



Evaluation of the Recovery Support Service (RSS) for  
Newcastle Local Delivery Unit  
Northumbria Probation Trust

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## Executive Summary

- In early 2013, a pilot Recovery Support Service (RSS), led by a 'Recovery Champion' (RC), was established by NPT. The RSS works in a mentoring role with offenders in pursuit of 'lifestyle normalisation'. Central to the introduction of the RSS was the aim that it would support a reduction in re-offending.
- Most service users interviewed were voluntarily engaging with the RSS, perceiving there to be a clear sense of additionality from the service, compared to other types of support available to them. Both the lack of formal pre-defined objectives and the peer status of the RC were welcomed by service users, who identified these as central to their strong motivation to engage.
- Participants were most likely to be seeking support to engage in recovery activities, although the specific support required to achieve this ranged from emotional support, to information sharing about services and opportunities available to them, particularly in relation to training and employment and practical support, such as filling out housing and benefits applications. Some lacked a clear understanding of the specific types of support which the RC could offer and/or the types of support that they would like from the service.
- Despite the varied backgrounds and life events which led participants to becoming involved with the RSS, common to all upon engagement were high levels of social exclusion. All were suffering from problems of addiction and had a criminal record. These were further linked to problems of unemployment, financial hardship, housing needs, poor physical and mental health and limited social networks. This range of needs made the role of RC particularly complex and demanding.
- The factor most closely linked to the possibility of re-offending was the need to receive continued support from the recovery community. Other material needs relating to housing or financial matters were related to the need to maintain 'recovery'. In part the need to sustain a relationship with the recovery community was expressed in terms of the need for sympathetic advice and support from those with similar experiences. Beyond this, however, it was also about self-development in terms of maintaining effective relationships with others and sustaining momentum through engagement in meaningful and positive activities.
- During 88% of interviews (32 of 36), participants reported it to be very or reasonably likely that they would reduce their offending or desist in the coming month. During 78% of interviews (28 of 36), participants reported feeling more confident than they had been in the past about reducing their offending behaviour. On no occasions did participants report it to be more likely that they would offend than desist.
- Confidence in a reduction in offending was linked to: being in recovery, being surrounded by positive social networks, levels of self-confidence and the satisfaction of basic needs. Concerns about desistance were linked to: the ending of statutory support from agencies, exposure to negative social networks while living in supported accommodation and the adverse consequences of on-going family difficulties.
- Experiences of working with the RC were reported to be very or reasonably positive during 84% of interviews (29 of 35). For many, the advice and support offered made tangible differences to their lives, including improving their financial circumstances, increasing their physical and emotional health (including increases in confidence and self-esteem) and broadening the scope

of their positive social networks; thus making desistance and remaining in recovery more likely. None of the participants identified any additional forms of support that they would like from the RC.

- In addition to the peer nature of the role, the personal qualities of the RC can be seen as critical to the success of the RSS. However, the emotional attachment between the RC and service users has its drawbacks. A number of service users reported feeling conscious not to ask too much of the RC in light of their increasing workload and due to bang in recovery themselves. The RC and other stakeholders also raised concerns relating to boundaries and managing personal relationships. It is appreciated, however, that resource limitations allowed for only one RC during the pilot project.
- Offending data for 25 service users accessing support from the RC indicates a 37% reduction in crime (from 95 to 60 arrests) during the first six months of engagement, compared to the previous six months. This further compares to a reduction in offending of just 4.6% (from 108 to 103 arrests) for a control group in Sunderland, over the same time frame.
- Using the costs of crime calculator, the overall return on investment for the three months for which offending data was collected was £18,346. This compares to a total project cost of £6,250 for the same period. As such, the figures suggest an overall saving of £12,096 for the three month period.
- OASys scores for the same cohort accessing the RSS and the control group suggests that the group engaged in the pilot project were more likely to have a reduction in their OGP score. 11 of 25 (44%) in the RSS group saw their OGP reduce; the comparable score for the control group was only 24%. The figures were opposite in terms of those who saw their OGP increase: 44% of the control group saw a rise, compared to only 24% of the RSS group.
- While the quantitative findings emerging from the evaluation are highly positive, whether these findings are the result of the RSS or an unintended consequence of the way in which those highly motivated to desist from offending come to be appointed onto the project is difficult to ascertain. What also remains uncertain is the extent to which the motivation to lifestyle normalisation and desistance from offending is sustained beyond the lifetime of the engagement.
- The report has not identified a series of recommendations. A key reflection, however, is that the personal character and experience of the RC are at the heart of the RSS. The evidence suggests that this has been central to the success identified. Nonetheless, there are risks associated with resting such responsibility on a single key worker. Despite the key worker being situated within a wider framework of recovery support, a wider pool of RCs for service users to engage with, including a female RC, would be beneficial.

## Introduction

This report presents the findings of the evaluation of the Recovery Support Service (RSS), led by the 'Recovery Champion' (RC). The RC was employed by Northumbria Probation Trust (NPT) in 2013, to work in a mentoring role with offenders in pursuit of 'lifestyle normalisation'.

NPT sought funding for this Newcastle-based initiative and evaluation as a result of work undertaken with User Voice (an ex-offender charity) during the setting up of a Service User Council by the Trust. Consultation events with service users reps (who have experience of substance misuse-related crime) identified that the single most request type of support was access to recovery support, alongside probation supervision. As such, Newcastle Probation Local Delivery Unit (LDU) commissioned a Peer Recovery Support Service, as a 12 month pilot to inform wider probation practice and joint commissioning arrangements across Northumbria. The Cyrenians (now Changing Lives) were awarded the contract and provide the service through a single RC, with line management support.

At the same time, NPT (specifically Newcastle LDU) developed closer links with the wider recovery community in the city. Representatives of the latter, including some Probation Service User Council reps, now provide peer recovery support at weekly induction sessions for new probation commencements. Other probation services users can also be referred.

NPT understands and is committed to the importance of service user engagement and the role of peer support in the rehabilitation of offenders.

The focus of the evaluation was the impact of the support received by the RC for service users, particularly in relation to a reduction in offending behaviour. In doing so, the evaluation explored:

- the role and responsibilities of the RC and their capacity to fulfil their role;
- the service users' experiences of engagement with the RC;
- the benefits of the RSS to service users; and
- barriers to engagement.

The evaluation also sought to identify future considerations in order to maximise the effectiveness of the RSS going forward.

## **Methodology**

The evaluation was both summative and formative. In addition to assessing the project delivery model and capturing evidence of outcomes and impact, the evaluation represented an on-going process of dialogue between the evaluation team and steering group, with the findings used to inform the development of the project.

The evaluation adopted a mixed method approach, involving the collection and analysis of both quantitative and qualitative data to develop a more nuanced understanding of the role, benefits and impacts of the RSS. Specifically, the evaluation involved three key components.

