An Assessment, Monitoring and Outcome Measurement System for Offender Rehabilitation and Reintegration Programmes: A Description of a Model at Work in the Cornmarket Project, Wexford

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Summary: The development of community-based services for offenders has not always been marked by adherence to best practice based on empirical evidence. Expediency, personal conviction and a sincere desire to do 'something' to respond to antisocial behaviour and criminality in our communities are historically more common drivers. This article explores some of the contemporary research and evidence relating to the efficacy of various approaches used in implementing offender rehabilitation programmes. The authors outline a particular model at work in the Cornmarket Project. Mindful of current economic constraints and the increased reporting requirements placed on organisations in receipt of state funds, the article emphasises the importance of having in place an easy-to-use, valid and reliable outcome measurement system for programmes dealing with offender reintegration and rehabilitation.

Keywords: Cornmarket, COAIM, Change Tree, logic model, offenders, outcome measurement, rehabilitation, recidivism, criminogenic factors, behaviour change, efficacy, motivation.

Introduction

The Cornmarket Project was established in 1999 as a multiagency response to criminality and substance misuse issues. The project is based in the county of Wexford, which has a population of 132,000 people and

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is located in the south-east corner of Ireland, about 120 km south of Dublin. The project deals with approximately 200 individual clients per year, 150 of whom on average will be direct referrals from the Probation Service. The project is under the umbrella of Wexford Local Development (WLD),[1] the local development company in Wexford mandated to deliver rural development, social inclusion and community development programmes on behalf of the Irish government.

The Cornmarket Project receives core funding from the Department of Justice and Equality, through the Probation Service. Additional funding is provided by FÁS, the Irish state training agency, through the Community Employment Programme,[2] the Department of Education through the local Vocational Education Committee,[3] the Department of Health through the HSE,[4] the Department of the Environment, Community and Local Government[5] through the WLD, and other state agencies and departments. The steering committee comprises representatives from the funders, An Garda Síochána, local authorities and the local community.

Cornmarket has a multidisciplinary approach in providing a continuum of services for medium- to high-risk offenders. The programmes delivered include one-to-one behaviour change counselling based on individualised action plans, a targeted offender outreach service, a daily structured low-threshold intervention drop-in service dealing with advocacy and case work, a six-month stabilisation and BTEI (back to education initiative[6]) programme and a 12-month training, rehabilitation and reintegration programme. The programmes are delivered in the four main urban areas of Co. Wexford: Wexford Town, Gorey, Enniscorthy and New Ross. The Cornmarket Project operates six days a week and also provides two late-night services to facilitate those on probation, in employment or engaged in mainstream training or education.

The services are managed by the project coordinator and delivered by a team of 12 qualified staff members with additional support from part-

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[1] www.wld.ie
[2] www.fas.ie
[3] www.cowexfordvec.ie
[4] www.hse.ie
[5] www.environ.ie
  www.welfare.ie
[6] www.education.ie

time sessional workers recruited on the basis of programme needs. Financial management and governance are provided by WLD. Because Cornmarket is under the aegis of WLD, clients have access to other WLD services such as guidance and employment services, early school leaver supports, traveller community services, further training and education opportunities, grant aid and child care provision.

The context of the project

The project has an outcomes-focused, community-facing and client-centred approach. Cornmarket's primary goal is to work in collaboration with the Probation Service and other partners to ensure positive change in offenders and a reduction in recidivism. The methodologies used are underpinned by evidence-based behavioural interventions to enhance client motivation for successful participation in the rehabilitation and reintegration programmes delivered by the project. This approach acknowledges individual difference in terms of age, gender, ethnicity and culture, problem severity, recovery stage, and level of supervision needed. Offenders also respond differently to different treatment and rehabilitation approaches.

A review of the first 10 years of the project (Cornmarket Project, 2010) emphasised the importance of a strong professional working relationship between the project and the Probation Service. This relationship is reinforced by regular joint meetings to discuss and monitor each offender's progress using a case-management approach. Cornmarket adds value to the work of the Probation Service by addressing issues of offender motivation, problem solving and skill-building to diminish criminal behaviour and enhance resistance to substance misuse.

Only a small percentage of those requiring intervention for drug- and alcohol-related problems seek help voluntarily (Chandler *et al.*, 2009). In light of this, the Criminal Justice System provides a unique opportunity to intervene and disrupt the cycle of substance misuse and crime in a cost-effective manner. Findings (Pearson and Lipton, 1999; Leukefeld *et al.*, 2002; Knight and Farabee, 2004; McCollister *et al.*, 2004) show that providing comprehensive substance misuse treatment and rehabilitation for criminal offenders works, reducing both substance abuse and recidivism.

