

EVALUATION OF THE SUBSTANCE MISUSE COURT – PHASE 2



**November
2021**

Executive Summary



Clients

During phase two (1st July 2019 to 31st March 2021) 206 defendants were referred at least once to the SMC in Belfast Magistrates Court. A total of 89 defendants were deemed suitable. A further eight clients were carried over from phase 1. Of these 97 clients, six were removed from the programme but were given another chance to participate. Clients of the programme ranged from 19 to 58 years old, and were predominately male (84%).



Challenges

Phase 2 operated for 21 months, 13 months of which had operations severely limited by the COVID-19 pandemic. Operating under the constraints imposed by a medical emergency placed limitations on court sittings, counselling and substance testing. For example, throughout the major part of the reporting period, clients were unable to have face-to-face meetings with support staff. These challenges were offset through increased contact with PBNi and Addiction NI staff and through changing the way this contact occurred.



Engagement

On average, clients spent 31 weeks on the programme, participated in 27 counselling sessions, 7 substance tests, and attended 13 Court hearings.



Outcomes

At the time of reporting, fully- and partially-completed entry and exit questionnaires were available for 33 clients (20 full and 13 partial). These clients showed a significant reduction in problem scores for both drug and alcohol misuse over the duration of the programme, a significant reduction in risk of reoffending, and significant increases in self-efficacy and well-being.



Programme Delivery

Staff adjusted to the new circumstances and introduced new work practices and measures to ensure that the SMC continued to provide the programme for clients. These included increased use of telephone consultations, providing clients with access to mobile devices and the creation of a new post in response to the common co-morbidities of substance abuse and mental health problems to determine which was the more pressing issue for clients.



Moving Forward

The general consensus was that phase 2 built on the solid foundations of the pilot scheme. In terms of longevity, key stakeholders voice considerable support for the continuation of the programme although feel that lessons continue to be learned, particularly in relation to continued training given staff turnover and Department of Health participation on the programme.

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Acknowledgements

We would like to record our thanks to all of the participants who gave us their views in a frank and genuine manner. This report is based on what they told us.

1.1 The Substance Misuse Court

The [Substance Misuse Court \(SMC\)](#) was one of the pilot projects established under the Department of Justice's (DoJ) [Problem-Solving Justice \(PSJ\) initiative](#). Developed and implemented by the Northern Ireland Courts and Tribunals Service (NICTS) with intervention services delivered by the Probation Board for Northern Ireland (PBNI) and Addiction NI, the aim of the SMC was to target defendants whose offending behaviour was driven by drug misuse, alcohol misuse, or both, and to provide them with support to help turn their lives around.

Commencing at Belfast Magistrates' Court in April 2018, the SMC was open to defendants who met the criteria listed opposite, with initial screening occurring to determine suitability before undergoing full assessment once deemed suitable by a District Judge. The SMC included elements of substance testing, therapeutic intervention, access to social support and regular court attendance with clients spending 6-9 months on the programme. Clients remained under the supervision of the District Judge throughout the process and if, at any stage, were deemed unsuitable or progress was unsatisfactory, they were referred to the judge for sentencing. Following successful completion of the SMC, clients were referred back to the District Judge who determined the final sentencing outcome, taking into account participation on the programme.

General criteria for SMC inclusion (NB: the final decision on participation on the programme always rests with the judge, irrespective of the criteria):

Aged 18 or over at commencement of the programme;

- Had pleaded guilty or been convicted of an offence linked to substance misuse;
- Willing to cooperate with supervision, stop offending, avail of appropriate treatment and fully participate on the programme;
- Willing to consent to the sharing of personal information between participating agencies/bodies;
- Did not have a chronic alcohol and/or drug problem that required medical intervention; and
- Did not have a coexisting serious mental illness, which would impact on their ability to participate in the programme.

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Introduction

1.2 The Evaluation

Phase 1 of the SMC pilot took place at Belfast Magistrates' Court and ran from April 2018 to June 2019. An evaluation of this phase, undertaken by statisticians seconded to DoJ from the Northern Ireland Statistics and Research Agency (NISRA) was [published](#) in March 2020.

