

Rapid review

The throughcare and aftercare of drug dependent (ex-)prisoners. UK treatment models

Ex-Prisoners Recovering from Addiction (EPRA)

Supporting Paper 2

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Introduction

As highlighted in the first EPRA papers, levels of treatment need in prisons are considerable. In response to this, a wide range of treatment interventions have been deployed with varying degrees of efficacy. This paper develops this picture, drawing on the available literature to provide a description of the range of throughcare and aftercare models available to drug dependent (ex-)prisoners, and their efficacy.

The focus within this paper is on extant, UK-based models of provision. This is steered by a clear rationale: these are existing structures of provision, currently working to meet the needs of (ex-)prisoners. As has been shown in Dyfodol¹, there is considerable potential to work with or alongside these agencies, streamlining referral and support processes whilst avoiding duplication, reducing the resource implications of EPRA's blueprints, and enhancing the potential for broader adoption.

A key limitation of this approach should be noted. Existing models of provision target specific cohorts. As such, with the possible exception of DIP (and one-stop-shops for women), the enhanced levels of support they offer are not available to all drug-dependent offenders.

At the outset, this should be understood as a working document. The available literature on the National Probation Service and Community Rehabilitation Companies will be reviewed in the immediate future.

UK: operational models

Under the Labour government of 1997-2010, a range of interventions were introduced that largely or exclusively targeted drug dependent offenders. Three were cross-cutting, national initiatives that (in part) worked with offenders following their release from prison: the Prolific and other Priority Offenders (PPO) programme; the Drug Interventions Programme (DIP); and Integrated Offender Management (IOM). All followed the same core principles, using case management processes (often supported by a degree of enhanced resourcing) to target criminogenic needs in specific high risk populations. However, whilst DIP was established as

¹ A South Wales throughcare and aftercare initiative, involving a coalition of third sector, private and statutory partners led by G4S.

a discrete agency, the PPO and IOM programmes were multi-agency arrangements, sometimes with no dedicated staff².

The Drug Interventions Programme

Originally established as Criminal Justice Integrated Teams / Programmes (CJITs / CJIPs)³, the main aim of DIP was to establish drug workers at every stage of the criminal justice system in order to promote the engagement and retention of Class A drug using (alleged) offenders within treatment services⁴. This began with arrest referral schemes, with DIP teams eventually taking responsibility for delivering psychosocial drugs work and treatment referrals at the point of arrest; as a condition of bail; and following release from prison⁵.

Whilst it received over £1bn in funding between 2003-10 and acted as the backbone of Labour's criminal justice drugs policy, DIP's work with prisoners has received relatively little research attention. Two major publications focused largely or exclusively on DIP made no reference to its work with (ex-) prisoners. The first of these – an impact evaluation – focused exclusively on the impact of introducing coercive measures to arrest referral⁶. The second – a process evaluation – again prioritised coercive interventions, and so paid no attention to DIP's (entirely voluntary) post-prison work⁷.

Two other studies, a national evaluation of CJITs' early workings, and a substantial ethnography of three DIP sites – provide greater insights into DIP's Throughcare and Aftercare (TCAC) role. The Institute for Criminal Policy Research's (ICPR's) evaluation drew on national Home Office records for the first nine months of 2004-5, and identified that just six per cent of 24,000 DIP referrals had come from prisons' drug teams (CARATs)⁸. The authors attribute this in considerable measure to the failure of partnership work between CARAT and DIP teams, noting two-way communication and notification failures (on entry to and on leaving prison)⁹, prison referrals that arrived too late for DIP teams to action¹⁰, and problems in ensuring that all referrals met DIP's selection criteria (particularly with regard to

² Home Office 2005:4

³ e.g. ICPR, 2007

⁴ NTA 2003:3

⁵ HM Government 2002:4

⁶ Skodbo *et al.*, 2007

⁷ Seddon *et al.*, 2012

⁸ ICPR 2007:37

⁹ ICPR 2007:37

¹⁰ ICPR 2007:11

class A drug use)¹¹. The authors also note that prison transfers could make it hard for DIP teams to keep track of their clients, whilst prisons with large resettlement areas found themselves having to establish relationships with multiple DIP teams¹². Despite these operational difficulties, the authors also note some processes that DIP workers had found improved the engagement of prisoners. These included:

- building relationships including visiting clients in prison before release, meeting clients at the prison gate and having a package of care ready for them;
- spending time explaining to the client what treatment actually involves; and
- reducing waiting times to get clients into treatment as quickly as possible¹³.

