

Drug Recovery Community at HMP Eastwood Park: Effectiveness and Future Challenges



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EXECUTIVE SUMMARY

- There is no specific definition of what constitutes a 'Drug Recovery Community' in a custodial setting. However, the common features are a dedicated prison wing accommodation, which is entered on a voluntary basis by offenders who share a common goal, which is to be drug free at the end of their tenure. Other features include a visible presence of peer support, tailored clinical and psychosocial interventions, and increased accessibility of services available to offenders.
- The aims of the Drug Recovery Community of HMP Eastwood Park are:
 - To tackle the prevalence of substance misuse in the prison
 - To support the change in the strategic direction of the government
 - To improve substance misuse treatment in prison
 - To reduce economic costs that are closely associated with re-offending rates
- The Substance Misuse Team collaborate with various stakeholders such as Avon & Wiltshire Mental Health Partnership (AWP), Bristol Community Healthcare (BCH), and the HMP Prison Service have a working action plan to sustain the operating model of the Drug Recovery Community. A working protocol has been established to underpin the governance and delivery framework within the Drug Recovery Community.
- Admissions to the Drug Recovery Community of HMP Eastwood Park are via a comprehensive, multi-disciplinary assessment process, in which service users who fit the criteria, and have between five and 19 weeks left to serve will be eligible to apply. A comprehensive Voluntary Drug Testing (VDT) programme will be carried out randomly and can be based on intelligence and suspicion of substance misuse.
- The use of Peer Mentoring within the Drug Recovery Community of HMP Eastwood Park is unique, in that there is no other prison in England and Wales with an established recovery community that implements this working model. The Peer Mentors will be expected to play an active role in the activities within the wing, by sharing experiences and providing support and guidance for others. The service users who have graduated from the Drug Recovery Community will have the opportunity to remain within the wing and support those who are still in the programme.

- Between 1st April 2013 and 31st March 2014, there were 208 applications received to join the Drug Recovery Community at HMP Eastwood Park. 41% of the applicants (n=85) were approved to commence the programme, and there are currently 13 service users in the programme. A further 13% of service users (n=28) were awaiting to start their recovery journey as of 31st March 2014. Another 46% applicants (n=95) are being released prior to joining the community or who have withdrawn their applications. Of those who commenced the programme, 55% completed the programme successfully (n=47).
- Six out of ten of the service users who enrolled in the Drug Recovery Community experienced drug only misuse. Two out of ten faced alcohol only problems, whilst the remaining had both drug and alcohol problems.
- Despite being in its infancy, the Drug Recovery Community has exceeded its aims and expectations, and indicates its increasing popularity among the prisoners. These are measured through significant change of perception and motivation in service users, considerable improvement in health and wellbeing of service users, continual negative drug testing, and improved lifestyles post Drug Recovery Community programme.
- A service users' questionnaire was conducted with assistance from the SMPT in April 2014. When service users were asked about the type of support they needed before considering joining the Drug Recovery Community, the answers were around the theme of managing expectations.
- 90% of the participants were very satisfied or satisfied with the referral and assessment process of the Drug Recovery Community, which indicates that the process is balanced between the need to complete an assessment within the time frame and starting the programme.
- Next, when the service users were prompted on their preference of the activities that are conducted within the Drug Recovery Community, there is currently more time being attributed towards the activities that are less preferred by the service users, and *vice versa*. It was also found that service users' preference on the activities are not in congruence with either the time spent on the activities, or the staff preference. Nevertheless, all of the respondents agree that the activities have prepared them to reintegrate into the community after being released from the prison.

- Prompted about other professional support that the service users require to support their recovery journey, the majority provided the following answers: mental health, domestic violence, family and friends support, employment and training, and housing support.
- A staff satisfaction survey was also conducted in April 2014. The first question was about their positive working experiences within the Drug Recovery Community, of which the majority of the staff noted the noticeable change by the service users. When they were asked about any negative experience that they encountered when working on the Drug Recovery Community, they mentioned the referral and assessment process, population pressure, and the need for greater publicity.
- Prompted about what they like about the Drug Recovery Community itself, most of them commented on the opportunities that the community provided for the service users who wanted to change within a safe environment and the effectiveness of the activities. Very few comments were recorded when they were questioned about what they dislike about the Drug Recovery Community.
- 82% of the staff felt that the Drug Recovery Community managed to get the balance right between challenging and addressing substance misuse, whilst just above half believe that there is enough information about the programme available to the staff. This shows that there is still a portion of staff who are not equipped with sufficient information about the programme.
- The majority of the staff also rated the partnership working among the agencies in the Drug Recovery Community as either 'very good' or 'good'.
- Going forward, there are six challenges that the Drug Recovery Community will face in the future, such as population pressure, the availability of mutual aid, better publicity for service users and staff, gaps in performance management framework, ability to track future performance, and implementing best practices from other prisons.

STARTING POINT

“What is the Drug Recovery Community?”

There is no specific definition of what constitutes a ‘Drug Recovery Community’ in a custodial setting.¹ However, the following features are archetypally associated with the Drug Recovery Community model:

- A provision of a dedicated prison wing accommodation, which is entered on a voluntary basis by offenders who share a common goal, which is to be a drug free at the end of their tenure.
- Voluntary participation from service users, with visible presence of peer support² and ethos of achieving recovery.
- Availability of a range of evidence-based clinical and psychosocial interventions tailored to meet the needs of the service users.
- Increased accessibility of services available to offenders, along with a strong emphasis on continuing care, support, and treatment after release from prison.

“What did you wish to achieve by implementing the Drug Recovery Community at the HMP Eastwood Park?”

To tackle the prevalence of substance misuse in the prison

Drug use is a major problem in the prison system. The Eastwood Park Needs Assessment for Substance Misuse 2012 identifies the demographic makeup of the offenders, where the prison consists of some of the most chaotic service users, particularly involving a pattern of entrenched substance misuse and poly drug use, along with other life issues such as poor social interaction and a host of health difficulties.

This opportunity can sometimes be missed, partly because offenders do not wish to change their behaviour and partly because there is a lack of support for those who do

¹ The National Management Offender Service (NOMS) has produced a comprehensive definition on the term ‘Drug Recovery Wing’, however; it does not fit the operating model of the Drug Recovery Community of the HMP Eastwood Park.

² These include, but are not limited to, mutual aid groups and recovery champions.

wish to change. Realising the potential of addressing the prevalence of substance misuse in HMP Eastwood Park, a Drug Recovery Community was established. Being in a penitentiary setting provides an opportunity to help those with substance misuse problems to recover and break the cycle of drug use and re-offending.

To support the change in the strategic direction of the government

In 2010, the direction of substance misuse treatment services significantly re-orientated following the changes in the commissioning landscape as described below:

- Local commissioners were instructed to rebalance treatment services and ensure they embedded a 'recovery-orientated' outcome and sought long term abstinence through a range of person-centred objectives.³
- The 2010 Drug Strategy enshrines the desire to reduce demand for illicit drugs, reduce supply, and aim for recovery free of dependence.
- An annual review in May 2012 introduced a further aim to reduce the demand and supply of New Psychoactive Substances ('Legal Highs') and ensure treatment services are able to provide effective treatment.
- Freedom to shape the treatment in line with the Localism agenda, where the Drug Recovery Community's model is based on the experience and understanding of local evidence, and appropriate to the context and offender population of HMP Eastwood Park.

To improve substance misuse treatment in prison

Prior to the establishment of the Drug Recovery Community at the HMP Eastwood Park:

- The prisoners were tested at reception. If the test was positive, they would be transferred to Kinnon Unit. There would be 1:1 work with the GP, where they would receive clinical and psychosocial interventions.
- Detoxification and maintenance induction would take place on Kinnon prior to clients stabilising and moving on to the wider prison environment.