The general consensus and initial outcomes were very positive and phase 1 of the pilot was regarded as a good foundation to build upon. In terms of longevity, it was noted that there are opportunities for improvement to ensure sustainability including more

effective use of resources, ability for long-term planning, clear boundaries for clients, effective care planning and a coordinated approach to addiction and health.

Phase 2, also at Belfast Magistrates' Court, ran from July 2019 to March 2021. This report provides an overview of the findings of the evaluation of the second phase. It should be noted that while COVID-19 had a significantly detrimental effect on the normal operation of the SMC, implementation did continue, but was severely limited for the majority of this period of twenty-one months.



2 | Approach

About This Chapter

This chapter provides an overview of the qualitative and quantitative data collection techniques used.

2.1 Administrative Data

Quantitative analysis was largely based upon administrative data collated by PBNI, Addiction NI and NICTS from the 1st July 2019 to 31st March 2021. This included anonymised demographic information for clients, including age, gender and nature of addiction, which was collected following acceptance onto the programme. Over the duration of phase 2, information was also collated in relation to the frequency and results of substance testing, and the number of counselling sessions and court hearings conducted or attended by defendants, staff and the Judiciary. Information relating to offending behaviour was obtained from data held by NICTS.

2.2 Questionnaires

- Clients (n=33)

Clients completing the SMC answered questionnaires at the beginning (entry) and end (exit) of their time on the programme. The questionnaires collected views regarding support provided by the programme and also included measures for global metrics namely life satisfaction, self-efficacy and locus of control. Fully completed entry and exit questionnaires were available for 20 clients; partially completed questionnaires were available for a further 13.

- Staff (n = 9)

Staff from PBNI and Addiction NI who were members of the SMC Operational Group and closely involved in the day-to-day running of the pilot were invited to complete a questionnaire at the end of the programme. These questionnaires were used to obtain views in relation to the

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running of the programme, engagement with the programme and the effects of the programme upon client behaviour. Staff were given the opportunity to comment on their responses and provide any additional comments and/or observations. Responses were provided by five staff members from PBNI and four from Addiction NI.

2.3 Stakeholder Interviews

Semi-structured interviews were conducted with a representative from each of the four programmes key stakeholders; the Judiciary, PBNI, NICTS and Addiction NI.



These individuals were interviewed via WebEx to provide detailed views from the perspective of each of the main bodies involved in the day to day running of the SMC.

2.4 Data Limitations

The following should be kept in mind when reading this report. While 97 clients took part in the SMC from July 2019 to March 2021, 33 had completed the programme at the time of reporting. Fully- and partially-completed entry and exit questionnaires were available for 20 and 13 clients respectively.

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Client Experience

About This Chapter

This chapter provides an overview of defendants accepted onto phase 2 of the SMC and looks at their engagement with the programme and outcomes on completion. Findings are derived from analysis of administrative data and client questionnaires collated over the duration of their time on the programme.

3.1 Client Profile

During the operation of phase 2, 206 defendants were referred to the SMC in Belfast Magistrates Court; 59 of whom were initially deemed unsuitable were subsequently re-referred resulting in 265 referrals overall.

A total of 89 referrals were deemed suitable and selected to take part. A further eight clients were carried over from phase 1¹. During the course of the programme six clients were removed but given another chance to participate. This resulted in 97 individuals and 103 client periods.

The age of defendants accepted onto the programme ranged from 19 to 58, with a median age of 28 on referral to the SMC. The majority of clients (84%) were male. Of those accepted onto the programme and who received at least one substance test (77), 54 had issues relating to drug misuse only, 12 had problems relating to alcohol misuse only, and 11 were misusing both drugs and alcohol.

Of the 95 clients for whom entry ACE² scores were available, more than three-quarters (79%) were at medium-high risk of reoffending on entry to the programme. Table 1 provides a profile of clients accepted on the SMC.

¹ The phase 1 evaluation report stated nine clients were carried over, one of these has had an outstanding arrest warrant since failing to appear for an SMC court hearing in February 2019, thus has not been removed from the SMC, but was counted at that stage as a participating defendant.