1. *Interviews with Service Users:* During the period March to October 2013, the evaluation team undertook interviews with service users on a monthly basis. In total, 39 interviews were completed with 23 different service users. Regarding the gender split of participants, 20 of those who engaged with the evaluation were male (87%) and three were female (13%). 13 participants completed one interview during the evaluation period (57%), seven completed two interviews (31%) and one each completed three, four and five interviews, respectively (4%). All participants who completed multiple interviews were male. The number of people interviewed does not represent all of those who engaged with the RC; nor was their engagement with the evaluation proportionate to their engagement with the RC. For some, taking part in an interview was a daunting and unexpected prospect. No service users refused to be interviewed, but several appeared anxious on occasion. Some service users were unable attend the evaluation dates due to conflicting appointments and/or on-going issues in their lives, such as health problems. The research was carried out in accordance with Northumbria University's research ethics policies. All service users were informed that participation in the evaluation was voluntary and that they were not required to answer any questions which they were not comfortable with. They were also informed that interview discussions would be treated in confidence and that feedback to NPT would be reported anonymously. Interviews took place in private spaces at the Recovery Centre, and typically lasted between 20 and 40 minutes. During the interviews, each participant and a member of the evaluation team completed a bespoke workbook designed specifically to enable the evaluation team to track: the participants' circumstances in relation to key criminogenic risk factors and the significance of these to future offending behaviour; their likelihood of re-offending over the coming month; their experience of engagement with the RC and other support services; and, their commitment to continuing to work with the RC and immediate priorities. Not all participants answered every question in all cases. As such, baseline figures are provided for each of the statistics presented in the report.
2. *Comparative Analysis of Re-offending Data:* Quantitative, re-offending data was provided by NPT, relating to the cohort of service users engaging with the RC, as well as a control group of service



users (those with a similar demographic and offending profile) who had not engaged with the RC. That data is reviewed later in this report.

3. *Stakeholder Interviews:* Semi-structured interviews were also undertaken with three key stakeholders – the RC and management staff from the Cyrenians and NPT. Interviews focused on the background to the piloting of the RSS, the aims of the role of the RC, the management and operation of the role, perceptions on the benefits of the role to service users and the future development of the role.

## Findings

### a) Referral to the Recovery Support Service

Most participants were referred to the RSS by their probation officers. Amongst almost all, however, was a clear sense that they had begun to engage with the service voluntarily. In only one case did a participant reported that they felt '*forced*' to engage by their probation officer. A key theme in the interviews was a strong sense of additionality of the service, both amongst those who were already heavily involved with other services and those whose mandatory engagement with other services was coming to an end. Typical amongst the latter group of participants was a sense that they still required some form of on-going support in order to '*stay on the right track*'. Often participants had some form of relationship with the RC in the past. Recognition of the extent to which the RC had '*transformed*' their own life played a substantial and crucial role in their decision to become involved with the service. One participant, for example, said:

*'He's been there and done it. He's in a good place now...I've seen where he was, he was in a bad place and now he's in a good place...and that's where I want to be'*

Another noted:

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<sup>1</sup> Throughout the report, italicised extracts in quotation marks are taken directly from service user interviews.

*'He's been through it. You've got to have been through it. It's hard to explain it. That's why it's good that they have people like him working in these sorts of places. You feel better talking to them'*

And another said:

*'It takes an addict to understand another addict...most everyday people will never, ever get it...only an addict understands'.*

As discussed in more detail in a later section, the 'peer' nature of the role of RC had a significant impact on participants' perception and engagement with the RSS, with participants reporting more trusting and opening relationships with the RC compared to other support workers who had not had similar experiences. Those that joined the service several months into the RC taking up post also discussed having heard very positive comments about the work of the RSS through word of mouth; again, this had encouraged them to try the service. Indeed, the willingness of participants to 'try' new options was a recurring theme in the interviews, with several struggling to break the cycle of addictions, offending and homelessness, despite a long history of engagement with services.

During their first interview (which was typically at the start of their engagement with the RC), participants were asked about the key types of support which they would like from the RC. The most frequently cited type of support which participants hoped to receive was help to stay 'clean' or 'dry'. The reality as to the specific support that participants would need in order to achieve this, however, varied significantly. For some, this was a safe space or supportive environment in which participants could think and reflect on their life course. Indeed, some reported negative experiences when accessing addictions services in the city, where instances of other service users being under the influence, abusive and aggressive, and openly taking substances cited. As such, the opportunity to access a calm, reflective space was highly valued. For others, it was practical support with filling in forms to apply for social housing, for example, that they required, so that they could move on from homeless accommodation and avoid being surrounded by people with active addictions. Others wanted information about and assistance to access services linked to training and employment, benefits, physical and mental health and rehabilitation/detox. Equally, however, a number of participants lacked a clear understanding of the specific types of support which the RC could offer, or indeed, about the types of support that they would like from the service. Many participants who fell

into this category simply talked about wanting some form of 'stability' in their lives and being ready for a 'better life', and so appeared curious to see what opportunities the RC could offer them.

From the stakeholder perspective, referral to the RSS was a unique service that sat across NPT and Changing Lives (a large third sector organisation). This meant for NPT that there was a distinct shift in focus from the 'offender' driven agenda which had previously dominated practice, to a greater awareness of the wider principles of desistance and the need to support complex agendas which span beyond traditional NPT boundaries. As one stakeholder described:

*'If a professional goes in with the person and there is no natural engagement with them, there is no move on, there is no strength building in interventions, it doesn't work...they needed the professional, the individual and they needed some other form of support, some form of person or organisation, it could be a family member, it could be mutual aid or association, someone who would be the person, who could, and in the case of the RC, subsequently did, with the recovery champion role, was able to assist the person to make the right decisions.'*

## b) Key Factors Affecting the Likelihood of Re-Offending

The background and life events which led participants to become involved with the RSS were hugely varied; with the personal biographies of some being indicative of a lifetime of exclusion, while others had led relatively unproblematic lives until a significant life event, such as relationship breakdown, often when coupled with addiction, began a pathway to exclusion. As such, levels of engagement with the criminal justice system and support services varied significantly. For example, one participant stated, *'[I] only got help when I committed crime...had twenty year problem....Before crime, no one knew I existed'*, while others discussed periods of involvement with services as long as fifteen and twenty years (and typically, relapse into addiction following disengagement). Common to all, however, upon engagement with the RC were high levels of social exclusion. All participants were suffering from problems of addiction and had a criminal record. Few participants were in employment, such that problems of financial hardship and housing need were common. Physical and mental health problems were reported in most cases and were largely the result of prolonged periods of addiction. Furthermore, few had positive and/or close social networks (with parents, sibling and partners also involved in drug and alcohol abuse in some cases). Most participants engaging with the RSS, therefore, could be seen as having multiple and complex needs.

It was for this reason that when appointing to the RC post, NPT and Changing Lives were clear that the successful applicant had to be:

*‘someone who could provide us with a link into the mutual aid recovery based program, but the clear criteria was that we wanted someone who had been through it, and who was going through there own recovery program, but who had an understanding of what it meant to be within the criminal justice system, having experienced it from the point of view of an offender’.*

During the interviews, participants were asked to rate the significance of a range of known criminogenic risk factors to their likelihood of offending in the forthcoming month. Not all respondents commented on the significance of all factors in all cases. Furthermore, participants’ interpretation of ‘significance’ varied. Significance was sometimes discussed negatively, in the context of factors being seen as a potential trigger factor for offending. In other cases, some factors were perceived as significant in terms of preventing participants from offending. Alternatively, others were insistent that they would not commit crime in the immediate future, but stressed that particular issues were highly important in terms of their ability and motivation to making positive and sustainable changes in their lives. The aggregated scores relating to the various factors discussed are shown in the table below.