³ Based on the Government Directive on Health and Criminal Justice Services, '[Breaking the Cycle](#)' and the NHS White Paper that set out the framework by which services would be commissioned and delivered.

The introduction of the Drug Recovery Community at HMP Eastwood Park is hoped to provide in-depth and structured support through identification, assessment, and support for prisoners with substance misuse problems through the following operating model:

- An excellent maintenance and stabilisation unit, consisting of 84 beds.
- Availability of structured programmes and opportunities to build on the success of the service users who wanted to work towards abstinence.
- Address the root causes of misuse, therefore realising an individual's opportunities, aspirations, and goals.
- A safe environment in which recovery capital can be capitalised through a range of person-centred support and can empower individuals to make positive changes.
- An integrated partnership working culture being embedded among staff members.
- Enabling access to custodial rehabilitation programmes for women offenders in the South West area, where at present, they have difficulty accessing such treatment because of the need to stay in the area for family visits and therefore have declined structured programmes.

Economic costs

Reducing reoffending is a challenge for the prison service, where on average, 47% of adults are reconvicted within one year of release.⁴ This equates to an average annual overall cost of a prison place in England and Wales for the financial year 2011/2012, of £37,648 per placement.⁵ It is one of the aims of the Drug Recovery Community of HMP Eastwood Park that through the clinical and psychosocial interventions for substance misuse that they will reduce 'revolving doors' of re-offending.

⁴ Ministry of Justice, 'Proven Re-offending Quarterly: July to June 2011' (2013).

⁵ Ministry of Justice, 'Costs Per Place and Costs Per Prisoner by Individual Prison: National Offender Management Service Annual Report and Accounts 2011/2012' (2012). The figure quoted includes prison-related costs met by the NOMS, but excludes expenditure met by other government departments such as health and education.

Tackling the Prevalence of Substance Misuse in a Custodial Setting

Being in a prison setting provides an opportunity to help those with substance misuse problems to recover and break the cycle of drug use and re-offending.

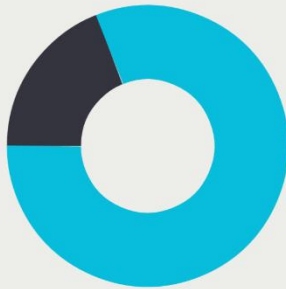
However, this opportunity can sometimes be missed, partly because offenders do not wish to change their behaviour and partly because there is a lack of support for those who do wish to change.



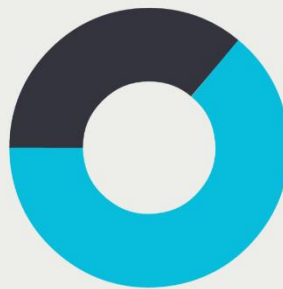
70% of offenders report drug misuse prior to prison



51% report drug dependency. 50% have an addiction to drugs, where the majority committed drug-related offences.



19% of prisoners who had ever used heroin reported first using it in prison



36% report heavy drinking and 35% admit injecting behaviour

Source:

Prison Reform Trust, 'Prison: The Briefings - Bromley Briefings Summer' (2013).

These problems are, to a certain extent, evidenced locally. The Eastwood Park Needs Assessment 2012 evidences that HMP Eastwood Park deals with some of the most chaotic and difficult service users.

Among the issues include a pattern of entrenched substance misuse and poly drug use, along with other life issues such as poor social interaction and a host of health difficulties.

Realising the potential of addressing the prevalence of substance misuse in HMP Eastwood Park, a Drug Recovery Community was established, with the following aims:

1) Increase the number of offenders who participate in recovery-focused interventions while in prison

2) Support prisoners to become drug free or successfully manage their addiction

3) Reduce drug-related harm to prisoners

4) Improve the health and well-being of prisoners who have substance misuse problems

5) Help engage people in services and support them to rebuild their lives

6) Address the needs of those serving short sentences.

There are various commonalities and differences between the Drug Recovery Community of Eastwood Park and the commissioned Drug Recovery Wing Pilot Projects by the Department of Health across England and Wales:

01

01 Funding – The Drug Recovery Community at Eastwood Park works on the basis of zero costs.

The Drug Recovery Wing Pilots are estimated to be £37,648 per prison place.

02

02 Eligibility and recruitment – The service users at the Drug Recovery Community of HMP Eastwood Park are rigorously selected based on their motivation to work towards abstinence.

On the other hand, any offender with any declared drug (or alcohol) problem being housed on the DRC (such as HMP Bristol), to careful selection of those committed to working towards abstinence (HMP New Hall).

03

03 Problematic substance – At HMP Eastwood Park, the Drug Recovery Community is accessed by those who have drug and/or alcohol issues.

Other Drug Recovery Wings will house only those dependent on opiates/crack (HMP Chelmsford), or will exclude alcohol only users (HMP New Hall), while others will have significant proportions of alcohol or cannabis users (HMP Styal and HMP Brinsford).

04

04 Degree of segregation – At Eastwood Park, the Drug Recovery Community has its own wing, thus separating those who are within the programme from the prison population at large.

In contrast, in the Drug Recovery Community Pilots, some offenders residing on the wings will be completely segregated from other offenders until they leave the DRW (HMP Brixton and HMP New Hall's Rowan House). Nevertheless, for most prisons, those resident on the Drug Recovery Community will mix freely with other prisoners in the communal areas.

05

05 Length of stay – The HMP Eastwood Park programme will normally consist of offenders service sentences of between five to 19 weeks.

On the pilot sites, offenders who are short-term and/or near the end of their sentence will generally be released into the community straight from the DRW; however, those with longer sentences may be transferred to other wings within the prison (or to other prisons) before release, potentially re-exposing them to the prison drug culture (unless the offender is moved to a Drug Free Wing, which is also provided at some, but not all, pilot sites).

GOVERNANCE

“How is the Drug Recovery Community at HMP Eastwood Park governed?”

A Strategic Working Group for the Drug Recovery Community of Eastwood Park was established in August 2012 to oversee the implementation of the Drug Recovery Community. The ownership of delivery within the Drug Recovery Community remained with the Strategic Working Group until the inception of the unit. The services became an integral part of the Substance Misuse Team, as commissioned by the Co-Commissioning Group.

The remits of the Strategic Working Group included:

- Forming a recovery-orientated and integrated system based on the needs
- Ensuring adequate testing facilities, such as Voluntary Drug Testing (VDT) and Compact Based Drug Testing (CBDT) suites, which are fit for the purpose
- Identifying pathway leads
- Monitoring of healthcare needs on an ongoing basis
- Developing a contingency plan

Upon completion of the work, the Strategic Working Group transferred their responsibilities over to the Drug and Alcohol Committee, which is accountable to the following boards:

- Prison Health Partnership Board
- Joint Commissioning Group (JCG)
- Substance Misuse Performance Group
- Drug Strategy Committee

The Substance Misuse Team collaborate with various stakeholders such as Avon & Wiltshire Mental Health Partnership (AWP), Bristol Community Healthcare (BCH), and the HMP Prison Service have a working action plan to sustain the operating model of the Drug Recovery Community. A working protocol has been established to underpin the governance and delivery framework within the Drug Recovery Community.

A working protocol has been established to underpin the governance and delivery framework within the Drug Recovery Community. The protocol covers the following areas of work:

- A clear and effective accountability structure
- Contribution towards national and local outcomes, reportable to the strategic and tactical groups
- Coherent joint working structure across prison disciplines and partnership agencies
- Delivery on an integrated bio-psycho-social model
- Interventions based on the needs of the population and responsive to change
- Clear performance management framework to inform decision-making
- Strengthen the primary outcomes of the prison

ACTIVITIES

“What are the recruitment, selection and de-selection process of the Drug Recovery Community?”