The cross-cutting themes here appear to be early engagement, clear and sustained communications with clients, and the rapid delivery of support.

Page's ethnographic study was conducted between 2009-10. By this time, it was apparent that prison work had become a mainstay of some teams' work: in two major cities, TCAC and arrest referral teams were commissioned separately¹⁴, with current prisoners accounting for approximately one quarter of TCAC caseloads¹⁵. In all three DIP sites, visiting prisoners approaching release for 'three-way' appointments involving prisoners, prison staff, and DIP staff was a routine part of DIP work. Prison-gates pick ups also provided a start to many DIP workers' days, with an emphasis on providing swift support to ensure that released prisoners had no opportunities to disengage before their most basic needs were met:

[You] need to get 'em scripted first thing in the morning, because come afternoon all they'll want is the three Bs: beer, birds, and bacon¹⁶.

Case management was then outreach-focused, flexible, and pragmatic. Frequency of contacts was balanced according to clients' needs, though were rarely less than fortnightly. Contacts were also lengthy, often comprising half a day of lifts to and from appointments. DIP workers would often sit in these appointments (at probation, prescribing services, mental health services, etc) providing advocacy for their clients. This noted, the delivery of skilled

¹¹ ICPR 2007:11

¹² ICPR 2007:19

¹³ ICPR 2007:12

¹⁴ Page 2013:13

¹⁵ Page 2013:91

¹⁶ Page 2013:125

psychosocial interventions varied. Paradoxically, those sites with time-rich workers who prioritised humane caring approaches often delivered little structured work related to drug use or offending¹⁷. Contrastingly, the workers in another highly bureaucratic, risk-focused site placed little emphasis on caring work; but routinely challenged both drug use and offending.

We have been able to identify no evaluations of the impact of DIP's prison-based work, though the ICPR study evaluated the impact and cost-effectiveness of all strands of DIP work. The headline findings were not hugely promising, as encapsulated by the title of a later paper: *The Drug Interventions Programme: Neither a Success nor a Failure?* (2010)¹⁸. The programme was found to be broadly cost neutral, though when benefits were analysed for specific subgroups there were intimations of particular gains for those engaged whilst in prison. Here, 67 such individuals engaged by the ICPR were found to be responsible for approximately £6,600 less in last-month crime-related costs one year after initial DIP engagement¹⁹. The only group with greater last-month reductions (£10,042) were those who were engaged whilst homeless²⁰. As the costs of working with these groups were not detailed separately, the extent to which work with prisoners was cost effective cannot be ascertained.

Though there is little information about what has happened to DIP following the restructuring of commissioning arrangements in 2013, it is still clearly thriving in some areas. DIP, for example, is positioned as the backbone of South Wales' Dyfodol model (see 'promising operational models' paper, disseminated previously.)

Prolific and other Priority Offenders (PPOs)

The PPO scheme was established in mid-2004²¹ as a successor to the Persistent Offender Scheme²². Both were guided by the same belief, established in the 2001 White Paper, *Criminal Justice: the Way Ahead*:

¹⁷ Page 2013:103

¹⁸ Turnbull and Skinns 2010

¹⁹ ICPR 2007:34

²⁰ ICPR 2007:34

²¹ Home Office 2004:3

²² Sussex LA 2004:192

[A] small group of hard core, highly persistent offenders, probably no more than 100,000 strong – about ten per cent of all active criminals – may be responsible for half of all crime²³.

PPO schemes were consequently tasked with engaging the most troublesome offenders in their area (assessed according to local criteria) with the expectation that this would have a disproportionate impact on overall levels of crime. Individual schemes were small: 15-20 people in small Crime and Disorder Reduction Partnership (CDRP) areas, and 60-100 in larger areas²⁴, leading to a national cohort that has consistently held approximately 8,000 individuals²⁵. One clear implication of this is that PPO programmes only work with a small subset of offenders: the first cohort had a mean of 47 previous offences each²⁶, and were attended by multiple and complex social needs²⁷.

