

<b>Institution:</b> University of York		
<b>Unit of Assessment:</b> 20 - Social Work and Social Policy		
<b>Title of case study:</b> Improving through-care and treatment for prisoners recovering from addiction to drugs and/or alcohol		
<b>Period when the underpinning research was undertaken:</b> 2012-2016		
<b>Details of staff conducting the underpinning research from the submitting unit:</b>		
<b>Name(s):</b>	<b>Role(s) (e.g. job title):</b>	<b>Period(s) employed by submitting HEI:</b>
Charlie Lloyd	Professor	2010-present
Sharon Grace	Senior Lecturer	2005-present
Geoff Page	Research Fellow	2013-present
<b>Period when the claimed impact occurred:</b> 2017-2020		
<b>Is this case study continued from a case study submitted in 2014?</b> No		
<b>1. Summary of the impact</b> (indicative maximum 100 words)		
<p>A University of York evaluation of the Drug Recovery Wing (DRW) pilots revealed a cliff-edge of support for prisoners on release into the community, and recommended the development of new approaches that can link effective work in prisons with more substantial support on release. The following impacts have emerged:</p> <ul style="list-style-type: none"> <li>• The DRW evaluation findings have directly influenced the design of the ten 'Incentivised substance free living wing' (ISFL) pilots, including the structure, content and ethos of these units. In the region of 3,000 prisoners have now progressed through these wings. Work is underway to expand ISFLs to a further nine prisons. The ISFL initiative was part of (then) Prisons Minister Rory Stewart's 10 prisons projects' aimed at reducing drug use (and violence) in prison.</li> <li>• The Ex-Prisoners Recovering Addiction Working Group (EPRA), chaired by Lord Patel of Bradford, was set up by Professor Lloyd to take forward other aspects of the DRW evaluation findings and its final report was launched in July 2019. The report was warmly welcomed by the Prisons Minister and the Director of Health &amp; Justice Commissioning at NHS England. Plans for the implementation of an EPRA pilot have been discussed at HMP Leeds but COVID prevented any further developments. The EPRA report has also been drawn on in the NHS England RECONNECT programme, aimed at developing support for prisoners following prison release.</li> </ul>		
<b>2. Underpinning research</b> (indicative maximum 500 words)		
<p>The 10 Drug Recovery Wing (DRW) pilots were launched by the Ministry of Justice in prisons in England and Wales over 2011 to 2012. Over 2012 to 2016, the University of York (UoY) team led by Professor Charlie Lloyd undertook a substantial evaluation of these pilots, funded by the Department of Health Policy Research Programme. The DRWs were set up to get prisoners off drugs and alcohol and reintegrated into communities on release. Our evaluation accordingly sought to identify the factors that facilitated or impeded their operation and their impact on recovery from drug use and offending. We found that while some of these pilot projects showed promise - involving dedicated staff and highly motivated prisoners - too often these prisoners faced a 'cliff edge' of support on release: many becoming homeless or resorting to living in chaotic hostels, B&amp;Bs, and night shelters.</p> <p>Drawing on his background in research on drug recovery and reconviction, the evaluation was led by Professor Charlie Lloyd as PI at UoY and was carried out in collaboration with Geoff Page and Sharon Grace at UoY, and researchers from the University of Cambridge, and the Centre for Substance Use Research in Glasgow. We adopted a mixed methods design, consisting of three main elements: a rapid assessment, a process evaluation and an impact evaluation. In the course of this work, we undertook and analysed 345 lengthy qualitative interviews; obtained and analysed data from 631 detailed prisoner questionnaires in the impact evaluation; and analysed</p>		

the data from 1,246 prisoners taking part in the Measuring the Quality of Prison Life (MQPL) survey.

### The research

The Rapid Assessment consisted of interviews with 97 staff and 102 prisoners [UoY]; and an analysis of MQPL survey data to compare self-reported quality of life on DRWs with the rest of the prison [UoY and Cambridge University].