Recruitment

Admissions to the Drug Recovery Community of HMP Eastwood Park are via a comprehensive, multi-disciplinary assessment process, in which service users who fit the criteria, and have between five and 19 weeks left to serve will be eligible to apply. A comprehensive Voluntary Drug Testing (VDT) programme will be carried out randomly and can be based on intelligence and suspicion of substance misuse.

Ideally, potential prisoners will be identified within the first few days of reception. However the potential service users who are appropriate for the unit can be referred at any point, realising that a commitment for change may not necessarily be present within the first few days of incarceration, as long as the timescales are considered.

The Substance Misuse Team will initially assess the client in accordance with the selection protocol. The process will provide an opportunity to enable the applicants to demonstrate their commitment and willingness to become drug free.

There are two main routes by which a service user can be enrolled into the Drug Recovery Community:

- **Route 1** – Service users on the Kinnon Unit will complete up to four weeks on the Unit to complete their substance detox. This will include one day on the pre-admission phase of the Drug Recovery Community.

The detox for some women may take weeks; this will not exclude them from the programme; they will complete the relevant stages of detox on the Unit with the pre-admission phase.

- **Route 2** – Those who are located outside the Kinnon Unit will also be given opportunities to join the Drug Recovery Community by becoming a mentor, or by wishing to remain drug free.

Selection

Once the client is deemed to be appropriate for the programme, a full multi-disciplinary assessment will be conducted by a team that consists of the Substance Misuse Team, Clinical Team, Prison OCA Manager, and the Mental Health Team.

These quadripartite parties will make a joint decision for authorisation. The team will ensure that the service users are motivated for change, are on the correct medication, have the correct sentence, and are mentally stable.

If any service user is deemed unfit for the Drug Recovery Community, the reasons will be explained and they will be given the opportunity to change. If this is not possible, service users will be managed through the primary Substance Misuse Services, which will not be as intensive as the Drug Recovery Community, but will still ensure an appropriate level of clinical and psychosocial care.

The rolling programme will offer a maximum of 19 weeks of treatment.

The service users may stay longer as a peer mentor, although the capacity for this stay is limited. After the programme, the service users will be given a discharge plan either to return to the prison population or into the community.

De-selection

As part of the selection and de-selection process, a comprehensive Voluntary Drug Testing (VDT) programme will be carried out randomly and will be based on intelligence and suspicion of substance misuse. A combination of urine and saliva testing will be available and conducted by the VDT tester.

To ensure the integrity of the programme remains in place, there will be some prescribed medications that will not be permitted on the unit. The 'approved drug list' will be subject to the IP medications list and clinical meds management agreements. In some cases there will be the need for multidisciplinary discussions regarding certain drugs.

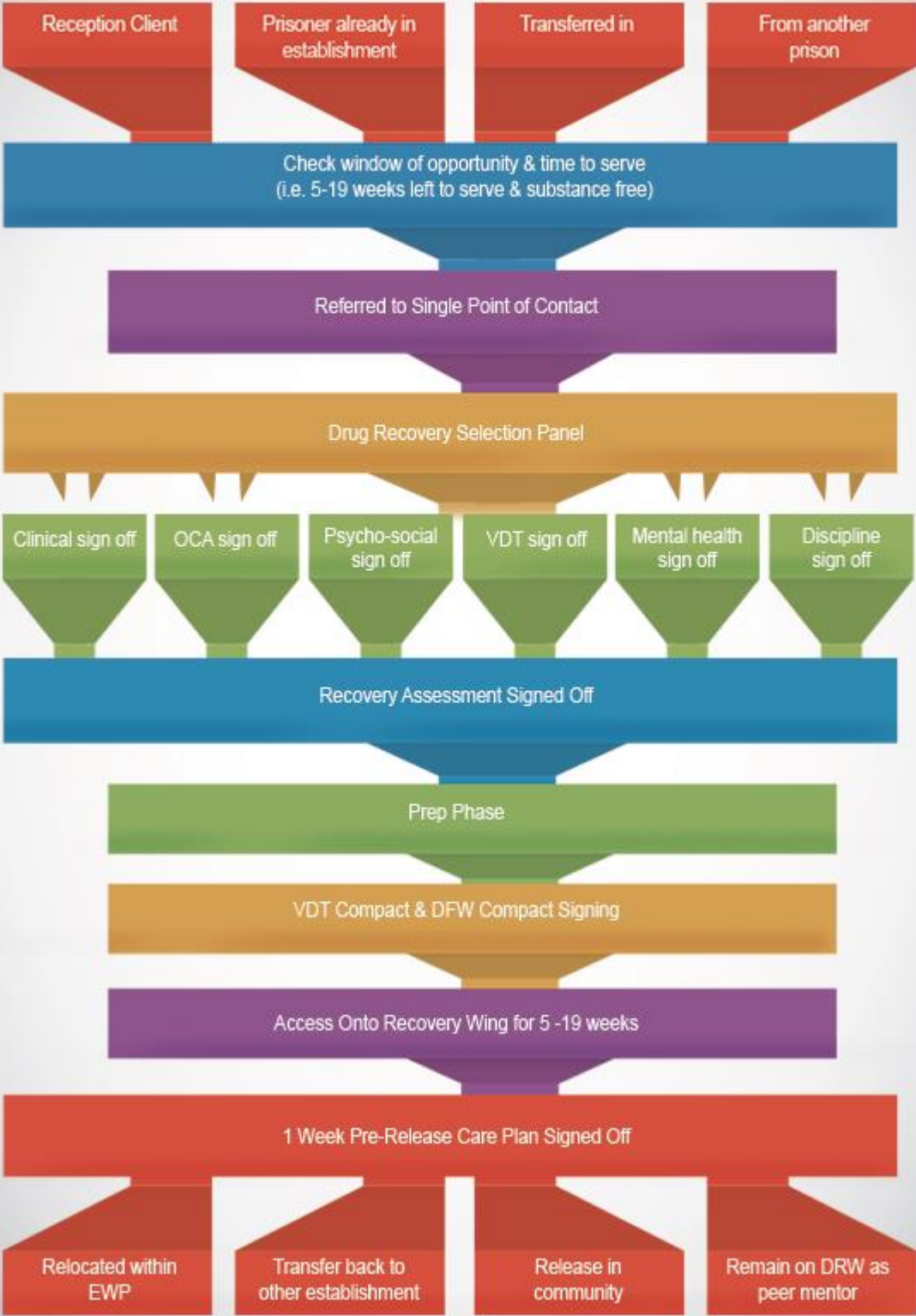
The list will be reviewed quarterly:

- First generation antipsychotics
- Second generation antipsychotics
- Benzodiazepines
- Opioid Substitution Therapy

- Tricyclic antidepressants
- Opioid analgesics

There are also prescribed medications for long term conditions, such as depression, epilepsy, neuropathic pain, and acute conditions such as alcohol or opiate withdrawal. As such, inclusion of these medicines should be considered on a case by case basis for the Drug Recovery Community, and their use should be monitored closely.

Drug Recovery Wing Process Chart



Peer Mentoring

The use of Peer Mentoring within the Drug Recovery Community of HMP Eastwood Park is unique, where there is no other prison in England and Wales with an established recovery community that implements this working model.

The service users who have graduated from the Drug Recovery Community will have the opportunity to remain within the wing and support those who are still in the programme. Those who are interested in remaining as a Peer Mentor will undergo a formal application process. The Peer Mentors will be expected to play an active role in the activities within the wing, by sharing experiences and providing support and guidance for others. Mentors will also assist the staff in wing drop-in sessions and be instrumental in the development of ongoing advertising and newsletter creation. In return, the Mentors will be given a chance to complete a Peer Mentoring qualification with Weston College. The Mentors are identifiable through the Peer Mentor T-shirt.

