National Offender Management Service

# Drug Recovery Wings Set Up, Delivery and Lessons Learned: Process Study of First Tranche DRW Pilot Sites

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*The NOMS Interventions Unit supports effective policy development and operational delivery within the National Offender Management Service and Ministry of Justice by conducting and commissioning high-quality social research and statistical analysis. We aim to publish information to add to the evidence-base and assist with informed debate.*

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# Executive Summary

Drug Recovery Wings (DRWs) were launched in five adult prisons in June 2011. Their core aims were to:

- Target those serving short sentences of three to twelve months and who are dependent on drugs/alcohol (including problematic use);
- Offer a route out of dependency for those who are motivated to change but need intensive support whilst in the initial stages of their recovery;
- Increase the number of short sentenced offenders participating in recovery-focused interventions whilst in custody; and
- Improve continuity of care, support and treatment between prisons and the community.

The National Offender Management Service (NOMS) Interventions Unit carried out a process study to describe the defining characteristics of the regime at each pilot site and explore the challenges and lessons that can be learned from setting up a DRW pilot project. The research fieldwork took place between November 2011 and June 2012. The report therefore recognises that the pilots were still at varying stages of implementation and that this study does not reflect the full scale of progress made to date or the range of services that may now be available across pilot sites since fieldwork was undertaken.

Semi-structured interviews were conducted with members of staff and wing participants. These included DRW staff (thirty-six), organisations working in partnership with NOMS both in the prison itself and in the community on release (twelve), staff from the wider establishment (sixteen), current participants of the DRW (forty-four) and those who did not start or complete their stay on the wing (seven). In addition, documentation produced by the wings was obtained and analysed.

The study described the regime at each establishment at the time of the fieldwork. All the wings were found to be operating well. They were successfully delivering varied, recovery-focused interventions and had established links to services in the community which provided continuity of care upon release. Staff from the wings, wider establishment and partnership organisations generally spoke positively about the drug recovery regimes. In addition, nearly all the DRW participants interviewed reported a positive change in their attitudes and behaviour from their involvement with the wing.

Key strengths of the DRWs included:

- support offered to wing participants;
- hardworking and dedicated staff teams;
- therapeutic atmosphere on the wings;
- variety and intensity of treatment offered;
- throughcare upon release from custody, with all sites offering to escort offenders from prison gates to community services; and
- working in partnership with external organisations.

The study made a number of recommendations for good practice when setting up and delivering DRWs, based on the lessons learned from the pilot sites. They are summarised below.

- Good establishment support should be in place, especially from the senior management team. In addition, the wing should advertise the benefits of the regime to all staff to increase co-operation and 'buy in' across the prison.
- There should be clear selection criteria for joining the wing and clear referral pathways.
- The motivation of prisoners wishing to reside on the DRW should be assessed to help prioritise places on the wing and/or determine whether additional motivational work is required before being offered a place on the wing.
- Wings should be segregated from the wider establishment and bed space should be dedicated to DRW participants to avoid prisoners who are not taking part in the regime 'lodging' on the wings and disrupting the environment.
- There should be a clear consistent strategy for dealing with drugs infiltrating the wing, as this is likely to be an ongoing issue for such a regime. The strategy should be familiar to all staff.
- A programme of interventions and activities should be in place prior to the wing opening.
- Based on the needs of the population and local priorities, commissioners should consider delivering a range of recovery-focused interventions including accredited drug treatment programmes, as part of their DRW regime.
- Staffing should be sufficient to conduct therapeutic work in addition to maintaining the prison regime. Consideration should be given to employing dedicated staff to work on the wing.
- Training in working with substance misusing offenders should be available to staff prior to joining the wing where needed.

- Good communication with partnership organisations should be established, along with data-sharing agreements that will allow better tracking of an individual's progress on release.
- Effective data collection systems should be set up at the development stage with clear outcome measures in place. Staff guidance on using data-systems should be provided and systems should be regularly reviewed to ensure quality is maintained.
- Sufficient resources should be made available to deliver the DRW regimes effectively.
- Regular contact between offenders and community partnership organisations should be maintained upon release.

The research had a number of limitations. The selection of participants was carried out by wing staff rather than the research team. Although staff were briefed in how to sample participants, the samples achieved may not be wholly representative of all those on the wing. Non-completer and non-starter samples were based upon those who were available and willing to be interviewed so may also not be fully representative. In addition, the monitoring data on participants was, in some cases, of poor quality and completeness. This meant that a description of wing participants' characteristics and their engagement with both the wing regime and further interventions could not be included in the study.

The issues identified by the study provide some valuable lessons for any future development and running of DRWs. However, further research is still needed to establish whether the examples of developing good practice described in the study translate into reduced reoffending and continuation towards abstinence.

# 1. Introduction

The Government is seeking new ways to help rehabilitate offenders from drug dependency to live drug and crimefree lives. As part of this, wing-based, abstinence-focused, drug recovery services were launched in five adult prisons in June 2011. The approach being used is focused on providing dedicated prison accommodation, treatment and support to those who are dependent on drugs/alcohol (including problematic use) while in custody and connecting them with community support on release.

The key aims of the first tranche Drug Recovery Wings (DRWs) were to:

- Target those serving short sentences of 3-12 months and who are dependent on drugs/alcohol (including problematic use);
- Offer a route out of dependency for those who are motivated to change but need intensive support whilst in the initial stages of their recovery;
- Increase the number of short sentenced offenders participating in recovery-focused interventions whilst in custody; and
- Improve continuity of care, support and treatment between prisons and the community.

NOMS Interventions Unit carried out a process study to describe the regime at each pilot site and explore issues and lessons learned that arose during the development and implementation of the DRW initiative. This has provided some early information on how this programme of work has been implemented and identified a number of issues and successes experienced to date. The fieldwork for the study took place between November 2011 and June 2012, which was an early stage of implementation. This allowed the research to identify any early problems and successes. The DRW pilot sites are continuing to operate and are now more fully developed, with some offering a fuller range of services to that described in the study. Where this is the case individual pilot sites have provided an updated 'Model for Recovery' attached in Appendices one to five.

## Background to the study

Substance misuse is a major problem among the prison population, with considerable numbers of prisoners being drug-dependent. A survey of one thousand, four hundred and thirty-five adult prisoners in England and Wales found that nearly two thirds had used illicit drugs in the month prior to custody, with forty five percent having used a class 'A' drug during this time period (Light *et al.,* Ministry of Justice, 2013). In addition, Department of Health

research has found that the proportion of hazardous drinkers in prison is nearly twice as high as the general adult, male population (DoH, 2005).

In response to the high levels of drug and alcohol problems among prisoners, a wide range of interventions are currently delivered across the prison estate to address substance misuse. However there is limited evidence of their impact upon the behaviour of their target group. This is largely because little research has been completed to evaluate their effectiveness. Much of the international research into prison drug treatment has focused upon Therapeutic Communities (TCs). TCs are an intensive form of treatment, where prisoners live in a separate wing of the prison as part of a community working towards recovery. A number of recent systematic reviews have produced strong evidence for the effectiveness of prison-based TCs in reducing illicit drug use and recidivism, although these are mostly based on studies conducted in the US (Aos *et al*., 2006; Lipton *et al*, 2002; Mitchell *et al*., 2006). Studies on United Kingdom populations of addiction TCs are more limited.

Continuity of care throughout the offender's prison sentence and ensuring this is in place upon release into the community is seen as important to the successful recovery for problematic drug users (Harrison, 2001; Inciardi *et al*., 1997; Mitchell *et al.*, 2006). Continuity of care can help ensure benefits made by undertaking drug treatment while in custody are maintained outside of the treatment and prison setting once the prisoner has returned to the community. Studies in the US have long recognised the importance of community aftercare in maintaining positive change achieved during prison drug treatment, especially when following an intensive form of treatment, such as a TC (Aos *et al*., 2006; Inciardi *et al*., 1997; Wexler *et al*, 1999). The UK Drug Policy Commission (2008), in an analysis of effective criminal justice interventions for problem drug users, also identified the importance of aftercare for substance misusing prisoners returning to the community. Several authors in the UK have identified the need for holistic aftercare services that address the full range of difficulties faced by problematic drug users on release from prison (MacDonald, 2008; Turnbull & McSweeney, 2000). Support may be needed in a number of areas such as accommodation, education and training, as well as substance misuse, in order to successfully manage the transition from institutional settings to community (Turnbull and McSweeney, 2000).This is most likely to be best achieved through inter-agency working, where various support agencies provide packages of care. MacDonald (2008) has identified that *'one of the most important factors in providing throughcare is the establishment of collaborative partnerships with a range of relevant agencies'.*

One of the key outcomes of DRWs is to try to address the considerably higher rates of re-offending of those offenders with substance misuse problems and serving short sentences of twelve months or less. Prisoners serving short sentences are of particular concern as they have considerably higher rates of re-offending than those serving longer sentences (Ministry of Justice, 2012), being reconvicted, on average, of five further offences in the year after release from custody (National Audit Office, 2010). In addition, short-sentence prisoners are more likely to have used heroin, cocaine and/or crack cocaine in the four weeks prior to custody (Stewart, 2008). To try to tackle this, the DRWs have put in place treatment plans for these offenders which they can then complete after release when they return to the community.

Five establishments were approached because they were already implementing interventions around the recovery agenda and were considered to be likely to engage with the pilot programme of work. The first tranche of pilot DRWs were developed in the following establishments: HMP Bristol, HMP Brixton, HMP Highdown, HMP Holme House and HMP Manchester. Pilot sites were given flexibility in their approach and encouraged to develop protocols and regimes to meet the needs of their offender population, with the emphasis being on developing and improving links with community interventions to allow continuity of care upon release from custody.

The Government's 2010 Drug Strategy stated:

> "We will pilot wing-based, abstinence focused, drug recovery services in prisons for adults (drug recovery wings), as well as encouraging more offenders who have recovered from drug and alcohol problems to become mentors or 'Recovery Champions'." (p. 12)

The Government's response to the Green Paper on the punishment, sentencing and rehabilitation of offenders, *Breaking the Cycle*, confirmed the central role that DRWs would play in the development of recovery-focused systems for offenders, both in prison and on release.

The DRWs are focused on abstinence and connecting offenders with community treatment services on release. DRWs are designed to provide a facility that promotes recovery-focused interventions and support for substance misusing prisoners. The wings are entered into on a voluntary basis and aim to provide a safer calmer drug free environment, and access to a range of evidenced based recovery focused interventions and ongoing support upon release into the community.

The lessons learned from the process study will help identify improvements that can be made in the DRW delivery at the pilot sites. At the time of writing, a second tranche of pilot wings were being developed and implemented in a further six establishments. The learning from the study will also be used to help inform this process and any future roll out of the wings.

## Structure of Report

The report that follows is divided into the following chapters. Chapters two and three describe the aims of the study and the approach used respectively. Chapter 4 provides a description of delivery at each of the pilot wings. The findings from the study are summarised in Chapter five and include a list of the key strengths of the wings. Chapter six reports on the lessons learned from the pilot sites and makes recommendations to inform the future delivery and roll out of DRWs. Finally, conclusions from the study are made in Chapter seven.

# 2. Study Aims

The aims of the process study were to describe the defining characteristics of the Drug Recovery Wing (DRW) regime at each of the pilot sites. It also looked at the challenges of setting up such a wing and what lessons could be learned from implementation.

## Research Questions

The study addressed a number of key questions, which include:

- **Development**: What are the overall aims of each DRW site? What have been the problems and successes in setting it up?
- **Delivery**: What is currently being offered by the wing? What are the views of participants, successful graduates and those who leave early from the DRW?
- **Treatment Model**: What is the rationale for the wing's regime and how is it intended to promote change? Does everyone participating in the wing understand this model of change? Do staff in other parts of the prison understand the rationale for the wing and its regime?
- **Wing Participants**: How are people being targeted for the wing? Where are referrals coming from and are they appropriate?
- **Impact on Establishment**: What are the views of staff from the establishments about the DRWs? Does the DRW receive support from the establishment?
- **Staffing of the DRWs**: Who are the DRW staff and what training have they had to work on the wing? What support do they receive?
- **Partnership Working**: Have the DRWs successfully developed partnerships with other organisations? How are partnerships working and what is being offered?
- **Mutual aid groups**: Have any support groups been set up that are being delivered by external organisations?
- **Throughcare**: Has any provision been put in place for throughcare when moving on from the wing?
- **Lessons learned**: What has and has not worked well in the implementation phase and is there anything that sites would have done differently?

# 3. Approach

The following establishments were in the first phase pilot of Drug Recovery Wing (DRW) development, so were all included in the research:

- **HMP Bristol**: A category B local prison, which has an Operational Capacity of 614. HMP Bristol receives male prisoners and a limited number of young offenders, both convicted and remand, from all local Courts as well as being a Cat B facility for the West of England.
- **HMP Brixton**: Brixton is undergoing a transition period for its new role as a Category C resettlement prison. Its operational capacity is 798. HMP Brixton's primary role is to serve the local magistrates courts, Inner London and Southwark Crown Courts, holding remand and trial prisoners committed to these courts.
- **HMP High Down**: A category B local male prison, which has an operational capacity of 1,103. High Down's catchment area comprises Croydon and Guildford Crown Courts and surrounding Magistrates' Courts.
- **HMP Holme House**: Holme House is a large Category B local prison with an operational capacity of 1,212. It is for male adult prisoners who are either remanded in custody or convicted. Holme House also accommodates a small number of young offenders aged eighteen to twenty-one.
- **HMP Manchester**: A Category A prison within the High Security Estate, with an operational capacity of 1,238. It is a high-security male prison as well a local Prison, holding prisoners remanded into custody from the courts in the Manchester area as well as a number of Category A prisoners.

## Interviews

Semi-structured interviews were conducted with members of staff and wing participants at each establishment. Interview schedules were developed specifically for the purposes of the study. Interviews took place between November 2011 and June 2012. Below is a description of the interviews completed; number of interviews achieved by site is summarised in Table 1.

- **DRW staff**: A sample of staff from each of the wings including at least one wing manager, a sample of wing staff and those from other disciplines. In total, thirty - six staff were interviewed, which was more than proposed (twenty-five; five from each establishment). In many cases, all staff available at the time of fieldwork were interviewed.
- **Partnership staff**: Staff from collaborating organisations offering throughcare and/or support groups were interviewed. The researchers aimed to interview at

least one member of staff from each organisation but this was not always possible within the timeframe available for the study due to operational constraints. Interviews were completed with twelve partnership organisations. Staff were nominated by the manager of the partnership organisation and were generally the members with the greatest involvement with the DRW.

- **Staff working in the wider establishment**: Interviews were carried out with a small number of non-programme staff at each prison from a range of disciplines including: governors, residential staff, personal officers, offender managers, healthcare managers and substance misuse staff. Sixteen members of staff were successfully interviewed.
- **DRW current participants**: A sample of current DRW participants were interviewed at each site. Managers were asked to select a random sample of participants stratified according to their length of stay, including participants who had recently joined the wing, those who were mid-way through their time on the wing and those who were shortly due for release. The researchers aimed to interview fifty participants (ten from each site) and achieved forty-four interviews.
- **DRW non-completers**: The research aimed to interview a sample of wing participants who had left the wing early; either because they were deselected or had voluntarily deselected themselves but were still within the establishment. Previous research has demonstrated the difficulties in interviewing offenders who have failed to complete prison interventions (Powis *et al.*, 2012), often because they are unwilling to be interviewed or because they have been moved to another establishment. The researchers anticipated that accessing and gaining consent from this group was likely to be problematic, so did not propose a minimum number of interviews. In total, 6 non-completers were interviewed. The low number of interviews achieved was generally because the majority of those who joined the wings were still there or had moved to another establishment rather than being deselected.
- **DRW non-starters**: The research had proposed to interview a sample of offenders who were referred to the wing and offered a place but did not start. There were no accurate numbers of offenders in this category so the research proposed to interview as many non-starters as possible, up to a maximum of ten at each site. In fact, most of those offered a place on wing took it up and only one non-starter was identified and willing to be interviewed. His reasons for failing to take up the place were that he had remained abstinent while in custody and felt he was a low risk of using drugs in the future. He did not express any concerns about joining the wing but preferred to remain in his current location where he

had friends and a job. Because of this, and concerns about being able to identify the respondent, he was excluded from further analysis.

