Assessing the feasibility of conducting a randomised controlled trial or other outcome study of P-ASRO

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Key implications

This feasibility study was designed to explore whether it would be possible to carry out a randomised controlled trial (RCT) or other outcome evaluation of P-ASRO (Prisoners - Addressing Substance Related Offending). The main implications of the research are provided below.

- It would be feasible to carry out an RCT of the P-ASRO programme. There was general support among staff and offenders for carrying out an evaluation of P-ASRO, and there was recognition of the need for empirical evidence to show whether P-ASRO is achieving its intended outcomes and is a cost effective form of drug treatment.

- To run an RCT it would be necessary to manage the clinical, legal and practical implications involved.

- It was questionable whether current case flow would be sufficient for an adequate sample size for statistically significant findings to be obtained. A sufficient sample size could be obtained by changing the current level of P-ASRO delivery within a prison site, such as running the programme less frequently or with smaller groups so that some currently eligible prisoners for P-ASRO can be included in the control group. A second option would be to widen the current eligibility requirements. Including those on a methadone maintenance prescription had both advantages and disadvantages, but would be one possible way of ensuring sufficient case flow for an evaluation.

- The most contentious aspects of an RCT identified by staff and offenders were the ethical implications of random allocation, as well as cognitive impacts on offenders. Random allocation should therefore be carried out by an external team and it would be necessary to have measures in place to manage any negative impacts on offenders.

- It was questionable what the control group offer should consist of and how this could effect an evaluation measuring the relative impact of P-ASRO. It was also questionable what outcome measures should be used to show P-ASRO is ‘working’.

- A clear dissemination strategy would be required, especially if the outcome of an evaluation was less than favourable for the P-ASRO programme.

- For an RCT to run successfully, it would be necessary to have support across the prison estate including the Ministry of Justice (MoJ), Director of Offender Managers (DOMs), governors, operational staff and offenders.
Executive summary

Context

- This study investigated the options for an outcome evaluation of P-ASRO (Prisoners - Addressing Substance Related Offending), particularly assessing the feasibility of running an evaluation using a randomised controlled trial (RCT) methodology. P-ASRO is a cognitive-behavioural intervention delivered to offenders in custody whose substance use increases their likelihood of committing any type of crime. It is targeted at male offenders aged 18 years and over, dependent on one or more illicit substances (excluding alcohol alone). The overarching aim of P-ASRO is to reduce crime by reducing and ultimately ending, substance dependence.

- The effectiveness of cognitive behavioural interventions has been challenged by the 2007 NICE psychosocial guidance (National Institute for Health and Clinical Excellence, 2007). The recent PricewaterhouseCoopers (2008) review of prison-based drug treatment highlights how difficult it is to demonstrate the efficacy and value of these programmes and identified a need for evidence on the effectiveness of brief psychosocial interventions.

- RCTs are widely recognised as the highest quality evaluation design (Weisburd et al., 2001) and are commonly used in biomedical evaluations. The main advantage of using this method is that it equates people in the intervention group with people in the control group on all possible variables that influence key outcomes (Farrington, 2003). This means it is possible to attribute any differences between the two groups to the intervention, rather than pre-existing differences or other variables that may influence key outcomes. However, this evaluation method has been rarely used within criminal justice settings within the UK due to the practical, ethical and legal implications and practicalities involved.

Approach

- The aim of the study was to provide an assessment of the options that exist for a robust outcome (reconviction) study of P-ASRO and considers the costs, benefits and risks of the recommended and any other feasible evaluation designs, including the practical implementation issues. The study also aimed to address whether reconviction data should be supplemented with cost-benefit information, and any other secondary outcomes and methods that could be used to contextualise the outcomes. Finally, the study aimed to establish whether an evaluation should be concerned with best practice delivery of P-ASRO or typical practice delivery.

- The research was primarily qualitative and comprised four distinct stages: interviews with strategic stakeholders; case studies in prisons; telephone interviews with Counselling, Assessment, Referrals, Advice and Throughcare
(CARAT) service workers; and, a workshop with treatment managers. The case studies took place in two prisons housing male offenders offering P-ASRO. Case studies involved interviews and group discussions with both operational staff and offenders, enabling an understanding of multiple perspectives within a shared context. Case study and strategic stakeholder fieldwork was carried out in March 2009.

Results

- The findings from this study conclude that it would be both possible and desirable to evaluate P-ASRO by conducting an RCT. High quality evidence is required to show that P-ASRO is working and is a cost effective drug treatment programme to run within prisons. An RCT is considered to be the most robust evaluation method to provide this evidence. The study indicated that it was possible to address the barriers to conducting an RCT, though there will be a number of challenges to doing so.

Sample profile

- There was general consensus that an evaluation should focus on best practice delivery, based on both views of what the aims of the evaluation should be and because of practical issues about the way the programme is currently being implemented. Including only sites at an agreed ‘best practice’ standard of delivery would allow the evaluation to show whether P-ASRO works when delivered with integrity.

- If the findings from an evaluation would be required to be generalisable across the prison estate it would be necessary to include a diverse range of sites and offenders. However, if it was felt an evaluation should focus on whether P-ASRO ‘worked’, irrespective of whether this was for all or a majority group, having such sample diversity may not be necessary.

- It was questionable whether the current case flow would provide an adequate sample size for both an intervention and control group. A sufficient sample size could be obtained by changing the level of P-ASRO provision within sites, such as running the programme less frequently or with smaller groups so that some currently eligible prisoners for P-ASRO can be included in the control group. A second option would be to change the current eligibility requirements. A possible upcoming policy change regarding eligibility and the most widely discussed option for an RCT, would be to include offenders on a methadone maintenance prescription.

Setting up an evaluation

- It would be very important to have support across the prison estate including the MoJ, Directors of Offender Management (DOMs), governors, operational staff and
offenders for an RCT to be implemented successfully. From the outset it would also be necessary to have systems in place that informed an evaluation team of any upcoming policy changes which could impact on the running of an RCT.

Running an evaluation

- The following four areas of risk were identified when examining how case flow would be managed for an RCT: rate of referral on P-ASRO; resource challenges; managing attrition and non-completers; and change in the provision of other programmes and services. It would be very important to have systems and strategies in place to manage case flow across these four areas.

- Strategic and operational staff identified five broad information needs that would be important for an evaluation team to cover using face-to-face methods and accompanying literature: the purpose and benefits of running an RCT; recruitment of RCT participants; control condition delivery; resource implications; and implications of the findings. It would be imperative that the aims of the evaluation and possible outcomes of the findings were made clear to all those involved in the evaluation and potentially impacted by it.

- Random allocation should be carried out by an external team and it would be necessary to have measures in place to manage any negative impacts on offenders. Negative consequences included cognitive impacts such as affects on motivation, and other impacts such as affecting offenders chances of parole.

- Ethical and practical barriers were identified in relation to the control group condition, and the receipt of ‘treatment as normal’ was the preferred approach. However, what this treatment would be was not entirely clear, though suggestions included work with CARATs teams and possibly a mixture of other drug treatment programmes and interventions in general. It was felt P-ASRO should be shown to have ‘better outcomes’ than those from the offenders involvement with CARATs due to the additional resources it requires to run. However, the likelihood of P-ASRO having better outcomes than the other Offending Behaviour Programmes (OBPs) was questioned. An important requirement of the control condition was that there was a reasonable chance of demonstrating that P-ASRO has a measurable impact.

Monitoring programme delivery

- If an evaluation focussed on ‘best practice’ delivery it would be essential that treatment as intended is assessed. Two overarching factors were identified as impacting on how the P-ASRO group sessions were delivered: the staff delivering the programme and the offenders that constitute the groups. It would therefore be important to ensure that variation in both these factors was minimised by ensuring strict and comprehensive audit guidelines were in place and the eligibility requirements for attending P-ASRO were closely followed. It would also be
important to make sure the necessary support and throughcare was available post P-ASRO to ensure that the evaluation was testing P-ASRO and not the state of throughcare support available. This means that the level of post support available to the P-ASRO group would also have to be available to the control group.

**Measuring outcomes**

- It was acknowledged that while the overarching aim of P-ASRO is to reduce crime by reducing and ultimately ending substance dependence, it would also be important that an evaluation captured a range of broader outcome areas which P-ASRO can affect. Areas discussed included: substance misuse (both type of drug use and how it is used); offending behaviour; engagement with services; and, social, health and practical outcomes. However there was also difficulty in articulating what specific outcomes could be attributable to P-ASRO, especially as the intervention was seen as playing a part in the whole system of rehabilitation, and its success was also dependent on the larger system it is working within.

- An evaluation could use a range of existing P-ASRO datasets as well as external datasets to monitor outcomes, though it would be important to bear in mind their reliability, completeness, the resources involved in accessing them and their validity. The idea of running a follow up survey to generate new data on outcomes was supported. However, it would be necessary to have systems and strategies in place to manage attrition. Probation were identified as a good resource to use for facilitating access to ex-offenders. However, data collection by completely neutral interviewers was preferable for obtaining accurate responses. A smaller qualitative component is recommended and would contextualise the quantitative outcomes as well as providing explanatory insight. It would also be important to manage offenders’ concerns about participating in this stage of the evaluation, especially post-release.

- An evaluation would need to run for a minimum of one year and three months but could last for over two years, depending on the period of the follow-up survey required by the Department. After this there would be a period of data preparation and management, analysis and reporting before results were available.
1 Introduction

1.1 Background

1.1.1 The P-ASRO programme
This study investigated the options for an outcome evaluation of P-ASRO (Prisoners - Addressing Substance Related Offending), particularly assessing the feasibility of running an evaluation using a Randomised Control Trial (RCT). P-ASRO is a cognitive-behavioural intervention delivered to offenders in custody whose substance dependence relates to their offending. The overarching aim of P-ASRO is to reduce crime by reducing, and ultimately ending, substance dependence. The programme aims to achieve this by addressing the antisocial attitudes and behaviours associated with substance misuse and related offending (Powis et al., unpublished).

The P-ASRO programme is a 20-session group work programme run over five to eight weeks and delivered according to the programme manual (Walker, 2008b) by trained and supervised staff. It is targeted at male offenders aged 18 years and over, dependent on one or more illicit substances (excluding alcohol alone), at risk of reoffending, and whose substance use increases the likelihood of any type of crime. Offenders are also required to be sufficiently literate to understand the written material and to have at least four months left to serve on their sentence (Walker, 2008a).

It is generally agreed that substance misuse is a major problem within the prison population (WHO, 2005). The Surveying Prisoner Crime Reduction study (Stewart, 2008 cited in Powis et al., unpublished) found that 80 per cent of newly sentenced adult offenders had used an illicit drug in the past and 69 per cent had used illegal drugs in the year before custody. According to interviews with senior prison staff over half of the current prison population are thought to be misusing drugs (PWC, 2008). In response to the needs of this group of offenders the prison service has developed a range of structured drug treatment programmes that have been implemented across the prison estate in England and Wales (Powis et al., unpublished). At present, P-ASRO is one of seven accredited drug treatment programmes being delivered across 99 establishments (Powis et al., unpublished). P-ASRO was running in 42 male establishments during October 2007 to March 2008.

However, based on the lack of empirical evidence available the effectiveness of cognitive behavioural interventions has been challenged by the 2007 NICE psychosocial guidance (National Institute for Health and Clinical Excellence, 2007). In addition, the recent review by PricewaterhouseCoopers (2008) of prison-based drug treatment highlights how it is difficult to demonstrate the efficacy and value of these programmes as ‘performance management is focused on the volume of activity rather than quality and outcomes’ (PWC, 2008: 6). The PWC review identified a need for evidence on the effectiveness of brief
psychosocial interventions. The review stated that current policy tended to be driven by research from either an international or community setting and there was concern that this did not take account of ‘the unique treatment environment provided in UK prisons’ (PWC: 2008:57).

1.1.2 Randomised controlled trials (RCTs)
An RCT involves the random allocation of people to a group that receives an intervention (in this case it would be P-ASRO) and to a group that does not – the control group. RCTs are widely recognised as the highest quality evaluation design (Weisburd et al., 2001) and are commonly used in biomedical evaluations. The advantage they offer over quasi-experimental designs is that, given a sufficiently large sample, the randomisation process ensures that those in the intervention and control groups are balanced (within the range of random error) in all respects other than the intervention itself. For example, for an RCT within a prison environment, at the start of the evaluation both groups of prisoners can be assumed equally likely to re-offend post-release. Therefore if reoffending subsequently differs by group it is reasonable to attribute the difference to some aspect of the intervention. This type of evaluation design has the highest possible internal validity, because alternative explanations for the observed findings are ruled out (Farrington and Welsh, 2005). It is therefore possible to assume that the control group offers an unbiased insight into the treatment group’s outcomes had there been no intervention (Cook and Payne, 2002).

While RCTs are commonly used in biomedical evaluations and despite the recognition of the quality of the conclusions drawn, RCT evaluations have been rarely used within criminal justice settings. Farrington and Welsh (2005) in their review of RCTs in criminology between 1982 and 2004, found that while reasonably large numbers had been published, relatively few of these had been conducted outside of the United States. They conclude that the ethical, legal and practical challenges involved in RCTs remain a barrier. Weisburd argues that crime and justice funders and evaluators’ lack of progress in developing a ‘comprehensive infrastructure for experimental evaluation represents a serious violation of professional standards’ (2003:337). McDougall et al., (2009), while acknowledging the difficulties involved in conducting an RCT in an operational environment, recommend that to provide a sound research evidence base for policy decisions this design should be used wherever possible. Their recent RCT carried out to evaluate enhanced thinking skills (ETS) was the first large-scale experiment to be conducted by HM Prison Service in recent years (McDougall et al., 2009).1

1.2 Study objectives
The specific objectives of this feasibility study were to:

• provide an assessment of the options that exist for a robust outcome (reconviction) study of P-ASRO, considering the advantages and disadvantages of each, the

1 ETS is an offending behaviour programme (OBP) delivered to offenders in custody. It is also delivered in the community, but this study concentrated on a custody setting only.
likely costs involved, and the obstacles that would need to be overcome for a successful outcome study to take place;

- consider whether it is desirable and possible to supplement reconviction information with cost-benefit information, and if so, how this would be achieved;
- assess whether there are secondary outcomes that would be important to examine as well as reconviction, and if so, how data on these outcomes would be obtained;
- recommend methods that could be employed for explaining the outcome of a reconviction study, including identifying the reasons attributable to P-ASRO being a ‘success’ or otherwise, for whom and under what conditions;
- establish whether an evaluation should be about ‘best practice’ delivery of P-ASRO or typical practice delivery.

1.3 Research design

The research was primarily qualitative and based on four distinct stages: interviews with strategic stakeholders; case studies in prisons; telephone interviews with Counselling, Assessment, Referrals, Advice and Throughcare service (CARATs) workers; and, a treatment managers workshop. Each of these stages are described below.

1.3.1 Interviews with strategic stakeholders

Interviews were carried out with staff from HM Prison Service Interventions and Substance Misuse Group, including policy leads for drug treatment and evaluation and research staff. Interviews were carried out with seven stakeholders in total.

1.3.2 Case studies in prisons

The research with operational staff and offenders in prisons was set within a case study design, enabling an understanding of multiple perspectives within a shared context. The research took place in two sites that were delivering P-ASRO but which had different audit scores. Both case study sites were male, as the female version of P-ASRO was outside the remit of this feasibility study. Within each case study both operational staff and offenders were included.

Operational staff

Operational staff involved in the case studies included: governors; the P-ASRO treatment manager and members of the P-ASRO team; and, CARAT managers and workers. A combination of in-depth interviews and group discussions were used, depending on the staff role. Table 1.1 presents the distribution of operational staff across the case study sites.
Table 1.1  Sample of operational staff across the case study sites

<table>
<thead>
<tr>
<th></th>
<th>Governors</th>
<th>P-ASRO Treatment managers</th>
<th>P-ASRO Treatment workers and admin staff</th>
<th>CARAT managers and workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case study 1:</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Case study 2:</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>2</td>
<td>2</td>
<td>7</td>
<td>6</td>
</tr>
</tbody>
</table>

Offenders
The P-ASRO programme treatment manager at each site was provided with an outline of desirable sampling criteria so as to capture the widest range of experiences associated with P-ASRO and views of the perceived feasibility of conducting an RCT (see appendix for details of the methodology). Within each establishment the aim was to select offenders to ensure diversity in terms of age, ethnicity, Offender Assessment System (OASys) score, experiences of other offending behaviour programmes (OBPs) and the length of time they had spent at the establishment. Table 1.2 presents the distribution of offenders across the two case study sites.

Table 1.2  Sample of offenders across the case study sites

<table>
<thead>
<tr>
<th></th>
<th>Case study 1</th>
<th>Case study 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21-25</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>26-30</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Over 30</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>P-ASRO Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduate</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Current</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Unknown (^2)</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Ethnic Group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Black</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Black British</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Black Caribbean</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Mixed</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total number of offenders per case study site</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

\(^2\) At the end of the group discussion offenders were asked to complete a form asking for some information such as their age and level of involvement with the P-ASRO programme. The research team emphasised the voluntary nature of providing this information and that offenders could choose not to answer any questions.

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1.3.3 Telephone interviews with CARAT workers
To supplement the data collected within the case study sites an additional four telephone interviews were carried out with CARAT workers, two from sites offering P-ASRO and two from non-P-ASRO sites. Sites which were not offering P-ASRO were included primarily to explore whether a reasonable comparison group for a quasi-experimental design exists. That is, whether there exists a pool of offenders who meet P-ASRO eligibility criteria but are not currently referred to the programme.

1.3.4 Treatment manager workshop
Finally, the research included a workshop with treatment managers working within the P-ASRO programme. The first part of the workshop focused on methodological issues, including getting an overview of current P-ASRO delivery and its intended outcomes. The second part of the workshop focused on the practical issues associated with how an RCT or other evaluation could take place and the possible impacts an evaluation may have. Feedback was gathered from the treatment managers regarding challenges envisaged and potential solutions.

1.3.5 Conduct of the interviews and group discussions
Fieldwork for this study was carried out in March 2009. The interviews and group discussions were based on topic guides (see appendix) and lasted between 30 minutes and over two hours. The topic guides were used flexibly to allow the interviewers to respond to the nature and content of the discussion. Interviewers used open, non-leading questions and answers were fully probed. Interviews and group discussions were digitally recorded and transcribed verbatim.

