

Research Specification

An evaluation of nine new Alcohol Arrest Referral pilot schemes together with an evaluation of an on-going scheme in Gloucester

1. Mission statement

1.1 The key research question is to determine the efficacy of brief interventions in reducing alcohol consumption and re-offending in individuals arrested for alcohol-related crimes, within the context of the night time economy (NTE). The evaluation will also be expected to deliver key lessons around service delivery, implementation and cost effectiveness to inform decisions around potential future roll out of referral schemes.

1.2 This specification covers an evaluation of nine new Alcohol Arrest Referral (AAR) Schemes plus an evaluation of the longest running AAR in Gloucester. The evaluation will include the following elements: a process evaluation including provision for development work with schemes; a feasibility study to determine the possibility of conducting a quasi-experimental difference in difference impact assessment to measure re-offending 6 and/or 12 months post intervention; an impact assessment (depending on the results of the feasibility study); and a costs analysis/cost effectiveness assessment of implementing alcohol arrest referrals, where practical linked to impact data. The various methodologies cover qualitative and quantitative approaches and it is anticipated that the successful team will have a sound knowledge and understanding of research around alcohol and offending including knowledge of the night time economy.

2. Purpose of research

2.1 The Government is committed to developing a co-ordinated approach for interventions targeted at individuals whose offending is related to alcohol. New interventions will use a combination of penalties and health/education programmes to reduce harmful drinking and subsequent offending (see *Safe, Sensible, Social: The next steps in the National Alcohol Strategy* - June 2007: <http://www.ias.org.uk/resources/ukreports/revnational-strategy.pdf>). The commitment to tackling alcohol-related repeat offending is being addressed by further piloting of arrest referral schemes (*Alcohol Harm Reduction Strategy for England* – Prime Minister's Strategy Unit, March 2004).

2.2 Whilst there has been extensive research into the efficacy of brief interventions for alcohol within healthcare settings (see DH-sponsored *Review of Effectiveness of Treatment for Alcohol Problems* http://www.nta.nhs.uk/publications/documents/nta_review_of_the_effectiveness_of_treatment_for_alcohol_problems_fullreport_2006_alcohol2.pdf)

few robust research studies exist that examine the effectiveness of brief interventions in reducing re-offending in CJS settings.

2.3 The Alcohol Strategy Unit (ASU) – the policy unit within the Home Office which has responsibility for work on alcohol – has therefore funded nine new alcohol arrest referral pilots to explore the benefits of referring alcohol-related arrestees to brief advice sessions as a means of reducing re-offending. These follow on from four original alcohol arrest referral pilots in Cheshire, Ealing, Liverpool and Manchester which are being funded by the Home Office from October 2007- March 2009.

2.4 More specifically, the Alcohol Referral Project aims to:

- Provide brief interventions that reduce re-offending amongst adults who have been arrested for alcohol related offences.
- The interventions should also reduce hazardous and harmful drinking (a score >8 on the AUDIT instrument (a validated tool to measure alcohol consumption));
- Improve engagement of hazardous and harmful drinkers in brief advice sessions;
- Learn implementation and delivery lessons that can be applied to their further expansion and continuous improvement;
- Deduce information around the cost-effectiveness of such schemes.

Individuals become eligible for alcohol referral via voluntary, conditional cautioning or arrest routes when arrested for an alcohol related offence. They then undergo two brief interventions with an alcohol specialist. The aim of sessions will be to help the individual control their alcohol consumption and thus reduce subsequent re-offending. The evaluation of referral schemes will fill a gap within the research evidence base. It will also provide the policy lead with evidence on which to base recommendations to Ministers on the wider roll out of referral schemes.

2.5 Brief intervention sessions in the current project are based on the Models of Care for Alcohol Misuse guidance detailed above (MoCAM: www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4136809.pdf). We anticipate that they will be delivered over the course of two 1 hour sessions by a trained alcohol specialist in a neutral location away from the custody suite, however part of the process evaluation will entail checking the exact mode of delivery. More specifically each session will involve:

- AUDIT screening tool administration to identify levels of hazardous or harmful drinking
- Information on alcohol unit strengths
- Information on the effects on the body, other people and behaviour of unsafe alcohol consumption
- Assessment of the subject's current drinking patterns

- Advice on the links between unsafe drinking and offending (including the subject's experience of arrest)
- Advice on planning strategies for avoiding future situations that present a high risk of unsafe drinking.