**Table 1: DRW Interviews completed**

| | HMP Bristol | HMP Brixton | HMP High Down | HMP Holme House | HMP Manchester | Total |
|---|---|---|---|---|---|---|
| **DRW staff** | 9 | 6 | 7 | 7 | 7 | **36** |
| **Wider Establishment staff** | 2 | 1 | 4 | 4 | 5 | **16** |
| **DRW current participants** | 9 | 7 | 10 | 9 | 9 | **44** |
| **DRW non- completers** | 5 | 0 | 0 | 0 | 1 | **6** |
| **DRW non- starters** | 0 | 0 | 1 | 0 | 0 | **1** |
| **Partnership staff** | 5 | 1 | 4 | 1 | 1 | **12** |

**Consent**: Participants being interviewed for the study were informed as to the purpose of the research and assured of their anonymity. DRW participants were reassured that their cooperation with the research would have no bearing on their stay in the DRW or any other decisions about them during their sentence. They were issued with guidance on consent and the research and only those participants who gave their informed consent were asked to sign a consent form.

**Analysis**: Interviews were transcribed and analysed using thematic descriptive analysis. A provisional coding and thematic framework was developed using the research questions. The framework was revised and further developed as the interviews were interrogated and more themes emerged from the data. The flexible approach allowed for the capture of emergent themes that may not have been considered in the research questions. The coding was completed by one research team member, to ensure consistency in coding.

## DRW monitoring data

NOMS, the Department of Health and the National Treatment Agency (NTA) provided guidance on data collection to inform the evaluation of the DRW pilots, which included a data-collection template. All first pilot sites were required to populate the data fields and return to NOMS on a monthly basis (see Appendix six for a copy of the template).

The research team collated the monitoring data from each pilot site, which they had hoped to analyse as part of the study. However, when cleaning the dataset, it became apparent that the data was of variable quality and completeness, which made any meaningful analysis difficult. In addition there was a lack of consistency in how the data had been entered across sites, so it was not possible to make any comparisons across sites.

It is recognised that the DRW pilots were implemented at a time when wide National Health Service (NHS) and Criminal Justice reforms were taking place to improve efficiencies and that, at establishment level, this impacted on available staff resources to collate and analyse data. It is also recognised that some of the data fields that pilot sites were asked to populate required data to be collected from a number of systems held by partner agencies and that it had in some establishments been difficult for agreement to be reached as to who should have access to data. This made it difficult to accurately track an individual's recovery journey.

## DRW Paperwork

The researchers obtained and analysed any relevant paperwork produced by the wings that described the models for recovery and implementation of the regime at each site, including descriptions of the proposed 'Model for Recovery'.

# 4. Description of Delivery at Drug Recovery Wings

Below is a description of the DRW regime at each of the five pilot sites. This covers the aims of the wing, the interventions being offered (including those delivered by partnership organisations) and the eligibility criteria. The data gathered from DRW staff interviews and analysis of DRW paperwork were used to collate the descriptions.

Data collection for the study was carried out between November 2011 and June 2012. It is acknowledged that many sites were in the very early stages of implementation of the wings and the authors recognise that the descriptions of the wings are based on this developmental phase and may not reflect the full range of recovery-focused services that may now be available at the pilot sites. Nor does this report take into account operational or local commissioning decisions to further develop original Models for Recovery/ locations of the wings that have taken place post data collection for this study.

The original models for each wing are provided in Appendices one to five, along with a description of any delivery changes made after the fieldwork was completed. Details of deselection criteria are also available in Appendices one to five.

## HMP High Down

**Aim**: The aim of the DRW at HMP High Down is to promote a safe and calm environment for vulnerable offenders who are trying to either remain abstinent whilst in custody or are working towards abstinence. The wing aims to allow offenders to focus on their individual treatment needs through working with relevant staff (for example, Counselling, Assessment, Referral, Advice, Throughcare (CARATs), probation and/or healthcare staff) and peer supporters to address their substance use. The DRW supports and encourages offenders to work towards becoming substance-free and provides offenders with tools to be able to leave custody with defined goals and a successful pathway to leading a crime and drug-free life.

**Delivery**: The DRW at High Down has a capacity of ninety single cells with an annual estimated throughput of one hundred and thirty offenders. The length of stay on the DRW is dependent upon the time the prisoner has left to serve before being released. As part of the selection criteria, a prisoner with a sentence of twelve months or less is given priority to take part.

Offenders on the wing are able to access a variety of interventions during their stay. These include:

- Services provided as part of the Integrated Drug Treatment System (IDTS), including the IDTS group sessions and four key worker sessions.
- Accredited drug treatment programmes including: the Short Duration Programme (an accredited four week cognitive-behavioural therapy programme) and the RAPt Bridge Programme (an accredited intensive, six-week, abstinence-based programme).
- 'Tackling Drugs Through Physical Education', an eight-week course targeted at those with substance use issues who wish to improve both their lifestyle and physical health.
- Narcotics Anonymous and Cocaine Anonymous meetings, which are run on the DRW on a weekly basis. DRW participants can also access a weekly Alcoholics Anonymous meeting.
- Holistic therapies including: acupuncture, deep tissue massage and relaxation/yoga.
- Peer led support groups, which are run twice-weekly. Additionally, offenders can engage in philosophy discussions groups held twice per month.

The wing has good links with the Drug Interventions Programme (DIP) teams and Jobcentre Plus. Prior to being released from prison, a release plan is put in place and the prisoner is given the opportunity to meet with the appropriate DIP prison link worker to discuss throughcare. Where assessed as being required, a 'meet at the gate service' is made available to offenders leaving prison. A Jobcentre Plus prison outreach worker meets with DRW participants. When offenders are released, they get an appointment with Jobcentre Plus the next day.

DRW participants are allocated a key worker to oversee their treatment so that they can tailor a support plan to help them recover, both whilst in custody and on release into the community.

Enhanced visits are also available to offenders on the DRW.

At the time of the research fieldwork, plans were in place to introduce Specific, Measurable, Achievable, Realistic, Time-framed (SMART) Recovery groups on the DRW and four prison officers had completed the initial training.

**Eligibility**: Referrals to the DRW are made by Substance Misuse Services (including CARATs). To be considered suitable, offenders must be assessed as being a problematic substance user and be willing and motivated to address their drug use. As part of the assessment, a care plan is created and the Substance Misuse Service completes an application for the offender to join the wing. Arrangements are then made for them to move on to the wing, when a space becomes available. Offenders with a sentence of twelve months or less are prioritised to move on to the wing.

## HMP Manchester

**Aim**: The DRW at HMP Manchester aims to provide an inclusive and therapeutic environment to engage in substance use treatment to establish a pathway to recovery. The ultimate aim is to work towards abstinence. As an additional part of this process, participants will also be supported in addressing related issues, such as accommodation, training and employment.

**Delivery**: At the time of the research, the DRW was located within the voluntary drug-testing unit, but was not an isolated section of the wing. The wing was exploring opportunities to relocate to a dedicated wing. The wing has a capacity for twnty-two prisoners.

The DRW is staffed by five facilitators; two are prison officers (previously having been involved with the Substance Misuse Service) and three civilian staff (all with experience of working with drug-misusing offenders).

When offenders join the wing, they take part in a two-week period of induction followed by three phases:

- Phase one. Offenders engage in the SMART Recovery programme over an eight- week period. SMART Recovery utilises motivational, behavioural and cognitive methods to help offenders gain control over their addictive behaviours, achieve recovery, a balanced lifestyle and lead meaningful lives.
- Phase two. Offenders undertake meaningful activity, such as educational programmes or referral to other accredited interventions (where appropriate). Additionally, plans begin to be made for the prisoner's release, such as arranging housing, employment and access to services available in the community. The length of phase two is dependent on the length of the remainder of the prisoner's sentence.

Offenders are also able to access other activities, including:

- Health and wellbeing group work and drop-in sessions.
- Narcotics Anonymous meetings.
- Alcoholics Anonymous meetings.
- Gym attendance.
- Anxiety Management sessions.

- Phase three. The final phase is the moment where a prisoner is released in to the community. This 'Recovery Through the Gate' (RTG) work continues for a minimum period of twelve weeks from date of release, with no absolute cut-off. On release, all former DRW offenders are accompanied by a member of the DRW team from the prison to their appointments with outside agencies, such as probation and treatment services. The person providing the escort is usually their caseworker from the establishment, who will accompany the offender to all appointments on the day of release plus any future appointments as required. They will remain in contact with the offender after their release by telephone and regular visits.

The DRW has developed good links with a range of external agencies including the following:

- Housing and Social Services.
- National Association for the Care and Resettlement of Offenders (NACRO).
- Partners of Prisoners (provides family liaison working).
- Achieve (provides help with banking, applying for citizenship cards and training courses).
- Manchester Education (provides life coaching).
- Health Promotion (delivers courses on men's health, hepatitis B and C, etc.).
- Phoenix Futures.
- Addaction (provides two workers for the DRW).
- DIP teams.

The prisoner will remain on the DRW until they are released.

**Eligibility**: In order to be able to join the DRW, offenders must meet the following criteria:

- Serving a sentence of three to twelve months (those serving up to two years may be considered where there is a clear rationale for their inclusion, but those serving twelve months or less will be prioritised).
- Dependent upon illicit drugs and/or alcohol.
- Evidence that they are willing to work towards abstinence.
- Are willing to agree to comply with both DRW and wing compacts.
- Have completed the twenty-eight day psychosocial IDTS sessions for opioid users where appropriate.
- Are physically and mentally stable to engage in the DRW.

## HMP Bristol

**Aim**: The DRW at HMP Bristol aims to facilitate the provision of comprehensive and consistent substance misuse services for offenders whilst in custody, continuing through to their release back in to the community. In order to achieve this, staff within the clinical substance misuse team, CARATs team, primary healthcare, offender management and uniformed staff work closely together to deliver the DRW. Additionally, links have been formed with external agencies including Safer Bristol and Bristol's NHS primary care trust, Bristol Drugs Project and Criminal Justice Intervention Teams (CJITs).

**Delivery**: Bristol have been operating a model of recovery for problematic drug users since 2009, established as part of IDTS, which has been further developed to become a DRW. It has capacity for one hundred and fifty-two offenders. The clinical team provides assessment, observation, stabilisation and throughcare for offenders identified as substance misusers. Upon reception, all offenders are assessed; all offenders presenting with substance misuse issues are automatically referred to the DRW. An initial screening takes place that identifies the prisoner's drug and alcohol taking history, and referral to IDTS will be made if necessary.

Offenders are then be moved on to the DRW wing, where they are stabilised, as part of the IDTS process. Offenders who undergo stabilisation do so in a specialist unit for a period of time ranging from five to fourteen days, where they are clinically observed and a treatment plan is formulated. Once stabilisation is complete they are moved on to the main DRW.

The psychosocial element of the IDTS programme is provided by the CARATs team, who deliver fifteen sessions of group work. Additionally, CARATs provide up to four key working sessions; where the motivation, engagement and progress of the prisoner will be monitored.

Offenders are also able to access a range of other programmes and interventions including:

- Health Through Sport.
- Eating on a Budget.
- Managing into Abstinence (MIA).
- Change is Possible (ChIP).

Offenders on the wing are referred to CJIT teams who work with the offenders while in prison and will then manage their aftercare upon release into the community. CJIT workers escort offenders to appointments with services in the community and will meet offenders at prison gates upon release where required.

There is no prescribed length of stay as this is dependent on the time a prisoner has left to serve. All those who are identified as having a substance misuse problem upon reception are eligible to join the wing.

## HMP Holme House

**Aim**: The DRW at Holme House aims to provide a supportive and therapeutic environment for offenders and offers interventions to enable participants to work towards eventual abstinence from illicit and problematic substance use. Additionally, the wing supports offenders in tackling their problematic lifestyle and practical issues.

The DRW has its own ethos, or mission statement:

- *'We believe that everyone has the potential to end their dependency and rebuild their lives.*
- *Each resident is an individual and the recovery process for each person will be different.*
- *We will use whatever intervention and models of service delivery available to us to help them along their personal path of recovery from the street through to resettlement.'*

**Delivery**: The DRW at Holme House has capacity for fifty offenders. The wing aims to incorporate aspects of the drugs Therapeutic Community (TC) already running at the establishment, so some elements reflect the nature of a TC, including:

- The use of peers as mentors, to support participants of the DRW.

- The adoption of a hierarchical structure. As with the TC, offenders are given increasing responsibility as they progress and input into the management and function of the DRW.
- Peer group sessions, where issues surrounding participants' substance use can be discussed.

Offenders attend induction groups which prepare them for the DRW by increasing their understanding of the wing and build skills which they can use both within prison and subsequently in the community.

Participants also have access to a variety of interventions:

- Holistic therapies (relaxation techniques and acupuncture).
- Peer support groups.
- SMART recovery.
- Alcohol Intervention Programme.
- Group work sessions (substance awareness, harm minimisation, cycle of change, lapse and relapse, and relationships).
- Courses offered by the gymnasium including: First Aid at Work and Central YMCA Qualifications, Lifestyle Management, Level one.
- Barnardo's Parent Factor Programme (aimed at DRW participants who have children).
- 18 week peer mentoring course provided by Stockton Crime Reduction Initiative. Graduates of this course are offered voluntary work in the community upon release.
- Debt management training (offered by Christians Against Poverty).

In addition, good links have been established with the Integrated Offender Management scheme (IOM), who offer support to DRW participants. IOM is run by probation trusts to target High Crime Causers and Prolific Persistent Offenders. They also deliver a citizenship course to wing participants.

A prison officer has been seconded to Stockton Borough Council Housing Department to offer accommodation support and links have also been made with both the Drug Action Team and Mental Health Team who offer further support to DRW participants.

A package of throughcare is set up by a multidisciplinary resettlement meeting prior to the offender being discharged from the DRW. The meeting includes the prisoner, an IOM officer, a CARAT worker, the offender's key worker and community support agencies. On the day of discharge the IOM manager collects the prisoner and takes him to his first appointment. The IOM team and community agencies then manage the offender in the community.

There is no specific prescribed time a prisoner will be a resident on the DRW. The time they spend on the wing is dependent upon the length of remaining sentence when they join the DRW.

**Eligibility**: Referral to the DRW is through CARATs. Any prisoner wishing to join will complete a screening and initial assessment questionnaire. The questionnaire reviews aspects of a prisoner's lifestyle, including: substance use and treatment, offending, living situation, employment, family and relationships, health and well-being. This identifies deficits and treatment needs as well as acting as a tool to monitor progress.

To be accepted on to the DRW, offenders will have to meet the following criteria:

- Serving a sentence of three to twelve months, although where there is justification, those serving up to two years may also be considered.
- Dependent on illicit drugs and/or alcohol.
- Having sufficient motivation to work towards abstinence.
- Agree and sign up to the DRW and compact-based drug testing compacts.
- Be both physically and mentally stable.

## HMP Brixton

**Aim**: The aim of HMP Brixton's DRW is to '*offer prisoners the opportunity to address their substance misuse and enter recovery-focussed interventions whilst in custody, thus promoting the reduction of drug use, self-harm and bullying, whilst ensuring safety on the wings'*. The DRW also aims to enhance continuity of care by establishing stronger links between prison and the community and support offenders on their journey to recovery and eventual abstinence, thereby reducing the risk of reoffending.

**Delivery**: At the time of fieldwork, HMP Brixton was in the process of being re-categorised from a Category B male local prison to a Category C resettlement prison. The DRW had a capacity of sixty-nine offenders, which was due to be reduced to sixty, once the prison had been re-rolled. The DRW is on two floors separated from the rest of the wing. The wing is

staffed by four prison officers and two RAPt End to End (CARATs) workers based on the wing.

Each week offenders are provided with a list of available upcoming courses which they can elect to attend.

Interventions that are available to offenders on the DRW include the following:

- Three non-accredited courses:
    - Motivational Enhancement Therapy;
    - Relapse Prevention; and
    - Education, Training and Employment
- Meetings provided by Alcoholics Anonymous, Narcotics Anonymous and Cocaine Anonymous.
- A six-session creative-writing course run by the charity, Writers in Prison Network.
- A faith-based recovery course delivered by the Alpha Course.
- Holistic therapies such as acupuncture.
- Yoga.
- DIP surgery sessions.

DRW residents are also able to access one-to-one sessions with prison-based substance misuse workers, who try to be available to DRW participants as much as possible. Additionally, three peer supporters reside on the wing who offer help and support to participants.

Offenders are also able to access other programmes dependent upon their need. For example, the Short Duration Programme, the Thinking Skills Programme, Victim Awareness, and educational courses covering, for example, computer literacy or basic English and Maths skills. Gym sessions are available for offenders on the DRW, both at the prison gym and the wing's own cardio-gym, which is supplied with donated equipment.

