July 2018

CLINKS RESPONSE

Community Sentence Treatment Requirements

Report on consultation with voluntary sector practitioners and service users

Introduction

Purpose

The Department of Health and Social Care (DHSC) approached Clinks, as part of the Voluntary, Community and Social Enterprise Health and Wellbeing Alliance, in 2017 to consult with the voluntary sector and individuals who have had experience of the criminal justice system about their views on community sentence treatment requirements (CSTRs).

The purpose of the consultation was to understand their views on CSTRs, how these compare to other treatment options available to people in the criminal justice system, and what they consider to be the key elements and barriers to a successful CSTR.

It is intended to complement the wider evaluation commissioned by the DHSC and Her Majesty's Prison and Probation Service of the programme to increase the use of CSTRs for people with mental health, drug and/or alcohol treatment needs. Under this programme, a CSTR protocol was introduced in five pilot sites towards the end of 2017 and start of 2018, which aimed to facilitate the use of CSTRs by encouraging stakeholders to work collaboratively. This document was provided to DHSC in July 2018.

About Clinks and the Voluntary, Community and Social Enterprise (VCSE) Health and Wellbeing Alliance

Clinks is the national infrastructure organisation supporting voluntary sector organisations working in the criminal justice system (CJS). Our aim is to ensure the sector and those with whom it works are informed and engaged in order to transform the lives of people in the criminal justice system and their communities. We are a membership organisation with over 500 members, working in prisons and community settings, including the voluntary sector's largest providers as well as its smallest. Our wider national network reaches 4,000 voluntary sector contacts. Overall, through our weekly e-bulletin Light Lunch and our social media activity, we have a network of over 15,000 contacts. These include individuals and agencies with an interest in the CJS and the role of the voluntary sector in rehabilitation and resettlement.

Clinks is a member of the VCSE Health and Wellbeing Alliance (HW Alliance), a national partnership between the voluntary sector and Department of Health, NHS England and Public Health England. The HW Alliance aims to bring the voluntary sector's voice and expertise into national policy making to improve health and care systems, address health inequalities, and help people, families and communities to achieve and maintain wellbeing. Through the HW Alliance, Clinks works to raise awareness of the health needs of people in the CJS, and the vital role the voluntary sector can play in addressing them.

VCSE health & wellbeing alliance

CLINKS
Supporting the voluntary sector working in the criminal justice system
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Definition of CSTRs

For the purposes of the consultation, we used the following definition of CSTRs:

Community sentence treatment requirements (CSTRs) are community sentences where the person has to attend and complete treatment for a mental health, drug and/or alcohol problem. They can include one or more of

- Mental health treatment requirement
- Drug rehabilitation requirement
- Alcohol treatment requirement.

Treatment will have been arranged by the court as part of the sentence, with the consent of the person being sentenced.

About our consultation

We collected people's views for this consultation through:

- **Initial survey** of voluntary sector organisations – 55 responses; 19 identified CSTRs as an area of interest
- **Focus groups and interviews with service users** at Clinks member organisations, Nacro, Inside Recovery, St Giles Trust and Siarad Da, involving a total of 47 people:
  - 2 focus groups with adult men in prison (10 people)
  - 1 focus group with adult women in prison (5 people)
  - 1 mixed focus group in the community (3 men, 3 women)
  - 3 focus groups with women in the community (10 people)
  - 10 individuals: 7 men in prison, 3 men in the community, 6 women in the community
- **Focus group with voluntary sector practitioners** involved in assessing, delivering or supporting people receiving a CSTR – 6 people

All the participants with lived experience had current or recent experience of the criminal justice system, and of one or more of mental health, drug or alcohol conditions. Further details of the breakdown of participants can be found in *appendix 1*.

The schedule of questions used for the focus groups and interviews can be found in *appendix 2*.

Previous experience of CSTRs

The majority of the men and women with lived experience who took part in the consultation said they had not previously heard of community sentence treatment requirements. Five participants (four male, one female) with addiction needs had previously received either a Drug Rehabilitation Requirement (DRR) or in one case a Drug Treatment and Testing Order. One person said their DRR had been delivered by a dual diagnosis worker, and included drug treatment support and mental health interventions. No participants had received a mental health treatment requirement or alcohol treatment requirement, and none were currently subject to any form of CSTR.

Limitations of the sample

It is important to note that, due to the limited the scope of this work, those taking part do not constitute a representative sample of individuals who may be suitable for or in receipt of community sentence treatment requirements. In addition, the feedback was collected via voluntary sector services supporting these individuals, which may impact on the answers people feel able to give. Further, more in-depth research, including peer research, may be needed to develop a full picture of this.