The roles of Peer Mentors are:

- To act as a role model for the other group members.
- To provide support and guidance to allocated group members.
- To challenge any misbehaviour, rule breaking, or inappropriate behaviour displayed by any other group member.
- Support DRC staff.
- To welcome new group members and introduce self and role.
- Provide some co facilitation workshop/sessions connected with own experience of recovery.
- Be an advocate for the Drug Recovery Programme which may include giving presentations to visitors and staff.
- Take part in training and attend supervision classes.
- Attend peer support and meetings with staff.
- To understand and adhere to the Confidentiality Statement.

DEMONSTRATING EFFECTIVENESS

“How do you demonstrate the effectiveness of the Drug Recovery Community in the last 12 months?”

Prior to joining the Drug Recovery Community

The following quantitative and qualitative measures will be used to demonstrate the effectiveness of the Drug Recovery Community at the HMP Eastwood Park in the last 12 months. Despite being in its infancy, the Drug Recovery Community has exceeded its aims and expectations, and indicates its increasing popularity among the prisoners.

Service users' motivation behind joining the Drug Recovery Community

Determining the motivation behind the desire to join the Drug Recovery Community, six out of ten applicants wish to abstain from drug and/or alcohol, prevent themselves from relapsing, and take charge of their lives. Other reasons behind joining the Drug Recovery Community include:

- “To take charge of life”*
- “To reflect on previous wrongdoings”*
- “To support each other during the abstinence period”*
- “To change negative behavior”*
- “To deal with issues in a more positive way”*
- “To build life skills”*
- “To gain additional support after release”*
- “High success rate of the DRC”*
- “To attain better health”*
- “Urgency from the family”*
- “A safe environment to cope without drug and alcohol”*
- “To avoid high risk prisoners”*
- “To be a better role model for the family”*

“To gain confidence”

Service users' expectation

Almost half of the applicants believed that the Drug Recovery Community could help them to remain drug free, change their behaviour, and provide after release support. Other reasons include:

“Prevent from relapsing”

“Deal with life problems better”

“Understand why they went back to drugs”

“Self-confidence”

“Learn new skills”

“Support from people with similar experience”

“Motivation to stay clean”

“Build skills”

“Be a better person”

“Wish to settle down and have a family”

“Enter into work situations”

It can be concluded that the expectations are realistic and in line with the programmes that are being delivered within the Drug Recovery Community.

Skills of service users

When the service users were asked about the skills that they could bring to the Drug Recovery Community, all of them quoted abilities relating to people skills. For example,

- 23% mentioned that they have the listening skills
- Another 25% quoted their willingness to change and have past experiences in dealing with substance misuse as their assets.

The rest of the qualities that the services could bring to the Drug Recovery Community include:

“Friendliness”

“Honesty”

“Teamwork”

“Openness”

“Caring”

“Non-judgmental”

“Confidence”

“Trustworthy”

“Good sense of humour”

“Leading a team”

Breakdown of non-starter

The reasons behind those who were unable to commence the programme at the Drug Recovery Community were investigated. It was discovered that nearly four out of ten applicants did not start the programme. These can be because of four factors:

- The women were not ready to enter an abstinence-based programme
- Unwilling to move into the new wing as they are settled in the E Wing and attending education
- Unsuitable based on the initial assessment
- Unwilling to wait for a review and attracted to the prospect of Home Detention Curfew (HDC).

These issues highlight the need for more information to be made available for the prisoners to make an informed decision prior to applying to join the Drug Recovery Community. Perhaps, an Open Day for the Community is desirable for the prospective service users to gain information prior to applying.

The other breakdown of the non-starter shows that:

- One in ten did not start because of medical issues
- Being released prior to joining the programme
- Early release date
- Transferred into another prison.

To resolve the medical issues, a seamless process, particularly on detoxification of medication and a more integrated working process among SMPT, Clinical Team, and the overall Drug Recovery Wing process is the way forward. On the other hand, for those who are being released prior to joining the programme, have early release dates or transfers, it requires proactive and ongoing management as they reflect the transient nature of the prison population.

ADMISSIONS

Number of applications received between 1st April 2013 - 31st March 2014

208

41%

% of the applicants who were approved to commence the programme (n=85)

46%

Released prior to joining the Drug Recovery Community or withdrawn their application

SUCCESSFUL COMPLETIONS

55%



AWAITING TO START

28



NUMBER OF CURRENT SERVICE USERS

13



RETENTION

DRUG ONLY USERS

60%



ALCOHOL ONLY USERS

20%



DRUG AND ALCOHOL USERS

20%



Service users' questionnaire

A service users' questionnaire was conducted with assistance from the SMPT in April 2014. The questionnaires were circulated among the current 13 service users, of which 10 forms were completed, giving a 77% rate of return.

Support needed prior to joining the Drug Recovery Community

When the service users were asked about the type of support they needed before considering to join the Drug Recovery Community, the answers were around the theme of managing expectations.

"Emotional support"

"Having someone to talk to"

"Information about what is expected of you and maybe some mental health help"

"Information about what is expected of you and what you [have] to do, because it can be [intense] when you first start"

"Information on what is expected"

"Working with [Substance Misuse Team], relapse courses, and drug awareness groups"

"What to expect from [Substance Misuse] workers"

Referral and assessment process

90% of the participants were very satisfied or satisfied with the referral and assessment process of the Drug Recovery Community, which indicates that the process is balanced between the need to complete an assessment with the time factor.

Preference for the activities at the Drug Recovery Community

Next, the service users were prompted on their preference of the activities that are conducted within the Drug Recovery Community on a weekly basis. Subsequently, their preference is matched with the time spent on the activities per week.

Figure 1 overleaf shows a chart that maps these two pieces of information, which shows that there is currently more time being attributed towards the activities that are less preferred by the service users.

These findings are also confirmed with another question, which asked about the type of activities that they would like to have available more often. The majority of the activities cited were related to the activities that they enjoyed with less time being spent on them, such as cooking and 'Give It a Go' sessions.

Figure 2 overleaf also validates the fact that service users' preference on the activities are not in congruence with either the time spent on the activities, or the staff preference.

In this context, it will be recommended that an audit on the activities of the Drug Recovery Community is appropriate to ensure that the activities are balanced, particularly on the specific interventions that are most strongly associated with positive outcomes for the service users.

When the service users were enquired about the new activities that they wish to be introduced, the following responses were recorded, which can be considered in the future:

- Cooking
- Dancing
- Meditation
- Acupuncture
- Confidence-building activities
- Gardening
- Poetry
- Sports
- Team building activities

Nevertheless, all of the respondents agree that the activities have prepared them to reintegrate into the community after being released from the prison.