Links have been developed with DIP teams who meet the prisoner at the gate on release and assist with securing accommodation and further treatment and services in the community, dependent upon need.

There is no specific prescribed time a prisoner is resident on the wing; this is dependent upon the length of time remaining on their sentence.

**Eligibility**: Offenders' suitability for the DRW is assessed by the substance misuse service. Candidates are assessed on the following criteria:

- Have a minimum of six weeks remaining to serve and a maximum sentence of two years.
- Have a history of substance misuse and/or problematic alcohol use.
- Are willing to engage in the DRW.
- Motivated to work towards abstinence (offenders in receipt of substitute medication may join the DRW so long as they are in receipt of 50ml or less of methadone or 14mg or less of subutex).

# 5. Findings

DRWs were generally well received by all those interviewed, including staff from the wing, staff from the establishment, DRW participants and partnership organisations. It was widely thought that the wings were operating well and succeeding in achieving their aims in terms of providing varied recovery-focused interventions that would be continued into the community upon release. Wing staff reported observing change in offenders in terms of their attitudes and behaviour, which they believed would translate into reduced reoffending. Staff commented that "*the wing is running well - people who've joined with drug issues are now clean"* and that *"prisoners who are doing the course feel they're getting benefit from it"*.

Staff from the wider establishment spoke positively about the wings, noting that they had brought many benefits to the prison, including raising the profile of the establishment. Their comments included, *"It's a positive thing that has come to [prison name] and allows us to offer something different to other establishments"* and that *"people will be blown away by what [prison name] has to offer"*. They commented that they could see a difference in participants of the wing *"…as they progress its like they become calmer. There is a clear difference after they have been on the wing".* Establishment staff also had a good understanding of the aims of the wing and felt that these were largely being met. They recognised that the links with community are an *"important tool for recovery"*. They also noted that the wing had brought benefits to prison staff as it had *"up-skilled some workers… doing a new job, learning new skills".*

Respondents from external organisations were also positive about the concept of the DRWs and how they were operating. They noted how the wing environment was more conducive to change than in the wider establishment. Their comments included; *"Bringing prisoners together, there's a camaraderie; you don't see that on other wings",* and *"There's a positive attitude amongst staff and prisoners".*

All the DRW participants interviewed were positive about their experience on the wing, with nearly all those interviewed reporting change in their attitudes and behaviour. They noted how "*I feel alive, feel I've got hope again"*, whilst another explained how *"the way I'm thinking. I never used to listen, thought I knew it all. The way I approach things now is from a different angle. Before, I'd snap".* Many reported a decreased desire to use drugs and feeling more in control of their drug use. Their comments included: *"I've got the feeling, the first time in ten years; I'm not going to use drugs";* "*I've got more strength in myself with regard to cravings"*.

All participants interviewed reported increased levels of motivation and feeling more positive. One interviewee said how he was looking to the future and *"thinking of employment. Never thought about that before".* In all, the comment of one interviewee could sum up the feeling of most offenders interviewed:

> "I feel happier, more relaxed, more healthier, at a better stage in my life than where I was before".

The positive sentiments were echoed by the non-completers, who were generally positive about their experience on the wing. Most of those interviewed had left the wing because they were drug free and their motivation to remain abstinent was high. They felt their needs had been met from the wing and they had gained as much as they could. One of the non-completers described how he was *"drug free and my outlook on life has completely changed".* Only one non-completer had left because he did not feel the wing was meeting his needs. He felt the regime was orientated around the needs of opiate users and did not address his cocaine use. Despite this, he still stated regretting leaving the wing and a desire to return.

## Key Strengths of the DRWs

There were a number of key strengths to the wings that were consistently identified across all the sites as being important to their success. These are summarised below.

**Support**: The support offered to participants by wing staff and those delivering interventions was seen as a key strength of the wing. Participants generally reported this to be one of the main benefits of the wing and better than the prison as a whole. They commented that this level of support was '*something we're not used to'*. The support and encouragement offered by their peers on the wing was also recognised by participants and non-completers as being important to their recovery. It was noted that there is *"a lot more people on there who want to change"* and how there is *"help from other people doing the course"*. Participants thought that the support they received was a key driver in their motivation to change: *"If you knew me a few years ago, I'd fight the staff, the system; tell them to 'eff' off. The staff here, how much they care and help".*

**DRW staff**: Staff were widely praised by both other staff and DRW participants. They were seen as being hard working, dedicated and supportive. Staff in the wider establishment thought they were "*caring and passionate about working with individuals"* and *"good at*

*working with prisoners"*. It was noted that staff were working hard towards a common goal: *"they're not just here working on a wing. They're aware of the aims and objectives and are supportive of each other".*

Offenders felt that the wings' staff were a positive aspect to the initiative. Their comments included, *"they treat you with more dignity"*, and that they were more friendly, helpful and supportive. Participants thought they were able to develop better relationships with DRW staff than in the wider establishment: "*Other wings, it's clearly us and them. Here, there's a family feeling."* The non-completers also noted how supportive the staff on the wing were.

Participants also appreciated how the DRW staff were receptive to the offenders' feedback and "*take our views on board".*

The passion and drive of staff working on the wings was noted by staff from partnership organisations who commented that *"they all work well and are supportive of each other".*

When DRW staff were asked about the strengths of the wings, the staffing team was mentioned at all sites. The wing staff praised the support that they offered each other. It was said that *"we're passionate about what we're doing. We believe in what we're doing"*. The use of multi-disciplinary teams and staff with differing, complementary skills was also considered to be a key strength and resulted in *"a good mixed set of skills"* and staff who *"have the skills to deal with their caseload"*.

**Wing Atmosphere**: All the wings in the pilot were reported to have a more relaxed and therapeutic atmosphere than the main prison. Both staff working on the DRW and those in the wider establishment thought that the wings had '*better control, less incidents, reduced bullying and reduced self-harm'* which had benefits to the prison as a whole as it was '*enhancing the rest of the prison'.* Even those interviewed from the partnership organisations noted that "*there's a safer environment on the wing".*

Many thought that a key driver to creating a positive environment was the combination of a dedicated, skilled staff team and appropriate targeting of motivated individuals to participate. One interviewee stated that *"…it's getting like-minded people to work together; that's happened with the staff on the unit. They're getting prisoners who want to do well, everyone pulling in the same direction".*

Both participants of the wings and those who had left praised the environment, with respondents stating how it is *"more relaxed with all the other prisoners. No arguing"* and how it is *"calmer…people get on here, do something positive"*.

**Treatment**: The variety and intensity of structured treatment and interventions offered was seen as a key strength to the wings. Participants and non-completers praised the different groups, support meetings and other interventions offered. A non-completer noted how "*they tailor treatment on individual needs and listen to your needs".* They reported benefitting from having a structured day with a range of activities and interventions: "*there's quite a lot of structure rather than sitting in your cell watching TV".* They also praised the encouragement they were given to attend courses and groups: "*staff getting us to do courses...not coming on and being left to it"*.

Staff interviewed thought the wings were successfully providing a good range of groups and other interventions that were running well and were having an impact on offenders. Their comments included: "*There's so much to get involved in, we offer something for everyone"* and "*After all the support and courses we offer you have to see an improvement, you do see an improvement".*

Some sites were delivering accredited drug treatment programmes on the wing, which staff thought benefitted the DRW. Staff at these sites reported that having an accredited intervention made the wing a *'more attractive option' as it '"makes people think the wing is using tools that work. We've used these before so we know they work for our prisoners'.* Some staff at sites that were not delivering accredited programmes expressed a desire to do so as they thought they would compliment the current range of interventions being offered.

**Throughcare**: One of the key aims of the DRWs was to establish community support upon release from custody and offer continuity of care. All the sites had put in place mechanisms for supporting offenders leaving the prison and entering civilian life. For most staff interviewed, this was seen as one of the biggest strengths of the wings. It was noted how *"we're building up trust with people, not just dumping them outside".* Developing links with external support services whilst the participant was still in custody was seen as important in improving engagement with services upon release. Staff noted that the throughcare offered by the wings was particularly beneficial for prolific offenders.

DRW participants were asked about the interventions that had been put in place for their release. Arrangements varied according to the needs of each individual and included joining rehabilitation units, referrals to NACRO, probation, drug and alcohol workers and finding suitable accommodation. Those offenders who did not have specific arrangements in place at the time of interview were fully aware of how DRW staff guide those being released through appointments with community agencies, and offer ongoing support as required.

Offenders who had plans for their release in place reported feeling more confident about their release from prison. It was noted by an interviewee how "*I'm not scared, not thinking "'Here we go again".* Another prisoner said how he had felt nervous about being released prior to joining the wing, but stated that *'now, I feel I can face the world*'.

**Partnerships**: Working in partnership with external organisations to support offenders while on the wing and upon release was a key strength of the initiative. DRW staff felt that multi-agency working had been successful and was a positive and innovative way of working for the Prison Service. Sites generally reported they had established good links with agencies and commented that the practice was *"brilliant, better than I would have imagined".* DRW staff also felt supported by the partnerships and commented that they were "*invaluable to us, giving us support, letting us know about our clients".*

The views of the partnership staff were equally as positive about the working relationships with wing staff. They thought that it was "*good to have qualified people within the prison*" and that DRW staff were readily available and co-operative: "*they're always on hand when we need them"*. Partnerships also noted that all staff involved in wing delivery had succeeded in working as a team: *"Since coming here, I'm welcomed amazingly. I'm treated as part of the team"*.

Wing staff reported that the interventions and support being offered to offenders by partnerships were having a real impact and '*were helping them know what they need to do to improve their life'*. The ability of partnerships to offer continuing support in the community was praised by all staff. Their comments included, *"they do treat from here all the way to the outside"*.

# 6. Lessons Learned and Recommendations

## Lessons Learned

One of the aims of the process study was to identify the main challenges in setting up and running the wings and identify the lessons that could be learned from the pilots. The study identified a number of key issues and although they are not all applicable to every site, they are important considerations for the future development and practice of DRWs. They are summarised below.

**Establishment Support**: The importance of support from Governing Governors and senior managers was stressed as being essential for the successful implementation of the wing. DRW staff commented that "*without that [support], we'd be banging our head against a brick wall*". Generally those interviewed thought that the governor and senior management at their establishment had been fully supportive of the wing: *"Right from the onset, the number one governor had a major impact"; "Number one governor has backed it and been enthusiastic"*. In addition to support, a relative degree of freedom to develop the DRW was also noted as important: *"I value the fact they've given us carte blanche. It empowers and puts the responsibility on us."*

Some interviewees thought initial support was strong but diminished as development of the wing progressed. Some saw this as a positive, "*then they let you go a little, let you find your feet, which is a good thing"*, although others were more negative, saying *"it seemed bigger at the beginning, now everyone's forgotten the drug recovery wing"*.

While senior management support was strong, practical and operational support was less forthcoming at some sites, especially in terms of resources. When asked whether support from the establishment was forthcoming one respondent stated: *"If you want it to work, you need to invest."*

There was concern among some DRW workers that staff within the rest of the prison were less supportive of the wing; *"there's an element of negativity that it's a waste of time"*. Staff who expressed this view thought this was due to a lack of awareness of the aims and operation of the DRW regime in the rest of the establishment. However, during the interviews with staff in the wider establishment, the researchers found non-DRW staff to be largely supportive of the wings. One staff member from the wider establishment said *"without a shadow of a doubt, it's supported as they're changing people and hopefully this will cut down on reoffending.*"

It was generally felt that support from the wider establishment could be increased by promoting the aims and regime of the DRW at the outset and advertising the benefits to the whole prison. Those sites who had heavily promoted their wing had found support for the regime to be improved; *"A case of getting photos, making a song and dance about it. Once we demonstrated what we could do, things picked up."*

**Definition of DRW**: The first five tranche pilot sites were given the flexibility to develop their Models for Recovery independently, allowing for considerable local discretion. This has resulted in five different models reflecting the different needs of their offender populations. However, some sites, reported problems with this and felt that they would have benefited from more direction and guidance on how to set up a DRW and more about what an outcomes framework might look like.

**Participant Selection**: Those interviewed stressed the importance of having clear selection criteria which are familiar to all referrers, so they can appropriately target offenders to the wing. Receiving appropriate referrals had initially been a problem at some sites: *"When it started, we were getting the wrong people. That's improved now."* Where good referral systems had been set up, fewer problems were experienced. At the time of the fieldwork, all sites thought that any teething problems had been rectified and they were mostly receiving offenders who were appropriate, motivated and had a good understanding of the wing.

Some sites thought there was still an issue with some offenders joining the wing for wrong reasons; for better conditions on the wing rather than to address their drug misuse problems. They thought that more assessment work could be carried out to determine levels of motivation to change and ensure those who were most likely to benefit from the regime were selected.

**Segregation**: Some sites lacked a dedicated space, separate from the rest of the prison, to operate the wing. These sites experienced greater problems in maintaining the regime than those who were completely segregated. Staff noted how "*We're on a wing populated with other prisoners. We're with officers who aren't drug trained officers"*. They thought the wing should be *"put in a self-contained location".* At the time of the fieldwork, one site was planning to move the wing to a separate location because of the increased benefits that segregation offers.

Sites that were segregated thought this worked well and was important to the success of the wing. It was believed the separation from the rest of the population offered *"less temptation"* from other prisoners and a supportive environment where everyone is '*going through the same thing, so can help support each other'.*

**Population Management of Wing**: Offenders residing on the wing due to prison population pressures but not part of the DRW regime (lodgers), were a problem for most sites. This was considered a weakness for both staff and participants as they were seen to have a disruptive influence on the therapeutic environment. DRW residents stated how:

> "They stick them here 'cause they need the room. Should be just for people who want to change their life. They come over and trigger people to use drugs."

> "There's too many people on here not drug recovery wing, lodgers. Not enough drug recovery wing clients".

Controlling numbers on the wing to ensure it was never too full for everyone to benefit from the interventions offered was considered to be important. Some staff commented that there are *'too many numbers sometimes'.* Some participants also thought groups were sometimes too big for them to properly engage and benefit.

It was also noted that, when setting up the regime, the wing should be filled in a gradual, controlled way, landing by landing so the unit does not feel empty. Staff commented that *"if they started with one landing, 30 prisoners, we would have started straight off."* Another stated how "i*f other prisons do this, start with one landing*."

**Maintaining Drug-Free Environment**: Drugs infiltrating the wing were a continual problem despite efforts to prevent it and seen by many of those interviewed as a significant issue. Offenders acknowledged that others were *"still bringing on drugs to the wing".*

Sites using voluntary drug tests found these to be useful. Even among offenders they were considered to be a useful tool. However many staff interviewed thought there needed to be more guidance on what action should be taken with offenders who tested positive for substances. Opinions were divided among staff. Some thought that offenders were given too much leniency for failed drug tests, "*how many chances should they get? You know, being here's a privilege. Some get positive tests but nothing gets done"*. However, others thought that it was important to give those who had lapsed the opportunity to change: "*When people*

*come on to [DRW] then they fail a drug test, I wonder if we should remove them if the test is positive, because those who failed a test, may then pick up."*

**Interventions Offered**: When questioned on the weaknesses of the DRW, a minority of participants and non-completers reported boredom and having too much spare time: *"Being locked up and having nothing to do… When locked up for so long, it ain't nice, ain't good. No addict wants to be in their own head"*. These views were generally held by those who had joined the wing when it first opened. Some of the staff also noted that when they first began to recruit participants to the wing the number and variety of interventions and activities they could offer were limited. An interviewee explained how "w*e'd get people over, they'd be keen but the groups would not happen and they'd want to move back. We should have had things in place, then bring people over".*

However, it should also be noted that many participants interviewed thought the number and variety of activities on offer was a key strength of the wing. Some staff commented that not all offenders were taking up interventions being offered. This view was also shared by several offenders; *"…many times they'd do AA meetings, but no one comes on… for me, I think listening to someone who's been through it, that's good."* Where this is happening, DRW participants could be given greater encouragement to participate in groups and other activities.

Many staff thought accredited drug treatment programmes should be delivered as part of the regime. Sites that were delivering programmes found them a useful, complimentary addition to the suite of interventions.