Of relevance to EPRA, the centrality of drug use to this cohort was noted at the outset. The initial White Paper identified that ‘two-thirds [of the 100,000 most prolific offenders] are hard drug users²⁸’, and subsequent studies have found higher levels in PPO cohorts. In a Criminal Justice Joint Inspectorates thematic review of PPOs, 80% of 251 prison and Probation case files identified needs related to drug misuse²⁹. Concomitantly, 18% identified needs related to alcohol misuse³⁰. A Government-funded impact evaluation of the PPO programme went somewhat further, with 45 of 60 offender interviewees identifying that ‘their main reason for committing crime was to fund a drug habit,’ and 83% acknowledging that drug use had driven some or all of their offending³¹. Reflecting the impact this had on offenders’ lives, a 2007 Home Office paper noted that ‘drug use and/or obtaining drugs was seen as the major occupation of just over one-third of all PPOs’³²

Prisons were identified as critical sites of intervention for PPO schemes, with up to a third of each cohort expected to be awaiting release from prison at any one time³³. Work with adult

²³ HM Government 2001:20

²⁴ Home Office 2009a:12

²⁵ e.g. Dawson and Cuppleditch 2005:3; Home Office 2009b:2

²⁶ Home Office 2005:2

²⁷ 82% of the cohort had identified needs relating to education, training and employment; 76% related to thinking and behaviour’ Home Office 2005:3

²⁸ HM Government 2001:21

²⁹ 2009:16; 2009:48

³⁰ CJI 2009:49

³¹ Dawson and Cuppleditch 2007:6

³² Home Office 2007:7

³³ Home Office 2009:13

PPOs is structured by two strands of work³⁴: catch and convict; and rehabilitate and resettle³⁵. Prisons were expected to focus particularly on this second strand of work, with some specific responsibilities:

- prioritising PPOs for interventions, programmes, and resettlement support;
- minimising PPOs' transfers between prisons, to avoid disrupting sentence plans;
- ensuring robust and ongoing information sharing with community-based PPO teams;
- notifying police and / or Probation services at least four weeks before the prisoner's release date;
- facilitating 'the involvement of resettlement in-reach teams from the home locality of prolific offenders'; and
- ensuring the transfer of PPOs to local prisons at least eight weeks before their release date (PSO 4615)

Underpinning this framework is an overriding focus on ensuring the robust delivery of programmes within prisons; and supporting robust throughcare arrangements. PPOs were also intended to receive a 'premium service,' being heavily prioritised for resources, within the resettle and rehabilitate strand.

The extent to which prisons achieved this is unclear. Documentation from both government and independent sources identified that prisons were encountering problems. PPOs were routinely not being identified on entry to prison, confounding all subsequent processes³⁶. Many PPO schemes de-selected imprisoned PPOs (i.e., removed them from their caseloads), again rendering them ineligible for further support³⁷. Additionally, prisons faced operational difficulties: prioritising PPOs for interventions over (e.g.) life-sentenced or violent and sexual offenders was seen as problematic, and a CJI review identified 77% of PPOs' prison case files as inadequate (compared with 20% of community files)³⁸.

Nonetheless, there are some signs that the PPO programme has continued to shape prison programmes. Holme House's Drug Recovery Wing was originally set up to provide intensive

³⁴ A third strand, 'prevent and deter,' seeks to 'stop young people from engaging in offending behaviours and graduating to become the prolific offenders of the future' (Home Office 2005:3)

³⁵ Home Office 2005:3

³⁶ Home Office 2005:6

³⁷ CJI 2009:52

³⁸ 2009:53

in-prison treatment and enhanced resettlement support exclusively to PPOs³⁹. Dawson and Cuppleditch provide case studies documenting released PPOs benefiting from the Resettle and Rehabilitate strand of work, receiving prison gate pick-ups, housing, food parcels, and employment support⁴⁰. The CJJI also describe enhanced packages of both surveillance and support for drug dependent PPOs, consisting of prison-gate pick-ups and twice-weekly drug testing as a condition of their release licence⁴¹, with two-thirds of offenders receiving 3-4 contacts each week⁴². Although we were unable to identify any specific evaluations of the impact of PPO schemes on released prisoners, the Government-funded impact evaluation identified substantial pre-post reductions in the prevalence and frequency of offending within the national PPO cohort⁴³.

Integrated Offender Management

Integrated offender management began to be developed in 2008-9, as policymakers and practitioners sought ways of diverting resources from prison to the community in order to reduce reoffending (and attendant social costs). The Home Office initially announced that...