1.4 Study findings
This study draws on the data gathered through the case studies, interviews and discussion groups described above along with the insights from a parallel project also conducted by NatCen (Kerr et al., 2010). This parallel project assessed the feasibility of conducting an RCT or other outcome study on the Focus on Resettlement (FOR) programme. It is intended that this report be read in conjunction with the FOR feasibility study report (Kerr et al., 2010). In the interests of brevity, in some places this report summarises findings which are detailed in more depth in the FOR report where there were no substantial differences between the findings of each feasibility study.

1.5 Structure of the report
This report provides a detailed assessment of the feasibility of using an RCT to evaluate the P-ASRO programme. Chapter 2 presents a possible RCT design and chapter 3 describes how the evaluation could be set up, in terms of the support that sites would require and the process of recruiting and randomising RCT participants. Chapter 4 explores the factors impacting on the delivery of the programme and considers how
outcomes could be measured in order to assess whether P-ASRO is achieving its intended outcome. Chapter 5 presents an alternative evaluation method should an RCT not be deemed feasible by the Department, and lastly chapter 6 discusses the implications of the study’s findings.
2 Evaluation design

In assessing the feasibility of evaluating P-ASRO and the design options available, it is important to consider the implications of an outcome study on the participating establishments and their staff members and offenders. It is also necessary to ensure an adequate sample size that could in principle show a statistically significant result, and manage case flow and attrition to ensure that sample size is maintained throughout the evaluation. These issues are discussed in turn in the following sections.

2.1 Implications for the establishment

The only feasible approach to conducting an RCT of the FOR programme was to introduce the programme into sites not currently offering it and then run an evaluation, because the programme is currently run in a very small number of prisons. In contrast, P-ASRO is widely offered across the prison estate and therefore at a strategic level it was considered preferable to run an evaluation in existing sites because of the costs involved in running the programme in additional sites. Participants also questioned whether there would be a sufficient number of sites available for a ‘new site’ model. As the preferred approach was to conduct a trial using existing sites, it would be important to manage the implications across three domains described by staff and offenders as potentially being affected by an evaluation.

**Clinical:** Staff described how changing the system of allocation and assessment onto the programme would change the therapeutic environment of P-ASRO, especially as P-ASRO staff perceived the current system as being based on need. Allocating ‘according to need’ followed the requirements of the audit. Staff also described how it was important that they followed the protocol for managing group dynamics when deciding on groups. However, the clinical implications of an evaluation were not perceived in the same way by all staff. This was because some CARAT staff expressed the view that the current allocation system was not based on need and therefore felt that a system of RCT random allocation would not in fact alter current allocation practice.

**Legal:** Some offenders would have P-ASRO listed as a requirement on their sentence plan, especially those with longer sentences, and therefore it would be important to manage any possible implications on an offender’s release date for those allocated to the control group. This would mean that an evaluation would need support from the parole board to ensure that control group participants were not disadvantaged in any way by not participating in P-ASRO when their cases were reviewed. Two ways to manage this were suggested, either to give the control and intervention group equal credit, or not give any credit to either group. However, treatment managers described how offenders had to demonstrate how they have reduced their risk of reoffending, and not attending P-ASRO may impact on their ability to evidence this, irrespective of whether they did or did not
receive an official ‘credit’. One way of gaining the support of the parole board would be to explain the purpose of the evaluation and the benefits of evaluating P-ASRO in this way.

You have to evidence, taking part in a programme… and looking at the report, they’d be able to see that there was evidence that you’d reduced your risk of reoffending. If you haven’t done that, then... you can’t provide the evidence that your risk is reduced. I’d be surprised if governors…if they’re letting people out on… tagging or early release, they’re still the responsibility of the governor, and the governor needs to be sure (Treatment Manager)

A related issue was that, if no credit was given to P-ASRO participants, treatment managers were concerned that this could impact on participation rates and their ability to get enough participants on the programme.

Practical: The final set of implications described for an establishment were at a more practical level. Prisons might find it difficult to achieve their key performance targets (KPTs) for P-ASRO completions because of assigning some prisoners to a control group. Operational and strategic staff suggested that this could be managed by the Interventions Substance Misuse Group (ISMG) by either withdrawing target requirements for the evaluation period of the intervention or giving equal credit to the control group for target purposes. Other practical concerns raised at a governor level were that an evaluation could overload a prison’s resources and that there could be negative effects on P-ASRO staff if the results of the trial did not provide evidence of impact. Ways to manage these challenges are discussed in chapter 3.

2.2 Designing the sample

A key requirement of an RCT is to ensure that the sample reflects the kind of practice and prisoners that the findings need to be applicable to. In addition, it is vital that the sample size is large enough to provide the statistical power so an effect can be detected. (Farrington and Jolliffe, 2002; McDougall et al., 2009). These issues are discussed in the following sections.

2.2.1 Profile of sites and prisoners for an RCT

As discussed in the introduction, one of the aims of the feasibility study was to assess whether an evaluation should focus on evaluating best practice delivery of P-ASRO or typical practice delivery. There was general consensus among both strategic and operational staff that an evaluation should focus on best practice delivery and prisons falling below a certain standard of delivery should not be included. This recommendation was based on both the aims of the evaluation and the practicalities of the programme being run to the manual because of the ISMG audit guidelines and ongoing auditing within the P-ASRO team. At a strategic level, including only ‘best practice’ sites would allow the evaluation to show whether the programme works when delivered with integrity. It would also mean that the sample of offenders within the intervention group would be receiving a
consistent standard of delivery of the programme, irrespective of the prison in which they were being held.

Strategic staff identified limitations in the ability to rank sites according to the integrity of their delivery if using the current auditing procedures. New audit guidelines to be introduced in April 2009 were described at a strategic level as potentially allowing better identification of sites delivering to the standard required and an indication of sites exceeding the required standard. There was also concern that a ‘best practice’ sample profile of sites would give a false reflection of P-ASRO delivery, because of variability in delivery based on staff background, experience, training and dedication. There was therefore a view at a strategic level that ‘best practice’ should be determined by setting a threshold rather than being based on a ranking system, so that there was some diversity within the chosen sites while still ensuring an evaluation did not include prisons which were known not to be delivering to the required standard or had failed the audit.

Staff also felt that the profile of sites should show diversity in terms of both prison and offender characteristics. Including a diversity of sites would mean that subgroup analysis could be carried out, a requirement of an evaluation at a strategic level. Establishment characteristics where it would be desirable to have diversity included prison category, the quality of prisoner life and individual prison factors, such as the provision of other programmes. Some participants felt that prisons in urban areas and those in rural areas had prisoners with different types of background and that it would therefore be important to include both in an evaluation. However, others felt that an appropriate mix in terms of prisoner characteristics could be achieved by monitoring the characteristics of the prisoners themselves rather than the prison locations, as all prisons were in any case made up of a mixture of both local and non-local inmates.

It was felt that an evaluation should be representative of current P-ASRO provision at a prisoner level. Prisoner characteristics to consider in order to ensure a representative sample included: drug of dependency; severity of dependency; age; ethnic group; and, disability status. At a strategic level there were mixed views about how ethnic diversity should be addressed. One view was that due to the high proportion of black and minority ethnic (BME) offenders it would be important for the findings to be generalisable to this group. However, others felt this was less important because the evaluation should focus on showing whether P-ASRO works and achieves its intended outcomes, even if the findings were only applicable to a specific majority group who are currently receiving the programme. The recent data monitoring review of P-ASRO showed the current profile of P-ASRO participants to be fairly proportional to the national offender population (Powis et al., unpublished).}

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3 Measuring the Quality of Prisoner Life (MQPL) survey data could be used to monitor this variable. This confidential survey was adopted by the Prison Service in 2002 to become part of formal audit visits.
4 Within the P-ASRO participant population 78 per cent were White/British and 22 per cent were from a non White/British ethnic group. Within the national offender population 74 per cent are White/British and 26 are from a non White/British group (Powis et al., section 4.1: unpublished).
There were some concerns about how easy it would be to include a range of offenders in terms of the stage they were at in their sentence. This was because P-ASRO group composition was said to vary across sites, with some groups comprising mainly offenders close to release, while others had a majority of longer-term offenders. This could be partly explained by the type of site and the profile of offenders it housed, and who was given priority when allocating places on the programme. For example, priority was given to offenders with a shorter time left on their sentence to ensure they completed P-ASRO before they were released and because their imminent release meant it was possible to start setting up support services on the outside. However, this was not the case for all sites, as some would give preference to specific high priority policy groups such as Indeterminate Public Protection offenders (IPPs).

Overall, given that the main aim of an outcome evaluation is to test for impacts on reoffending rates, we recommend that any RCT be based on prisoners who are reasonably close to release with at least four months left to serve, and who have not previously been through P-ASRO. This will shorten the period over which the evaluation needs to run before results are generated. If evidence of within-prison impacts of P-ASRO on prisoners who are not close to the end of their sentence is needed, then a separate waiting-list RCT (along the lines of the ETS RCT, McDougall et al., 2009), could be used to capture these within-prison impacts. Under this model the outcomes for prisoners randomised to immediate P-ASRO would be compared to outcomes for prisoners randomised to receive P-ASRO once the evaluation is complete.

### 2.2.2 Sample size

The primary outcome variable for P-ASRO was identified as reconviction, so the sample size for the RCT (or for any quasi-experimental alternative) needs to be sufficient to ensure that plausibly sized reductions in reconviction as a result of P-ASRO are detectable. In practice, the view taken by many of those in the feasibility study was that the impacts of P-ASRO on reconviction would be, at best, modest, with a reduction in the reconviction rate of around five percentage points being about the most that it would be possible to achieve. Assuming that the current rate of reconviction (over, say, a 24 month period) for P-ASRO-eligible prisoners is somewhere between 30 per cent and 70 per cent, in order to be reasonably confident that a five percentage point improvement in reconviction rates will yield a statistically significant difference in an RCT will require that the RCT covers around 3000 prisoners (1500 randomised to P-ASRO and 1500 to the control group).\(^5\)

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\(^5\) This is based on a sample size calculation assuming 80% power, 5% significance levels and with all tests being two-sided.
A smaller RCT would run a very real risk of yielding non-significant findings. It should be noted that if five percentage points is considered too ambitious, and a trial that could detect, say, a three percentage point impact is preferred, then the sample size would need to be much larger still, at around 9000 prisoners.

However in quite a few reviews of criminal justice interventions reductions in the range of 10 percentage points have been found. An example was the review done by Lipsey and Landenberger (2006). Having reviewed cognitive behavioural interventions with offenders for recidivism outcomes a mean effect of 12 per cent was found with recidivism falling from 45 per cent to 33 per cent. If a reduction in reconviction of 10 percentage points was considered plausible for P-ASRO then the trial with 800 prisoners would be sufficient (400 randomised to P-ASRO and 400 to control).

In order to set up an RCT covering 3000 prisoners we estimate that around 20 of the current P-ASRO sites would need to take part. (A trial with 800 prisoners would need around six sites.) This is based on a number of assumptions:

- that larger sites would be encouraged to take part (rather than smaller);
- that even the largest sites could not identify many more than 150 eligible prisoners per year;
- that 75 prisoners randomised to P-ASRO each year would be a reasonable ‘average’ number for the current P-ASRO teams to deal with.

How these numbers might be achieved in practice is discussed below.

2.2.3 Achieving the required sample size

Under the recommended design above, each site in the trial would need to randomise around 150 offenders during the evaluation period of a year and deliver P-ASRO to around 75 participants (although these averages might conceal considerable variation in the numbers across sites). The degree to which these numbers are achievable remains somewhat unclear however. There was a noticeable lack of consensus about the level of current provision of P-ASRO across the prison estate. Some participants felt that demand for P-ASRO course places was currently exceeding supply while others believed that demand for places was met. There were also people who felt that it is not clear what the current participant pool for an evaluation was. At a site level there was limited evidence of any considerable waiting list to go on the programme, but treatment managers noted that there could be a pool of potential participants who are not currently being referred and would therefore not appear on the waiting list.

A possible pool of participants was identified who would not necessarily be demanding places or being referred to P-ASRO at the moment, as they were not motivated to participate in the programme or were unable to do so because of the current eligibility requirements. It was noted that the pool could be widened by extending eligibility to the...
following two groups of offenders: those on a methadone maintenance prescription and/or those with issues with alcohol only rather than drugs and alcohol. Extending P-ASRO to those on a methadone maintenance prescription was identified as a potential forthcoming policy change with scope to extend eligibility. Indeed, there was evidence of this group receiving P-ASRO at the moment in parts of the prison estate. One reason given for this was to fill P-ASRO places when there was difficulty filling groups. The advantage of extending eligibility in this way was that P-ASRO would reach an important group who were also in need of the programme. However, it should be noted that those on a prescription do currently have other treatment programmes available to them, and it would therefore be important to ensure that the availability of other programmes for this group did not threaten the case flow for an RCT of P-ASRO. Those opposed to extending eligibility felt this would not fit within the ethos of the course, because it is abstinence based. Other concerns were that sections of the programme would have to be re-written, and including those on a prescription could be potentially disruptive to the group dynamic. Staff in favour of this change did not foresee these issues; they described how those on a prescription were currently allowed on the Short Duration Programme (SDP) without negative consequences and methadone was a pain killer and not a mind altering drug.

People’s perception of methadone and opiate medication is wrong...People are still allowed to drive on methadone. People are still allowed to use fork-lift trucks. They’re still allowed to operate machinery. All right, worst-case scenario: if you’re on 200 mil of methadone, yeah, there is …an issue there. But if you’re on 30 mil of methadone, what is the difference? They, they’re going to be …as coherent as I am today. (Treatment manager)

A third option for extending eligibility discussed by CARAT workers was regarding the eligibility criteria related to substance use. Staff suggested extending this to include those offenders who were assessed as being dependent on just one substance and not limiting P-ASRO to only those whose substance dependence included a class A drug\(^6\). However the P-ASRO manual (Walker, 2008b) does not state selection criteria as excluding offenders who fall within these categories which suggests there may also be ways of increasing the pool within the current criteria as it is written in the manual, but not necessarily followed by all staff. Ensuring an adequate number of appropriate referrals took place as a strategy for managing the case flow is discussed in section 2.3 below.

A further option to increase the pool of participants would be to introduce P-ASRO into new sites not currently running the programme. As found by Kerr et al., (2010) this could also potentially minimise some of the clinical, legal and practical impacts of an evaluation as discussed in section 2.1. Staff at one site not currently offering P-ASRO were keen to offer the programme, especially as it would sit well within their suite of programme delivery. This site currently offered the Short Duration Programme (SDP), which is offered to those with a sentence of 12 months or less, those on remand or not yet sentenced, and

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\(^6\) Illegal drugs are divided into three classes or categories, A, B and C. These classes carry different levels of penalty for possession and dealing. Class A drugs are considered to be the most likely to cause harm. Further information can be found at [http://www.homeoffice.gov.uk/drugs/drugs-law/Class-a-b-c/](http://www.homeoffice.gov.uk/drugs/drugs-law/Class-a-b-c/).
therefore P-ASRO would fit within a niche of being available to those on longer sentences. However it should be noted that for evaluation purposes if reconviction data and a follow up survey were required it would be preferable to include only those on shorter sentences. A concern raised at a strategic level about introducing P-ASRO into new sites was the cost implications involved. Resources would be needed to set up P-ASRO delivery in new sites including ensuring there was sufficient space and staff to deliver the programme. Increasing the level of P-ASRO provision across the prison estate would also involve carrying out the additional assessments involved. This would require additional funding and there was concern that the ISMG did not have sufficient funds available to do this.

2.3 Managing case flow and completion

Within three of the most recent pieces of research exploring RCTs in prison settings (Farrington and Jolliffe, 2002; Campbell, 2003; McDougall et al., 2009) managing and maintaining an adequate case flow has been identified as a key challenge. This was also found to be an issue in the FOR Feasibility study (Kerr et al., 2010). For an RCT, the main analysis needs to be ‘intention to treat’ (Edwards et al., 1998), so those randomised to P-ASRO who drop out mid-intervention are still included in the P-ASRO group for the analysis. This analysis method avoids selection bias, which would occur by only including those motivated to complete P-ASRO in the trial intervention group. It is therefore advantageous to avoid high drop-out rates if possible as these decrease impacts.

In examining how the case flow would be managed in an RCT the following four areas of risk were identified by strategic and operational staff.

Rate of referral onto P-ASRO: Referrals onto P-ASRO were underpinned by the involvement of CARATs, both in terms of the numbers being referred and who was being referred. Treatment managers described part of the CARAT role being to determine when it was most appropriate to refer an offender to the P-ASRO treatment team for an assessment. To maximise the potential pool of participants it would be important to ensure that all potential referrals were taking place, and that all referrals made were appropriate. CARAT workers described how they could refer more offenders if they knew more places were available. A number of issues were identified by treatment workers in relation to referral. Firstly, periods of low referrals could lead to the risk of courses being cancelled and to address this providers in some cases did last-minute recruitment to ensure sufficient places on the course were taken up. It was felt that on occasion this resulted in inappropriate offenders being referred to the programme due to the pressure to meet targets. Another impact of last minute recruitment was that important information and referral papers were not always passed on from CARATs. While in some instances the issue of inappropriate referrals appeared to have happened over a short period of time and had now been rectified with the involvement of senior management, it would be important to have safeguards in place to ensure inappropriate referrals were not made to the programme for the period of the trial as it could undermine the potential to detect PASRO’s impact. This could be managed by ensuring CARAT staff were trained and
resourced in carrying out the referral process in the correct way and realising the importance of doing so.

**Resource challenges:** Although not evident in the case study sites and staff participating in this study, there was evidence of other sites being assessed as suitable to run P-ASRO but not currently providing it due to limited resources and not having the facilitators in place to deliver the programme. Ensuring that all sites participating in the evaluation had sufficient resources to run P-ASRO would therefore be an important part of managing and maintaining an adequate case flow for an evaluation.