Given the increasing prison population, attributable in large part (O'Mahony, 2008) to substance misuse-related offences accompanied by high rates of recidivism (Wexler and Fletcher, 2007), it is a matter of public health and safety to continue to make substance misuse treatment and rehabilitation a key component of the criminal justice system. Furthermore, addressing the reintegration needs of substance misusing offenders is critical to reducing overall crime and other drug-related societal burdens, such as primary health care costs and dealing with the consequences of antisocial behaviour in communities. Research has shown that substance misuse treatment and rehabilitation can be effective even when an individual enters it under legal mandate (National Institute on Drug Abuse, 2007)

Key operating principles

The work of the Cornmarket project is underpinned by empirically validated, evidence-based methodologies. In particular, the use of motivational interviewing (Miller and Rollnick, 2002), cognitive behavioural therapy (Milkman and Wanberg, 2007) the Stages of Change Model (Prochaska and DiClemente, 1984) and structured relapse and recidivism prevention techniques (adapted from Herrie and Watkin-Merek, 2006) are important in promoting positive behavioural change and reducing recidivism. In their work on effective responses to offending, Brown *et al.* (2011) make the point that critiques of recent and past intervention programmes for offenders have repeatedly commented on the uneven and poor quality of implementation, the ambiguity or absence of a theoretical rationale and conceptual base, and flawed evaluations. They further state that the lack of a clear rationale makes it likely that a programme will become a disconnected set of activities, with problems such as:

• services provided, sanctions and incentives used, and community resources tapped, all in an ad hoc and fragmented fashion
• individual staff pursuing their own direction and inclinations
• target-group criteria referrals and selection not matched to the most appropriate programme or person
• a lack of coherence and continuity between programme components, features and processes

- offenders' major difficulties or needs not being met, leaving gaps in service or wasted opportunities (Brown *et al.*, 2011).

Brown and her colleagues also identify a series of principles guiding the design of effective programmes and interventions. These are integral to the work of the Cornmarket Project and include the following.

1. That the level of service intervention should match not only the client's risk level i.e. medium to high, but also their stage of readiness and willingness to change.
2. Interventions should focus on those modifiable aspects that contribute most highly to the client's continued offending behaviour based on the ten criminogenic factors or dynamic risk areas listed later on in this article.
3. It is imperative to match programmes to the learning style and capability of the client so as to increase the likelihood that he or she will respond in a positive fashion.
4. Programmes located in the community yield more effective outcomes. This is not to dismiss institutional or residential based work, but reflects the need to apply the skills learnt in real life.
5. Programmes should (a) be multimodal – focusing on more than one antecedent to problematic behaviours, (b) be skills-oriented – such as problem solving and developing social and coping skills and (c) utilise approaches which draw on empirically validated research. This is known as the treatment and rehabilitation modality principle.
6. Programmes should adhere to best practice methods by including monitoring and review during and after programme delivery. This is to ensure consistency, and to maintain quality assurance (the fidelity principle).

Outcome measurement

Over the past few years there has been an increased emphasis on having effective assessment, monitoring and outcome measurement systems in place for organisations in receipt of state funds (Comptroller and Auditor General, 2004; Probation Service, 2011). Although these are worthy and necessary, the implementation of such requirements presents a real challenge to many organisations including those delivering rehabilitation and reintegration programmes for offenders. Most organisations, both

statutory and non-statutory, are accustomed to evaluating programmes and recording outputs but are relatively new to the concept of outcome measurement. The integration of a workable, valid and reliable system into their current working environment poses a distinct challenge to many services. However, no single assessment or outcome measurement system is universally accepted as the best (Penna, 2011). While acknowledging the need for thorough and accurate information, research literature (Madan, 2007) on this topic suggests that comprehensiveness needs to be balanced by brevity to ensure routine application and compliance (Madan, 2007).

The literature points out that the process of measurement is as important as the outcome measure itself (Hatry *et al.*, 1996). In accepting this premise we need to be mindful of:

1. using an approach that involves clients in a meaningful way in a system that can potentially have a significant impact on their lives
2. ensuring that the chosen approach can be used in an easy and consistent way by staff and facilitators
3. putting in place a system that can be relied on to satisfy the informational needs of funders and a range of other stakeholders (Delaney, 2006).