**Staffing Levels**: Staffing levels were considered to be low at a minority of sites which impeded successful delivery at these wings. It was said that "*it's hard to run a flowing regime without the staff to do it*". Some staff reported being so stretched they had little time to deliver interventions. They felt they had many competing additional tasks: *"there is so much to do, funding and paperwork but there is not enough time."*

Some sites were finding that, as their staff were not exclusively employed to work on the DRW, they were sometimes redeployed across the establishment. This would result in fewer numbers available to run the wing and have time to deliver interventions. A respondent explained, *"staffing looks fully staffed on paper, but we get cross deployed, so we haven't got the full staff to deal with it".*

**Staff Training**: Training was a significant issue across some sites. Some staff reported receiving little or no training prior to working on the wing and several reported feeling poorly equipped to deal with some of the issues presented to them. Their comments included; *"it was kind of like there you go"* and '*we're trying to do it on limited knowledge'.* They particularly wanted more training in working with problematic drug users as this was the area in which they had least confidence. It was highlighted how *"the language of drug treatment is confusing"* and *"a prisoner comes up and talks to you but we haven't had the training to deal with it".* Sites where training was not highlighted as an issue tended to be those that had recruited staff with prior experience of working with drug misusing offenders.

At a minority of sites, concerns were expressed regarding the scheduling of training, especially for DRW staff who worked on a shift-basis, so are not at the establishment every day. Training had been arranged under the assumption all relevant staff would be at the establishment, resulting in a few staff members being unable to attend.

**Staff Support**: When asked about the degree of support they had received, staff across all pilot areas generally felt that they were well supported. Support came from both their peers and the DRW management. It was said that *"staff support each other well"* and that there was *"good support from the line managers"*. One interviewee stated *"it's the best support I've had in a long time"*. It was also noted that there was *"plenty of encouragement"* towards staff, who felt they were able to freely make suggestions which would be taken on board.

**Communication**: Good communication is essential for effective partnership working. Many sites thought that this had been an issue when they were setting up, but they had identified this as a problem at an early stage and worked hard to establish good methods for communicating with all partners.

> "Always a problem when setting up with communication, but that's normal along the way; that's what happens."

Most sites had successfully developed good communication and thought this was essential to successful partnership working. They had mainly achieved this through making sure they arranged regular meetings: *"hard work because of everyone's schedules to meet up and discuss what is going on but we manage it".*

Issues of data-protection with partnership organisations was sometimes seen as a barrier to effective working. It was expressed that it would be beneficial to *"have a form a prisoner signs, if they are willing to, on reception, to say they are happy for us to talk to Jobcentre Plus, or whoever, whenever, even if only while in prison".*

**Monitoring Data**: Some concerns were raised over the type of monitoring data that establishments had been asked to collect and felt that they lacked the expertise to develop a suitable database. Although guidance had been provided about arrangements for data collection from NOMS, DH and the NTA, some felt that this was insufficient to inform an outcomes framework and how success should be measured:' *There's little guidance …..from management and from NOMS, DH and the NTA'.*

**Financing**: Several sites noted the difficulties in setting up and delivering the regimes with minimal additional resources. They said, *"we're trying to do it for nothing".* Some sites had successfully sought and obtained funding from external sources, but this had been a challenge. This funding had mainly come from partnership organisations such as the police, the council and the primary care trust.

## Key Recommendations:

Based on the interviews with staff and participants, the research was able to identify a number of key recommendations for good practice when setting up and delivering DRWs. These are summarised below.

- Good establishment support is essential, especially from Governing Governors and senior managers during implementation. The study found that support can be improved by promoting the wing across the establishment and advertising the benefits of the regime to the whole prison.
- Clear selection criteria should be established at the outset. This should be made familiar to all referral routes, so that they can appropriately target offenders to the wing.
- Thorough assessments should be carried out on all those joining the wings to determine levels of motivation to change to ensure those who are most likely to benefit from the regime are prioritised and/or additional motivational work is carried out where necessary.
- Wings should be segregated from the rest of the prison to avoid temptation from other prisoners and to help maintain a supportive, therapeutic environment.

- Sites should also explore the feasibility of restricting bed space to those who fit the DRW criteria to avoid the problem of 'lodgers' disrupting the regime. In addition, the population of the wing should be carefully planned to ensure the regime can be successfully managed and offer a full range of interventions to all participants.
- While drugs infiltrating the wing are likely to be a continual problem, a clear consistent strategy of action for those who test positive for substances should be put in place.
- When developing and filling the wing a programme of interventions and activities should already be in place, so that those who are the first to join are able to receive treatment. Consideration could also be given to delivering accredited drug treatment programmes on the wing.
- Staffing should be monitored and resources made available to ensure levels are sufficient to conduct therapeutic work in addition to maintaining the regime. Consideration should also be given to employing a dedicated team of staff to work exclusively on the wing.
- Staff should be given adequate training before commencing work on the wing. When sites are drawing up their training time-tables, they should allow for staff that work shifts and may not be available every day.
- Systems for communication with partnership organisations should be established at the outset so that all those involved are kept up to date with what is happening. Issues of data-protection with partnership organisations should also be considered.
- Effective data collection systems should be in place prior to sites receiving offenders so that good quality monitoring and evaluation data can be obtained. Staff should be given guidance on using data-systems and the systems should be regularly reviewed to ensure quality is maintained.
- Sufficient resources need to be in place to ensure DRWs are able to deliver their regimes effectively.
- There should be regular contact with offenders and the partnership organisations they are referred to upon release to help maintain their motivation to change.

## Limitations of the Research

The process study had a number of limitations, which should be considered when drawing conclusions from the research. They are summarised below.

As the DRW residents included in the study were identified by wing staff, the researchers cannot be certain that the samples were selected randomly and are therefore fully representative of all wing participants. However, as the researchers explained the importance of a random sample to the wing managers and offered support in selection, the researchers believe every effort was made to randomise. In addition, difficulties in identifying and following-up non-completers and non-starters to the wings impacted on the numbers in these categories who were successfully interviewed. The resulting samples were based upon those who were identifiable and willing to be interviewed and may not be wholly representative of all those who failed to start or complete the programme. All the non-completers who were interviewed had left the wing because of operational reasons or because they felt they had 'recovered' and no longer needed treatment. The researchers were not able to identify the number of offenders who had been deselected from the wing or voluntarily left because of dissatisfaction with the regime, as, at the time of the study, accurate data was not being collated on non-completers across all sites. Future research on DRWs could usefully explore non-completion further to fully establish reasons for leaving the wing.

The variable quality and completeness of monitoring data, along with inconsistencies in inputting, has meant the researchers have been unable to undertake any meaningful analysis of this data. As a result, the study is not able to provide a description of those who have taken part in the DRWs, the engagement in interventions both while on the wing and upon release into custody or track participant's recovery journey. Further research on DRW pilots should ensure consistent data collection systems are in place at the outset and are reviewed at an early stage to assess its quality.

As the study was designed to capture the early stages of implementation of the wings, the descriptions provided in the report may not reflect the full scale of progress made to date or the range of services that may now be available since fieldwork was undertaken.

# 7. Conclusions

All five first tranche DRWs had successfully developed and implemented wings focusing on recovery for problematic drug and alcohol using offenders serving short prison sentences. Sites demonstrated positive examples of setting up partnership working with external agencies and comprehensive packages of throughcare that could be followed up in the community. Those interviewed thought that sites were offering a package of care that they believed would translate into long-term positive change in wing participants.

The sites showed real dedication and motivation in setting up the wings, which appeared to be an essential factor in ensuring their successful implementation. The wings had developed some good patterns of working and forged effective links with external agencies. All sites were able to offer an escort from the prison gates on the day of release, to appointments with support agencies. The use of escorts has previously been found to help reduce attrition from community services and has been recommended elsewhere, especially for offenders at high risk of reoffending (Fox *et al.*, 2005).

The wings did face several challenges to overcome. However, teething problems will always be encountered when establishing new, innovative ways of working, especially those that use a multi-disciplinary, multi-agency approach. The pilot sites had developed their wings individually, being responsive to local need rather than from a national protocol, which meant that some issues faced were unique to that establishment and required creative problem-solving. However, this approach also allowed flexibility to develop and implement appropriate responses at a local level. Research has suggested that a multi-agency response that addresses local need, with individualised treatment plans is likely to be the most effective approach in working with short sentence prisoners, especially those with compounding problems such as drug misuse (Revolving Doors Agency, 2012).

Many of the wings were experiencing ongoing issues that threatened to disrupt the implementation of the intended model of recovery. These included drugs infiltrating wings and ‘lodgers’ being placed on the wing due to capacity issues across the establishment. However, not all sites reported the same issues. Research has found the same practical challenges are encountered by other initiatives where problematic drug using offenders are accommodated together to receive intensive treatment within a custodial setting (Powis *et al.*, 2012; Wexler & Prendergast, 2010). They are likely to be ongoing issues requiring vigilance from all staff and careful management of the regime.

Many of the key recommendations identified in the study mirror findings from previous studies of throughcare provision for problematic drug users leaving prison including developing and maintaining links with partnership organisations (Fox *et al.*, 2005; Webster, 2004), good communication between all agencies involved, (Fox *et al.*, 2005; Webster, 2004), initial and ongoing support from the wider establishment (Wexler & Prendergast; 2010) and good staff training (Wexler & Prendergast, 2010; Powis *et al.*, 2012).

The issues identified by the study provide some valuable lessons for future development and running of DRWs. However, further research is still needed to establish whether the examples of developing good practice described in the study translate into reduced reoffending and continuation towards abstinence.

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# Appendix 1

# HMPS Bristol

## Ethos of the model

The vision of the recovery wing for HMP Bristol is to further develop and maintain effective and comprehensive substance misuse services for prisoners during their stay in custody, any transfer to other establishments, and on release back into the community. The operational delivery will be achieved through a partnership approach with the clinical substance misuse team, the CARAT team, primary healthcare, offender management, uniform staff and others, as well as community drug services and other agencies.

The recover wing will be a valuable component in the spectrum of care to be delivered in the area served by HMP Bristol and is intended to be a key part of the local treatment systems. The recovery wing in HMP Bristol will contribute to:

- Improving the health and well being of substance misuse prisoners.
- Reducing drug related harm for prisoners, substance misusers in general and the wider community.
- Support prisoners in becoming drug free or successfully managing their addictions.
- Provide a range of opportunities to engage people in services which will support them to rebuild their lives.
- An improved integration for clients returning to the community.
- Support for prisoners with no drug issues to remain drug free whilst in custody.

The recovery wing within HMP Bristol will be fully integrated into the full regime and will form a journey that ensures the client progress through the regime.

The recovery wing and the associated services will be monitored by the Users Feedback Organisation (UFO) throughout the year and a report will be published once a year to ensure we are reactive to the needs of our clients.

## Target group

All prisoners entering HMP Bristol who declare a substance misuse issue or test positive for a banned substance will be offered a place on the recovery wing.

Any prisoner relapsing, showing signs of possible relapse or requesting the support of the recovery wing whilst in any other part of the establishment will be offered a place within that wing.

No prisoners identified as having a substance misuse problem will be excluded from the service although those requiring protection will not be offered a place on the actual recovery wing.

Clients refusing to use the services provided will be removed and discipline issues will be dealt with in keeping with HMP guidelines.

NOTE; On first reception all prisoners declaring a substance addiction or testing positive on a DIP test are automatically placed on the recovery wing's stabilisation unit.

It is expected that over the 18 month duration of the pilot approximately 1800 clients will pass through the recovery wing.

## Outcomes

Outcomes will be developed in partnership between HMP Bristol, Safer Bristol and NHS Bristol. Outcomes will be based on the 5 domains in the NHS Outcomes Framework 2011/12, where appropriate:

- Preventing people from dying prematurely
- Enhancing quality of life for people with long term conditions
- Helping people to recover from episodes of ill health or following injury
- Ensuring that people have a positive experience of care
- Treating and caring for people in a safer environment and protect them from avoidable harm.

Possible outcomes could include, for example:

- Prisoners testing drug free following completion of IDTS programme, and continue to test drug free during sentence.
- Prisoners transferring to community based structured treatment on release and testing drug free 1 month later.
- No further drug related re-offending month, 3 month and 6 months after release.
- Reduction in positive drug tests in the prison.
- Reduction of drug seizures in prison.

- Reduction in classification of prison as 'drug hot spot' by local police.
- Prisoners undertaking/ who have completed IDTS starting & gaining NVQ qualifications  or basic literacy qualifications

## Interventions

### Treatment

Clinical provide the assessment, observation, stabilisation and through care for prisoners that identify at Reception as Substance Misusers. All prisoners to HMP Bristol will have an initial screen which will identify drugs history, including IV status, drugs taken in the last month and a urine test completed; the initial screen includes a F.A.S.T Alcohol Assessment which identifies current drinking status. A referral will be made to IDTS if Urine Positive to Opiates, Methadone, Buprenorphine, Benzodiazepines or a F.A.S.T score of above 8.

All prisoners will then be seen in IDTS Reception where Clinical Observations are completed including Clinical Opiate Withdrawal Scale, Hypno-Sedative Scale and Alcohol Withdrawal Scale, they will then see the IDTS GP, a Substance Misuse Template completed and Substitute medication prescribed as per urine test and Clinical Observations.

All prisoners will then come to C3, the Observation and Stabilisation Unit, here they will have medications confirmed by IDTS Admin who will liaise with community Drugs Agencies, GPs and Chemists for Prescriber details, current script, last pick up and supervised consumption status. All prisoners will spend a minimum of 5-14 days on the stabilisation unit; they will have Clinical Observations completed as per IDTS protocols and treatment plan initiated according to sentence length, sentence plan and clinical need.

All prisoners will have a four and twelve week review with Clinical and CARATS to review treatment plan and detox or maintenance status, look at discharge plan and address any issues identified including Opiate blocker after completing of detox, Brief Interventions for alcohol misuse, and for referral to ChIP (Change is Possible) or MIA (Moving into Abstinence) programmes.

Clinical Co-facilitate the Psychosocial groups delivered by CARATS, groups include Alcohol Awareness, Harm Reduction, Clinical Interventions, Heroin, Safer Injecting and BBV’s.

All General Health needs are met by Clinical IDTS, which are identified from the Secondary Health Screens or Nurse Triage, this includes Wound Management, Chlamydia screening, BBV screen and referral to MHST, Dentist and Optician.

As part of the Relapse Intervention Service a daily HCA will complete an initial assessment on prisoners within 72hrs of the referral, will also engage with prisoners who have come into prison drug free to remain drug free. There is a weekly clinic for Relapse clients who require Clinical Interventions and will be assessed by a Nurse with treatment plan implemented and follow up reviews as per clinical need.

Clinical have a joint clinic with MHST for clients with Dual Diagnosis, these clients are identified during weekly Complex Care Reviews with Clinical, MHST and CARATS and are managed via Co-Morbidity clinics.

Clinical are currently developing links with BDP (Bristol Drugs Project) and Bristol Specialist Drugs and Alcohol Service for the Overdose Prevention and Naloxone Programme for prisoners due for release, to be discharged with a script for Naloxone or Take out Naloxone having engaged in the programme.

Carats provide the psychosocial element of the 28 day IDTS programme at HMP Bristol. This involves delivering 15 sessions of group work covering harm minimisation, drug & alcohol awareness and psychological approaches to change, motivation, relapse and coping strategies.

Alongside the group work Carats will provide up to 4 key working sessions designed to monitor a prisoner’s motivation, progress and learning points.

Structured node link mapping one to ones are provided to those prisoners who are unable to attend group or who are located away from C wing. These are designed to meet specific client needs as well as build the therapeutic alliance.

Mapping is a process that key workers can use to help clients represent and resolve personal issues. Maps are tools that can visually portray ideas, feelings, facts and experiences. They assist in structuring discussions about key issues for the client, but it is important to acknowledge that it is the process of having the discussion that is a critical experience for the client. Maps make treatment discussions more memorable, help clients

who have attention difficulties focus on key issues, give clients confidence in their own ability to communicate and assist the client in gaining insight into and ideas about, their problems.

There are three different types of map within the Roads to Recovery Manual (NTA), and all three types can be used in one-to-one or group sessions with clients:

- Guided maps are topic-specific maps, similar to pre-structured mini Interviews. The maps are completed in a layout that guides the worker and client within a specific framework.
- Free maps are maps where the worker and client work to create maps together freehand on the problem or issue under discussion.
- Hybrid maps are a combination of guided and free maps, which help the worker and client begin with a structured map and allow for further expansion of ideas.

The maps offered within the Roads to Recovery Manual (NTA), are intended to assist a client in starting to address important issues. It is assumed this will follow from an assessment of the client and the development of a care plan by the worker, identifying important issues or areas for work for the client.