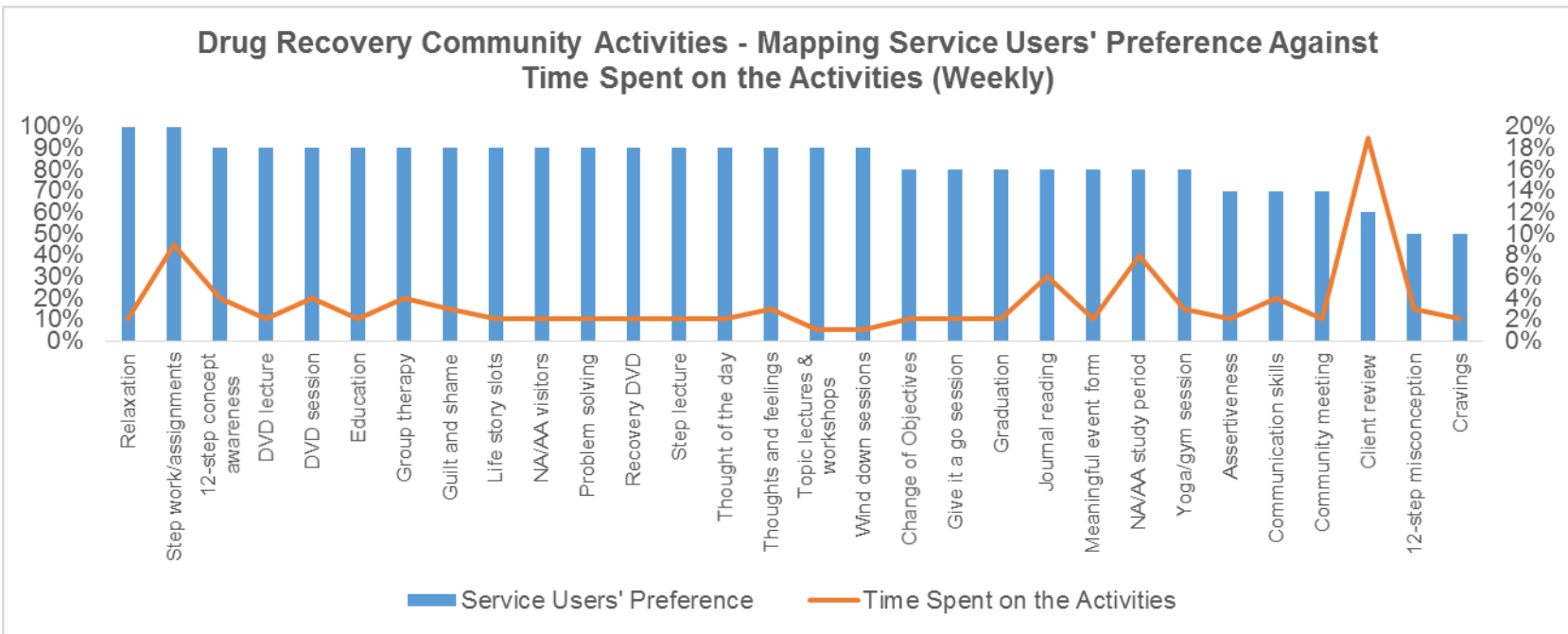


Figure 1: Service Users' Preference against the Time Spent on the Activities per Week

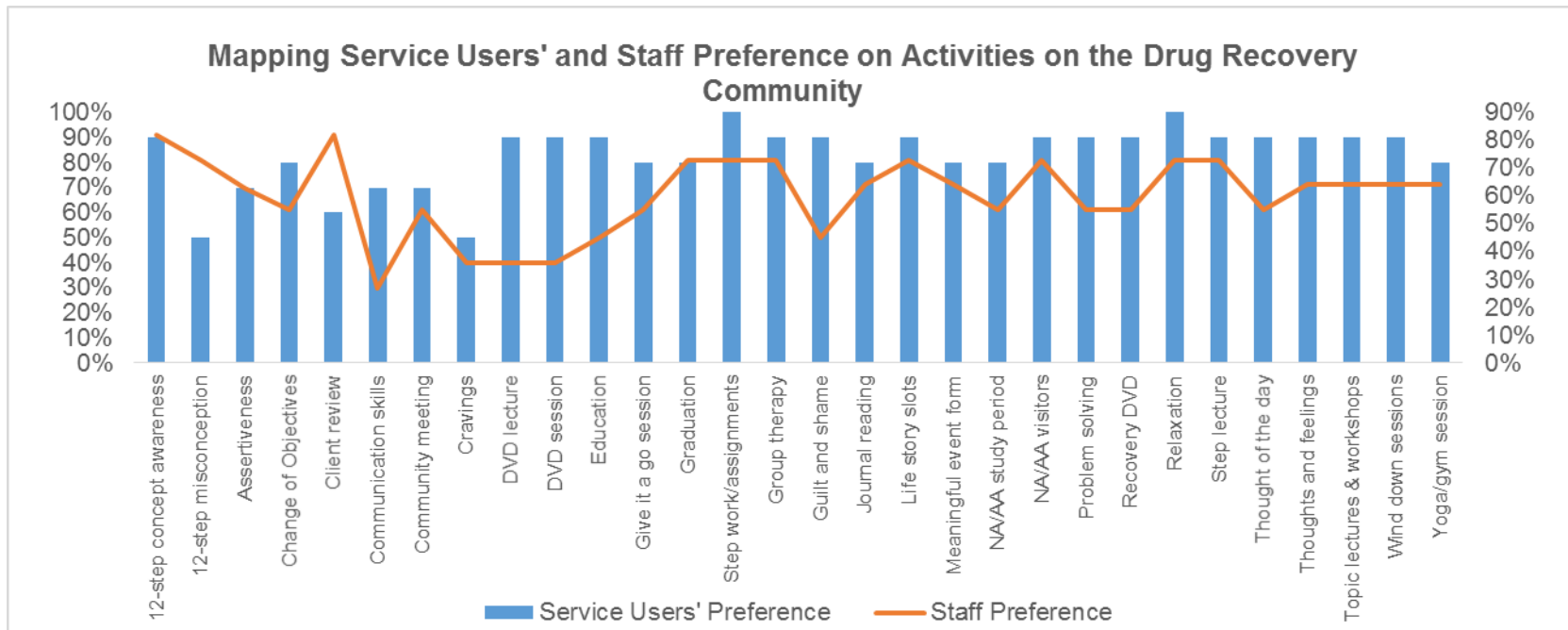


Figure 2: Service Users' Preference against Staff Preference on the Activities per Week

Other professional support required

The majority of the service users who answered the question, 'what type of other professional support do you think would enhance your recovery journey?' provided the following answers:

- Mental health
- Domestic violence
- Family and friends
- Employment and training
- Housing

With regard to the mental health and domestic violence support, support from psychologists and domestic violence practitioners is important to tackle their personal issues.

The Bradley Review's report of people with mental health problems in the criminal justice system reported high levels of mental health problems amongst prisoners and suggested that dual diagnosis of substance misuse issues should be considered as the norm and therefore requires professional support as part of ongoing health management.⁶

In addition, housing support is critical as part of the post release assistance. Prisoners who reported being homeless before custody were more likely to be reconvicted upon release than prisoners who didn't report being homeless (79% compared to 47% in the first year and 84% compared to 60% in the second year after release).⁷

For employment and training programmes, prisoners who reported having been employed at some point in the year before custody were less likely to be reconvicted in the year after release than those who didn't report having been employed (40% compared with 65%).⁸ Furthermore, 68% of prisoners thought that 'having a job' was important in

⁶ 'The Bradley Report: Lord Bradley's Review of People with Mental Health Problems or Learning Disabilities in the Criminal Justice System' (April 2009).

⁷ 'OECD Factbook: Economic, Environmental and Social Statistics, Law, Order and Defence Expenditure', Paris, OECD Publishing (2012).

⁸ National Offender Management Service (2013), 'NOMS Business Plan 2013-14', London: NOMS (2014).

stopping reoffending.⁹ Seven out of ten service users are planning to get a qualification, attend a training course, or find work after being released.

The least support is required, according to the service users, in the following areas: smoking cessation, weight management and coping with stress.

⁹ Paul Tidball, 'Justice Select Committee Oral evidence - Towards Effective Sentencing', Vol. 2 (December 2007)

MEASURING SUCCESS

“What are the successes of the Drug Recovery Community so far?”

Significant change of perception and motivation in service users

The perception of the service users was tracked for both before they joined the Drug Recovery Community and whilst they were within the programme.

A significant change in perception can be seen via Figure 3 below, where once they enrolled in the programme, they felt that their drug and alcohol problem was addressed, increase in the motivation to complete the 12-step recovery, and satisfaction with the programmes provided at the Drug Recovery Community.

