term, therapy-type interventions in accordance with the bfu model, implementation is still left to various regional course leaders or alcohol advisory centres. Since these are not incorporated into the quality assurance system described, some of these facilitators fail to meet the basic prerequisites and have no access to any specific knowledge and expertise on road traffic behaviour and offences due to their lack of further training in traffic psychology.

11.3.4 Quality assurance in traffic therapy

The situation regarding quality assurance is similar in traffic therapy. The Swiss Society of Traffic Psychology VfV formulates and monitors the quality criteria for traffic therapy in Switzerland (www.verkehrspsychologie.ch in "Sektionen", Therapie). In seminars lasting several days, psychotherapists with cantonal authorization for a practice are prepared for the tasks involved in traffic therapy. The regulatory authority receives an annually updated list of therapists who are trained and who regularly undergo further training. Around two thirds of the cantons offer traffic therapy as a way of allowing offenders to drive again and most of them use VSV-trained traffic therapists.

In general, the psychotherapists must abide by the rules passed by the executive board of the VfV on 7 June 2004. In addition, the psychologists listed among the VfV psychotherapists undertake to comply with the following quality criteria when conducting efficient and effective therapy with traffic offenders:

1. Regular intervision
2. As a rule, no more than one session is arranged per week.
3. The focus of the therapy is on traffic-related behaviour.
4. Clients finance the treatment themselves (no billing via health insurance).
5. The costs invoiced correspond to the recommendations of national Swiss organizations such as FSP and SPV.
6. Clients generally have homework to complete between sessions.
7. Therapists read the reports issued by the clarification agency and discuss the contents with their clients.
8. A clear distinction is made between clients' behaviour and their personalities.
9. Therapists will endeavour to establish a rapport.
10. Therapists will compile a final report for the attention of authorities and the client. This should contain:

    - the topics discussed

    - a description of the work conducted together

    - the dates of the sessions, together with how long they lasted

11. Therapists make no assessments or evaluations on personal development or about suitability for driving.

The quality of driver retraining programmes in Switzerland is assessed using a matrix. The best-practice guidelines formulated in the SUPREME EU project each designate an aspect of the quality of the structure, process or result. Indicators, standards and responsibilities are determined for each best-practice characteristic and a concluding assessment is made. An assessment of the Swiss situation solely relating to courses where participation is voluntary is displayed in the Annex II (pp. 141ff).

11.4 Future Prospects

No changes to the quality assurance system are scheduled in Switzerland. VIA SICURA, the road safety programme, which will only be referred for consultation by the Federal Council in 2008, could however trigger off an optimization of the situation. Specific measures aim at better coverage of driver retraining courses (mandatory driver retraining for first-time offences involving alcohol and drugs; retraining for all repeat offenders with license withdrawal of at least 6 months). An expansion of this safety measure for retraining courses triggered off in this way might also bring about a discussion on the quality of regional courses available.

Research results can also focus attention on the quality of the courses. The Swiss Road Safety Fund (FVS) has approved a project to investigate cantonal courses in detail. The project is looking into the issue of the patchy and barely standardized range of courses for first-time offenders and the poor accessibility to this important target group. The investigation also looks into the issue of the extent to which the current range of courses is based on evidence from the standpoint of alcohol research and the relatively major efficacy of minimum intervention and how these can be improved.

12. United Kingdom

Simone Klipp

In collaboration with Chris Gazzard (DfT, United Kingdom) & Heike Hoffmann (BASt, Germany)

In the United Kingdom, two main kinds of DR measures exist:

3. The Drink-drive rehabilitation (DDR) scheme implies courses which have to be approved by the Secretary of State for Transport. Voluntary participation in one of these approved courses can lead to a reduction of the disqualification period up to one quarter of the period originally determined by court. The Department for Transport (DfT) is responsible for administering the scheme in England and Scotland; in Wales some of the administrative functions have been assigned to the Welsh Assembly.
4. The Drink Impaired Drivers (DID) programme belongs to the group of accredited "Offending Behaviour Programmes" for England and Wales. This group of programmes are structured group work interventions delivered by the Prison and Probation Services that offenders have to attend mandatory as part of their community sentence. Offenders not attending the programme are referred back to Court for re-sentencing. The procedure of how offenders are managed including assessments, sentence planning, implementation of the sentence plan and specific requirements and interventions follows National Standards (National Offender Management Service, 2007a) which have been approved by the Secretary of State for Justice.

The following sub-chapters explain the two different DR schemes with their operational and administrative issues relevant for QM in detail.

12.1 The Drink-drive rehabilitation (DDR) scheme

12.1.1 History and legal framework

The procedure for the operation of rehabilitation courses for alcohol offenders is regulated in the sections 34A to 34C of the Road Traffic Offenders Act 1988 ("RTOA") which is valid in England, Wales and Scotland. Basically, section 30 of Road Traffic Act 1991 ("the 1991 Act") amended the RTOA by adding these three sections. It provides for courts to refer disqualified DUI offenders to approved rehabilitation courses. According to section 34A, competent courts (Magistrates and Crown Courts in England and Wales, Sherriff and District Courts or the High Court of Justiciary in Scotland) may reduce the disqualification period if the offender successfully completes an approved course if the original disqualification period is not less than 12 months. The reduction of the disqualification period can be up to one quarter of the period originally determined by court. This regulation applies to all courses dealing with drink drivers that have been approved by the Secretary of State for Transport. There are no plans to approve courses for drug drivers and the UK Government's policy is that those offenders convicted solely for drug driving should not be referred to the drink drive course scheme.

Before the permanent implementation of this rehabilitation scheme in 1999, the scheme ran on a limited, experimental basis for 6 years during which time its effectiveness was evaluated by TRL Limited (Transport Research Laboratory). TRL assessed the re-offending rates of those who participated in a course during the experimental period. The results revealed that course participants were between two and three times less likely to re-offend than those who did not participate (Davies et

al., 1999). As a result of this success, the rehabilitation scheme was introduced at the end of 1999 on a permanent basis by the Courses for Drink-Drive Offenders (Experimental Period)(Termination of Restrictions) Order 1999. Thereby, courts throughout England, Wales and Scotland gained the power to refer DUI offenders to approved courses. The scheme does not apply to Northern Ireland where a separate, but generally similar, scheme operates. The Department for Transport (DfT) is responsible for administering the scheme in England and Scotland; in Wales some of the administrative functions have been assigned to the Welsh Assembly, including the approval of new course programmes. But in practice DfT manages the scheme throughout Great Britain.

In addition to the primary legislation mentioned above, the operation of the courses is subject to a guidance document issued by DfT: "A guide to the operation of approved courses for drink-drive offenders" (2004). All course providers are by law (RTOA section 34C) required to have regard to it. It provides advice about legislative provisions and identifies best practice for the operation of approved courses. Together with its Annexes A-K[4] it contains comprehensive information concerning process instructions (e.g. regarding the handling of certificates of completion), the minimum requirements for course programmes (e.g. methods, duration), contact data and description of providers and their programmes as well as example templates for certificates or court forms. The guide with all Annexes make the rehabilitation system very transparent to the public as it is free of charge and available via DfT's website:

- http://www.dft.gov.uk/pgr/roadsafety/drs/drinkdriverehabilitation/guidance/aguidetotheoperationofapprov4647
- http://www.dft.gov.uk/pgr/roadsafety/drs/drinkdriverehabilitation/annexes/

12.1.2 Procedural issues

12.1.2.1 Referral procedure

Offenders who are disqualified for 12 months or more can be referred by court to an approved course in case they are convicted for one of the following offences:

- causing death by careless driving when under the influence of drink or drugs
- driving or being in charge of a vehicle when under the influence of alcohol or drugs
- driving or being in charge of a vehicle with excess alcohol or failing to provide specimen

Only offenders who are referred to the scheme are eligible to participate. Drug offenders cannot attend the scheme as no approved drug courses exist.

A referral is made at the time of sentencing and is recorded in the court register. The court is required to explain the consequences of successful course completion (i.e. reduction of the disqualification period) to the offender and to announce the exact period of reduction. Before a referral can be made, the court has to check if the following conditions are fulfilled:

- a place is available on an approved course,
- the offender appears to be at least 17 years old,

[4] Whenever the word Annex is used within this chapter, it refers to one of the Annexes A-K of the "Guide to the operation of approved courses for drink-drive offenders" (DfT, 2004).

- the court has in ordinary language explained to the offender that to gain a Certificate of Completion the whole course must be attended, the reasonable requirements of the organiser must be met and the course fee must be paid before starting the course and
- the offender has agreed that the order should be made

Offenders cannot be required to attend a course. The participation is voluntary and after the referral the offender can participate any time before the completion date set, but courts and course organisers are advised to encourage the offenders to attend the course as early as possible. There are no additional sanctions if an offender does not accept a referral order or fails to attend a course.

DfT sets general guidelines for course fees which should not be below £50 (~ 64 Euro) per course and not exceed £250 (~ 317 Euro). In case a provider wants to deviate from these guidelines, it must ask the DfT for approval. The guidelines are intended to ensure that the costs are within the means of the offenders; otherwise the courses may suffer from too low participation rates and hence make them unviable. Course organisers must always notify the DfT and the courts about their course fee or any changes to it.

The court decides to which of the approved courses an offender is referred, mainly depending on course availability and location. Course providers are advised to assist the court by providing any details of the approved course and locations/areas where the courses are conducted. A summary of each course, location, costs, format and details of the provider are published in Annex A and accessible for the public via DfT's website. Course organisers have to ensure that any changes to this information are notified to the courts and DfT. Furthermore they are advised to maintain regular contact with the courts and provide them with all relevant information about their courses.

The Referral Order (for which a template is provided in Annex E) is issued by the court to the offender and copied to the course organiser, the supervising court and the court file. The court sets a deadline for course completion which needs to be announced on the referral form. It must be at least two months before the reduced disqualification period ends. This two months period is intended to allow sufficient time for the court and the Driver and Vehicle Licensing Agency (DVLA) to be notified about the successful completion of an approved course and for the reduced period to take effect.

There is also a procedure for offenders who live or move to an area different from that where the sentencing court is located. In these cases the court should send details of the offender to his local court, which becomes the "supervising court". A specific template "Notification of Transfer Form" is provided by DfT in Annex D. As this transfer may result in a change of course organiser as well, the court sends the copy of the notification of transfer to the course provider to whom the offender was originally assigned. It is still the responsibility of the sentencing court to decide on an appropriate course, mainly based on the information from Annex A. In case the offender's circumstances change prior or during the course, the course provider has to consult the sentencing court. Transfers between providers are considered to be acceptable if the courts concerned are content to leave it to them.

Course providers are responsible for verifying the participant's identity. Mainly two options exist:

- They can require a completion of a registration form with details about the participant like full name, date of birth and details of the sentence. These details can be checked against the details they received from the court.
- They can require a nationally recognised document that contains the individual's photo (e.g. passport).

12.1.2.2 Course completion

Successful course completion depends on regular attendance, payment of fees and compliance with the course organiser's requirements. Active participation in the course without any disruptions is necessary as well as attending all sessions in a sober and fit condition. In case the offender does not comply with the course conditions, the course provider can refuse to issue the Certificate of Completion (a reproduction is provided in Annex B), but issue a Notice of Non-Completion (a reproduction is provided in Annex C) instead.

The Certificate of Completion (Annex B) and the Notice of Non-Completion (Annex C) are provided by the DfT and numbered serially in order to enable the course provider to recognize to whom a certificate was issued. The Secretary of State has powers under the Road Traffic (Courses for Drink-Drive Offenders) Regulations 1992 to decide the form and content of the Certificate of Completion and the courts are not able to accept any other form of the certificate. The course organisers complete the certificate when an offender completes a course successfully, sign it and send it to the supervising court as soon as possible, but no later than 14 days after the course completion deadline. Only nominated persons can sign the certificate. The offender receives a copy of it, in most cases at the end of the last session.

When the supervising court receives the certificate, the court clerk should notify DVLA, an Executive Agency of DfT, within two weeks. There are special "Guidelines for Courts on Notification to DVLA" and the form of the notification is reproduced in Annex I. At the same time, the court sends a copy of this notification to the local Police National Computer Bureau (PNC Bureau) to inform them that an offender has successfully completed a course and DVLA has been notified. This serves as cross reference with the data transfer from the DVLA. The offender is then responsible for applying for a new driving licence before the reduced disqualification period ends.

12.1.2.3 Cases of non-completion

Offenders can be excluded from the course if they breach the course rules. Hence they are issued a Notice of Non-Completion. These are sent to people who:

- Fail to make contact with the course organiser after being referred by the court
- Fail to attend one or more sessions
- Fail to pay the course fee or any part of it
- Fail to comply with any reasonable request or instruction of the course organiser

The Notification of Non-Completion must be sent to the offender as soon as possible, but not later than 14 days after the latest date specified for the completion of the course according to RTOA section 34B(5). A copy should be sent to the court by postal mail, but not to DVLA. The Notice of Non-Completion should include information about the reasons for failure and which circumstances led to it. Furthermore it needs to draw attention to the offender's right to make an application against the course organiser's decision.

Any of such applications must be addressed to the supervising court which may issue a summons to the provider directing it to attend a hearing. Therefore course organisers are advised to keep records of attendance, any disruptive behaviour and received payments in order to be able to display the reasons for not issuing the certificate. The application must be made within 28 days of the date set for course completion. This ensures that the reduced period of disqualification can take effect if the court decides to grant the application. When the court makes such a decision, it must notify DVLA of its

decision in the same way as it counts for course completions and should also copy it to the PNC Bureau.

In addition, offenders can apply for a declaration that the course organiser is in default if an organiser fails to issue either a Certificate of Completion or a Notice of Non-Completion within 14 days of the specified date for completion. In this case the procedure is the same as described above.

12.1.2.4 Re-licensing issues and the High Risk Offender (HRO) scheme

The offender must apply for a new driving licence before starting to drive after the disqualification period has ended. One can apply to renew the licence up to 56 days before the disqualification ends. The DVLA therefore sends a renewal reminder with a specific form for the application. Section 94 of the Road Traffic Act 1988 requires the applicant (and holder) of a driving licence to notify the Secretary of State (DVLA) if he is suffering from a relevant or prospective disability or if such a disability already notified has become more acute. The section also gives the Secretary of State powers to investigate disabilities by requiring medical examinations. In case an offender meets the criteria for being a High Risk Offender (HRO), the DVLA will always require a medical examination before reissuing a new licence. The HRO scheme was first introduced in 1983 and redefined in 1990 by broadening the criteria for considering a person as HRO. According to the current legislation any driver is considered to be a HRO who is disqualified on having

- provided an evidential sample with an alcohol level at least 2.5 times the legal limit (legal limit = 0.8‰ BAC);
- provided an evidential sample with an alcohol level between 1 and 2.5 times the legal limit (equivalent to 0.8-2.0‰ BAC) and had been convicted of a drink-driving offence in the previous ten years; or
- 3 refused to supply an evidential specimen.

In all these cases the licence will only be reissued after a satisfactory medical assessment has been given by the Drivers Medical Group at DVLA.

12.1.3 Authorization of courses

The course programmes must be approved by the Secretary of State and have to meet the minimum requirements described in Annex F ("Guidance on content and operation of courses") of the guide to the operation of approved courses for drink-drive offenders (DfT, 2004). The following sub-chapter sets out the minimum requirements specified in Annex F.

12.1.3.1 Essential elements of a course

The following contents are required to be dealt with in a course:

- "Information about alcohol and its effects on the body, including concepts of tolerance and dependence, physical effects, disease, sensible drinking etc.

Effects of alcohol consumption on performance:

  - Driving ability and behaviour, the legal limit, what it means.
  - The intoximeter. Penalties for drinking and driving. The High Risk Offender.
  - Effects of drink-driving on work, family, friends, victims, insurance, health.