**Table 1: The Significance of Key Risk Factors to the Likelihood of Participants Committing Crime**

	N/A	Not Significant	Minor Significance	Neutral	Reasonably Significant	Very Significant
Accommodation	10	16	2	1	2	7
Training or Employment	3	13	3	4	4	6
Physical / Mental Health	5	16	0	0	10	6

<b>Drugs and Alcohol</b>	2	12	7	2	3	9
<b>Family / Children</b>	2	10	6	2	6	8
<b>Financial Circumstances</b>	2	10	3	2	4	12
<b>Self-worth / Outlook</b>	1	11	4	7	5	1
<b>Support from the Community</b>	5	7	2	5	5	1
<b>Support from the Recovery Community</b>	4	1	1	1	9	13

The quantitative data indicated that the most significant factors likely to affect offending behaviour are:

- Continued support from the recovery community; considered reasonably or very significant on 76% of occasions (22 of 29).
- On-going financial difficulties; considered reasonably or very significant on 48% of occasions (16 of 33).
- Unmet physical and mental health; considered reasonably or very significant on 43% of occasions (16 of 37).
- Problematic relationships with family/lack of contact with children; considered reasonably or very significant on 41% of occasions (14 of 31).
- Problems of active addiction/relapse; considered reasonably or very significant on 35% of occasions (12 of 34).
- Difficulties securing employment; considered reasonably or very significant on 31% of occasions (10 of 33).
- Finding suitable accommodation; considered reasonably or very significant on 24% of occasions (9 of 38).
- Negative outlook; considered reasonably or very significant on 6 of 25 occasions (24%).

The qualitative data, however, suggests a more complex narrative. For example, most participants were confident that problems of addiction were under control or becoming increasingly manageable.

As such, they were confident that issues relating to drugs and alcohol were unlikely to be a significant factor in their likelihood of committing crime. Nonetheless, in other parts of the interview, participants stressed that remaining in recovery was central to their desistance from offending behaviour. Furthermore, participants emphasised that problems such as financial difficulties and turbulent relationships with family – while important issues to them – could not be improved until other factors, such as problems of addiction and homelessness, had been addressed. Participants, therefore, can be seen to have organised the list of factors discussed in terms of short, medium and long term priorities. The complex qualitative discussions that took place with participants about the key factors affecting their likelihood of re-offending are not necessarily reflect participants' level of need in each area. For example, some participants talked about appropriate accommodation being central to securing employment, rebuilding relationships with family/children, staying in recovery and their outlook, but this ranked 7<sup>th</sup> of 9<sup>th</sup> in terms of factors linked to re-offending. Central, therefore, is recognition of the complex, inter-connected and sometime contradictory relationship between these factors, which means that they cannot simply be counted in aggregate terms.

The content of discussions with participants in respect of each key factor will now be considered in more detail.

## Housing

Participants saw accommodation as likely to impact on offending behaviour in less than one quarter of cases. Commenting on housing, responses included:

*'love it...feel safe, nobody bothers us, that's the way I want it...peaceful. That's one thing I've never had peace in my life'*

*'it's clean, warm...a roof over my head' and,*

*'it's a good place for me to be'.*

Few participants had their own tenancies. The housing circumstances of participants were most likely to be regarded as positive when they were living with families or in social housing. Nonetheless, some concerns were raised by participants living in both types of housing circumstance. These related to the sustainability of social tenancies following the introduction of the 'Bedroom Tax' and the absence of spare rooms for children to visit in some cases, and the impact of caring

responsibilities by those living in the family home. In most cases, participants were living in homeless accommodation. Commonplace here were reported of this to be jeopardising participants' likelihood of staying in recovery due to the active addictions of other residents and property conditions impacting negatively on general wellbeing. Comments here included:

*'It's a really big problem. Being in a hostel is horrible. Other residents are drug users so it's difficult to stay clean'*

*'I'm struggling with my drug problem and they've put me in a place where people are going "do you want this?", "do you want that?" and I'm struggling' and,*

*'[Name of hostel]...it's a beautiful place...but I know if I got into [other hostels]...I'll just turn...I'll be back on the drink and my life will just totally change'.*

A small number of participants reported that they would be inclined to commit crime in order to avoid rough sleeping, saying for example, *'I'm not sleeping on the street for no man...if I'm spending a night on the streets, someone is getting robbed...give a man a bit of security and see what happens'*. Most participants living in supported accommodation were actively seeking alternative housing options with the support of their probation officers and the RC. Few were hopeful of securing social housing due to their histories of offending, addictions and rent arrears, which often exclude individuals from applying to certain housing providers. One participant said, *'it's a waste of time applying to the council. They told me to go back in two years if I was still clean'*. In other cases, there were concerns over the affordability of private rented accommodation, particularly as most participants were struggling to secure employment. A number of participants also reported that they were unable to accept employment opportunities while living in supported accommodation as they would not be able to afford the rent. Despite these difficulties, however, participants appeared to be very rational in terms of their decisions about the type and location of housing they would like to occupy, with many reporting a strong preference not to live in areas where they previously resided, in order to avoid negative peer groups and the possibility of relapse.

## Training and Employment

Very few respondents were in paid employment during the evaluation period. Approximately one third discussed being *'on the sick'*, *'on ESA'* or not being in a *'good enough place'* to look for work

due to on-going physical and/or mental health problems and active addictions; such that, for these participants, employment was considered a more long-term goal. The remaining participants, however, reported to be actively seeking work, seeing this as critical to (re)gaining a positive sense of identity, as well as a sense of purpose and structure to their lives and improving their financial circumstances. Comments here included, *'I need employment – It's a big problem in my life, very significant', 'I've always worked...this is the longest that I haven't worked'* and *'I really, really want to get my own job, stability, my own wages...I just keep thinking I'm getting older and older and I haven't done anything with my life really. It's frustrating'*. A number of participants were engaging with voluntary work or completing training courses, in the hope that this would lead to paid employment. Voluntary work was typically with recovery services across the city. While most participants were receiving support from at least one employment provider, they typically expressed frustration at the lack of paid opportunities available to them, with their criminal records felt to be inhibiting their chances of finding work. One participant explained, *'I need a job as soon as possible but I have a ten year gap on my CV [due to being in prison] so it's harder for me to get employment than it is for someone who has just left school or just hasn't been working for a few years'*. As such, participants stressed the importance of employment support agencies that specialise in sourcing and developing employment opportunities for ex-offenders and people with addictions. The RSS was seen to be playing an instrumental role in connecting service users to employment opportunities.

## Physical and Mental Health

While participants were more likely report health to be an insignificant, rather than a significant, factor in their likelihood of committing crime, a number nonetheless reported acute physical and mental health problems; although they were often reluctant to discuss these issues in detail.

Physical health problems were typically discussed in the context of addictions. For example, one participant reported severe problems with their legs, requiring surgery, as a result of a long history on injecting drug use. Others reported problems with their kidneys and liver, linked to alcohol abuse and headaches since ceasing their drug and alcohol intake.

Typically, mental health problems appeared to be more prevalent and acute than physical health problems, with comments including, *'My biggest problem is mental health'* and *'I'm fine, apart from my mental health!'*. Problems ranged from feelings of depression – with one participant saying, *'My moods are erratic at the moment...sometime I wake up ok, sometimes I wake up and I'm all over'* –



to that of suicide and self-harm – with another participant saying, *'I was gonna top myself...I cannot swim and I was gonna go in the Tyne...the only thing that stopped us was another homeless lad...started talking to us'*. Similar to physical health, mental health problems were often linked to addiction, but also to feelings of isolation and loneliness, exacerbated by housing and family circumstances. In other cases, mental health problems were linked to physical appearance and low feelings of self-worth, with one participant stating, *'I'm suffering depression quite seriously at the minute I'd say...I feel like crying quite a lot and I just feel really down...and I just feel like people are judging us...and also my weight as well...I was so skinny...I've put weight on and sometimes I do comfort eat'*.