## Activities:

**Health through Sport**

Aim:

To work in construction with Psycho social groups to improve health and the prisoners self perception. To re-introduce prisoners to sport whilst in prison and to continue on release, giving them an alternative way of life to drug use.

The HTS programme aims to stop the temptations of continued drug use in prison by giving the prisoners an alternative focus. The programme has already achieved this goal, with results showing no positive tests on prisoners engaging in HTS.

Prisoners entering the programme have not engaged in any form of physical activity for a number of years, The programme is targeted at gradually improving their physical health, which then has a positive effect on their self esteem which can be low due to drug use.

- Prisoners located on C1 from C3 landing
- Engaged immediately by HTS officers
- Prisoners engaged daily AM, PM

- HTS officer's interaction with prisoners is not only sport orientated and also targets at encouraging abstinence.
- 28 days prisoners move to another wing, they will be re-engaged if concerns are raised by wing staff.

**Eating on a Budget**

- Externally funded linked to the healthy prisons initiative
- Focused on ensuring substance misusers learn to access a healthy diet
- Focus on using their money better in terms of food they buy
- Accessible to all the prison population
- Delivered by a multi disciplinary team including the community

**Managing into Abstinence (MIA)**

is a four week, CBT based, abstinence focused programme which concentrates on the emotional and life skills needs of prisoners in terms of avoiding future relapse and offending behaviour. As such the final week of the programme looks at resettlement issues and invites community colleagues in KWADS, Way 4Ward, Bristol CJIT, Wiltshire DIP, and HAWKS to deliver a session on the services they provide.

**Change is Possible (ChIP)**

- Chip's aim is to help you reduce drug use and offender behaviour
- Chip can be accessed by any prisoner working with carats or with a drug problem and is ready to make a change in their life
- A group consists of 12 prisoners and lasts for 4 weeks
- Chip is a non-residential programme for drug users
- Modules can be adapted to meet need as well as be provided by external partners

All of the available activities are client led based on their needs and ensure full ownership by the client. All services are free from central audit ensuring that they can be adapted to meet the needs of the local client base with input from the client, the establishment and the local community partnership.

## Continuity of care

The Carat service has established strong links with a variety of Criminal Justice Intervention teams (CJITs) in the community to allow for effective and consistent treatment prior to custody, within prison and on release.

Carats work closely with CJITs to ensure a prisoner's continuity of care. This involves pre-release visits to review the prisoners' release plan and to establish any further through care needs and begin the process of integrating prisoners back into the community with CJIT support.

The following CJITs are currently visiting the prison:

- Bristol CJIT
- Swindon DIP
- Weston DIP
- Bath & NE Somerset

It has recently been arranged with Wiltshire DIP that a worker will visit the prison once a month to carry out pre-release appointments for those prisoners locating back into that area.

Carats work closely with community services, Bristol Drugs Project (BDP) and Nilaari who come into the prison and co-facilitate the IDTS groups with Carats which has further strengthened the working relationship and links between the two services.

The recovery wing and HMP Bristol is a fully integrated part of the city of Bristol's treatment plan for substance misuse ensuring that the prison and the clients in it are part of the community at all times. This also ensures that services within the establishment match what is available in the community to ensure a consistent approach. This ensures continued investment within the establishment and a guarantee that both the community and the prison can influence change together for the benefit of our local community.

The recovery wing has strong links with the local IMPACT team that ensures further support in the community for prolific offenders which already has a proven record of success.

HMP Bristol has linked with HMP Erlestoke and HMP Leyhill to track offenders through their time in custody and thus back into the local community. It is hoped that this system will prove that success can be achieved when clients have to move through the prison estate if there is

support and link work carried out between partner establishments. This recording process will take into account all prisoners regardless of sentence length.

## Staffing

The recovery wing is staffed with a multi disciplinary team consisting of prison officers, clinical, CARAT workers and admin support. There are currently separate external providers for clinical and CARAT but all report to a prison governor. Conduct, delivery and outcome targets are set by a joint commissioning team consisting of community partners and the governing governor.

External providers take responsibility for the recruitment of their staff but all interviews are carried out by a multi disciplinary team to ensure full integration.

All training needs are the responsibility of the parent employer.

Various stand alone posts exist within the recovery wing delivering various services. Payment for these posts and development of their roles is between the establishment and community partners.

## Evaluation

- MDT and VDT targets reducing
- Reduction in violence against staff and fellow clients
- Reduction in alarm bell incidents within this population
- Reduction in prescribed medication
- Increased attendance in interventions
- Increased progression to full employment/education within the establishment
- Reduction in overall health requirements
- Successful completion of prison programmes within HMP Bristol
- Successful completion of longer term accredited course in other establishments
- Successful enrolment in community interventions
- Increase in client base going into employment within the community.
- Reduction in crime within the city of Bristol

The collating of this evaluation will be supported by HMP Bristol, Safer Bristol (local council) PCT Bristol, local CJIT team, IMPACT team.

Evaluating information will be carried out by the local IDTS monitoring committee and the leads for the Recovery wing pilot sites within the MOJ.

## Cost

Cost for the recovery wing will be incorporated into the existing IDTS money and the MOJ money for drug strategy that has now been transferred to the local Primary Care Trust. This now gives a combined budget with clearer managerial responsibility.

This system now ensures community involvement for funding issues with the support of the governing governor to ensure allocated staff at his expense.

There has been financial contribution from the local police and on going financial support from the local council.

Necessary physical changes in terms of offices, reception areas etc have been jointly funded by the local PCT and council with limited support from the local prison budget. Arrangements in this format have also proved beneficial with IT costs as well as some changes to physical security.

# Appendix 2

# HMPS Brixton

## Ethos of the model

HMP Brixton's DRW project aims to offer prisoners the opportunity to address their substance misuse and enter recovery-focused interventions whilst in custody, thus promoting a reduction of drug use, self-harm and bullying, whilst improving safety on wings. We will also aim to further enhance our continuity of care, establishing stronger links between the prison and the community. Ultimately, the project should impact positively on the offending rates of those with substance misuse related issues.

## Definition of 'recovery'

"The process of recovery from problematic substance misuse is characterised by voluntary-sustained control over substance use which maximises health and well being and participation in the rights, roles and responsibilities of society" (U.K. Drug Policy Commission)

HMP Brixton will use the UK Drugs Policy Commission definition of 'recovery' in the development and management of the DRW. Recognising that each individual may have a different interpretation of what recovery means for them, the unit ethos will remain person-centred, encompassing different treatment models, from clinical interventions (prescribing), to psycho-social input and abstinence. All prisoners moving to the unit will be expected to sign a compact confirming that they will commit to an agreed journey of recovery in line with their Care Plan.

## Service user input

A Prisoner Focus Group was established drawing from IDTS Clinical, Psychosocial and Alcohol-only caseloads within the establishment. Three meetings have taken place, with prisoners providing additional comment and input via in-cell work on the proposed Compact.

In addition to the Focus Group, comments and suggestions have been received from prisoners in the Art Department who are working on promotional materials for the DRW.

## Evidence base for model

Whilst not using any one specific piece of research to develop the DRW model at HMP Brixton, the project team has sought input from the NTA, PCT, DoH, NOMS and current service providers. It is the intention that Brixton develops a more innovative, responsive unit rather than replicating established models already in place in the community and other custodial settings. The DRW project team will monitor the efficacy of interventions and ensure compliance with national guidelines to deliver a comprehensive package of appropriate services to suit the needs of prisoners.

## Drw integration

All prisoners accommodated on the DRW will be allocated a CARAT worker. It is anticipated that at least 50 percent of prisoners will come via the IDTS landing following a 28 day programme of clinical and psychosocial treatment.

All prisoners on the DRW will have access to education and work as per those prisoners on general location.

## Target group

### Criteria

- Prisoners with a minimum of six weeks left to serve and a maximum two year sentence. It is anticipated 70 percent of residents will be serving less than 12 months. A further 5 percent will be prisoners serving longer sentences to provide continuity in core roles on the unit and to stabilise the group when first established;
- All prisoners located on the unit will have a history of substance misuse and / or problematic alcohol use. There will be no timeframe in relation to drug / alcohol use. Prisoners on opiate substitution prescriptions will be permitted to access the DRW as per individual Care Plans and in agreement with IDTS;
- Physical barriers will only exist based on accommodation restrictions. All efforts will be made to overcome any such restrictions;
- Mental health may be a barrier based on ability to engage with interventions. This decision will be taken in conjunction with Mental Health services at HMP Brixton.

## Assessment

Suitability will be determined following a full CARAT Assessment and involving discussion with the greater Drug Strategy team at HMP Brixton. Ultimately it is expected that Peer Supporters will contribute to the assessment process.

## Exclusions

The only automatic exclusions from those individuals who meet the criteria outlined above are those prisoners not willing to commit to a personal recovery journey, vulnerable prisoners due to safety concerns, and any prisoner currently on basic. There may also be individuals excluded due to security concerns however this decision will be made by the Security Department based on intelligence available to them.

## Throughput

At this time it is not possible to predict throughput. Different factors impacting on turnover include the final make-up of prisoners moved on to the unit in the first phase, how many choose not to stay and a potential re-role of HMP Brixton anticipated early in the pilot.

## Outcomes

The primary aim of the DRW is to support prisoners on their route to recovery and ultimate aim of abstinence, thereby reducing the risk of reoffending. The long-term outcome can be monitored via reconviction rates.

Short-term outcomes will include reduced opiate prescribing for all those accommodated on the unit whilst on substitution medication, and improved health and well-being which will be measured by attendance at primary care appointments and BBV vaccination take-up.

Short to medium-term goals will include secure housing, enrolment in education and / or men starting training, volunteering or employment in the community, and improved social networks. These outcomes will be monitored via Case Manager communication with community-based services.

It is hoped any research and evaluation commissioned as part of the pilot would support HMP Brixton's project team in monitoring the aforementioned outcomes.

## Interventions

Significant buy-in from psycho-social service providers will contribute to an exciting range of interventions being offered to prisoners on the unit; these will cover a variety of philosophies and fall within all seven NOMS care pathways. While some of the interventions will be in line with those offered to the general population, there will be additional afternoon groups focussing on Substance Misuse and Life Skills. There will be far greater access to mutual aid sessions and enhanced gym. Peer Support will contribute to the effective and smooth running of the unit, with four prisoners recruited who will receive training and supervision from the CARAT provider.

### Substance misuse

- Fortnightly Keywork Sessions with End2End (CARAT) Case Managers;
- Group Packages covering three key areas: Motivational Enhancement, Relapse Prevention and Harm Minimisation;
- Referral to AIS Programme;
- On-wing delivery of weekly Fellowship Groups;
- On-wing delivery of Smart Recovery UK's mutual aid groups;
- Referral to and liaison with DIP including unit surgeries delivered by core boroughs.

### Life skills

A timetable of activities to reflect the need of the DRW cohort. Each day's session will focus on one of the following: Accommodation & Finance; Learning & Employment; Health & Well-being; Social Networks. The sessions will be run on a four week rolling programme to facilitate the greatest number of prisoners in attendance. A fifth, weekly session is designed to cover any area identified by the unit population via a suggestion box and based on skills available within / accessible by the staff group, eg. A session on Domestic Violence. Each session would be identified in conjunction with the individual as part of the care planning process.

### Additional activities

There will be weekly Bible Groups delivered by the Prison Chaplaincy and a fortnightly session to meet the needs of the Islamic population on the wing.

Additional, formal gym classes will be offered on a weekly basis and it is hoped funding can be secured to equip a small cardio-vascular gym on the unit.

Weekly Career Advice surgeries will be offered in addition to the ‘Life Skills’ sessions, and all prisoners on the unit will have fair access to education and work opportunities offered at HMP Brixton.

Prisoners on the unit will have an additional family visit once per month.

All existing wrap-around services, both prison and community-based, will remain available to DRW residents with enhanced access where possible. This will include housing services.

## Continuity of care

HMP Brixton has excellent links with feeder boroughs, and a well-established Continuity of Care (CoC) Meeting facilitated by the CARAT Team on a monthly basis. The establishment CoC Meeting addresses offenders’ mental and physical well-being to ensure needs are met prior to and upon release. This may include initial appointments for the purpose of community prescribing, contact with Community Mental Health Teams and follow-up appointments to complete a course of Hepatitis B vaccinations. Input is also sought from St. Giles Trust, housing support service provider, to ensure prisoners are discharged to safe and secure accommodation, and career services at HMP Brixton.

The existing processes will be maintained with the possibility of inviting additional input with identified boroughs delivering surgeries on the wing. We will liaise with DIPS to ensure fair access to community resources offering access to learning, education and training support upon release.

A number of agencies have been identified to assist with gate pick-ups to assist discharged offenders with attending initial appointments upon release. New Bridge Trust is one of these agencies, already delivering an effective through-the-gate service. Lambeth’s IOM service will also provide peer support to Lambeth clients upon release. Clients from other London boroughs will be referred to through-the-gate and community peer support services while resident on the DRW. The allocated CARAT worker will serve as Case Manager and ensure the referral is submitted if agreed with the prisoner.

## Staffing

### Unified staff

Expressions of interest were sought in April 2011 with a view to hand-picking officers for the unit. A change in location means existing staff on the base-wing (A) will work across the DRW and general population for at least the first phase of implementation. To this end, ongoing local training will be delivered by the wider Drug Strategy team. Supervision will remain within established line management structures with A-Wing officers reporting to the Wing Governor within the Residential Function and specialist staff reporting to the Project Manager, Substance Misuse Strategy.

The Drug Strategy Senior Officer will be present on the Wing one day per week to provide additional contact with prisoners to ensure requests and complaints are responded to appropriately and to monitor external providers' service delivery.

The Drug Strategy Programme Officer will assist in developing a schedule of additional interventions on the unit and will be based on the wing two days per week in the first three months.

### Civilian staff

RAPt, HMP Brixton's CARAT provider, have agreed to allocate four Enhanced Case Managers to the unit for the duration of the pilot. These workers will case manage the prisoners on the DRW. They will also deliver three standalone groupwork packages recommended for delivery by CARAT teams, as stipulated in the CARATs Practice Manual.

The Alcohol Intervention Service and Careers Advisors have also volunteered significant input which will be formalised once all interventions have been agreed.

The Drug Strategy Treatment Manager will have significant input in developing a programme of additional interventions on the unit and will be based on the wing three days per week in the first three months.

## Management of the wing

The management of the prison core regime and A-Wing officers to fall under the Residential Function (Wing Governor and Head of Residential) and the management of the DRW regime, interventions and specialist staff to fall under Drug Strategy (Project Manger, Substance Misuse Strategy).

## Evaluation

HMP Brixton anticipates commissioning a research and evaluation project to be undertaken by Oxford University. A meeting to discuss the project is scheduled for 30/06/11.

Additional evaluation will be built into new performance measures agreed with psychosocial intervention providers at HMP Brixton, thus creating a comparison group of those prisoners who meet the DRW criteria but remain on normal location.

Lambeth PCT and HMP Brixton will be commissioning the Public Health Partnership Board to undertake a needs analysis of substance misusing offenders in the establishment. The assessment will be run alongside a community-based study as part of a wider commissioning initiative. It is anticipated the needs analysis will touch on the DRW, providing additional evaluation in the early stages of development and implementation.

## Cost

### DRW funding

£30k has been allocated in capital funding to erect security gates creating a discrete unit on A-Wing. Any additional structural / fabric changes have yet to be identified.

£30k has been allocated to fund local research and evaluation.

### Additional funding

A forecasted under-spend due to staff shortages in SDP will be used to fund some voluntary drug testing. The project team is endeavouring to identify additional resources to fund the introduction of CBDT. A baseline amount of £88k (unspent 2010/11) has been allocated to fund 2x treatment officers to facilitate the movement of prescribed prisoners from the DRW to the IDTS treatment room on a second wing.

The lack of central funding for the pilot will have a significant impact on service delivery elsewhere in the establishment as we are re-routing existing resources to deliver a structured regime to a small percentage of the prison population. We are also unable to provide CBDT at this time due to lack of funding. In order to structure a viable unit without limiting interventions available to the wider population would require the following as a minimum:

- 4 x CARAT Workers (£144k);
- 2 x Treatment Officers (£88k);
- CBDT – 2 x Officers / Training / Equipped Facility / Testing Kits (£125k);

- Unit Manager (£46k)
- 4 x Peer Supporters (£2k)
- IT (£5k)

The above costing (totalling £410k) does not include all required training costs, capital funding for unit refurbishment and improvement, or the increased use of prison staff to provide additional gym, interventions and visits or healthcare input. We are unable to forecast any additional financial impact at this time.