The Process evaluation [UoY] was carried out in seven DRWs and involved interviews with 32 staff working in the DRWs and 66 prisoners within a month of release. 58 of the prisoners were eligible for follow-up, of which 21 were interviewed 6 months later in the community. We also interviewed 27 Recovery Supports nominated by prisoners (nearly all relatives or partners). We thereby obtained some follow-up data on a total of 36 prisoners.

The quantitative impact evaluation [Centre for Substance Misuse Research, Glasgow] consisted of structured interviews and self-completed questionnaires at three points in time; on the prisoner's reception into the recovery wing, prior to the prisoner's release from the Drug Recovery Wing, and six months after the prisoner has been released back into the wider community.

### The Findings

The prison projects:

- DRWs did not universally focus on abstinence-based recovery and the nature and intensity of therapeutic input varied greatly [B].
- Throughout the study, the abstinence-based DRWs experienced difficulties attracting prisoners on Opioid Substitution Therapy [B][E].
- Triangulation of MQPL data and qualitative interviews from the process evaluation showed that three of the DRWs represented promising models that improved prisoners' quality of life [A][B].
- Key to these DRWs' success appeared to be a mixture of physical separation from the rest of the prison; protection of DRW beds for people engaged in the therapeutic programme; a strong sense of community; and good relations between staff and prisoners [A][B][C].
- Abstinent prisoners on DRWs were keen to avoid co-location with prisoners on prescriptions for opioid substitution drugs such as methadone or buprenorphine; and the presence of 'lodgers' allocated DRW beds, due to their problematic behaviour elsewhere in the prison, could create significant problems [B][E].
- The presence of uniformed prison officers with little interest or belief in the potential for prisoners to change could also undermine therapeutic endeavours on the DRWs. It was therefore important for DRW managers to have some control over who was allocated shifts to work there [B][C].
- In all but one DRW, illicit drug availability appeared to be a central problem [B].

Impact on drug use and offending:

- The impact evaluation found reductions in drug and alcohol use, and self-reported offending in the six months following release, compared with the six-month period prior to custody. However, in the absence of a control group, these changes cannot be assigned to the impact of the DRWs [B].

Lack of support on release:

- A central theme was the lack of support for prisoners on release: most of the process sample reported being met by no-one at the prison gate and only six reported receiving professional support [B][D].
- Housing was particularly significant. The most common experience among the process sample was being released to a hostel or funded B&B. Hostels were almost universally regarded as deeply unpleasant and criminogenic [B][D].
- Specialist family support/recovery workers offer one promising model for increasing and maintaining family support into the community [B][D].

- To avoid the 'cliff-edge' of support on release, greater use of Release on Temporary License (ROTL) is recommended **[B][D]**.

### 3. References to the research (indicative maximum of six references)

**[A] Grace, S., Page, G., Lloyd, C. et al.** (2016). Establishing a 'Corstonian' continuous care pathway for drug using female prisoners: Linking Drug Recovery Wings and Women's Community Services. *Criminology and Criminal Justice*, 16 (5), p.602-621.\*

<https://doi.org/10.1177%2F1748895816632029>

**[B] Lloyd, C., Page, G., Russell, C., McKeganey, N. and Liebling, A.** (2017a). *Final Report: Evaluation of the Drug Recovery Wing Pilots*. Peer-reviewed report for the Department of Health.

<https://www.york.ac.uk/healthsciences/research/mental-health/projects/drugrecoverywingpilotsevaluation/#tab-3> \*\*

**[C] Lloyd, C., Page, G., Liebling, A., Grace, S. et al.** (2017b). A short ride on the penal merry-go-round: relationships between prison officers and prisoners within UK Drug Recovery Wings. *Prison Service Journal*, 230, p.3-14.\*\*

<https://www.crimeandjustice.org.uk/publications/psj/prison-service-journal-230>

**[D] Lloyd, C.; Page, G.; McKeganey, N.; Russell, C. and Liebling, A** (2019). Capital Depreciation: the lack of recovery capital and post-release support for prisoners leaving the Drug Recovery Wings in England and Wales. *International Journal of Drug Policy*, 70, p.107-116. \*\*