- Analysis of offender's behaviour

- Alternatives to drinking/driving
- Future action and sources of help." (DFT, 2004, "A guide to the operation of approved courses for drink-drive offenders", Annex F "Guidance on content and operation of courses", p. 1)

12.1.3.2 Educational measures within the course

The following methods are suggested to be applied when conducting a course:

- "Short lectures to convey essential information;
- Group discussion;
- Self-observation forms, records of behaviour;
- Work sheets/exercises for individuals/group discussions in class/role play;
- Talks from police, victims/families, lawyers, magistrates, medical/emergency services;
- Information/handouts for offenders to take away;
- Behaviour analysis, setting objectives, assessing performance;
- How to get back on the road legally and safely, including insurance implications" (DFT, 2004, "A guide to the operation of approved courses for drink-drive offenders", Annex F "Guidance on content and operation of courses", p. 1)

12.1.3.3 Criteria for course procedure

The following basic conditions of the course procedure have to be kept:

- "Minimum 16 hours, maximum 30 hours contact time, ie. learning time excluding breaks [...]
- Minimum of 3 sessions
- Course sessions to be limited to a maximum of 6 hours contact time per day, divided into shorter periods by adequate breaks
- A choice of day-time, evening and weekend course sessions should be offered
- The maximum group size should be 20 participants, with an optimum size of 10 participants per trainer
- Minimum course duration of 15 days
- Course sessions not to be held on consecutive days" (DFT, 2004; "A guide to the operation of approved courses for drink-drive offenders", Annex F "Guidance on content and operation of courses", p. 2)

Deviations from these criteria are only allowed for up to 10% of courses conducted by one provider and only for up to 10% of that provider's course participants per year. DfT admits block courses only as a second option if an offender fails to comply with the first offer of a course and if the total number of such courses does not exceed 10% of courses conducted by one provider and only for up to 10% of that provider's course participants per year. Any other deviations are only allowed after an application to DfT and its permission.

12.1.3.4 Qualification of course leader

The actual profession which qualify a person as course leader is not defined, but DfT advises that the course leaders should have experience of working with offenders or of teaching in an adult environment. Furthermore, experience of working with people who have a problem of excessive alcohol consumption is considered to be desirable. Definitions of or regulations on any specific education or advanced trainings do not exist.

12.1.3.5 Authorization procedure and monitoring of approved courses

Although there are differences in details of the programmes or the approaches of the providers, all must meet the above mentioned basic requirements of the scheme as the court can refer the DUI offender to any of the approved courses. For the approval of courses the Secretary of State invites applicants to submit applications based on an expanded version of the criteria of Annex F. An independent expert group chaired by DfT considers the application and advises the Secretary of State about the approval of new courses. After an approval of a course, only minor changes regarding the organisation, methods and content are allowed if the course still meets the minimum standards. Any major changes e.g. fee changes or changes regarding the structure of the contact time can only be introduced when approved by DfT. The providers are advised to consult DfT should they have any problems over compliance with the guidance.

After a course has been approved, DfT monitors the operation of the courses through quarterly statistics and annual reports from each provider, feedback from courts and the public and visits to courses. DfT has the power to withdraw an approval should monitoring results show a failure in meeting the required standards. Course providers must be able to show that the courses are conducted according to the standards and have to provide an annual report to DfT. Annex J “Course provider annual report format” describes the framework for the annual reports which must be submitted to DfT by the end of February each year. On behalf of DfT, TRL has conducted studies to assess the continuing effectiveness of courses. The results were provided in annual extended monitoring reports to DfT (“Extended monitoring of drink-drive rehabilitation courses”; see chapter 13.1.5 “Evaluation”).

The annual report which has to be sent to the DfT yearly contains specifications of the following issues:

1. *Introduction*
    a. Brief description of organisation
    b. Objectives / course policy
2. *Statistics (all these declarations have to be done for the actual year, the year before and the change between both years)*
    a. Number of referrals
    b. Number of completions
    c. Number of non-completions
    d. Total of offenders processed (completions & non-completions)
    e. Referral rate [(completions ÷ referrals) x 100]
    f. Conversion rate [(completions ÷ total processed) x 100]
3. *Operation of courses*

a. List of all course venues and addresses used over the course of the year
b. List of all courses provided during the year, including dates, times, venues and numbers of tutors and participants
c. Total number of courses in the year
d. Description of course fee structure
e. Client/trainer ratio
f. Total numbers of trainers
g. Trainer qualification and experience

4. *Course content*
    a. Brief description of course syllabus/curriculum
    b. Any changes on previous year
5. *Quality control*
    a. Brief outline of the internal quality control mechanisms
    b. How and by whom these mechanisms are carried out
    c. Actions which have been taken in response to quality control issues
    d. Brief outline of any disciplinary or remedial procedures the provider has in place
6. *Administration*
    a. Description of how client relationships are maintained e.g. when letters and reminders are sent, how written notification of non-completion is delivered & monitored etc.
    b. Description of how the provider maintains regular liaison & good working relationships with courts (including examples of any literature that is distributed to the courts / Magistrates)
    c. Description of how the provider maintains regular liaison with other course providers
    d. Numbers of referrals transferred to other course providers
7. *Other comments*
    a. Number of appeals made against provider's decision & results
    b. Information on reasons for non-attendees, drop-outs or non-completions (if available)
    c. Description of future plans for courses
    d. Suggestions or comments on the scheme

12.1.4 Course providers and intra-organisational QM issues

At the moment, 22 providers are offering approved courses for drink-drive offenders serving every court in England and Wales and most courts in Scotland. The providers come from local authorities, charities, probation services, private sector and health sector and offer courses of between 16 and 20 hours. Detailed information about each provider, its areas covered, key data of the course programme (total duration in hours, number of sessions, timing of the sessions, minimum and maximum number of

participants), course contents and educational measures used as well as course fees and accepted payment methods are available via DfT's website:

- http://www.dft.gov.uk/pgr/roadsafety/drs/drinkdriverehabilitation/annexes/annexadetailsofcourseprovide4641

Besides complying with the national regulations regarding the minimum requirements for offering approved courses, most providers participate in the Association of Drink-Drive Approved Providers of Training (ADDAPT) which is the representative body for organisations running approved courses. This organisation meets on average five times a year in order to share the best practice and thus contribute to quality standards.

In addition, all providers have some form of quality management arrangements within their organizations. The following are examples of quality management measures currently employed by drink drive rehabilitation course providers:

Organisation A

Internal quality control mechanisms:

Targets of ensuring that

- All referrals to courses from courts are registered on their system within 48 hours of receipt
- That course Completion Certificates are issued within 48 hours of notification that a course attendee has completed a course

Also, for all staff:

- Bi-monthly supervision where computerised reviews of work are used to ensure total compliance to the procedures manual.
- A training profile
- A requirement that they can multi-task to ensure that quality is maintained at all times

External quality control:

- Evaluation sheets, including alcohol knowledge scores from each participant and trainer feedback
- A telephone survey of approximately 25% of course participants - 10 days after they have received their course completion certificates
- An annual competency based appraisal of every trainer
- "Mystery shoppers" employed to provide comprehensive reports on both venues and training staff
- A system to ensure that, where any participant fails to attend after day one of a course, the absence was not prompted by the trainer

The organisation's procedures are accredited by International Standards Organisation (ISO) ISO 9001 standard and other ISO standards pertaining to Information Security Management, Environmental Management and Occupational Health and Safety Management.

Organisation B

- A manual is issued to all trainers to standardise delivery
- Daily debrief/incident forms which log

- course progress
- exercises covered
- whether group and individual objectives have been achieved

- This allows continuity of delivery, should another trainer have to step in to deliver the course
- All courses have two trainers who work together and debrief each other at the end of each session
- Use of signing-in sheets and random cross-checking with booking forms (to check against identity fraud)
- A random check of signatures, dates of birth and post codes of clients against the daily signing in sheets that are completed (to check against identity fraud)
- Monitoring of procedures via feedback and team meetings
- A disciplinary procedure for staff. The course manager has attended a course on staff discipline
- Evaluation of course and trainer by course participants using feedback forms

International Standards Organisation standard ISO 9001 has been awarded to this organisation's Drink Drive course. It has also recently established the post of “performance assessor” to assess the performance of each trainer at least twice a year, with full report-back to the trainer and Course Manager to decide if further training required.

Organisation C

- A Monitoring and Audit Officer has been appointed to oversee all departments including the Training Department
- Certificates of course completion are held in security cabinets and issued promptly on satisfactory completion of the course
- The line management of training staff is carried out monthly by the Training Manager
- All training staff attend Quality Assurance meetings where new training techniques, policy and other related matters are actively discussed
- Peer observations and client evaluation sheets are actively reviewed following each course
- A continual review and monitoring of the administration section to ensure that standards are being met within deadlines. Consequently, review procedures, client fees and payments have been monitored and administered in a more expeditious and effective manner
- A comprehensive disciplinary and grievance policy applying to all departments which is constantly reviewed in line with changes in legislation, policy and guidance.

12.1.5 Evaluation

Course providers have to provide an annual report to DfT by the end of February each year. On behalf of DfT, TRL conducts regular studies to assess the continuing effectiveness of courses. These recidivism studies revealed that over a short term (three years) non-attendees were about 2.15 as likely to be reconvicted. This positive effect was also shown over a long term (five years), although the differences were less big: non-attendees were 1.75 times as likely as attendees to reoffend (Inwood et al., 2007). Besides comparing the reconviction rates of attendees vs. non-attendees, the studies also

cover differences in course provider practices, e.g. differences in format, tutor training and experiences. The results are provided in annual extended monitoring reports to DfT.

A study on reasons for not attending the DDR course was also carried out by TRL (Stone et al., 2003). As research indicated that over half of the offenders who were referred to an approved course did not attend, a study was conducted to explore the reasons for non-attending. The study revealed that a lot of non-attendees felt obliged or had been advised to accept the referral. A number of offenders reported to have forgotten about the course which shows the importance of regular contact between course providers and offenders. For those who had a strong intention to participate in a course, costs were the main barrier to attendance.

12.1.6 Future developments

DfT is currently developing other quality assurance methods (Gazzard, 2008). Firstly, they have appointed a contractor to act as an interim inspector of courses. His job is to examine and report on content and delivery of courses, and course providers' administrative systems for handling court referrals. He is also looking at the structure and operation of the inspection function so as to assist us in creating a permanent inspection system in due course.

Secondly, they have commissioned research into the professional skills for trainers delivering drink drive courses. The aim here is to develop a competence framework and good practice guide for the skills and qualification requirements for the recruitment of trainers. It will also develop guidance on continuous professional development for trainers.

The results of these projects will be used to develop a new, more comprehensive DfT guidance document. This in turn will form the basis of a new course approvals regime for which provision is set out in the Road Safety Act 2006. One of the most significant features of the new system will be the introduction of time-limited approvals (maximum life 7 years). Currently, approvals remain in place unless and until DfT considers that a course is no longer reaching the Department's standards, in which case the approval may be withdrawn.

12.2 The Drink Impaired Drivers (DID) programme

12.2.1 History and legal framework

The Drink Impaired Drivers (DID) programme belongs to the group of “Offending Behaviour Programmes” accredited for use in England and Wales that offenders have to attend as part of their community order. Community sentences were first introduced in law in 1907 for the “probation” of offenders. Community orders are sentences served in the community that address all the purposes of sentencing outlined in the Criminal Justice Act 2003. This Act introduced a new Community Order which replaced all existing community sentences for adults. A community order aims to meet one or more of the following objectives:

- punish offenders;
- reduce crime (including its reduction by deterrence);
- reform and rehabilitate offenders;
- protect the public; and
- make reparation by offenders to people affected by their offences.

A community order always includes one or more of the following twelve order requirements:

- Supervision
- Unpaid work
- Accredited programmes (e.g. DID programme)
- Drug rehabilitation
- Curfew
- Specified activity
- Alcohol treatment
- Attendance centre
- Mental health treatment
- Prohibited activity
- Exclusion
- Residence

In 2007 Ministry of Justice was established and took over responsibility for sentencing policy, probation, prisons and prevention of re-offending in England and Wales from the Home Office. According to the Offender Management Act 2007 the Secretary of State for Justice is responsible for ensuring the provision of any kind of probation services and besides, this Act allows providers outside the public sector to deliver probation services which are commissioned on national, regional or local levels. The National Offender Management Service (NOMS) was already established in June 2004 under responsibility of the Home Office to ensure consistent and effective offender management, including an effective service delivery. Since 2007 NOMS has been a core component of the Ministry of Justice. All offenders subject to a community order are supervised by the National Probation Service (NPS) which was absorbed into NOMS in 2006.

All accredited programmes are based on evidence from research that has shown that certain methods of interventions with offenders in custody and the community are effective in reducing re-offending rates. The DID programme was developed by South Yorkshire Probation Area in collaboration with Home Office and targets drink drivers who have committed between two and four offences and first time offenders if the drink drive offence is aggravated i.e. twice the legal limit and/or involved in an accident. When deciding what sentence to impose, the court may ask the probation service to prepare a written or oral Pre-Sentence Report (PSR). The offender's Case Managers proposes a DID programme (or any other accredited programme) after assessment during the preparation of a Pre-Sentence Report unless the offender is sufficiently motivated to change. Where appropriate, Pre-Sentence Reports contain proposals for offenders' attendance on the DID programme as an additional condition in a Community Order, plus a supervision requirement. Alternatively offenders subject to sentences of imprisonment may be required to attend a programme on release from custody as part of their post-release supervision if they meet the selection criteria. The time in which the offender should have completed all the requirements is specified by the court. An order finishes when the time limit set by the court has elapsed, regardless of whether or not the specified requirements have been completed. In case of non-completion offenders are referred back to court for re-sentencing.

12.2.2 Procedural issues

The term Offender Management was introduced in 2003 and refers to the universal process of assessment, planning, implementation and review which takes place for all supervised offenders.

According to the Offender Management Act 2007 the whole offender management process has to follow National Standards which have been laid down by the NOMS and have been approved by the Secretary of State for Justice. These National Standards for the Management of Offenders (National Offender Management Service, 2007a) came into force in September 2007 and specify how offender management is to be delivered, e.g. by detailing the timescale for commencement of order requirements following sentencing. The standards define the Offender Managers' responsibilities and accountabilities from pre-sentence assessment to the termination of the sentence, how offenders have to be assessed (in preparation of the sentence) and how the assessment has to be reported, the sentence planning and how the plan has to be implemented, arrangements to be made to implement any requirements or conditions in the sentence, the initial and ongoing contact to the offender, how supervision has to be conducted and their role in any of the interventions (e.g. supporting participation in interventions), how offenders have to be monitored and how the sentence has to be enforced in case of missed appointments, failures to comply or serious further offences.

According to the standards (National Offender Management Service, 2007a) the Offender Manager has to ensure that:

- "the provider of each intervention has sufficient information about the offender to deliver the intervention safely and effectively
- the offender is effectively prepared for attending at and engaging with interventions
- mandatory content to be delivered outside the environment of the core intervention is completed to the required standard
- the offender is supported through his/her involvement with interventions
- the offender is helped to acquire new skills
- the offender is helped to consolidate learning
- the offender is helped to apply learning and knowledge gained in his/her family, domestic, community, peer and employment environment." (National Offender Management Service, 2007a, p. 31)

On the implementation level this means that it is the Offender manager's "duty to ensure that appropriate action is taken to make interventions effective and integrate them with the offender management process […]. Where the requirement for contact with the offender throughout the delivery of a programme is specified in the criteria for the accreditation of that programme, compliance with that schedule is necessary to meet this standard. Explicit reference should be made in the case record to the completion of formal pre- and post-programme work related to an accredited programme, in order to satisfy the audit criteria for such interventions." (National Offender Management Service, 2007a, p. 31)

12.2.2.1 Pre-Sentence Report (PSR)

The purpose of a PSR is to provide information to the sentencing court about the offender and the offence committed and to help the court to decide on a suitable sentence. All offenders subject to court ordered PSR are assessed by an Offender Manager (= Case Manager) who remains responsible for that offender during all phases of the sentence. The production of a PSR involves interviewing the offender, reading court papers and the assessment of likelihood of reconviction and risk, regularly using the Offender Assessment System (OASys). OASys is a standardised process for the assessment of offenders that has been developed jointly by the National Probation Service (NPS) and the Prison Service in order to improve the quality of assessment by introducing a structured, research-

based approach to assessing an offender's likelihood of reconviction, the criminogenic factors associated with offending, and the risk of harm he or she presents. The OASys' principle tasks are to:

- assess how likely an offender is to be reconvicted
- identify and classify offending-related needs including basic personality characteristics, thinking deficits and social issues
- assess risk of harm to others and also to themselves
- assist with the management of risk of harm
- link assessments with supervision plans and sentence plans
- indicate need for further specialist assessments
- measure how an offender changes during the period of supervision/sentence

The main part of OASys examines the following factors:

- Offending history and current offence
- Social and economic factors: access to accommodation; education, training and employability; financial management and income; lifestyle and associates; relationships, drug and/or alcohol misuse
- Personal factors: thinking and behaviour; attitude towards offending and towards supervision; emotional factors such as anxiety or depression.