² ACE score (Assessment, Case Management and Evaluation) is a standardised risk assessment tool used by the PBNi to denote an individual's risk of reoffending at a particular point in time. More information is available [here](#)

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Table 1: Profile of Clients on Entry to SMC

		Count	%
Age (n = 103)	18 to 25	39	38%
	26 to 35	49	48%
	36+	15	15%
Gender (n = 97)	Male	81	84%
	Female	16	16%
Nature of Addiction (n = 77) ³	Drugs	54	70%
	Alcohol	12	16%
	Both	11	14%
ACE Score ⁴ (n = 95)	High	29	31%
	Medium	46	48%
	Low	20	21%

Only one of the five clients with more than one client session was the same age on their second (or third) attempt, due to significant initial periods spent on the scheme (calculated using court date only) and lengthy gaps between periods of participation. Neither the total or average length of time involved, nor the total or average number of court hearings, counselling sessions or substance tests, could be calculated with any degree of robustness without referring to each period of involvement a client had, thus we must report on 97 individuals having 103 periods of client involvement in the scheme.

Table 2 shows the offences that the 97 defendants were charged with and which resulted in their acceptance onto the programme. The most common charges for clients were in relation to 'Theft' (22%) followed by 'Drug Offences' (18%), 'Offences Against the Person' (15%) and 'Motoring Offences' (12%). It should be noted that the offending history of clients was also taken into consideration during the referral process.

Table 2: Charges for SMC Clients by Offence Type (n=97)

Offence Type	Count	%
Theft	70	22%
Drug Offences	58	18%
Offences Against the Person	50	15%
Motoring Offences	39	12%
Other Offences	31	10%
Offences Against the State	25	8%
Criminal Damage	21	6%
Other	30	9%

³ At the time of reporting information was unavailable on the nature of addiction for 20 clients.

⁴ ACE score denotes an individual's risk of reoffending at a particular point in time. Entry ACE scores were unavailable for two clients.

3 Client Experience

3.2 Engagement

The average amount of time spent by clients on the programme was 31 weeks, with the number of weeks ranging from 1 to 89 (Figure 1). Table 3 shows that clients attended a total of 2,445 counselling sessions and, on average attended 27 counselling sessions, participated in 7 substance tests, and attended 13 court hearings during their time on the programme.

A further 1,073 counselling sessions and 28 substance tests were classified as ‘did not attend’ (DNA) giving an overall counselling attendance rate of 69% and an overall substance test attendance rate of 95%. These compare to attendance rates in phase 1 of 82% for both counselling sessions and substance tests. The very different operating environments of a new service with no restrictions compared to an established service but severely restricted due to COVID-19 should be taken into account.

Figure 1: Time Spent by Clients on the SMC Pilot (n=103)