# Appendix 3

# HMPS Highdown

## Ethos of the model

The Drug Recovery Wing (DRW) at HMP Highdown will be based on House block 5 which is a new unit and comprises of 90 single cells. The DRW promotes a safe and calmer environment for vulnerable offenders who are trying to either remain abstinent whilst in custody or are working towards their journey to recovery. It enables offenders to focus on what is important to them through working closely with their personal officers, CARAT workers, probation workers, healthcare staff, other peer supporters and any other relevant staff involved with the case management of the offender to start addressing their problems. The wing has two RAPt graduates that transferred into HMP High Down from HMP Coldingley to specifically work on the wing to help, support and aid offenders to address their substance use.

Offenders wishing to move onto the DRW are seen and assessed in the first instance by CARAT's. Providing they show a willingness and motivation to address their substance use, and present as someone who has problematic substance use, they will be allowed on the DRW.

Once they are moved onto the DRW it is explained to them the level of behaviour that will be required and they will then be expected to sign a compact agreeing to this. The DRW staff and other offenders will challenge poor behaviour, perpetuate our vision and lead by example through using the prisons enhanced and earned privileges scheme – good behaviour will be rewarded and poor behaviour will be challenged. The wing operates a zero tolerance policy to bullying and anyone suspected of being bullied or is the bully will be challenged and appropriate measures will be put in place to ensure that it does not continue. This in line with the prison's anti-bullying strategy.

On the wing the offenders will receive random compact based drugs testing, which will identify if someone does require more support or is trying to undermine the ethos of the wing. Compact based drug's testing allows offenders to gain certificates to show their families that they are trying to remain drug free whilst on the wing.

### What is the definition of recovery for the wing?

The motto for our DRW is “Recovery comes first”. We have used this motto when creating the definition for the recovery wing, which is to give a collaborative approach to case managing offenders who use substances (inclusive of Alcohol) illicitly and problematically. It is also aimed at those that commit offences to pay for either their substance or alcohol use. The wing will support and encourage offenders to work towards being substance free and give them the tools to be able to leave custody with defined goals and hopefully a successful pathway to leading a life without crime or using substances.

### What service user input has there been?

From March 2011 various focus groups have been run with service users to identify gaps in provision, areas of good practice and areas where things need to improve. It is proposed that offenders will complete questionnaires whilst on the wing and prior to leaving, these combined with the continued focus groups will allow offenders to give honest feedback on the interventions provided to them and allow the prison or outside agency to evaluate the overall effectiveness of the wing.

### Is there an underpinning evidence base for the model proposed?

Following on from the focus groups that were held, this led us to look at a breakdown of offenders coming in to Highdown, the key areas looked at were; Number of clients engaging with the Dip upon release that were on substitute prescribing and engaging with CARATs whilst in Highdown against the number of clients engaging with CARATs however chose not to engage with DIP on release.

The evidence suggested that clients felt there was no continuity of care for them unless they were on a substitute prescription, which meant that 50 percent of clients working with CARAT whilst in custody felt that they had no Throughcare upon release into the community.

This is the information that the drug recovery model for the wing was built on.

### Describe how the wing will be integrated into the wider provision of treatment for substance use and the establishment regime

The DRW is one unit inside a prison that comprises of 1103 offenders. Within the prison all offenders are offered full access to education classes and work – such as maths, English, cookery, NVQ’s, computer classes, art and gymnasium – (tackling drugs through physical

education programmes) They have access to a fully functional library which once they are registered can use the Surrey county council library within the community upon release.

They have a multitude of agencies that they can access which include: CARATs, personal officers (and any other discipline staff), Citizen's advice bureau, legal aid, St Giles (Housing agency), Probation, healthcare (GP, Chiropractor, prescribing, inpatients, GUM clinic, smoking cessation, well man clinic, healthy living and healthy balanced diet information), independent monitoring board, chaplaincy, foreign national support advisors, job centre plus – to help with work upon release, Prison link workers, PPO teams, offender management unit, family visits and the family link worker (who is based 50 percent of the time at HMP Highdown and 50 percent at HMP Wandsworth)

Offenders on the wing will be actively encouraged to undertake work, attend education and apply to attend the tackling drugs through Physical education programme.

Time out in the open air will be integrated with offenders on the rest of the wing.

In line with the personal officer work that happens in Highdown all offenders on the wing will have a meeting with their personal officer at least once every fortnight, which is then documented on their P-NOMIS record.

## Target group

Criteria for the pilots are offenders serving custodial sentences of twelve months or less; describe selection criteria – which offenders will be suitable to come onto the wing, minimum and maximum length of sentence (percentage of prisoners serving under 12 months), substance use, physical and mental state.

Offenders wanting to go onto the DRW must be referred to the CARATs team, who will complete an assessment on them to ascertain their suitability for the wing.

They need to present with a willingness and motivation to address their substance (both drug & alcohol) use and be deemed as a problematic substance user. If they have mental health conditions these need to be stabilised prior to going onto the wing. Physical well being is not an issue as the wing has a lift for anyone who requires it and also all accommodation comprises of single cells.

Offenders who are deemed suitable by CARATs that are serving a custodial sentence of 12 months or less will be given priority to move onto the wing, however the wing will also house a percentage of peers advisors, bridge programme clients (both post and prior) post graduates who have completed the programme, clients on remand or awaiting trials to start and a proportion of enhanced offenders to create a static and steady population on the wing this will assist in the dynamic security, safety and well being of all those offenders and staff located within it.

## What assessment tools will be used in determining suitability?

All staff within the establishment can refer any offender to the CARATs team and they will complete the assessment on him to establish whether they have problematic substance use prior to being moved onto the wing.

As a minimum they will have 5 node maps completed on them and a care plan drawn up which identifies Specific, Measurable, Achievable, Realistic and time bound objectives. The Offenders motivation and willingness will actively contribute to the assessment process in identifying what their motivation is and why they want to move onto the wing. An internal application form will then be completed by the CARAT worker and they will contact the wing to arrange for them to be moved as and when a space becomes available.

## Who will be excluded and why.

The offenders that will be excluded from the wing are:

- Those who present with unstable mental health conditions
- Those who are being maintained on substitute prescribing for prolonged periods of time or do not wish to reduce their treatments – as this would undermine the ethos of the wing.
- Those identified by the security department that have detrimental information on them that would pose a high risk to other offenders, staff or the physical security / well being of the wing
- Those located in healthcare inpatients for serious underlying medical conditions.
- Those located in the separation and re-integration unit for offences against the prison
- Those who are located as a vulnerable prisoner on the vulnerable prisoners unit – due do them feeling threatened for their own safety whilst in prison.
- Offenders who are not motivated to address their problems – if offenders were on the wing who did not want to be there it would undermine the purpose of the wing

as they may be unruly, disruptive and create unnecessary tension, which in turn would upset the whole dynamics of other offenders on the wing.

All of these offenders would be reviewed on an individual basis, that if there circumstances were to change, then they could be re-assessed to go onto the DRW.

### What is the expected throughput of participants?

The DRW unit has 90 spaces, it is expected if all clients residing g on the unit are 12 months and under, there will be a throughput of approx 130 clients within a twelve period.

## Outcomes

The changes expected to be achieved by offenders who come onto the DRW are;

### Short term

To address their substance misuse behaviour and to understand the triggers, cravings and needs in order to become and remain abstinence, to engage with employment, education, family support network, and continuing to engage with therapeutic community treatment.

The short term goals will be measured by the number of clients who remain engaged while in custody whilst continuing to work on their recovery journey

### Mid term

To continue their recovery journey on release from custody and address issues relating to employment, education, family support while continuing to engage with therapeutic community treatment

Mid term goals will be measured by the number of clients completing an intensive drug treatment programme and clients making plans and goals for the future with keyworker from both HMP and community agencies.

### Long term

To remain abstinence from substances and to remain engaged with employment, education, family support while continuing to engage with therapeutic community treatment with a view to integrating back into the local community fully, safely and effectively.

Long term goals will be measured through re-offending rates, depending on crimes committed and dates of crimes committed, statistical data, and continual engagement with community agencies.

## Interventions

The treatment methods that will be made available to offenders on the DRW include:

- All new offenders into Highdown complete a 2 day induction programme which allows them to be seen by the relevant agencies. They will be seen by a CARAT peer, and if required assessed by a CARAT worker, for their suitability to referred onto the DRW.
- CARAT workers will complete an initial assessment and providing they are deemed as a problematic substance user, they will then be referred onto the DRW
- CARAT workers will complete one to one sessions with vulnerable status offenders (those located in the Separation & Re-integration unit, Healthcare – inpatients or on the vulnerable prisoner unit) as and when required.
- Offenders will actively be encouraged to commence employment or attend education whilst in custody
- They will be given the opportunity to attend Integrated Drug Treatment System Groups on: Managing relapse, Heroin awareness, Drug Awareness, Alcohol awareness, Safer injecting, Change is possible , Harm reduction, How Crack / Cocaine works, Triggers and Cravings, Blood Borne Viruses and Overdose prevention and attend 4 x IDTS key worker sessions (IDTS is aimed at all problematic substance users – not just those that require substitute prescribing from Heroin)
- Referred to accredited drug programmes within Highdown, where deemed suitable (Short Duration Programme – 4 weeks of Cognitive based therapy & Bridge Programme – 6 weeks of 12 step – abstinence based therapy)
- Referred to the Physical Education course – Tackling Drugs Through Physical Education (8 week course aimed at offenders who use substances and want to improve both their lifestyle and physical health)

- Narcotics / Cocaine & Alcoholics anonymous meetings will run on the wing for primarily the Bridge programme offenders, however if an offender on the DRW would like to attend these, he can be referred to do so by his CARAT worker – these groups aim to give support and are an introduction to the 12 steps.
- Allocated a named personal officer with whom they will receive at least one meeting fortnightly for support, however should they require more intensive support this be assessed on an individual basis.
- The Listeners & Samaritans scheme runs within High Down and can be used by any offender on the DRW or in the rest of the prison at any time.
- Highdown has 5 prison link workers (PLW) in place these are for Surrey, Sutton, Croydon, Lambeth & Bromley as these are the main areas we release offenders into.
- DRW offenders are offered visits Monday-Friday in the enhanced visits room (this is a more comfortable environment whereby they have a quieter visit as the room only holds 12 offenders at any one time)
- 6 weeks prior to release a comprehensive release plan will be completed with the offender, and if they are being released into one of the above 5 areas, they will be given the opportunity to meet and discuss through-care with their PLW.
- A meet at the gate service will be made available to those clients who require it, when they leave custody from the DRW. This will be assessed on an individual basis.

### How do these add/differ from conventional practice?

The DRW is a new element to the Drug Strategy services offered at Highdown. The above interventions are offered to all substance using offenders whilst in custody, but whilst they are located on the DRW they are living within an environment where they are actively encouraged and supported to engage, effectively within treatment. Being allocated a key worker to oversee their treatment allows them to work closely in tailoring a support plan to help them into recovering, both whilst in custody and upon release into the community. Being located within the DRW environment amongst other substance users, will give them the motivation to start addressing their problems, when they see others around them making progress.

## Continuity of care

The DRW is about providing a personalised continuity of care package for offenders being released into the community from Highdown. NOMS developed pathways aimed at bridging the gap between prison and the community. The pathways are:

1. ***Accommodation*** – providing access to suitable and settled accommodation for offenders. Housing issues are signposted on from CARATs to ST Giles (internal housing team).
2. ***Skills and employment*** – ensuring that offenders have the skills, education and training necessary to help them to settle into sustainable employment. Whilst in custody offenders are given every opportunity to gain new skills to help them with employment upon release.
3. ***Health inequalities*** – securing effective access to primary care and other health services for offenders in custody and the community.
4. ***Drugs and alcohol*** – encouraging offenders into treatment and providing support and through care to help them build productive lives.
5. ***Children and families of offenders*** – work to ensure appropriate information and support.
6. ***Finance, benefit and debt*** – tackling the financial problems faced by many offenders.
7. ***Attitudes, thinking and behaviour*** – programmes and support to address specific offending behaviour problems or motivation.

When release plans are completed all the above pathways are integrated onto it. CARAT's identify offender's needs and signpost onto the relevant internal agencies whilst in custody. Those agencies will then feedback to CARAT's and signpost offenders to outside agencies.

## Staffing

The DRW will primarily be run with 22 prison officers and 3 senior officers. Prior to the wing opening an internal advert was sent out via global email asking staff and managers to send an expression of interest memorandum to the Head of Drug Strategy and CARAT manager. Once the applications had been received formal interviews took place. A pass mark was set and the vacancies for the prison officers and 3 Senior officers were filled.

As part of the Officers and Senior Officer's continuous professional development the charity The Rehabilitation For Addicted Prisoners Trust (RAPt) has supplied training to all those staff on the wing on: Motivational Enhancement Therapy, 12 steps, Bridge programme, Group

facilitation and Drug awareness. Supervision skills will be supplied to the 3 Senior officer. The prison is paying for the Officers to complete their Royal College General Practitioners certificate level 1, through a local training agency.

The 3 Senior officers will give line management supervision to all the staff once per month, once they have received the training.

All staff involved on the DRW will have their new roles encompassed within their Staff Performance Development Record (SPDR), these are reviewed 3 times per year (1 interim review which is completed at 6 months and bi-laterals reviews which should be completed around 3 months and then again at 9 months from the date the SPDR has been opened)

The wing will run the same as any other wing and can be accessed by any other staff during the core contact times of 09.00-11.30 and 14.00-16.30.

RAPt have supplied facilitators to run training sessions on various occasions as mentioned above.

RAPt will be providing sessions for the offenders on the DRW on aftercare, relapse prevention and motivational enhancement therapy.

A family link worker will be working two days per week here with offenders on the DRW and the Bridge programme and two days per week at HMP Wandsworth.

## Management of the wing

The Governor of the DRW will manage the overall responsibility of the DRW.

The 3 Senior Officers based on the DRW will manage the day to day running, 22 officers and the offenders on the DRW

22 officers will manage the offenders located on the DRW, inclusive of supervising medication, running exercise, facilitating group work (where possible), personal officer work, security searches as and when required, Compact based drug testing, facilitating work/education/visits movements and supervising of meal times and association time.

Drug Strategy Manager will be the link for any queries between Drug Strategy and the DRW.

CARAT manager will manage the continuity of through-care for the offenders located on the DRW and ensure CARAT staff are working with them

CARATs staff will manage one to one key working session with the offenders

The management board which consists of: DRW Governor, 3 x DRW Senior Officers, CARAT manager and Drug Strategy Manager meet once per month to discuss any key issues and if offenders need to be moved off the DRW it is discussed with the management team prior to doing so.

Bridge treatment manager – will manage the Bridge Programme, 3 facilitators, 1 administrator and will work effectively with both the management team and staff on the DRW

## Evaluation

The unit will be evaluated using the short, mid and long term goals as mentioned above.

### Short term

- Programme completions
- Willingness to continue engaging with other services in the prison
- Willingness to maintain and continue on their recovery journey
- Statistics for these will come from unit staff, omu, CARATs, Cnomis

### Mid Term

The amount of clients referred to community agencies on release, and those that maintain contact with the community teams, this will be evidenced by the Prison link workers.

The amount of clients that continue to build close links with Education, employment, family and secondary treatment.

Statistics for these will come from unit staff, OMU, CARATs, Cnomis

### Long term

The long term statistics will be gathered from community DIP teams on whether the clients have continued to remain motivated on their journey of recovery.

## Cost

Although the DRW did not cost any monetary value, as it was put onto a new House Block which was built in 2006, the DRW did not have a project manager so the responsibility of implementing it and sorting out staffing, offender criteria, compacts, protocols / policies fell to the CARAT manager, Drug Strategy Manager and Head of Drug Strategy to arrange and implement. It absorbed a considerable amount of their time over a period of 6 months.

High Down is a local category B prison, so no further security measures had to be put in place to implement the DRW

Current funding within the CARAT contract has been shifted to allow for the Bridge programme to be implemented at Highdown. The CARAT team now runs with 6 CARAT workers, 1 administrator and a manager. The Bridge programme runs with 3 facilitators, 1 administrator, a treatment manager and a programme manager (who is the Drug Strategy Manager).