Key findings

Support for increasing use of CSTRs

Overall, both the service users and voluntary sector practitioners we spoke to were supportive of the ambition to increase use of CSTRs, although with some reservations about how they are designed and implemented. The key requirements identified, discussed in more detail below, were: balancing structure and flexibility; holistic support designed around individual needs; a focus on positive supportive relationships, including provision of peer support; and a flexible approach to rewarding success and avoiding unnecessary breaches.

Most participants with lived experience (39/47) in particular felt that receiving a CSTR would be more beneficial to them than a custodial sentence:

> ***"I would rather have a CSTR than be in prison. We get a lot of support in jail but I would receive more and better treatment in the community."***

> ***"I do think a CSTR would have been more help to me. Although my crime was such that a lengthy sentence was inevitable even probation thought I had mitigating factors. Sudden job loss, divorce, financial pressure resulted in me becoming depressed and turning from a social drinker and occasional drug user to an addict probably self-medicating. At the time I didn't realise but a CSTR would have helped me work things out and reverse the direction I was going in."***

Other feedback included that people felt a CSTR would have required them to take more responsibility for their actions, and provide an opportunity to focus on rehabilitation and move forward. By contrast, in prison 'the reason why you are there can be diluted' and there is a lack of focus on rehabilitation which means underlying issues are more likely to go untreated.

Two of the focus groups with women highlighted that being offered a community sentence would have benefited their families, as they would have been able to continue living at home with their children, although one noted this would not necessarily mean it would be better for the woman concerned.

Balance of structure and flexibility in requirements

CSTRs need to involve both structure and flexibility, so it is clear what is being asked for in terms of engaging with treatment and the consequences of not doing so, but allowance is also made for 'real life'. Participants felt that regular meetings and appointments would be important to ensure they remain focussed on treatment; one group suggested a minimum of three times a week. However, they also need to be flexible to take into account people's individual needs and changes in their other activities, as well as of the peaks and troughs of recovery.

> ***"I had a combination of drug & addiction problems that had a negative impact on my mental health. I don't think I would have readily agreed to a CSTR including residential treatment. As I was still trying to maintain a hectic normal lifestyle (i.e. work, kids, mortgage payments, and social life) however I would have seen the sense in regular appointments. I would definitely not have refused a CSTR in whatever form as an alternative to a custodial setting."***

People with mental health needs were especially concerned at the potential consequences of being unable to meet the treatment requirements, such as whether missing an appointment might result in a return to court and the imposition of a custodial sentence. One group of people in prison expressed concern that the requirements 'may put more pressure on an individual who may already be struggling'. If the requirements were too stringent or unrealistic, this could cause people to relapse or to disengage with services further, putting themselves at further risk of harm.

Some participants felt that courts would give up on them too quickly, rather than recognising and rewarding progress made. They would want any sanctions to be proportionate and take account of any mitigating factors.

> ***"Will I be back in prison if I am 10 minutes late for an appointment then left to rot for months like those on license recall?"***

> ***"My experiences of community orders for drug treatment are negative. Your history goes against you any breach and you are back in prison".***

Two of the groups (the mixed group in the community, and the group with women in prison) also suggested they would want someone who could advocate on their behalf, especially for those times when they needed to change any aspect of the CSTR or when compliance may be in danger. This could be a peer supporter or other key worker, for example.

Individual involvement in care planning and consent to treatment

Participants expressed a clear desire to be involved in the process of designing the care and treatment plan when being considered for a CSTR, and not just to have treatment dictated to them. Treatment will only be successful where the person agrees with the need for treatment, and is ready to take personal responsibility for change.

In order to achieve this, sufficient time and attention needs to be given to the assessment process. Practitioners carrying out the assessments need to have the knowledge and skills to unpack the individual's needs and circumstances, and match these to available services and treatment. They should also be able to support the person in making an informed decision on whether to consent to treatment, through providing good quality information and using motivational techniques where necessary. For example, the desire to avoid a prison sentence can be a valuable motivation to encourage someone to engage with treatment.

Working in partnership to offer personalised holistic support

Participants consistently believed that for CSTRs to be effective, they need to include or be part of a holistic package of care. This might include support around accommodation, benefits, education, family relationships etc, rather than solely focussing on the mental health/substance misuse treatment element.