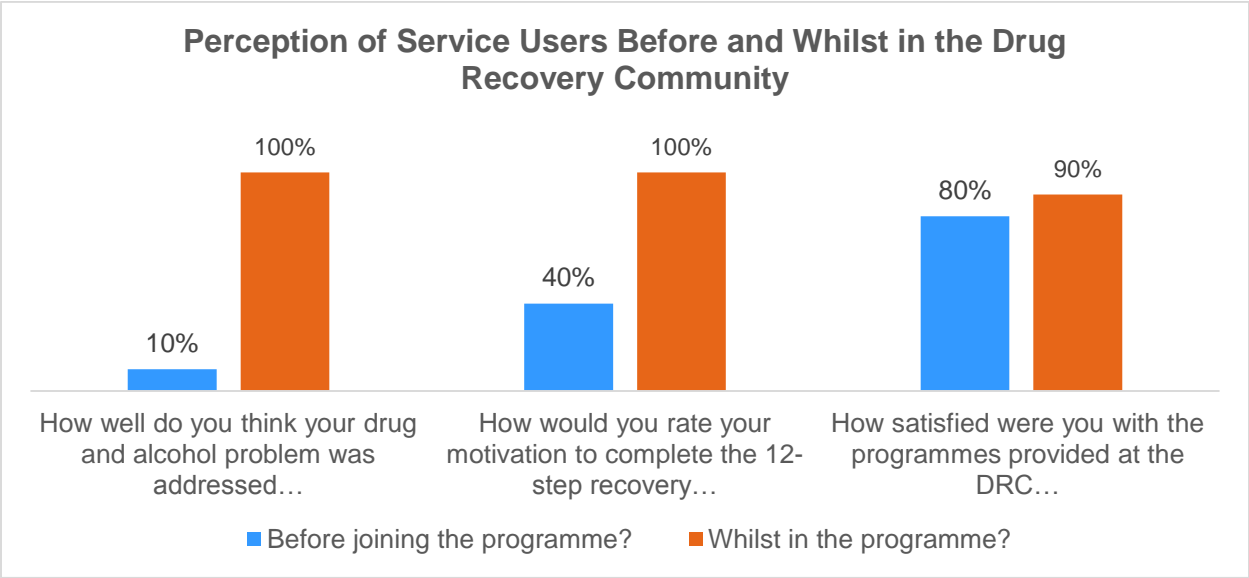


Figure 3: Perception of Service Users Before and Whilst in the Drug Recovery Community

Improvement in health and wellbeing of service users

The distance travelled by the service users prior to joining the Drug Recovery Community, and after joining the community was determined through physical and psychological health, self-care and social, motivation to change and remain abstinent, relationship with the prison staff, and overall quality of life.

It is evident from Figure 4 below that the Drug Recovery Community has contributed towards improved health and wellbeing of the service users, and better relations between prisoners and the staff members at the HMP Eastwood Park:

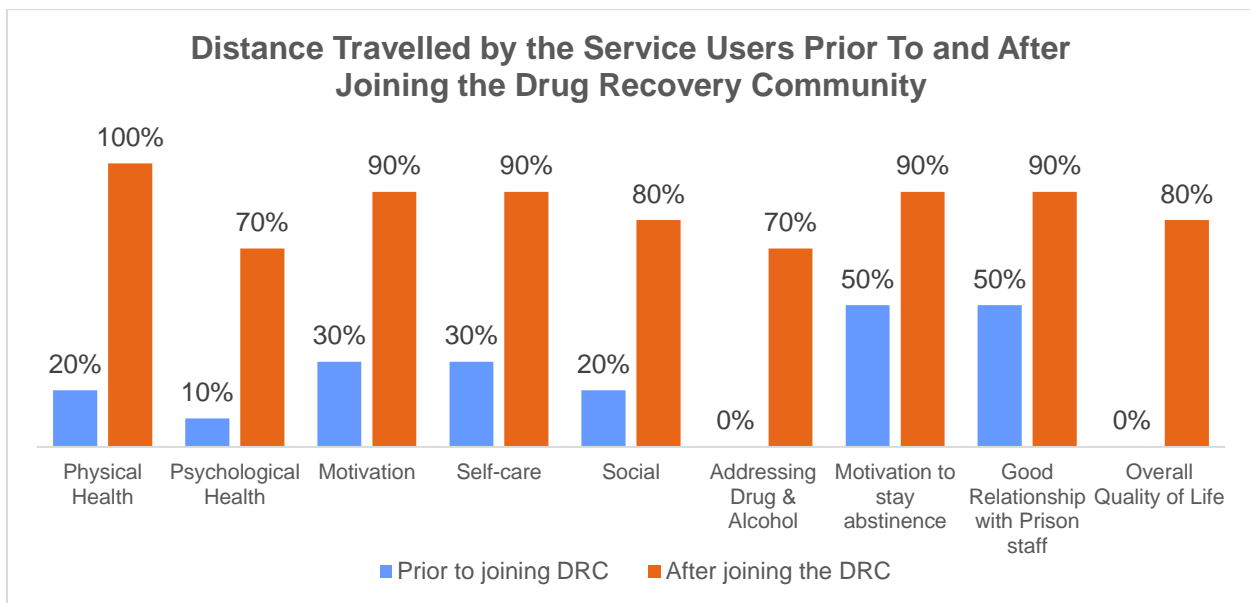


Figure 4: Distance Travelled by the Service Users

Continual negative drug testing

Between April 2013 and March 2014, there were 399 tests conducted as part of the compact-based drug testing. Of these tests, only 1% (n=4) of tests were found to be positive, which supports the fact that Drug Recovery Community is underpinned by a drug free culture. This rate supersedes the national expectation of 7% to be found positive through the VDT¹⁰, which shows that the Drug Recovery Community exceeds the expectation of the drug testing found to be positive.

¹⁰ Home Affairs Committee, 'Ninth Report on Drugs: Breaking the Cycle' (2012)

Improved lifestyles post Drug Recovery Community programme

In the short and medium-term, the success of the Drug Recovery Community of HMP Eastwood Park can be measured through the facts that more prisoners are engaged with the community, and when they leave prison, more are entering community treatment, and the re-offending rate is reduced. Success can also be determined through the number of service users with secure housing, those who are involved in education, employment and training, and economic savings associated with the reduced re-offending.

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12

Received community treatment and rehabilitation support across South West and Wales



9

Received housing support across Bristol, Cornwall, and Wales



6

Employment, education and training with various organisations: Soap Project, Weston College, registered charity, OPEN Project Mentoring

3

Provide ongoing support for current prisoners and service users within their local area to recover from addiction

2

Employment and apprenticeship programme at Timpsons and Greggs Bakery



£752,930

Of 24 releases, 20 did not reoffend. This enables a saving of £37,648 per prison place.

Generally, what do you like about the Drug Recovery Community?

- [I can] deal with problems and [get] help with trust issues.
- Being able to [share] my life story and getting feedback from others to [improve] my behaviour
- Group therapy and Change of Objectives
- I [can talk] about [my] problems [and] the facilitators have helped me a lot.
- I enjoy the Therapy Session as I feel I need the session [to build my] confidence and self-esteem.
- I have already learned a lot more about myself.
- I like [everything] about the DRC. It's helped me a lot!

- I like doing Change of Objectives [programme] because it is good for other people to see the bad in you, where you don't see it yourself
- It has helped me finding myself
- Motivation and support from peers
- The workers are supportive.
- [DRC] gives you a new way of life.
- I like the feeling of belonging somewhere and everyone supporting each other.
- Everyone brings their experience to the group which gives me strength to continue to better myself

- Bitchiness and fake people
- DVD session can be boring
- DVD session, I cannot concentrate for long.
- People [tend to] sugar coating problems
- There are not enough people coming in and share their [experience] with us
- Confidentiality was not respected

Generally, what do you dislike about the Drug Recovery Community?

Any other comments/complaints/compliments/suggestions?