# Appendix 4

# HMPS Holme House

## Ethos of the model

The DRW at Holme House is based on some of the principals of a therapeutic community model and will provide a supportive and therapeutic environment for offenders who take part in the DRW to actively engage in treatment with an end goal being to cease using illicit substances. The environment will be maintained by prisoners and by staff, by focusing upon the DRW and Therapeutic Community ethos. Responsibility for individual and collective actions and outcomes will be the responsibility of staff, peer facilitators and individual participants.

### What is the definition of recovery for the wing?

The DRW will offer interventions to enable participants working towards eventual abstinence from illicit and problematic substance use an effective venue to enable change. It is acknowledged that eventual abstinence / recovery can be a lengthy process therefore the DRW will work with participants in relation to ongoing reduction in substitute medication and continued motivation to become substance free.

The DRW will also have a wider remit of supporting participants to address problematic lifestyle issues and practical issues such as accommodation via motivation and agreement to engage with community services post release. Recovery per se will be measured on an individual basis assessed by a range of measurement tools.

### What service user input has there been?

Although there has been no formal service user input in relation to the model and the setting up of the DRW, Holme House has had a Therapeutic Community on site for 15 years during which a large amount of service user data has been amassed. Since the DRW model has been based on the TC model, this information has, in part, been used to steer the direction of the DRW. Additional input has been sourced from other staff involved in drug services within the Prison who have reflected knowledge gained from contact with service users.

Since the TC graduates are to be used as peer facilitators / mentors, their experience will continue to be used to drive the DRW forward. Focus groups will also be undertaken regularly to discuss the intervention with participants and generate service user involvement

and ideas that can be further included. Key theme surveys will also be included as part of the ongoing evaluation.

### Is there an underpinning evidence base for the model proposed?

The DRW at Holme House has been steered by the pilot project initiation document originated via NOMS and Offender Health. It also bears reference to the Ministry of Justice and the Breaking the Cycle green paper.

The proposed model for the DRW has been aligned to the model and ethos of Therapeutic Communities in custody. Holme House has significant experience of this model and the range of interventions included within it which bring about substance use and behavioural change. There is much evidence to link these interventions with positive outcomes and sustained change. Further research has been carried out in relation to the role effective aftercare plays in sustaining positive change and a substance free lifestyle which supports the proposed aftercare model.

Additional evidence in relation to the model will be gathered whilst individuals participate in the DRW with their outcomes being monitored via local evaluation which, along with the service user feedback will be used to inform future decisions in relation to the DRW to establish best practice and ensure the most effective intervention is in place for participants.

### Describe how the wing will be integrated into the wider provision of treatment for substance use and the establishment regime

There has been wide consultation and inclusion of departments during the planning stages for the DRW including IDTS, CARATs, Healthcare, IOM's etc. Regular meetings have been held with all of those involved in the planning to ensure the DRW will be an effective intervention and one which will work alongside and, where appropriate, complement those interventions already in place. The group will continue to meet on a regular basis to ensure the DRW does not become a stand alone unit but rather builds upon its integration into the wider establishment. Protocols with departments will be established as the model becomes further implemented.

Links have been made with several service providers within the wider community in relation to wider provision of community based partnerships to promote the through care element of the model. Links have already been established with Lifeline, AA, and NA and will also be

integrated into partnership working protocols as the model becomes established and the extent of involvement has been further ascertained.

All participants will have undergone the 28 day IDTS process prior to starting the DRW, and contact with CARAT's will be maintained during participation in the intervention. Participants will also be expected to actively seek and obtain employment within the wider establishment however this will be tailored around their DRW timetable of activities ensuring full involvement in the intervention.

## Target group

Criteria for the pilots are offenders serving custodial sentences of twelve months or less; describe selection criteria – which offenders will be suitable to come onto the wing, minimum and maximum length of sentence (percentage of prisoners serving less than 12 months), substance use, physical and mental state.

The initial criteria for acceptance onto the DRW will be as follows however decisions on selection and exclusion may change as the pilot project moves forward and lessons are learned. All changes will be within the remit and criteria of the project. It is not possible at this stage to predict the percent of those serving under 12 months.

- For offenders who are serving 3 – 12 Months. However consideration will be given to those offenders serving up to 2 years where there is a clear rationale for their inclusion
- Those serving less than 12 months will be prioritised, but percent will be driven by need
- Substance dependent offenders to illicit drugs and /or alcohol
- Offenders who are motivated to work towards abstinence
- Offenders who agree to comply to the DRW and wing compacts
- Must have completed the 28 day psychosocial IDTS sessions for opioid users (if appropriate)
- Must physically and mentally stable to engage with the DRW

Offenders with longer sentences and who are sufficiently motivated may be accepted onto the DRW with a view to progressing them onto the Therapeutic Community once abstinence has been established.

In addition to the above criteria for individuals, it has been decided to prioritise geographical selection as follows:

- Offenders from the four local IOM schemes which have prison officers attached to them
- Offenders from the four local areas who are not on the scheme
- Offenders from elsewhere in the north-east,
- All other offenders

This geographical prioritisation is aimed at facilitating the monitoring of offenders after release as well as prioritising areas with which the DRW has closest community links.

## What assessment tools will be used in determining suitability?

All entrants to the DRW will be required to complete a screening and initial assessment questionnaire measuring different aspects of their substance use, social and psychological functioning. All, or some, of these questionnaires may be repeated at regular intervals throughout the DRW intervention. They must also agree to participate in the DRW exit interview and evaluation process prior to their return to the community.

Participants who come to the DRW via the CARAT referral route will be expected to have completed a CSMAs/Care Plans/ITEP mapping as well as the assessment questionnaire.

## Who will be excluded and why?

- Un-sentenced offenders (remand, trials, section 10/3 or JR) and those having less than 6 weeks left to serve.
  *Reason; Outside of scope of pilot project*
- Offenders where there is no prospect of them making effective links with community services (e.g. Deportees)
  *Reason; these offenders could e unsettling to the DRW and the full range of the intervention would not be able to be delivered within the pilot.*
- Offenders not willing to engage with the DRW and wing compacts
  *Reason; these offenders are potentially damaging to the operation of the DRW by not complying with the rules and disrupting the positive culture of the Wing*
- Those requiring protection under prison rules.
  *Reason; The DRW regime is not conducive to providing protection.*

- Offenders who are mentally unstable and unable to safely engage with the intervention.
  *Reason; there could be danger of self-harm or suicide. They can be disruptive to other participants and the DRW regime. They may be unable to engage effectively with the intervention and the 'community' element of it.*
- Un-sentenced offenders (remand, trials, section 10/3 or JR) and those having less than 6 weeks left to serve.
  *Reason; Outside of scope of pilot project*
- Category A and E List prisoners
  *Reason; Due to required physical security restrictions*

## Outcomes

At this stage there is still a great deal of work being undertaken in relation to outcomes. Initial thoughts however indicate:

- Stabilised and reduced drug/alcohol use whilst on the DRW and into the community
- Motivation and willingness to work towards abstinence.
- Enhanced participant / staff relationships.
- Reduction in adjudications and non adjudicated negative incidents in relation to DRW participants.
- Reduced volume of reoffending (where national data is available, otherwise reliant on feedback from IOM schemes and self report)
- Improved housing outcomes
- Improved resettlement into the community
- Increased quality of life
- Improved relationships with family/significant others

This is still very much a work in progress and the specific detail of this is still being developed alongside consideration being given to how local evaluation can be organised. It is envisaged however that the outcomes will be measured through a range of data sources. These include methodologically sound outcome measures such as the Outcomes Star as well as prison databases, DRW and CARAT Assessment Forms, ITEP Records and Care Planning Data. Prison staff working within the DRW have been trained to use the outcome measures with prisoners.

## Interventions

As previously described, the intervention model is based on that of a Hierarchical Therapeutic Community and therefore a number of key elements from the model have been adopted.

- Peer Mentors to assist and support participants throughout their stay on the DRW.
- A hierarchical structure where participants are given responsibility for a degree of management of the wing and it's functioning.
- Peer led group work sessions (closely monitored and supported by DRW staff) targeting a wide range of deficiencies linked to substance users such as irrational thoughts and feelings.
- Induction Groups which are designed to prepare the participant for all elements of the intervention by providing information on the TC model, allay fears. Sessions will also build skills which participants will be able to use in sessions and during interaction with other DRW participants (and into the wider establishment/community) such as giving and receiving feedback
- Life skills and practice including money management, budgeting, planning a CV.
- Health sessions including information on BBV's, healthy eating and wellbeing.
- Acupuncture and relaxation sessions.
- Narcotics Anonymous and Alcoholics Anonymous provide an alternative self-help group to that provided by the Peer Mentors on the wing.
- Family learning through the Family Matters course.
- Gym Sessions will promote team work and pro-social activities in improving individual's personal fitness
- Through the gate work where the DRW participant falls within and is working with one of the IOM teams. Comprehensive release plans will already have been developed but this will be enhanced by the participants' continuing case management by the IOM.

Referral to accredited interventions where appropriate such as the Therapeutic Community.

### How do these add/differ from conventional practice?

Elements of the intervention have been tried and tested at Holme House and are adapted from a proven Therapeutic Community model. What makes the DRW differ from conventional practice is the ways the interventions have been combined and the enhanced use of Peer Mentors who have graduated from the TC.  The TC model also works with abstinence based

clients whereas the DRW will be working with maintained and reducing clients. One of the key themes is that of empowering greater self-efficacy.

Other interventions are new such as the Family Matters family learning and others have been modified to meet the needs of the DRW.

## Continuity of care

The DRW already has strong links with the local IOM schemes and will make use of the prison officers attached to them. It is anticipated that this will help not only with recruitment to the DRW, but additionally with providing support and monitoring those transferring to the community. This link will provide access for some prisoners to a range of Local Authority services that contribute to the work of the IOM scheme. In some, although not all, areas this will include organisations that contribute to the 'Recovery sub-group'. Organisations such as Lifeline contribute to this.

CARATS Link Workers will also be used in appropriate cases to provide 'through the Gate' post release support.

CRI (Crime Reduction Initiative) has also been involved in training mentors and talks will continue to use CRI as a resource following release.

Staff are also working to improve existing links with the local DIP teams and the local Commissioner has been part of the DRW planning and has encouraged this link. There have been meetings to try to develop a system to enable DIP workers to come into the prison and make contact with prisoners before release.

There have also been ongoing discussions with AA and NA, as well as Lifeline and a local organisation working with the families of prisoners. Again many of these are at the exploratory stage and will be developed as the project develops further.

The DRW will also have access to Shelter for housing issues and Pertemps for employment issues, both of which already work within the prison and have access to their community resources. It is intended that both of these organisations will be involved on the DRW. Both have expressed an interest to be involved but the details of this are being worked on.

## Staffing

The wing will be staffed by 9 Officers who will act as Keyworkers and Facilitators.

The initial team members have received the following training:

- Group Facilitation
- Keyworking
- Care planning
- Use of the Outcomes Star evaluation tool

Facilitators will be subject to continuous professional development which will be accomplished by close guidance through the supervision process and SPDR where applicable.

### If any additional staff have been employed or seconded to deliver interventions please provide details of discipline and time commitment

Currently, there are no formally seconded hours from any other part of the prison. Clearly, CARATS will have a major input into the DRW, as will other departments and organisations but as this will have to be provided from within existing resources. There are ongoing negotiations to try to arrange for hours to be devoted to DRW work. These arrangements will probably alter in the light of experience (some may prove unsustainable) and it is too early to say what they will look like or to identify a figure that could be said to represent a fixed ‘secondment’.

## Management of the wing

The DRW is based on Houseblock Six A Wing is managed by 3 Senior Officers who report to a Residential Manager F.

The Wing Officers will deliver the DRW intervention by acting as co-facilitators and keyworkers. They will also carry out the voluntary testing, supervise the delivery of medication, ensure Wing searching (other than intelligence led) and be responsible for the administration of the IEP scheme.

## Evaluation

The DRW key outcomes are listed below:

- Stabilised and reduced drug/alcohol use whilst on the DRW and into the community
- Motivation and willingness to work towards abstinence.
- Enhanced participant / staff relationships.
- Reduction in adjudications and non adjudicated negative incidents in relation to DRW participants.
- Reduced volume of reoffending (where national data is available, otherwise reliant on self report)
- Improved housing outcomes
- Improved resettlement into the community
- Increased quality of life
- Improved relationships with family/significant others

This is still very much a work in progress and the specific detail of this is still being developed alongside consideration being given to how local evaluation can be organised. It is envisaged however that the outcomes will be measured through a range of data sources. These include methodologically sound outcome measures such as the Outcomes Star as well as prison databases, DRW and CARAT Assessment Forms, ITEP Records and Care Planning Data. Prison staff working within the DRW have been trained to use the outcome measures with prisoners.

It is intended to have a post DRW feedback survey. It is then intended to track prisoners into the community and try to identify those 'recovery blocks' (e.g. housing, training, family relationships, emotional stability, remaining substance and offending free) that appear to demonstrate improvement.

It is hoped that a combination of the above should help to identify those areas of DRW input that are successful and those that aren't.

Consideration is also being given to a more formal local evaluation of the DRW but again this is at the embryonic stage and requires further consideration.This is still a work in progress with specific further detail other than that previously provided still yet to be arranged

## Cost

There have been some structural works required such as expanding of an Interview room and smaller works such as installing electrical sockets.  Both are currently being arranged through the prison Works Department but have yet to be started. It is not possible to give costs at his time, but if need be it will be funded from within prison budget.

Furnishings are required by way of obtaining soft chairs, a TV and games console which have yet to be costed.

There are costs related to the purchasing of drug testing kits, again which has still to be costed.

# Appendix 5

# HMPS Manchester

## Ethos of the model

The DRW will provide an inclusive and therapeutic environment for prisoners who opt into the DRW ethos to engage actively in substance use treatment, to cease from illicit substance use (drugs and alcohol), to begin their pathway to recovery and to work collaboratively with staff and peers alike to promote a positive experience for all involved. The environment will be maintained by prisoners and by staff, by focusing upon the DRW ethos and by taking responsibility for individual and collective actions and outcomes.

Prisoners will be encouraged to develop a sense of responsibility to the community by participating in community payback schemes.

### What is the definition of recovery for the wing?

The DRW at HMP Manchester will offer an effective intervention whereby participants will ultimately be working towards abstinence from illicit drugs and problematic consumption of alcohol. However it is acknowledged that recovery in these strict terms can be a lengthy process for some people so the DRW also has a wider remit of supporting offenders to achieve this by addressing problematic lifestyle choices and resolving practical issues such as accommodation.

### What service user input has there been?

Several focus groups have been undertaken to discuss proposals with offenders and generate ideas that can be included in the intervention. It is intended to continue with such groups throughout the life of the project, and to develop exit surveys.

### Is there an underpinning evidence base for the model proposed?

The DRW pilot project initiation document originated through NOMS and Offender Health and references the Ministry of Justice and the Breaking the Cycle green paper. The proposed DRW can be conceptually aligned to custodial ‘therapeutic communities’, whereby specialist interventions have been linked to reduced relapse and recidivism rates. Likewise, the aftercare (or through the gate) model that is proposed by the Manchester DRW pilot is also supported in the national and international literature base (peer reviewed journal publications) as being central to increase retention in community services , to increase

engagement in recovery and to reduce reoffending rates. Each of the individual interventions that comprise the DRW model contains their own evidence base, some of this evidence is peer reviewed and some of the evidence is currently being compiled (for example, SMART Recovery interventions). Importantly, whilst prisoners engage in the DRW, their outcomes will be monitored throughout the process of engagement, so that a contribution to the overall evidence base can be made and to inform decisions (as this is a pilot) as to what works best in the DRW environment and therapeutic model.

### Describe how the wing will be integrated into the wider provision of treatment for substance use and the establishment regime

During the planning phase there has been wide consultation and inclusion of many departments in the Project Board and Sub-Work Group. Clear protocols have been developed with IDTS, CARATs, Healthcare etc to ensure the DRW complements existing interventions and the Sub-Group will continue to meet on regular intervals to ensure the continued integration into the wider establishment regime and treatment provision. With regards to wider provision or community based partnerships, the through care (or through the gate) aspect of the model has been integrated into partnership working protocols already, with clear provision for DRW ex-offenders and families on discharge from prison (by that state, the prisoners will be classified as ex-offenders since they will have been discharged). Partnerships such as POPs and Addaction will also work with prisoners whilst actively on the DRW and then ensure that a seamless transition of support can be provided on discharge, if the ex-offender still chooses to opt into community treatment.

B Wing Residential Officers will participate in selection interviews, delivery of interventions and case reviews, and their involvement is seen as crucial in ensuring the maintenance of the DRW ethos and the integration of the DRW in the wider regime.