In most cases, those with outstanding health problems were accessing healthcare provision from GPs. In addition, several were trying to proactively improve their health and wellbeing through recreational activities, such as going to the gym, playing football with a regional recovery team and doing yoga classes; although some participants expressed concern that they were becoming too focused on physical activity and that too strong a focus on anything could be negative. One, for example, said, *'I started obsessing on yoga as if it was gonna fix us and I relapsed, so I'm just gonna keep my hand in and do it a few times a week and it will build up naturally'*. Again, the RSS were said to be central to motivating participants to engage in fitness activities. A small minority, however, discussed the need for more specialist mental health support. These participants typically reported significant delays regarding referral and assessment processes and in some cases, being denied access to mental health services until they had addressed problems of addictions. One participant said, *'they've stopped me from seeking mental health from my doctor until it's been ok'ed by a person I had a ten minute consultation with and that as a drugs service is no good to me'*. Participants reported finding it difficult to address problems of addiction, however, while battling mental health difficulties. In light of the loss of a number of service users during the evaluation period, it appears critical that the relationship between mental health and addictions service is explored further. In this vein it is recognised that the Newcastle LDU has identified the development of stronger provisions for mental health as a major strand in recent annual business plans, and is exploring this further via the Big Diversion project.

## Drugs and Alcohol

Similar to health, participants were most likely to report drugs and alcohol problems not to be a significant issue in terms of their offending behaviour. While a minority expressed concerns

regarding their ability to stay in recovery – with one participant saying, for example, *‘Every time I go out the house, there’s a mental battle going on. Am I going to buy a bottle of vodka or am I not?’* – the overwhelming majority reported to be optimistic about their chances of staying in recovery, with many participants being substance-free at the point of interview or being in the process of reducing their drug or alcohol intake. Comments here included, *‘Not an issue...I don’t use drugs anymore’*, *‘I haven’t taken anything for months’*, *‘Not using drugs at all, alcohol I am using but it’s been minimalized and I’m looking to cut that out altogether’* and *‘I’m doing well....all my samples have been clean’*. Just one participant admitted to relapsing during the evaluation period. Feelings of positivity were strongly linked to the support which participants were receiving from NPT, the RSS and wider recovery community. Reflecting on this, one participant stated, *‘It’s not an issue. It doesn’t cross my mind...I’m starting to get loads of help now which I never used to...My probation officer and [the RC] have done loads for me. I wouldn’t be where I was if it wasn’t for them two’*. Drugs and alcohol were typically the catalyst for offending behaviour, hence participants were confident that they would not re-offend if they remain in recovery. Participants generally spoke positively about the city’s rehabilitation and detox services, but were less positive about the city’s drug clinic. In addition to some of the problems associated with this as outlined earlier in the report, a number of participants also reported feeling judged by staff who have not experienced problems of addiction themselves, long waiting times at clinics, and addictions services sometimes being a perceived barrier to accessing mental health support.

## Financial Difficulties

Financial hardship was almost exclusively a way of life for participants, linked to long term unemployment/living on benefits, delays to the processing of benefit claims upon release from prison, repaying crisis loans and sanctions, paying child maintenance and the funding of addictions. In almost half of the interviews undertaken, participants reported financial difficulties to be one of the most significant factors linked to future offending behaviour, although this would only be in cases of extreme crisis, such as having no food to feed their children and the possibility of rough sleeping, or in the case of opportunistic crime. Comments here included:

*‘If I was homeless and on the streets, I would rather go to prison so I would commit crime’*

*‘There’s a slight chance of shoplifting if my children desperately needed something, but very, very unlikely’* and,

*'I've got thirty pence to my name...that's for another week...if there was the opportunity for us to do a quick 'pop and seize' or something if there was a grand sitting there, I probably would take the opportunity 'cos I'm living on nowt. It's degrading...it's stressful...it gets to us...at the minute I'm just trying to get by doing the best I can'.*

Despite frustrations about their current financial circumstances, however, a significant proportion of participants reported that they did not need much money to live on at the point of interview, with typical comments here being, *'Money isn't a priority at the moment. Money helps but it doesn't make you happy. [I] would rather see [my] children than have money in [my] pocket'* and *'I'm stretched but its manageable...I don't need a lot of money at the minute'*, for example.

## Life Outlook

On six occasions throughout the course of the evaluation period, participants indicated that their outlooks for the future may impact on their likelihood of committing crime, although this figure does not fully reflect the low levels of self-worth and frustrations expressed by the group in relation to their material, financial and social circumstances. When discussing the causes of their often negative outlooks, participants talked about the delays experienced accessing courses and employment opportunities, poor property conditions and perceptions of not being given the help they require. One participant commented, *'It seems to me sometimes that you have to be really down in the gutter for you to get the help'*. Another participant said, *'I've been working with [name of agency], for ten years...do you not think I should have been able to get my own flat by now?...without accommodation, the "f\*\*k it" factor kicks in and I just think well I may as well go out and commit crime, rob someone and I'm dealing back in drugs and things...there needs to be more after care for people leaving jail'*.

Some of the comments from the group when reflecting on their life situations included,

*'I just want a job, income, roof over my head so I can spend time with daughter...I don't feel that's asking too much'*

*'I think...hell man, howay through us a bone...but that's when you've got to watch yourself...you've just got to box on'*

*'I feel like I've been a mug all my life...I've messed my own head up, I've messed my kid's heads up'*

*'Gets worse, the longer you don't get to where you want to go' and,*

*'I'm not in a happy place...every time I wake up it's like have I got any cigarettes and what's my plan to get hold of some vodka...it's like if I don't drink what else am I going to do?'*

Memories of drug use and homelessness were also sources of low self-worth. Following a brief relapse, one participant said, *'I just died inside after that...it's really knocked it out of uz'*, while another said, *'I've been sleeping on people's sofas for five years now...I've done my time'*. At this point, it may be important to reiterate that the majority of respondents reported health problems (particularly in relation to mental health) and almost half reported that this may affect their likelihood of committing crime.

### Relationships with Family

In almost half of the interviews, participants described relationships with family members as both potential triggers for re-offending behaviour (where families or partners also had problems of addiction) and key motivating factors for desistance from future offending behaviour. There is a degree of ambivalence in respect of these factors since they are both a pre-requisite for desistance and a symbol of lifestyle normalisation; both an input to and output of the process. Discussions centred on participants' desires to rebuild positive relationships with family members and gain greater access to their children. Just one female participant had full-time custody of her children; none of the male participants had custody. Children were typically reported to be living with their mothers, grandparents or in local authority care. The desire for regular access was a huge driver for change, not only in terms of desistance and staying in recovery, but also in terms of securing suitable accommodation and gaining employment. Some problematic relationships were reported with children's services departments, however. Participants also talked about rebuilding relationships with parents. One participant said they no longer wanted to *'hurt their] family and be ashamed of [themselves]'*, while another explained that they provide their parents with the results of their weekly drug tests, in order to prove that they are changing their lifestyle.

