

## **Drug Recovery Wing pilots programme: a note of advice to the Department of Health on the proposed outcomes evaluation**

### **1. Introduction**

The Department of Health (DH) is commissioning an evaluation of the Government's pilot programme of Drug Recovery Wings (DRW) in prisons. The ultimate aim of the evaluation is to assess whether, how and to what extent the DRW approach can initiate and support the sustained recovery of offenders from drug (or alcohol) dependence, and lead to their successful re-integration into their communities. The evaluation team is expected to undertake a process evaluation and an outcomes evaluation in order to identify why and for whom the DRW approach might work, as well as an economic evaluation to assess its value for money.

The DRW pilots programme is a complex intervention which presents a number of significant challenges to the evaluation team. To help address these challenges, DH commissioned PIRU to undertake some early scoping and feasibility work, looking particularly at issues to do with the outcomes evaluation. In March 2012, an initial note described some of the key characteristics of DRWs, how the first tranche of pilot prisons were implementing their DRWs, and outlined how the significant variations between pilot sites could impact on the planned evaluation. This note provides further descriptions of how DRWs have been operationalised at the local level, looks at the implications of local variation for the evaluation team and describes potential data sources for measuring key outcomes. The note does not make any recommendations, but provides preliminary advice to DH which will be made available to all stage 2 applicants for the DRW evaluation as early learning in order to facilitate the development of their proposals.

The scoping and feasibility work involved visits to ten of the DRW pilot sites, interviews with key informants from most of the sites and a review of the draft models of recovery prepared by each pilot site.

### **2. Definition and features of a Drug Recovery Wing**

The DRW pilot programme is a potentially innovative approach to treatment for offenders who misuse drugs (or alcohol). DRWs involve the provision of dedicated prison wing accommodation, which is entered on a voluntary basis by offenders who have the goal to be drug free. The key aims of DRWs are to:

- Offer a route out of dependency for offenders who are motivated to change, but who need support in the early stages of their recovery and, ultimately, work towards becoming drug (or alcohol) free
- Increase the number of offenders who participate in recovery-focused interventions while in prison
- Improve continuity of care, support and treatment between prisons and the community, by developing strong links with a wide range of community services.

Although there is no specific definition of what constitutes a “Drug Recovery Wing”, there are a number of features that are typically associated with the DRW concept including:

- A wing which exclusively houses offenders committed to drug recovery
- The presence of peer support (mutual aid groups and Recovery Champions) and promoting an “ethos” of working towards recovery
- Providing a range of evidence-based treatments and interventions (including psychosocial interventions) tailored to meet the needs of the individual offender
- Increased accessibility of services available to offenders on the DRW
- A strong emphasis on continuing care, support and treatment after release from prison.

In 2010, the Government made a commitment to pilot DRWs in prisons. The DRW pilot programme consists of two tranches:

- An initial tranche of five pilot sites (Bristol, Brixton, High Down, Holme House, and Manchester) was launched in June 2011, and focuses on offenders who are serving short sentences of between 3 and 12 months
- A second tranche of six pilot sites (Chelmsford, Brinsford, Styal, New Hall, Askham Grange and Swansea) launched in April 2012, will also include offenders with longer sentences who have 12 months left to serve.

Both pilot tranches are due to run for at least 18 months from their start date.

### **3. Local implementation of the pilot Drug Recovery Wings**

In line with the government’s “localism agenda”, all pilot sites were given the flexibility to design DRW models based on their own experience and understanding of the evidence, and appropriate to their particular context and offender population. An earlier PIRU note (dated 2<sup>nd</sup> March 2012) described some of the commonalities and variations between the tranche 1 pilot sites’ DRW models of recovery.

The six tranche 2 pilots are, if anything, even more diverse in their DRW models than tranche 1, given that they cover different types of offenders - in contrast to the all adult male tranche 1 pilot sites, three of the tranche 2 pilot sites are women’s prisons and one is a young offenders institution – and can include offenders with longer sentences on their DRWs.

As the tranche 2 pilots' models of recovery are still being finalised, they are not described in detail here. Rather, this section briefly highlights how some of the key features of DRWs have been variously implemented across all pilot sites, as the differences between DRW pilot sites are likely to impact on the design of any outcomes evaluation.