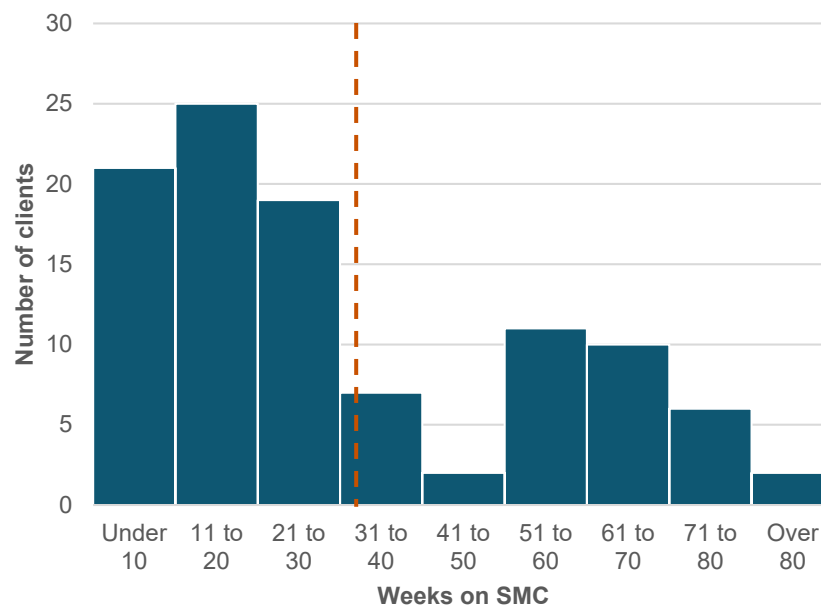


Table 3: Treatment for Clients Over the Duration of the SMC⁵

Treatment Type	N	Mean	Median	Min	Max
Counselling Sessions	2,445	27	17	0	149
Substance Tests	540	7	5	1	23
Court Hearings	1,293	13	11	2	36

⁵ Treatment excludes assessments for non-clients conducted during the referral process

3 Client Experience

3.3 Outcomes

Programme Completion

By March 2021, 20 clients had fully completed the programme and were abstinent. A further thirteen indicated a significant harm reduction. One client was removed from the programme due to changes in personal circumstances. A further 30 defendants were removed due to non-cooperative behaviour including reoffending and relapsing. A further 39 clients remained active on the SMC, continuing their participation past the end of this phase of the programme. These figures include occasions when the same client had multiple periods of participation in the SMC.



Table 4: Outcome of Participation within the SMC (n=103)

Outcome	Count	%
Completed - Abstinent	20	20%
Completed – Significant Harm Reduction	13	13%
Removed – Circumstantial	1	1%
Removed – Uncooperative	30	29%
Active	39	38%

While in simple numeric terms the phase 2 completion rate (20 fully abstinent and thirteen significant harm reduction) is not substantial, stakeholders felt this was not the only way to measure success and that reduced drug usage, better mental health and reduced reoffending were also important.

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Reducing Risk

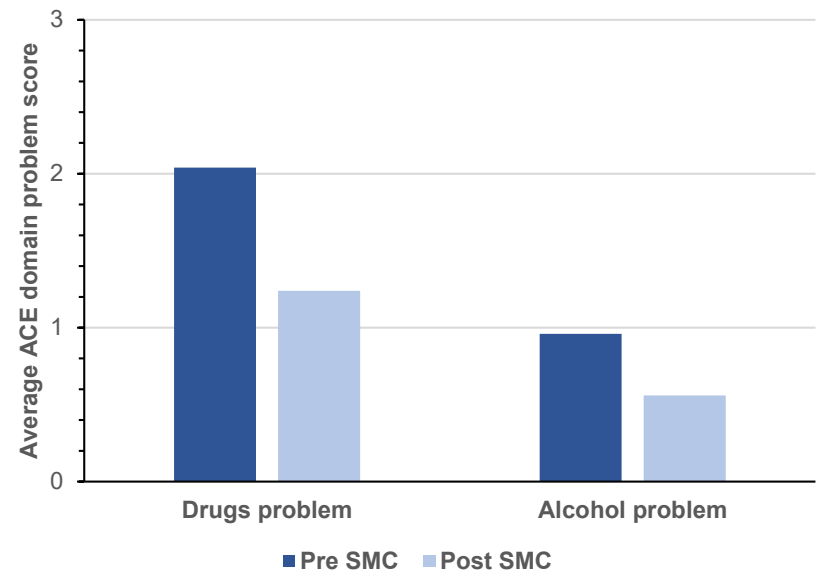
On entry and exit to the SMC, clients were assessed by PBNI using the [Assessment, Case Management & Evaluation \(ACE\) system](#), a structured assessment tool that integrates offender assessment with additional material on offence analysis and significant events in the life of the offender. Clients were assessed across a number of social, personal and offending domains to determine likelihood of reoffending.

At the time of reporting, entry and exit ACE scores were available for 31 of the 33 clients who had completed the programme.

As part of the ACE scoring mechanism, clients were assessed on the extent to which drug misuse, alcohol misuse, or both constituted a problem (0=not a problem, 1=small, 2=medium, 3=large); entry and exit ACE Substance Misuse scores were completed for 25 clients. When entry and exit scores were

compared, the ACE drug misuse problem score dropped from 2.04 pre-SMC to 1.24 post-SMC. The ACE alcohol problem score dropped from 0.96 pre-SMC to 0.56 post-SMC, both statistically significant⁶ reductions in the average ACE problem scores.

