



This analysis looked at the reoffending behaviour of 68 men who participated in Care After Combat's 'Project Phoenix' programme. The overall results show that those who took part in the programme in England and Wales were less likely to reoffend than those who did not. More people would need to be available in order to determine the effect on the frequency of reoffending. However, this should not be taken to mean that the programme fails to affect it.

Care After Combat's 'Project Phoenix' programme is a mentoring scheme supporting veterans before and after release from prison with the aim of reducing the reoffending rate of this group.

The headline analysis in this report measured proven reoffences in a one-year period for a 'treatment group' of 68 offenders who received support some time between 2015 and 2017, and for a much larger 'comparison group' of similar offenders who did not receive it. The analysis estimates the impact of the support from Care After Combat on the reoffending behaviour of people who are similar to those in the treatment group. The support may have had a different impact on 43 other participants whose details were submitted but who did not meet the minimum criteria for analysis.

Overall measurements of the treatment and comparison groups

For **100** typical men in the **treatment** group, the equivalent of:



13 of the 100 men committed a proven reoffence within a one-year period (a rate of 13%), **12 men fewer** than in the comparison group.



47 proven reoffences were committed by these 100 men during the year (a frequency of 0.5 offences per person), **36 offences fewer** than in the comparison group.



For **100** typical men in the **comparison** group, the equivalent of:

25 of the 100 men committed a proven reoffence within a one-year period (a rate of 25%).

83 proven reoffences were committed by these 100 men during the year (a frequency of 0.8 offences per person).

Time to first reoffence has not been included as a headline result due to low numbers of reoffenders, which could give misleading results.

Overall estimates of the impact of the intervention

For **100** typical men who receive support, compared with **100** similar men who do not receive it:



The number of men who commit a proven reoffence within one year after release could be **lower by between 3 and 20 men. This is a statistically significant result.**



The number of proven reoffences committed during the year could be **lower by as many as 75 offences, or higher by as many as 2 offences.** More men would need to be available for analysis in order to determine the direction of this difference.

Please note totals may not appear to equal the sum of the component parts due to rounding.

✓ **What you can say about the one-year reoffending rate:**

“This analysis provides evidence that support from Care After Combat may decrease the number of proven reoffenders during a one-year period.”

✗ **What you cannot say about the one-year reoffending rate:**

“This analysis provides evidence that support from Care After Combat increases/has no effect on the reoffending rate of its participants.”

✓ **What you can say about the one-year reoffending frequency:**

“This analysis did not provide clear evidence on whether support from Care After Combat increases or decreases the number of proven reoffences during a one-year period. There may be a number of reasons for this and it is possible that an analysis of more participants would provide such evidence.”

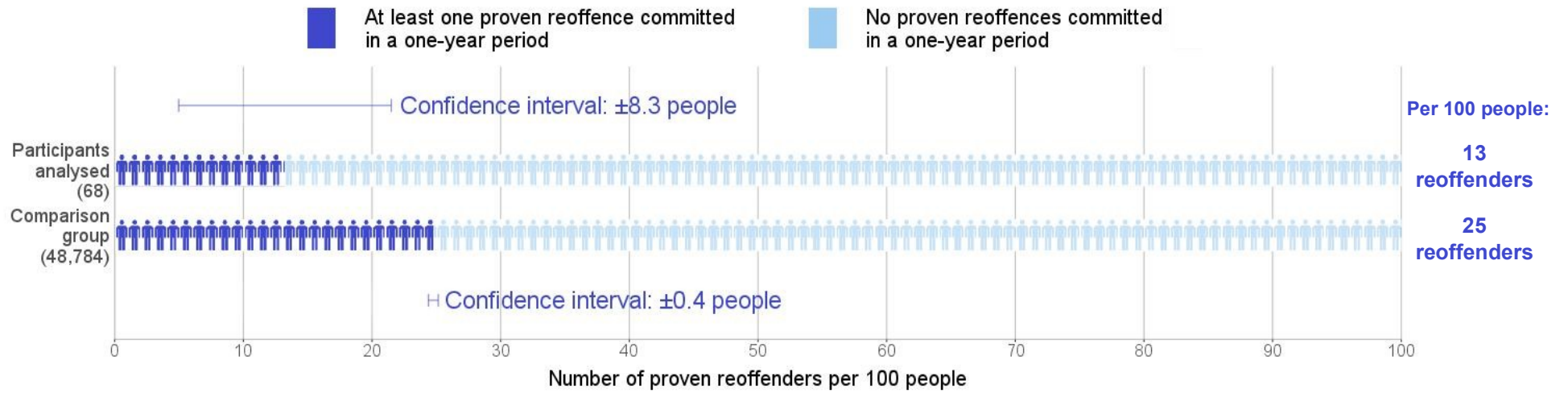
✗ **What you cannot say about the one-year reoffending frequency:**

“This analysis provides evidence that support from Care After Combat increases/decreases/has no effect on the number of proven reoffences committed during a one-year period by its participants.”