**Managing attrition and non-completers:** The rate of non-completers on the P-ASRO programme was not perceived as having a major impact, as it is relatively low: this was felt to be partly explained by attendance being voluntary and participants being motivated to attend P-ASRO. At a strategic level, low drop-out was felt to be partly due to the targeted selection process. Offenders also felt that drop-out was not a major issue, explaining that when it did occur this could be because of a between-prison transfer, an offender not being ready to go on the programme, or not being motivated. The overall drop-out rate from September 2007 to March 2008 was reported as 21 per cent by ISMG (Powis *et al*., unpublished). The monitoring review also highlighted how drop-out varies between sites from zero per cent to 44 per cent. It would therefore be advantageous to choose sites that had a low drop out rate for an evaluation. It would also be necessary to ensure a number of strategies were in place to keep the rate of non-completers to a minimum. There was some evidence of establishments postponing a transfer while offenders were on the programme, but it was acknowledged among staff that this could be hard to maintain for programme participants generally. This was especially so in the case of one site where remand prisoners were attending P-ASRO. It would therefore be necessary to ensure the eligibility criteria were followed, especially excluding offenders on remand, to manage attrition.

**Change in provision of other programmes and services:** Future changes in the provision of other programmes and services in the prison also posed a threat to case flow. For example, the rate of referrals onto the P-ASRO programme could be affected by changing the level of provision on existing drug treatment programmes or with the introduction of new services into the prison, namely the Integrated Drug Treatment System (IDTS). If P-ASRO remains an abstinence based programme then IDTS may impact by decreasing the number of offenders who are not on a methadone maintenance prescription and hence eligible for P-ASRO. This was described to be the case at one site running IDTS and delivering P-ASRO to offenders who did not fit the abstinence eligibility criteria. Managing attrition during the latter stages of the evaluation for the follow up survey is discussed in section 4.3.4.
3 Setting up the evaluation

3.1 Engaging sites

One of the vital issues to consider for implementing and running a successful RCT, is the importance of gaining the support and co-operation of both prison staff and the Prison Service, as highlighted by McDougall et al., (2009), Campbell (2003) and Farrington and Jolliffe (2002). Strategic and operational staff, were aware and supportive of there being a need to evaluate P-ASRO, especially because of the acknowledgement that there was no sound evidence base to show whether P-ASRO was achieving its intended outcomes and was cost effective. An empirical evidence base would enable resources to be directed at the correct programmes and it would be valuable to be able to let staff know that their work was having an impact.

“For all of those people who are delivering obviously for them it is motivating to know that this is a programme you know that we can demonstrate actually works, and the other thing is that you know we need to be in a defensible position, it's a lot of money that is spent so yes I think there are lots of reasons why we need a good evaluation of P-ASRO. (Strategic stakeholder)

Recent work carried out around the effectiveness of drug treatment programmes had also heightened the need for an evaluation. The 2007 NICE psychosocial guidance had recently challenged the effectiveness of drug treatment programmes and the PWC review (2008) identified a need for evidence on the effectiveness of brief psychosocial interventions.

3.1.1 Information needs

Strategic and operational staff identified five broad areas of information required to facilitate engagement with an evaluation across the prison service. These are described below. The first four of these areas were also found by the FOR feasibility study. The final information need, regarding a clear dissemination strategy, is perhaps more important here, because the evaluation would be about an established programme running across the prison estate, and its findings could arguably have greater implications on more staff members, especially those delivering the programme.

The purpose and benefits of running an RCT: The FOR study highlighted that sites would need to be convinced of both the rationale and benefit of running an RCT. This was again highlighted as an information need when looking to evaluate P-ASRO, especially by strategic staff who perceived confusion at an operational level around what accreditation meant, and that accreditation does not necessarily equal a sound evidence base. Operational staff described how it would be important for an evaluation to explain why
their input and engagement was so important. At a strategic level there was also some questioning of whether an RCT was the most appropriate tool to evaluate psychosocial therapies, due to the different research environment a prison provided compared to, for example, a medical environment. It would therefore be important to ensure there was support for an evaluation across the Ministry of Justice (MoJ).

**Recruitment of RCT participants:** As found in the FOR study, concerns were voiced about the ethical and cognitive implications of an evaluation for the control group. As suggested by Kerr *et al.*, (2010) it would be important for staff to feel informed about how RCT participants would be recruited and randomised, and about the measures which would be in place to manage any negative impacts of being allocated to the control group, which was a particular area of concern for staff. While it is recommended that an evaluation team would take all possible measures to ensure that offenders agreeing to participate were providing informed consent, Edwards *et al.*, (1998) stress the importance of ethics committees as a further level of protection. The fact that the evaluation had been ‘ethically approved’ could also be relayed to staff to help ensure their confidence and support of the evaluation method.

**Control condition delivery:** Staff and participants on the P-ASRO programme voiced their ethical objections to an RCT model of withholding treatment from the control group. It would therefore be important to inform staff that control group participants would continue to have access to the support and interventions normally available to them, including the work done by CARATs. It would be important to reassure staff that participating in an RCT would not disadvantage offenders in any way other than the fact they would not receive P-ASRO, and evaluating in this way fits within their ‘duty of care’ to offenders. Part of this reassurance would be to fully explain that reservations about withholding P-ASRO are based on the implicit assumption that the programme is effective, when in fact there is no convincing evidence that it is effective or ineffective.

**Resource implications:** Strategic and operational staff described how it would be important for an evaluation to minimise any burden on their existing workloads. It would also be important that sites and operational staff were very clear at the outset about what the evaluation would mean in terms of their workload and how their involvement could possibly be tied in with existing tasks they were already carrying out.

**Implications of the findings:** In addition to the information needs listed above it would also be important to manage the dissemination of results. At a governor level, it was felt to be important that the evaluation team had a clear strategy in place for the dissemination stage. This would be particularly important if the findings were less positive about the P-ASRO programme, as this could impact negatively on the P-ASRO team and other interventions the prison may be providing. In addition, there was concern among some treatment workers about the implications of an evaluation on their job role and the possibility of losing their jobs. It would be important to ensure that these concerns did not have a detrimental impact on their engagement with an evaluation. It would be imperative
that the aims of the evaluation and the potential consequences of the findings were made clear to all those involved and concerns managed.

3.1.2 Methods of engaging sites

The model of engaging sites suggested for the FOR study is the model once again suggested by staff for an evaluation of P-ASRO. Face-to-face methods of engaging and informing staff were the preferred communication medium as opposed to other methods such as emails which CARAT staff explained could be missed at busy times. The FOR study also notes that although it is recommended that written information should not be relied upon as the sole method of engaging sites, this method should still be utilised to support the information given face-to-face and to act as a point of reference. For further detail about engaging sites please see Kerr et al., (2010: chapter 3)

3.2 Setting up the evaluation

3.2.1 Support/ resources required

The support required to run the RCT of P-ASRO is different to that identified as necessary in the FOR study. As mentioned above, an evaluation of P-ASRO will not need to follow a ‘new site’ model of evaluation because P-ASRO is already provided throughout the prison estate. Therefore there will be no resources required to set up the programme in the prison sites as it will already be in place. Resources required relate solely to prison participation in the evaluation and not those associated with setting up a new programme such as staffing, facilities and a ‘bedding in period’.

It was felt to be important to make staff aware of the benefits of the research and how it would lead to a better service delivery for them and the prisoners. As with the FOR study, staff at all levels emphasised the need for participation in the evaluation to not create any additional work for, or overload treatment staff within the prison.

If you’re asking agencies that are understaffed and under pressure to deliver to targets all the time, asking them to do extra work, you know, it’s gonna be difficult. (CARAT staff)

One suggestion for overcoming this was that as much of the evaluation process should be incorporated into staff’s existing roles and procedures. For example, it would be possible to continue using the Comprehensive Substance Misuse Assessment (CSMA) tool for screening potential P-ASRO evaluation participants, as it currently works for referrals to P-ASRO. Were the evaluation to include some surveys, staff thought that these would be best if they were self-completion surveys. While not being the preferred evaluation method, an advantage of self-completion would be that they would not involve a lot of staff time and would thus reduce the burden placed on the prison staff.
A governor also referred to levels of security clearance as a potential strain on the prison site, as research staff during this study needed to be accompanied at all times while in the prison. Here they recommended that research staff be security cleared and ‘key cleared’ so that they could move freely around the prison sites without taking up staff time.

3.2.2 Control condition delivery

When conducting an RCT another key consideration is what the control group will receive. The reasons why this is important are two-fold and relate to the validity of the research and also what the comparator group should be. In the case of P-ASRO, one would need to ensure that the control condition is applied consistently to the entire control group. In the same way, it would be important to ensure that all participants in the experimental group receive P-ASRO in the same way. Given that the aim of the RCT would be an impact study, the control group condition would need to be significantly different from the P-ASRO programme to allow for differences in impacts to be measured. This section will now go onto explore what was felt to be the best and most appropriate control conditions for an evaluation of P-ASRO.

What was apparent in all of the interviews conducted was that it was not possible for the control group to receive no intervention. This was expressed as two main concerns; that it was unethical and also unfeasible to not offer any kind of treatment or support to control group participants. This view was shared across the different groups in the research, and was felt to go against the ‘duty of care’.

*If there was no other intervention that would be very difficult, I feel, as a worker to say no to somebody that actually wants to change and we’re giving information on saving lives really* (Case Study 1, staff)

Participants also expressed the opinion that everyone who wanted to attend P-ASRO should be able to, and that it was unfair on the control group to not be able to do the programme itself.

Staff and stakeholders also viewed it as unfeasible for the control group to receive no intervention. Given that offenders are referred to P-ASRO via their CARAT worker they would already be engaged with the service provided by this team within the prison. Therefore it would not be possible ethically to take this service away from the offenders allocated to the control condition and them to then receive no support.

*Everybody’s going to be getting light touch because everybody will be getting some form of CARATs intervention, so you won’t really, unless you specifically request that you have a sample of prisoners come in and they don’t get CARATs, but that again is going to have the ethical implications of not even being offered CARATs support.* (Strategic stakeholder)

It is also important to note that withholding all treatment could provoke legal challenges from offenders allocated to the control group and possibly even any victims involved.
There are evidence based interventions for drug treatment and if you say well actually you’ll sully our findings [if]...we give you any drug treatments so we won’t, is that actually legally defensible, you know what about the Human Rights Act? What about...in terms of rehabilitation?...There are a number of dimensions to this and another reason why I wouldn’t go for no treatment as a control. (Strategic stakeholder)

Although there were strong objections to the control group receiving no intervention there were fewer concerns about the control group receiving some level of drug treatment services. This was for two main reasons: the lack of evidence on the impact of P-ASRO on drug treatment and reoffending; and similarly, the unknown impact of P-ASRO compared to other services available. NICE guidelines (2007) state that cognitive behavioural therapies (CBT), such as P-ASRO, are not the best intervention for drug offenders. Therefore based on this understanding, to deny an offender P-ASRO is not as unethical as it may seem. The second issue of measuring the impact of P-ASRO compared to other programmes and services relates to assessing the ‘added value’ of P-ASRO. That is, the reduction in drug related offending for P-ASRO participants compared to those who have not completed P-ASRO, but have instead received standard drug treatment services.

A key question for me if this research is to have any value at all, is the more expensive P-ASRO approach, this more intensive treatment, is that delivering any more than a less intensive CARAT intervention over the same period and that’s a key question. Because, if it isn’t, as far as I’m concerned, P-ASRO is a waste of money and you could stop doing P-ASRO and reinvest that in CARATs. (Strategic stakeholder)

This view was also supported by one participant who stated that if someone was motivated to change then being on P-ASRO or not would not change this.

If you are ready to change, and you are ready to make that step, whether you are doing a course or whether you’re not, you are going to make that step. (Case Study 2, Offender)

‘Treatment as normal’ was identified as the most appropriate control condition for the offenders. This was perceived as both most ethical and feasible for offenders already engaged with drug treatment services in prisons to remain so. Having the control group receive ‘treatment as normal’ would ensure that offenders were still receiving some form of drug service while also not withdrawing something from them that they are already engaged with. It would also be most accurate when measuring the added value of the P-ASRO programme for those with substance related offending.

In order for the control group to be able to receive ‘treatment as normal’ it is crucial that this be defined so that the entire control group could receive this treatment. Within the research ‘treatment as normal’ was perceived to be continued contact with the CARAT team and any other programmes within the prison regime. However, within the prison estate CARAT services are provided and delivered by a variety of organisations as

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contracted by individual prisons. Standard CARAT service would be six one-to-one sessions, but because of multiple CARAT service providers across the prison estate, there is no standard service delivery as different provider organisations will have different agreed targets and delivery processes depending on their contract.

CARAT services vary, wherever you go. I have worked with CARATs previously, in CARATs services, one establishment might be really good on providing extra group-work sessions. Another establishment might not provide any group-work sessions. CARAT spec actually states that it should be a small number of one-to-one sessions, roughly in the ball park of about six. Now, I know for the three establishments that I’ve worked at, they’re doing 20 and 30 one-to-one sessions, which is not in the CARAT spec. (Treatment Manager)

There was a concern raised by both strategic and operational level staff that CARAT workers may be tempted to ‘top up’ their service for those allocated to the control group to reduce the perceived harm. CARAT workers would be able to do this by providing supplementary one-to-one sessions or group work. However in practice this was not thought to be possible due to time and funding constraints placed on CARAT workers and the level of intensity of the P-ASRO programme.

It’s [P-ASRO] a minimum of 40 hours’ treatment. No CARAT worker in the world is going to give 40 hours’ treatment on a regular basis to prisoners. (Treatment Manager)

With these concerns, around the unstandardised CARAT service delivery in mind, it was suggested by a number of strategic stakeholders and operational staff that a manual be developed which would specify the treatment that the control group would receive and ensure that the control condition be applied consistently.

One possible control condition that was mentioned was to provide an alternative structured drug treatment programme. Short Duration Programme (SDP) was mentioned as a possible substitute because the content of the programmes is the same as P-ASRO but it is targeted at prisoners on remand who do not necessarily need to be abstinent. The research team do not see this as a feasible approach given that any impacts study would want to be measuring the added value of P-ASRO and not P-ASRO compared to an alternative programme.

Another potential issue with the ‘treatment as normal’ approach to the control condition was that offenders would still be able to access other CBT aside from drug treatment programmes within the prison. This would include programmes such as controlling anger and learning to manage it (CALM), for offenders whose offending is associated with poor emotional control and enhanced thinking skills (ETS), which addresses thinking and behaviour associated with offending. Staff at all levels were concerned about the similarity of these programmes to P-ASRO and being able to distinguish between the affects of P-ASRO and those of the other courses. Given these similarities it would either be necessary to prevent all offenders in the control group, and potentially the P-ASRO group as well, from attending these programmes, or allow all offenders to attend these courses...
based on their needs. This second approach was favoured among the staff and would be more feasible in the research and prison context than denying the control group from receiving a number of programmes in addition to not being able to receive P-ASRO. Although this is the approach that was favoured by staff and is most feasible, it does have some implications when measuring the impacts of P-ASRO. Although randomisation should equate non-PASRO CBT in experimental and control groups, if a large number of offenders in both groups did receive other CBT interventions the relative impact of PASRO would be reduced and therefore harder to detect for a given sample size. If a number of the skills taught through the P-ASRO programme are also taught on other CBT programmes, it will be hard for any evaluation team to separate the affects of P-ASRO from other CBT courses.

Along with the ethical concerns raised in denying treatment to offenders, staff at all levels were also concerned with the impact on the offenders themselves of being referred for a programme that would be of benefit to them and then not receiving this treatment. The expectations of research participants would therefore need to be managed to ensure that any motivation to change prior to condition allocation was not entirely lost.

“They have a whole range of issues from low self esteem and lack of confidence and stuff and to be told you can’t do something when you know he’s made the effort, he’s made the first steps to try to change, and at the first hurdle he’s told he can’t do that. And particularly if he was then denied all help, um, yeah, I don’t think that would be helpful to him at all. And would be probably quite a good excuse for him or her to go and use drugs again. (CARAT staff)”

One possible way to manage the impacts discussed above would be to give the control group a ‘placebo course’ to help maintain motivation levels. However it is questionable how effective this would be if it was not targeted at their drug needs and would alter the recommended ‘treatment as normal’ condition for the control group. A further approach would be to have two control groups; one who received ‘treatment as normal’ and a second who received ‘treatment as normal’ plus a ‘placebo course’. This would establish the level of impact of not being allocated to the P-ASRO treatment group compared to not being allocated to go on ‘a course’. However, this would also be difficult to implement given the current case flow.

As discussed in chapter 2, legal issues were also raised in relation to a control condition delivery and these related to offenders who had a requirement in their sentence plan to complete P-ASRO. Possible solutions for this would be to gain support from the parole board to ensure that their participation, if they were allocated to the control condition, would not have a negative impact upon their release. It was also suggested to exclude this group of prisoners from the evaluation and allow them to receive the programme not as part of the evaluation. This would limit the number of evaluation participants in the P-ASRO programme which could be a problem given the potential for there not to be enough P-ASRO offenders for the research already.
3.3 Recruitment of participants and randomisation

A key issue for the ethical recruitment of offenders to an RCT is to ensure that they freely consent to participate (Farrington and Jolliffe, 2002). It is imperative that this consent is not only given freely but also that it is ‘informed’ and participants know what they are agreeing to. The process of obtaining informed consent warrants particular attention when an evaluation is to take place inside a prison, as offenders do not normally have the choice to make such decisions, and understanding what participation involves for an RCT arguably requires a more complex understanding than for other forms of evaluation research (Kerr et al., 2010). In addition it is vital to ensure this part of the evaluation is carried out in an ethical way to manage staff concerns about the impacts on offenders of participating in an evaluation. As recommended for the FOR study, those refusing to be randomised would automatically be treated as if allocated to the control group, but no outcome data would be collected on them.

3.3.1 Participants’ information needs

This report supports the three key information needs of participants that were identified in the FOR feasibility study. These were:

- the purpose of the evaluation;
- the involvement of independent evaluators;
- what participation in an RCT will involve for participants: Kerr et al., (2010) state the importance of providing clear and comprehensive information about participation in an RCT, which would require clarification across three specific areas:
  - the voluntary nature of taking part and the implications of refusing to participate;
  - random allocation and what this involves and means for participants;
  - the nature of the proposed follow up post-release.