...[t]he Government's vision sees IOM as a 'strategic umbrella' that brings all this activity together, to ensure that the offenders who commit the most crime and cause the most damage within local communities are identified and targeted, with offenders receiving the level of interventions or support appropriate to their risks and needs⁴⁴

The Coalition Government's 2010 Green Paper, *Breaking the Cycle*, then established IOM as 'the principal model for managing and rehabilitating persistent offenders'⁴⁵. Building on the established operations of DIP and the PPO programmes, IOM was intended to be a 'strategic umbrella that brought together agencies across government to prioritise intervention with offenders causing crime in their locality'⁴⁶. Drawing on a range of stakeholder interviews, a process evaluation of five sites identified cross-cutting themes:

³⁹ Lloyd *et al.*, 2014:31

⁴⁰ 2007:13

⁴¹ 2009:53

⁴² 2009:48

⁴³ Dawson and Cuppleditch 2007:7-8

⁴⁴ Home Office 2009:15

⁴⁵ London CJP 2011:10

⁴⁶ Senior *et al.*, 2011:i

- a range of initiatives under the ‘umbrella’ concept of IOM seen as a general ‘way of working’, rather than a specific delineated programme;
- encompassing the related schemes for PPO and DIP;
- a continuum of services targeted at offenders with particular offence patterns and/or needs;
- a pooling of knowledge, resources and skills in multi-agency partnerships; and
- encompassing a focus on the adult offender released from short-term custody without statutory supervision⁴⁷.

Within this broad framework, localisation was a key part of IOM; and, as such, operational priorities and practices varied, and ‘no definitive model emerged’⁴⁸. A CJI thematic review viewed this – and a lack of routine, robust evaluations – as highly problematic⁴⁹.

However four evaluations and reviews of twenty IOM localities⁵⁰ have identified several operational similarities. Firstly, schemes have been led by either police or probation staff (with some contests over ownership in some areas). Broader partnerships secured prominent involvement from Local Authorities and, to a lesser extent, drug services⁵¹. Partnerships’ engagement of housing services has been variable – but, when secured, has been critical to the ‘carrots’ that IOM partnerships could offer offenders⁵², particularly if additional ‘floating support’ was available⁵³. Where absent, housing was identified as a critical gap in provision⁵⁴. Although non-statutory offenders were widely seen as a priority group for IOM partnerships, levels of partnership varied. Some sites developed in-reach functions, or established ‘prison link’ workers⁵⁵, who were seen as a positive way of improving referrals and supporting increased offender engagement by establishing trust. Other areas had less well-established models. Although London’s six-borough Diamond initiative focused exclusively on prison-

⁴⁷ Senior *et al.*, 2011:6

⁴⁸ Senior *et al.*, 2011:ii

⁴⁹ 2014:4

⁵⁰ Senior *et al.*, 2011 (five sites, nationally); London CJP 2011 (six London boroughs); Page and Gelsthorpe 2011 (two Greater Manchester areas); Williams and Ariel (2012) (Bristol); CJI 2014 (six sites, unidentified).

⁵¹ London CJP 2011:26; Williams and Barak 2012:4

⁵² London CJP 2011:26; Page and Gelsthorpe 2011:23

⁵³ Page and Gelsthorpe 2011:11

⁵⁴ London CJP 2011:25

⁵⁵ Senior *et al.*, 2011:18; Page and Gelsthorpe 2011:17

released offenders, only 26% of IOM staff felt that prison partners were ‘consistently involved’ in IOM processes⁵⁶.

Secondly, IOM evaluations also raise questions of operational structures. On the one hand, colocation was seen as integral to several models, as a critical enabler of multi-agency work⁵⁷. On the other hand, Senior *et al* identified that this created a new risk – that IOM ‘silos’ could be established, thereby diluting the strengths and perspectives of each individual agency:

It was emphasised strongly by many stakeholders IOM should not become its own silo as its strength lay in its interactional qualities of bringing different agency perspectives together⁵⁸

Thirdly, IOM partnerships raised questions of voluntarism and coercion. All IOM partnerships were conceived of primarily as offence-reducing programmes, with all other indicators seen as subsidiary to this end. For London’s Diamond initiative, this meant implementing ‘a voluntary, needs-based offer of support and assistance to offenders⁵⁹’ with none compelled to engage. This secured a 60% success rate, in engaging priority individuals⁶⁰. Contrastingly, other models put coercion centre-stage in their models. Williams and Ariel describe the Bristol model:

...the police enforcement team ... was used against non-compliant IOM offenders. We believe that without this ‘Sword of Damocles’ ... it is doubtful that IOM would work. IOM did not give participants the choice to be on IOM or not, however participants could refuse treatment and diversion to any of the eight pathways. To emphasise, because offenders did not have a choice to deregister as IOM offenders and they could not opt out of IOM, they were able to refuse pathways treatments but not the intensive police supervision⁶¹.