<https://doi.org/10.1016/j.drugpo.2019.06.012>

**[E] Page, G., Templeton, L., Grace, S., Roberts, P., McKeganey, N., Russell, C., Liebling, A., Kougiali, Z. and Lloyd, C.** (2016). Conspicuous by their abstinence: The limited engagement of heroin users in English and Welsh Drug Recovery Wings. *International Journal of Drug Policy*, 29, p.49-56. \*

<https://doi.org/10.1016/j.drugpo.2015.12.006>

**[F] EPRA Working Group** (2019). The EPRA Report. Blueprints for the Treatment of Throughcare of Prisoners with Histories of Drug Dependence.

<https://www.york.ac.uk/media/spru/EPRA%20report.pdf>

\* = peer reviewed publication

+ = returned to REF2021

### 4. Details of the impact (indicative maximum 750 words)

Following the publication of the evaluation report **[B]**, there were a series of meetings with senior policy makers. In 2017, Professor Lloyd was invited to present on the policy and practice implications of the DRW evaluation at a high-level meeting of representatives from the Department of Health and Social Care, Ministry of Justice and Public Health England. Later in 2017, he was invited to give a presentation to the Ministry of Justice policy group overseeing the development of a Drug Recovery Prison at Holme House.

Through these meetings, and the availability of the report within government departments, there was a clear and considerable impact of the DRW evaluation findings on the design of the 'Incentivised substance free living wings' (ISFLs), introduced between January and March 2019 in ten prisons in England and Wales (with a further nine in the process of implementation). ISFLs originally formed part of Prisons Minister Rory Stewart's '10 prisons projects' aimed at reducing drug use in 10 pilot prisons. The ISFL 'Principles for Implementation' **[5]** explains that they were: "built on the evidence base from the recently published *Drug Recovery Wing Evaluation*". This is verified by four testimonial letters from key individuals, two working at a very senior level of UK government **[1-4]**. For example, HM Chief Inspector of Probation (formerly at the MoJ) states

that: *“His [Professor Lloyd’s] evaluation of the Drug Recovery Wings directly influenced the structure and operation of the Incentivised Substance Free Living wings” [2].*

Reflecting our findings, the ISFL principles state that to maximise success, ‘discrete substance free living areas’ should be created. Within these, beds should be protected for motivated prisoners, avoiding ‘prisoners receiving high levels of clinical intervention for substance dependency’ (i.e. opioid substitution drugs such as methadone). Recognising our findings concerning the impact of ‘lodgers’ on the DRWs, the ISFL guidance also emphasises the need to keep the units ‘as free as possible of non-ISFL prisoners’ [5].

Another feature of the ISFL wings that can be clearly traced to our research is the focus on prison officer selection. As the letter from a policy-maker central to the setting up the ISFLs [4] attests, our findings were instrumental in the recommendation that ‘Prison Unit staff should be selected for suitability to deliver complementary support and receive further training in drug awareness and treatment’ [4][5]. Other ISFL elements based on our research include the need to develop a strong sense of community, access to proper support (including mutual aid), decent physical conditions, increased family visits, Release on Temporary Leave (ROTL) and Home Detention Curfew (HDC) and, all importantly, continuity of support and services into the community to avoid a cliff-edge of support [4][5]. As the letter from the lead policymaker points out, the DRW research outputs *“were dominant in developing [their] learning”*, on which the ISFLs were based [4]. The letter from the CEO of Adfam [3] provides further evidence of the role the research played in ensuring that family visits are a key part of ISFLs: *“Professor Lloyd’s research has ensured that rehabilitation – and all importantly, relationships with families – has also formed part of this [ISFL] agenda” [3].*

In August 2020 UoY undertook a survey of prisons with ISFLs, in support of this body of work. Responses from the prisons contacted indicated that the DRW evaluation has impacted on the lives of the estimated 3,000 prisoners who have progressed through the ISFLs. These prisoners will have received much greater levels of support in their attempts to give up their substance use and make radical changes to their lives on release. There may also have been positive impacts for the staff involved with these units [C] and, potentially, reductions in reconvictions on release, given their positive internal evaluation [2][B]. Furthermore, it is primarily the rapid assessment and the process evaluation (both led by UoY) that have influenced the design of the ISFLs and therefore generated this impact, given the fine-grained analysis of the structure, operation and ethos of the DRWs that this research provided [B].