## Support from the Community

A number of participants struggled to distinguish between the importance of support from the 'community', to that of family members and the recovery community. Indeed, for some participants, family members, children and people in recovery were the entirety of their social networks. The majority of participants reported to have disassociated themselves from old peer groups who continue to be involved in substance misuse and offending behaviour. As such, the value of this type of support was discussed in only 24 cases, with participants broadly confident that support from the community would not impact of their propensity to re-offend. On just six occasions across the evaluation period did participants express concern about becoming reacquainted with negative peer influences. Some expressed concern that this would occur while living in supported accommodation, while others expressed concern that this would occur if they returned to areas where they used to live.

## Support from the Recovery Community

Support from the recovery community was identified as the most critical factor likely to affect the participants' likelihood of re-offending. In more than three quarters of the interviews conducted, participants stated that receiving on-going support from the recovery community would play a central role in their desistance from criminal activity in the future, with comments including, *'I need relationships that are not based on drugs and crime...I need relationships that are honest'* and *'I need help finding my feet. I've been away for a long time so I need all the help I can get'*. Participants reported that the support received was helping them to face up to challenging and complex emotions. Furthermore, the support received was felt to be different from that received by statutory and voluntary agencies. Members of this community were felt to have a greater understanding of the issues faced by participants. As such, participants reported feeling more 'accepted' by the recovery community. One participant said:

*'It doesn't matter how much you relapse or what mistakes you have made, that support will always be there, they won't judge you, you won't get in trouble from being honest with them. There's no pressure...I can just focus on myself'*,

Another said:

*'It's quite good to be involved with people in similar situations, I can sit and talk about my problems to professionals and they just sit there and nod and they don't understand at all. Where you can sit and talk to a complete stranger who's been through similar experiences and even though they might not have these qualifications, these people who are lower down the qualification level, understand a lot more. It's like a breath of fresh air.'*

Participants also reported the importance of 'momentum' in relation to their recovery – saying, for example, *'I've got to get momentum around my recovery...I've got to get involved in something so I'm not sitting here for 8, 9 months with nothing changing'* – and highlighted the value of the readily available nature of the support provided by the recovery community: *'In the recovery community, there's always someone there...that's just the kind of set up that it is.'*

### c) The Likelihood of Reducing Re-offending

Central to the introduction of the RC was the aim that it would support NPT in reducing re-offending and most significantly, allow positive action in terms of attrition rates relating to non-compliance. From a stakeholder perspective, the aim was to encourage people to *'work with the system rather than against it'*, but with a clear recognition that for many this *'working against the system'* wasn't an active choice but was rather the result of very chaotic and complex lives. As a result of the long term nature of the chaotic and complex lives which the participants had experienced, stakeholders were also clear that reducing re-offending with this particular group, co-existed with extensive and numerous opportunities where they could lapse in their recovery and that this should not be seen as a linear process. Equally, re-offending would not necessarily mean that they had failed in their recovery. Furthermore, the role of the RC was not developed to undertake *'offence focus work...he is not there to try and tackle their offending... he is there to talk about the consequences of their offending and the potential pitfalls of not preventing that'*.

During each interview, participants were asked to rate the likelihood of a reduction in their offending behaviour in the coming month, based on a scale of 1 to 5 (with 5 being 'very likely' and 1 being 'very unlikely'). Across the evaluation period, participants were optimistic about the likelihood of a reduction in, and even complete desistance from, offending. Several participants were confident that they were not going to commit crime but did not want to *'set [themselves] up to fail'* by saying '5' rather than '4', so opted for a lower figure. For others, rating their likelihood of reducing their re-offending as '4' was a highly significant and very positive step. For example, one said, *'Honestly, I*

would put myself as 4...that's a big change for me as a couple of years ago, I would have been 1 or 2...'. No participants stated that they were more likely to re-offend than desist during the interview process. The breakdown of 36 responses to this question is outlined below.

Likelihood of Reducing Re-offending	Number of Participants	Percentage of Responses (36)
5 / Very Likely	25	69%
4 / Reasonably Likely	7	19%
3 / Moderately Likely	4	11%

Linked to this, participants were asked to reflect on how their confidence in reducing their offending behaviour at the point of interview, compared to their levels of confidence in the past (no specific time frame was identified). In doing so, they were asked to select from four statements, which they felt best reflected their current level of confidence. Again, a positive picture emerged with most reporting to be more confident at the point of interview than they had felt previously. The breakdown of 36 responses to this question is outlined below.

Confidence in Reducing Re-Offending	Number of Participants	Percentage of Responses (36)
I am more confident I will not commit crime.	28	78%
My confidence is about the same, it is likely I won't commit crime in the future.	6	17%
My confidence is about the same, it is likely I will commit crime in the future.	1	2.5%
I am less confident I will not commit crime.	1	2.5%

When asked to explain their scores, a number of common themes emerged. Confidence in a reduction in offending was linked to: being in recovery, being surrounded by positive social networks, levels of self-confidence and maturity, and the satisfaction of basic needs. Reflecting the findings of

the previous section, being in recovery emerged as the most critical factor determining desistance from offending. A typical response here was:

*'All of my criminal history is surrounding alcohol. I don't think I've been arrested sober since in my teens. So, as long as I can keep myself involved with people who are helping me to keep myself in this frame of mind, my chances of offending are zero.'*

Conversely, those who were less confident in their likelihood of desistance from offending expressed concern about relapsing, were typically less engaged in recovery activities and were not in all cases, free from drugs and alcohol. Here, one participant said:

*'Once I'm totally clean altogether, then reoffending would not be an issue, at the minute, it's not an issue, but I could relapse tomorrow and my habit got worse and worse where I had to go out and reoffend to fund my habit', while another said, 'I'm only clean and sober for a day at a time.'*

Social networks also emerged as a key factor linked to participants' confidence to desist, with one participant saying: *'Relationships are really important...they are the be all and end all when it comes to reoffending and taking drugs'*. As discussed earlier, many participants reported a long history of problematic relationships with parents, partners, peers and children and reported this to be a trigger for their addictions and offending behaviour. Nonetheless, many participants felt that they were increasingly surrounded by positive social networks. Following engagement in recovery activities, participants reported feeling motivated by the support of, and sharing of experiences with, others.

Participants saw engagement with the RC as a key element of staying in recovery and either broadening or remaining engaged with positive networks. Others talked about how relocating to a different area has enabled them to escape negative peer influences, which in turn has made them feel more confident about staying in recovery and desistance from offending. Learning how to manage relationships was seen to be a very positive development in a number of the participants' lives, with one explaining:

*'Me learning to have proper friendships in my life was a big things for me, I didn't know the benefits of them. You form criminal relationships and they are more supportive in a way as they are more accepting of you. You are emotionally stunted and that affects your whole*



*way of dealing with everything. There is a lot of denial in these relationships and it's about being able to recognise and deal with all of that'*

Another said:

*'Say I'm with somebody and I know they're up to no good, I'll just walk away and let them get caught...I don't want to do anything stupid anymore. I don't want to hurt people...physically, emotionally, I want a decent life for myself. Now I live with the philosophy that I like to treat people the way I want to be treated and if they don't give me that same common ground, or respect, I just keep a distance'.*

Equally, a number of participants expressed concern about remaining in recovery and desistance from offending as a result of: the ending of statutory support from agencies such as Probation; exposure to negative social networks while living in supported accommodation; and, the adverse consequences of on-going family difficulties, particularly in relation to access to children.