Figure 2: Average Drug Misuse & Alcohol Misuse Problem Score Pre- and Post-SMC for Clients who Completed the SMC (n=25)



⁶ Statistical significance was measured at the .05 level, meaning that we can be 95% confident that differences in scores have not occurred by chance.

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In terms of risk of reoffending, 23 out of the 31 for whom ACE scores were available displayed a reduction while five showed an increase in score over the duration of their time on the SMC. Overall, the average risk of reoffending for those who completed the SMC decreased from 21.61 on entry to the programme to 16.26 on exiting the programme. Based on the guidelines associated with the ACE likelihood of reoffending scores (0-15 = low risk, 16-29 = medium risk and 30+ = high risk) this constitutes an average change in risk of reoffending from the mid end to the low end of medium risk over the time spent on the programme, and also represents a statistically significant decrease in risk of reoffending⁶.

As Table 5 shows, over the duration of the programme, the number of high-risk clients decreased from five to two, whilst the number of medium-risk clients decreased from 18 to 13 and the number of low-risk clients increased from eight to 16.

Figure 3: Average Risk of Reoffending Score Pre- and Post-SMC for Clients who Completed the SMC (n=31)

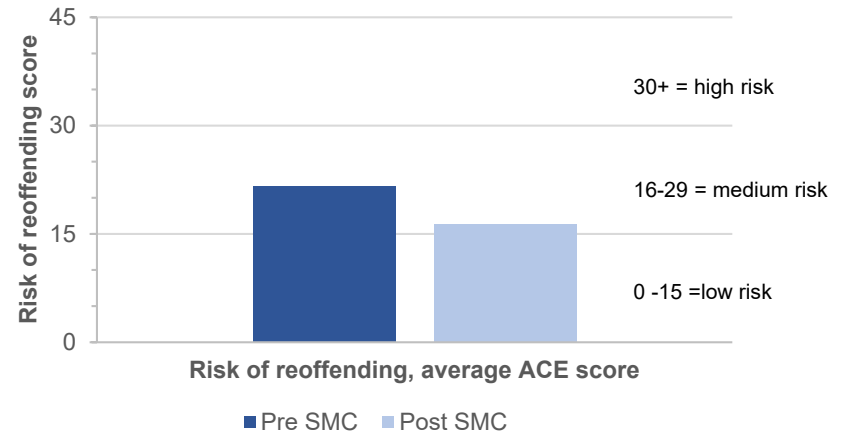


Table 5: Risk of Reoffending Pre- and Post-SMC for Clients who Completed the SMC (n=31)

Risk of Reoffending	Pre-SMC	Post-SMC
High	5	2
Medium	18	13
Low	8	16

⁶ Statistical significance was measured at the .05 level, meaning that we can be 95% confident that differences in scores have not occurred by chance.

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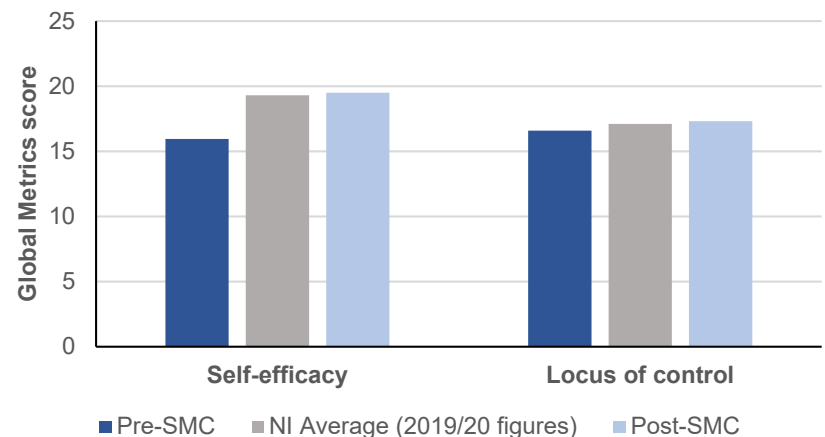
Self-Efficacy, Locus of Control and Well-Being