2.6 Bids for grants to establish pilots were invited from Drug and Alcohol Action Teams (DAATs) in areas suffering from high levels of alcohol-related crime and disorder within the context of the night-time economy and where conditional cautioning was available as a referral route. The bids were scrutinized by an expert steering group, including representatives from the Home Office and alcohol referral experts. The nine selected pilot areas are **Bristol, Cleveland, Cumbria, Islington, Leicestershire, NE Lincolnshire, Northamptonshire, Stoke-on-Trent and Swindon**. These sites will receive funding from the Home Office to begin alcohol referral pilots from November 2008 until March 2010 (in the first instance).

2.7 These nine new pilots build on existing work in four alcohol arrest referral pilots in Cheshire, Ealing, Liverpool and Manchester. These are currently being evaluated by the Home Office and we anticipate that the new evaluation will use very similar methodology to ensure comparability. Findings from the evaluation of these four projects are not planned to be published until the end of the 2009 at the earliest.

2.8 The new evaluation will also cover an ongoing scheme in Gloucester – the longest running alcohol arrest referral scheme in England, which has been operating since the late 1990s. In the field of alcohol treatment it is often cited as the 'gold-standard' of effective intervention, however to date there has been no detailed evaluation using a robust design. We therefore plan to evaluate Gloucester using a similar methodology to the other nine sites. However, because the scheme has been up and running for a long time data collection methods may need to be modified to capture the same kinds of data as the other sites. Hence this specification is for an evaluation of 10 sites in total (although the degree of evaluation may vary, see 3.2.3 below).

2.9 The specification sets out requirements for the following elements:

- Process evaluation including development work with schemes
- Cost of implementation analysis and/or cost effectiveness analysis
- Feasibility study of impact assessment
- Impact assessment

3. Methods

The key research questions to be answered are:

Process evaluation including development work:

- What lessons can be learned from the process of delivering alcohol referrals that will improve client/practitioner experience and engagement with the schemes
- What lessons can be learned from the process of implementing and running alcohol referrals that can be fed back to schemes to improve performance
- What wider lessons can be learned to inform any future roll out

Feasibility study for impact assessment

- Is it feasible to conduct a robust impact assessment to determine whether brief interventions for alcohol reduce rates of re-offending in alcohol arrestees and how.

Impact assessment:

- Whether brief intervention sessions reduce levels of harmful and hazardous drinking, defined as a score >8 on the validated AUDIT instrument, in adults who have been arrested for alcohol-related offences
- Whether brief interventions for alcohol improve general health outcomes, as measured by the GHQ-12
- *Subject to feasibility study and an option to extend the contract determine* - whether brief interventions for alcohol reduce rates of re-offending in alcohol arrestees, measured via local police records (and perhaps PNC) and self-reported offending, at 6 and 12 months post-intervention

Cost analysis/cost effectiveness assessment:

- To determine the costs effectiveness of the schemes
- *If the impact assessment is not feasible* - to study costs of implementing alcohol arrest referral schemes

Below are further details of the requirements for each of the elements of the methodology. This includes further information on the aims of the project that should be addressed in the invitation to tender.

3.1 Process evaluation including development work

3.1.1 The process evaluation (including development work with schemes) will aim to:

- Assess referral pathways;
- Assess how DAATs are delivering services to clients;
- Identify levers and barriers to service delivery and the reasons for these;
- Identify differentials between pilot sites in terms of service delivery and reasons for these – feeding back good practice to schemes where appropriate
- Make recommendations for good practice to inform future roll out and policy.

3.1.2 Contractors are expected to detail a research design for the process evaluation that uses a combination of quantitative and qualitative measures to fulfil the objectives outlined. Submitted designs will be expected to deliver:

- **Client perceptions of service delivery quality:** RAU is keen to collect some basic quantitative information from clients on the services received and their perceptions of these as determinants of their outcomes. In-depth information around client perceptions and experience of services will be elicited through qualitative means which may include focus groups to examine service delivery issues in more depth and, depending on whether attrition can be kept to a minimum, a 'case tracking' study which will follow a small sample of clients over time (follow up at about 6 months and other follow-up periods as detailed earlier in this specification).
- **Interviews with stakeholders:** Semi-structured interviews will be undertaken with all key stakeholders in the alcohol referral pilot areas at two points in time: within the first six months and at around 12-17 months. It is felt that this method of data collection allows more in-depth consideration of relevant issues raised than can be elicited from self-report questionnaires. Therefore, interviews will be conducted with representatives from the DAAT, the police including custody sergeants, alcohol specialists and other key stakeholders. Interviews will last for around one hour and will cover a range of topics including how well the different stakeholders are working together; levers and enablers to providing a good service; barriers to effective service delivery and how these might be overcome within the context of more strategic issues around future service delivery during possible wider implementation of alcohol referral schemes. All interviews will be tape recorded and fully transcribed.
- **Understanding how the schemes operate:** In order to gain a better understanding about the operation of schemes contractors will need to spend time familiarising themselves with relevant policy and practice documents. Some degree of desk research is therefore anticipated. Observations may also prove to be beneficial. Contractors must detail the exploratory work they expect to undertake and any other methodological aspects they may include in the invitation to tender. Details must also be provided about where and how this will feature in the overall report.