In considering the overall effectiveness of assessment and outcome measurement systems, we also need to be mindful of the need for the non-statutory sector to integrate its efforts more closely with statutory providers of services. For this to work, we need to develop an integrated case-management approach to our work. This presents a particular challenge that must be discussed and overcome at a local level. The COAIM system can help to facilitate this development.

The COAIM system

COAIM (Change Outcome and Indicator Mapping) is a locally developed assessment and outcome measurement process. CO is a prefix meaning 'with, together, in association', and AIM in this context means 'to attempt to achieve something'. The COAIM system emphasises the fostering of a collaborative approach between the facilitator and client. It uses the generic terms 'client' to indicate programme participant, service user, substance misuser, customer, offender, drug abuser,

alcoholic, patient, etc., and 'facilitator' to mean key worker, project worker, housing officer, counsellor, therapist, drugs worker, case manager, probation officer, social worker, doctor, nurse, outreach worker, psychologist etc.

The COAIM system comprises a set of tools for assessment, monitoring and outcome measurement incorporating theory of change (Anderson, 2004; MacKinnon *et al.*, 2006) and logic model (W.K. Kellogg Foundation, 2004) methodologies with motivational interviewing (Miller and Rollnick, 2002) and the stages of change model (Prochaska and DiClemente, 1984) to provide a user-friendly, reliable system. Through the use of motivational interviewing strategies, the COAIM system facilitates and enhances the development of positive change with clients.

We can describe outcome measurement as a process that involves: *Who* receives *what* from *whom* at what *cost* and with what *effect*. However, why develop an outcome measurement system that only meets informational needs? Why not ensure that such a system can also be used for assessment and monitoring while enhancing the likelihood of positive change with our clients?

With this challenging brief as the blueprint, the COAIM system was developed in 2006 (Delaney, 2006) based on a set of graphic and easy-to-use tools to assess, monitor and measure outcomes while enhancing the likelihood of a reduction in recidivism among offenders.

A strong driver for reliable assessment, monitoring and outcome measurement systems has been to satisfy funders and other decision makers. The COAIM system also recognises the importance of the client perspective and involvement in the measurement of their participation in rehabilitation and reintegration programmes. It is hard to ignore the issue of system integrity if client input to the measurement of programme efficacy is excluded. Therefore, the COAIM system challenges conventional methods of measuring programme outcomes where the client is the passive recipient of programmes and services and the facilitator decides how beneficial those services are or were for the client (Delaney, 2006).

The COAIM system ensures consistency and maximises effectiveness, by stipulating the use of motivational interviewing by facilitators (Delaney and Weir, 2004, McMurran, 2009). In addition, all problem areas or antecedents for the client are connected and worked on, ensuring a genuine holistic approach. The COAIM system promotes a

case-management approach; a "joined up" way of working among the programmes, agencies and departments dealing with offenders. It provides the facilitator with a framework within which to engage the client in a planned, collaborative yet directive manner. This approach optimises the potential for positive outcomes and ensures effective mapping and measurement of programme and service delivery. Properly implemented, using the tools of motivational interviewing, the approach creates the circumstances whereby the client develops the self-efficacy necessary to ultimately take ownership of continuing positive change at an individual level (Miller and Rollnick, 2002; McMurran, 2009).

Background to the COAIM system tools

All organisations in receipt of state funds are now, or will be, required to base their service level agreements and business plans on some version of the logic model approach, i.e. they are expected to set out how an intervention such as a project is intended to produce particular results. The development of the COAIM system in 2006 as a way of measuring outcomes was based on the use of a programme theory (Anderson, 2004; Rossi *et al.*, 2004) approach to working with offenders and substance misusers. Programme theory identifies the link between an intervention and the intended or observed outcomes (Funnell and Rogers, 2011).

Using programme theory (Rossi *et al.*, 2004) as a way of ensuring effective measurement of outcomes is not a new concept. Programme theory or logic models set out how an intervention (such as a project, a program or a policy) is understood and is intended to produce particular results.

The United Way, a non-profit organisation in the USA, published a guide to developing and using models for outcome measurement (Hatry *et al.*) in 1996. Moreover, the W.K. Kellogg Foundation (2004) produced a logic model guide in which it described a linear template of five components: inputs, activities, outputs, outcomes and impacts. This particular five component logic model provides the framework for the COAIM system approach, as shown in Table 1.