Further information on these areas can be found in Kerr et al., (2010: chapter 3).

In addition to the areas above, CARAT workers described that being clear about what participation would involve would be especially important to the group of offenders eligible for P-ASRO. This was due to the ‘revolving door system’ for offenders with substance misuse issues. It would therefore be important for offenders to fully understand how their participation would exclude them from participating in P-ASRO during the evaluation period, even if they moved prisons or started a new sentence.
3.3.2 Methods of engaging participants

Before randomisation of participants took place offenders’ consent would have to be obtained. This study supports the two staged approach as recommended by Kerr et al., (2010) consisting of workshops or presentations delivered to offender groups followed by one-to-one sessions. Providing information face-to-face about an evaluation was the preferred way of receiving information by P-ASRO participants for two reasons. Firstly, it was felt information was more easily understood when conveyed in this way, and secondly it would make offenders feel more valued, especially within a prison environment where the majority of information they received was by paper.

*I think it’s nicer to actually get it face-to-face ‘cos like nine out of ten things that are done in jail is done via paper… you get a bit of paper under your door …but you don’t really read it. You look at it, and if it’s not to your liking, you…fling it in the bin. But it’s nice to know outside these four walls that there’s people that do actually care.* (Case Study 1, Offender)

Further information on how a two staged approach would work is provided in Kerr et al., (2010: chapter 3).

The effectiveness of the written information given to offenders before the feasibility study group discussions took place was questionable. There was evidence of some participants not having read the leaflets or the content having been mis-interpreted, especially around the purpose of the feasibility study and the independent nature of the NatCen research team from the MoJ. Despite this, written information was still seen as a valuable method to be used to support information given face-to-face, alongside making using of notice boards around the prison.

3.3.3 Randomising participants

Careful consideration needs to be given to the process of randomising participants, particularly within a prison setting where offenders were already suspicious of processes being ‘random’, instead perceiving processes that took place to be ‘fixed’ in some way.

*Ain’t nothing random in jail.* (Case Study 1, Offender)

Therefore an evaluation would need to aim to ensure that the allocation is perceived as based purely on random chance, otherwise this would undermine the experiment and could arguably increase any negative impacts on those allocated to the control group. One way in which this could be done would be to present the randomization as a ‘lottery’, as this is language that would be familiar to offenders and therefore clearly understood.

3.3.4 Approaches to randomisation

Kerr et al., (2010) suggested that two possible approaches could be taken towards randomisation, off-site and computer generated or on-site in front of the participants. The
former off-site approach was used successfully in the recent RCT of ETS (McDougall et al., 2009), and would be a valid approach for this evaluation. However Kerr et al., (2010) and the P-ASRO participants in this study highlighted offenders’ preference for the latter on-site approach to help to minimise suspicions of the process being ‘fixed’ in some way. A description of how the two approaches would work can be found in Kerr et al., (2010: chapter 3).

Irrespective of the approach undertaken, the preference for both staff and offenders was for operational staff not to be involved in the actual process of allocating participants. For offenders, their involvement could undermine the belief that the process was random and there was concern among CARAT staff about the potential negative impacts their involvement could have on their reputation and relationship with offenders. Staff were willing and participants were happy for staff to have a role in disseminating recruitment information and possibly collecting consent for participation in the evaluation. CARAT staff suggested consent could be collected at the same time when an offender first engages with CARATs and signs a compact. Another area where staff would play an important role would be in managing the impacts of randomisation as described below. Before randomisation took place certain categories of offenders, for example those with mental health problems, could be screened out of the evaluation.

3.3.5 Potential impacts of randomisation

Campbell (2003) acknowledged the potentially harmful impacts of being refused treatment on the basis of chance. While staff and participants showed concern about the impacts of randomisation, there was also a feeling that the impacts would not be so harmful. This was for two reasons: at a strategic level it was felt the impacts of being allocated to a control group would be very minor especially when compared to all the other influencing factors in an offender’s life; there were also some CARAT staff who felt it would make little difference because current allocation onto P-ASRO was already predominantly random.

The FOR study identified potential negative cognitive impacts on those allocated to the control group. Some potential negative impacts were again re-iterated by P-ASRO participants including the control group feeling ‘rejected’ and ‘let down’. However, some P-ASRO participants felt the impact of being allocated to a control group would be very much dependent on the individual and for some, not getting the programme may make them even more determined to succeed or would have minimal impact.

_It all depends on the individual person. I mean, some, some might see it as a rejection. Some might see it as they’re not worth anything…some might just think, “Oh, well…” Some might see it as a challenge._ (Case Study 1, Offender)

Operational staff had concerns with the potentially demotivating impact on those assigned to the control group. Strategic staff felt that being assigned to the control group could be particularly demotivating as the process of assessment raises an individual’s expectations.
As noted by P-ASRO participants and staff, it would be imperative that systems and strategies were in place to limit and manage any possible negative impacts on the participants of an evaluation, especially for those assigned to the control group. For example, it may be necessary to give those allocated to the control group a similar amount of time out of their cells as they would have had participating in P-ASRO. Participants described how an important way to keep their motivation levels up would be by staff providing after care. CARAT workers also felt this would be an important area to manage especially due to the potentially negative effect a detrimental impact on an offender’s motivation could have on their willingness to engage with other interventions offered within the prison. Potential negative impacts could also be managed by ensuring any credit or incentive given for participating in P-ASRO was also given to the control group. For example, at one site offenders were paid each week to attend P-ASRO and so this payment could also be extended to the control group.

Further potential impacts of an RCT are discussed in Kerr et al., (2010: chapter 3).
4 Monitoring programme delivery and measuring outcomes

4.1 Monitoring treatment

When the effectiveness of an intervention is being evaluated, it is essential that treatment as intended is assessed, rather than an alternate or modified version being delivered in a particular establishment, however unintentionally. Drift can occur with all interventions, but for the purpose of an evaluation it is important to identify and acknowledge factors which impact on programme delivery so that they can be monitored and safeguards can be put in place to encourage consistent delivery throughout the evaluation. It is important to define what is actually being evaluated so any outcomes derived refer to the intervention itself, rather than how the intervention is being delivered.

The P-ASRO programme consists of 20 group sessions and a Post-Course Review. The group sessions last two and a half hours and are delivered over a five to eight week period. The Post-Course Review must be held within four weeks of completion of the course and is attended by the treatment manager, CARAT case manager and the key worker facilitator. Attendance is also desirable for key personnel from Probation, Drug Intervention Programme (DIP) and the significant person whom the prisoner will be supported by on release (Walker, 2008b).

There was a belief among programme facilitators, treatment managers, CARAT workers and strategic staff that the manual is closely followed in the delivery of P-ASRO. This was thought to be due to the high level of auditing of the P-ASRO programme, which includes the live monitoring of sessions.

*It’s heavily audited and video recorded, or DVD recorded as it is now, then I don’t see how people would drift away from the manual, it’s done very much by the book.*

(CARAT staff)

However, a number of factors were identified by strategic staff, operational staff and P-ASRO participants, as impacting on the programme delivery. These are detailed below.

4.1.1 Group sessions

There were two overarching factors identified as impacting on how the group sessions are delivered: the staff delivering the sessions and the offenders that constitute the groups.

Treatment managers identified the fact that a number of facilitators delivering P-ASRO come from a psychology background. It was felt that while these facilitators tended to have knowledge of CBTs, they lacked knowledge of substance misuse which could impact...
negatively on programme delivery. Facilitators’ experience was also thought to potentially effect how the programme is delivered. Experience was defined by how long they had been delivering the P-ASRO programme and it was specifically highlighted that newly trained facilitators would deliver the programme differently, because of the time it takes to learn both the manual and how to facilitate groups.

There was evidence of people who did not meet the eligibility criteria being included on P-ASRO, which was due to sites not having enough eligible participants to fill the programme and meet targets. Ineligible offenders participating in P-ASRO included those on a methadone maintenance prescription, those on remand and offenders who were not motivated to do the programme. The inclusion of non-eligible offenders could impact on the group dynamic and consequently the delivery of P-ASRO.

\[ \text{Where you haven’t got a waiting list, whether they’re motivated or not, they’re put on.} \]
\[ \text{And that impacts greatly on the programme. (Treatment manager)} \]

One site described how they run additional parallel sessions alongside P-ASRO including fitness programmes, work with a patched family and friends team and alcohol awareness. These additional courses are run so offenders experience something else during the programme and in order to make P-ASRO a positive experience. Taking part in these additional sessions could potentially affect the way participants experience and engage with P-ASRO and the related outcomes.

At a strategic level, variation in delivery was explained by a number of differences between sites, relating to the staff involved in P-ASRO. The support of the CARAT team and their knowledge of the P-ASRO programme was thought to be essential in putting forward appropriate potential participants. The effectiveness of the referral process could impact significantly on programme delivery by affecting attrition rates and group dynamics. Institutional support, in particular whether senior management were supportive of P-ASRO, was also an important factor in effective delivery. Additionally, differences in delivery were attributed to whether facilitators were employed by the prison or a third sector company.

4.1.2 Post-Course Review

Where offender managers did not attend the Post-Course Review, both P-ASRO participants and programme facilitators felt this had an impact on the programme outcomes. Funding and time constraints were identified as key barriers to attendance, as offender managers are not provided with any extra resources to attend the sessions and had to fit it around their existing workload. Lack of attendance could de-motivate offenders by indicating a lack of throughcare and support in place for after P-ASRO completion.

\[ \text{Probation are meant to come up and see what you’ve done, but 9 times out of 10 they won’t, so if, if probation aren’t prepared to come up here and see you once you’ve done} \]
4.2 Measuring outcomes

4.2.1 The outcomes of P-ASRO

The overarching aim of P-ASRO is to reduce crime by reducing and ultimately ending substance dependence. The programme aims to achieve this by addressing the anti-social attitudes and behaviours associated with substance misuse and related offending (Powis et al., unpublished). Determining the factors which could be used to measure the intended outcomes of P-ASRO is an important part of the evaluation design. Staff and participants re-iterated the outcomes as described above when asked about the intended outcomes of P-ASRO. However, they also described a map of broader outcomes that it would be important for an evaluation to capture, and how within each outcome area the evaluation should aim to capture sufficient detail. This broader map of outcomes was made up of the following six categories as illustrated in Figure 4.1: substance misuse; offending; engaging with services; social; health and practical.

Figure 4.1 Perceived outcomes of P-ASRO

- **Substance misuse**
  - Type of drug used.
  - No longer committing crime to fund drug use.

- **Engaging with services**
  - Acts as a first step towards engaging in services.
  - Prolonged retention in treatment.

- **Health**
  - Minimising harm with change in substance use method.
  - Improved general health.

- **Offending**
  - Reduce severity of offence.
  - Increase time between offending.

- **Social**
  - A positive change in wing behaviour
  - Reduction in dangerous behaviour
  - Better social relationships

- **Practical / Self Management**
  - Finding accommodation and employment.
  - Seeking and/or participating in education and training.
These outcomes chime well with the nine criteria used to measure life success by Farrington and colleagues in their study of delinquent development (Farrington et al., 2006).

P-ASRO participants described P-ASRO as bringing about a change in internal state, in that the programme encouraged them to reassess where they had gone wrong and identify an alternative path.

“It’s about bringing some structure and some organisation to my life…it’s given me the option to show me that it can be done. (Case study 1, Offender).

Treatment managers described this change in internal state including increased confidence levels and motivation levels to prevent re-lapse.

As well as mapping a range of potential outcomes, the group discussions also identified some uncertainty about what the specific outcomes of P-ASRO might be. This was because P-ASRO was perceived as one piece in a jigsaw of treatment which involved setting participants in the right direction, and so for some, it was difficult to articulate what outcomes could be directly linked to P-ASRO.

I see success …if the clientele have made…any small step in the right direction, …that they can say, “I’ve learnt something from this course,” I’d call that a success. Because …completions and things like that, that’s not success to me. Even if somebody came off the course and said, “Actually, I got something from that and I can use that in future,” I’m happy…that’s how I call a success. (Treatment manager)

I just think it’s a stepping stone. It gives you something to work on because you’ve got to have a foundation to build from, and P-ASRO is a foundation course. (Case study 2, offender)

Difficulties participants had around being able to attribute outcomes directly to P-ASRO are to some extent explained by some of the literature on the programme. P-ASRO is described as being a ‘logical and legitimate programme in the offender treatment repertoire’ but how it is not ‘intended to be all things to all people’ (Walker, 2008a: 3).

At a strategic level it was noted that success could be linked to other variables not connected with P-ASRO, such as how quickly individuals are able to get treatment on the outside and the current economic climate. This view was also voiced by programme participants who felt that success of the programme was very much dependent on the throughcare available after they had completed the course however this throughcare was not always available.

At a strategic and operational level there was support for measuring the full range of impact areas as illustrated in Figure 4.1. At governor level however there was also the view than an evaluation should take care not to overcomplicate the picture by trying to
ensure coverage of too many impact areas, as only simple outcomes were needed to show P-ASRO as being cost effective.

As discussed in section 4.1 two potential risks were identified which could impact on the outcomes collected and potentially skew results: programme integrity and delivery variation and the profile of participants receiving the programme. As discussed above, P-ASRO participants also described how the limited availability of throughcare could also potentially have an impact on the success of the programme. This reflects the importance of continuity and resettlement as discussed in the programme manual. The literature on P-ASRO states that ‘for the programme to be effective, it must be integrated into the overall plan for the sentence and learning from the programme must be continually reinforced’ (Walker, 2008a: 20). If offenders are not receiving the through care they are seeking and feel they need, this could greatly undermine the findings of an evaluation. In accordance with the views expressed by staff, it would be important than an evaluation measured P-ASRO according to the manual in order to conclude whether it is achieving its aims.

The feasibility study also examined what P-ASRO should be measured against. i.e. the control group delivery as discussed in section 3.2.2. While there was support for the ‘treatment as normal’ approach it was questionable what this would be, both due to the variability of the other treatment and support available and the questionable impact participating in P-ASRO could have on the level of involvement with other services and programmes within a prison. While it was felt by some staff that offenders participated in as many programmes as possible and therefore those within the control and intervention group would receive broadly the same, with the intervention group having the addition of P-ASRO, this was not felt to be so by all staff. CARAT staff felt participation in P-ASRO could have a positive or negative impact on how much an offender then wanted to engage with the services they offered. At a strategic level, there was some feeling that due to the limited resources and time left on sentences to do programmes, offenders tended to not be able to do all programmes they were eligible for and motivated to do. It would therefore be important to manage a scenario where selection into the control group lead to an offender receiving more of the other treatment and support available than the P-ASRO group, in which case the evaluation would essentially be comparing P-ASRO with other programmes.

Assuming the receipt of treatment across the intervention and control group was broadly the same, with the treatment group having the addition of P-ASRO, some staff felt it was questionable whether P-ASRO would be shown to have ‘better’ outcomes than the control group’s treatment, such as the work from CARATs and other OBPs. CARAT workers felt that due to the resources involved P-ASRO should be shown to have ‘better’ outcomes than the control group. However for some staff members such as treatment workers P-ASRO was perceived as being a ‘small step in the right direction’. It would therefore be important that an evaluation’s findings and conclusions drawn about the effectiveness of P-ASRO were not undermined by measuring the relative impact of P-ASRO against a ‘treatment as normal’ approach as discussed in section 3.2.2.
4.3 Measuring the outcomes

The outcomes of those in the control and treatment group could be collected and measured using the following three methods:

- using existing data collected on P-ASRO participants and offenders;
- linking to datasets external to P-ASRO such as Local Inmate Database System (LIDS); and
- generating new data for the purpose of an evaluation through a follow up survey.

These three data collection methods are discussed below.

4.3.1 Using existing P-ASRO datasets

A range of existing data collected from P-ASRO participants and used for the P-ASRO Monitoring Review (Powis et al., unpublished) could potentially be used in an evaluation, provided comparable data could be collected from the control group. Existing data on P-ASRO participants includes pre and post treatment returns; pre and post P-ASRO psychometric data and the P-ASRO pre-intervention assessment, including data on demographics, offending history, substance misuse and dependence, and risk measures. Using the goals participants set themselves on P-ASRO could also be a potential data source, however CARAT workers highlighted how varied these goals could be, and it would be important for an evaluation to capture this diversity.

4.3.2 Linking to datasets external to P-ASRO

A number of identified datasets could be used as potential data sources for tracking outcomes. These include DIRWeb, a monitoring database compiled and managed by CARATs that lists everyone with a substance misuse issue and holds information about DIP and CARAT team activity; LIDS; and voluntary and mandatory drug test data collected both within the prison and post-release. Lastly CARATs suggested that their ten week review, taking place ten weeks after the P-ASRO final review, could be used to show achievement on objectives for the intervention group. At one site the action plan from the P-ASRO final review and data from the CARAT ten week review was entered onto an electronic database. For the control group similar data could be collected from the care plans held in their CARAT file, but this would obviously not include the objectives formulated at the P-ASRO final review. It may therefore be necessary to build in measures to collect data from the control group comparable to that collected from the P-ASRO participants once they have completed the programme.

When considering using existing datasets within an evaluation it is important that the following four issues are addressed.
Reliability of administration: It would be very important that tests were administered compliant with psychometric test conditions in a standardised way (Kerr et al., 2010).

Completeness: There was recognition at a strategic level of the low return and incompleteness of psychometric data used to monitor the programme in recent years, however following work carried out by ISMG this had now been greatly improved.

Resource: The evaluation team would have to invest resources in order to ensure existing datasets were complete. Additional resources may also be required to ensure the data was in a usable format for measuring outcomes.

Validity: The extent to which they map the full range of potential outcomes: for example it was questioned how much psychometric data could be relied upon, especially due to the perception that the best parameters when looking at the effectiveness of a programme are the skills the tutor had in understanding the group and in group interaction. LIDS and DIRWeb were also recognised as being limited in terms of the information they provided. Lastly staff also acknowledged the limitation of measuring the impact of P-ASRO within an artificial prison environment by using mandatory and voluntary prison drug test.