- Eligibility and recruitment to the DRW varies significantly by pilot site, from including any offender with any declared drug (or alcohol) problem being housed on the DRW (eg, Bristol), to careful selection of those committed to working towards abstinence (eg, New Hall). Some DRWs will house only those dependent on opiates/crack (eg, Chelmsford), or will exclude alcohol only users (eg, New Hall), while others will have significant proportions of alcohol or cannabis users (eg, Styal, Brinsford).
- The size of the DRW, and the proportion of “lodgers” (ie, offenders not involved in drug recovery) on the DRW also varies significantly between prisons: eg, Bristol has a large DRW holding 152 offenders, all of whom are drug (or alcohol) mis-users; Brixton’s DRW can hold up to 69 offenders, but in autumn 2011 had only about 20 offenders participating in the DRW programme, with the remaining beds taken by lodgers. Among tranche 2 pilots, Styal’s DRW will hold up to 20 offenders, Brinsford’s DRW will hold 30, while New Hall plans to have two DRWs, one holding 58 offenders, and the other about 20. Aside from the effect lodgers may have on the “ethos” of the wing, the size of the DRW, and the number of lodgers, clearly affects the number of offenders that will be available for an evaluation looking at outcomes.
- In a few prisons, offenders resident on the DRW will be completely segregated from other offenders until they leave the DRW (eg, Brixton, New Hall’s Rowan House), but for most prisons, those resident on the DRW will mix freely with other prisoners in the workplace, gym, etc.
- Offenders who are short-term and/or near the end of their sentence will generally be released into the community straight from the DRW; however, those with longer sentences may be transferred to other wings within the prison (or to other prisons) before release, potentially re-exposing them to the prison drug culture (unless the offender is moved to a Drug Free Wing, which is also provided at some, but not all, pilot sites).
- For those offenders who are released from prison, a strong emphasis is placed on joint care planning with community services and connecting offenders with a range of services to help them live drug free lives and safely integrate back into the local community. The extent to which this will be possible varies considerably for the pilot sites, as it depends on the extent of the links they have made with community services in the areas to which their offenders are released (and this depends partly on the number and diversity of areas their offenders come from). While no pilot site can have links with every area an offender may be released to, some pilot sites have offenders from a much broader range of areas than others and are unlikely to have good (if any) links with community services for many / most of their offenders (eg, New Hall). Other pilot sites (eg, Bristol, Manchester) have strong links with community services that will be available for a majority of their DRW offenders on release.

Since there is not a prescribed DRW model or set of elements that define a DRW and set it apart from other approaches, it is apparent from the above, and from an examination of each of the pilot sites' models of recovery, that there is considerable variation in how even the "defining" features of a DRW are implemented by the pilot sites, resulting in, essentially, 11 unique - and evolving - pilots (although it may be possible to treat New Hall and Askham Grange as a single site for evaluation purposes because of the close links between the two prisons). This extent of variation creates many challenges for a proposed outcome evaluation of the DRW pilot programme.

As mentioned in the previous (March 2012) PIRU paper on the DRW evaluation, one option for an initial stage of a commissioned evaluation would be to work closely with each pilot site in order to describe in detail: the target groups and recruitment to the DRW; the operation of the DRW, the length of time spent on the wing, and the degree of segregation from other offenders; the treatment, interventions and other types of support available on the DRW and elsewhere in the prison; links with community services; and locally set outcomes / targets for each DRW. This stage is likely to involve interviews with prison staff, commissioners, policy makers, drug workers and other service providers, and might also usefully examine what sources of data are potentially available, what data is being collected locally to monitor the operation of the DRW, whether comparable data is available for offenders receiving treatment / interventions but who are not on the DRW, and whether (and what) data has been collected in previous years about offenders in receipt of drug treatment.

#### **4. Potential data sources for an outcomes evaluation**

The high-level long-term outcomes identified by Government for the DRW pilot programme include:

- reduced re-offending rate
- reduced drug use
- improved health / well-being
- improved employment outcomes
- improved housing outcomes.