A similar approach – combining enforcement and support for a cohort of priority offenders identified by multi-agency partners – steered the Greater Manchester programmes⁶².

⁵⁶ London CJP 2011:26

⁵⁷ Page and Gelsthorpe 2011:7; London CJP 2011:22; Dawson and Stanko 2011:7

⁵⁸ p.19

⁵⁹ London CJP 2011:3

⁶⁰ London CJP 2011:2

⁶¹ Williams and Ariel 2012:4

⁶² Page and Gelsthorpe 2011

The relevance of IOM to EPRA lies specifically in its custody-focused work. This is substantial: an evaluation of six sites nationally identified that between one-third and two-thirds of IOM caseloads were recruited from custody⁶³; and London's £11m two-year Diamond initiative focused exclusively on custody releases⁶⁴. The CJI's thematic review here states the case for IOM partnerships' work with this group:

There was a widespread belief, among those we interviewed, that for many repeat offenders the prospect of living a crime free life without recourse to family support, assistance with substance misuse problems, reasonable housing, and a legitimate means of income or benefits was simply unrealistic. This was particularly true of those being released from custody, where any limited stability they may have had was disrupted by the sentence of imprisonment. The role of IOM was seen to be to ensure that the necessary support was in place to increase the likelihood of a positive outcome⁶⁵

The evaluation of the Diamond initiative offers the strongest evidence base for intensive intervention with this group⁶⁶. Following a robust quasi-experimental evaluation comparing Diamond clients with a counterfactual group, this well-resourced, intensive, voluntary, multi-agency pilot initiative was found to have no effect on reoffending⁶⁷. There were also no differences in the rate of reoffending⁶⁸ and seriousness of reoffending⁶⁹ between the two groups. Possibly suggesting some promising opportunities for EPRA, the authors also note that those who did reoffend tended to do so quickly, presenting a 'window of opportunity' for intervention⁷⁰; and that those who did accept Diamond's offer of help tended to be individuals with particularly high levels of need⁷¹. In a *post-mortem* of the Diamond initiative and its evaluation, Dawson and Stanko point to additional key lessons and questions arising for future

⁶³ Senior *et al.* 2011:36

⁶⁴ London CJP 2011:6

⁶⁵ CJI 2014:35

⁶⁶ Williams and Ariel have published an impact evaluation of Bristol IOM, showing that those who accepted support were less likely to reoffend than those who refused it. This evaluation is not described in full here, as the counterfactual group was highly problematic (those who willingly accepted support were compared with those who refused to engage with support services). The evaluation also paid no specific attention to ex-prisoners.

⁶⁷ Intervention group: 42.4% reoffended; control group: 41.6% reoffended (London CJP 2011:42-3)

⁶⁸ Intervention group: 1.5 offences each; control group: 1.4 offences each (London CJP 2011:45-6)

⁶⁹ Seriousness was assessed using Mason's scale for offence seriousness. For further details (and between-group comparisons) see London CJP 2011:47

⁷⁰ London CJP 2011:45

⁷¹ London CJP 2011:51

initiatives. The most prominent of these centres on a well-trodden path: supporting change in high-need offenders is a very challenging task:

No one, least of all ministers and senior police officers, wanted to hear about our ‘no impact’ results and our calls to embrace the learning from within the research ... Our evaluation was delivering unwanted and potentially embarrassing news (there was no quick win against reoffending) and the police felt it reflected badly on the job they did. Yet, the evaluation was one of the strongest of its scientific type and given the methodology the / results could not be questioned⁷²

Secondly, they highlight the importance of implementation. As the initiative took some time to become well established, this raises questions of when clients should be first engaged – at the outset; or only once processes are streamlined, and well-established⁷³. This, in turn, raises questions for EPRA’s blueprint, and the implications of single vs multi-agency support structures.

A final note. Though no substantial publications focusing on IOM postdate the introduction of Transforming Rehabilitation and CRCs, IOMs are still clearly operational⁷⁴ and some local documents identify that CRCs’ supervision of non-statutory offenders has been rolled into local IOM programmes⁷⁵. IOM partnerships have also been clearly positioned within some prisons’ drug treatment programmes. Holme House, for example, had four prison officers in ‘IOM link worker’ roles, spending some time working in the community with IOM partnerships⁷⁶.