Linking datasets would be done with the use of identifiers. Prison National Number and National Insurance number would be two identifiers that could be used for data linking. However, as noted by Kerr et al., (2010) participants with multiple offences having multiple National Numbers would have to be managed.

The primary outcome measure, reconviction, would be tracked through the Police National Computer (PNC) and for this participants' permission would not be needed. It would therefore be possible to collect this data on all those randomised without any real risk of attrition.

It is clear that explicit consent would be required from offenders for an evaluation team to be able to track them post-release using other potential datasets apart from PNC. Participants raised concerns with agreeing to this stage of an evaluation in relation to their levels of privacy, the personal risk it could pose for them, and queried the purpose and need for having to do this. To manage these concerns it would be necessary to have a signed confidentiality agreement between the participant and evaluation team, and also take the time to explain this stage of the evaluation to participants to ensure it was fully understood. In the FOR study, willingness to participate in this stage of the evaluation was also found to be dependent on an individual’s situation both in terms of the outcome of the allocation and how well they perceived themselves as progressing generally.

It would be very important that these concerns were managed at the outset of an evaluation; management strategies are discussed in Kerr et al., (2010: chapter 4).
4.3.3 Follow-up survey

The idea of generating data to measure outcomes was supported by both staff and offenders. While not essential for the study (if the view is taken that P-ASRO needs to be judged solely on its impact on reconviction), a follow up survey enables an evaluation to capture the ‘bigger picture’. Staff and offenders felt this was an important aspect. However, support for this was also qualified by an acknowledgement of the difficulty of tracking offenders on the outside, and this was seen as a particular issue for this group of offenders who tended to have ‘chaotic lives’. However, it should be noted that other studies with a similar sample group have achieved a reasonable level of follow-up, for example the Drug Treatment Outcomes Research Study (DTORS) (Barnard et al., 2009). Not only tracking offenders on the outside but also tracking them within the prison system was also highlighted by staff as being potentially challenging, especially when offenders moved sites more than once. It would therefore be necessary to have systems in place to track offenders within the prison system before release.

While staff and offenders were generally supportive of a follow up survey, they did also voice concerns about how willing participants would be to take part and how tracking them may prove difficult. The FOR study suggested that offenders’ willingness to participate would be dependent on the following four issues: whether they had been allocated to the control or intervention group; their sentence and licence conditions; the progress they perceived themselves as making; and whether there would be any incentive offered for participating.

The only feasible method of capturing a very detailed picture of how offenders fare once they leave custody is an outcomes survey. If a detailed picture is a requirement of an evaluation it would be important to have a number of strategies in place in order to minimise attrition during this stage of the evaluation. Strategies are discussed in section 4.3.4.

The ideal way of measuring P-ASRO outcomes would appear to be to combine survey data with administrative data so that between them a reasonably comprehensive picture of outcomes for the intervention and control groups is obtained. It should be noted that a design where all prisoners who are entered into the trial are traced through administrative sources, in particular the PNC, but just a sub-sample are also followed up by survey, would be feasible. For example, if the trial included 3000 prisoners in order to give sufficient power to detect impacts on reconviction, it might be reasonable to select just half of these by survey, giving (after non-response) two groups of around 800-1000 each to compare on survey outcomes. This may well be a large enough sample size to detect impacts on more direct P-ASRO outcomes, such as better social relationships if the assumption is made that the impacts on these outcomes will be fairly large.

Staff and offenders identified four potential groups who could be involved in helping with the administration of an outcomes survey: probation; DIP and Drug Action Team (DAT); voluntary shelters and the benefits office. The DIP team were perceived at a strategic level as a useful body to use in tracking offenders, as they are meant to take up where the
CARATs team has left off when offenders are released from custody. Offenders felt probation would be an appropriate body to involve because if released on licence attendance at probation appointments is a requirement.

If you’re going to probation… you’re not putting yourself out. You’re not making another journey to go…You’re there anyway. So…if you get asked some questions, you’re going to answer them, aren’t you? (Case Study 1, Offender)

Kerr et al., (2010) found that probation officers also acknowledged how they would be a useful resource to use, both in maintaining contact and possibly asking some of the questions. However P-ASRO participants felt it would be very important for an evaluation team to stress that they were independent from probation, so the participants felt able to give truthful answers around their drug use and offending. For an independent evaluation to take place, data collection by completely neutral interviewers would be necessary, and probation staff could be used to facilitate access to ex-offenders.

Due to the general consensus of the difficulty of trying to contact participants post-release it would be advisable for an evaluation team to collect as many types of contact information as possible. Having different types of contact information would not only assist in tracking participants but could also be used to collect outcome data by an alternative method should a face-to-face interview not be possible. Collecting both mainline and mobile telephone numbers, and therefore having the option of being able to do an interview over the telephone may be a useful alternative data collection method to have in place. A further possible way of collecting outcome data would be sending a self-completion questionnaire to the participants address.

Based on the expected impacts of P-ASRO the recommended timeline for an outcomes study to take place would be:

- an interview just prior to release to capture their current situation and their plans post-release;
- a first follow-up interview at three months to capture early post-release outcomes on drug use and possible offending;
- a second follow-up 12 months after release to capture longer term outcomes.

Due to the difficulties identified and the potential resources involved in tracking this group of offenders, a follow-up just prior to release followed by a final follow-up at three months may be deemed more appropriate by the Department. This may not capture the full cycle of drug use and longer term outcomes, but would provide valuable data on whether P-ASRO has had an impact on post-release outcomes up to the three month stage.

Tracking of reoffending via the PNC could be carried out over a longer time period.
It would be important for an evaluation to include a smaller qualitative component to contextualise the quantitative outcomes from the survey and data linking and look at process issues. This part of an evaluation would involve a detailed exploration of the behaviour and experiences of participants. The aim of this part of an evaluation would be to develop categories of behaviour, experiences and explanations that were comprehensive in the sense of capturing the full range of views and experiences. Qualitative methods could explain why the quantitative outcomes were occurring, including exploring for whom and under what circumstances. A qualitative component would be an important part of providing further insight into capturing the ‘bigger picture’ as desired of an evaluation by both staff and offenders.

4.3.4 Managing attrition during an outcome survey

Participant drop-out, at different points from when participants are initially assigned, to when they are finally assessed, was found by Farrington and Welsh (2005) as one of the most important threats to an experiment’s internal validity. Differential attrition would mean the findings drawn from an evaluation could be attributable to the differential loss of participants from experimental and control conditions rather than the intervention itself. Concern voiced by both staff and offenders about the difficulties involved in conducting a post-release follow up demonstrates the need for a number of strategies to be in place to manage attrition. Kerr et al., (2010) found that these strategies may be particularly important for the control group, who may feel less motivated to take part due to not receiving the intervention in the first place. A combination of motivational and practical measures would need to be utilised in order to track participants. Farrington et al., (1990) demonstrated that success in tracing participants in the Cambridge Study of Delinquent Development was achieved by persistence and by using a wide variety of methods.

There are a number of methods that could be used to minimise attrition: collecting stable addresses7; linking in with their probation contact; using incentives; sending letters from the research team; and having a free phone information line for participants. As previously mentioned, in addition to linking in with probation for this group of offenders it would also be desirable to link in with their DIP worker. However there was concern about relying on stable address contacts as the main method of tracing participants, as both staff and offenders felt it was questionable whether participants would be able to provide such information. There was also concern about how willing ‘stable contacts’ would be for an evaluation team to have their details and to be contacted regarding the ex-offender. It would therefore be important for an evaluation team to have clear guidelines in place for how the information would be treated confidentially and be able to provide an example of what they would say if they did use the stable contact details. Reluctance in supplying a stable contact was based on wanting to avoid involving anyone else in the evaluation, especially as it was felt contact and tracing could happen through another route, such as probation. While it was very important for this feasibility study to map the range of issues

7 Collecting stable addresses would involve offenders providing the name and contact details of people who would know their whereabouts post-release.
involved in using stable addresses for tracking the intended evaluation population, surveys with a similar sample group were able to supply several stable address contacts (Barnard et al., 2009).

While there was some willingness to participate in an evaluation without being offered an incentive, P-ASRO participants agreed that the use of incentives would be a positive tool to use when trying to minimise attrition. This was seen as being especially important for the control group as they would have not had experienced the possible change in internal state that came with attending the P-ASRO programme.

_We’ve had a couple of steps up the ladder, haven’t we? …we’ve been through P-ASRO. We’ve got the… psychological help… And for these guys, basically they’ve had nothing, so you’re going to have to dangle something in front of them just to get them through the door, really._ (Case study 1, offenders)

Offenders acknowledges that if a follow up survey was part of the probation visit then this would mean an incentive was less important as offenders would be required to visit their probation officer anyway. However an incentive is nevertheless recommended, especially as it may be a way of encouraging attendance from participants who would not keep to their probation appointment otherwise. At a strategic level there was some concern about how giving incentives to ex-offenders would fit within the current policy in this area and so it would be vital for the use of any incentives to have the correct clearance and support needed within MoJ.

### 4.4 Economic evaluation

In this section the feasibility of undertaking an economic evaluation of P-ASRO programme is considered and particular attention is given to the ways in which costs and outcomes could be established. The importance of considering the cost-effectiveness alongside the effectiveness of P-ASRO was recognised by strategic staff interviewed for the qualitative research; see the strategic stakeholder quotes in section 3.1 and in section 3.2.2 (page 24). An economic evaluation would help establish the additional costs of P-ASRO over and above what is already provided and would then consider if the additional costs are worthwhile in terms of improvements in outcomes.

#### 4.4.1 Study design

An economic evaluation conducted alongside an RCT would provide information on costs upon which biases have been minimised. Minimising bias in the measurement of costs is important for the same reasons that minimising bias is for the measurement of outcomes; it means that it is much more likely that the true difference in costs between P-ASRO and the comparator can be established. In turn, while it is possible to use other study designs for an economic evaluation, the same limitations exist for economic outcomes as for other outcome measures.
4.4.2 Comparator
The economic evaluation should seek to capture the additional cost of P-ASRO against a chosen comparator. The choice of comparator can influence the size of the difference in costs and effects; choosing a poor comparator could make a new treatment appear particularly effective. The preference for a ‘treatment as normal’ control condition that emerged during the qualitative work fits in well with the principles of economic evaluation, which state that the comparator should be the next best alternative (Gold, 1996).

4.4.3 Perspective and the identification, measurement and valuation of costs
Perspective is the term given to the viewpoint taken by an economic evaluation; it determines which costs will be included and excluded. The economic evaluation of FOR (Kerr et al., 2010) recommended that a broad perspective would be necessary, including the costs of a range of service used in prison and upon release, because a key aim of FOR was to encourage engagement in resettlement activities. However, for an evaluation of P-ASRO, such a broad perspective may not be necessary and it may be more appropriate to take a narrower perspective, for example including only the prison based costs of P-ASRO and the CARAT services used by those in the control group. For a very broad perspective to an economic evaluation of P-ASRO, an evaluation may choose to measure the use of substance misuse services by the offender upon release from prison, which would then make it possible to examine the long-term impact of P-ASRO on service use and costs on release.

The total costs needed for an evaluation of P-ASRO are the costs of the P-ASRO programme and the CARAT services used by the control group and the treatment group. These are estimated through a process of measurement of relevant resources, followed by the valuation of these resources with unit costs in order to generate the required total costs for each group. Costs could be established as follows:

First, the key resources that will need to be measured are as follows: for the P-ASRO group - the number of P-ASRO sessions attended and the number and type of contacts with CARAT services, and for the control group - the number and type of contacts with CARAT services. In common with the different approaches to the measurement of outcomes (see section 4.3), there are advantages and disadvantages of different methods to collecting service use data, which are summarised below.

- To measure the number of P-ASRO sessions attended, existing P-ASRO datasets should be a useful and important source of data.
- To measure the number and type of contacts with CARAT services used by the control and treatment group, datasets such as the DIRWeb (which holds information about CARAT team activity), would be an important source of information. The usefulness and appropriateness of such existing databases to
measure service use would depend on the accuracy and validity of the data recorded in them.

- An alternative to using these existing datasets would be to ask the offenders themselves how many P-ASRO sessions they had attended or how many times they had contact with the CARAT team, though the accuracy of self-report data such as this would be questionable.

Second, once the resource use data are measured, total costs can be calculated by applying a unit cost to each service. At present there are no routine sources of unit cost data for use in this setting and any evaluation would have to decide on the best approach to costing. However, it is likely that the outputs of the Unit Costs in Criminal Justice (UCCJ) project (funded by the MoJ to develop costs for the three large cohort studies) will provide useful and relevant cost data for an evaluation of P-ASRO.

### 4.4.4 Outcome and method of economic evaluation

Outcome measures relevant to P-ASRO were explored in section 4.2.1. An economic evaluation requires a single outcome measure and measures relating to substance misuse and offending\(^8\) are probably the most relevant because with economic evaluations there is a preference for final outcome measures, so that their results can be useful to decision-makers. For example, a cost-effectiveness analysis would present information on the additional cost of P-ASRO per drug-free day in the community, or the additional cost of P-ASRO per offence prevented. If the evaluation chose an offence related outcome, it would then be possible to undertake a cost-benefit analysis where the outcome is valued monetarily. Alternatively, a cost-benefit analysis could be completed, where the incremental costs (the costs of P-ASRO over treatment as usual) are compared to the incremental benefits, where here the outcomes are valued monetarily using existing Home Office estimates for the costs of crime. In this type of analysis, if benefits are greater than costs, the programme is considered a cost-beneficial allocation of resources.

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\(^8\) The PNC only includes offences that lead to conviction and therefore not all criminal activity is captured.
5 Carrying out a quasi-experiment of P-ASRO

Other evaluation options at level four of the Maryland Scale\(^9\) could be used for an evaluation of P-ASRO if it is decided that an RCT is not feasible. This report is advocating the use of an RCT as a first choice evaluation method as randomisation attempts to ensure that any identified differences between the intervention and control groups are due to the intervention under evaluation rather than any other factors, both known and unknown. However, an alternative feasible method would be a quasi-experimental design, where offenders in prisons offering P-ASRO are matched to a similar profile of offenders in prisons not offering P-ASRO. See for example, Farrington et al., (2002) for how a quasi-experimental design might work in practice. Two possible options include:

1. A retrospective matched design: A design where existing or previous P-ASRO prisoners are matched to similar prisoners in non-P-ASRO prisons and PNC outcomes for the two groups are compared;

2. A prospective matched design: A design where new P-ASRO prisoners are matched to similar prisoners in non-P-ASRO prisons and the two groups tracked post-release with the full range of outcome data being collected.

A third alternative would be to simply compare reconviction rates for P-ASRO prisoners against their predicted reconviction rates. If P-ASRO prisoners do better than predicted this would suggest that P-ASRO is having an impact. However such an approach is heavily reliant on the predicted reconviction rates being accurate. Using a matched comparison design ought to be more robust than this if prisoners are matched on their predicted rates. Then if the difference between actual and predicted reconviction rates is greater in the P-ASRO group than the difference between actual and predicted reconviction rates for the matched comparison group, the evidence that P-ASRO is making a real difference will be more convincing.

A retrospective matched design would be relatively easy and quick to conduct and given the focus of P-ASRO on reducing re-offending, would probably be a sensible way forward irrespective of whether or not an RCT is conducted. However there are a number of serious considerations which would need to be taken into account. This evaluation method would involve P-ASRO sites providing historical OASys data on the characteristics of those on the P-ASRO programme in the last few years (or, to avoid self-selection bias, those identified as P-ASRO-eligible). Reoffending outcome data would be collected via PNC but it would not be possible to collect any additional outcome data as

\(^9\) The Maryland Scale of Scientific Methods was developed by Sherman and colleagues for their review of crime prevention interventions (Sherman et al., 1998).
consent for data matching and/or recontact by a survey organisation would not have been sought. Other non – P-ASRO sites would provide a comparison sample (with the sample being generated from those who would be P-ASRO eligible in principle), and the P-ASRO and comparison samples would be matched on OASys characteristics using propensity score modelling or other analysis approaches. While this evaluation design would give a reasonably robust test of whether P-ASRO reduces reoffending, any broader impacts such as those detailed in Figure 4.1 would not be captured.

The second prospective matched design would involve prisoners going through P-ASRO being matched to a sample of prisoners in non P-ASRO prisons, and consent would be sought for tracking their outcomes post-release. Data on both groups would be collected concurrently.

For both the retrospective and prospective designs selecting offenders from non-P-ASRO sites, who after matching to P-ASRO prisoners on OASys data, would experience the same pre and post-release outcomes could be very challenging, especially due to the cultural differences across sites that affect outcomes but are difficult to capture. Overcoming this challenge was reflected in some of the concerns with this evaluation method described by staff, and their acknowledgement of the many different variables that can impact on individual outcomes. Examples given included the extent and content of other available interventions, such as the CARAT provision, and prison characteristics such as the amount of time offenders spend unlocked. If such data were available matching P-ASRO sites with non-P-ASRO sites with similar historical reoffending rates for their P-ASRO eligible offenders would be a first step in managing this challenge. Operational staff suggested matching variables to help ensure the comparison of ‘like with like’. These included prison characteristic such as category and location, and offender characteristics such as OASys score, Severity of Dependence Score (SDS) and the location of where individuals would be released to. The Comprehensive Substance Misuse Assessment (CSMA) was suggested by CARATs as a useful tool to use for matching.

Strategic staff suggested a sample profile similar to that proposed for an RCT design. Once again it was suggested the sample should be representative of the current profile of P-ASRO participants and include a range of sites according to their category, location and rating on the Measuring the Quality of Prisoner Life (MQPL) scale.

Staff and offenders would be generally willing to participate in a prospective matched quasi-experimental study and for some this method was favoured over an RCT because it was seen as not involving denial of treatment and being more realistic and fair. However, it should be noted that ‘denying treatment’ may be an issue if a site selected as a non-P-ASRO comparison prison had a system in place enabling offenders wanting to do the programme to be transferred to a site offering it. There were however concerns about how comparison group prisons would be engaged to participate. A proposed method to overcome site engagement issues at a governor level would be to involve the DOM of the selected P-ASRO site to assist in the identification of the comparison site. It would be
advantageous for an area manager to know whether they should be resourcing P-ASRO in sites not currently offering the programme.