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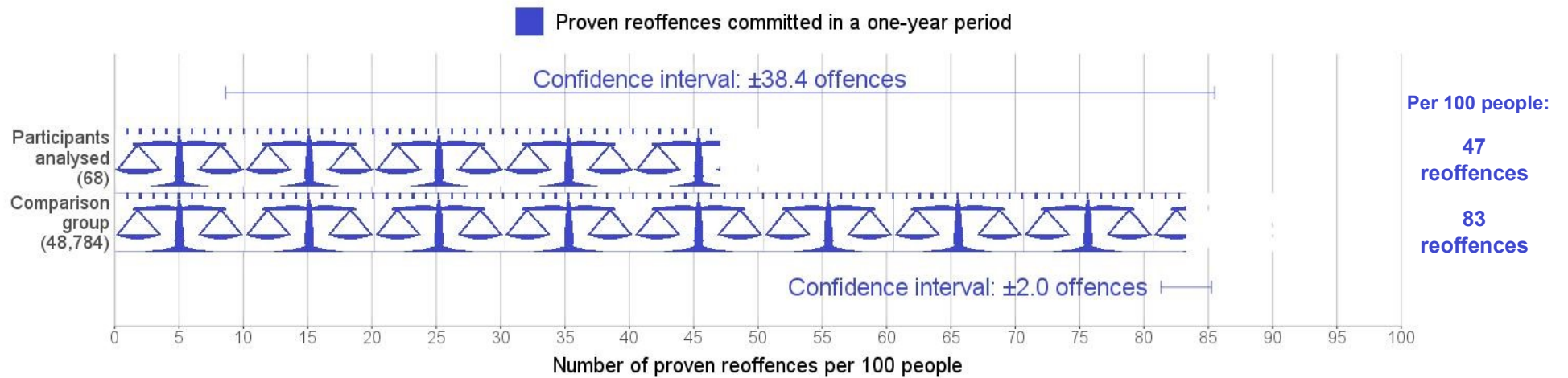
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One-year proven reoffending rate after support from Care After Combat



Significant difference between groups

One-year proven reoffending frequency after support from Care After Combat



Non-significant difference between groups

Care After Combat in their own words

“ The intervention addresses the practical issues of having an identity card, a bank account, somewhere to live, together with a General Practitioner and a dentist. Mentoring commences in the final 15-18 months of sentencing and continues for a period of 12-months following release. Mentors meet each veteran on release from prison and accompany them to the initial meeting with his designated Probation Officer. In the event of there being either physical or mental health issues appropriate referrals would be instituted. Veterans with either alcohol and/or drug misuse problems are referred to specialist agencies. Finance, benefits and accrued debts likewise. Concepts within the mentoring process include attitudes, thinking and behaviour all of which are part of the seven resettlement pathways to reducing reoffending. As in peer mentoring interventions in other contexts, a crucial addition to practical assistance is the provision of social support. This can be especially relevant to veterans, who can experience a lack of belonging and understanding in civilian life that contrasts with the cohesion and social integration that many experienced during military service. Nonetheless (perhaps partly because of heterogeneity in this regard due, for example, to either length of service or circumstances of discharge), maintaining engagement and tracking veterans following release was challenging. ”

Response from Care After Combat to the Justice Data Lab analysis

“ The mentoring service provided by Care after Combat is both cost effective and operationally efficient, its ethos grounded in transitioning. The majority of mentors are themselves veterans, have undergone an initial 2-day modular training programme and have access to ongoing professional development and updates, additional to their portfolio of learning. Care after Combat maintains meticulous veteran records and relevant details of their history, that may help us better understand their strengths and needs together with the influences on their potential for reoffending. Our results to date are most encouraging and we shall be following the same cohort over a protracted period in order to determine the lasting efficacy of the intervention. We should like to express our appreciation and gratitude to the Governors and staff at all prisons visited for both their time and co-operation with a special thank you to those Veterans in Custody Support Officers (ViSCOS) for their guidance and practical support. I should like to thank my colleagues, Dr Adrian Needs and Dr Paul Morris at the Department of Psychology, University of Portsmouth for providing supervision and finally to all participating veterans especially for being forthright, open and considerably informative. ”

Results in detail

One analysis was conducted, controlling for offender demographics and criminal history and the following risks and needs: employment, education, drug use, alcohol use, mental health, thinking and behaviour and attitude. Although all participants in Care After Combat are veterans of the armed forces, it was not possible to determine whether members of the comparison group were likewise veterans, as this information is not available to us from their prison record. However, where available we included variables identified as characterising people with experience in the armed forces, such as their attitudes towards staff and towards the community, which helped ensure a comparison group with similar attitudes to the participants in the treatment group. More details on the matching variables are provided in the annex.