The ongoing development of the ISFLs has also been influenced by the work of the Ex-Prisoners Recovering from Addiction Working Group (EPRA) – as evidenced by the Director of Health and Justice’s letter [1] and, in particular, the lead policy maker’s statement that *“The EPRA project...continues the drive to support men back into the community breaking the perpetual cycle of drug use, prison and potentially premature death” [4].*

The EPRA was funded through a UoY ESRC Impact Acceleration Account grant, with the aim of using the DRW research findings, together with reviews of the international research (published online - <https://www.york.ac.uk/spsw/research/epra/>) to produce cost-effective through-care ‘Blueprints’ for the support of substance-misusing prisoners through prison and into the community [F]. Chaired by Lord Patel of Bradford, its membership included ex-Prison Governors, Chief Executives of the organisations delivering treatment in prison (i.e. potential research users), senior ex-civil servants (including an ex-Director General) and academics. Simultaneous meetings with policymakers in the Ministry of Justice and the Department of Health and Social Care were also held, to ensure that key decision-makers were kept abreast of the developing EPRA agenda. The first EPRA meeting was held on 13<sup>th</sup> February 2019 and the report was launched at the House of Lords in July 2019 and was attended by policymakers, politicians, prison governors and voluntary sector CEOs. The audience was addressed by the then prisons minister, Robert Buckland, and the Director of Health & Justice Commissioning at NHS England both of whom welcomed the report and its blueprints.

Following the launch of the EPRA report [F], there have been two further meetings with NHS England to bring the EPRA work to bear on pathfinder projects for the RECONNECT initiative, focused on care after custody [1]. The letter from HM Chief Inspector of Probation points to the impact here: “*The EPRA case studies have also proved very influential in the development of the Reconnect pathfinder projects by DHSC*” [2]. The Director of Health & Justice Commissioning at NHS England also refers the influence of the EPRA report in this respect: “*I can confirm that this [EPRA] has been useful in helping to develop thinking as to how we...deliver the best outcomes for those patient who are released from prison, in line with the Long-Term Plan commitment to develop a RECONNECT – Care after Custody service*” [1].

Finally, there are also ongoing discussions with NHS England and HMP Leeds about the potential for basing an EPRA pilot project on the Leeds ISFL. A meeting was held at the prison on 9 April 2019 between the UoY research team, the Head of Drug Strategy and Healthcare in the prison, the drug services commissioner in Leeds and the Chief Executive of the Forward Trust, one of the main providers of treatment in prison. Discussions have continued, with a meeting between Professor Lloyd, Lead Commissioner, Drug Strategy & Delivery, HMPPS and Security Procedures Lead, HM Prison and Probation Service on 15 December 2019 to talk about the potential for an EPRA pilot at Leeds, but COVID-19 then intervened.

#### 5. Sources to corroborate the impact (indicative maximum of 10 references)

- [1] **Testimonial**, Director of Health & Justice Commissioning, NHS England, 29 October 2019
- [2] **Testimonial**, HM Chief Inspector of Probation, 4 November 2019
- [3] **Testimonial**, Chief Executive, Adfam, 31 October 2019
- [4] **Testimonial**, Security Procedures Lead, HM Prison & Probation Service, 31 October 2019
- [5] *Incentivised Substance Free Living – Aims and Principles*. This is an unpublished, official document from Her Majesty’s Prison and Probation Service (HMPPS) which formed the basis for the design and implementation of ISFL.