The COAIM system is particularly effective in mapping and measuring the three stages of the model dealing with programme activities, outputs and outcomes. The resources and impact areas are often more difficult to predict with any great degree of certainty.

The tools of the COAIM system are predicated on assessing, targeting and measuring factors that *can* be changed in the lives of offenders,

Table 1. COAIM five-stage logic model

Programme resources or inputs	Programme activities	Programme outputs	Programme outcomes	Programme impact
Resources needed to operate the programme	Processes, tools, events, technology and actions that are an intentional part of the programme implementation	Types, levels and targets of service delivered	Specific changes in programme participants' behaviour, knowledge, skills, status and level of functioning	Changes to organisations, communities, or systems as a result of programme activities within seven to ten years

known as *dynamic factors*. Those that cannot be changed are *static factors* and include prior record or family criminality. Early onset of criminal behaviour is a very good predictor of future behaviour, and it is a risk factor that cannot be changed: if you were first arrested at age 10 you will always have been first arrested at age 10.

Synthesising the findings of Lipsey and Wilson's (1993) meta-analysis and the research outcomes of Latessa (2004) and Andrews *et al.* (2006), the COAIM system concentrates on the following known criminogenic or dynamic risk factor areas (Andrews *et al.*, 2006) which are listed as the 10 primary areas in the COAIM system that need to be addressed with offenders:

1. attitudes and cognitive style
2. offending behaviour
3. pro-social activities
4. anger and emotion management
5. drug and alcohol misuse
6. lifestyle and associates
7. training and employability
8. accommodation
9. financial issues and debt
10 relationships and family issues.

Andrews and his colleagues in their research point out that focus on non-criminogenic factors such as self-esteem, fear of punishment, physical

conditioning (such as outdoor pursuits) and developing offenders' creative abilities through art and music will not have a significant effect on recidivism rates (Andrews and Bonta 1994, 2010). Studies have shown that programmes that target four to six criminogenic risk factors more than non-criminogenic risk factors can have a 30% or more effect on recidivism, while programmes that target more non-criminogenic risk factors have virtually no effect (Gendreau *et al.*, 2002). A lot of programmes targeting non-criminogenic needs are not producing significant effect on recidivism.

Lipsey and Wilson (1993) conducted a systematic review of the evidence for effective intervention with those whose offending behaviour was deemed to be serious. They reviewed more than 200 studies relating to offenders and looked at the evidence in relation to those who were non-institutionalised and institutionalised. A summary of their findings (Brown *et al.*, 2011) highlights the most and least effective types of treatment and interventions measured by recidivism rates for non-institutionalised younger people, outlined in Table 2.

This research suggests that community-based programmes that demonstrate good evidence of effectiveness include behavioural therapies, intensive case management, a multi-systemic approach and interpersonal skills training.

Table 2. Type of treatment or intervention used with non-institutionalised offenders

Positive effects – consistent evidence	Positive effects – less consistent evidence	Mixed, but generally positive effects	Weak or no effects
• Individual counselling • Interpersonal skills: attitudes and cognitive style, pro-social activities, anger and emotion management, relationships and family issues, substance misuse, etc.	• Multiple/continuum of services • Advocacy casework • Restitution/probation	• Employment-related programmes • Academic programmes • Group counselling programmes	• Outdoor pursuits, physical fitness • Deterrence programmes • Vocational skills programmes: car fixing, carpentry, artwork, music, painting, gardening, etc.

Methodology

The COAIM system uses what is referred to as the Change Tree instrument, which is both a motivational and a measurement tool developed to enhance positive change in collaboration with the client. The facilitator uses this tool to engage with the client in scoring and recording how they experience and see their situation:

(a) at commencement with the service
(b) during the programme
(c) at the conclusion of engagement with the service.

This is done by the facilitator and client jointly using the COAIM Rating and Mapping Guide to map progress on the Change Tree. Each main dynamic risk factor (criminogenic area) is allocated a separate branch on the tree. The scores for each branch or area of concern are computed by reference to the COAIM Rating and Mapping Guide.

At the start of the offender's engagement with the programme or service an assessment with reference to the 10 main criminogenic or risk factor areas is carried out by the facilitator with the client. The facilitator uses the Change Tree instrument with the COAIM Rating and Mapping Guide to allocate a numerical value or 'score' to each of the ten areas or issues and to map the current situation. The completion of this initial Change Tree Instrument or assessment forms the baseline against which future client progress will be measured.