#### **d) Engagement with the Recovery Champion**

In terms of engagement with the RC, stakeholders expressed a number of issues which both highlight the value of the role, and also the potential dangers which need to be monitored as they could undermine both the role of the RC and individual clients' recovery. Most significant in this situation was the lack of choice in who could be the individual clients' RC (in that, there was only one person in this role). All stakeholders expressed the desire for there to be several RCs, and that a female in the role would be an advantage; but due to the nature of the funding constraints, this was not possible. Equally for the RC, the absence of an alternative RC to refer clients on to placed additional pressure on them when they did not feel comfortable working with a particular individual due to their background, previous offending pattern or the nature of their relationship with the RC. This factor clearly made the role of the RC more complex. Yet the strengths of the role were clearly evident, with one stakeholder stating;

*'It removes barriers for people. It removes emotional barriers; it removes an awful lot ...paperwork. I am not saying paperwork isn't an important part of it; it removes the way clients see it....It's a different relationship to the professional relationship. I think that is the client's perspective'.*

Furthermore, as those working in the wider recovery environment and the RC themselves are all in recovery, this can bring with it clear advantages, with such individuals being able to draw on their own first-hand experiences when engaging with clients. It can cause conflicts. Two areas of difficulty identified by stakeholders were boundaries and relationships.

‘Boundaries – work life balance...where there are social events and a lot of people are going along to these, and a lot of clients are encouraged to go along to them, but then if the RC is there, it blurs it’.

As the RC is still very much a part of the recovery community to support their own recovery, there were instances where this issue arose and support was given from his managers. This also links closely to relationships, in that;

*‘A real transition for people in recovery who are new into recovery, they are just beginning to learn about relationships, emotions...if we are not modelling that appropriate behaviour and conducting yourself in appropriate relationships with people, then that can impact on not just the engagement but how they are going to move on from that.’*

During the interview process, participants were asked to rate their experiences of working with the RC on a scale of 1 to 5 (with 5 being ‘very positive’ and 1 being ‘very negative’). The breakdown of 35 responses to this question is outlined below.

Experience of Engagement	Number of Participants	Percentage of Responses (35)
5 / Very Positive	21	60%
4 / Reasonably Positive	8	23%
3 / Positive	6	17%

On the whole, all of the participants interviewed reported positive experiences of engagement with the RC, with responses including: *‘Everything has been spot on since I’ve met him’, ‘If you ever ask him to do anything, he’s straight there. The support you get from him is second to none’, ‘He’s done more than he’s paid to do’, ‘He’s always there, he’s committed’, ‘I can’t do anything but praise him...and he’s come such a long way himself’ and ‘[He’s] been excellent...he’s been a big help...always there on the end of the phone...he’s always giving us ideas to do things...pushing me,*

*he's good*'. Where participants rated their experience with the RC as just 3 out of 5, this was because they had only just started to engage with the RC, so had limited experience to reflect upon. They hoped however, that this score would increase over time as their relationship with the RC developed. Looking at the experiences of those who took part in multiple interviews, five participants consistently rated their experience as very positive, while three gave higher scores over time. Just two participants gave lower scores over time. In both cases, this was linked to the participants' lack of clarity over the issues that the RC could support them with, saying, *'You see, I don't actually know exactly what he can do. Can he help with housing? I've never asked him for help with housing'* and *'I divint na wht he's able to do...I don't know where to start with where else he could benefit me'*. This lack of clarity appeared to be a theme in a number of interviews, even where it was not reflected in participants' scores.

As indicated earlier, a number of participants reported that the support received from the RC was different to that which they had been offered in the past. Participants reported finding it easier to build rapport and a trusting relationship with the RC and feeling more comfortable talking to them, compared to other support workers who have not had similar experiences to them. They also reported having a lot of respect for the RC for managing to *'turn their life around'* and finding this to be a source of inspiration. Comments here included

*'...you are going to respect what [the RC] says more than some 25 year old lass who hasn't experienced anything. You lie to them, get out of there, have a smoke there wasn't any respect for them because they haven't been there any done it and I think that's an essential part of it'*.

The participants also reported feeling that the RC has treated them with respect and does not judge them, which further supported the building of a positive relationship with them:

*'Every time I've asked to talk to him, he's always been there, he doesn't look at us different...he doesn't judge us. I was going to them meetings, then I started taking drugs again and he didn't say anything to us. He didn't want us to take them again but he didn't look at us different. If I take drugs, the probation, them look at you different, go mad with ya. It's different that's all'*.

Participants appreciated knowing that they could contact the RC at any time, saying *'All I have to do is ring him and we can meet up for a chat'* and *'He's always there, supportive, only a phone call away'*, for example. They also liked the RC calling them several times a week to remind them to attend different appointments and check on their wellbeing. The RC was reported to have advised on and supported service users to access a range of opportunities and services, across a range of issues including recovery, health and fitness, housing and benefits, meaningful activities and education, training and employment. A number reported that the practical support offered by the RC had made tangible differences to their lives, including improving their financial circumstances, increasing their physical and emotional health (including increases in confidence and self-esteem) and broadening the scope of their positive social networks. One participant recalled that the RC had helped them to access a rehabilitation programme and said, *'He got me in to [name of centre]...if he hadn't have been in touch with me and got me in there, I wouldn't have survived as I don't think I could have done it on my own again. I'm clean again and having another go'*. Particularly important to participants was the advocacy and outreach support provided by the RC. Another participant recalled the instance where, as a result of focusing on their recovery, they missed a job centre appointment and was going to have their benefit sanctioned, but the RC contacted the job centre on their behalf and managed to prevent the participant from being sanctioned. Another reported that the RC accompanying them to appointments gave them *'more of a push'* to engage, rather than simply signposting them to the service. Perhaps the most valuable support provided by the RC, however, was befriending support, encouragement to remain focused on recovery and being *'kept busy'*. Staying motivated and engagement in meaningful activities to prevent boredom and a focus on negative thought patterns was critical to the participants' pathway to desistance. Several of the participants also recalled stories of taking part in a charity event organised by the RC, to climb Ben Nevis. Participants reported to gain a huge sense of achievement from this and in many cases, said they *'couldn't believe that they had done it'*. They were highly grateful to the RC for organising this. Indeed, morale and confidence building activities can be seen to be central to the participants staying in recovery.

The personal qualities of the RC could also be seen as critical to the success of the RSS. Many reported feeling that the RC genuinely cared about their wellbeing and that this made them more willing to engage, as demonstrated by the following quotes:

*'He has your interests at best heart...them's the kind of people I want in my life'*

*'He offers genuine personal support' and,*

*'He's that kind of person...If he can help you, he will, he just goes out of his way'.*

This emotional attachment between the RC and service users has its drawbacks, however. A number of participants also appeared to reciprocate the compassion received by the RC and reported feeling conscious not to ask too much of them, especially as their workload/the number of clients they supported increased over time, and because the RC is in recovery themselves. One participant said, *'I suppose his role will be progressing...in volume...more clients, so I don't suppose he'll have as much time to put in, but I'm ok, my needs aren't as great as someone who is still using, so I don't really ask [him] for loads of support, but he's always in touch with me'*. None of the participants could identify any additional forms of support that they would like the RC to do. Participants were confident that the RC is offering them all of the opportunities that they are aware of.

#### e) Motivation to work with the Recovery Champion

During each interview, participants were asked to rate their level of motivation to continue to engage with the RC over the coming month, on a scale of 1 to 5 (with 5 being 'very motivated' and 1 being 'not motivated at all'). All participants reported being motivated to continue to work with the RC, as evidenced by the data below.