> ***"The treatment given for my DTTO was excellent. I also received support for housing and benefit issues."***

> ***"Individual needs assessment needs to dictate [the] support required."***

To achieve this wrap-around package of support, services need to work in partnership. Participants felt that a lack of integration between the range of service providers involved

(including probation, health and voluntary sector agencies) was one of the key risks which would prevent a CSTR from working. Joint working should include providing access to information that is pertinent to the individual's needs, such as healthcare records.

Therapeutic mental health treatment for people with co-occurring conditions

All the groups discussed the need for support for people with co-occurring mental health and drug/alcohol conditions, with a range of views as the most effective approach to this. Some participants suggested a specific 'dual diagnosis' treatment requirement, with treatment in place to support them to address both areas of need; whereas others felt that would be too much to deal with at once.

In either case, there was a clear response that mental health treatment needed to include psychological or therapeutic treatment, rather than only using medication; and to take a trauma-informed approach which supports people to look at the underlying problems and not just their presenting symptoms or addiction. Treatment offered should include sufficient time and sessions to make a meaningful difference. Alternative therapies may be appropriate for some people.

"I felt my mental health needs were unmet. I still have underlying issues that need resolving"

Importance of relationships and building trust

When discussing their own engagement with services (including mental health, criminal justice, and substance misuse services), people with lived experience identified the relationship between the key worker and themselves as being the key element in making it a success. Participants gave examples both of where a poor relationship had caused their engagement to fracture, and of where a positive supportive relationship had enhanced the engagement.

Everyone involved in providing a CSTR should take responsibility for developing positive relationships and trust with the person concerned. Feeling that treatment was being forced on them could hinder these relationships; but participants felt that this could be overcome through compassion, consistency, good communication and being listened to. Having the same person delivering the treatment throughout was also seen as key to building trust.

All three of the women-only groups referred specifically to the need for compassion and empathy from staff delivering a CSTR, to show that they understand what you are going through. One group also noted that, where treatment is delivered in a group setting, women should be offered gender-specific groups in order to be able to discuss issues affecting them which they may not feel comfortable discussing with men.

Drawing on wider support networks

Many of the women participants highlighted the need to encourage people receiving a CSTR to involve the people around them in supporting their recovery. Having the opportunity to draw on support from their friends and family to change was seen as a key advantage of CSTRs; while without a solid support network in place, they felt they would not be able to sustain what was asked of them in a treatment requirement.

"You should be made to make sure you have a support network around you... friends, family, anyone that is a good influence on you"

Peer support

Participants with lived experience were strongly in favour of including peer supporters as part of the package of support provided as part of a CSTR. Peers were seen as a source of support and advocacy to help people comply with all aspects of a CSTR; and as being able to instil hope and inspire others to the prospect of change. It was also felt that peer supporters would be more able to recognise where people are not truly engaged in the treatment process and help to address this.

Measuring and rewarding success

As well as a flexible approach to delivery, CSTRs should include an element of flexibility in how they measure success, which assesses a person's progress towards recovery and recognises their achievements. Participants felt the programme should include consequences for lapses but just as importantly reward success, for example through providing family interventions or other practical support. If a person stops engaging in treatment or attending appointments, services should be proactive in following them up and attempting to reengage them (for example through home visits) rather than simply writing them off.

Where a person has previously breached a CSTR or other community sentence, this should not necessarily block them from being considered for a CSTR again. Instead, courts should consider the individual circumstances and progress made. People with complex needs may need a number of opportunities to engage in treatment programmes before achieving recovery.

Random drug testing

Where a CSTR includes treatment for a substance addiction, participants felt that regular, scheduled drug tests were unhelpful as these could encourage people to take opiates which they knew would be out of their system before the next time they would be tested. A random pattern of tests would better support people to fully engage with the treatment process.

> ***"You knew when you were going to be tested. So would often use (opiates) which would be out of your system by the next time you were due to be re tested"***

> ***"Tests need to be truly random to achieve anything"***

Funding to attend appointments

Two of the focus groups with people in the community noted that funding may be needed to support people to travel to regular appointments, for example in rural areas where it is not possible for treatment to be arranged locally. For people with low incomes or who are struggling financially, any costs incurred and not reimbursed could be enough to prevent them being able to complete the sentence.

Managing public opinion

A further concern highlighted by one focus group was that public opinion and how the media influence this could be a barrier to enabling these sentences to work. If there was an incident around an individual on a CSTR this could jeopardise the process and propel the feeling the public were being 'put at risk'.

