

‘From Programme to Prosper’: an evaluation of Forward’s community rehabilitation programmes

Executive Summary

Forward’s community rehabilitation programmes (or ‘structured day programmes’) are essential elements of our substance misuse service delivery and one of the main pathways to recovery that we offer to our clients.

A mixed methods ‘pre- and post-comparison’ evaluation of three of these programmes (Hull, Dover and Medway) by Forward’s research team has shown positive and statistically significant results in terms of key recovery behaviours, as well as a range of personal and social indicators of recovery.

Interviews with 18 clients conducted between 6 and 9 months after completing the programme showed:

- ▶ Strong capability, opportunity, and motivation across four assessed **recovery behaviours** (as measured by the ‘COM-B’ tool), with scores ranging from 82-95% for ‘asking for help’, ‘admitting mistakes’, ‘being on time’, and ‘undertaking peer support roles’ – which are all established as evidence-based predictors of sustained, long-term recovery. These high scores demonstrate that the programme has a ‘medium to strong’ effect in terms of attributable significance.
- ▶ Positive changes in widely-recognised **personal and social recovery indicators** - all 18 participants (100% at follow up) reported improved physical and mental health, and better personal relationships. All 18 reported being abstinent from drugs and alcohol at time of interview. Meanwhile, a third were engaged in education or training, and half were involved in volunteering or peer support; just under half (8 people) were in independent secure housing with the remainder (10) in temporary or secured supported housing.

To find out more about our community rehabilitation programmes please contact: development@forwardtrust.org.uk



Introduction

As part of Forward's community substance misuse portfolio — where we deliver both fully integrated 'whole system' services and specific service elements in partnership with others — we are a leading provider of community rehabilitation programmes, also known as structured day programmes.

These programmes are intensive, abstinence-based 12-week group interventions requiring daily attendance. They are designed for individuals who are dependent and ready to engage more deeply in their recovery — building insight, accountability, emotional regulation, pro-social identity and meaningful connection.

In essence, they support people to move beyond risk management or reducing harm, towards building a new life free from drug or alcohol use.

Alongside our community-based programmes, Forward delivers similar models in residential settings ([The Bridges](#) and [Clouds House](#)), in prisons across England and Wales, and digitally through [Recovery Online](#).

Collectively, these programmes represent the '**Develop**' stage within our organisation-wide [Theory of Change](#). Here, we provide structured, progressively intensive support — moving individuals from **Pause**, to **Engage**, to **Develop** — and ultimately towards Prosper, where people experience the benefits of a more independent life, marked by self-respect, wellbeing, social connection and positive contribution to family and community.

Programme impact – what do we know?

With more than twenty years' experience delivering community rehabilitation programmes (current provision summarised opposite), we have seen first-hand the profound personal impact they can have. We witness transformational change regularly — in daily interactions, in peer relationships formed during the programme, and most powerfully at graduations where participants reflect on their journeys.

Alongside this lived evidence, we measure progress through established pre- and post-programme indicators of wellbeing and recovery, enabling us to assess the "distance travelled" during participation.

However, while these measures provide strong evidence of immediate progress, we wanted to understand what happens beyond programme completion. Longer-term outcomes are not routinely examined in the substance misuse sector, where evaluation often focuses primarily on substance use at the point of treatment exit.

Forward's community rehabilitation programmes:

- ▶ [ReNew Hull](#): delivered in partnership with Change Grow Live (CGL)
- ▶ [Medway](#): part of Forward's integrated service
- ▶ [Dover](#): part of Forward's integrated East Kent service
- ▶ [Essex](#): part of wider multi-partner treatment and recovery system
- ▶ [Liverpool](#): delivered in partnership with CGL
- ▶ [Margate](#): part of Forward's integrated East Kent service

To address this gap, we commissioned an internal study led by Forward's Research Team, interviewing participants 6–9 months after completion. This period is widely recognised in research as both high-risk and foundational for sustained recovery.

The evaluation focused on three programmes — Hull, Dover and Medway — which operate using a shared manual and delivery model. (A related but distinct version, the Self-Help Addiction Recovery Programme (SHARP), is delivered in Liverpool and Essex.)

Evaluation Focus

Our evaluation study examined two areas:

1. **Recovery behaviours**
2. **Personal and social recovery indicators**

We combined behavioural science tools with in-depth qualitative interviews with participants, to understand and evidence different aspects of recovery. Far more than just documenting whether clients had remained abstinent, our approach was designed to explore whether clients are developing the habits, relationships and social foundations associated with long-term recovery.

1. Recovery behaviours

Behaviours assessed and their significance

In line with the community rehabilitation programme objectives—and informed by preliminary interviews with both facilitators and participants—we assessed four core recovery supportive behaviours: **asking for help, admitting mistakes, being on time, and undertaking peer support roles**, which are widely recognised by research as key predictors of sustained, long term recovery.