3.1.3 The contractor is asked to put forward details of a design that succeeds in evaluating both client and practitioner/stakeholder perceptions on the quality of each component of the service. RAU is keen that bidders add value to tenders by detailing:

- How respondents will be contacted and interview arrangements made to minimize opt-out;

- How specific data collection will be developed and used at each stage;
- Who will undertake interviews and their experience in doing so and
- How throughput data from the AIR will inform the process evaluation.
- How their proposed approach fulfils the criteria set out in the Data Protection Act 1998

Contractors are once again invited to submit alternative designs.

Development work

3.1.4 The pilot projects went live in November 2008 and so the evaluation timeline is short. The majority of the schemes are expected to be up and running by the end of January 2009. ASU and RAU will liaise with successful Contractors to provide as much support as possible to enable data collection systems to be in place and to ensure the projects are supported to help them deliver their aims. However, as contractors have regular contact with schemes and can see what is happening on the ground we would like to include provision in the contract for 'development work' with schemes. This is to assist pilots in the early days e.g. to ensure data collection tools are being used appropriately; and throughout the life of the project e.g. feeding back useful bits of good practice to help improve throughput. This is a similar approach to that of action research.

3.1.5 This could be for the same team as the main evaluation or a separate contracted team. We anticipate that this will include (although will not be limited to):

- Establishing if evaluation documentation need to be fine tuned and check whether they are being used and completed properly; advise schemes on areas where improvements are required
- Ensuring that consent is being gained from individuals, together with contact details
- Checking that data sharing protocols are in place, and are working, and suggest solutions if there are any problems with these
- Providing support to enable the project to deliver the intervention
- Helping projects to recognise and understand barriers and challenges to delivery and helping to broker solutions

The Home Office recognises that this developmental work might best be achieved through a piece of Action Research and so contractors are asked to comment on the suitability of this and its advantages and disadvantages. Once again contractors are invited to make their own suggestions for this developmental work and how it might add value to the evaluation.

3.2 Feasibility study of impact assessment

3.2.1 Given the aim to assess the impact of the schemes, the Home

Office is keen to ensure the methodology employed is as robust as possible and outcomes can be attributed to the alcohol intervention. We also want the key results from this new evaluation to be directly comparable with those from the previous evaluation.

3.2.2 The section on Impact assessment below outlines what is suggested as the most robust methodological approach. The feasibility element of the impact assessment will assess whether it is possible to conduct such an analysis. This must take account of the throughput of cases through schemes, the quality of data collected for the evaluation and the timelines available for the work. A report must be produced outlining the considerations made. If the methodology set out below is not feasible, contractors will be expected to consider whether an alternative methodology could be used to assess impacts.

3.2.3 We recognise that it may not be possible to conduct a full impact evaluation in all ten areas (due to throughput or other factors), **contractors must therefore submit separate costings for:**

- a full evaluation (process, impact and cost effectiveness) of all ten schemes; and
- a full evaluation of four areas plus Gloucester, with only a process evaluation in the remaining five sites. At this stage we cannot confirm exactly which of the nine sites will be selected for the full evaluation, but we anticipate that they will comprise a regional split from the North-East to the South West.

3.2.4 We anticipate that the most appropriate time periods for following up re-offending are at the six month (to match the evaluation of the original four AAR schemes) and 12 month stage. The project timetable below reflects this. Contractors should note that the contract will be issued on the basis of a possible extension for a 6 and/or a 12 month follow up depending on the findings of the feasibility study. However, indicative costs and details of a suitable methodology are required as part of the invitation to tender.

3.3 Impact Assessment

3.3.1 It is suggested that a **quasi-experimental difference-in-difference approach** is the most efficient and practical design to employ for an impact assessment. This will provide a counter-factual and will result in an element of the design meeting the level 4 criteria on the Maryland Scientific Scale.

3.3.2 Random assignment was rejected due to the extra burden it would place on the custody officer having a detrimental effect on data quality, and ethical issues surrounding withholding an intervention shown to have positive health benefits within healthcare settings. A between-sites comparison design was also rejected as it would be difficult to reliably conclude whether any observed differences in offending were the result of

brief interventions or due to unobserved effects caused by differences between areas. This design would also mean approaching police forces in another nine areas, developing data access and sharing agreements which would take time and resources that are not available within current project constraints.