Additional feedback from voluntary sector practitioners

The participants in the workshop with voluntary sector practitioners are all actively involved in either conducting assessments for, delivering, or supporting people, on CSTRs. As well as supporting many of the points discussed above, these practitioners raised a number of further points which they felt were important in expanding the take-up of CSTRs:

• Broadening eligibility criteria

The number of people who are currently considered suitable for CSTRs is very limited, and could benefit from broadening the scope to make them available to a wider range of people. In particular, participants discussed the need to develop CSTRs suitable for people with 'primary care level' mental health needs, such as social anxiety; and for people with personality disorder, as their needs are currently only catered for via the Offender Personality Disorder Pathway for high risk offenders.

They also noted that homeless clients are often excluded from CSTRs due to the perceived difficulty in enforcing the sentence; but that homeless people may be less likely to be engaged in treatment already, and so could particularly benefit if this barrier could be overcome.

• Time pressure in court proceedings

The current pressure for courts to speed up the rate at which cases are dealt with was seen as a real barrier to setting up CSTRs, as courts are reluctant to adjourn cases to allow time for an assessment to be made. This is especially the case for people with mental health needs, where reports may take longer to arrange. In some cases voluntary sector staff were being asked to conduct telephone assessments with people to allow their case to be processed more quickly, which while possible, does not allow for a thorough comprehensive assessment. Linked to this, the participants also raised concerns that people are not always given sufficient time and information to fully understand and consent to the treatment requirements before the sentence is imposed.

Having staff from liaison and diversion teams on hand to conduct assessments can be beneficial, but time pressures mean they will often have to prioritise seeing high need/high risk clients in custody suites, who would not qualify for a CSTR.

• Probation staff knowledge and responsibility for managing CSTRs

Participants noted that it is important for probation staff to continue to take responsibility for managing someone undergoing a CSTR, as part of a fully multi-disciplinary approach. Attendees spoke of examples where CRC staff had simply left all supervision to the treatment provider, or not taken action when notified the person had stopped attending treatment, meaning there were no consequences to the person ceasing to engage.

Probation staff need better training and increased knowledge of mental health and substance misuse, and of CSTRs specifically, to be able to deliver this.

Appendix 1: Breakdown of participants

Table 1: Participants with lived experience

Focus group/ interview	Location	Region	No. of participants	Gender		
				M	F	Other
Focus group	Prison	Midlands	5	5		
Focus group	Prison	Midlands	5	5		
Interviews	Prison	Midlands	7	7		
Interviews	Community	Midlands	3	3		
Focus group	Prison	South East	5		5	
Focus group	Community	South East	6	3	3	
Focus group	Community	London	5		5	
Focus groups (2) and interviews	Community	Wales	11		10	1

Table 2: Voluntary sector practitioners

Region	Service worked in	
	Mental health	Substance misuse
London	1	
London	1	
London	1	
London	1	
London		1
Yorkshire		1

Appendix 2: Focus group questions

The questions are designed to help guide discussion. They are arranged into three main themes, with several questions under each to use as prompts.

Please feel free to adapt these or just select those you think will be most appropriate for your group. This will especially apply to the first section on experiences of community sentence treatment requirements, depending on whether or not those present have experience of receiving these sentences.

1 / Experiences of Community Sentence Treatment Requirements

- Have you heard of CSTRs before?
- Have you ever been offered a CSTR?
- If you have received a CSTR:
  - » Was the treatment requirement for your mental health, drug or alcohol addiction, or a combination?
  - » What did the treatment involve? (e.g. residential treatment / series of regular appointments / etc)
  - » What was your experience of it? E.g. How easy was it to meet the treatment requirements? Did you find the treatment helpful?
- If you have been offered a community sentence treatment requirement but refused it, why was that?

2 / Engaging with treatment services

- Do you think a CSTR would have been more help to you than alternative sentences you may have received? Why/why not?
- Does/would being given a CSTR change how you relate to the people treating you, compared to
  - » Receiving treatment which is not linked to the courts/criminal justice
  - » Receiving treatment in prison

3 / Designing Community Sentence Treatment Requirements

- If you, or someone with the same diagnosis/needs as you, were going to be given a CSTR, what would make it work well? e.g.
  - » Type of treatment offered
  - » Practical considerations e.g. accessibility, timing and flexibility of appointments, frequency
  - » Relationships with professionals (both treatment providers and probation staff)
  - » Other support
- What would stop it from working?

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Clinks supports, represents and advocates for the voluntary sector in criminal justice, enabling it to provide the best possible opportunities for individuals and their families.

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Tavis House
1-6 Tavistock Square
London WC1H 9NA
020 7383 0966
info@clinks.org
@Clinks_Tweets
www.clinks.org