Women’s one-stop-shops

Independent women’s community services, or one-stop-shops (OSSs), have retained footholds in some areas since at least 1993⁷⁷. However, the publication of the Baroness Corston’s *Review of Women with Particular Vulnerabilities in the Criminal Justice System*⁷⁸ led to

⁷² Dawson and Stanko 2013:6-7

⁷³ Dawson and Stanko 2013:7

⁷⁴ Multiple probation, police, and local government websites describe the current operations of their IOM programmes. We have also found multiple recent job descriptions for IOM related posts.

⁷⁵ Sussex Criminal Justice Board 2015:13

⁷⁶ Lloyd *et al.*, 2014

⁷⁷ Corston 2007:60

⁷⁸ 2007

considerable changes in their positioning and role⁷⁹. Citing three examples of established best practice with women offenders, Corston called for a national expansion of the women's services that were operational in some areas⁸⁰. Following an initially slow response, £15.6m of funding was released in 2009, to support the wider establishment of women's centres over a period of two years⁸¹. Women's Breakout was established in 2010, to act as a 'national umbrella organisation' representing and advocating for such services⁸². As of 2015, they represented 56 organisations within the UK⁸³.

The 'bottom-up' evolution of OSS means that they evidence very considerable variations in their operational models. In a review of provision, Hardwick comments:

[S]ome OSS were established to provide the whole range of services women may need (welfare advice, healthcare, training, etc) whereas others may only provide some of these, or act as a referral or signposting agency ... Staff are employed directly by the OSS or are hosted instead. The fact that the OSS brings together such a range of services and professionals from across a very broad spectrum of organisations means that in this context, the approach to integration is more about overcoming the barriers to effectively coordinated care than it is about integrating, or merging particular services and disciplines⁸⁴

She consequently distinguishes the two key 'contextual' features of such programmes as being their provision of a women-only space within a centre⁸⁵. However, other features also distinguish OSSs. They are structured by an overriding focus on providing support for marginalised women offenders, and women who are at risk of offending⁸⁶. Reflecting their roots in the Corston Report's scathing critique of women's imprisonment, their aims are primarily community-based:

⁷⁹ Radcliffe and Hunter 2013:10

⁸⁰ Corston 2007:65

⁸¹ Radcliffe and Hunter 2013:11

⁸² Women's Breakout 2015:2

⁸³ Women's Breakout 2015:2

⁸⁴ 2013:264

⁸⁵ Hardwick 2013:265

⁸⁶ Hedderman *et al.*, 2008:i

...to reduce re-offending and to divert women 'at risk' of offending from becoming offenders. Secondary aims are to divert women from prosecution and custody⁸⁷.

Relatedly, several authors have identified problems with seeing OSSs as offence-focused. From the outset, supporting offenders alongside non-offenders was seen as an essential part of 'normalising' the care and support of women offenders. Many services also seek to provide support for multiple non-criminogenic areas of need. As a Ministry of Justice impact evaluation consequently surmised, this makes evaluating OSSs on the basis of reductions in reoffending highly problematic⁸⁸.

The operational details of OSSs are complicated by their fragmented development, leading to a plethora of working practices⁸⁹. However, their work can be described both in specific, risk-focused, resettlement terms; and in broader language more reminiscent of recovery approaches. In broader terms, Women's Breakout describes OSS thus:

They bring a unique approach to supporting women with complex and multiple problems. They aim to provide women with holistic and empathetic support, in a women only environment, in order that they will be enabled to make better life choices. By putting women at the centre of support services and by understanding the complex and related nature of issues affecting their lives, projects are able to effectively deal with the underlying reasons for offending behaviour.

In terms of specific risk-focused interventions, Jolliffe *et al* document the support that such services offer:

[Together women] was concerned with addressing a broad range of needs, including accommodation, domestic and sexual violence / personal safety, education, training and employment, finance, mental health, parenting, relationships, preventing family breakdown, physical health, substance use (both alcohol and drugs) and life skills⁹⁰.

⁸⁷ Hedderman *et al.*, 2008:i

⁸⁸ Jolliffe *et al.*, 2011:vi

⁸⁹ Hardwick 2013:267

⁹⁰ Jolliffe *et al.*, 2008:1

Of these, counselling provision, mental health and accommodation have been identified as being both particular priorities for women offenders⁹¹ and particularly difficult areas for securing effective partnership work⁹².