3.3.3 While we believe this to be best design, potential contractors are invited to propose alternative designs to the ones discussed above and detailed below. However proposed designs, or elements of the design, need to meet the requirements of **at least a level 3, though preferably a level 4, on the Maryland Scientific Scale**. In making suggestions for changes to the methodology, contractors must note our requirement that the results of this evaluation and that of the four original pilot sites must be comparable. **They must therefore make a thorough assessment of the advantages and disadvantages of making changes to the methodology.**

3.3.4 The design which the Home Office is proposing uses an intervention sample comprising individuals eligible for referral (arrested for an alcohol related offence) onto referral schemes from the key inflow points (arrest/voluntary/conditional caution) recruited over a 17 month period between November 2008 and March 2010. However, initial operation of the schemes is likely to be staggered across areas with processes needing some time to bed in; and it may be advisable not to run the sample right up until the end of the funding period. So it is suggested that a 12 month period is used to calculate feasibility, at least initially, from January 2009 – January 2010 allowing some flexibility towards the end of the schemes should numbers still be low.

3.3.5 The suggested design involves a retrospective sampling method, whereby local police crime records (arrest and charge data for alcohol-related offences) for individuals who have similar offending profiles to the intervention sample will be selected up to two years before the start of the alcohol arrest referral pilots commence - forming a **retrospective comparison sample**. Retrospective sample members will be given a 'dummy' intervention date (before the start of the alcohol arrest referral intervention) matched to a true intervention date. For example, an individual arrested in February 2009 and undergoing brief intervention (intervention group) during this month will be matched to a comparison individual (comparison group) arrested in February 2008 and given dummy intervention in the same month. Recorded offending outcomes would then be compared.

The variables to be used to match individuals include:

- Age
- Gender
- Offence type (offences likely to be linked to alcohol and the night time economy (NTE) e.g. violence against the person, criminal damage, public order)

- Time of offence (this serves as an indicator of alcohol related crime within the context of the NTE (e.g. between 9pm and 5am))

3.3.6 Individuals will be matched on the basis of either the 'one-to-one' or 'closest' match system. Individuals from both samples will then be tracked to determine their offending profile at 6 months (and 12 months if the number of referrals indicates that this would be feasible), post actual or 'dummy' intervention date.

3.3.7 The current research design permits information on alcohol consumption to be collected from the intervention sample only and not for the comparison sample. It is acknowledged that this limits the scope and robustness of the design. **Potential Contractors are therefore invited to propose alternative designs and solutions for recruiting a comparison sample which bear in mind the constraints of the current project.**

3.3.8 Research Analysis Unit (RAU) within the Home Office has undertaken work to determine the minimum throughput of clients required for the evaluation. A recommendation has been made to sample for an 8-10% effect size with regard to reduced offending. Contractors must put forward their own calculations for the minimum throughput of clients required to measure 5%, 8% and 10% effect sizes (using 80% power and a 5% statistical significance level) taking into account attrition at the various stages of the intervention and response rates. Table 1 below indicates the minimum number of interventions schemes have agreed to deliver as part of a service level agreement.

Table 1: Minimum no of first interventions per month per scheme

| Scheme | No of 1 st interventions per month |
|-----------------|---|
| Bristol | 50 |
| Cleveland | 75 |
| Stoke | 70 |
| Islington | 60 |
| Cumbria | 75 |
| Northants | 70 |
| NE Lincs | 70 |
| LLR (Leicester) | 70 |
| Swindon | 70 |

3.3.9 The Contractor must detail how they plan to work with Home Office and local partners to monitor the throughput of clients onto referral schemes (this should be included in the development work element of the process evaluation outlined earlier). It should be noted that some of the schemes are intending to implement a similar model of intervention. There is therefore potential to aggregate samples if required. An assessment of which schemes would be suitable to aggregate must be made following initial process evaluation work and reporting for the feasibility study. Ideally, the evaluation would assess the impact and implementation of the

interventions separately in each of the pilot areas but this may not be entirely feasible.

3.4 Data collection

3.4.1 Below is further information about the data that will be collected as part of the overall evaluation. Outcome data e.g. throughput from schemes, offender profiles, offence categories etc. should be reported on in the overall report regardless of whether the impact assessment element is commissioned.

Information to be collected via AIR

3.4.2 Information on the intervention will be collected via an Alcohol Intervention Record (AIR) which has been developed by the Home Office in consultation with local partners. Alcohol Specialist Workers will administer the paper based AIR during the brief intervention session to collect informed consent, basic demographics and baseline information on: alcohol consumption, general health data, readiness to change their alcohol consumption and a basic assessment of self-reported offending.