Global metrics provide a standardised means of tracking key measures towards strategic goals. These specific measures were used to assess whether the programme impacted upon a client’s confidence in their capabilities and efforts to achieve their goals, the degree to which they perceived that they had control over their lives, and the estimated life satisfaction of these clients. Within this publication, comparisons for global metrics have been drawn from the latest figures relating to average scores of life satisfaction, self-efficacy and locus of control in [Northern Ireland](#).

At the time of reporting, 22 clients who had completed the SMC had provided responses in relation to global metrics both on entry and exit to the programme. Figures 4 and 5 show, for those clients:

- Average self-efficacy on entry to the programme was 15.95 out of 25, in comparison to the NI average of 19.37⁷. Following completion of the programme, the self-efficacy of clients increased to 19.50. This represents a statistically significant increase in self-efficacy pre- and post-SMC⁶.
- The mean locus of control for clients who completed the programme was 16.59 on entry, increasing to 17.32 out of 25 on completion of the SMC. This was not a statistically

Figure 4: Average Scores for Self-Efficacy and Locus of Control Pre- and Post-SMC (n=22)



⁶ Statistical significance was measured at the .05 level, meaning that we can be 95% confident that differences in scores have not occurred by chance.

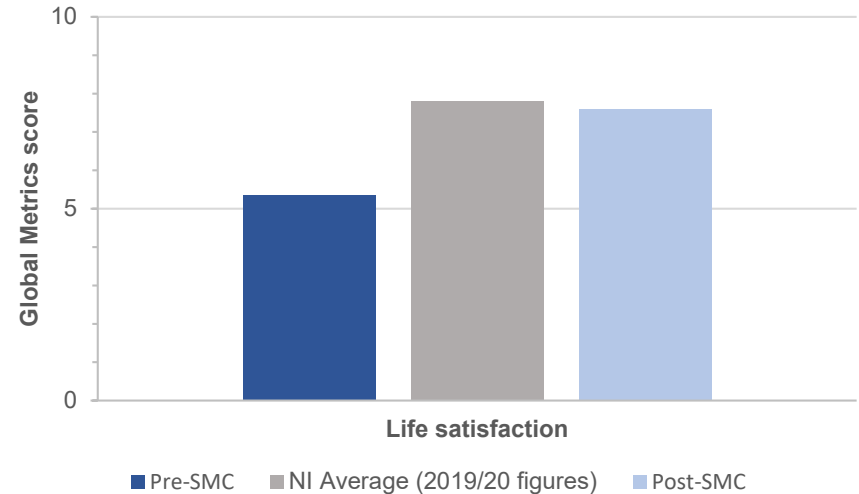
⁷ The Executive Office, 2020. 'Self-Efficacy, Locus of Control & Life Satisfaction in Northern Ireland, 2019/20'. The Executive Office, available [here](#)

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significant increase. The comparative NI average was 7.80.

- In terms of life satisfaction, clients who completed the programme displayed a statistically significant increase in scores from 5.36 out of 10 on entry to the SMC to 7.59 on exit⁶, in comparison to the NI average of 7.80⁷.

Figure 5: Average Global Scores for Life Satisfaction Pre- and Post-SMC (n=22)



⁶ Statistical significance was measured at the .05 level, meaning that we can be 95% confident that differences in scores have not occurred by chance.