Motivation to work with the RC	Number of Participants	Percentage of Responses (34)
5 / Very Motivated	28	82%
4 / Reasonably Motivated	5	15%
3 / Motivated	1	3%

#### f) Priorities for the Coming Month

When concluding the interview, participants were asked about the key goals for the forthcoming month. The key issues identified and the frequency with which they were identified are listed in the table below.

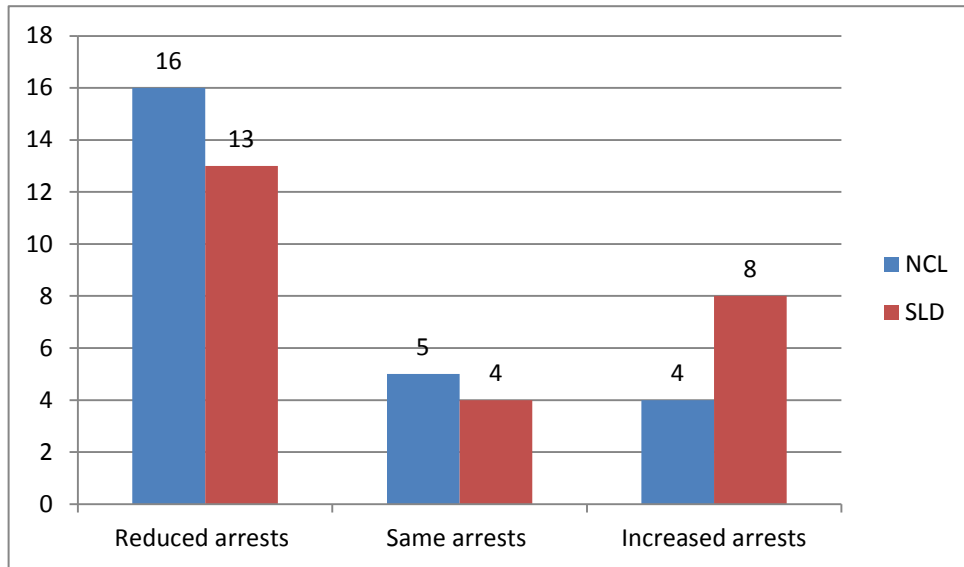
Issue	Frequency
Staying in recovery	21
Seek employment	7
Meaningful activities / Hobbies / Keeping busy	5
Secured settled accommodation	6
Gain access to / Spend time with children	6
Improve physical health and fitness	3
Education and training	4
Find / Continue with voluntary work	3
Address mental health issues	1
Reduce or desist from offending	1
Maintain structure / routine	1

‘Staying in recovery’ was the most frequently cited goal of participants. This reflects earlier discussion, with problems of addiction considered essential by the participants’ offending behaviour. Indeed, at this point, one participant said: *‘It’s the main priority as it’s the catalyst to all of my problems’*. The qualitative data suggested that most of the participants are on a positive trajectory, with many reporting to have remained clean since their last interview or to be reducing their drug or alcohol intake, and to be attending recovery meetings.

## Service User Offending Data

Using data provided by NPT, some of which is derived from the Police National Computer (PNC), it has been possible to compare the pre-RSS offending profile of service users with their post-engagement behaviour. 25 clients engaged in the pilot project were arrested on 95 occasions in the six month period prior to the commencement of their engagement with the RSS. Over the same time period post-engagement, the number of offences for which the group were arrested was 60; a reduction of 37%. Figure One indicates that of the 25 participants in the Newcastle-based pilot project, 16 experienced a reduction in the number of arrests, five had the same amount, and four experienced more arrests post- than prior to the project.

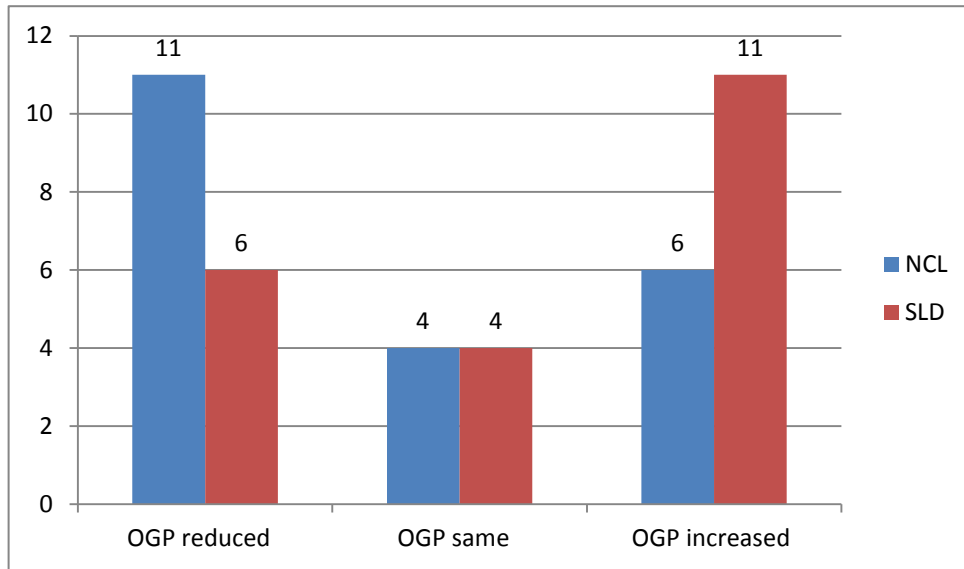
**Figure One: Trend in Arrests Post-Project compared to Pre-Project**



In order to more carefully isolate the impact of the project on the pilot service users, a control group was drawn from the pool of people under the supervision of offender managers in Sunderland. The control group was matched, as far as was practicable, in terms of age, gender, offending history and profile. In terms of the number of arrests, the control group experienced 108 arrests during the prior period; which reduced only marginally to 103 during the post period; a reduction of just 5.4%. Given this, it is unsurprising that of the control group, 13 had a reduction in arrests over the timeframe, four had the same number of arrests, and eight had an increase.

Another measure of offending behaviour is derived from the offender manager assessments of service users in terms of their OGP scores, which are the OASys General Reoffending Predictor score. Staff assess service users in terms of their OASys scores and other criminogenic risk factors in order to predict the risk of re-offending on a scale up to 100. Figure Two uses the OGP scores to measure the number of individuals for who the risk of offending was judged to have increased, remained stable, or decreased.

**Figure Two: Trends in OGP Scores; Post-Project Compared to Pre-Project**



As a whole, the data (reflecting 25 individuals from Newcastle and 25 from Sunderland) suggests that the group engaged in the pilot project were more likely to have a reduction in their OGP score. 11 of 25 (44%) in the Newcastle group saw their OGP reduce; the comparable group from Sunderland was only 24%. The figures were exactly the opposite way around in terms of those who saw their OGP increase: 44% of the control group saw a rise, compared to only 24% of the Newcastle group.

These data suggest that those included in the pilot project were more successful in decreasing their offending and risk of offending. There are two important caveats, however. First the quality of the data may mean a discrepancy between these measures of offending and the actual incidence. Arrest data, for example, might not accurately reflect an offence. Moreover, the periodisation of the data could be difficult since an arrest might not occur immediately after an offence. An individual arrested 'post project', for example, might have been made for an offence that occurred during a previous period. As such, this data should only be used for indicative purposes. The other caveat relates to the direction of causality that underpins this data. The assumption might be that it is the nature of the pilot RSS project that causes a decrease in criminogenic risk. This might be simplistic, however, as the offender more motivated to desist might also seek help from the RC, and so their increased propensity to desistance might pre-exist ahead of their engagement.