Where appropriate, the OASys triggers the use of further specialist assessments on such issues as basic skills, violence and substance misuse. The system also contains a section on sentence planning as well as a self-assessment questionnaire which the offender is asked to complete. The latter is an important opportunity for the offender to comment on how he sees himself and his offending.

There are two types of PSR for which different national templates are available:

1. Fast Delivery PSR: normally completed on the same day or for the next working day. Completed using the OASys risk of serious harm screening tool, but usually without a full OASys assessment.
2. Standard Delivery PSR: for completion on adjournment on a full OASys assessment within 15 working days or a timescale set by the commissioning court.

For cases in which the court has indicated that it is considering passing a Community Order and requires a PSR, the court's will indicate which type of PSR is to be used, depending on the seriousness of the case and on the information required. Every report should include a front sheet providing basic facts about the offender and the sources used to prepare the report, an offence analysis, an assessment of the offender, an assessment of the risk of harm and the likelihood of re-offending and a sentencing proposal. The sentence proposal can include a recommendation of a Community Order including the requirement of participation in an accredited Offender Behaviour Programme, e.g. DID programme. The OASys contributes to a clear targeting strategy that matches offenders to programmes as each accredited programme has its own targeting criteria which are incorporated into the system. The decision on the sentence imposed is up to the court in any case.

12.2.2.2 Delivery schedule of the accredited DID programme

The process that the offender goes through after the Order to attend an accredited programme was made consists of different phases. For the DID programme these phases are organized as follows:

Preparation work

The Case Manager has to do motivational work with the offender. This phase of the process is not specified in the manual of the programme, but the National Probation Service (2002) published a National Management Manual for Effective Delivery of Accredited Programmes in the Community. According to this manual, the Case Manager should check out the practical problems that can be resolved prior to the start of the programme, e.g. transport difficulties etc. Motivational interviewing should be used to emphasise the ways in which the problems could be overcome.

Pre-programme

This phase consists of four sessions, delivered by the Case Manager or programme tutor, specified in the manual programme as a part of accredited programme design, i.e. approved by the Correctional Services Accreditation Panel (CSAP, see chapter X.2.3.1). Within these contacts the programme rules are explained and the contract is signed. This document outlines attendance and behavioural requirements and enforcement policy details for failure to comply with the programme agreement. Besides, the individual offence should be analysed and additional motivational work should be done.

Pre-programme and post psychometric testing

Although a comprehensive assessment was already conducted in order to assign offenders to an accredited programme, they undertake a range of psychometric tests designed to measure their attitudes and other characteristics before offenders start the core programme. One group-based session with a test battery including a range of self-completion questionnaires has to be completed by each participant. These tests are taken again at the conclusion of the group programme and are intended to provide the data against which the changes in the offenders thinking skills and attitudes can be evaluated. In addition they should provide sufficient information about further treatment needs. The testing procedures are carried out by a range of staff providing they have been trained on the correct procedures for administration.

Programme

The core programme consists of 14 weekly group-work sessions of two-and-a-half hours focused on structured learning to develop pro-social skills, effective decision making and detailed knowledge about the effects of drinking and driving. The group size is 3-12 persons, whereas a group of ten is considered to be the optimum. Each course is conducted by two tutors. Offenders must attend the full programme, but the programme design allows two failures to attend. These sessions can be caught up individually, so that the offender can rejoin the main group. More than two absences require the offender to re-start the whole programme. Unacceptable absences are dealt with in accordance with National Standards and offenders are referred back to court for re-sentencing after the second missed session. An offender is allowed a maximum of three attempts to commence the DID Programme.

Post programme review

A hand-over meeting between the programme staff, the case manager and the offender takes place. A detailed report is prepared on each participant who successfully completes an accredited programme. This outlines their progress and how far their criminogenic needs have been addressed during the course, the level of risk and the situations where relapse may occur and identifies any further work required to sustain progress. The post programme report is used as a basis for the post programme review meeting. The outcomes of the post-programme review are incorporated into the next scheduled OASys review and continuing objectives are incorporated into the next phase of the Sentence Plan.

Reinforcement work

After the offender has progressed successfully through each part of the intervention, six session between the offender and the Offender Manager take place on an individual base. These contacts constitute a supporting structure, but are not specified in the manuals as part of the accredited programme design. Themes to cover following the programme as reinforcement are:

- Re-assessing of risk and review of supervision plan
- Implement and record action from the post programme report
- Consolidation – next steps, reinforcement and skill practice time

By the end of the sentence, the Offender Manager undertakes and records an evaluation of the extent to which separate elements of the sentence, and the sentence as a whole, has achieved its objectives.

12.2.2.3 Non-Completion of the Programme

The Offender Manager should make any efforts in order to support the offender's compliance. Where an offender does not complete a programme, the Offender Manager has the following ongoing tasks:

- "Ensure any arrangements for restart or breach are in place.
- Where there is no possibility of restart and completion then ensure, wherever possible, that the second set of psychometrics are administered as described.
- Review the supervision plan and amend as necessary.
- Reassess the likelihood of re-offending and the level of risk an offender poses in the light of their non-completion of the programme. The Case Manager will use OASys when available to inform this assessment." (NPS, 2002, p. 10)

If the offender fails to comply with the sentence, prompt and appropriate enforcement action is taken. The National Standards specify: "When an offender who has not provided an acceptable explanation in advance does not keep an appointment or otherwise does not comply with a requirement of the sentence, and if the failure to comply indicates that the public is at substantially greater risk, the Offender Manager initiates expedited and urgent enforcement action immediately, through a court or the Post Release Section of the Ministry of Justice, whichever is appropriate" (National Offender Management Service, 2007a, p. 45).

12.2.3 Accreditation of Programmes

The DID programme has been accredited as Offending Behaviour Programme by the Correctional Services Accreditation Panel (CSAP) for use in England and Wales. It was fully accredited for use in community for males in March 2001 and provisionally accredited for females in March 2004. It gained full accreditation for females in September 2006.

12.2.3.1 The Correctional Services Accreditation Panel (CSAP)

The CSAP is an advisory non-departmental public body. This CSA Panel was established in 1999 and was called the Joint Prison/Probation Services Accreditation Panel (JAP) until 2002. The CSAP consists of a board of experts (eminent psychologists and criminologists from the UK, Germany, Canada and the USA, with theoretical and operational expertise in various areas of offender treatment) who are appointed by the NOMS in order to promote and maintain high standards in the treatment of offenders. The CSAP accredits Offending Behaviour Programmes and integrated systems which are likely to reduce re-offending. The CSAP's principal functions are:

- recommending and reviewing programme and integrated system design and delivery criteria
- accrediting individual programme and integrated system designs;
- authorising procedures for audit of programme delivery;
- authorising an annual assessment of quality of delivery;

- conducting an annual review of developments in the evidence base and advising on curriculum development;
- advising on training;
- receiving reports on impact and effectiveness and advising on the implications.

The CSAP reports annually about its activities.

12.2.3.2 Accreditation criteria

The CSAP evaluates new programme applications. To be accredited, a programme must demonstrate that it meets the following ten criteria according to PSO 4360 (HMPS, 2004):

1. "A Clear Model of Change

There must be an explicit model to explain how the programme is intended to bring about relevant change in offenders. For any effective programme, it should be possible to specify clearly how it brings about change. Without such a specification programme objectives can become blurred, and it may be difficult to identify its evidence base. The programme's Theory Manual, therefore, must explain for whom the programme is intended, what changes it intends to bring about in participants, and how it will achieve this, providing empirical evidence in support. In addition, the methods and exercises in the Programme Manual must correspond to the approach described in the Theory Manual.

To meet this criterion the applications [for programmes] should provide a summary of the model of change of approximately 1000 words. This should describe how the programme is intended to work, drawing on relevant theory and research. This summary will, in effect, provide an overview of the material covered in many of the other criteria. The summary should specify:

- who the programme is for
- the dynamic risk factors it seeks to change
- how diversity principles have been taken into account in the research and development of the programme
- the treatment methods used
- what is achieved during each major phase of the programme
- how the combination of targets and methods is appropriate for the targeted offenders

Where the evidence is incomplete, the model of change should be in the form of a plausible hypothesis, and the Theory Manual should provide research evidence to support the general approach and methods employed. However, the programme will not be fully accredited until the hypothesis has been empirically supported through evaluation.

In order to satisfy this criterion, the summary must demonstrate:

i. internal coherence of the model of change
ii. empirical support for the model of change
iii. consistency between the model of change and the programme as described in the Programme Manual

2. Selection of Offenders

There must be a clear specification of the types of offender for whom the programme is intended, and the methods used to select them.

For a treatment programme to be effective, it must be targeted at the right individuals. It is important, therefore, for selection processes to be clearly specified, and for there to be a means to exclude or de-select from the programme as appropriate.

To meet this criterion the application must include:

i. a statement of the type or types of offending behaviour that the programme is intended to address

ii. a list of inclusion criteria

iii. an account of the action taken to ensure that potential participants are not inappropriately excluded on the basis of their background (e.g. their race, ethnicity, religion, gender, disability, sexuality, or age)

iv. a list of exclusion criteria (together with a justification for each)

v. a description of the selection procedure employed

vi. a list of, and references for, any assessment instruments employed in selection, together with a justification for their use and an account where relevant of their psychometric properties (e.g. reliability and validity)

vii. a description of any deselection criteria and the procedures by which unsuitable participants are removed from the programme

3. Targeting a Range of Dynamic Risk Factors

A range of dynamic risk factors known to be associated with re-offending must be addressed in an integrated manner within the programme.

A number of offender characteristics have been shown to be linked to the risk of re-offending. Some of these are associated with offending in general, while others are more particular to specific offence types. Those characteristics that are historical in nature and hence impermeable to change, for instance the number or type of previous convictions, are referred to as static risk factors. Other characteristics associated with re-offending, however, are potentially subject to change, and are described as dynamic risk factors. Because modification to dynamic risk factors should be associated with a lessening of the risk of reoffending, they represent suitable targets for treatment. Examples of dynamic risk factors are listed in the table below.

To meet this criterion the application must:

i. list the dynamic risk factors targeted by the programme and how they complement each other (in cases where only a narrow range of dynamic risk factors are targeted, it must be shown that this will be adequate to reduce the risk of re-offending in those taking part in the programme)

ii. demonstrate how these risk factors are either directly or indirectly related to the type of offending addressed by the programme (the dynamic risk factors listed in the table below are accepted for accreditation purposes without the need to produce supporting evidence)

iii. provide evidence to show that these risk factors are likely to be present in those taking part in the programme

iv. describe how these risk factors, and changes in them, are assessed and measured

v. indicate in what ways the programme addresses each of the risk factors

vi. where important risk factors are not targeted by the programme, indicate where else in the management of the offender these will be addressed

The dynamic risk factors listed below are acceptable for accreditation purposes and do not require evidence in support of them:

Table 4: Dynamic risk factors according to HM Prison Service (2004)

Generic Dynamic Risk Factors
• poor cognitive skills; • anti-social attitudes and feelings, including sexist and racist attitudes; • strong ties to and identification with anti-social/criminal models and impulsive anti-social lifestyle; • weak social ties and identification with pro-social/non-criminal models; • cognitive support for offending: distorted thinking used to justify offending; • deficits in self-management, decision making and problem solving skills; • difficulty in recognising personally relevant risk factors and in generating or enacting appropriate strategies to cope with them; • poor pro-social interpersonal skills; • dependency on alcohol and drugs; • contingencies favouring criminal over pro-social behaviour; • some adverse social or family circumstances; • weak or fragile commitment to avoiding re-offending.

[...]

4. Effective Methods

There must be evidence to show that the treatment methods used are likely to have an impact on the targeted dynamic risk factors.

The aim of treatment is to modify dynamic risk factors as well as other offender characteristics that make re-offending more likely. These may be targeted in a variety of ways, using a range of treatment methods. In practice, however, it is not always the case that treatment methods have their intended effects. Whatever methods are employed in the programme, therefore, must be supported by evidence of their efficacy – in other words, there must be proof that they work.

To meet this criterion the application must:

i. provide a clear description of the treatment methods used
ii. offer a theoretical justification for these treatment methods in respect of the dynamic risk factors identified in criterion 3
iii. describe how methods will be adapted to take account of diverse backgrounds
iv. describe evidence that demonstrates the efficacy of the chosen treatment methods in relation to the type of offender targeted by the programme
v. show how the programme acts as a cohesive whole and, where different treatment methods are used, describe how these are integrated with each other

5. Skills Orientated

The programme must facilitate the learning of skills that will assist participants in avoiding criminal activities and facilitate their involvement in legitimate pursuits.

There is an increasing amount of evidence to show that the acquisition of skills by an offender is an important component in reducing his or her likelihood of re-offending. These skills may be related to

literacy, numeracy, and employment, or to those associated with aspects of self-management, interpersonal functioning, problem solving, and other cognitive abilities. It is important to note, however, that learning a skill is not simply about being provided with new information, but also about being able to implement it, which requires practice.

To meet this criterion the application must:

i. define the skills that participants will have the opportunity to learn

ii. demonstrate that these skills are relevant to those participating in the programme, and that participants are likely to lack competence in them

iii. provide a reasonable justification backed by evidence, if available, of how the acquisition of each of these skills is potentially associated with either a reduction in criminal activity or an increased ability to pursue legitimate activities

iv. specify the ways in which each skill is acquired (if not already described in Criterion 4)

v. describe any additional arrangements for fundamental skills acquisition, such as links with education or vocational training

6. Sequencing, Intensity and Duration

The amount of treatment provided must be linked to the needs of programme participants, with the introduction of different treatment components timed so that they complement each other.

For treatment to be most effective, the frequency and number of treatment sessions should be matched to the degree of treatment need typical for most participants in the programme. This will usually be dependent on participants' learning styles, their level of risk, and the extent to which the dynamic risk factors to be addressed in treatment are likely to be resistant to change: a short programme may be appropriate for low risk offenders, while those with greater need will require programmes of longer duration to ensure that there is adequate time in which to modify well established attitudes and behaviours. In addition, consideration needs to be given to the timing and pacing of different components of the programme to ensure that treatment gains are reinforced and maintained.

To meet this criterion the application must:

i. specify the overall length of the programme and demonstrate that the programme length will be sufficient to achieve sustained change

ii. show how intensity, duration and, where relevant, sequencing can be adapted to meet differing levels of risk, treatment needs and learning styles of participants

iii. describe the sequencing and length of different phases of the programme, and where there are gaps between phases indicate how long these last

iv. indicate whether homework is a requirement of the programme; if so, describe the nature of homework to be done by offenders between sessions

v. describe the action to be taken in relation to missed sessions or activities, insufficient progress, or the emergence of new areas of concern

vi. specify any pre-programme preparation and further work to be done once the programme has been completed

7. Engagement and Motivation

The programme must be structured to maximise the engagement of participants and to sustain their motivation throughout.

A programme is unlikely to be effective unless offenders both actively engage with it, and remain motivated throughout its course. The extent to which this occurs is dependent in part on the way in which the programme is delivered, the commitment staff show to it, and the degree to which participants are responsive to programme methods and content. A good indicator of engagement and motivation is the proportion of offenders who complete the programme, and reasons for non-completion must, therefore, be understood.

To meet this criterion the application must:

i. specify how motivation is assessed pre-programme, and describe any steps taken to enhance it

ii. describe the methods used to maintain motivation during the programme

iii. indicate the steps taken to ensure that needs associated with an offender's age, gender, ethnic background, learning style and personal life experiences (past and present) * are addressed.

iv. describe how pro-treatment attitudes are encouraged amongst managers, other staff, and associated professionals with whom the offender is in contact

In addition:

v. evidence must be provided of attendance and completion rates, with an account given of the reasons for non-completion, which should include information obtained from participants themselves, e.g. from exit interviews.