- [I] feel comfortable on the group and the DRC
- Because of DRC, I feel like I'm going somewhere with my life.
- I am happy to be here, in recovery.
- I am so grateful for the DRC.
- I believe that the DRC has changed my life.
- I think the DRC is a well-balanced programme which I am so happy to be part of.
- [The DRC has] given me a clearer and more positive outlook on life.
- I am happy to be here, in recovery.
- I don't think I would have [given up] drugs completely if it weren't for the DRC.
- I think if I [didn't join the DRC] I would have much greater possibility of relapsing.
- The programme has made me stronger and even more determined to do well.
- I have been coming to jail for 10 years and nothing had changed. Now things are different here - It is inspiring.
- Please tell Matt Wills who knew me 16 years ago that this DRC is the best thing
- The DRC builds confidence as does working in groups
- Overwhelmingly positive!
- The Groupwork and the therapeutic input are excellent
- Any concerns or issues are promptly dealt with in a trusting and constructive fashion
- The idea of working to become Peer Mentors is highly valued
- I hope it is recognised how well it is running

Service users' voice

Staff questionnaire

Apart from the service users, the staff who work in the Drug Recovery Community were also asked a similar set of questions about their working practices and satisfaction with the community April 2014. Out of 13 workers, 11 responses were returned, indicating an 85% response rate from all staff.

The first question was about their positive working experiences within the Drug Recovery Community, of which the majority noted the noticeable change by the service users.

When the staff were asked about any negative experience that they encountered when working on the Drug Recovery Community, they mentioned the referral and assessment process, population pressure, and the need for greater publicity.

Prompted about what they like about the Drug Recovery Community itself, most of them commented on the opportunities that the community provided for the service users who wanted to change within a safe environment and the effectiveness of the activities.

Very few comments were recorded when they were questioned about what they dislike about the Drug Recovery Community.

On a separate question, 82% of the staff felt that the Drug Recovery Community managed to get the balance right between challenging and addressing substance misuse, whilst just above half believe that there is enough information about the programme available to the staff. This shows that there is still a portion of staff who are not equipped with sufficient information about the programme, and it is suggested that a training session for all staff is necessary for them to promote the programme to the potential service users.

There was a question that required the respondents to rate the partnership working among the agencies in the Drug Recovery Community. The majority responded both 'very good' and 'good', and those who do not mentioned that they were unable to comment as they were not privy to a working relationship with some of the teams.

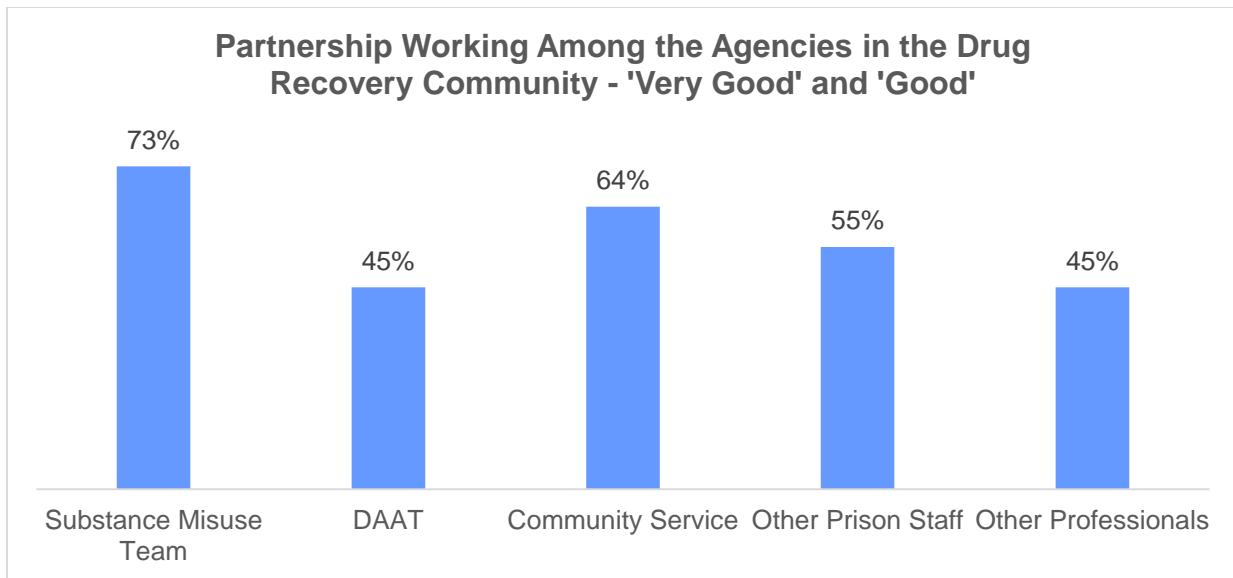


Figure 5: Partnership Working Among the Agencies in the Drug Recovery Community

Going forward, the staff listed the assistance that they wish to obtain to assist them with the Drug Recovery Community work, along with suggestions about working practices within the Community.

Finally, the following comments, compliments and complaints were recorded from the staff:

“An incredible programme. What an achievement in 12 months, and great partnership working between the DAAT, AWP, and the prison.”

“I feel privilege to work so closely with the women on their journey on this programme over the past year.”

“I have seen a lot of women come into the programme feeling hopelessness and [distrust]. As they go through the programme, I have seen them grow as people and they start to recognise and challenge old, unhelpful behaviours. Their self-esteem increases and they become patient, open minded and considerate of others.”

“The DRC are going from strength to strength.”

“The DRC offers good, intense support around addiction for women ready to work towards abstinence. It is very positive and provides a safe environment for participants to explore issues related to their addiction.”

What do the staff like about the Drug Recovery Community:

- [It] is very welcoming [and] supportive. [It] gives individuals a different way [and] option for their recovery.
- It is structured and has a supportive, non-judgmental environment.
- Alternative to SMPT, long-term support, promoting abstinence, safer and stable accommodation, exploring individual objectives.
- I like having [an] abstinence-based programme to offer, which I hope, serves to address social [and] emotional needs beyond substance misuse.
- Opportunity to clients to engage in structured programme. Abstinence-based programmes and environment. 12-step recognition.
- Opportunity to change and grow.
- Strong relationships are built between prisoners and staff, promoting trust and honesty.
- It provides a safer environment for women to start to address their problems.
- The community and the ethos of the programme.
- The 12-step philosophy and abstinence basis.
- More time to work with women and help setting up dry houses and support for release.
- Provides inspiration and hope.
- NA and AA support is invaluable and essential.
- The opportunity it provides for clients looking to address their issues and access more in-depth support.
- Women are able to make changes in a safe environment.
- Positive attitude of women, making a difference and an extension of superb work done at Kinnon.

Comments on positive working experiences within the Drug Recovery Community by staff:

- Having worked on the DRC, I believe it has the potential to be a positive, challenging, life changing, and rewarding environment for staff and clients.
- I have found a lot more time can be spent with any prisoner who is on the DRC.
- Successful outcome [abstinence] and shift in attitudes [by] both women and professionals.
- Reducing re-offending.
- Programme offers intense support around addiction and long-term support. Also works well in conjunction with SMPT.
- Seeing women come to the group with little confidence and hope, and sharing experiences, thriving in a supportive environment.
- Women having self-belief, gaining understanding and acceptance about their choices.
- The availability of the service is positive [although] my experience [with the DRC] is limited. The clients report a positive engagement experience.
- Group members recognise that they are not alone in their uncomfortable feelings and are able to see a different life [and] opportunities opening up for them.
- The DRC seems to have found the balance, [now that the] teething problems are out the way. I have had a number of women with good outcomes achieved with good follow-on support.
- Very positive [with] ongoing support and structure for clients looking for structured rehabilitation.
- Working more closely and intensively with the women over longer period. [This] enables better therapeutic relationships.
- More time to explore and unpick issues relating to substance misuse, offending, and relationships.
- Seeing positive changes in attitude and behaviour.
- Women find their self-esteem and confidence growing.