## Cost of Crime

The Home Office (2005) 'cost of crime' calculator allows comparison of the financial impact of offending before and after the RSS project. As noted above, the cohort included in the evaluation was subject to 95 arrests during the three months before the project commenced. The table below shows the range of offences covered by these arrests and the cost for each. For example, the cost associated with absconding on bail is calculated at £20; since there were two during the period, the total cost of this category was £40. The estimated cost of the total of 95 offences during the three months was £66,274.

### Costs of crime prior to the RSS

Offence	No. in period	Cost
ABSCONDING ON BAIL	2	£40
ASSAULT S. 47	2	£3,159
BREACH BAIL CONDITIONS	3	£243
BREACH OF THE PEACE	5	£405
BURGLARY DWELL AGGRA	1	£3,274
BURGLARY DWELLING	5	£16,372
BURGLARY OTD OTHER	1	£2,280
COMMON ASSAULT	1	£1,580
CRIMINAL DAMAGE	1	£890
DRUGS ACT OFFENCE	2	£162
DRUNK AND DISORDERLY	4	£324
FAIL COMPLY DIRECTION	2	£162
GOING EQUIPPED	1	£81
INTIMIDATE WITN/JUROR	2	£162
PUBLIC ORDER SEC 4	1	£81
RACIAL OFFENCE	1	£81
RAILWAY OFFENCE	2	£162
RECEIVING STOLEN GOODS	2	£162
ROBBERY	3	£23,977
THEFT – SHOPLIFTING	39	£3,159
THEFT BY EMPLOYEE	1	£81
THEFT FROM MOTOR VEH	4	£3,140
THEFT OF MOTOR VEHICLE	1	£3,761
THEFT OTHER	3	£2,048
USE VIOLENCE TO ENTER	1	£81
WARRANT FTA POLICE	5	£405
<b>Grand Total</b>	<b>95</b>	<b>£66,274</b>

Since the overall number of offences for which the cohort was arrested during the three months after the RSS project fell to 60, it is unsurprising that the associated costs were reduced. The table

below shows the offence types leading to arrest and that the overall associated cost was £47,928. On this basis, the return on investment, measured solely in terms of reduced costs of crime, for the three month period was £18,346. This compares to a total project cost of £6,250 for the same period. As such, the figures suggest an overall saving of £12,096 for the three month period.

### Costs of crime after to the RSS

Offence	No. in period	Cost
ASSAULT S. 47	1	£1,580
BURGLARY DWELLING	8	£26,196
BURGLARY OTD OTHER	2	£4,560
DRUNK AND DISORDERLY	4	£324
GOING EQUIPPED	1	£81
INTIMIDATE WITN/JUROR	1	£81
MISC SUMMARY OFFENCE	2	£162
POSSESS COCAINE	1	£81
PUBLIC ORDER SEC 4	3	£243
RAILWAY OFFENCE	5	£405
ROBBERY	1	£7,992
THEFT - SHOPLIFTING	23	£1,863
THEFT FROM VEHICLE	1	£785
THEFT IN DWELLING	1	£683
THEFT OTHER	4	£2,731
WARRANT FTA POLICE	2	£162
<b>Grand Total</b>	<b>60</b>	<b>£47,928</b>

## Conclusions

These concluding comments and discussion are organised in terms of these four broad, and overlapping, themes as outlined in the introduction to this report, namely:

- the role and responsibilities of the RC and their capacity to fulfil their role;
- the service users' experiences of engagement with the RC;
- the benefits of the RSS to service users; and
- barriers to engagement.

By design, the RC has not had a closely defined role in terms of performance targets, indicators and so forth. An advantage of the project has been that the RC has been able to respond appropriately to the complex and dynamic needs that the service user group has presented. A recurring theme of the early interviews, when service users were relatively new to the project, was that they were unsure what the RSS had to offer. Beyond a general aspiration to stay sober they tended to be unsure as to the particular outcomes they hoped to achieve.

Service users tended to report, with no notable exceptions, a very positive relationship with the RC and expressed this in terms of the RCs biography and experiences relating to substance abuse. The status of the RC as a peer to the service users underpinned much of the positive evaluation of the role. One participant illustrated a widely-held view when noting that:

*'He's been there and done it. He's in a good place now...I've seen where he was, he was in a bad place and now he's in a good place...and that's where I want to be.'*

The importance of this perspective to many service users suggests that the initial strategy reported in the stakeholder interviews was appropriate and was successfully put into practice within the project.

Both the lack of formal pre-defined objectives and the peer status of the RC were welcomed by service users, who identified these as central to their strong motivation to engage with the RSS and to develop a normalised lifestyle. The findings outlined above provide further reason to welcome these twin strategies. When asked to consider the type of factors most closely linked to the possibility of their reoffending, service users most commonly suggested that their most significant risk was the need to receive continued support from the recovery community. The research interviews suggested that other – perhaps more applied or material needs relating to housing or

financial matters – were related to the need to maintain ‘recovery’. In part, the need to sustain a relationship with the recovery community was expressed in terms of the need for sympathetic advice and support from those with similar experiences. Beyond this, however, it was also about self-development in terms of maintaining effective relationships with others and sustaining momentum through engagement in meaningful and positive activities.

In terms of the benefits of the RSS to service users, it was clear that their self-assessments were very positive; respondents reported high levels of motivation that were stronger than in previous involvement with the CJS. As in other studies of this kind, caveats need to be added here. First, it might be that the reported high-levels of motivation are exaggerated for the benefit of the researchers. A short-term assessment of this kind cannot adequately address this possibility. Of course, the data relating to arrests and risk assessments suggest that the group who went through the RSS had a better profile than the control group who did not. This is a positive result for the RSS, although again one that needs to be treated with some caution.

The other possibility is that reports of high levels of motivation are not exaggerated. Whether this is a result of the RSS or an unintended consequence of the way in which those highly motivated to desist from offending come to be appointed onto the project is difficult to ascertain. What also remains uncertain is the extent to which the motivation to lifestyle normalisation and desistance from offending is sustained beyond the lifetime of the engagement. Clearly, this has impact in terms of support offered to service users who successfully exit the RSS.

The report has not identified a series of recommendations but does propose that the RSS continues to be developed with further reflection around two key challenges. Firstly, the personal character and experience of the RC is at the heart of the RSS project. It was intended that this be the case and all of the evidence collected suggests that this has been central to the success identified. It is recognised by stakeholders however, that there are risks associated with resting such responsibility on a single key worker. While steps have been taken to provide the RC with support that might be required, and this has been valued it seems, this remains a potential threat to the viability of this project. Clearly this is a challenge faced by similar programmes and it is recognised that the RSS operates alongside other forms of recovery work with a range of other providers. In terms of this project alone, though, a second related difficulty might be that the advantages gained from strong personal relations between the RC and service users are mirrored by relatively un-recognised limitations where a strong relationship does not develop. That the RC has a biography that is relevant

to many service users is valued by them but might prove a barrier that dissuades others from engaging. This evaluation focused on service users who were engaged and so can only speculate that it might be that those who did not engage were dissuaded by personal factors. Clearly this is not an argument against providing a RSS type programme but rather an argument that there might be a number of RCs employed – including a female RC – such that service users have a slightly more diverse group of staff with which they could engage.