* personal life experiences (past and present) –

This is intended to ensure that people's individuality is recognised and hence to improve responsivity. It is important to do more than recognise broad aspects of identity. One example would be to recognise the different experiences of young black people - what part of the country they live in, who their friends are, what background factors are important for them, what is the cultural context they live in now. It also includes family-related factors. For example, if someone has experienced/witnessed violence/sexual abuse in the family they may have developed strategies which, although dysfunctional in the present, were self-protective for them in surviving the abuse at the time. For example, they may have learned that telling the truth is dangerous.

In summary, this notion allows for, and positively encourages, fine-tuning of programme delivery whilst maintaining programme integrity.

8. Continuity of Programmes and Services

There must be clear links between the programme and the overall management of the offender, both during a prison sentence and in the context of community supervision.

Programmes must be integrated with the offender's sentence and supervision plans to ensure that there is continuity between programmes, both within one service and between prison and the community, to effect a smooth transition and maintain progress. Issues related to public protection also require that provision be made for sharing of information between agencies so that offenders can be monitored appropriately.

To meet this criterion the application must:

i. show how the programme is integrated into the overall plan of work for the offender, demonstrating how offenders' needs beyond the end of the programme will be addressed (for example, accommodation, community and family networks, links with other treatment providers)

ii. contain guidelines that specify the roles of Case Managers in the Probation Service and Resettlement Managers in HM Prison Service, programme delivery staff, and managers

iii. indicate how Case Managers/Resettlement Managers are informed about the aims and objects of the programme

iv. specify the arrangements for liaison, handover and communication between programme staff and others involved in the management of the offender

v. specify the arrangements for non-completers

vi. indicate how issues relating to confidentiality and disclosure to other agencies are dealt with, especially in cases involving protection of children and vulnerable people

vii. describe the enforcement policy in relation to programme attendance and enforcement of Orders or licence conditions

viii. provide details of pro forma summaries to be used at case reviews and programme completion (which should include recommendations for further treatment or supporting work where appropriate)

9. Maintaining Integrity

There must be provision to monitor how well the programme functions, and a system to modify aspects of it that do not perform as expected.

Unless a programme is monitored closely it may not run as intended, with the risk of undermining its efficacy. Systems therefore need to be in place to ensure that the integrity of the programme is maintained, and deviations from required standards corrected. Three specific aspects of programmes require particular attention: supporting conditions, programme integrity, and treatment integrity.

To meet this criterion the application must:

i. indicate how information obtained from monitoring is used to improve the operation of the programme

ii. include procedures for obtaining offender feedback, indicating how this is used to influence the further development of the programme

iii. indicate how access to the programme and outcomes are monitored in relation to diversity policies and potential discrimination, whether intentional or not

iv. describe the arrangements for audit

In addition, consideration must be given to the following areas:

a) Supporting conditions and programme integrity

i. specification of staff selection procedures

ii. describe staff training procedures, and indicate how competency in delivering treatment is assessed

iii. details of staff training (including training in relation to cultural awareness)

iv. description of staff support and supervision arrangements (including an account of how negative effects of the programme on staff are identified and managed)

v. information on procedures to ensure continuity of staff, reliable availability of staff and participants, and the delivery of sessions/activities when planned

vi. description of the resources and facilities available to the programme

vii. account of the management structure of the programme

b) Treatment integrity

i. details of the way in which treatment supervision takes place to ensure compliance with the programme manual and the competent use of any specific techniques

ii. account of methods to ensure proper use of participant inclusion and exclusion criteria

iii. description of how the treatment style of staff is monitored, including their sensitivity to the diversity and past and current life experiences of participants

iv. details of how circumstances or activities that might interfere with treatment are detected and managed

10. Ongoing evaluation

There must be provision to evaluate the efficacy of the programme.

Unless the programme is properly evaluated it is not possible to know whether or not it is effective, which in the long term means a reconviction study with relevant comparison data, as soon as reasonably feasible. As a decrease in recidivism is intended to be achieved through change in targeted dynamic risk factors, improvement in these risk factors is an important, and more immediate, measure of efficacy. Evaluation should demonstrate, therefore, that offenders who complete the programme change as intended.

To meet this criterion the application must describe the arrangements for evaluation, which should as a minimum include an assessment of:

- the demographic and clinical characteristics of participants and those not accepted onto the programme
- changes in the dynamic risk factors targeted by the programme
- reconviction rates
- relationship between records of attendance and whether offenders change as intended
- previous criminal history and reconviction" (HMPS, 2004, pp. 9-15)

Accreditation is not an indefinite status and a review of accreditation status is considered to be appropriate after five years. The CSAP considers whether an accreditation granted to a programme should continue regarding the evidence of its effectiveness.

12.2.3.3 Documentation requirements

The CSAP requires programme providers to provide a management manual, a staff training manual and an assessment and evaluation manual as well as a theory manual and a programme manual in order to ensure quality of delivery is maintained, the programme is delivered to appropriate offenders and the programme continues to demonstrate effectiveness. According to HMPS (2004) the five supporting manuals must meet the following criteria:

1. "The Theory Manual

This manual must describe the theoretical base for the programme and the model for change, and include:

- who the programme is for;
- what is to be achieved during each major phase of the programme;
- why the combination of objectives and methods is appropriate for the targeted offenders;
- how specific dynamic risk factors are addressed in sequence through the programme;

- how each method or group of methods can be expected to lead to the intended changes in cognitions, attitudes, skills and behaviour during the course of the programme;
- the role of complementary work expected to occur outside of the programme.

2. The Programme Manual

This manual must describe each session of the programme in sufficient detail to enable any well-trained professional to run the programme in the intended fashion. There should be:

- specific aims and objectives for each session stated in terms of intended learning outcomes;
- sufficient well-produced and clear materials appropriate for use with the offenders attending;
- clear links between each session, the model of change, and the supporting research evidence;
- clear reference to relevant sections of theory: summarised elements from the Theory Manual should be reproduced as inserts contained within the Programme Manual.

3. The Assessment and Evaluation Manual

This should contain:

- all assessment and evaluation instruments used in the programme;
- guidance on their administration;
- an explanation of the practical uses of the various applications and contents.

4. The Management Manual

This should describe:

- the selection, training, supervision and performance appraisal of staff;
- how offenders are selected for the programme;
- the ways in which offenders are assessed before, during and after the programme;
- the minimum operating conditions required to enable the programme to run as intended;
- arrangements for monitoring and evaluating the programme, including the assurance of programme and treatment integrity, and audit;
- the roles and responsibilities of managers and staff.

5. The Staff Training Manual

This should be presented in a similar style to the Programme Manual. It should describe:

- detailed training courses, including curriculum and training materials, for all staff involved in the programme;
- how staff competence to run the programme will be assured;
- how competence will be assessed at the end of training on a pass/fail basis;
- how performance will be reviewed regularly." (HMPS, 2004, pp. 16-17)

12.2.3.4 The CSAP's scoring system

A programme applicant has to demonstrate that each of the above listed criteria is met. The CSAP evaluates whether the application fully meets, partially meets, or does not meet each criterion. An application is regarded to have "fully met" a given criterion where it is considered adequate, satisfactory or sufficient. A criterion is considered to be "partially met" where the programme does not fully meet the criterion but is not inconsistent with progress towards being effective and has the

potential for improvement. An award of “not met” signifies that the programme fails to meet the criterion in question.

The scoring system for accreditation of programmes is as follows:

- 2 points for each fully met criterion,
- 1 point for each partially met criterion, and
- zero for each criterion not met.

The maximum possible score is 20 for the ten criteria. The programme must score at least 18 points to be accredited. In addition, it must at least partially meet all criteria. If a programme meets all criteria it is marked “accredited”. It is marked “recognised/provisionally accredited” if the CSAP has identified specific changes which could be achieved in less than 12 months (or a longer period, where specified) and which would bring the programme up to ‘Accredited’ status. To reach this status the programme should normally have scored about 16 points. If the programme could be brought up to the accreditation standard, but requires a significant degree of development work first, it is marked “not accredited/promising”. The rating of the programme should normally have scored about 10 points. In case the Panel considers that the programme does not merit further work being undertaken, the programme is marked “not accredited/no further review warranted”. The CSAP report has to explain why this view was taken.

12.2.4 Implementation of Performance Improvement Standards for Accredited Programmes

The National Management Manual for the Effective Delivery of Accredited Programmes in the Community was already published by the NPS in 2002 when the Offender Management Act 2007 was not yet into force and the NPS was still running under the responsibility of the Home Office. This manual is detailed on how the accredited programmes have to be conducted. It defines guidelines for the management of accredited programmes in order to ensure that the system guarantees that the accredited programme is delivered in the intended manner, i.e. how to ensure all practical arrangements are in place to support the programme, how to ensure programmes are accessible to a diverse range of offenders, the managerial oversight of the programme, the supervision of staff, monitoring and evaluation requirements (e.g. arrangements to monitor attendance, completion and compliance), how to ensure effective communications (e.g. with judges and magistrates), staff awareness training for managerial and practitioner staff and how treatment integrity is managed. It furthermore defines the tutor’s task and the case manager’s (=offender manager’s) task[5] specifically within and after an accredited programme (e.g. reinforcement work and dealing with non completion). Additionally the manual describes the minimum operating conditions for effective programme delivery and how treatment integrity can be maintained. Furthermore the manual informs about details of the assessment/selection and supervision of tutors, including the supervisor’s responsibilities, the supervisee’s responsibilities, the availability of supervision and tutor deselection. In a fourth section the manual describes the assessment and selection of offenders, e.g. the assessment of change, grounds for exclusion and the post-programme report. In its appendices it outlines all accredited programmes and their delivery schedule, required competencies for cognitive skills tutors, forms used in maintaining treatment integrity and the tutor accreditation process.

In 2007 NOMS implemented Performance Improvement Standards for accredited Offending Behaviour Programmes (National Offender Management Service, 2007c). The CSAP, in conjunction with NOMS,

[5] The National Standards for the Management of Offenders (National Offender Management Service, 2007) were neither in force nor yet in published at this time (see chapter x.2.2).

asked HMPS and NPS to set up a project to jointly develop the next generation of programme quality assessment in order to ensure the highest quality possible of the delivery side of programmes. Therefore the production of a clear set of standards against which deliverers can be assessed in terms of the quality and level commitment they achieve in their delivery of accredited programmes was required. The Performance Improvements Standards provide for an interim audit of programmes in order to identify the critical factors in delivering quality programmes and were primarily intended as improvement standards. They were not intended to provide a comprehensive audit tool for all aspects of accredited programmes, but as a tool for the joint NPS/HMPS audit development project as Chief Officers of Probation were asked to ensure that the Performance Improvement Standards Manual was disseminated to relevant senior managers and to undertake an audit using the standards. The results are asked to be submitted to the NOMS.

12.2.4.1 The Performance Improvement Standards Manual

The Performance Improvement Standards Manual aims at continuous quality improvement. The standards identified in the manual promote the development of practices that are critical to supporting effective programme delivery. It intends to ensure that integrity of the programme delivery and ongoing evaluation and monitoring processes are maintained. Besides just listing the standards, the manual also provides for criteria for evidence that the standard is met and methods for managers/staff to check and local area senior managers to audit and verify.

The Manual provides standards for the following 4 sections:

Section A: *Committed Leadership and Organisational Support* which includes supportive leadership and management, effective communications with other parts of the organisation, appropriate allocation and effective management of resources.

Section B: *Programme and Treatment Integrity* which includes standards related to the quality delivery of the programme including adherence to programme design, appropriate and effective offender assessment, targeting and selection, management of attrition rates, appropriate resources and facilities.

Section C: *Staff Training, Supervision and Effective Communication* includes trained and supervised staff who are developed and seen as credible by others. Appropriate marketing of the programme to other staff in the organisation and externally.

Section D: *Evaluation, Monitoring and Administration systems* which include good administration and management information systems set up and key evaluation data is collated and recorded as set out in the relevant manuals and guidance.

Each standard is described in detail. In addition the Manual explains the evidence to assess how each standard is met and methods for local area senior managers and programme staff to check and verify how the standard is currently being met It furthermore describes the rating approach and provides a template for the self or peer audit report and action plan report to assist the continuous improvement of performance.

12.2.4.2 The Standards

Section A: *Committed Leadership and Organisational Support*. Senior management and other parts of the organisation are actively committed to the proper resourcing, management and delivery of the intervention, and to ensuring a supportive organisational environment.

A1 Committed Leadership and Senior Management actively supportive of programmes = Senior management should be openly and explicitly committed to the proper running of the programme through policy and public statements.

A2 Management structures and time allocated to manage programmes = Effective line management structures exist for the proper operation of the programme, integrating this within offender management structures. Adequate time should be set aside for the effective management of the programme.

A3 Staff ownership of the accredited programme in the organisational culture = There is full ownership of the programme by managers, programme tutors/facilitators and other relevant staff, e.g. court personnel and offender managers.

A4 Adequate provision of budget, room and space to deliver the programme = Adequate accommodation, budget and space allocated and available to deliver relevant suite of programmes.

A5 Effective arrangements with Offender Manager to support offender and the programme = Effective arrangements for liaison handover and communication and offender manager understands the aims and objectives of the programme. This includes timely completions of pre and post programme work, the three way meeting at the end of the programme, supporting and motivating the offender during participation in the programme, resolving obstacles to attendance and reinforcing learning.

Section B: *Programme and Treatment Integrity.* The programme is delivered as intended and with appropriate treatment style and high quality facilitation, with appropriate selection of offenders, management of non-completion and adequate resources.

B1 Managing attendance and risk of non-completion = Offender attendance and absence are managed to achieve the required National Performance Management target for offender completions. Attendance is managed to achieve coherent delivery with full impact for all undertaking the programme and reducing the likelihood of non-completion. The maximum number of absences by an offender is consistent with the requirements of the programme manual for the specific accredited programme. Offenders attend the requisite pre and post programme sessions. Any deviations for reasons of risk of harm are clearly recorded. Offenders are returned to court when there are too many absences.

B2 Avoidance of cancellation or disruption to sessions = Sessions are not cancelled or disrupted owing to offender crises, high workload or other pressures, and arrangements exist to deal with crises outside of the programme session. Sessions are delivered at the frequency defined in the programme manual.

B.3 Timely commencement and completion of the programme by offenders = All offenders commence the programme as soon as possible and within 12 weeks, and for General Offending Behaviour Programmes, no later than 6 weeks after sentence or release on licence (where there is more than one programme requirement at least one will commence no later than 6 weeks). A start is defined as attendance at session one of the core programme. A delay in commencement is acceptable if other structured work is undertaken (e.g. motivational work, resolving accommodation issues). The programme is completed within the period specified in the appropriate programme management manual.

B4 Offender selection and assessment = Routine monitoring results confirm the profile of those entering the programme are consistent with the criminogenic needs addressed by the programme, the level of likelihood of reoffending and the level of risk of harm/dangerousness.

B5 Offender knowledge and understanding of the programme requirements = The requirements of the programme are clearly communicated on at least two occasions to each participant verbally and in

writing, and there is evidence from signed consent forms or interview that offenders know and understand the requirements.

B6 Accessibility of individual programmes = Careful consideration is given to the allocation of tutors to women or minority ethnic offenders and consideration has been given to diversity and equality issues. Appropriate support arrangements should be provided and evidenced for these offenders and for those who may have difficulties with literacy and disabilities.

B7 Adherence to programme, treatment style, group work/facilitation skills and responsivity skills in delivery of programme sessions = All sessions of the programme should be delivered in line with the instructions of the programme manual and demonstrate close adherence to the aims and objectives. Programme tutors make competent and appropriate use of the techniques of the treatment style specified in the theory and programme manual. Programme tutors demonstrate effective delivery skills, including particular attention to managing the group and working with individuals to relate to and apply the programme material to themselves and effective co-working between tutors.

B8 Programme delivered addressing race, gender equality and wider diversity issues = From audio/video evidence notes, issues of racism and sexism are effectively addressed whether arising within programme delivery or offender response. Staff are alert to race and gender equality and wider diversity issues, they always respond appropriately and show that they have considered and developed strategies for responding, e.g. relevant resources and arguments, clarity about boundaries, and approaches that may promote perspective taking.