3.4.3 Contractors are to note that although baseline data is to be collected by the Alcohol Specialist Worker within each pilot area, the six-month post implementation follow-up AIR will be administered by the Contractor. The Contractor will be expected to enter the data from the paper based AIR (baseline and post-implementation) onto a database and conduct the analysis. It is expected that the contact details and the main findings will be stored on two separate databases. The Contractor will also have to provide details about how they will collect and store the data and provide guarantees that these processes and procedures will meet the requirements of the Data Protection Act 1998.

3.4.4 The AIR contains the following:

- **Basic demographics:** client contact details (name, address, telephone number, mobile phone number), age, gender, ethnicity, religion, disability, referral route and level of compliance with interventions. The Contractor should detail how they will work with Alcohol Specialists to develop methods for avoiding inaccuracies, dealing with missing data and other relevant issues.
- **Alcohol consumption:** Each individual must complete the AUDIT instrument, a validated instrument used to screen for hazardous and harmful drinking (see WHO: http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf). The Contractor must detail options for when to best collect alcohol consumption data and how this will be analysed.
- **General Health/Well being:** It is proposed that the short, 12-item General Health Questionnaire be administered (GHQ-12:

http://www.publications.doh.gov.uk/hsecodebook/general_health/ghq_12.htm

- **Readiness to Change Ruler:** Client's readiness to change their behaviour with regard to consuming alcohol is considered as an indicator of behaviour change. Individuals are asked to complete one question (known as the Readiness to Change Ruler), which asks respondents to rate their readiness to change on a scale of 0 to 100 (100 being the most ready to change).
- **Self reported offending:** Basic self-report information on offending levels over the last six months will be collected. The respondents will be asked to complete a grid comprising questions on offending for seven different offence types and for each offence type they will be asked to indicate the frequency of committing the offence, whether they thought the offence was alcohol related and also whether the police were involved. In addition they will be asked to, via an open question, whether they had committed any other offences in the last six months.

3.4.4 A crucial function of the AIR will be to collect **informed written consent** from the individuals to share their information (demographics, audit, GHQ-12 and readiness to change and self-reported offending behaviour information) with the Home Office and the Contractor and for their details to be matched to police records.

3.4.5 Use of administrative data:

Police recorded crime data

- The information collected via the AIR will be matched by the Contractor to the individual's police offending records, which are held by local forces (incidents, arrest and charge data) and also on the PNC (convictions). The records will be 'soft matched' by using the initial and date of birth of the individual, which will be supplied by the AIR.
- Contractors must detail how they will conduct this element of the evaluation and also outline in their tender any previous experience of working with local police data and accessing police data.
- The Contractors must detail proposals to link individual personal data to information stored on the Police National Computer (PNC) e.g. convictions.
- Contractors must explain how their proposed method of accessing and transporting the data, processing and analysis complies with the Data Protection Act 1998.
- Contractors are invited to submit alternative methods and designs.

3.4.7 In outlining how they intend to carry out this work, contractors must detail:

- Previous experience of retrospective comparison sample designs and matched case comparison designs, including details of outcomes; and provide information on any specific statistical expertise held by team members.
- Possible methods and alternative designs for matching individuals within intervention and control samples, and the strengths and weaknesses of the proposed methods
- Possible methods for analysing individual level offending data, including confirmatory self-report offending data and the strengths and weakness of the approach.

3.5 Cost Effectiveness evaluation

3.5.1 The Home Office would like to assess the cost of implementing the project as well as the cost-effectiveness of the intervention.

3.5.2 RAU will provide an electronic pro forma for pilot areas to complete to record basic costs of the schemes e.g. staff costs, room hire, communications etc. Contractors must detail ways of ensuring the correct recording of expenditure, their plans for entering the information from proforma onto a database, data analysis and how this will be used to inform the cost-effectiveness analysis.

3.5.2 Contractors must detail in their proposals how this element of the evaluation will be conducted. Consideration must be given to how the economic aspect of the work will link into the process and impact assessments and it should consider whether there will be any issues if a full impact assessment cannot be undertaken. In addition to this, RAU will expect to receive within tenders details of previous Cost Effectiveness Assessments/ evaluations undertaken by research teams with regard to reducing crime evaluations, detail their outcomes and also provide information on any specific economic expertise held by team members.

3.6 Data analysis, storage and protection

3.6.1 Proposed methods for analysing data which are put forward by the Contractor should be linked clearly back to the research questions under examination. Therefore, tenders are expected to detail which descriptive and multivariate statistical techniques they aim to undertake on the quantitative data to address research questions around the impact of referral schemes. Once again, the proposal needs to clearly highlight any data quality issues and present details about the processes they will use to minimise poor quality and missing data.