Analyses

1. **Care After Combat national analysis:** treatment group matched to offenders across England and Wales using demographics, criminal history and individual risks and needs.

The sizes of the treatment and comparison groups for reoffending rate and frequency analyses are provided below. To create a comparison group that is as similar as possible to the treatment group, each person within the comparison group is given a weighting proportionate to how closely they match the characteristics of individuals in the treatment group. The calculated reoffending rate uses the weighted values for each person and therefore does not necessarily correspond to the unweighted figures.

Treatment Group Size	Comparison Group Size	Reoffenders in treatment group	Reoffenders in comparison group
68	48,784	9	17,149

Two headline measures of one-year reoffending were analysed (see results in Tables 1-2):

1. Rate of reoffending
2. Frequency of reoffending

Significant results

One measure shows a statistically significant result. This provides significant evidence that:

Nationally

- **Participants are less likely to commit a reoffence** than non-participants

Tables 1-2 show the overall measures of reoffending. Rates are expressed as percentages and frequencies expressed per person.

Table 1: Proportion of men who committed a proven reoffence in a one-year period after support from Care After Combat, compared with a matched comparison group

Number in treatment group	Number in comparison group	One-year proven reoffending rate				p-value
		Treatment group rate (%)	Comparison group rate (%)	Estimated difference (% points)	Significant difference?	
68	48,784	13	25	-20 to -3	Yes	0.01

Table 2: Number of proven reoffences committed in a one-year period by men who received support from Care After Combat, compared with a matched comparison group

Number in treatment group	Number in comparison group	One-year proven reoffending frequency (offences per person)				p-value
		Treatment group frequency	Comparison group frequency	Estimated difference	Significant difference?	
68	48,784	0.47	0.83	-0.75 to 0.02	No	0.06

Profile of the treatment group

Care After Combat work with offenders who have previously been members of the armed forces and who are serving a prison sentence. People who are identified as being veterans are identified by prison staff; Care After Combat also provides information to prisons to encourage ex-service people to put themselves forward for this intervention. Following recruitment, participants are assigned a mentor to support them before and after release from prison, and the mentor puts them in touch with other interventions specific to their needs.

Participants included in analysis (68 offenders)

- Female 0%, Male 100%
- White 96%, Black 3%, unknown ethnicity 1%
- UK national 97%, Non-UK 1%, unknown nationality 1%

- Aged 20 to 69 years at the beginning of their one-year period (average age 38)

- Sentence length:
 - less than 6 months 21%
 - 6 months to 1 year 9%
 - 1 year to 4 years 49%
 - 4 years to 10 years 18%
 - more than 10 years or life 4%

Participants not included in analysis (33 offenders with available data)

- Female 0%, Male 100%
- White 94%, Black 3%, unknown ethnicity 3%
- UK national 94%, Non-UK 3%, unknown nationality 3%

Information on index offences is not available for this group, as they could not be linked to a suitable sentence.

For **10 people** without any records in the reoffending database, no personal information is available.

Please note totals may not appear to equal the sum of the component parts due to rounding.

Information on individual risks and needs was available for 55 people in the overall treatment group (81%), recorded near to the time of their original conviction. Of those for whom information is available:

- 47% had limited problem-solving skills
- 42% had problems with their financial situation
- 35% had problems with drug use

Matching the treatment and comparison groups

The analysis matched a comparison group to the treatment group. A summary of the matching quality is as follows:

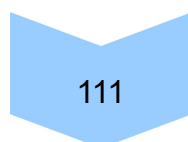
- Almost all variables in the national model were well matched. The mean number of previous custodial sentences was reasonably well matched.

Further details of group characteristics and matching quality, including risks and needs recorded by the Offender Assessment System (OASys), can be found in the Excel annex accompanying this report.

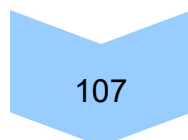
This report is also supplemented by a general annex, which answers frequently asked questions about Justice Data Lab analyses and explains the caveats associated with them.

Numbers of people in the treatment and comparison groups

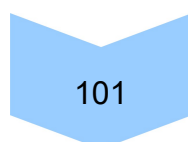
111 men were submitted for analysis by Care After Combat



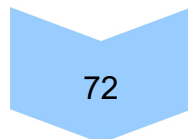
4 men (4%) were excluded because they could not be identified on the Police National Computer



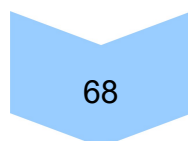
6 men (5%) were excluded because they could not be identified in the reoffending database



29 men (26%) were excluded because they did not have a record in the reoffending database that corresponded to their period of participation with Care After Combat



4 men (4%) were excluded because they did not match at the Propensity Score Matching stage



Care After Combat treatment group: 61% of the participants submitted
(Comparison group: 48,784 records)

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