These behaviours reflect two key ingredients of long term recovery: (1) building consistent, healthy habits, and (2) staying connected to recovery supportive environments. Asking for help, admitting mistakes, and being on time support routine, honesty, and accountability, while taking on peer support roles helps people strengthen their skills, confidence, and sense of belonging. Together, these behaviours represent the practical and relational foundations required for sustained recovery, making them strong indicators for assessing the programme's impact.

Measurement

To assess whether these behaviours were being sustained 6–9 months after programme completion, the evaluation used the COM B behavioural science framework. COM B (Capability, Opportunity, Motivation – Behaviour) is widely used in public health to understand why behaviours do or do not occur, and what conditions are needed for change to be maintained over time. COM B examines three interacting components:

- ▶ Capability – whether a person has the psychological and physical skills needed to perform a behaviour
- ▶ Opportunity – whether their environment provides the social and practical conditions required for the behaviour to occur
- ▶ Motivation – whether the person wants or intends to perform the behaviour, and whether it has become automatic or habitual.

The COM B model is useful for understanding long term recovery because it looks at all the factors that influence behaviour — a person’s environment, their skills and confidence, and the systems around them. This helps us see not just whether a behaviour is happening, but whether it is likely to continue once the structure of the programme is no longer there. COM B also separates two types of motivation:

- ▶ Reflective motivation — what people intend to do and what they believe is important
- ▶ Automatic motivation — what people do out of habit or emotional reaction

This makes it easier to spot which behaviours are already well embedded and which still need support to become routine.

Methodology

Each participant completed a short COM B questionnaire before their interview. The questionnaire asked them to rate statements such as “I have the skills to do this behaviour” or “I feel motivated to do this behaviour” on a scale from ‘strongly disagree’ to ‘strongly agree’. Their answers were given numerical values (1–5), added together, and then converted into percentages. These percentages show how strong each COM B component is: High % = behaviour is well supported; Medium % = mixed picture; Low % = possible barrier.

To create an overall result for the group, all participants’ percentages were added together and divided by the number of people in the sample.

Findings

Participants showed strong capability, opportunity, and motivation across all four assessed behaviours, with average COM B scores ranging from 82% to 95%. These results indicate that the programme is highly effective at building the skills, confidence, and routines needed for sustaining recovery after the programme.

- ▶ **Asking for help:** High capability (88% physical; 80% psychological) and opportunity (91% physical; 84% social) show that participants know how and where to seek support. Lower automatic motivation (62%) suggests this behaviour is improving but not yet fully habitual.
- ▶ **Admitting mistakes:** Very strong capability (94–95%) and motivation (89% reflective; 82% automatic) indicate that honesty and accountability have become embedded routines for most participants.
- ▶ **Being on time:** Consistently high scores across all COM B components, with automatic motivation at 95%, show that punctuality is now a well formed and stable habit.
- ▶ **Peer support roles:** Strong capability (94% physical; 86% psychological) and motivation (88% reflective; 84% automatic) demonstrate that participants are willing and prepared to support others. Lower physical opportunity (81%) suggests that access to structured peer support roles, rather than willingness, is the main limitation.

Overall, the results show that capability and reflective motivation are well established across all behaviours. The main area still developing is automatic motivation—particularly for help seeking and peer support—which will benefit from consistent opportunities and follow up support after the programme.

The evaluation shows that the programme is effective not only in supporting abstinence, but also in embedding the practical and emotional foundations needed for long term recovery. Participants leave the programme with strong skills, motivation, and growing habits that support stability, social connection, and ongoing personal development.

The results also highlight that post programme support and consistent opportunities—especially in the first six to nine months, when habits are still forming—are essential.

How results compare to other health behaviour programmes

Because COM B has not previously been used to evaluate other substance misuse treatment programmes, we cannot make direct like for like comparisons. However, the COM-B model is widely applied in public health to understand whether an intervention effectively changes health-related behaviours long-term. The scores for this programme evaluation, ranging from 82–95%, are well above typical health behaviour studies, which report that only 23–31% of behaviour change can be explained by COM B components.

Evidence from other health interventions (such as smoking cessation) shows that the most successful interventions are those that strengthen all three parts of the COM B model at the same time: Capability, Opportunity and Motivation. The programme performs strongly across all three areas. This aligns with best practice in behaviour change science and suggests the programme is likely to have a greater long term impact than programmes that focus on only one component (for example, those that rely solely on providing information or boosting motivation).

Interpreting the effect sizes

All scores were entered into SPSS (statistical analysis software) to calculate the Standardised Mean Difference (SMD). The SMD is a commonly used statistical measure that allows comparison of intervention impact across different studies by placing effects on a shared scale. In this case, the SMD was approximately **1.0**, which represents a **medium-to-strong effect size**. (Interpreting SMD values: 0.2 – small effect; 0.5 – medium effect; 0.8 – large/strong effect; 1.0 or higher – very strong effect)

2. Personal and Social Recovery Indicators

Key factors

As well as specific recovery behaviours, we also examined a broad range of indicators known to influence long term recovery. These included abstinence, mental and physical health, relationships, employment and training, volunteering, housing stability, and ongoing engagement with post programme support such as Forward Connect (our 6,000-strong network of recovery communities which many programme graduates join). Considering these wider domains helps to situate behavioural change within the broader social and structural conditions that shape an individual's progress over time.