Of particular relevance to EPRA, OSS also have a longstanding role supporting women with drug-related needs⁹³, an unavoidable feature of work with women offenders⁹⁴. Grace *et al* identified that Styal women's Drug Recovery Wings was more clearly established along Corstonian lines than that of New Hall, with non-judgmental staff providing women with emotional safety, backed up by strong throughcare provision and contact with community-based resettlement services⁹⁵. Some promising existing partnership models have also been identified following release. In some areas, DIP teams have formed partnerships with OSS centres for women released from prison, with DIP's outreach capacity complementing the OSS' centre-based work. In others, OSS workers have delivered satellite clinics within DIP offices, providing specialist woman-centred support whilst promoting the OSS broader range of provision.

The extent to which OSS are still able to offer a broad range of services is unclear. The House of Commons Justice Committee commented that...

...[t]he Government's proposals for Transforming Rehabilitation have clearly been designed to deal with male offenders⁹⁶.

And, indeed, the £3.78m that had been allocated to funding OSS provision⁹⁷ was rolled into the budget for CRCs following their introduction⁹⁸. In a review of community services for women who offend, HMI Probation noted that this was accompanied by women's services losing all ring-fenced funding⁹⁹, with few woman-focused contractual requirements imposed on CRCs¹⁰⁰. Within a short period of time, thirteen projects lost part or all of their funding, totalling approximately £1m¹⁰¹, with many others facing an uncertain future attended by

⁹¹ Corston 2007:48; House of Commons Justice Committee 2013:39

⁹² Hedderman *et al.*, 2008:ii; House of Commons Justice Committee 2013:41

⁹³ e.g. Corcoran 2011:26

⁹⁴ e.g. Singleton *et al.*, 2002; Grace *et al.*, 2016:604

⁹⁵ 2016:610-13

⁹⁶ 2013:56

⁹⁷ MoJ 2013:7

⁹⁸ HMI Probation 2016:7

⁹⁹ HMI Probation 2016:7

¹⁰⁰ HMI Probation 2016:6

¹⁰¹ Women's Breakout 2013:6

uncertain income and short-term funding horizons¹⁰². In this context, Women's Breakout commented that... 'there are indications that [CRC lead agencies] are not interested in buying the holistic service model¹⁰³'. The current availability of support services is 'mixed and unclear'¹⁰⁴.

We have been able to identify no specific evidence regarding the impact of OSS for women released from prison. Moreover, as stated earlier, the complexity of OSS' operational models have led to real difficulties in evaluating their overall impact, as different services employ different recording practices, prioritise different aspects of need, and employ different means of measuring differing conceptions of progress¹⁰⁵. As Radcliffe and Hunter also note, despite pressure from government to provide evidence of impact, this has rarely been the main concern of agencies themselves¹⁰⁶. Data recording has been consistently variable; and when funding is tight, services have often cut administrative and data recording processes before cutting funding for frontline posts¹⁰⁷. Within this context, process evaluations have been broadly promising¹⁰⁸. However, Jolliffe *et al*'s impact assessment, based on comparing 660 OSS clients with a propensity score matched group of non-OSS women offenders, found no effect of OSS intervention on proven one-year reoffending¹⁰⁹. More specifically, OSS engagement 'did not have an impact on proven re-offending' for: those with a recent criminal conviction (N=660); those serving a community order (N=262); those recorded as having received support (N=169)¹¹⁰.

¹⁰² Women's Breakout 2015:4

¹⁰³ 2013:5

¹⁰⁴ HMI Probation 2016:4

¹⁰⁵ Jolliffe *et al.*, 2008:4;

¹⁰⁶ Radcliffe and Hunter 2013:7

¹⁰⁷ Radcliffe and Hunter 2013:7

¹⁰⁸ e.g. Hedderman *et al.*, 2008; Radcliffe and Hunter 2013

¹⁰⁹ 2008:iv

¹¹⁰ Jolliffe *et al.*, 2011:iv

References

Corcoran, M. (2011) 'After Corston, the rehabilitation revolution?' *Criminal Justice Matters* 85:26-27

Criminal Justice Joint Inspectorates (2009) *Prolific and other Priority Offenders. A Joint Inspection of the PPO Programme*. London: HMI Probation

Criminal Justice Joint Inspectorates (2014) *A Joint Inspection of the Integrated Offender Management Approach*. London: HMI Probation