3.6.2 All qualitative research interviews will be tape-recorded and transcribed by the Contractor, before undergoing thematic analysis. All interviews must be conducted with the written consent from the individual concerned. Interviews will be conducted and data analyzed in accordance with GSR guidelines on conducting, analysing and using qualitative research (Quality in Qualitative Evaluation: A framework for assessing

research evidence: http://www.policyhub.gov.uk/docs/qge_rep.pdf). The Contractor will be expected to detail how they will analyse the data.

3.6.3 All data, both administrative and interview, must be transported, stored, analysed and reported in accordance with the following guidelines: Data Protection Act 1988, Government Social Research (GSR) guidelines http://www.gsr.gov.uk/professional_guidance/foi.asp, Market Research Society: <http://www.mrs.org.uk/standards/dp.htm> guidelines and the Home Office Guidance for External Contractors and Sub-Contractors attached to this Invitation to Tender. Tenderers should also be aware of the report: Data Handling in Government (2008) http://www.cabinetoffice.gov.uk/reports/data_handling.aspx

3.6.4 Contractors must provide details about how they plan to transport, store, process and analyse the data collected and generated – especially any personal sensitive data, and how their processes and procedures meet the requirements and minimum standards set out in the various guidance detailed above.

3.7 Risks

3.7.1 A number of risks have been identified in relation to the current project, the most important of which is insufficient throughput of clients onto referral schemes and subsequent client attrition between intervention sessions. The Contractor must detail how they will monitor the throughput of clients onto schemes through close liaison with agency partners. Contractors must detail their proposals for limiting attrition and maximising response at each stage of the evaluation process.

4. Project issues

4.1 The Contractor will be committed to a tight time scale to ensure that preparations are in place for data collection to commence as soon as possible.

4.2 The responsibility for the ethical conduct of the research lies with the Contractor, who will be expected to obtain the relevant ethical clearance for the evaluation from relevant local ethics committees. Additionally guidelines from the Government Social Research Unit (www.gsr.gov.uk/professional_guidance/ethics.asp), the British Society of Criminology (www.britsocrim.org/ethical/htm) and Social Research Association (www.thesra.org.uk/ethical.htm) will be followed in relation to ethics. There are number of ethical issues related to the project which include, but are not limited to: informed consent for taking part in interventions, transportation of pro-formas that contain personal and sensitive information; access to individual offending records; confidentiality of personal data for all members of sample, informed consent for tape recording interviews and using data for research purposes.

5. Project management

5.1 Laura Blakeborough (RDS project manager, Crime and Drugs Analysis and Research) shall act as the formal point of contact between the Home Office and the researchers. All requests, information and questions should flow through the project manager and not go directly to policy colleagues. Details on the outputs required and associated timescales are detailed in the Outputs section. The project management role may also involve ad-hoc request for fieldwork documents, presentations or responses to enquiries. These will be handled by the project manager.

5.2 A project implementation group will meet quarterly to monitor the implementation of alcohol arrest referral schemes within pilot areas and the Contractor must attend these meetings. The Contractor must provide an update report for these meetings, and furthermore must attend meetings corresponding to key milestones within the project, such as, for example, delivery of the baseline report etc. The Contractor will be given sufficient notice to prepare for meetings.

5.3 The project manager must receive a regular (at least once a month) brief written report, which will detail progress against the agreed timetable and milestones and also to identify current and future risks and potential solutions. These are in addition to key milestones and deliverables in order to allow them to monitor project progress.

5.4 RAU and Home Office policy colleagues must have sight of all research instruments, sampling plans, consent forms, questionnaires, topic guides, analysis plans reports and other key documentation prior to use for the purposes of quality assurance. It is important that Contractors are able to build into their plans the time needed for the Home Office to clear these outputs, thereby ensuring that research is progressing well and answering the questions needed.

6. Project resources

6.1 Each tender must provide information about the skills and experience of the project team deemed relevant to the current evaluation. The following information is requested:

- **For the project lead** (the most senior person on the project team who is ultimately responsible for project delivery)
 - Major projects undertaken in the last five years
 - RAE rating (if contractor is a university department)
 - Names of two individuals for whom they have done similar projects and who could be approached for a reference.
 - Brief details of any previous Home Office research (no more than 200 words per project) and the name of the project manager.

- **For each member of the project team**

- Name and position
- Experience of related research (either within the subject area or with statistical and / or methodological relevance)
- Any supervisory experience

6.2 All project staff must provide a concise CV as this allows further opportunity to show relevant skills and experience in addition to the information above.