There are numerous short- and medium-term outcomes (including some potentially associated with the high-level outcomes) which may be more readily measured during the evaluation period, for example:

- reduction in prescribed medication to DRW offenders
- increased motivation to work towards abstinence
- increased treatment attendance and participation in support and other interventions
- less violence, bullying, self-harm, drug use, etc on DRW compared with other prison wings
- improved offender – staff relationships
- post-release, greater engagement with community services, employment, training.

Potentially, the outcomes evaluation could be based on: 1) administrative data collected by the pilot sites themselves (including Treatment Outcomes Profile (TOP), Outcomes Star, or Client Evaluation of Self and Treatment (CEST) data collected from offenders during their stay on the DRW) and by others (eg, National Drug Treatment Monitoring System (NDTMS), Police National Computer (PNC), Drug Interventions Records (DIRWEB)), and/or 2) new data collection from offenders on the DRW programme.

Aggregated monthly data is being collected for monitoring purposes at pilot site level and provides information on:

- number of applicants and entrants to DRW each month
- number of offenders assessed as suitable / unsuitable for DRW
- number of DRW offenders serving < 12 months, 12-24 months, etc.
- number of offenders removed from DRW
- number of offenders released from DRW
- number of incidents of self-harm, bullying, suicide on DRW and in whole prison
- number of drug finds and assaults on DRW and in whole prison
- number of DRW offenders who have completed opioid (or alcohol) detox regime
- number of DRW offenders using different types of interventions (eg, mutual aid groups, life skills)
- number of DRW offenders referred to community services on release.

Furthermore, each pilot site is likely to collect additional data about offenders on their DRW, often at the request of commissioners (eg, Bristol PCT is developing a list of over 100 data items for HMP Bristol to collect about all prisoners in drug treatment in the prison); however, since such local level data will not need to be provided centrally, it will not be standardised across sites and is likely to vary in content.

There is also data of interest available at a national level, such as offending behaviour from the PNC, and treatments and TOP details from NDTMS (but which will only be available for a subset of released DRW offenders).

The data collected at a national level, and potentially some of the data collected at prison level, will be available for several years prior to the start of the DRW pilot programme, and may provide useful baseline data for the evaluation.

Given the outcomes of interest and the lack of suitable administrative data available for all DRW offenders, one option worth considering is whether the majority of data for the outcomes evaluation should be collected directly from offenders themselves, eg, by way of a “DRW offenders’ survey”. Such a survey could be carried out just before release from prison (or after a specified period on the DRW), and repeated again (perhaps 6 or 12 months) after release. (When possible, the interviews could also collect data covering the period before the offender entered the prison and moved to the DRW.) The interviews could collect data on key outcomes such as:

- experience of the DRW and user views on the different interventions / treatments / support provided on the DRW, what users found helpful, what users found different about the DRW, etc.
- use of different community services after release, and user views of the services
- levels of drug (or alcohol) use
- re-offending behaviour
- participation in employment / training
- whether in stable housing
- physical / mental health and well-being
- family / social relationships.

## **5. Issues to do with evaluating the outcomes of the Drug Recovery Wing pilots**

A robust outcome evaluation which aims to demonstrate the success and cost-effectiveness of the DRW approach compared with those in “standard” (ie, non-DRW) prison accommodation / drug treatment, would require identifying a matched “control” group receiving “standard” treatment in order to make the comparison. This raises the issue of whether the comparison is between treatment in the non-DRW group and DRW pilot sites as a whole or, given the diversity of approaches to implementing DRWs, whether there should be a separate comparison group for each DRW pilot site. In other words, a key issue is whether the evaluation is concerned with the success of DRW compared with non-DRW interventions, or with determining which DRW model of recovery works best.