*The advantage for the…Director of Offender Manager would be he'd get some sort of understanding about …the effectiveness of how that course is going… if you turned up to me, and I didn't have P-ASRO… no I don't think I would warmly embrace you in the way that I'd say I'd like you to come and do some research here, so I’d probably go above the governor …If my boss came and asked me to do it I’d probably do it much more than I would do if you called. (Case study 2, staff)*

As for an RCT model, it would be advisable for the comparison group in a quasi-experimental design to receive ‘treatment as normal’. However, it would be very important to document what ‘treatment as normal’ comprised. Figures for Drug Treatment Programme (DTP) completions 2007-2008 compiled by ISMG, show that a large proportion of the prison estate not running P-ASRO do have another DTP in place. Staff described how the alternative DTP SDP was very similar to P-ASRO in terms of coverage. This could have implications for the results of an evaluation, which compared P-ASRO with a rival programme rather than comparing P-ASRO to a non-programme regime. A quasi-experimental design could in effect be an ‘impact of P-ASRO relative to other programmes’ approach. While this is in part also true for the RCT design, given that ‘treatment as normal’ includes the work offered by CARATs, it was generally felt that P-ASRO should have a greater impact than CARATs as discussed in section 3.2.2; but this would not necessarily be the case if the comparison was made with a similar intervention. This along with the concerns around the limitations of matching could have potential implications for the support of an evaluation and the conclusions that were drawn from it.

It should be noted that as found by Kerr et al., (2010) running a prospective matched quasi-experimental evaluation would have similar resource implications as running an RCT and would need similar sample sizes (around 1500 P-ASRO prisons and a similar number of comparison group prisoners). Assessments would need to be carried out in both the P-ASRO and non-P-ASRO sites to identify eligible offenders to participate in the evaluation and, if necessary, systems would have to be set in place to collect consent for data linking and a possible follow up study (unless, that is, the quasi-experiment tracks via the PNC only). The proposed model of setting up an evaluation and engaging sites for an RCT would also be appropriate for a quasi-experimental design, with an external evaluation team being involved in explaining the study to potential participants. As noted by Kerr et al., (2010) there would be potential issues around engaging the participants in the control/comparison group, irrespective of whether the evaluation was an RCT or quasi-experimental design. Running a prospective matched quasi-experimental evaluation or a RCT design would also have a similar timeline. In contrast a retrospective quasi-experiment would be considerably less expensive because it would rely primarily on secondary analysis of existing data.

Another design worth reflecting on is a before-after design. This is where P-ASRO would be introduced in new prisons and existing pre-P-ASRO prisoners act as a comparison
group for the subsequent P-ASRO prisoners. There would therefore need to be an initial period before running P-ASRO in order to recruit prisoners to a comparison group. Under this model consent to follow-up post-release could be sought and the full range of outcomes measures captured. However the risk of this design is that the outcomes from the comparison and P-ASRO group will be collected at different times. In a period of economic instability differences between the comparison and P-ASRO group outcomes may be attributable to changes in the economy rather than attributable to the P-ASRO programme. In addition, as discussed in chapter 2, concerns were raised at a strategic level about introducing P-ASRO into new sites for evaluation purposes, due to the cost implications involved.
6 Conclusions and implications of the study

The findings from this study indicate that an RCT of P-ASRO is feasible and this report has set out the issues to consider when implementing and managing an RCT. There was general support for an evaluation which would generate high quality evidence to demonstrate whether P-ASRO is achieving its intended outcomes and is a cost effective intervention for prisons to provide. An RCT is considered by the authors to be the most robust way of carrying out such an evaluation. The findings have set out how the ethical and practical challenges cited throughout the literature and also raised by staff and offenders could be managed to enable an RCT to take place.

6.1 Timing

While there was general belief among operational staff that P-ASRO is being delivered according to the manual, at a strategic level a number of variables were described as impacting on delivery. There was also evidence of P-ASRO ceasing to run at some sites due to a lack of resources. Depending on the reliability levels of the new audit guidelines, a pre-evaluation audit may be recommended to ensure sites meet a sufficient standard so that an evaluation of ‘best practice’ delivery could be achieved. An evaluation would have to then either allow sites to get up to the required standard, or initially select a larger pool of sites than needed, only retaining sites that met the required standard of delivery. Depending on the option taken, it may be necessary to build in some ‘pre-evaluation time’ to ensure all participating sites met the required delivery standard. Once the sample has been determined it is recommended that the actual evaluation would be run for a period of approximately two years. The evaluation would be run in prisons in the first year. Depending on the length of follow up required it would be necessary for the outcomes survey component of the evaluation to continue for a minimum of three months and a maximum of a year after this. This gives a total evaluation time of at least one year and three months to over two years. After this there would be a period of data preparation and management, analysis and reporting before results were available for the Department.

6.2 Sample profile

If the findings from an evaluation would be required to be generalisable across the prison estate, it would be important to include range and diversity both in terms of sites and offenders. However, if it was felt an evaluation should focus on whether P-ASRO ‘worked’, even if this was for a particular targeted group or for the majority group receiving it, having such sample diversity may not be necessary.

To run an RCT there would need to be a sufficient sample size. There were mixed views about whether the current eligibility requirements of P-ASRO would enable an adequate
sample size for an RCT within the current prison population. Therefore before an evaluation took place some further preliminary work or data would be required to establish whether there is a sufficient pool for both a control and intervention sample. This preliminary work would need to establish whether there is a pool of eligible prisoners who do not receive P-ASRO at the moment. For a reconviction and follow up study to take place it would not only be necessary for offenders to be eligible but also to have an appropriate time left to serve on their sentences. There were mixed views about whether there was a sufficient number of offenders close enough to release participating on P-ASRO to participate in an evaluation. Including P-ASRO participants with a longer time left to serve on their sentence would obviously mean a longer period before reconviction data was available and the difficulties involved in tracking prisoners may be more acute for this group. If the further preliminary work established that there is not a sufficient pool there are three options available to the Department for an RCT to take place: (i) work with existing numbers by changing the level of P-ASRO provision, for example, run smaller/less frequent groups; (ii) work with existing numbers but run the evaluation within prisons for a longer period than a year; (iii) increase the pool by changing eligibility. The most widely discussed way of extending eligibility criteria to increase current case flow would be to include those on a methadone maintenance prescription. At a strategic level this was thought to be a possible upcoming policy change and there was evidence of some offenders on a prescription receiving P-ASRO at the moment.

6.3 Engaging sites and information needs
Ensuring an RCT had support across the prison estate would be crucial for its successful implementation. It would be important to use a mixture of methods to engage both staff and offenders, and imperative that face-to-face methods were an integral part of the process. An evaluation team would be required to provide clear information on the purpose of an evaluation, the stages involved and the impact of an evaluation on a prison’s resource. Due to the especially contentious issue of the system of randomly allocating offenders onto P-ASRO this would have to be given particular coverage along with explaining the systems in place to manage any potential negative impacts on the control group.

A clear dissemination strategy would need to be in place once the RCT findings were known. This would have to be carefully managed, especially if the findings were less positive, due to the implications such findings could have on those involved with P-ASRO and other similar interventions.

6.4 Running the evaluation
If it was felt that the new audit guidelines introduced in April 2009 would not serve as a sufficient indicator of an agreed definition of ‘best practice’ delivery sites, a pre-evaluation audit would be required.
An external evaluation team should carry out random allocation to ensure it is carried out correctly, participants believe it is random, and the change in allocation does not have a detrimental impact on the offender’s relationship with prison and CARAT staff. It is recommended that the control group receive ‘treatment as normal’ due to the ethical and practical concerns expressed about the ‘no treatment’ approach. ‘Treatment as normal’ was also felt to be appropriate for the control group, as it was felt an evaluation should measure the added value of P-ASRO, especially against the work of CARATs. This was seen to be especially important due to the greater resources involved in its delivery. Not only establishing whether P-ASRO is ‘working’ but also that it is a cost effective intervention, was seen as one of the aims of the evaluation.

6.5 Measuring outcomes
The textbook aim of P-ASRO being to address substance use and related offending was re-iterated by staff and participants. However, a wider picture of impact areas was also described which would be important for an evaluation to capture, as well as the diversity within each outcome measure. It would be very important to have an agreed set of outcome measures in place, especially as P-ASRO was perceived as one piece in a jigsaw of treatment which involved setting participants in the right direction. A follow up outcomes survey is recommended and was supported by both staff and offenders. However, there was agreement across staff and offenders that it would be important to have a number of strategies for managing attrition in place, especially due to the ‘chaotic lives’ that this group of offenders tended to have post-release. It would have to be decided whether the additional resources required for a 12 month, as opposed to three month, follow-up was desirable and practical given the issues of tracking offenders highlighted by both staff and P-ASRO participants.

6.6 Managing policy change
Future risks to current case flow identified by staff included the introduction of IDTS or level of provision of another DTP offered. Kerr et al., (2010) found it would not be possible to ring fence evaluation sites from other policy changes such as End of custody licence legislation (ECL). The evaluation team would need to have systems and strategies in place to ensure they had warning of any policy changes before they were implemented. This would enable policy changes which could impact on the evaluation to be managed and addressed in the same way across all participating sites.

It would be important that the evaluation included a strategy for dealing with P-ASRO being a requirement on sentence plans, so that establishment targets and offenders were not disadvantaged by participating in an evaluation. The Department could do this in the following two ways; either remove P-ASRO from all sentences plans of those participating, or give the control and intervention group equal credit irrespective of their allocated group.
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Appendix

This appendix gives further information about the research methods and approaches used in the study and includes copies of key study documents. A glossary of terms used throughout the report is also included.

Sampling and recruitment

The recruitment of offenders happened via a two staged approach. The research team firstly provided the P-ASRO programme treatment manager at each site with an outline of desirable sampling criteria to use in selecting potential participants. Within this approach, the rationale in selecting people to participate was not to select a sample that was statistically representative of all prisons or programme participants, but to aim to capture diversity across certain key variables. The aim of the feasibility study was to map a wide range of experiences associated with P-ASRO and views of the perceived feasibility of conducting an RCT or other outcome evaluation. Within each establishment the aim was to select offenders to ensure diversity in terms of age, ethnicity, OASys score, experiences of other offending behaviour programmes (OBPs) and in the length of time they had spent at the establishment. With this in mind the treatment manager approached potential participants and gave them an introductory letter and leaflet inviting them to take part in the study. The research team then sent out confirmation letters, via the treatment manager, to those who had agreed to participate. Before the group discussion took place all participants were required to complete the consent form. After the group discussion had taken place all participants were asked to complete a form asking for some information about them so that a profile of participants could be included in the final report. The research team once again emphasised the voluntary nature of all stages of the study, before distributing the forms among offenders. They explained that any questions could be left blank if preferred, and the participants were not asked to include their names on the form.

Using a sample that is not statistically representative of all prisons or programme participants means that it is not possible to generalise the findings of the study in terms of prevalence. Therefore the number of prisons and programme participants who described particular experiences or held particular views cannot be estimated based on the data in this report. However, as the research team were able to achieve a sample of respondents with a broad range of experiences and in a wide variety of circumstances, this study does give a good indication of the range and diversity of the views and experiences of the study population across the key dimensions of relevance to evaluating P-ASRO.

Topic guides

As this was an exploratory study, the research team wished to encourage participants to discuss their views and experiences in an open way without excluding issues that may
have been of importance to individual respondents and the study as a whole. Therefore, unlike a survey questionnaire or semi-structured interview, the questioning was responsive to respondents’ own experiences, attitudes and circumstances. Topic guides were used to identify the key themes that were likely to be relevant in the interviews and to help ensure a systematic approach across the different encounters without restricting the range of questions that were asked. They do not include follow up questions like ‘why’, ‘when’, ‘how’, etc. as it was assumed that respondents’ contributions would be fully explored throughout in order to understand how and why views, behaviours and experiences had arisen. The order in which issues were addressed and the amount of time spent on different themes varied according to individual demographics, roles, experiences and the dynamics of the interviews.

The topic guides used for interviews with strategic stakeholders, operational staff and offenders are set out below.
Strategic stakeholder topic guide

1. Introduction
Aims: To introduce NatCen, the feasibility study and explain interview process.

• Introduction to researcher, NatCen and research consortium
• Feasibility study topic
• Explanation of the aims and objectives of the feasibility study – key themes:
  o RCT involves random allocation of eligible prisoners to P-ASRO and control;
  o Might be 50:50 allocation but other allocations are possible (e.g. 70:30)
  o Study will also consider other possible quasi-experimental alternatives which involve a matched case comparison group on e.g age, gender (in case insurmountable difficulties are raised in conducting a RCT)
  o All those in the RCT or other outcome study would be followed-up post-release (and perhaps interviewed pre-release)
  o Looking for evidence that the P-ASRO group do better post-release than the control group.
• Timetable
• Process of sampling and recruitment
• Explain confidentiality and anonymity – caveats with number of strategic stakeholders participating and two site model
• Explain recording, length (1 hour to 1.5 hours) and nature of discussion, outputs/reporting and data storage issues.
• Check whether they have any questions
• Check that they are happy and turn on recorder

2. Background
Aims: To map contextual information about his/her current job role and job history.

• Current job role
  o Tasks
  o Time in role
  o Satisfaction
  o Route into work with offender management / interventions

3. P-ASRO delivery overview
Aims: To establish a broad outline of how the programme is currently managed and delivered in the sites

NOTE: the aim is to get a broad overview of how the participant sees the programme.

• Aim of the P-ASRO course
• Delivery of the P-ASRO course
• Management of the P-ASRO course

Referral, assessment and throughput
• How service users referred to P-ASRO
• Selection criteria for P-ASRO
• Current rates of participation
  o Facilitators
  o Challenges
• Current drop out rates
  o Reasons

Programme delivery
Assessing the feasibility of conducting a randomised controlled trial or other outcome study of P-ASRO
• Differences in delivery between prisons (contracted / public, size, category)
  o Referral rates
  o Assessment protocol
  o Treatment dose
• Time taken between introduction of P-ASRO and smooth running (‘bedding in’)
• Number of staff assigned to manage and deliver P-ASRO
  o Same model all sites
  o Whether have protected time to deliver P-ASRO
• Differences between delivery by prison staff and non-prison (third sector) staff
• Extent of treatment drift within and between sites

4. Awareness and value of RCT / other outcome study

Aims: To explore participant’s awareness of RCT / alternative experimental design and any existing barriers and facilitators to involvement.

• Awareness of RCT / other outcome studies
  o Sources (personal experience, scientific literature)
  o Involvement on other evaluation research (positive and negative experiences, ethics)
• Value of a RCT / other outcome study on the P-ASRO programme
  o Credibility, publicity and kudos
  o Future funding opportunities
  o Increase motivation
    ▪ Staff
    ▪ Offenders
    ▪ Project partners
• Value of evaluating best practice delivery of P-ASRO
  o Ability to run P-ASRO according to the manual
  o Difficulties / Challenges
  o Facilitators
• Value of evaluating typical delivery of P-ASRO
  o Distance from manual of ‘typical delivery’
  o Difficulties / Challenges
  o Facilitators

5. RCT / Outcome study Logistics and Management

Aim: To ascertain participants views on running a RCT / other outcome study in the prison service

Site selection and case flow for a RCT

NOTE: Describe to the participant that the model could be to run the RCT in sites already running P-ASRO however another model could be to introduce P-ASRO to new sites in which a RCT is then run.

Taking each model in turn discuss:
• Eligibility criteria (if there is a need to increase numbers)
  o Widening
• Impact of model
  o On prison service
  o On prison psychology
• Profile of sites
  o New or existing
  o Generalisability to other sites
    ▪ Who (urban / rural)
    ▪ How many
• Numbers of participants for RCT
  o Collecting daily population and average time served figures
• Bedding in time for RCT to give fair result [NEW SITE MODEL ONLY]
• Difficulties / challenges
Allocation to RCT experiment conditions (both in an existing and new site)

Aims: To explore treatment options for control group, challenges with the experimental design, facilitators to measuring treatment efficacy.

NOTE: Give a recap overview of the principles of a RCT design, explaining there being a randomly assigned experimental group that receive P-ASRO and a randomly assigned control group which do not. A key element of a quasi-experimental design is that there is a matched control group.

- If a percentage of eligible prisoners assigned to a control group, implications for:
  - Control group prisoners
    - What offered- nothing vs light touch intervention (e.g. only CARAT worker)
    - Ethical implications of no intervention model
    - Procedure to ensure control group are excluded from interventions (any indirect affects of interventions such as speaking to other prisoners who are currently participating in the programme).
  - Programme impacts
    - Effect on staff morale and retention
    - Programme ethos
    - Working with fewer than normal numbers of prisoners
    - Offender behaviour
  - Establishment
    - Completions and targets

Running the RCT

Aims: To gather views on the necessary process and procedures to make a RCT feasible and establish best practice for obtaining consent in a treatment context.

- Contacting the prisons
  - Single or multiple contact points
  - Named investigator in each site responsible
  - Resource implications

NOTE: Describe how randomisation might work to the participant. Prison staff would describe the randomisation process and get consent from prisoners. The details of those agreeing to take part would then be passed to the evaluation team who will randomly assign to P-ASRO or control group. The evaluation team let the prison staff and/or prisoner know and they proceed from there.

- Who would explain the RCT to eligible prisoners
- Collecting consent to randomisation
  - Have participants given consent for demographic details to be shared for research purposes.
  - Viability of feasibility research model
- Randomisation
  - When should this be done
  - Who should do it (suggest takes places off site)
  - How should it be done
  - What degree should it be standardised
  - When should the random allocation physically be done (need to ensure the method employed does not pre-determine group membership)
  - How should participants be informed of the outcome
- Funding for the RCT (e.g. central government input?)

Running an alternative outcome study
Aims: To gather views on the necessary process and procedures to make an alternative outcome study feasible and establish best practice for obtaining consent in a treatment context.

Note: Some issues will have already been covered when discussing running a RCT. It maybe necessary to recap that a key element of a quasi-experimental design is that there is a matched control group. Explain that it maybe necessary to select a comparison group of prisoners from prisons not running P-ASRO.