6.3 The tender must provide detailed information on how the contract will be managed from the Contractor end. This will include information on who will be the day to day contract manager and act as the main contact for the Home Office project manager. The tender should also outline the roles and responsibilities of each team member on the project i.e. what their contribution is, how much resource they will input and how that will be managed. Other staffing issues including, if applicable, clear details of whether staff still need to be recruited onto the project and contingency arrangements in the event of staff changes should also be detailed.

6.4 Tenderers must complete the financial pro forma (attached in Schedule 2) which requests clarification on the number of days allocated to each member of the project team across key areas of the project. Although the exact framework may vary, as a minimum the following areas should be considered in depth:

- Project design and implementation
- Fieldwork
- Data entry and processing
- Analysis
- Reporting
- Travel
- Management and quality assurance

Please note that costs for the extension work to conduct the impact assessment at 6 and 12 months should be costed separately. Whether this is to be commissioned will be dependent on the results of the feasibility study. Analysis and presentation of outcome data (that would feed into the impact assessment were it to be commissioned but which may not go ahead) should be included in the overall contract price.

6.5 It is hoped that this specification is sufficiently detailed for the Contractor to make a realistic assessment of cost. Tenderers must provide information on daily rates for each member of the research team using the financial pro forma in Schedule 2. Full details for overheads and other related costs for carrying out the work must also be included in the fee schedule. Milestone payments are detailed in Schedule 2 of the Invitation to Tender and a minimum of 25% will be kept back on final payment until acceptance of the final report.

6.6 Key project milestones and stages are set out as follows:

| Stage | Timetable |
|--|----------------------------|
| Award contract | February 2009 |
| Develop and finalise methodology (sample recruitment; data collection tools; methods for negotiating access to offending data; structure of interviews), to be quality assured by Home Office. | February 2009 |
| Submission of baseline report on progress to date, risks and future plans. First milestone payment (25%) | March 2009 |
| Operation of schemes: ongoing feedback to areas and development work (action research). | November 2008 - March 2010 |
| Interim report on early process findings – to include results of first phase of interviews, feedback to areas, lessons learned from early implementation and progress update on feasibility of impact assessment. Second milestone payment (10%). | July 2009 |
| Feasibility study report – including assessment of scheme throughput and sample sizes for outcome evaluation. To include recommendations as to the feasibility of a six/12 month outcome evaluation and/or proposals for alternative methodology to assess impact. Third milestone payment (15%) <i>Options depending on result of report:</i> 1) <i>Proceed with process evaluation and assessment of costs only.</i> 2) <i>Options to extend contract to include either six month or six month and 12 month re-offending follow up and cost effectiveness assessment.</i> 3) <i>Renegotiation of methodology/contract for impact assessment (see below).</i> | September 2009 |
| Interim update report on findings from the process evaluation and analysis of costs. Fourth milestone payment (10%) | November 2009 |
| First draft report of completed process evaluation and cost analysis and outcome data (where available) - to be cleared by RAU. Submission of practice guidance report Fifth milestone payment (15%) | March 2010 |
| Second draft report (to go to peer review and policy) | April 2010 |

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|---|----------------|
| Third draft report (incorporating peer review, policy and research feedback) | May 2010 |
| Final draft of report for process and cost analysis and outcome data (minus impact assessment element) <i>*consider publication as stand alone report</i> Sixth milestone payment (25%) | June 2010 |
| Contract completion for process and cost analysis. | July 2010 |
| Option 1 to extend contract for six month re-offending follow up, outcome assessment and cost-effectiveness analysis. First draft report (to be cleared by RAU). Option 1 additional milestone payment 1 (50%) | September 2010 |
| Second draft report of six month re-offending follow-up (to go to policy and peer review) | October 2010 |
| Third draft of report (incorporating peer review, policy and RAU feedback) | November 2010 |
| Final draft of six month re-offending follow up report and cost-effectiveness analysis. <i>*Publication as stand alone report or join with process report depending on progress</i> Option 1 additional milestone 2 impact assessment (50%) | December 2010 |
| Contract completion for option to extend number 1: six month re-offending follow up. | December 2010 |
| Option 2 to extend contract for 12 month re-offending follow up, outcome assessment and cost-effectiveness analysis. First draft report (to be cleared by RAU). Option 2 additional milestone payment 1 (50%). | March 2011 |
| Second draft report of 12 month re-offending follow-up (to go to policy and peer review) | April 2011 |
| Third draft of report (incorporating peer review, policy and RAU feedback) | May 2011 |
| Final draft of 12 month follow-up re-offending report and cost effectiveness analysis. <i>*Publication as stand alone report or join with process report depending on progress</i> Option 2 additional milestone 2 - impact assessment (50%) | June 2011 |
| Anticipated completion date for 12 month follow up | June 2011 |

6.7 Research teams submitting tenders must to submit a project plan/spreadsheet detailing the key milestones identified within their methodology. Please note that where time is needed for Home Office to agree outputs, this should be included in the project plan.