B9 Post-programme reports = The case record shows that at the end of the programme staff prepare a timely and good quality post-programme report conforming to the national pro forma. Post programme reports should be completed within two weeks of the completion of the core session of the programme to allow for timely handover to the offender manager and enable Offender Assessments System (OASys) review of likelihood of reoffending and risk of harm.

B10 Post-programme review = The post-programme review for each offender shows that at the end of the programme appropriate individual objectives are identified to strengthen and build on the progress made, and to achieve successful community reintegration. This should take place within three weeks of completing group-work to enable proper and timely handover to offender manager.

Section C: *Staff Training, Supervision and Effective Communication*. The programme is delivered by trained and supervised staff that are provided with opportunities to develop and are seen as credible. Appropriate marketing of the programmes to staff and other agencies and sentencers.

C1 Staff selection, roles and competences = Skilled and competent staff are selected and involved in the delivery of programmes. A staff selection procedure meeting the requirements of the programme manual is in place and only staff meeting the defined criteria are selected to deliver the programme. A defined set of competencies exist for each staff role involved in the programme, using those specified in the programme manuals and the national management manual.

C2 Preparation and post-session activity by tutors = Tutors are allowed a minimum of 1½ hours for preparation and debriefing in addition to the programme delivery time.

C3 Staff continuity = Three tutors should normally be assigned to each accredited group programmes to allow for leave, sickness and other contingencies. All sessions are delivered by at least 2 of the 3 assigned staff. Continuity is maintained by at least 1 of the staff members having run the previous session.

C4 Training and delivery arrangements for new staff = Training courses exist for all grades and roles involved in delivering the programme and all staff newly assigned to the programme receive specified required training before running their first programme. Staff newly trained are paired with a more experienced colleague when running their first group/programme.

C5 Training arrangements for experienced staff = Competency-based accreditation and developmental training arrangements exist for all staff experienced in delivering the programme. All programme delivery staff are required to attend such training when they have demonstrated their competence to do so. (This will include delivering a stipulated minimum number of programmes.)

C6 Staff knowledge of the methods, theory and evidential basis of the programme = All relevant staff have a knowledge of the programme's theoretical and evidential base and methods sufficient for effective delivery of the programme.

C7 Staff supervision and quality of practice = All staff involved in the programme receive support and supervision at a frequency specified in the national management manual. This will enable tutor skills to be developed and problems resolved within the lifetime of the current programme by supervisors familiar with the programme. The treatment manager to have observed staff in the delivery of the programme either directly or through the use of audio/video recordings prior to each supervision session.

C8 Staff appraisal = All members of staff involved with the programme have their competence to perform their assigned role assessed annually through the appraisal process. Staff whose performance is assessed as below the acceptable standard but making progress should be given further training and other assistance to improve their performance and a date set for review. Staff who are not making progress in achieving the required standard of performance should not take any further part in running the programme.

C9 Effective Communication and Promotion = There is high quality, pro-active communication with sentencers, offender managers and other agencies relevant members of staff about the programme including briefings and presentations and written information. Staff are viewed as credible and promote the programme positively within and outside of the organisation and the effects of programmes are not oversold.

Section D: *Evaluation, Monitoring and Administration systems.* Good administration and management information systems set up and key evaluation data is collated and recorded as set out in the relevant manuals and guidance.

D1 Implementation of monitoring and evaluation design = Monitoring and evaluation arrangements are working as intended and are understood and supported by all staff involved. This should include both input and feedback of data to managers and practitioners at local level.

D2 Practice is informed by monitoring and evaluation evidence = Consistent use is made of evaluation information as it becomes available by those with most direct responsibility, e.g. managers giving regular consideration to attendance and completion information, and practitioners to offender feedback and attitude/behaviour change scores. Awareness/knowledge about evaluation results from the same programme operating elsewhere will be relevant.

D3 Programme integrity documentation = The programme integrity documentation for programmes is completed in line with national guidance [all sessions of accredited programmes are video monitored and Treatment Managers should review and score 20% of these using the video monitoring form to assist in the supervision of staff (for one to one programmes, two tapes per month per tutor must be sampled). Tutors and facilitators should also review and score their skills in delivering each session through the session]. E.g. session review form, treatment manager review form, levels of offender engagement and understanding.

D4 Completion of Evaluation Measures = Pre and post evaluation measures have been completed and are entered on to Interim Accredited Programme Software (IAPS)[6] or local equivalent or sent to

[6] System for the storage of information relating to the programme and the individuals on the programme.

Offending Behaviour Programmes Team in National Probation Directorate (NPD). This is in line with National Standards.

12.2.4.3 The Rating

Sections A, C and D are rated in evidence across the delivery of all of programmes. Section B is rated for each individual accredited offending behaviour programmes delivered in a Probation Area. Each standard is rated using the following scoring:

- 0 points = There is no available evidence to indicate that the standard has been met.
- 1 point = There is a small amount to evidence to indicate that the standard has been met
- 2 points = There is some evidence that the standard has been met
- 3 points = There is considerable evidence that the standard has been met.
- 4 points = There is substantial evidence that that standard has been fully met

There is a score for each section which is added together to provide the overall score. After that the overall percentage is calculated. The overall score on audit is marked as follows:

- 81% and above = excellent
- 71 to 80% = Good
- 61 to 70% = satisfactory
- 60% and below = unsatisfactory

12.2.5 Evaluation

Evaluations are conducted on different levels. The evaluation of the CSAP conducted in 2002 and carried out by the Institute of Criminology of the University of Cambridge on behalf of the Home Office (Rex & Bottoms, 2002) mirrors the efforts to make the activities of all institutions involved reliable and to improve their quality consistently.

Regarding process and cost relevant issues, a general report on supervision of Community Orders in England and Wales was currently published by the National Audit Office (NAO) in 2008. This report examined how well community orders are managed by the National Probation Service, in particular how well they have been implemented and whether they are meeting sentencing objectives. National data relating to the accredited programme requirement showed that in 2006/2007 only around 2.5% of offenders were unable to complete the order requirement before their order ended (compared to 6% of all Community Order requirements). This was due to either process and delivery reasons within probation or the chaotic lifestyles of offenders. In their report the NAO (2008) recommended that the Ministry of Justice should require all Probation Areas to report the percentage of community orders which end before sentence requirements are completed along with the reasons for the non-completion as reasons may include a breach of the order by the offender, revocation of an order by a court or lack of probation capacity to deliver the requirement. Further research needs were identified as the relationship between types of sentence and reoffending rates is complex and that reconviction needs to be considered in relation to other life-style or risk factors. Hence, research on the impact and effectiveness of alternatives to prison, along with consideration of why, and under what circumstances, community sentences work should be conducted.

Regular evaluation of each accredited programme is one major issue of concern as formulated in the accreditation criteria. Evaluation procedures built into programmes are seen to ensure that they are meeting their stated aims and objectives, as part of a continuous process of review. Thus each accredited programme requires a specific evaluation manual. For the DID programme's evaluation, the

main source of data used comes from the psychometric assessments (also referred to as Psychometric Tests and Test Battery) completed by offenders before and after they have participated in the programme. This interim evaluation information is necessary as reconviction studies take a minimum of 2-3 years to be completed and give little immediate feedback to staff and evaluators on changes in behaviour and attitudes. These pre-post assessments provide information on the quality of programme delivery and measure the effectiveness of the programme in specific target areas. After a full analysis was undertaken of the DID psychometric assessment battery it was recognised that there was a great overlap between the measures used. As a consequence, the test battery was officially reduced in March 2007 by NOMS (National Offender Management Service, 2007b) and the DID Evaluation Manual is currently being revised. Since July 2008 all pre- and post assessment outcomes have to be entered onto IAPS for electronic data evaluation (National Offender Management Service, 2008b). The NOMS reports annually about completion and reconviction rates all accredited programmes. The latest report showed that DID programmes have the highest completion rate (84%) of all accredited programmes and programme completers show large reductions in reconvictions (National Offender Management Service, 2008a).

13. QM in the treatment of alcohol and drug dependence - a review of current approaches

Susanne Rösner & Ludwig Kraus

13.1 Introduction

After quality management systems have become mandatory in profit organizations since many years, quality management are an increasing concern for mental health care providers. Accordingly stakeholders in different mental health disciplines including the field of alcohol and drug addiction treatment began to embrace routine assessments of care quality in order to improve the service they provide (Hermann & Palmer, 2002). Even though there is consensus about the need of quality assessment and management, the understanding of quality, its definition and measurement ranges from occasional self-assessments of selected criteria to structured, comprehensive systematic approaches as e.g. aspired by the Total Quality Management (TQM) Models (Nabitz et al., 2006). The review at hand gives an overview of the current quality management approaches in the treatment of alcohol and drug dependence with linkage to the field of mental health care.

13.2 Quality management systems

13.2.1 The EFQM Excellence Model

Total Quality Management (TQM) is the idea of controlling quality as a process that permeates an organization from the moment “its raw materials arrive” to the moment its “finished products leave the premises”. This means that the TQM culture requires quality in all aspects of the company's or institution’s operations. According to the American Society for Quality, Total Quality Management (TQM) is a management approach to long-term success through customer satisfaction in which all members of an organization participate in improving processes, products, services and the culture in which they work (American Society for Quality, 2007).

One of the probably most applied TQM Model is the European Foundation for Quality Management (EFQM) Excellence Model (European Foundation for Quality Management, 2003). A study of the German Federal Ministry of Health (Swertz & Moeller, 1998) and a European Union project (Shaw, 2000) declared the European Foundation for Quality Management (EFQM) - Model as the guiding quality management perspective in health care (Moeller, 2001).

The EFQM Model is based on the premise that excellent results with respect to Performance, Customers, People and Society are achieved through Leadership driving Policy and Strategy, that is delivered through People Partnerships, Resources and Processes. The EFQM excellence model is a non-prescriptive framework based on nine criteria. Five of these are ‘enablers’ (leadership, people, policy and strategy, partnership and resources, and processes - criteria 1–5) and four are ‘results’ (people results, customer results, society results, and key performance results - criteria 6–9). There is a dynamic relationship between enablers and the results, as excellence in the enablers will be visible in the results.

Moeller (2001) applied the EFQM Model to health organisation in Germany, which used the EFQM Approach since 1996. More than 50% of the included hospitals scored 200-300 points and not a single organization achieved more than 450 points (from a maximum of 1000 points). For a comparative appraisement of the results, Moeller (2001) refers to the best scores obtained in industrial settings,

which vary between 650 and 750 points. Sanchez et al. (2006) described the implementation of the European Foundation for Quality Management (EFQM) Model as a common framework for quality management in a regional health care service in Basque Country in Spain. Since 1995, the experiences with the EFQM Model were initiated by training, the design of quality tools and application guidelines, and actions related to criteria of the model. Thirty-one organizations (hospitals, primary care organizations, mental health institutions and emergency services) of the Basque Health Service were included. During the course of the project, four assessment cycles in which most of the organizations have participated were completed. Scores for most of the criteria improved, particularly in 'processes'. The overall patients' satisfaction was higher than 89% in all settings, in most of the cases even higher than 95%. Ten organisations (32%) exceeded 400 points in an external evaluation with the EFQM excellence model, and two organisations (6%) exceeded 500 points.

A work group from the Amsterdam Institute for Addiction Research (Nabitz et al., 2006) applied the EFQM Model to an addiction treatment specific setting. In the project conducted by the work group, the EFQM Model was used to evaluate the implementation of evidence-based treatment as part of a total quality management in a Dutch addiction treatment centre (Jellinek Centre, Amsterdam). The centre's first total quality management strategy was initiated in 1994 by a self-assessment project. The treatment process redesign programme was carried out in the period 1997–2003 during which the centre had formulated overall quality policy, implemented evidence-based treatment protocols by redesigning the primary processes and started to measure clinical outcomes. The primary goal of the strategy was to reduce the gap between evidence and practice. It was also aspired to make the clinical outcomes more transparent. The evaluation of the programme was performed by comparing the first submission report on the state of the centre in 1994 with the EFQM submission report in 2004, classified by the authors as a pre–post quasi-experimental design. The EFQM criteria included a) organisational improvements (four items) b) process improvements (one item) and c) outcome indicators (four items).

The application of the EFQM Model showed that in the course of ten years, organisation and process improvements took place as most intake, care, and cure processes were reorganized, support processes were restructured and International Organization for Standardization (ISO) certified. In total, 29 evidence-based treatment protocols were developed and implemented, and patient follow-up measuring was established to make clinical outcomes transparent. Comparing the outcome indicators before and after the changes shows that the client satisfaction scores were stable, but the evaluation by personnel and society was inconsistent. Clinical, production and financial outcomes were positive. The abstinence rates varied between 31% in double diagnoses clinical treatment up to 68% in inpatient treatment. The overall EFQM assessment by external assessors in 2004 showed higher scores on the nine criteria than the assessment in 1994. Nabitz et al. (2006) conclude that evidence-based treatment could successfully be implemented in addiction treatment centres through treatment processes as part of a total quality management strategy, even though not all results were positive.

13.2.2 The Quality Enhancement Research Initiative Substance Abuse Module (QSAM)

The Quality Enhancement Research Initiative (QUERI) has been formed to translate research discoveries and innovations into patient care and system improvements. QUERI focuses on nine high-risk and/or highly prevalent diseases or conditions among veterans: Chronic Heart Failure, Diabetes, HIV/Hepatitis, Ischemic Heart Disease, Mental Health, Polytrauma, Spinal Cord Injury, Stroke, and Substance Use Disorders. The QUERI Substance Abuse Module (QSAM) Executive Committee coordinates efforts to operationalize the QUERI process via development of a strategic plan, which

then needs to be approved by the QUERI Research and Methodology Committee. The QSAM is designed to identify and to address gaps in knowledge and health care quality in the field of substance abuse treatment (United States Department of Veteran Affairs, 2001).

The QUERI Substance Abuse Module (QSAM) especially intends to enhance the identification and the management of patients with substance-use disorders seen in primary care and other medical settings, to strengthen specialized substance-abuse treatment practices, to care for patients with multiple comorbidities and to strengthen treatment for high-risk and underserved substance-abuse patient subgroups. The module provides recommendations about how to achieve these aims by following the QUERI process steps and conducting an integrated set of research projects that incorporates literature reviews and meta-analyses, naturalistic and randomized controlled trials of promising treatments, studies of barriers to guideline implementation and outcome-oriented evaluations of the implementation of practice guidelines. Thus, rather than being a TQM Model, QSAM focuses on the identification of "best evidence" in alcohol and drug addiction therapies and to translate it into "best practice" in terms of patient care and systems improvements (Demakis, 1999).

QSAM produced a report that describes the implementation of this nationwide program and examines how the provision of outpatient mental health relates to outcomes for patients with substance use disorders (Moos et al., 2000). Clinicians in this evaluation utilized a baseline Addiction Severity Index (ASI) interview conducted with more than 34,000 patients. Six to twelve months later, more than 21,000 (63%) were reassessed. In addition, nationwide Veterans health service utilization databases were used to obtain information about patients' diagnoses and their use of services during an index episode of care. On average, patients who received specialty outpatient mental health care experienced better risk-adjusted outcomes than patients who did not receive such care. Patients who had longer index episodes of mental health care improved more than did those who had shorter episodes.

Furthermore there was evidence that a longer duration of care is associated with more positive outcomes among patients with only substance use disorders, whereas greater intensity of care was more important for patients with both substance use and psychiatric disorders. These results contribute to a growing body of evidence that patients with relatively severe substance use disorders experience better outcomes when treated in specialty mental health rather than primary care or general medical settings. QSAM recommends that the provision of services for a longer duration may be an effective strategy for many patients, but more information is needed to identify specific subgroups of patients, especially dually diagnosed patients, who are most likely to respond to more intensive care (Moos et al., 2000).

13.2.3 Substance Abuse and Mental Health Services Administration (SAMHSA)

Organized by the Substance Abuse and Mental Health Services Administration (SAMHSA), different groups and organisations including the National Committee for Quality Assurance (NCQA), the American Managed Behavioural Healthcare Association (AMBHA) and the National Association of State Mental Health Program Directors (NASMHPD) came together in the so-called "Washington Circle Group" in order to select core quality measures for mental health and substance abuse care. According to Hermann and Palmer (2002), the following dimensions should be considered in mental health quality measures:

- aims and domains of the process, e.g. prevention or treatment;
- clinical populations including the diagnostic groups, comorbid conditions, morbidity and treatability;

- vulnerable groups e.g. children, elderly persons, racial and ethnic minorities, rural populations;
- treatment modalities e.g. pharmacotherapy, psychotherapy and psychosocial therapy;
- clinical settings e.g. inpatient, ambulatory, intermediate, community, primary care;
- level of health care system e.g. managed behavioural health care organization, providers, patients;
- and the purpose of measurement e.g. internal quality improvement, external quality improvement.