- Profile of sites
- Impact of participating in an experiment where P-ASRO might not be offered to any prisoners within chosen site
  - On prison service
  - On prison psychology
  - Resource implications
- Who would explain the experiment to eligible prisoners
  - Engaging this group
- Collecting consent to participate in the research
  - Have participants given consent for demographic details to be shared for research purposes.
  - Viability of feasibility research model

**Managing attrition**

_Aim: To establish the possible strategies that could be used to manage attrition._

- Collecting stable addresses for follow up interviews (as many as possible)
- How to track participants of RCT / other outcome study
- Offender manager role in this

**Maximising inclusion and representativeness**

_Aim: To establish the possible strategies that could be used to maximise inclusion._

- Diversity issues; addressing these as part of the main RCT / other outcome study
  - Obstacles
  - Facilitators
- Measuring treatment consistency across sites
- Legal and litigation issues
  - Obstacles
  - Facilitators
  - Experiences / knowledge of legal issues arising from research
- Other broader ethical points

6. External challenges

_Aim: To establish any other external challenges to running a RCT / other outcome study_

- Current situation with ‘churn’
- Extent of prisoner movement in prison estate at the moment
- Whether this is indicative of amount of movement in rest of prison population
- Impact of prisoner movement on P-ASRO referral, assessment and delivery

7. Outcome data and reporting

_Aims: To map participant’s knowledge and views around using existing and potential outcome data._

**NOTE:** Explain how part of the study is to establish what existing outcome data could be used in a RCT / other outcome study and consider ways in which new outcome data could be generated, e.g. an outcome data survey.
• Outcomes of P-ASRO
  o What should happen as result of P-ASRO / picture of success
    ▪ Prioritise outcomes in terms of importance

• Outcome data
  o Type
  o Sources
  o Agencies
  o Reliability / completeness

• Other outcome data
  o Psychometric measures of self-management / self-efficacy

For each specific outcome require details of:
• Whether records kept and method of collection
• Level of detail of records
• How long records kept for
• Format records kept in
• Any data protection issues involved with accessing these records (anticipate consent given by prisoners entering RCT / other outcome study)
• Perceived practical problems around access
• Who would/could collect data
• Analysis plans for data

• Possibility of having an outcome data survey
  o Interviews with offenders just prior to release
  o Interviews with offenders post-release
  o Follow-up

For each stage of outcome data survey require details of:
• Whether valuable outcomes to be collected
• What these outcomes are
• When would data be collected
• Where would data be collected
• Who would collect data
• What would they collect
• Analysis plans for data

• Economic outcome costs
• Resources

8. Next steps
Aims: To discuss any other barriers or facilitators to participating in the research not already covered, any other business and next steps

• Any other areas of importance to cover
• Any questions now for research team

• Thank them for their time. Tell them that they are welcome to contact members of the research team to ask questions at a later date if they wish.
Governor topic guide

1. **Introduction**

* Aims: To introduce NatCen, the feasibility study and explain interview process.

- Introduction to researcher, NatCen and research consortium
- Feasibility study topic
- Explanation of the aims and objectives of the feasibility study – key themes:
  - RCT involves random allocation of eligible prisoners to P-ASRO and control;
  - Might be 50:50 allocation but other allocations are possible (e.g. 70:30)
  - Study will also consider other possible quasi-experimental alternatives which involve a matched case comparison group on e.g age, gender (in case insurmountable difficulties are raised in conducting a RCT)
  - All those in the RCT or other outcome study would be followed-up post-release (and perhaps interviewed pre-release)
  - Looking for evidence that the P-ASRO group do better post-release than the control group.
- Timetable
- Process of sampling and recruitment
- Explain confidentiality and anonymity
- Explain recording, length (1 hour) and nature of discussion, outputs/reporting and data storage issues.
- Check whether they have any questions
- Check that they are happy and turn on recorder

2. **Background**

* Aims: To map contextual information about his/her current job role and job history.

- Current job role
  - Tasks
  - Time in role

3. **P-ASRO delivery overview**

* Aims: To establish why they provide P-ASRO in their establishment and an overview of what they think about P-ASRO

- Reasons for taking on P-ASRO
  - What was involved in decision
  - Process
  - Timing
  - Competing factors
- Overview of how P-ASRO is running in their establishment

4. **Awareness and value of RCT / other outcome study**

* Aims: To explore participants awareness of RCT / alternative experimental design and any existing barriers and facilitators to involvement.

- Awareness of RCT / other outcome studies
  - Sources (personal experience, scientific literature)
  - Involvement on other evaluation research (positive and negative experiences, ethics)
- Value of a RCT / other outcome study
  - On the P-ASRO programme
  - Credibility, publicity and kudos

Assessing the feasibility of conducting a randomised controlled trial or other outcome study of P-ASRO
Assessing the feasibility of conducting a randomised controlled trial or other outcome study of P-ASRO

- Future funding opportunities
- Increase motivation
  - Staff
  - Offenders
  - Project partners

- Value of evaluating best practice delivery of P-ASRO
  - Ability to run P-ASRO according to the manual
  - Difficulties / Challenges
  - Facilitators

- Value of evaluating typical delivery of P-ASRO
  - Distance from manual of ‘typical delivery’
  - Difficulties / Challenges
  - Facilitators

- Views on consenting for a RCT / other outcome study

**NOTE:** for all points discussed cover the barriers and facilitators for establishment level participation
  - At establishment
    - resource implications
    - operational implications
    - nature of strategic support required
    - views on RCT model with a control group
    - completions and targets

- Establishment / area support
  - Barriers
  - Facilitators
  - Methods to increase support

- Funding for the RCT
  - Central government input

- Impact of evaluation taking place but not at their site
  - New site model
  - Their site not being selected

**Maximising inclusion and representativeness**

_Aim: To establish the possible strategies that could be used to maximise inclusion._

- Diversity issues; addressing these as part of the main RCT / other outcome study
  - Obstacles
  - Facilitators

- Legal and litigation issues
  - Experience
    - In general
    - Around P-ASRO / other programmes
  - Obstacles
  - Facilitators

- Other broader ethical points

5. **External challenges**

_Aim: To establish any other external challenges to running a RCT / other outcome study_

- Current situation with ‘churn’ and any bearing this may have on P-ASRO / current programme participation
- Extent of prisoner movement at the moment
- Whether this is indicative of amount of movement in rest of prison population
• Impact of prisoner movement on P-ASRO / programmes they are running referral, assessment and delivery

6. **Next steps**
   *Aims:* To discuss any questions, anything else they would like to discuss.

• Anything else to discuss  
• Any questions now for research team  
• Thank them for their time. Tell them that they are welcome to contact members of the research team to ask questions at a later date if they wish.
Treatment Manager topic guide

1. Introduction
Aims: To introduce NatCen, the feasibility study and explain interview process.

- Introduction to researcher, NatCen and research consortium
- Feasibility study topic
- Explanation of the aims and objectives of the feasibility study – key themes:
  - RCT involves random allocation of eligible prisoners to P-ASRO and control;
  - might be 50:50 allocation but other allocations are possible (e.g. 70:30)
  - study will also consider other possible quasi-experimental alternatives which involve a matched case comparison group on e.g age, gender (in case insurmountable difficulties are raised in conducting a RCT)
  - all those in the RCT or other outcome study would be followed-up post-release (and perhaps interviewed pre-release)
  - looking for evidence that the P-ASRO group do better post-release than the control group.
- Timetable
- Process of sampling and recruitment
- Explain confidentiality and anonymity – caveats with two site model
- Explain recording, length (1 hour to 1.5 hours) and nature of discussion, outputs/reporting and data storage issues.
- Check whether they have any questions
- Check that they are happy and turn on recorder

2. Background
Aims: To map contextual information about his/her current job role and job history.

- Current job role
  - Tasks
  - Time dedicated to P-ASRO
  - Time in role
  - Satisfaction
  - Route into work with offender management / interventions

3. P-ASRO delivery overview
Aims: To establish a broad outline of how the programme is currently managed and delivered in the sites

NOTE: the aim is to get a broad overview of how the participant sees the programme.

- Aim of the P-ASRO course
- How P-ASRO course is delivered
- Management of the P-ASRO course
- How P-ASRO sits alongside other programmes
  - Sequencing

Referral, assessment and throughput

- Stability of throughput
  - Facilitators
  - Challenges
- How service users referred to P-ASRO
- Selection criteria for P-ASRO
- How motivate to engage
  - Current drop out rates
Programme delivery within the prison

- Referral rates
  - Stability
- Assessment protocol
- Contact with P-ASRO programme team
  - Communication
  - Working relationship
- Time taken between introduction of P-ASRO and smooth running ('bedding in')
- Number of staff assigned to manage and deliver P-ASRO
  - Whether have protected time to deliver P-ASRO
- Extent of treatment drift from first delivery of the programme and over time
- Beneficial effects of P-ASRO compared with other programmes
  - On prison (score card)
  - On offenders (parole)

P-ASRO outside the prison

- Co-ordination with ASRO
- Link with Drug Intervention Programmes (DIPs) in the community
- Criminal Justice Integrated Teams (CJITs)
- Role of Offender Manager

4. Awareness and value of RCT / other outcome study
Aims: To explore participants perspective / experience of RCT / alternative experimental design and any existing barriers and facilitators to involvement.

- Awareness of RCT / other outcome studies
  - Sources (personal experience, scientific literature)
  - Involvement on other evaluation research (positive and negative experiences, ethics)
- Value of a RCT / other outcome study on the P-ASRO programme
  - Credibility, publicity and kudos
  - Future funding opportunities
  - Increase motivation
    - Staff
    - Offenders
    - Project partners
- Value of evaluating best practice delivery of P-ASRO
  - Ability to run P-ASRO according to the manual
  - Difficulties / Challenges
  - Facilitators
- Value of evaluating typical delivery of P-ASRO
  - Distance from manual of ‘typical delivery’
  - Difficulties / Challenges
  - Facilitators

5. RCT / Outcome study Logistics and Management
Aim: To ascertain participants views on running a RCT / other outcome study in the prison service

Site selection and case flow for a RCT

- Eligibility criteria
  - Widening [if more numbers were needed]
- Profile of sites
  - New or existing
  - Generalisability to other sites
    - Who (urban / rural)
    - How many
    - Whether running other programmes
- Impact of RCT / other outcome study
  - On prison service
Assessing the feasibility of conducting a randomised controlled trial or other outcome study of P-ASRO

- On prison psychology
- On each P-ASRO management team role
  - Strategies to minimise any detrimental impact

Allocation to RCT experiment conditions (both in an existing and new site) and running the study

Aims: To explore treatment options for control group, challenges with the experimental design, facilitators to measuring treatment efficacy.

- Contacting the prisons
  - single or multiple contact points
  - named investigator in each site responsible
  - resource implications
- Research team disseminating study information to staff
  - Level of information
  - Methods

NOTE: Describe how randomisation might work to the participant. Prison staff would describe the randomisation process and get consent from prisoners. The details of those agreeing to take part would then be passed to the evaluation team who will randomly assign to P-ASRO or control group. The evaluation team let the prison staff and/or prisoner know and they proceed from there.

- Randomisation
  - When should this be done (covert idea to explore)
  - Where should it take place
    - Evaluators randomising
  - How should participants be informed of the outcome

- Who would explain the RCT to pool of eligible prisoners
  - Treatment manager / Wing Staff / Evaluators

- Collecting consent to randomisation
  - Have participants given consent for demographic details to be shared for research purposes.
  - Implications of staged consent (suggest 2 stage, written then face-to-face with 2 day opt out in between)

NOTE: Give a recap overview of the principles of a RCT design, explaining there being a randomly assigned experimental group that receive P-ASRO and a randomly assigned control group which do not. A key element of a quasi-experimental design is that there is a matched control group.

- If a percentage of eligible prisoners assigned to a control group, implications and challenges for:
  - Role of staff assessing participants
  - control group prisoners
    - What offered- nothing vs light touch intervention
    - Ethical implications of no intervention model
    - Procedure to ensure control group are excluded from interventions (any indirect affects of interventions such as speaking to other prisoners who are currently participating in the programme).

- Programme impacts
  - Delivering the programme
  - Relationship between delivery staff and participants
  - Effect on staff morale and retention
  - Programme ethos
  - Working with fewer than normal numbers of prisoners
  - Offender behaviour

Running an alternative outcome study
Aims: To gather views on the necessary process and procedures to make an alternative outcome study feasible and establish best practice for obtaining consent in a treatment context.

Note: Some issues will have already been covered when discussing running a RCT. It may be necessary to recap that a key element of a quasi-experimental design is that there is a matched control group. Explain that it may be necessary to select a comparison group of prisoners from prisons not running P-ASRO.

- Profile of sites
  - Same as RCT
- Views on taking part in evaluation of P-ASRO
- Impact of participating in an experiment where P-ASRO might not be offered to any prisoners within chosen site
  - On prison service
  - On prison psychology
  - Resource implications
- Who would explain the experiment to eligible prisoners
  - Engaging this group
- Collecting consent to participate in the research
  - Have participants given consent for demographic details to be shared for research purposes.
  - Viability of feasibility research model

- Collecting psychometric information for outcomes
  - Process
  - Timing
  - Resources

- Impact of evaluation taking place but not at their site
  - New site model

Managing attrition
Aim: To establish the possible strategies that could be used to manage attrition.
Note: Explain how attrition is a key challenge to the evaluation

- Collecting stable addresses for follow up interviews (as many as possible)
- How to track participants of RCT / other outcome study
- Offender manager / Home Probation Officer role in this
- Other contact in community which could be useful
  - Existing
  - Potential

Maximising inclusion and representativeness
Aim: To establish the possible strategies that could be used to maximise inclusion.

- RCT / other outcome study Impact on diversity
- Diversity issues; addressing these as part of the main RCT / other outcome study
  - Obstacles
  - Facilitators
- Legal and litigation issues
  - Obstacles
  - Facilitators
  - Experiences / knowledge of legal issues arising from research
- Other broader ethical points

6. External challenges
**Aim:** To establish any other external challenges to running a RCT / other outcome study

- Current situation with ‘churn’ and early release - bearing this may have on P-ASRO
- Extent of prisoner movement in sites
- Impact of prisoner movement on P-ASRO referral, assessment and delivery

7. **Outcome data and reporting**

*Aims:* To map participants knowledge and views around using existing and potential outcome data.

*NOTE:* Explain how part of the study is to establish what existing outcome data could be used in a RCT / other outcome study and consider ways in which new outcome data could be generated, e.g. an outcome data survey.

- What methods used to assess participants engagement
  - With the programme
  - With external partners
- Outcomes of P-ASRO
  *Note: Map all outcomes*
  - What should happen as result of P-ASRO / picture of success
  - Prioritise outcomes in terms of importance
- Outcome data
  - Type
  - Sources
  - Agencies
  - Reliability / completeness
- Other outcome data
  - Drug Treatment Progress Report
  - Post-Course Review Minutes
  - CARAT care plans
  - Voluntary Drug Test (VDT), Mandatory Drug Test (MDT)
  - Other documents / outcome data
- The programme journey prior to P-ASRO
- Possibility of having an outcome data survey
  - Interviews with offenders just prior to release
  - Interviews with offenders post-release
  - Follow-up

8. **Next steps**

*Aims:* To discuss any other issues the participant would like to raise

- Any other areas of importance to cover
- Any questions now for research team
- Reassure confidentiality
- Thank them for their time. Tell them that they are welcome to contact members of the research team to ask questions at a later date if they wish.
Facilitator’s topic guide

1. Introduction

Aims: To introduce NatCen, the feasibility study and explain interview process.

• Explanation of the aims and objectives of the feasibility study – key themes:
  o RCT involves random allocation of eligible prisoners to P-ASRO and control;
  o Might be 50:50 allocation but other allocations are possible (e.g. 70:30)
  o Study will also consider other possible quasi-experimental alternatives which involve a matched case comparison group on e.g age, (in case insurmountable difficulties are raised in conducting a RCT)
  o All those in the RCT or other outcome study would be followed-up post-release (and perhaps interviewed pre-release)
  o Looking for evidence that the P-ASRO group do better post-release than the control group.

• Timetable
• Process of sampling and recruitment
• Explain confidentiality and anonymity – caveats with two site model
• Explain recording, length (1 hour to 1.5 hours) and nature of discussion, outputs/reporting and data storage issues.
• Check whether they have any questions
• Check that they are happy and turn on recorder

2. Background

Aims: To map contextual information about participant and job role.

• Current job role
  o Tasks
  o Time in role
  o Route into work with offender management / interventions
  o Whether employed by prison or third sector

3. Awareness and value of RCT / other outcome study

Aims: To explore participants perspective / experience of RCT / alternative experimental design and any existing barriers and facilitators to involvement.

• Awareness of RCT / other outcome studies
  o sources (personal experience, scientific literature)
  o involvement on other evaluation research (positive and negative experiences, ethics)
• Value of evaluating best practice delivery of P-ASRO
  o Ability to run P-ASRO according to the manual
  o Difficulties / Challenges
  o Facilitators
• Value of evaluating typical delivery of P-ASRO
  o Distance from manual of ‘typical delivery’
  o Difficulties / Challenges
  o Facilitators

4. P-ASRO logistics and delivery

Aims: To establish a broad outline of how the programme is currently managed and delivered in the sites

• How service users referred to P-ASRO
• Selection criteria for P-ASRO
• Experiences of delivering P-ASRO at this establishment
Assessing the feasibility of conducting a randomised controlled trial or other outcome study of P-ASRO

5. RCT / Outcome study Logistics and Management

Aim: To ascertain participants views on running a RCT / other outcome study in the prison service

- Research team disseminating study information to staff
  - Ways to promote evaluation
  - Level and nature of information

NOTE: Describe how randomisation might work to the participant. Prison staff would describe the randomisation process and get consent from prisoners. The details of those agreeing to take part would then be passed to the evaluation team who will randomly assign to P-ASRO or control group. The evaluation team let the prison staff and/or prisoner know and they proceed from there.

- Who would explain the RCT to pool of eligible prisoners
- Where should it take place

Allocation to RCT experiment conditions

Aims: To explore treatment options for control group, challenges with the experimental design, facilitators to measuring treatment efficacy.