DRW clients will also be able to make use of technology in increasing their self efficacy, as a Unilink Prisoner Information Kiosk will shortly be installed on the Wing. This is a facility through which prisoners can access information and a range of self service options in order to book services (eg. visits, appointments etc)

## Target group

Criteria for the pilots are offenders serving custodial sentences of twelve months or less; describe selection criteria – which offenders will be suitable to come onto the wing, minimum

and maximum length of sentence (percentage of prisoners serving less than 12 months), and substance use, physical and mental state.

- For offenders who are serving 3 – 12 Months. However consideration will be given to those offenders serving up to 2 years where there is a clear rationale for their inclusion
- Those serving less than 12 months will be prioritised, but percentage will be driven by need
- Substance dependent offenders to illicit drugs and /or alcohol
- Offenders who are motivated to work towards abstinence
- Offenders who agree to comply to the DRW and wing compacts
- Must have completed the 28 day psychosocial IDTS sessions for opioid users (if appropriate)
- Must physically and mentally stable to engage with the DRW

## What assessment tools will be used in determining suitability?

Entry to the DRW is not restricted to the CARAT referral process so there may be different assessment tools used prior to engagement. However as a minimum the 'Through the Gate Initial Assessment Form' will be used with reference to the Severity of Dependence Scale. Additionally should the participant come through the CARAT referral route CSMAs/Care Plans/ITEP mapping and the MDS Assessment form will also be available to assess an individual's suitability.

## Who will be excluded and why.

- Those offenders not willing to engage with the DRW and wing compacts
  *Reason; these offenders are potentially damaging to the operation of the DRW by not complying with the rules and disrupting the positive culture of the Wing*
- Offenders who are mentally unstable and unable to safely engage with the intervention.
  *Reason; there could be danger of self-harm or suicide, unable to engage effectively with the intervention, disrupting to the remainder of the 'community' and beyond the competencies of the facilitators*
- Un-sentenced offenders (remand, trials, section 10/3 or JR) and those having less than 6 weeks left to serve.
  *Reason; Outside of scope of pilot project*

- Offenders who are on buprenorphine substitute prescribing.
  *Reason; the length of time required to dispense this medication would not allow for inclusion in all elements of the intervention and would be too problematic for the dispensing staff*
- Category A and E List prisoners
  *Reason; Due to required physical security restrictions*

### What is the expected throughput of participants?

We will expect an attrition rate and the possible repeat engagement of prisoners if they are discharged and are reconvicted with a custodial sentence (we cannot double count these prisoners, but we can look at them individually as twice or more attendees to the DRW).

## Outcomes

- Stabilised and reduced drug/alcohol use on the DRW and through the gate into community resettlement (where the prisoner is released to a Manchester post code).
- Reduced volume of reoffending (where national data is available, otherwise reliant on self report)
- Reduction of custodial re-convictions  where national data is available, otherwise reliant on self report)
- Improved housing outcomes
- Reduced negative incidences by DRW participants and positive participant-staff relationships
- Improved resettlement into the community
- Increased quality of life, well being, mental and physical health as well as uptake in screening, vaccinations and treatment for blood borne viruses
- Improved relationships with family/significant others

The outcomes will be measured through a range of data sources.  These include methodologically sound outcome measures (both global and specific measures such as the Outcomes Star and the Treatment Outcomes profile), prison databases (such as the Voluntary Drug Testing data), Assessment Forms, ITEP and Care Planning Data, Review Information and where possible through the NDTMS (the NTA database) and community partnership data sources.  Pre, post and review data will be collected via these quantitative and qualitative sources, whilst the prisoner is engaged on the DRW.  Following discharge, pre, post and review data in the community will be collected. Where possible, a comparison

group will be employed (those prisoners engaged with CARATs and the IDTS in HMP Manchester and those ex-offenders currently engaging in community support who did not have the benefit of engaging in the DRW). Prisoners, staff and stakeholders will be involved in small focus groups and possibly through semi-structured interviews (where realistically achievable) to document qualitative and personal experiences of the DRW. A longitudinal and mixed methodological approach will be used to analyse the collected data, via an external evaluation. Prison staff and community partnership staff have been trained to utilise the outcome measures with prisoners and ex-offenders and reliability checks on data collection can be conducted.

## Interventions

- SMART Recovery aims to help individuals gain control over their addictive behaviours, achieve recovery, a balanced lifestyle and lead meaningful and satisfying lives. The tools and techniques of SMART Recovery are derived from Rationale Enhancement Therapy, Cognitive Behavioural Therapy and Motivation Enhancement Therapy. There is a focus on mutual aid and peer led sessions, with an approach that can be closely interlinked with care provision and actively supported by professionals. Group work sessions target a range of deficiencies including unrealistic beliefs and irrational thinking
- Induction Groups are designed to prepare the participant for all elements of the intervention, allay fears and to give skills with which to use in sessions and other places such as giving and receiving feedback
- Anxiety management will teach a range of techniques to manage stress and other difficult emotions to aid relaxation, promote effective planning and reduce the occurrences of impulsive behaviour
- Health and Well Being will be specifically aimed at men's' health through a variety of group work and 'drop-in' sessions
- Narcotics Anonymous and Alcoholics Anonymous Meetings will introduce participants to the 12-Steps and provide an alternative self-help group to that of SMART Recovery
- POPs (Partners of Prisoners & Families Support Group) though primarily aimed at support the participants' families, will provide opportunities to improve relationships and help participants gain a better insight into how their behaviour can affect significant others
- Wider Family Learning – see attached scheme of work

- Gym Sessions will promote team work and pro-social activities in improving individual's personal fitness
- Through the gate work will occur up to 12 weeks following the participants' discharge from prison. Comprehensive release plans will already have been developed but this will be enhanced by the participants' key workers continuing to co-case manage the individual with DIP or other community agencies. This will include escorting to appointments and checking on progress. It is important that the individual's self-efficacy is promoted and this will be the key workers responsibility to ensure this is upheld
- Referral to accredited interventions which are available at Manchester (PASRO / COVAID / TSP) will be made where appropriate

### How do these add/differ from conventional practice?

While SMART Recovery is new to HMP Manchester, other elements of the intervention are tried and tested, such as IDTS. What makes the DRW differ from conventional practice is the ways the interventions have been combined and will been overseen by a key worker. The 'through the gate work' is innovative and should provide that vital link and support by a worker the participant has built up a therapeutic relationship with. The key worker will be an advocate for the participant while empowering greater self-efficacy.

Other interventions are new such as wider family learning and others have been modified to meet the desired outcomes of the DRW including POPs and Men's' Health. Another unique element of the DRW is the focus on the offender serving shorter sentences who will have not had the opportunity to access such treatment and support.

## Continuity of care

As highlighted above the DRW at HMP Manchester has designed continuity of care in a unique way from the outset of the project. Currently, community providers of treatment have already been integrated into the DRW team activities (either directly or by agreed attendance during relevant intervention sessions). This provides the prisoners on the DRW with the opportunity to form therapeutic alliances with all staff members so that continuity of care continues post discharge. This also enhances communication between permanent DRW staff and the community providers and ensures that needs based joined up care to the DRW model is in place. Examples of these community groups include POPs, Addaction, AA. NA, (a full list has already been presented at the workshop meetings).

SMART recovery was selected as a model which is widely used by community groups and can therefore be replicated upon release, as can participation in NA & AA sessions.

The external evaluator already has an established working relationship with both the DRW staff and the community groups and will facilitate effective outcome monitoring of the prisoner and ex-offender progress. With planned quarterly and annual reports, all involved parties will have the opportunity (coordinated and managed through the DRW project managers and senior team) to review progress of the pilot. This will enhance the continuity and the relationship between the DRW and the community providers as the opportunity to make informed choices about effective practice and early indicators or DRW outcomes will exist.

## Staffing

The wing will be staffed by 6 facilitators initially, made up of CARAT workers and two substance misuse workers provided by Addaction, via funding agreements under the local DAAST.

For future additions to the team an assessment process is to be designed to identify suitable candidates and training developed using an 'on-the-job' shadowing, along with discreet elements of training drawn from recognised CARAT staff training.

The initial team members have received the following training:

- SMART Recovery computer based training
- ITEP mapping
- Motivational Interviewing refresher as well as input into case management, the therapeutic relationship, planning and debriefing, supervision
- Use of the Outcomes Star evaluation tool

Facilitators will be subject to continuous professional development which will be accomplished by close guidance through the supervision process and SPDR where applicable.

Supervision will be provided by the Interventions Manager. A set of protocols have been developed for supervision.

2 Addaction workers have been seconded to the DRW and will work under supervision of the IM for 37 hours each per week.

2 x 90 minute sessions Health Promotion per week (Health Care provider)

90 minutes per week Housing Link worker

2 x 75 minutes per week Gymnasium staff

90 minutes per week – Wider Family Learning (Manchester City Council)

POPS work (funded by DAAST – time commitment under discussion)

## Management of the wing

B Wing is managed by 3 Senior Officers who report to a Residential Manager F. The B Wing staff will carry out the voluntary testing, supervise the delivery of medication, ensure Wing searching (other than intelligence led) and the deliver the wing induction programme. They will also be responsible for the administration of the IEP scheme, the management of the Peer Support Group, the delivery of Anxiety Management sessions and will perform Group Officer Work.

In addition to the Wing staff, the DRW will be manned by 6 key workers, one of whom will be designated Team Leader (IM) for supervision purposes. The IM will report to the Drug Strategy Manager F.

The key workers will be responsible for conducting the initial assessments and case management. They will complete the evaluation STAR / TOP and co-ordinate effective discharge planning, following which they will provide continuous “through the gate” support.

The key workers and the B Wing staff will jointly deliver SMART Recovery sessions (which will eventually see peer support workers co-facilitating) and there will be joint case reviews as required

## Evaluation

The DRW pilot has already organised for an evaluation to take place of the progress of the pilot project itself and of the prisoner’s short, medium and long term outcomes, whilst in the

DRW and through the gate to discharge and hopefully, resettlement in the community (where prisoners are discharged to a Manchester post code).

The key outcomes are listed below:

- Stabilised and reduced drug/alcohol use on the DRW and through the gate into community resettlement (where the prisoner is released to a Manchester post code).
- Reduced volume of reoffending (where national data is available, otherwise reliant on self report)
- Reduction of custodial re-convictions  where national data is available, otherwise reliant on self report)
- Improved housing outcomes
- Reduced (negative) incidences on DRW participants and positive participant-staff relationships
- Improved resettlement into the community
- Increased quality of life, well being, mental and physical health as well as uptake in screening, vaccinations and treatment for blood borne viruses
- Improved relationships with family/significant others

The efficacy of the DRW and the outcomes will be measured through a range of data sources.  These include methodologically sound outcome measures (both global and specific measures such as the Outcomes Star and the Treatment Outcomes profile), prison databases (such as the Voluntary Drug Testing data), Assessment Forms, ITEP and Care Planning Data, Review Information and where possible through the NDTMS (the NTA database) and community partnership data sources.  Pre, post and review data will be collected via these quantitative and qualitative sources, whilst the prisoner is engaged on the DRW.  Following discharge, pre, post and review data in the community will be collected. Where possible, a comparison group will be employed (those prisoners engaged with CARATs and the IDTS in HMP Manchester and those ex-offenders currently engaging in community support who did not have the benefit of engaging in the DRW).  Prisoners, staff and stakeholders will be involved in small focus groups and possibly through semi-structured interviews (where realistically achievable) to document qualitative and personal experiences of the DRW.  A longitudinal and mixed methodological approach will be used to analyse the collected data, via an external evaluation.  Prison staff and community partnership staff have been trained to utilise the outcome measures with prisoners and ex-offenders and reliability checks on data collection can be conducted.  The full copy of the evaluation framework will

be available and dissemination will be managed with Lauren Watson and Richard Vince's guidance.

A review of existing literature from national and international peer reviewed journals took place, with 321 studies being identified. This work was undertaken as preparation for the development of the DRW outcomes and evaluation framework. The key documents were then selected on the basis of the evidence gathering process around outcomes and/or methods of outcome monitoring for this cohort (prisoners and ex-offenders engaging in substance misuse treatment in therapeutic communities). Further information on this can be provided if required but is currently only available in hard copy which due to quantity cannot be attached and would be too costly to copy. Claire Russell would be glad to provide more evidence if required but the key review points have been incorporated into the outcomes and evaluation framework.

## Cost

As HMP Manchester is a High Security Estate establishment, additional security measures have not been necessary.

There have, however been building costs attached to the necessity to provide additional Group / interview rooms on the Wing, and alterations to the treatment room. (£22,000)

An additional Methasoft machine is due to be installed in order to facilitate administration of maintenance treatments, and there have also been costs for staff training. (both in staff time and actual delivery costs)

Additional costs for promotional material / case work materials etc were minimised due to the fact that HMP Manchester's print shop was used for production.

Additional equipment for the Wing Gymnasium facilities - £1,700

The DRW is currently staffed at the expense of the establishment CARAT provision, with the remainder of the staffing costs provided by the DAAST.

Development of the Financial Incentives Model will require the overall budget (including clinical provision) to be reviewed / realigned by the commissioner and is currently in progress.

# Appendix 6

# Drug Recovery Wing Data Collection

**Table A1. Additional data fields required by NOMS**

| | |
|---|---|
| **Reduction in drug / alcohol use** | |
| Number of Residents who have completed an opioid detoxification regime | Local Monitoring System |
| Number of Residents receiving substitute prescribing of more than 21 days' duration | Local Monitoring System |
| Number of Residents who have completed alcohol detoxification regime | Local Monitoring System |
| Number of Residents identified with an alcohol only problem | Local Monitoring System |
| **Engagement in recovery focused interventions** | |
| Number of residents attending life skills interventions | Local Monitoring System |
| **Engagement with Mutual Aid and Peer Support Groups** | |
| Number of Recovery Champions/Mutual Aid Groups gaining security clearance to enter establishments | Local Monitoring System |
| Number of mutual aid groups running on wing | Local Monitoring System |
| Number of mutual aid groups running in the rest of the establishment | Local Monitoring System |
| Number of graduates used as peer facilitators/mentors on DRW | Local Monitoring System |
| **Improved continuity of care** | |
| Number of external agencies providing an intervention on DRW | Local Monitoring System |
| Frequency of external agency interventions provided | |
| Number of residents referred to community services on release | |
| **Safer calmer wings** | |
| Incidents of self harm on DRW | Local Monitoring System |
| Incidents of self harm in Establishment | Local Monitoring System |
| Incidents of reported bullying on DRW | Local Monitoring System |
| Incidents of reported bullying in Establishment | Local Monitoring System |
| Incidents of suicide on DRW | Local Monitoring System |
| Incidents of suicide in Establishment | Local Monitoring System |
| Number of Security Incident Reports (SIR) | Local Monitoring System |
| Number of actual drug/alcohol finds and paraphernalia on DRW | Local Monitoring System |
| Number of actual drug/alcohol finds and paraphernalia in Establishment | Local Monitoring System |
| Number on live ACCT documents on DRW | Local Monitoring System |
| Number on live ACCT documents in Establishment | Local Monitoring System |
| Number of assaults on Residents on DRW | Local Monitoring System |

| | |
|---|---|
| Number of assaults on Prisoners in Establishment | Local Monitoring System |
| Number of assaults on staff on DRW | Local Monitoring System |
| Number of assaults on staff in Establishment | Local Monitoring System |
| **Entrants To Drug Recovery Wings** | |
| Total Number on DRW at end of month | Local Monitoring System |
| Number of Applicants for DRW | Local Monitoring System |
| Number of Prisoners assessed as suitable for DRW | Local Monitoring System |
| Number of Prisoners assessed as unsuitable for DRW due to security intelligence | Local Monitoring System |
| Number of Prisoners who accept a place on DRW | Local Monitoring System |
| Number of Residents serving less than 12 months | Local Monitoring System |
| Number of Residents serving more than 12 months | Local Monitoring System |
| Number of Residents completing a pre entry questionnaire | Local Monitoring System |
| **Completers From Drug Recovery Wings** | |
| Number of Residents removed from wing | Local Monitoring System |
| Number of Residents completing a post entry questionnaire | Local Monitoring System |
| Number of Prisoners completing a DRW exit interview | Local Monitoring System |
| Number of Prisoners completing a follow up interview on release | Local Monitoring System |
| Number of prisoners discharged from custody, reconvicted with custodial sentence and re-enter DRW | Local Monitoring System |