Hermann and Palmer (2002) emphasize that the process measures are most useful when combined with complementary methods of quality assessment. Clinicians can use outcome measures to compare the progress of their patients with that of patients treated at similar facilities. Adding process measures can then highlight areas for improvement when outcomes are lagging behind. Simple population-based process measures can indicate whether a patient is receiving an appropriate form of treatment or not. For example, such a measure will reveal whether an individual with a long history of relapse to heavy drinking is enrolled in an abstinence focussed treatment programme or a drinking control programme instead.

13.3 QM in addiction treatment - primary conclusions

Mental health services including substance disorder treatment facilities have increasingly recognized the importance of quality management in order to assess the quality of care they provide, to identify weaknesses and deficiencies and to deduce strategies for improvement. The lack of general agreements on the dimensions, criteria and methods of quality assessment and management generates a strong heterogeneity of available quality management systems. Even though there is converging consensus that an overall quality management strategy is an important tool, clear evidence for the benefits of quality management is still lacking. As Nabitz et al. (2006) showed in their study, only a few dimensions improved after the implementation of the EFQM Model. For example, clinical result values were not better than in other facilities and client-, personnel- and society-satisfaction showed no clear measurable improvements. The authors conclude that the dramatic improvement in performance as predicted by Hammer and Champy (1993) was not demonstrated to a comparable extent for the field of addiction treatment.

One conclusion that can be drawn from the empirical data is that the effects one expects from quality management in mental health services and addiction treatment facilities should not be overestimated. This includes the magnitude of effects as well as their comprehensiveness and immediateness. Hendricks and Singhal (1997), who compared more than 800 profit organizations using an experimental design, showed that it took at least six years before the experimental group, which had followed a total quality management strategy, proved to be superior to the control group. Thus, it has to be concluded that quality management strategies take time before sustainable effects become visible. Furthermore, as shown in the study of Nabitz et al. (2006), some criteria might benefit more from the quality intervention than others. While patient, personal and society satisfaction did not significantly improve, the primary goal of the intervention, which was a) to reduce the gap between scientific evidence and everyday practice as well as b) the increase of transparency of processes and outcomes, had been successfully achieved.

Similarly to the quality management in health services in general, different perspectives need to be included in the management of substance abuse disorder treatments. For example, quality management cannot be longer limited to the clinical administrator's and the physician's perspective. There is also growing recognition of patients as consumers of addiction treatment centres and as important partners in the therapeutic process. Thus, the patient needs to be recognized as an

essential determinant of outcome assessment as many important outcomes (such as patient satisfaction, attitudes toward treatment and quality of life) can be determined only by asking the patient. Even though several studies have noted a relation between patients' understanding and awareness of their treatment progress and their level of compliance, it would be simplified to conclude that individuals perceiving treatment more positively necessarily show better outcome (Schulberg et al., 1981). For the field of substance abuse disorder treatments, special value needs to be given to the selection of outcome criteria and their operationalisation and measurement (e.g. Krampe et al., 2008).

Considering the relapsing nature of addiction, it is especially important to state that the primary focus of any quality-management system in addiction treatment needs to remain on effectiveness. The translation of "best evidence" into "best practice" as demanded by the Quality Enhancement Research Initiative (QUERI) is one of the most important tools in order to increase the quality of treatment for the individual patient.

14. Overall conclusions and recommendations

Objective of the study at hand was to create an inventory of QM systems established along with DR schemes in Europe including a description of contents, elements, legal frameworks and their realization. Therefore different national systems in European countries which implemented QM in DR measures have been analysed concerning QM elements as well as the providing institutions and the applied programmes.

As expected, the variety and level of implementation of QM systems and elements are different in the 10 countries which were subjects to this analysis. The degrees of implementation range from voluntary applied QM elements in certain programmes (e.g. definition of minimum qualification requirements of staff carrying out the programme like in Italy) over QM systems on provider level (e.g. documentation of procedures for data handling/recording or even ISO certifications like in Sweden or the Netherlands) over to sophisticated national standards for the delivery of programmes (authorization and accreditation requirements for programmes and providers like in Germany or U.K).

Thereby it should be mentioned again that an implemented QM system does not consequently result in a higher product (or service outcome) quality, but at least steers reaching a *specified* production (or delivery of service) quality. On the one hand, this means that a QM system assures that a specific quality of a product (or service) can be reproduced according to determined, checkable regulations or standards. On the other hand, it means that in case a certain quality of a product, or in this case outcome of a service, is defined specifically, standards set for the delivery of the service may guarantee that the highest probability to reach the specified product quality/service outcome is given – basically assumed that the production/service process is delivered in compliance with the standards. From this point of view, the definition of and compliance with QM standards for DR measures is most important if the expected outcome aims high (e.g. restoration of the fitness to drive or cessation of deviant and dangerous behaviours) and successful participation leads to immediate legal consequences; i.e. the client is considered as safely re-integrated into the community or road traffic after participation. This becomes visible in countries like Germany or U.K, which serve as examples at this place:

In Germany, the participation in a course for the restoration of the fitness to drive (see chapter 6.2) has definite and immediate legal consequences. The offender is considered to be fully rehabilitated after successful course completion and is reissued a new driving licence without any follow-up assessment. This requires that the following conditions are met:

1) The target group is defined in detail which is given by the guidelines for the assessment of the fitness to drive (Bundesanstalt für Straßenwesen, 2000),
2) The offenders eligible for this DR measure are very well selected; this is given by a prior comprehensive medical and psychological assessment,
3) The DR measure is following a concept written down in a manual with defined intervention strategies according to the state of the art; evaluated and checked by experts as defined in the German Driving Licensing Regulations (§ 70 FeV) for the authorization of programmes by the Supreme Authority of the Federal State,
4) The DR programme is conducted by qualified specialists (also defined in § 70 FeV),
5) Each course is performed in accordance with determined regulations; this needs to be checkable by documentation of each conducted course (defined in the accreditation requirements, Bundesanstalt für Straßenwesen, 2008),

6) The provider is reliably following all standards and requirements – this is controlled by annual audits of the Accreditation Agency for Bodies Providing Driving Licence Services of the Federal Highway Research Institute.

In the U.K., the legal consequence of participating in the accredited DID programme (see chapter 12.2) is that an offender fulfilled a community sentence and thus is released from a prospective imprisonment. As imprisonment is regularly only foreseen for persons potentially dangerous, releasing such a person may impose even a higher threat to the public than "just" a licence reinstatement. Thus it needs to be ensured that only these persons are released after successful completion of the DID programme who are definitely eligible. In order to assure this the national government sets high standards and even laws for

1) the offender management and programme procedure, including pre-post assessment and aftercare (for details see chapter 12.2.2),
2) the accreditation of programmes, e.g. the requirements to verify change processes initialized by the programme (for details see chapter 12.2.3),
3) the performance of the accredited programme and effective delivery of the service, e.g. all programme session are video monitored and controlled randomly (for details see chapter 12.2.4).

Hence, in cases of severe legal consequences, a QM system with defined standards or regulations and controlled by a governmental body is a necessary condition to assure public safety. Additionally, the compliance with the standards and regulations on a provider level performed on the base of internal regulations and instructions is a basic prerequisite that the governmental system works and the public as well as the individual offender is protected. Only by meeting all requirements trust and confidence is created on all sides, i.e. the government, the enforcing authorities, the public and the individual.

But also in case of less severe consequences, QM systems are necessary to support that DR measures work in the expected direction, e.g. if participation in a programme is mandatory like in Austria. The completion of the programme serves as accompanying measure to the regular revocation period. Although participation is a necessary condition for licence reinstatement, the successful completion of the programme does not immediately lead to it. The offender still has to undergo the regular revocation period and only after expiry of this period, the licence is reissued. The obligation to attend a measure may result in reluctance towards the DR intervention resulting in unmotivated participants. Hence, highly qualified staff is needed in order to change extrinsic to intrinsic motivation and, even more important, initiate long-lasting attitudinal and behavioural changes. Nevertheless or even though the QM system in Austria reveals deficits (e.g. neither regulations regarding QM on provider level nor provider controls by an official authority), legal regulations for the qualification and annual advanced trainings of course leaders are set and each applicant for a position as course leader needs an authorization by the competent ministry (BMVIT) which is checked yearly (for details see chapter 3.2.3).

QM is also essential in DR measures which rehabilitate voluntary participants like in Belgium. Successful participation in a DI course may have various consequences which also can be severe (e.g. avoidance of imprisonment or ongoing validity of the licence), but a certain QM element is already given by the criminal system itself, as a judge only proposes the opportunity to participate to offenders who are eligible from the judge's or public prosecutor's point of view. Hence, a selected group of offenders is participating on a voluntary base. An established QM system may support the offender's decision to choose the option to participate. He/she must be convinced that the attendance at the DI course is a better choice than to undergo any other sanction. This assumes a certain

confidence on the offender's side; i.e. he/she must be sure that he/she is treated well within the measure. As a consequence, these offenders show at least a minimum of motivation and attraction towards the DR programme, meaning that the staff may have fewer problems with any reluctance. As the provider is responsible towards the criminal system, but also towards the public and the individual, it must assure that an attitudinal and behavioural change proceeds within the attendees. Therefore, an authorization procedure for the provider is necessary to be approved (for details see chapter 4.1.3). In addition, the intervention programme is written down in a standard trainer manual and the courses are always performed by two course leaders to achieve the highest outcome possible (for details see chapter 4.1.6).

As another aspect, it needs to be mentioned that regular and continuous evaluation studies are a core element of QM systems. They serve as a direct target-performance comparison and are a minimum condition for all programmes. Participant feedbacks can always provide useful information about customer satisfaction and achieved changes; thus they trigger programme improvements. For courses with legal consequences, evaluations regarding recidivism criteria are necessarily recommended, as these may prove the outcome quality (effectiveness) and hence verify the DR measure with its consequences.

As no randomized-control study was yet conducted on the effectiveness of QM systems in DR programmes, research results from the addiction treatment field can serve as comparison. Although research from this area lacked to prove evidence for improvements on all performance scales of the service, but the results of the analysis on QM in DR reveal the necessity of establishing QM systems or at least elements in order to reach the expected outcome of the DR services while satisfying every subject involved, i.e. legislators, authorities, individual and public. Due to the fact that studies focussing on the impacts of QM in addiction and healthcare also revealed that it may take long until the impact becomes clearly obvious, the earliest point in time should be taken to establish European standards or recommendations for QM in DR schemes.

Thereby the following levels where QM can function are to be distinguished:

I. European level (European body for QM issues):
   - normative function according to EU legislation/regulations/guidelines
   - controlling & coordination of national accreditation bodies

II. Country level (national body for authorization/accreditation of programmes & providers):
   - operating function, checking compliance with QM regulations and standards
   - controlling/auditing unit in the national DR field
   - independent from national providers
   - working on behalf of the government, embedded in a national administrative frame
   - responsible for accreditation/authorization of new providers & re-accreditation/re-authorization
   - responsible for authorization of programmes
   - standards for programme evaluation
   - regulatory authority for customer complaints
   - standards/regulations for offender management

III. Provider level:
   - quality policy, organizational structures & responsibilities
   - QM manual, planning, reporting

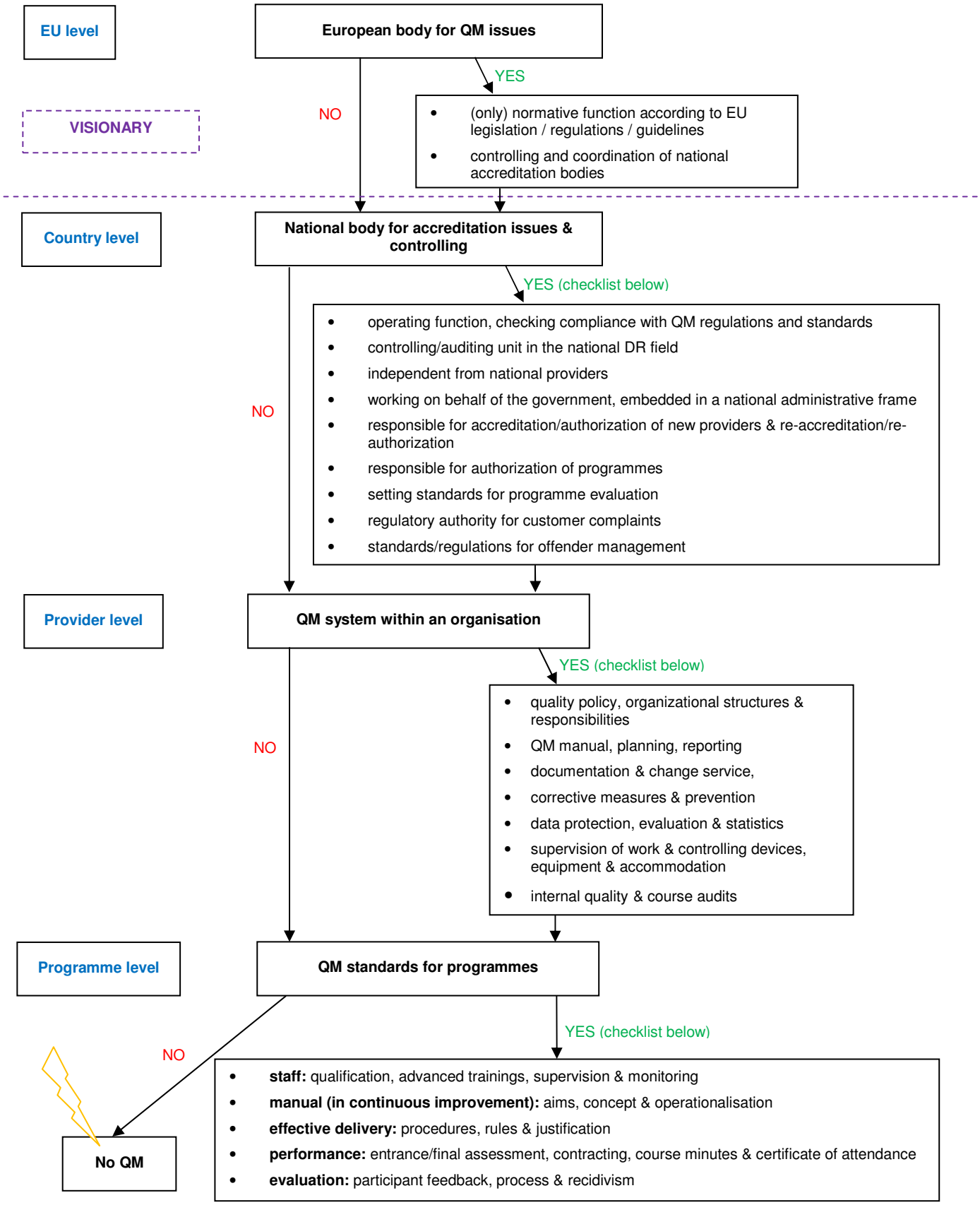
- documentation & change service,
- corrective measures & prevention
- data protection, evaluation & statistics
- supervision of work & controlling devices, equipment & accommodation
- internal quality & course audits

IV. Programme level (QM standards may be set on national or provider level; provider is responsible for programme delivery according to the standards)

- staff: qualification, advanced trainings, supervision & monitoring
- manual (in continuous improvement): aims, concept & operationalisation
- effective delivery: procedures, rules & justification
- performance: entrance/final assessment, contracting, course minutes & certificate of attendance
- evaluation: participant feedback, process & recidivism evaluation

The following decision-tree (p. 126) may serve as tool to evaluate the established QM system on a national, provider and programme level, but may also support the implementation of QM in DR for international and national legislators and providers. This tool can be used by European decision makers, national governments as well as DR provider. On each level, the conditions and requirements may be checked for their presence; the arrows show the next level to be proved. If all conditions are given, the QM system seems to be comprehensive and ideal; if most of them are given, the QM system seems to be sufficient, but improvable. If only a few requirements are met, the QM system shows basic needs for improvement.