Dawson, P. (2007) *The National PPO Evaluation – Research to Inform and Guide Practice. Home Office Online Report 09/07*. London: Home Office

Dawson, P., and Cuppleditch, L. (2007) *An Impact Assessment of the Prolific and other Priority Offender Programme. Home Office Online Report 08/07*. London: Home Office

Grace, S., Page, G., Lloyd, C., Templeton, L., Kougioli, Z., McKeganey, N., and Liebling, A. (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):602-21

Hedderman, C., Palmer, E., and Hollin, C. (2008) *Implementing Services for Women Offenders and Those 'At Risk' of Offending: Action Research with Together Women*. London: MoJ

HMI Probation (2016) *A Thematic Inspection of the Provision and Quality of Services in the Community for Women who Offend*. London: HMI Probation

HMPS (2004) *PSO 4615, Prolific and Other Priority Offenders Strategy*. London: HMPS

Home Office (2005) *Early Findings from the Prolific and Other Priority Offenders Evaluation*. London: Home Office

Home Office (2009) *Prolific and Other Priority Offender Programme. Five Years On: Maximising the Impact*. London: Home Office

Home Office (2010) *Integrated Offender Management: Key Principles*. London: Home Office

House of Commons Justice Committee (2014) *Women Offenders: After the Corston Report*. London: House of Commons

Institute for Criminal Policy Research (2013) *The Development and Impact of Community Services for Women Offenders: an Evaluation*. London: ICPR

Jolliffe, D., Hedderman, C., Palmer, E. and Hollin, C. (2011) *Re-offending Analysis of Women Offenders Referred to Together Women and the Scope to Divert from Custody*. London: MoJ

Millie, A., and Erol, R. (2006) 'Rehabilitation and resettlement. A study of prolific offender case management in Birmingham, United Kingdom,' *International Journal of Offender Therapy and Comparative Criminology* 50:691-710

Ministry of Justice (2013) *Government Response to the Justice Committee's Second Report of Session 2013-14. Female Offenders*. London: MoJ

National Treatment Agency (2003), *Criminal Justice Integrated Drug Teams and treatment interventions. Clinical Guidelines to Maximise Access to Drug Treatment*. London: NTA

Olson, D.E. and Lurigio, A.J. (2014) 'The long-term effects of prison-based drug treatment and aftercare services on recidivism,' *Journal of Offender Rehabilitation* 53:600-619

Page, G. (2013) *Risks, Needs, and Emotional Rewards. Complexity and Crisis in the Drug Interventions Programme*. Unpublished PhD thesis. University of Cambridge.

Page, G., Templeton, L., Grace, S., Roberts, P., McKeganey, N., Russell, C., Liebling, A., Kougioli, 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.

Page, G. and Gelsthorpe, L. (2011) *Interim Report on the IOM Project: Greater Manchester*. Cambridge: University of Cambridge

Revolving Doors (2012) *Integrated Offender Management. Effective Alternatives to Short Sentences*. London: Revolving Doors

Senior, P., Wong, K., Culshaw, A., Ellingworth, D., O’Keeffe, C., and Meadows, L. (2011) *Process Evaluation of Five Integrated Offender Management Pioneer Areas*. London: MoJ and Home Office

Sussex Criminal Justice Board (2015) *Sussex Integrated Offender Management Strategic Guide*. Available at: http://www.sussexcriminaljusticeboard.org.uk/media/1073802/iom_strategic_guide_draft_nov15.pdf [last accessed 23.4.17]

Williams, A., and Ariel, B. (2012) ‘The Bristol Integrated Offender Management scheme: a pseudo-experimental test of desistance theory,’ *Policing* 7(2):123-134

Women’s Breakout (2013) *Transforming Rehabilitation. A Revolution in the Way we Manage Offenders. Response from Women’s Breakout*. London: Women’s Breakout

Women’s Breakout (2015) *Thematic Inspection of Work with Women Offenders. Response from Women’s Breakout*. London: Women’s Breakout

Women’s Breakout (2015) *Women’s Breakout. New Directions for Criminal Justice. Annual Report 2014/15*. London: Women’s Breakout

Wong, K., O’Keeffe, C., Meadows, L., Davidson, J., Bird, H., Wilkinson, K., and Senior, P. (2012) *Increasing the Voluntary and Community Sector’s Involvement in Integrated Offender Management. Home Office Research Report 59*. London: Home Office