Whichever approach is chosen, identifying a comparison group is not going to be straightforward. The group could be constructed by comparing offenders on the DRW with offenders residing on other wings in the same prison; alternatively, the group could be offenders in another prison (similar to a pilot site) that provides only standard drug treatment. In an ideal world, the prisons selected to pilot DRWs, or the selection of eligible offenders within a prison allocated to standard drug treatment or to the DRW, would have been done randomly. However, neither of these conditions applies in this pilot: prisons volunteered themselves to participate in the DRW pilot programme, and, in the main, all offenders within a prison who are eligible and volunteer will be accommodated on the DRW. Therefore, any control group would need to be selected using some sort of matching process of prisons (eg, by category, size, location, treatments / interventions offered) and/or offenders (eg, by type and severity of drug problem, motivation to change, length of sentence, treatments / interventions received, etc). Within DRW pilot sites, it will not be possible to find a suitable comparison group of drug dependent offenders on other wings, as by definition they will differ in key respects from offenders on the DRW (in particular, their motivation to recover). While there is some attraction to matching DRW pilot sites with similar prisons that are not part of the pilot programme, this is likely to prove difficult in practice, as a large number of non-pilot prisons appear to be introducing DRWs on their own initiative (outside the pilot programme), with the result that there may soon be few prisons that provide only “standard” drug treatment.

Given the likely difficulties identifying a suitable control group, one option would be to concentrate the evaluation on comparing the different DRW pilot sites with one other in order to attempt to understand which elements of the DRW have an effect in which contexts for which sorts of offenders. Some comparisons may need to be made at the level of individual DRW pilot sites, but for other comparisons it may be possible to group together pilot sites which share certain important features (eg, those sites which completely segregate offenders living on the DRW may be compared with sites which allow mixing with offenders from other wings).

One attraction of forming some sort of typology of pilot sites and then grouping offenders across sites would be to increase statistical power for comparative outcome assessment, as some sites have very small DRWs (eg, Styal has only about 20 beds, and Brinsford has only 30). The largest DRWs are found at Manchester and Bristol, with 160 and 152 beds respectively, although in Manchester, when visited in February 2012, only 18 of the beds were occupied by offenders on the DRW programme. Looking at the numbers overall and assuming: 1) that an average stay on the DRW is two months; 2) that there are around 800 beds available on the DRWs; 3) that the beds are 100% occupied by offenders on the DRW programme 100% of the time - it can be estimated that there could be around 7000 offenders staying on the pilot sites' DRWs over the 18 month period of the pilot programme. However, this is likely to be a significant over-estimate for a number of reasons, in particular the assumption of full occupancy (eg, overall, in winter 2011/12, tranche 1 pilot sites were only operating at around 50% occupancy, with the rest of the beds taken by lodgers).

To the extent the evaluation relies on a survey of DRW offenders, the issue of numbers is also likely to be affected by the difficulties of achieving high response rates with this client group, especially at the stage of carrying out follow-up interviews after release. While steps can be taken to assist with tracing offenders (eg, collecting stable addresses), response is likely to be no more than 50-60% at any follow-up interview which is 6 months or longer after release.

Other practical matters arise as a result of the lead-in time for commissioning the evaluation. The successful evaluation team will not begin work until around 15 months after the start of tranche 1 pilots and 6 months after the start of tranche 2 (assuming the team is in place by autumn 2012). The evaluation team will thus not be able to influence what data are collected locally about DRW offenders for (virtually) all of tranche 1, and the first third of tranche 2, nor will it be possible to interview these DRW offenders pre-release (and it is likely to be more difficult to find them post-release). For a significant proportion of pilot DRW offenders, therefore, the team will only have available the nationally and locally collected administrative data, and this will limit the range of outcomes that can be assessed (for these offenders). (This may be less of an issue, however, if the tranche 1 sites continue their DRWs beyond the initial 18 months of the pilot programme.)

Finally, assuming there are sufficient numbers to show differences in outcomes between DRW pilot sites (or groups of sites), the next challenge will be to explain why such differences exist. Identifying the mechanisms that lead to any differences between DRW pilot sites is going to be

difficult because of the diverse ways in which DRWs have been operationalised, in particular because of the large number of parameters on which the pilots can and do vary. For example, if the data show one DRW pilot to be more successful than another, the greater success could be explained by the criteria used to select offenders to reside on the DRW, or by the different treatment / interventions offered during their stay, or by the support available on the DRW or after release into the community. The diverse nature of the DRWs means that the mechanisms leading to differences in outcomes are unlikely to be explained solely by quantitative analysis. It may be that in-depth qualitative work within the pilot sites (interviews with offenders, prison staff, drug workers, etc and perhaps participant-observation) will help shed light on which factors increase or decrease the chances of success of particular DRWs.

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