6.8 Tenderers must note (as detailed earlier) that the re-offending Analysis part of the impact assessment (the six and/or twelve month re-offending follow-up) will be let on the basis of a contract extension – depending on the results of the feasibility assessment.

6.8 It is essential that the research team outline in their bids plans for appropriate levels of supervision and control by senior members of the project team. Key stages of the project will also need to be subject to input from, and approval by, senior members of the project team. A quality control plan is required to include details on how the research team will work with the Home Office to:

- Assure the quality of each stage of the research process from project design through to reporting stages.
- Implement supervision arrangements for members of staff including details of the research team structure and internal quality assurance of work.
- Highlight any particular difficulties and risks at each stage of the research process and suggest ways for overcoming these.
- Detail how the work will be allocated and delivered on time when a consortium is presenting a tender.

7. Outputs

7.1 A number of outputs will be expected by the Home Office across the life of this project in addition to the final report. These will provide an opportunity to quality assure the work being undertaken, review and agree key conclusions/decisions, and sign off payments where these are linked to deliverables. The following outputs will therefore be expected from the Contractor:

- Written brief monthly progress reports to the Home Office project manager
- A written report which details baseline findings, risks and future plans will be delivered in March 2009 (no more than 15 A4 pages).
- An interim report which details early findings from the process evaluation and analysis of costs will be delivered in July 2009 (no more than 15 A4 pages)
- A feasibility study report which outlines the feasibility of completing a rigorous six month and 12 month re-offending follow-up, impact assessment and cost-effectiveness assessment, together with suggestions for alternative methodology if this is not feasible will be delivered in September 2009 (no more than 25 A4 pages).
- An interim written report which details progress on the process evaluation, risks to delivering the evaluation and early findings will be produced in November 2009 (no more than 15 A4 pages).
- A first draft of the process evaluation and cost analysis report will be delivered in March 2010 (no more than 25 A4 pages).

- A final draft of the process evaluation and cost analysis report will be delivered in June 2010 (no more than 25 A4 pages). A presentation of the key findings will be required.
- Subject to contract extension number 1, a first draft of the six month follow up findings of re-offending and cost-effectiveness will be delivered by September 2010 (no more than 25 A4 pages).
- Subject to contract extension number 1, a final draft of the six month follow up findings of re-offending and cost-effectiveness will be delivered by December 2010 (no more than 25 A4 pages). A presentation of the key findings will also be required.
- Subject to contract extension number 2, a first draft of the 12 month follow up findings of re-offending and cost-effectiveness will be delivered by March 2011 (no more than 25 A4 pages).
- Subject to contract extension number 2, a final draft of the 12 month follow up findings of re-offending and cost-effectiveness will be delivered by June 2011 (no more than 25 A4 pages). A presentation of the key findings will also be required.
- All written research reports will be produced in the Home Office RAU publication format: '1:3:25' (one page of key implications; a three page summary of key findings and 25 pages of main findings; and additional technical appendices). A presentation of findings will be given to policy colleagues.
- A concise practitioner guide must form an addendum to the final written report of the process evaluation.
- Final reports will be subject to external review and will only be published if they meet the required Home Office standard and inform the evidence base.
- As a matter of course for all externally commissioned work, a copy of the dataset and research transcripts will be expected.

7.3 Contractors are invited to consider or suggest other relevant outputs of the research project which may provide added value and cost these separately.

8. Evaluation Criteria

8.1 Tenders will be awarded on the basis of value for money. The factors to be considered when evaluating the tenders will include, but not be limited to:

- Ability to understand the research problem and meet the requirement including knowledge and experience of alcohol research and experimental methodology
- The robustness and suitability of the proposed approach and methods for meeting the aims of the project
- The knowledge and experience of the Contractor and their team: CVs of key personnel
- Adequacy of data capture, transportation, storage and analysis (including personal/sensitive data) in line with the Data Protection

Act 1988 and other guidance on data handling including personal/sensitive data requirements

- The adequacy of the proposed project team and management arrangements - including composition of team (resource allocation, capacity, the availability of personnel and flexibility of staff), balance of the team and contingency plans
- The identification and analysis of potential risks and how these will be managed and overcome.
- The ability to complete the required outputs to an acceptable level of quality (report writing and presentation skills) and to timetable including details of quality assurance mechanisms