Long term recovery from substance misuse is typically determined by a combination of clinical, social, and personal factors. The six month point is widely recognised as a key milestone: positive indicators at this stage are associated with a higher likelihood of sustained recovery at 12 months and beyond. However, recovery remains dynamic, and continued monitoring, evaluation, and support are essential as the risk of relapse persists.

Methodology

To understand participants' progress across these recovery domains, in addition to the COM-B questionnaire, we also conducted semi structured interviews with participants that explored their current experiences and circumstances, 6 to 9 months after programme completion. This approach provided valuable insight into both the strengths and challenges shaping their recovery journeys, as well as valuable context for the COM-B scores.

Findings

The table below summarises the key domains associated with long term recovery, drawing on established literature, alongside the findings from the 18 participants interviewed. Where relevant, participant quotes are included to illustrate lived experiences within each domain.



Recovery Domain	Self Reported Status (n=18)
<p>Sustained Abstinence: Consistent non-use of substances for 12 months or more. Research shows stable abstinence often emerges after multiple treatment episodes and several years of effort (Dennis, Scott, & Laudet, 2014; Svendsen et al., 2021).</p>	<ul style="list-style-type: none"> • 100% (18) reported abstinence at data collection; • 72.2% (13) had previously experienced minor lapses <p><i>“I haven’t used in six months. That’s a win. Even if I don’t have a job or a flat, I’m still here, still clean.”</i></p>
<p>Mental & Physical Health: Reduced depression, anxiety, and better overall wellness. Studies report significant reductions in depression (93%) and anxiety (52%) at 12-month follow-up (American Addiction Centers, 2023).</p>	<ul style="list-style-type: none"> • 100% (18) reported better overall wellness in terms of physical and mental health.
<p>Stable Housing & Employment: Secure living arrangements and meaningful work are strongly associated with sustained recovery (Martinelli et al., 2020; Sahker, Ali, & Arndt, 2019).</p>	<ul style="list-style-type: none"> • 44.4% (8) had stable independent accommodation; 55.5% (10) remained in temporary or secured supported housing. <p><i>“I’m sofa-surfing again. I’m not using, but I feel like I’m still in survival mode.”</i></p> <ul style="list-style-type: none"> • 16.6% (3) secured paid work (mostly part-time); 83.3% (15) remained unemployed <p><i>“Before, I couldn’t hold a job for more than a week. Now I’m working again, and even though it’s just stacking shelves, I show up. That matters to me.”</i></p>
<p>Positive Social Relationships: Repaired family ties and supportive networks contribute to recovery capital and resilience (Best et al., 2016; Best et al., 2023).</p>	<ul style="list-style-type: none"> • All (100%) participants reported improved in personal relationships; 72.2% (13) engaged with peer support groups; 27.7% (5) relied on family or peers for ongoing support. <p><i>“I’ve got my daughter back in my life. It’s not perfect, but we talk now. That wouldn’t have happened if I was still drinking.”</i></p> <ul style="list-style-type: none"> • 50% (9) of participants engaged in volunteering or peer support roles, primarily within Forward <p><i>“I never thought I’d be someone people looked up to. Now I’m the one saying ‘you can do this’ — that’s mad to me.”</i></p>

Conclusion

This evaluation demonstrates the value and quality of Forward's intensive community rehabilitation programmes, and evidence of why they are a critical component of effective drug and alcohol systems.

Our results indicate that clients had embedded behavioural shifts, which has been demonstrated to be a core pillar of continued and sustainable recovery. This research suggests that by completing a Forward programme, clients are empowered and supported to make long-term, positive change, that goes far beyond the short-term motivational spikes often seen after the completion of shorter, or less intense, interventions. We conclude, therefore, that community rehabilitation programmes should be an integral part of any client's recovery journey, and should be integrated as part of any drug and alcohol treatment system. We also emphasise the importance of peer support during recovery; those who engaged with peer-support felt better equipped to face the challenges faced in early recovery.

"Helping others is what keeps me clean. I go back every week to run a little check-in group."

Evaluation participant

Partner with Forward

If you are a commissioner or provider of substance misuse services and would like to find out more about our range of recovery programmes, our wider provision, or our Forward Connect network of recovery communities and experience of developing Lived Experience Recovery Organisations (LEROs) then we'd love to hear from you.

As well as drug and alcohol recovery, Forward also delivers services and intensive programmes that support rehabilitation and desistance from crime (e.g. our services at HMP Millsike), a wide range of family support (e.g. M-PACT), and employment support. To find out more get in touch.

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