Figure 1: Decision tree for the establishment & evaluation of QM systems in DR (Klipp & Escrihuela-Branz, 2008)



References

Achermann, Y., Bächli-Biétry, J. & Siegrist, S. (2007). SUPREME EU project: Country Report Switzerland. Unpublished report.

Adams, S. (1996). The Dilbert Principle: A Cubicle's-Eye View of Bosses, Meetings, Management Fads & Other Workplace Afflictions. New York: Harper Collins Publishers.

American Society for Quality (2007). Basic Concepts. Online: http://www.asq.org/learn-about-quality/index.html [10.06.2008].

Baeriswyl, F., Cotting, C., Baeriswyl, E. & Kovatsch-Guldimann, V. (2003). Alkoholkurs statt Rückfall: Reduziert die Teilnahme am Alkoholkurs die Rückfallgefahr? Freiburg: Amt für Strassenverkehr und Schifffahrt des Kantons Freiburg.

Bartl, G., Assailly,. J.–P., Chatenet, F., Hatakka, M., Keskinen, E. & Willmes-Lenz (2002). "ANDREA" EU project, Analysis of Driver Rehabilitation Programmes. Vienna: Kuratorium für Verkehrssicherheit KfV.

Berufsverband Niedergelassener Verkehrspsychologen (1998). Selbstverständniserklärung. Available at: http://www.bnv.de/BasisInf/selbstve.htm [15.07.08]

Biehl, B. & Birnbaum, D. (2004). Evaluation eines Rehabilitationskurses für drogenauffällige Kraftfahrer, Zeitschrift für Verkehrssicherheit, 50, pp. 28-32.

Birnbaum, D., Biehl, B, Sage, E. & Scheffel, B. (2002). Evaluation des Nachschulungskurses „Mainz 77", NZV, 4, pp. 164-170.

Birnbaum, D., Biehl, B. & Seehars, I. (2005). Die Wirksamkeit des Nachschulungsmodells IRAK-S für erstmals alkoholauffällige Kraftfahrer, Zeitschrift für Verkehrssicherheit, 51, pp. 202-207.

BIVT (2007): homepage of the Belgian Institute for Traffic Therapy (BIVT). Availabe at: http://www.bivtverkeerstherapie.centerall.com/index.php [22.01.08].

BIVV (2007): CD Rapport Annuel 2006 Jaarverslag. Driver Improvement.

Bundesanstalt für Straßenwesen (1975). Bereich Unfallforschung: Forschungsprogramm 1975.

Bundesanstalt für Straßenwesen (1978). Kurse für auffällige Kraftfahrer – Modellversuche in der Bunderepublik Deutschland. Köln: Bundesanstalt für Straßenwesen.

Bundesanstalt für Straßenwesen (ed.) (2000). Begutachtungsleitlinien zur Kraftfahrereignung. Bergisch Gladbach: Berichte der Bundesanstalt für Straßenwesen. Reihe Mensch und Sicherheit, Heft M115.

Christ, R. (1994). Definition von Erhebungsebenen und Erhebungsinstrumenten für die Evaluation der Führerscheine auf Probe und der Nachschulung. Kuratorium für Verkehrssicherheit. Wien.

Christ, R. (2001). Driver Improvement, Evaluation der Nachschulungskurse. Kurse für alkoholauffällige Fahranfänger – Faktoren und Bedingungen, die den Kurserfolg begünstigen. Vergleiche zu den verschiedenen evaluierten Kursmodellen (A, V, DI). Kuratorium für Verkehrssicherheit. Wien.

College of public prosecutors (2006). Circulaire N° COL 8/2006 du Collège des Procureurs généraux près les Cours d'Appel. Bruxelles.

Davies, G.P., Harland, G. & Broughton, J. (1999). Drink/driver rehabilitation courses in England and Wales. TRL Report TRL426. Wokingham: TRL.

Demarkis, J. (1999). Director's Letter in QUERY Quaterly. United States Department of Veteran Affairs. QUERY Quaterly. Online: http://www.hsrd.research.va.gov/publications/queri_quarterly/ [10.06.08]

Department for Transport (DfT) (2004). A guide to the operation of approved courses for drink-drive offenders. London: Department for Transport. Available at: http://www.dft.gov.uk/pgr/roadsafety/drs /drinkdriverehabilitation/guidance/aguidetotheoperationofapprov4647 [16.6.2008].

Deutscher Verkehrssicherheitsrat & Bundesanstalt für Straßenwesen (1980). Kurse für junge Fahrer. Moderatoren-Handbuch. Bonn und Köln.

Dorfer. M. (2004). Valutazione dell'efficacia di un programma riabilitativo (corso di driver improvement) per persone che hanno guidato in stato di ebbrezza in provincia di Bolzano. In: Conferenza Nazionale di Promozione ed Educazione alla salute. Salute e Politica, Strumenti di sviluppo e partecipazione per la Promozione della salute, Centro Stampa dell'Università di Perugia, Perugia, pp. 221- 226.

Drexler, A. (2005). Veränderungen von handlungsleitenden Faktoren durch eine Nachschulung bei alkoholauffälligen Kraftfahrern. Dissertation. Leopold-Franzens-Universität. Innsbruck.

DRUID WP 5 team (2008). State of the Art on Driver Rehabilitation: Literature Analysis & Provider Survey. Submitted to the European Commission in May 2008.

Echterhoff, W. (1999). Legalbewährung von alkoholauffälligen Kraftfahrerinnen und Kraftfahrern fünf Jahre nach Abschluss der Verkehrstherapie IVT-Hö® - Qualitätskontrolle einer Langzeitrehabilitation in Nordrhein-Westfalen, ZVS, 13, pp. 113-117.

Escrihuela-Branz, M. & Klipp, S. (2008). Interview guidelines for in-depth analysis of QM systems. Unpublished worksheet.

European Foundation for Quality Management. (2003). EFQM Excellence Model. Public and Voluntary Sector. Brussels: EFQM.

Evers, C. (2000). Quality Assurance of Post Licensing Measures. In: G. Bartl (ed.). DAN-Report. Results of EU-Project: Description and Analysis of Post Licensing Measures for Novice Drivers. Wien: Kuratorium für Verkehrssicherheit, pp. 209-219.

FeV. Verordnung über die Zulassung von Personen zum Straßenverkehr (Fahrerlaubnis-Verordnung – FeV) vom 18. August 1998 (BGBl. I S. 2214) in der Fassung des Inkrafttretens vom 01.08.2007. Available at: http://www.verkehrsportal.de/fev/fev.php [22.01.08].

Fiesel, P. (1998). Qualitätssicherung bei der Langzeitrehabilitation alkoholauffälliger Kraftfahrer: Schlußfolgerungen aus den Erfahrungen einer Verkehrstherapie (IVT-Hö) mit elaborierter Qualitätssicherung. Driver Improvement, 6. Internationaler Workshop. Referate des Workshops 1997. Berichte der Bundesanstalt für Straßenwesen. Reihe Mensch und Sicherheit, Heft M93.

Fishbein, M. & Ajzen, I. (1975). Belief, attitude, intention, and behavior: An introduction to theory and research. Reading, MA: Addison-Wesley. Available at: http://people.umass.edu/aizen/f&a1975.html [22.01.08]

Follmann, W. (in press). Rehabilitation verkehrsauffälliger Kraftfahrer. Bergisch Gladbach: Berichte der Bundesanstalt für Straßenwesen.

FSG (2007). Fuehrerscheingesetz. Available at: www.jusline.at/Fuehrerscheingesetz_(FSG).html [18.02.08].

FSG NV (2002) Führerscheingesetz Nachschulungsverordnung. BGBl.II Nr. 357/2202 Available at:www.bmvit.gv.at/verkehr/strasse/fuehrerschein/downloads/FSGNV.pdf [18.02.08].

FSG-GV (2002). Führerscheingesetz Gesundheitsverordnung. (The Driving License Health Act) BGBl II 1997/322 idF BGBl II 2002/427. Available at: www.bmvit.gv.at/verkehr/strasse/fuehrerschein/downloads/FSGNV.pdf [18.02.08].

Gazzard, C. (2008). Personal communication. [20.6.2008]. London: Department for Transport, Road User Safety Division.

Graumann, T. (2002). Verkehrspsychologische Einzelberatungsmaßnahme bei alkoholauffälligen Kraftfahrern - Evaluation und Darstellung der psychologischen Wirkkomponenten. In E. Panosch (Hrsg.) 7. Internationaler Kongress "Driver Improvement", 8.-10. Oktober 2001 in Salzburg, Austria. Berichte. Kuratorium für Verkehrssicherheit, Wien, CD-ROM, pp. 482-505.

Hammer, M. & Champy, J. (1993). Reengineering the Cooperation. London: Nicolas Brealy.

Hanseatisches Oberlandesgericht Hamburg (1980). Urteil vom 22.12.1980, 2 Ss 178/80. DAR, 4, pp. 122-124.

Hebenstreit, B. von, Hundhausen, G., Klebe, W., Kroj, G., Spoerer, E., Walther, R., Winkler, W. & Wuhrer, H. (1982). Kurse für auffällige Fahrer – Schlußbericht. Köln: Bundesanstalt für Straßenwesen.

Hellwig, J., Meyeer, H. & Wohlt, R. (1998). Qulitätsmanagement von Pro-Non – Verkehrspsychologische Beratung und Therapie e.V.. Driver Improvement, 6. Internationaler Workshop. Referate des Workshops 1997. Berichte der Bundesanstalt für Straßenwesen. Reihe Mensch und Sicherheit, Heft M93.

Hendricks, K.B. & Singhal, V.R. (1997) Does implementing an effective TQM program actually improve operating performance? Empirical evidence form firms that have won quality awards. Manag Sci, 43, pp. 1258–1274.

Hermann, R.C. & Palmer, R.H. (2002). Common ground: a framework for selecting core quality measures for mental health and substance abuse care. Psychiatr Serv., 53, pp. 281–287.

HM Prison Service (2004). Prison Service Order PSO 4360. Version issued 25/06/2004. Available at: psi.hmprisonservice.gov.uk/PSI_2004_031_amendments_to_pso_4360_correctional_services_accreditation_panel.doc [25.6.2008].

Höcher, G. & Nicolay, L. (2000). On a points' system – quality criteria and norms. Unpublished manuscript.

Höcher, G. (1994). Alkoholauffällige Kraftfahrer nach Abschluss einer Langzeitrehabilitation Modell IVT-Hö, Blutalkohol, 31, pp. 201-221.

Inwood, C., Buckle, G., Keigan, M. & Borrill, R. (2007). Extended monitoring of drink-drive rehabilitation courses. Final report. TRL Report TRL662. Wokingham: TRL.

IVT-Hö (2007). Homepage of Individualpsychologische Verkehrstherapie of German Höcher. Available at: http://www.ivt-hoe.de/ [23.01.08].

Jacobshagen, W. (1998). Nachschulungskurs für alkoholauffällige Fahranfänger nach dem Modell NAFA in Deutschland: Klientel, Kursdurchführung, Wirksamkeit und Akzeptanz. In: 6. Internationaler Workshop Driver Improvement. Berichte der Bundesanstalt für Straßen-wesen, Heft M 93, pp. 261-273.

Jacobshagen, W. (2001). Die Wirksamkeit des Modells BUSS – Beratung, Untersuchung und Schulung in der Sperrfrist bei alkoholauffälligen Kraftfahrern, Blutalkohol, 38, 233-249.

Kaegi, U. (2002). Wer garantiert mir eine ordentliche Durchführung: Qualitätssicherung bei Kursen für wiederholt alkoholauffällige Lenker. In E. Panosch (Hg.), Driver Improvement, 7. int. Kongress, Salzburg. Vienna: Kuratorium für Verkehrssicherheit KfV.

KDV (1967) Kraftfahrgesetzdurchführungsverordnung .Available at: www.bmvit.gv.at/verkehr/strasse/fuehrerschein/verordnungen/fsg-gv.html [18.02.08].

KFG (1967) Kraftfahrgesetz. BGBl 1967/267 Available at: www.bmvit.gv.at/verkehr/strasse/fuehrerschein/verordnungen/fsg-gv.html [18.02.08].

Klebel, E., Michalke, H., Schmidt, L. (1977). Driver Improvement. Erste Erfahrungen mit einem Gruppentraining für alkoholauffällige Verkehrsstraftäter [First experience with a group training for alcohol offenders in traffic]. ZVR, 24, 6. 180-188.

Klipp, S., Bornewasser, M., Glitsch, E. & Dünkel, F. (in press). Potenzial bestehender Beratungskonzepte und Ansätze zur Optimierung. Bergisch Gladbach: Berichte der Bundesanstalt für Straßenwesen.

Klipp, S. & Escrihuela-Branz, M. (2008). Decision tree for the establishment & evaluation of QM systems in DR. Unpublished paper.

Klipp, S., Glitsch, E., Bornewasser, M. & Dünkel, F. (2005). Bestimmungsfaktoren der frühzeitigen Teilnahme alkoholauffälliger Kraftfahrer an Interventionsmaßnahmen. [Determinants of Early Participation in Drunk Driving Rehabilitation]. Blutalkohol, 42, pp. 285-302.

Klipp, S., Glitsch, E., Bornewasser, M. & Dünkel, F. (2007). From Precontemplation to Action – an outcome evaluation of early interventions for DUI offenders. Proceedings of the 18th International Conference of Alcohol, Drugs and Traffic Safety – T2007. Seattle, USA. Available at: http://www.icadts2007.org/scientific/proceedings/session_duienforcement.html [11.02.2008]

Krampe, H., Stawicki, S., Ribbe, K., Wagner, T., Bartels, C., Kroener-Herwig, B. & Ehrenreich, H. (2008). Development of an outcome prediction measure for alcoholism therapy by multimodal monitoring of treatment processes. J Psychiatr Res., 12.

Kroj, G. (1987). Preface to the first edition. In: E. Spörer, M. Ruby & E. Hess (eds.). Nachschulung und Rehabilitation verkehrsauffälliger Kraftfahrer Dokumentation von Kursen und der Literatur zur Driver Improvement. Braunschweig: Rot Gelb Grün Verlag.

Kroj, G. (2002). New Quality Management System for t he selection and Improvement of DWI in Germany. Proceedings of the 16th International Conference of Alcohol, Drugs and Traffic Safety – T2002. Montreal, Canada. Available at: http://www.saaq.gouv.qc.ca/t2002/actes/actes_a.html [16.07.08]

Kroj, G. (ed.) (1995). Psychologisches Gutachten Kraftfahreignung. Bonn: Deutscher Psychologen Verlag.

Lager, F. (1994). Begleitforschung zum Führerschein auf Probe. Analyse des Kursverlaufs, Kursbewertung – soziodemographische Variablen der Nachschulungsteilnehmer. Unveröffentlichter Bericht des Kuratoriums für Verkehrssicherheit . Wien

Michalke, H., Barglik-Chory, C., & Brandstätter, C. (1987). Driver-Improvement – Effizienzkontrolle von Gruppentrainingsmaßnahmen für alkoholauffällige Kraftfahrer. Wien: Kuratorium für Verkehrssicherheit

Miller, W. R. & Rollnick, S. (1991) Motivational Interviewing: Preparing People to Change Addictive Behaviour. New York: Guilford Press.

Moeller, J. (2001). The EFQM Excellence Model. German experiences with the EFQM approach in health care. Int J Qual Health Care, 13, pp. 45-49.

Moos, R.H., Finney, J.W., Federman, E.B. & Suchinsky, R. (2000). Specialty mental health care improves patients' outcomes: findings from a nationwide program to monitor the quality of care for patients with substance use disorders. J Stud Alcohol. 61, pp. 704-713.

Nabitz, U., Schramade, M. & Schippers, G. (2006). Evaluating treatment process redesign by applying the EFQM Excellence Model. Int J Qual Health Care, 18, pp. 336-345.

National Audit Office (2008). National Probation Service. The supervision of community orders in England and Wales. London: The Stationery Office.

National Offender Management Service (2007a). National Standards for the Management of Offenders. Standards and Implementation Guidance 2007. Ministry of Justice.

National Offender Management Service (2007b). Probation Circular 03/2007 – Offending Behaviour Programmes: Reduction of Psychometric Assessments. Ministry of Justice. Available at: www.probation.homeoffice.gov.uk/files/pdf/PC03%202007.pdf [07.07.2008].