The indicators or scores are aggregated to become part of an overall score on the main 'tree trunk'. Following completion of the Change Tree instrument the computed scores and indicators are used to inform the COAIM Assessment and Action Plan Instrument which looks at each main area or risk factor separately. During the process the facilitator, using the strategies of motivational interviewing, discusses with the client a realistic set of steps to determine what areas need to be worked on first and what activities need to be prioritised.

It is not unusual to have a discrepancy between the client's perception of where they consider themselves to be on the Change Tree scale and the reality of their current behaviour and situation as assessed with the facilitator. A facilitator skilled in motivational interviewing will use this situation as an opportunity to further resolve ambivalence, deal with resistance and increase client motivation for positive change.

Where progress already exists in relation to one or more of the 10 risk factor areas, the facilitator works with the client to cement and enhance this situation through the use of structured relapse and recidivism prevention techniques (adapted from Herrie and Watkin-Merek, 2006).

During the time that the client is engaged with the programme or service, the Change Tree is again periodically completed mapping progress towards achieving the overall goals and outcomes. This serves two main purposes. Firstly, it serves as a motivational enhancement tool by showing in a graphic manner the client's progress. Secondly, it enables the facilitator to continue to map and score the various areas and issues and make changes to the Assessment and Action Plan, if necessary.

At completion or disengagement from the programme or service the Change Tree is used as a final or exit assessment. The results of this are compared with the initial baseline and interim assessments. The information derived from this comparison informs the COAIM Data Table Instrument and is then used to compute change across the main areas originally established as priorities at first engagement. In addition, the numerical data concerning the 10 risk factor areas are collated and aggregated and used to measure change and progress relative to the overall desired goals and outcomes as established by the client and facilitator. This approach is in contrast to other outcome measurement systems that consider problem areas in isolation and not in this holistic manner.

The COAIM data table as shown in Table 3 (Cornmarket Project, 2010) is used to illustrate a three-year sample period recording client outcomes using the COAIM system. It indicates whether a client has made a positive progression, maintained their stability or had a negative change in each area. It is based on a sample of 289 clients who engaged in structured programmes of the Cornmarket Project from 1 January 2007 to 31 December 2009.

Implementing the COAIM system and improving practice

The Cornmarket Project has trained and developed facilitators to equip them with the necessary knowledge, skills and attitudes to implement the COAIM system effectively. The training includes:

- understanding the client outcome and indicator mapping system and an overview of theory of change and logic model approaches

Table 3. Sample COAIM data table

Outcome area	Positive change	Maintained stability	Relapsed, regression, no change
Offending behaviour	63%	30%	7%
Accommodation	30%	66%	4%
Pro-social skills	61%	36%	3%
Anger and emotion management	47%	44%	9%
Attitudes and cognitive style	51%	45%	4%
Drug and alcohol misuse	64%	32%	4%
Lifestyle and associates	59%	33%	8%
Relationships and family issues	56%	39%	5%
Training and employability	42%	54%	4%
Financial issues and debt	46%	49%	5%
Average overall client change at the end of their participation on the programmes relative to their stated goal at commencement, i.e. *to live a life free from criminality and substance misuse*	52%	43%	5%

- integrating the stages of change model and the COAIM Rating and Mapping Guide
- how to assess, record, map and measure change and outcomes using the various instruments specific to the COAIM system
- using motivational interviewing to enhance positive engagement and to ensure uniformity of approach in assessment and outcome measurement with offenders
- effective use of the tools of structured relapse and recidivism prevention.

Facilitators are guided in practice by the COAIM Implementation Manual (Delaney, 2006). During their training, each facilitator develops the knowledge and skills required to use the manual effectively. The manual contains all the materials and instruments needed to deliver the programme. It also contains clearly written sections on: using the COAIM system, developing an effective logic model, the stages of change model, motivational interviewing, and relapse and recidivism prevention strategies. The manual is used on an

ongoing basis post-training to ensure consistency and quality control in programme delivery.

Strengths of the COAIM system

The COAIM system is first and foremost a practical, graphic and user-friendly method for mapping and measuring the impact of service delivery on clients, i.e. measuring outcomes. Through the use of motivational interviewing as the medium, the COAIM system facilitates meaningful engagement with clients and enhances motivation for sustained positive change.