What do the staff dislike about the Drug Recovery Community:

- Having worked very hard to run this unit correctly when other staff don't complete the workings of this unit.
- I feel the application process has inconsistencies.
- Lack of information.
- Poor communication.
- Lack of integration between DRC and Kinnon Teams.
- Some bitchiness relating to the wing which sometimes filters into [the] groups. [It] spoils [the] atmosphere when this happens.

Negative experience that the staff encountered when working on the Drug Recovery Community

- Being back at the Kinnon Unit now, there are some issues around how the DRC is presented [to the prisoners].
- Lack of information on referral process, progress of applications, engagement, deselection, completion, day-to-day progress, achievements, client group, and staff allocation. Kinnon staff are expected to cover DRC on occasions.
- SMPT keyworkers should be invited to the DRC Graduation.
- When prison population is full, the DRC is used for people [who are] not always suitable to be there.
- Peer Mentors need more clarity, structure [and] support for their roles.

The impact of the Drug Recovery Community towards the broader prison population, according to the staff:

- [It has] given a clear pathway and option for women who are serious about wanting total abstinence and recovery. [It] provides inspiration for the women.
- [The DRC] raised curiosity about abstinence, drug free environment and 12 step recovery

- A safe environment for drug users who are committed and motivated to address their substance misuse and attending behaviours.
- A shift in attitude, awareness around drug treatment, a willingness to become and remain drug free and behaviour [of the prisoners] improved [to enable them] to move [into] the DRC.

- It provides a goal for women who want to commit to abstinence.
- Lifted aspirations of many prisoners, increased motivation, giving them something to think about/aim for, a reason to move from destructive patterns/do something different in prison.
- The women feel they have better opportunity to change.

Further suggestions were given by the members of staff:

- Make information available for staff, update notice board, promote the DRC more robustly
- Make Peer Mentors more visible with wider prison population, keep information up-to-date, and provide update to Kinnon Team.

- Getting peer mentors involved in referral process [to motivate] potential starters.
- More visitors [from those who recovered from substance misuse].
- More NA and AA slots.
- Increase in the number of staff so that groups can be delivered with extra support.

- Capture outcomes when [the] women were released, [whether] they stay abstinent [and] what support was organised for the release.
- Quicker intake and help with potential employment and volunteering opportunities on release.

THE FUTURE

“What are the future challenges of the Drug Recovery Community?”

Despite the fact that the Drug Recovery Community at HMP Eastwood Park is still in its infancy, it has already produced some excellent results and exceeded its key goals. Nevertheless, being complacent is not the way forward. The Drug Recovery Community has potential to be more successful and act as an exemplar to other Drug Recovery Communities across the country. The following challenges have been identified for the Drug Recovery Community to overcome to sustain the current success:

Population pressure

It is anticipated that population pressure across the estate, along with the transfer of prisoners, will be ongoing risks to the Drug Recovery Community. These issues are regarded as a risk as they can potentially compromise the integrity and safety of the community.

The process is currently being managed by the Custodial Manager and the Substance Misuse Manager, in consultation with the Offender Management Unit, where they will identify service users who can be moved, in an order of priority, should the need arise. This will only take place when all other avenues have been exhausted.

Mutual aid

The availability of volunteers and the vetting process are currently an ongoing issue for the Drug Recovery Community. To gain a wider pool of volunteers, Narcotic Anonymous (NA) has agreed that their members within the South West region are able to deliver the sessions in HMP Eastwood Park. To resolve the issue of the vetting process, there is a Standard Plus Risk Assessment (PSI 2012/2013) for those who are unable to gain clearance through vetting.

Going forward, having an open day in the Training Unit for volunteers will be helpful, so that they are able to find out more about the Drug Recovery Community, together with the expectation of delivery and information on the vetting process.

Better publicity for service users and staff

Through the Rolling Comments from Service Users' Voice and Carers' Voice,¹¹ service users at the Drug Recovery Community have raised the need for having more publicity within HMP Eastwood Park to attract more service users for the community. Some of the suggestions include:

- Producing an informative leaflet for potential applicants
- Advertising needs to ensure that the DRC is inclusive of alcohol only clients.
- Advertising in communal areas within the prison, such as all residential units, reception, education corridors and pathways.
- Producing a monthly newsletter for the Drug Recovery Community about the activities and achievements within the wing as a way of generating interest from those who are outside the wing.
- Using Peer Mentors to keep applicants who wish to join the Drug Recovery Community updated about their applications.
- Recognition to demonstrate the value of the Peer Mentor.
- Emphasising the development of a release plan as an aftercare development for the graduates.
- Having an open day for potential applicants, run by the current service users to explain how supportive the drug community is. It can also be used to manage expectations of the applicants, where according to some service users, '[Initially] the way the wing was described sounded impossible [to achieve].'
- Considering a referral pathway from the Kinnon Unit to maintain the level of motivation to remain drug free.

For staff publicity, briefing and training sessions should be offered for all staff working on the unit who are not involved in the primary implementation.

In addition, there is a training need that has been identified for the Substance Misuse Psychosocial Team on the content and guidance of the 12-step Programme, so that they are able to impart accurate information.

¹¹ 'Rolling Comments' is an informative report which is currently collated by the South Gloucestershire DAAT's Service User Champion, John Teller, on issues, complements, and complaints from the service users within the community and custodial settings.

Gaps in performance management framework

During the completion of this evaluation paper, it was apparent that there were gaps in the data collection within the Drug Recovery Community. The issues include missing information, inconsistent recording, and unavailability of certain groups of data, which to a certain extent, puts additional pressure on the members of staff to ensure that the data is robust. This can potentially hamper future operational and strategic planning.

It is therefore recommended that the Performance & Commissioning Officer of South Gloucestershire DAAT work together with the Drug Recovery Community staff to develop effective outcome measurements to demonstrate short-term, medium-term, and long-term effectiveness of the wing, and to enable data sharing with partner teams and organisations for future activities.

Tracking future performance

There are opportunities to monitor the future performance of the Drug Recovery Community in the long run, through the following measures:

- Fewer service users are relapsing, and those who do re-engage with treatment do so more quickly.
- Fewer drug-related incidents in the prison.
- Fewer self-harm, bullying, assault and suicide on the Drug Recovery Community and in the whole prison.
- More service users are in full-time employment and getting qualifications.

It is recommended that an in-depth longitudinal study that focuses on the journey of service users should be undertaken to assess the medium and long-term impact of the Drug Recovery Community on the service users.

Implementing best practices from other prisons

The following practices can be considered by the Drug Recovery Community to enrich the experience of the service users:

- Training and employment programme
 - Consider a partnership working with The National Grid, an organisation that provides offender training and an employment programme with prisoners coming to the end of their sentences and provide training and a job on release for those who pass a rigorous selection process. Over 2,000

prisoners have passed through the scheme, which has a reoffending rate of just 6%.

- Strengthen partnership working with Timpsons, who actively recruits ex-offenders to work for the organisation. Timpsons has also set up a full time training facility at HMP Liverpool and HMP Blantyre House in the South East, where Timpsons employees will train prisoners in a prison workshop.
- Emotional support – Consider implementing The Samaritans’ Listener Scheme, which is currently active in 141 prisons across the UK. In 2011, there were 1,600 Samaritan Listeners available to deal with nearly 90,000 calls to offer emotional support to fellow prisoners in crisis and make the prison environment safer.
- Mandatory testing on release – This can be monitored to assess what impact the Drug Recovery Community has on prisoners’ drug or alcohol dependency.
- Sustaining motivation to remain abstinent - A recovery wall, as has been implemented in HMP Leeds, can also be erected, which encourages feedback and narratives of prisoners’ personal journeys of recovery. ¹²

¹² HMP Leeds Recovery Wing, http://www.lifelinereview12.co.uk/local-projects_hmp-leeds-recovery-wing.php#sthash.SvYpd2Qp.dpuf (2013)