National Offender Management Service (2007c). PC08/2007 – Implementation of Accredited Offending Behaviour Programme Performance Improvement Standards. Ministry of Justice. Available at: www.probation.homeoffice.gov.uk/files/pdf/PC08%202007.pdf [07.07.2008].

National Offender Management Service (2008a). Annual Report for Accredited Programmes 2006-2007. Ministry of Justice. Available at: www.probation.homeoffice.gov.uk/files/pdf/Annual%20Report%20for%20Accredited%20Programmes%202006-2007.pdf [08.07.2008].

National Offender Management Service (2008b). Probation Circular 06/2008 – Accredited Offending Behaviour Programmes: Data Entry Amendments and Definition of 'Real Time'. Ministry of Justice. Available at: www.probation.homeoffice.gov.uk/files/pdf/PC06%202008.pdf [07.07.2008].

National Probation Service (2002). National Management Manual for Effective Delivery of Accredited Programmes in the Community (V2), London: Home Office.

Prochaska, J. O. & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: toward an integrative model of change. J Consult Clin Psychol, 5, pp. 390-395.

Rex, S. & Bottoms, A. (2003). Evaluating the Evaluators: Researching the Accreditation of Offender programmes. Probation Journal, 50, pp. 359-368.

Ronis, D. L., Yates, J. F. & Kirscht, J. P. (1989). Attitude, decisions and habits as determinants of repeated behavior. In: S. Pratkanis, S. Breckler, & A. Greenwald (Eds). Attitude Structure and Function, Erlbaum.

Sánchez E, Letona J, González R, García M, Darpón J, Garay JI (2006). A descriptive study of the implementation of the EFQM excellence model and underlying tools in the Basque Health Service. Int J Qual Health Care, 18, pp. 58-65.

Schickhofer, E. (2003). Die Evaluierung von Nachschulungskursen für alkoholauffällige Verkehrsteilnehmer, Diplomarbeit an der Universität Wien.

Schulberg, H.C. & Bromet, E. (1981). Strategies for evaluating the outcome of community services for the chronically mentally ill. Am J Psychiatry, 138, pp. 930–935.

Schülken, T., Leisch, M., Sachse, R. & Veltgens, U. (2006). Zur Wirksamkeit der verkehrspsychologischen Rehabilitationsprogramme CONTROL und REAL für alkoholauffällige Fahrer. Zeitschrift für Verkehrssicherheit, 52, pp. 194-201.

Schützenhöfer, A., & Krainz, D. (1999). Auswirkungen von Driver Improvement- Maßnahmen auf die Legalbewährung. Zeitschrift für Verkehrsrecht, 44, 4. 138-143.

Shaw, C.D. (2000). External quality mechanisms for health care: results of the ExPeRT project on visitatie, accreditation, EFQM and ISO assessment in European Union countries. Int J Quality in Health Care, 12, pp. 169-175.

Shewhart, W. A. (1939). Statistical Method from the Viewpoint of Quality Control. New York: Dover.

Siegrist, S., Kaegi, U. & Ammann, A. (1995). Kurs für wiederholt alkoholauffällige Fahrzeuglenker: Ein Handbuch für Kursmoderatoren, Behörden und Beratungsfachleute (bfu-Modell FiaZ) (bfu-Dokumentation R 9518). Berne: Swiss Council for Accident Prevention bfu.

Spoerer, E. (1976). Rehabilitation von alkoholauffälligen Kraftfahrern in Nordamerika. Bericht zum Forschungsprojekt 7517.1 im Auftrag der Bundesanstalt für Straßenwesen, Bereich Unfallforschung. Köln: Bundesanstalt für Straßenwesen.

Spoerer, E. (1987). Zwanzig Jahre „Driver Improvement“ in Deutschland. In: G. Kroj & E. Spoerer (eds.). Wege der Verkehrspsychologie. Festschrift zum 70. Geburtstag von Udo Undeutsch, pp. 131-144. Braunschweig: Rot Gelb Grün Verlag.

Spoerer, E., & Kratz, M. (1991). Vier Jahre Erfahrungen mit der Nachschulung von alkoholauffälligen Fahranfängern (Inhaber einer Fahrerlaubnis auf Probe). Blutalkohol, 28, pp. 333-342.

Staten-Generaal van de Verkeersveiligheid (2007). Verslag van de Federale Commissie voor de Verkeersveiligheid.

Staten-Generaal Verkeersslachtoffers (2007). Rapport Staten-Generaal verkeersslachtoffers, versie 14.01.07.

Stephan, E. (1986). Die Legalbewährung von nachgeschulten Alkoholersttätern in den ersten zwei Jahren unter besonderer Berücksichtigung ihrer BAK-Werte. Zeitschrift für Verkehrssicherheit, 32, pp. 2-9.

Stone, J., Buttress, S.C. & Davies, G.P. (2003). Drink/drive rehabilitation courses: Survey of non-attenders. TRL Report TRL575. Wokingham: TRL.

Swertz, P., Moeller, J., Butthof, W. & Viethen, G. (1998). Akkreditierung und Zertifizierung von Krankenhäusern im Ausland. Baden-Baden: Nomos Verlagsgesellschaft.

United States Department of Veteran Affairs. QUERY Quaterly. Online: http://www.hsrd.research.va.gov/publications/queri_quarterly/ [10.06.08]

Utzelmann, H.D. (1987). Organisation und Inhalte einer Qualitätssicherung bei Kursen für auffällige Kraftfahrer. In: Kurse für auffällige Kraftfahrer. Gemeinschaftsveranstaltung von TÜV Hannover, TÜV Rheinland und Rheinisch-Westfälischem TÜV am 27. November 1986 in Essen, pp. 75-82. Köln: Verlag TÜV Rheinland GmbH.

Vergeiner, M. (2003a). Neuerungen durch die Nachschulungsverordnung (FSG-NV). Teil 1. ZVR, 29, 102-108.

Vergeiner, M. (2003b). Neuerungen durch die Nachschulungsverordnung (FSG-NV). Teil 2. ZVR, 39, 137-142.

Vissers, J.A.M.M. & van Beekum R.J. (2002). The Educational Measure Alcohol and Traffic (EMA). Proceedings of the 16th International Conference of Alcohol, Drugs and Traffic Safety – T2002. Montreal, Canada. Available at: http://www.saaq.gouv.qc.ca/t2002/actes/actes_a.html [18.07.08]

Widmer, A., Hubacher, M. & Bächli-Biétry, J. (2005). Kurs für wiederholt auffällige Fahrzeuglenker KURVE (bfu-Modell KURVE) (bfu documentation R 0514). Berne: Swiss Council for Accident Prevention bfu.

Winkler, W. (1974). Gruppengespräche nach wiederholter Trunkenheit am Steuer. Blutalkohol, 11, pp. 178-188.

Winkler, W., Jacobshagen, W. & Nickel, W. R. (1988). Wirksamkeit von Kursen für wiederholt auffällige Kraftfahrer. Unfall- und Sicherheitsforschung Straßenverkehr. Bergisch Gladbach: Bundesanstalt für Straßenwesen, H.64.

Winkler, W., Jacobshagen, W. & Nickel, W. R. (1990). Zur Langzeitwirkung von Kursen für wiederholt alkoholauffällige Kraftfahrer. Untersuchungen nach 60 Monaten Bewährungszeit. Blutalkohol, 27, pp. 154-174.

Annexes

ANNEX I: Interview guidelines for in-depth analysis of QM systems (Escrihuela-Branz & Klipp, 2008)

Interview Guidelines - Quality Management

Interview questions and definition/identification of the variables for data already collected within the Provider Questionnaire Survey (DRUID WP 5 team, 2008) arranged behind each question (in italics).

Basic issues on organisational level

0) Country? *Form A @2@*

1) name of organisation? *Form B @1@*

2) starting year of organisation? *Form A @12@*

General legal embedness

3) is there in your country an organisation/body/entity responsible for QM?

4) if yes, which is the way how the entity operates in general therms?

5) are there legal regulations concerning the QM-system in your country?

- a) please specify/name regulations?
- b) legal refeference(s)?

Basic issues of QM

6) please specify your given indication of QM level in your organisation?

7) is there a charged person (commissioner) responsible for QM in your organisation?

- a) if yes, what are his/her responsibilities in principle terms?

8) is there a document (manual/handboock) where your QM-system is described?

- a) if yes, how do you control accession and application?
- b) if yes, are there documented procedural instructions concerning your QM-system?

  if yes, how is performance controlled?

9) does your QM containing an internal auditing system?

- a) if yes, how is its performance controlled?

10) does your QM statisticaly documentation system?

- a) if yes, how is performance controlled?

11) does your QM system of handling of customer complaints?

- a) if yes, how is handling conducted?

Program level

12) name / title of program? *Form B @3@, Form B @4@*

13) target group(s) of program?

- a) DUI *Form B @37-44@*
- b) DUID *Form B @45-52@*

14) is there a legal base for the program setting and procedure? *Form B @65-66@*

a) if yes, reference?

b) exceptions from normal procedure? *From B @67-68@*

I) persons with communication problems? *Form B @69@*

II) persons with problems to read and/or wright?

III) persons in special conditions? (i.e. VIP)?

IV) other? If yes, please specify? *Form B @71-72@*

15) principle program design?

a) group intervention? *Form B @73@*

I) number of participants (min/max./not spec.)? *Form B @77-79@*

II) total time (number of hours/units/minutes/unit)? *Form B @80-82@*

III) total number of sessions/meetings? *Form B @83@*

IV) days between interventions?

- two / not specified? *Form B @84-85@*
- first / last session (min/max days/not specified)? *Form B @86-88@*

b) single intervention? *Form B @89@*

I) total time: number of hours/units/minutes/unit? *Form B @90-92@*

II) total number of sessions/meetings? *Form B @93@*

III) days between interventions?

- two / not specified? *Form B @94-98@*

c) combined intervention; ordered in time? *Form B @99@*

16) how is performance of this program principles controlled?

17) certificate of attendance (yes/no):? *Form B @129-130@*

18) scientific background of program?: *Form B @131@*

19) primarily approach of program?: *Form B @132-135@*

20) legal regulation on aims (yes/no)?: *Form B @136-137@*

21) name major (max. 5) aim(s)?: *Form B @138@*

22) literature reference about aim(s)?: *Form B @139@*

23) most important themes (max.5)?: *Form B @140@*

Trainers and their education

24) are there legal regulations for trainers (yes/no)? *Form B @103-104@*

25) profession of trainer? *Form B @105@*

26) additional education required (yes/no)? *Form B @106-107@*

27) regulary advanced trainings/continuation courses?

28) how are theese concerns controlled?

Participation issues

29) is participation mandatory / voluntary? *Form B @10-11@*

30) if mandatory, who imposes participation? *Form B @12-17@*

31) how is participation determined?

a) prior driver assessment *Form B @18@*

b) recidivism *Form B @19@*

c) alcohol during offence *Form B @21@*

d) concentration limit of alcohol *Form B @22@*

e) drug; in case, specify drug substance *Form B @24@*

32) exist there determinated course rules (yes/no)?

a) concerning punctuality

- specify rule and consequence of discompliance

b) concerning sobriety/soberness (alcohol/drugs)

- specify rule and consequence of discompliance

c) concerning cooperation

- specify rule and consequence of discompliance

d) concerning other course rules

- specify rule and consequence of discompliance

33) how are the applied course rules controlled?

34) are certain groups excluded explicit from access to a specific programm?

a) addicts *Form B @53@*

b) drivers with communication problems *From B @54@*

c) others, please specify *Form B @55-56@*

- if yes, which procedures are applied to control it?

35) does the program target on specific subgroups?

a) concerning the alcohol issue (yes/no)? *Form B @38-39@*

if yes,

I) novice drivers *Form B @40@*

II) first time offenders *Form B @41@*

III) repeated offenders *Form B @42@*

IV) others, please specify *Form B @43-44@*

b) concerning the drug issue (yes/no)? *Form B @46-47@*

if yes,

I) novice drivers *Form B @48@*

II) first time offenders *Form B @49@*

III) repeated offenders *Form B @50@*

IV) others, please specify *Form B @51-52@*

Feedback- Evaluation - Data Protection

36) conducting participant feedback? *Form B @199@*

if yes, please specify?

37) has this programme already been evaluated (yes/no)? *Form B @196-197@*

if yes,

a) content evaluation *Form B @198@*

b) process evaluation *Form B @200@*

c) outcome evaluation, recidivism study *Form B @201@*

d) other, please specify *Form B @202-203@*

38) has the evaluation been published (yes/no)? *Form B @204-205@*

if yes, name reference(s) *Form B @206@*

39) are there legal regulations concerning the handling of data protection?

if yes, is there a charged person for data protection issues in your organisation?

40) how is access, storage and data security regulated?

ANNEX II: Matrix for the quality of driver retraining programmes in Switzerland

BEST PRACTICE				
Main characteristics of driver improvement measures (according to SUPREME)	**Indicator**	**Standards (How? Demands made on measurement)**	**Responsibility**	**Assessment (entire system or separately by course)**
Quality of structure				
Early intervention	• After a first serious offence • The course starts 3 months after the offence at the latest	(No operationalization necessary)	• Legislators • Road traffic licensing department (with the inclusion of an external specialist agency)	• Courses for first-time offenders are still used too infrequently in Switzerland (particularly those that do not involve DUI offences) • Courses generally start within 3 months but this is not guaranteed
Mandatory participation	• Mandatory rehabilitation course stipulated by law • The cantonal road traffic licensing departments must ensure that all traffic offenders take part in a driver retraining course	(No operationalization necessary)	• Legislators • Road traffic licensing department	• Situation is unsatisfactory: Participation in - generally speaking – unsatisfactory courses is mandatory. Whereas only voluntary participation is possible in courses appropriate for the problem.
Specific courses for different target groups	• Minimum number of course types offered (novice drivers, experienced drivers, alcohol & other drugs, speed, unfit for driving)	(No operationalization necessary)	• Legislators • Road traffic licensing department	• Diversified range of courses in many cantons, but not all areas are covered at national level • Lack of national, binding minimum requirements
Allocation to courses based on diagnostics	• Standardised diagnostic procedure • Test clarifications prior to the course • Clear allocation criteria for the test (e.g. > 1.6 BAC) • Specialist conducting the test is not the same person as the course leader	(No operationalization necessary)	• Legislators • Road traffic licensing department • Psychologists	• Diagnostic clarification only when there are clear doubts about driving suitability • No diagnostic clarifications as a basis for allocation to courses • Lack of national, binding minimum requirements
Highly-qualified course leaders, who are independent of the	• Basic psychotherapeutic training • University level • Personal and social skills • Communication abilities	• Check on qualifications • Personal interview for the position	• Road traffic licensing department (with the inclusion of an	• Major regional differences • Guaranteed for voluntary courses offered throughout Switzerland • Lack of national, binding minimum

authorities	• Independent of authorities • Further training and intervision		external specialist agency)	requirements
Quality of process				
Focused on effective change in behaviour	• A large part of the course is dedicated to self-reflection • Intense process preparing and training a change in behaviour (e.g. homework; developing individual solutions) • Application of therapeutic methods • Group size of maximum 10 participants • The course lasts at least 3 weeks and comprises at least 5 meetings as well as a follow-up	Assessment by specialists as required	• Road traffic licensing department (with the inclusion of an external specialist agency)	• Major regional differences • Guaranteed for voluntary courses offered throughout Switzerland • Lack of national, binding minimum requirements
Taking individual background of participants into account	• Individual preliminary discussion (not diagnostic test) • Taking cultural and ethnic backgrounds of offenders into account • Taking social backgrounds and present situations into account • Costs of the course in line with participants' financial possibilities	Assessment by specialists	• Road traffic licensing department (with the inclusion of an external specialist agency)	• Major regional differences • Guaranteed for voluntary courses offered throughout Switzerland • Lack of national, binding minimum requirements
Quality of results				
Evaluation of the rehabilitation programme	• Process • Impact • Output	Assessment by specialists (state-of-the-art method?)	• External agent (independent of the road traffic licensing department)	• Process and impact evaluation satisfactory within the framework of the ANDREA EU project • Output evaluation rarely conducted in the last 15 years