The COAIM system enables introduction of monitoring and evaluation considerations at the planning stage of a programme, linking them to the implementation and management of the programme. It helps a programme to be specific about the clients it targets, the changes it expects to see, and the strategies it employs and, hence, to be more effective in the results it achieves. It is particularly valuable for monitoring and evaluating programmes whose results and achievements cannot easily be understood with quantitative indicators alone and require deeper insights of a qualitative, contextualised story of the change process.

Because the COAIM system can extract and compile data on an individual client or whole programme it can also be used to indicate trends and highlight emerging issues for organisations. Such data can help inform future strategic and business plans by assisting in identifying priority areas for reducing recidivism.

The COAIM system can also be beneficial at a number of levels in helping to improve practice, i.e.:

- having more effective interventions and improved interaction with clients
- improving communication among those involved in the delivery of different services
- benchmarking between services and programmes
- assisting policy making, enabling research and securing funding.

The COAIM system does not stop at measuring outputs but maps clients' progress from assessment, through engagement, to conclusion on the programme and measures change and outcomes.

Challenges of the COAIM system

In order for the COAIM system to function well, resources are required, such as well-trained staff, systems, equipment and space. If a programme has an insufficient number of staff trained in motivational interviewing to operate the COAIM system or if the staff members do not have the appropriate knowledge and skills in implementing the stages of change and structured relapse and recidivism prevention models, it will be difficult for the programme to achieve the objectives established.

Even though an organisation may have existing data collation systems in place, the data gathering must be carried out as specified by the COAIM system implementation manual, i.e. within a logic model framework, for the final evaluation to be able to attribute outcomes to the system.

Furthermore, as the interim and final evaluations collect data based on the actual activities implemented, substantial differences between the stated design and the actual activities, i.e. programmes without a logic model framework, will undermine the assessment process. If the programme activities being implemented are different from those planned, then what is being evaluated is essentially a different programme from that initially proposed. While the evaluation can assess the activities implemented, it cannot assess the programme itself, since the logical connection between activities and goals and objectives has been broken.

Process and outcome evaluations require organisations to produce a great deal of data. It is crucial that organisations document the activities of their clients and staff/key workers and the services provided using the COAIM system instruments (COAIM Assessment and Action Plan, the Change Tree Instrument, the COAIM Rating and Mapping Guide and the COAIM Data Table instrument). Organisations must develop the initial and overarching measures to assess their progress in achieving goals and objectives, and must systematically measure changes in the clients through the laying down of a logic frame module. The programme must have in place, or have the capacity to develop, procedures to generate the data required for the COAIM system. The initial assessment and interim evaluations cannot commence until these data collection procedures are in place.

Finally, it is often said that *impacts* are what we hope for but *outcomes* are what we work for. Further developmental work remains to be done

on the COAIM System model to provide a reliable system for measuring long-term impact of programmes using the COAIM System.

Conclusion

Government departments, funders and other stakeholders are increasingly insisting that creditable and validated outcome measuring systems be in place as a prerequisite to continued funding. We hope this article will be a positive contribution to the debate on outcome measurement.

Policy development in Ireland concerning offender reintegration strategies seeks an increasing use of community options rather than custodial interventions while also seeking a reduction in expenditure. We are now in a new era that presents both challenges and opportunities. We must develop new approaches and ways of working to meet the needs of today for the users of the services, the funders and the communities in which we all live.

Those charged with effecting positive change in areas such as offender reintegration and rehabilitation are asked to demonstrate programme efficacy, value for money and evidence in relation to client outcomes. We suggest that the COAIM system together with its range of tools can assist in meeting these requirements and thus enhance quality of service delivery.

We conclude with this quote:

Any mechanic, artisan or skilled do-it-yourselfer will tell you that the first step in doing a job right is to have the right tools. Any accomplished cook will tell you the same thing. Yes, there are workshop basics – a hammer, a screwdriver, a wrench – just as there are kitchen basics – a saucepan, a pot, and a paring knife. But as essential as these implements are, none suffice for all jobs. In the workshop, drills, saws, levels and cramps add to the ability of someone to do a job properly. In the kitchen, blenders, sieves, whisks and rollers add to the proper preparation of a meal. Beyond this there are specialised variations on the basic tools – a dizzying array of different screwdrivers, wrenches, and knives that professionals and skilled amateurs use to do a job the right way. The key to success is to have and to *use* the right tool for the job, whether it is part of the official implements for a given task, whether it came in the same kit as the

other tools you are using, and whether it is the same brand. If it works, a skilled professional will tell you, use it. (Penna, 2011)

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