NOTE: Give a recap overview of the principles of a RCT design, explaining there being a randomly assigned experimental group that receive P-ASRO and a randomly assigned control group which do not. A key element of a quasi-experimental design is that there is a matched control group. It is important for the interviewer to encourage participants to compare and contrast between the 2 designs.

- If a percentage of eligible prisoners assigned to a control group, implications for:
  - Control group prisoners
    - What offered- nothing vs light touch intervention
    - Views on no intervention model
    - Procedure to ensure control group are excluded from interventions (any indirect affects of interventions such as speaking to other prisoners who are currently participating in the programme).
  - Programme impacts
    - Effect on staff morale and retention
    - Programme ethos
    - Working with fewer than normal numbers of prisoners
    - Offender behaviour

Impact of RCT / other outcome study

- Views on taking part
  - Difficulties, Challenges, Concerns
    - Ways to overcome these
- Impact of RCT / other outcome study on delivery
  - Map all positive impacts
  - Map all negative impacts
    - Overcoming objections raised
- Impact of RCT / other outcome study on outcomes of P-ASRO
  - Map all positive impacts
  - Map all negative impacts
    - Overcoming objections raised
• Impact of RCT / other outcome study on behaviour of offenders
  o Compliance and risk
• Impact of participating in an experiment (not RCT) where P-ASRO might not be offered to any
  prisoners within chosen site
  o Engaging and motivating
• Impact of evaluation taking place but not at their site
  o New site model
  o Their site not being selected

6. **External challenges**
Aim: To establish any other external challenges to running a RCT / other outcome study.

• Current situation with ‘churn’ and early release
  o Bearing this may have on P-ASRO
• Impact of prisoner movement on P-ASRO referral, assessment and delivery

7. **Outcome data and reporting**
Aim: To map participants knowledge and views around using existing and potential outcome data.
*NOTE: Explain how part of the study is to establish what existing outcome data could be used in a
RCT / other outcome study and consider ways in which new outcome data could be generated, e.g.
an outcome data survey.*

Outcomes of P-ASRO
• Outcomes of P-ASRO
• What should happen as result of P-ASRO / picture of success
  o Prioritise outcomes in terms of importance
• Knowledge of outcome data
  o Type
  o Sources
  o Agencies
  o Reliability / completeness
• Other outcome data
  o Drug Treatment Progress Report
  o Post-course reviews
• The programme journey prior to P-ASRO

Outcome data survey
• Possibility of having an outcome data survey
• Timing
• Location
  o Interviews with offenders just prior to release
  o Interviews with offenders post-release
  o Follow-up
• Their possible role

8. **Next steps**
*Aims: To discuss any other issues participants would like to raise*
• Any other areas of importance to cover
• Any questions now for research team
• Reassure confidentiality
• Thank them for their time. Tell them that they are welcome to contact members of the research
team to ask questions at a later date if they wish.
1. Introduction
Aims: To introduce NatCen, the feasibility study and explain interview process.

- Introduction to researcher, NatCen and research consortium
- Explanation of the aims and objectives of the feasibility study – key themes:
  - RCT involves random allocation of eligible prisoners to P-ASRO and control;
  - Might be 50:50 allocation but other allocations are possible (e.g. 70:30)
  - Study will also consider other possible quasi-experimental alternatives which involve a matched case comparison group on e.g. age, gender (in case insurmountable difficulties are raised in conducting a RCT)
  - All those in the RCT or other outcome study would be followed-up post-release (and perhaps interviewed pre-release)
  - Looking for evidence that the P-ASRO group do better post-release than the control group.

- Timetable
- Process of sampling and recruitment
- Explain confidentiality and anonymity – caveats with referral process
- Explain recording, length (1 hour to 1.5 hours) and nature of discussion, outputs/reporting and data storage issues.
- Check whether they have any questions
- Check that they are happy and turn on recorder

2. Background
Aims: To map contextual information about participant and job role.

- Current job role
  - Tasks
  - Time in role
  - Route into work with offender management / interventions
  - Whether employed by prison or third sector

3. Awareness and value of RCT / other outcome study
Aims: To explore participants perspective / experience of RCT / alternative experimental design and any existing barriers and facilitators to involvement.

- Awareness of RCT / other outcome studies
  - sources (personal experience, scientific literature)
  - involvement on other evaluation research (positive and negative experiences, ethics)

- Value of a RCT / other outcome study on the P-ASRO programme
  - Credibility, publicity and kudos
  - Future funding opportunities
  - Increase motivation
    - Staff
    - Offenders
    - Project partners

- Value of evaluating best practice delivery of P-ASRO
  - Ability to run P-ASRO according to the manual
  - Difficulties / Challenges
  - Facilitators

- Value of evaluating typical delivery of P-ASRO
  - Distance from manual of 'typical delivery'
  - Difficulties / Challenges
  - Facilitators
4. P-ASRO referral and delivery overview - P-ASRO SITES ONLY

Aims: To establish a broad outline of how CARAT workers refer prisoners to P-ASRO and views of P-ASRO

- Aim of the P-ASRO course
- Role in referrals to P-ASRO
  - Information given to prisoners about P-ASRO
  - How motivate to engage
    - Current drop out rates
  - Assessment protocol
    - Referral criteria for P-ASRO
- Contact with P-ASRO programme team
  - Communication
  - Working relationship
- How P-ASRO sits alongside other programmes
  - Sequencing
- P-ASRO outside the prison
  - Criminal Justice Integrated Teams in the Community

5. Taking on P-ASRO delivery and logistics – NON P-ASRO SITE ONLY

Aims: To establish a broad outline of issues and views on offering P-ASRO.

- Programme delivery within the prison
- Taking on P-ASRO at establishment
  - Level of knowledge about programme
  - Views on offering it at their site
  - Sufficient numbers of offenders for groups
  - As part of a package with an evaluation

6. RCT / Outcome study Logistics and Management

Aim: To ascertain participants views on running a RCT / other outcome study in the prison service

Setting up an RCT in existing / new P-ASRO sites

Aim: To explore the profile of sites

- Profile of sites
  - New or existing
  - Generalisability to other sites
    - Who (urban / rural)
    - How many
    - Whether running other programmes

Allocation to RCT experiment conditions

Aims: To explore treatment options for control group, challenges with the experimental design, facilitators to measuring treatment efficacy.

- Research team disseminating study information to staff
  - Ways to promote evaluation
  - Level and nature of information

NOTE: Describe how randomisation might work to the participant. Prison staff would describe the randomisation process and get consent from prisoners. The details of those agreeing to take part would then be passed to the evaluation team who will randomly assign to P-ASRO or control group. The evaluation team let the prison staff and/or prisoner know and they proceed from there.

- Who would explain the RCT to pool of eligible prisoners
• Where should it take place

**NOTE:** Give a recap overview of the principles of a RCT design, explaining there being a randomly assigned experimental group that receive P-ASRO and a randomly assigned control group which do not. A key element of a quasi-experimental design is that there is a matched control group. It is important for the interviewer to encourage participants to compare and contrast between the 2 designs.

• If a percentage of eligible prisoners assigned to a control group, implications for:
  o Control group prisoners
    ▪ What offered- nothing vs light touch intervention
    ▪ Views on no intervention model
    ▪ Procedure to ensure control group are excluded from interventions (any indirect affects of interventions such as speaking to other prisoners who are currently participating in the programme).
  o Programme impacts
    ▪ Effect on staff morale and retention
    ▪ Programme ethos
    ▪ Working with fewer than normal numbers of prisoners
    ▪ Offender behaviour

**Impact of RCT / other outcome study**

• Views on taking part
  o Difficulties, Challenges, Concerns
    ▪ Ways to overcome these
• Impact of RCT / other outcome study on their role
  o Map all positive impacts
  o Map all negative impacts
    ▪ Overcoming objections raised
  o Relationship between CARAT staff and participants
• Impact of RCT / other outcome study on outcomes of P-ASRO
  o Map all positive impacts
  o Map all negative impacts
    ▪ Overcoming objections raised
• Impact of RCT / other outcome study on behaviour of offenders
  o Compliance and risk

**Running an alternative outcome study**

*Aims: To establish a broad outline of issues and views on participating in the P-ASRO evaluation as a control prison*

**NON-P-ASRO SITES:** For non-P-ASRO sites their involvement could be as a control prison in a quasi-experimental design. None of their prisoners in the site will receive P-ASRO; they will consent to forming the control group and will be matched with prisoners in a P-ASRO site. They will need to be assessed as if they were being referred to P-ASRO to make sure that they meet the criteria to be matched with the P-ASRO site.

• Profile of sites
  o Same as RCT
• View on taking part in an evaluation if not running P-ASRO at establishment
• Impact of participating in an experiment (not RCT) where P-ASRO might not be offered to any prisoners within chosen site
  o On prison service
  o On prison psychology
• Who would explain the experiment to eligible prisoners
  o Engaging this group
Managing attrition

Aim: To establish the possible strategies that could be used to manage attrition.

Note: Explain how attrition is a key challenge to the evaluation

- Collecting stable addresses for follow up interviews (as many as possible)
- How to track participants of RCT / other outcome study
  - Collecting NI numbers
- Offender manager / Criminal Justice Teams in the Community role in this
- Other contact in community which could be useful
  - Existing
  - Potential

Maximising inclusion and representativeness

Aim: To establish the possible strategies that could be used to maximise inclusion.

- RCT / other outcome study Impact on diversity
- Diversity issues; addressing these as part of the main RCT / other outcome study
  - Obstacles
  - Facilitators
- Legal and litigation issues
  - Obstacles
  - Facilitators
  - Experiences / knowledge of legal issues arising from research
- Other broader ethical points

7. External challenges

Aim: To establish any other external challenges to running a RCT / other outcome study.

- Current situation with ‘churn’ and early release
  - Bearing this may have on P-ASRO
- Impact of prisoner movement on P-ASRO referral, assessment and delivery

8. Outcome data and reporting – P-ASRO ONLY SITES

Aims: To map participants knowledge and views around using existing and potential outcome data.

NOTE: Explain how part of the study is to establish what existing outcome data could be used in a RCT / other outcome study and consider ways in which new outcome data could be generated, e.g. an outcome data survey.

Outcomes of P-ASRO

- Outcomes of P-ASRO
- What should happen as result of P-ASRO / picture of success
  - Prioritise outcomes in terms of importance
- Knowledge of outcome data
  - Type
  - Sources
  - Agencies
- Reliability / completeness
- Other outcome data
  - Drug Treatment Progress Report
  - Post-course reviews
  - CARAT care plans
  - Voluntary Drug Test (VDT), Mandatory Drug Test (MDT)
- The programme journey prior to P-ASRO

Outcome data survey – ALL SITES
• Possibility of having an outcome data survey
• Timing
• Location
  o Interviews with offenders just prior to release
  o Interviews with offenders post-release
  o Follow-up
• Who could be involved
  o Criminal Justice Integrated Teams in the community

9. Next steps
Aims: To discuss any other issues participants would like to raise

• Any other areas of importance to cover
• Any questions now for research team
• Reassure confidentiality
• Thank them for their time. Tell them that they are welcome to contact members of the research team to ask questions at a later date if they wish.
Offenders topic guide

1. Introduction
Aims: To introduce NatCen, the feasibility study and explain focus group process.

- Introduction to researcher, NatCen
- Feasibility study topic
- Explanation of the aims and objectives of the feasibility study – key themes:
  Note: Can give the example of a stopping smoking programme when discussing the following points below;
  - Important to evaluate any programme
  - One way to evaluate is for half the group to receive the treatment, and half the group to not receive it and then see e.g. which stop smoking. People get randomly allocated into either group before the experiment begins.
  - Other ways to evaluate a programme however they are not as robust. For example can work backwards so after the treatment completed compare a group who received the treatment with a group who did not.
  - For any evaluation idea to follow up all those participating post-release (and perhaps interviewed pre-release).
- Timetable
- Explain confidentiality and anonymity
- Explain terms of contract for session
- Respect all views
- Language
- Turn taking
- Explain recording, length (1 hour) and nature of discussion, outputs/reporting and data storage issues.
- Check whether they have any questions
- Check that they are happy and turn on recorder

2. Background and P-ASRO participation overview
Aims: To map demographic information about group participants and their experience of P-ASRO.

- Group introductions
- Time in establishment
- Sense of involvement with P-ASRO
- Experience of (other) programmes (drug treatment, CBT)
  - Current
  - In the past

3. Experience of P-ASRO delivery
Aims: To establish a broad outline of how they perceive the programme is currently delivered and received in the sites.

- Aim of the P-ASRO course
- Sense of assessment process
- Issues around not completing the programme / drop outs
- Comparison with other course (drug treatment, CBT)

4. Knowledge of taking part in research studies
Aims: To explore participants’ awareness of experiments or evaluations and any existing barriers and facilitators to involvement.

- Awareness of research
• Experience of information received to take part in this study:
  o What motivated them to take part
  o Describe process of recruitment, who, how
  o Nature of information received
    ▪ Verbal
    ▪ Leaflets
    ▪ Quality of information
  o Extent to which the research team as external staff was a factor

• Value of a RCT / other outcome study on the P-ASRO programme / programme for you
  o Bearing on take-up
  o Bearing on motivation during course
  o Other factors

5. Participating in an experimental evaluation
Aim: To ascertain participants views on participating in a RCT / other outcome study in the prison service

Allocation to RCT experiment conditions and running the evaluation
Aim: To explore challenges and facilitators of the design.

NOTE: Describe how randomisation might work to the participant. Prison staff would describe the randomisation process and get consent. The details of those agreeing to take part would then be passed to the evaluation team who will randomly assign to P-ASRO or control group. The evaluation team let the prison staff and/or offender know and they proceed from there.

• Process of allocation
  o Views on prison staff then evaluators
  o Other models
• Research team disseminating study information
  o Level of information
  o Methods
  o Recap on details from section 4 where necessary
• Collecting consent to randomisation
  o Level of information for informed consent, what they need
  o Experience of process for today
  o Possible reasons for non consent
    ▪ Ways to deal with this group
• Changing or adding to assessment process as part of an experiment
• Perceived impact of P-ASRO
  o Own involvement / view of P-ASRO programme
  o Facilitators / wing staff / other programme participants

NOTE: Give a recap overview of the principles of a RCT design. Encourage them to imagine they are eligible and motivated for P-ASRO, consent and then find out in control group e.g smoking example

• If a percentage of eligible offenders assigned to a control group, implications for:
  o Control group prisoners
    ▪ Concerns / fears with this process
    ▪ What offered- nothing vs light touch / alternative intervention
    ▪ Objections to no intervention model
    ▪ Issues around ensuring control group excluded
    ▪ Discussion about progress and programmes on wing
Running an alternative outcome study

Aims: To gather views on the necessary process and procedures to make an alternative outcome study feasible and establish best practice for obtaining consent in a treatment context.

Note: Some issues will have already been covered when discussing running a RCT. It maybe necessary to recap that a key element of an alternative experimental design is that there is a matched control group. Explain that it maybe necessary to select a comparison group of prisoners from prisons not running P-ASRO.

- Issues around consent for being matched and followed
- Motivation to complete questionnaires about attitudes and behaviour
  - What would stimulate engagement
    - Feedback on scores
    - Other incentives
- Explaining the experiment to eligible offenders
  - Engaging this group

6. Outcome data and reporting

Aim: To map participants views around using existing and potential outcome data.

NOTE: Explain how part of the study is to establish what existing outcome data could be used in a RCT / other outcome study and consider ways in which new outcome data could be generated, e.g. an outcome data survey.

- Outcomes of P-ASRO
  - What should happen as result of P-ASRO/ picture of success
    - Prioritise outcomes in terms of importance

- Possibility of having an outcome data survey to see if P-ASRO works
  - Interviews with offenders just prior to release
  - Interviews with offenders post-release
  - Follow-up

For each data collection stage require details of:

- Barriers to participating in this stage
- Facilitators to participating in this stage
- Encouraging participation in data monitoring stages

Managing attrition

Aim: To establish the possible strategies that could be used to manage attrition.

Note: Explain how attrition is a key challenge to the evaluation

- Collecting stable addresses for follow up interviews (as many as possible)
- Ways to help participants stay in touch / keep engaged
  - Who would know where they are; who is the best point of contact
    - Parents
    - Partners
    - Probation officer
- Providing personal details, e.g. NI number
  - Concerns and ways to address these

Data linking
Note: Explain this would involve them giving their permission for their personal details e.g. name, date of birth and prison data to be linked with external sources e.g. DWP records, Jobcentre plus to really show P-ASRO works.

- Barriers and facilitators to sharing data this way
  - Probe for nature and extent of assurances required.

7. **Next steps**

Aims: To discuss any other areas or questions the participants want to discuss and let them know who to contact for further information

- Any other areas of importance to cover
- Any questions now for research team
- Reassure confidentiality
- Thank them for their time. Tell them that they are welcome to contact member of P-ASRO team or members of the research team (address on leaflet) to ask questions at a later date if they wish.
Glossary of terms

ASRO: Addressing Substance Related Offending
CALM: Controlling Anger and Learning to Manage it
CARAT: Counselling, Assessment, Referral, Advice and Throughcare
CSMA: Comprehensive Substance Misuse Assessment
DAT: Drug Action Team
DIP: Drug Intervention Programme
DOMs: Director of Offender Managers
DWP: Department of Work and Pensions
ECL: End of Custody Licence legislation
ETS: Enhanced Thinking Skills programme
IAG: Information, Advice and Guidance
IDTS: Integrated Drug Treatment Systems
IPP: Indeterminate Public Protection offenders
IIS: Inmate Information System
KPT: Key Performance Target
LIDS: Local Inmate Database System
MDT: Mandatory Drug Test
MoJ: Ministry of Justice
MOR: Motivating Offenders to Re-think programme
NTA: National Treatment Agency
OASys: Offender Assessment System
OBPU: Offending Behaviour Programmes Unit
P-ASRO: Prisoners Addressing Substance Related Offending
PPU: Public Protection Unit
RCT: Randomised Control Trial
ROMs: Regional Offender Managers
SDP: Short Duration Programme
SDS: Severity of dependence scale
SLA: Service Level Agreement
SPCR: Surveying Prisoner Crime Reduction

UCCJ: Unit Costs in Criminal Justice

VDT: Voluntary Drug Test