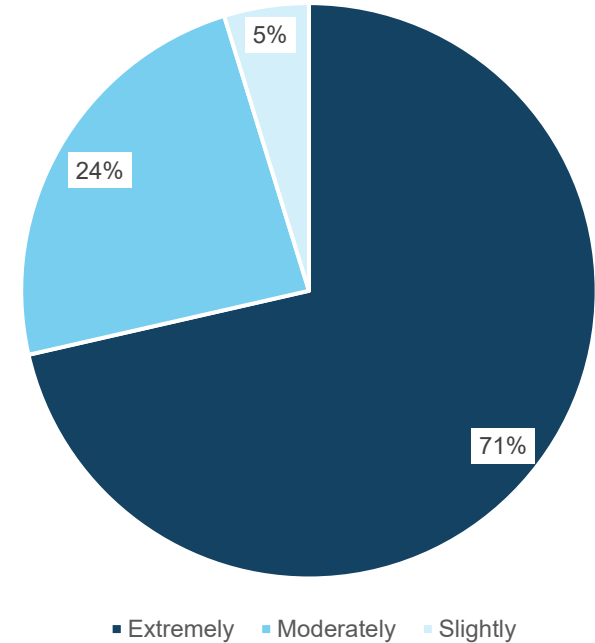
⁷ The Executive Office, 2020. 'Self-Efficacy, Locus of Control & Life Satisfaction in Northern Ireland, 2019/20'. The Executive Office, available [here](#)

3 Client Experience

Motivation to Abstain from Substance Misuse

Figure 6 shows that 71% (15) of those who responded were extremely motivated to abstain from substance misuse. Some of the additional comments made by the clients shown below may provide context regarding their motivation: family, realising substance misuse will not help and finally realising that they needed help.

Figure 6: Motivation levels of clients completing the SMC to abstain from substance misuse (n=15)




*"Tablets don't fix my problems."
(Client)*



*"Helped me get housed. Supported me with my mental health."
(Client)*



*"Kids have a father who's off drugs."
(Client)*



*"Help getting into work and adding stuff to my days."
(Client)*



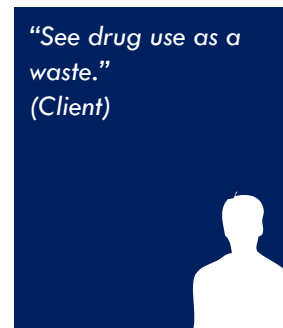
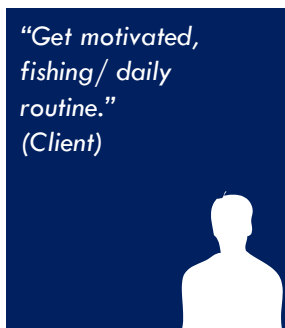
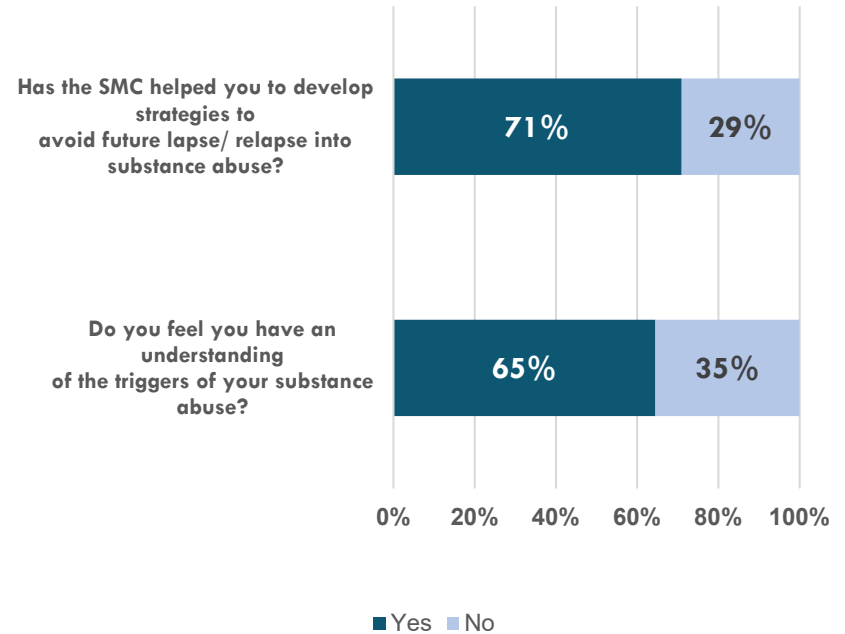
3 | Client Experience

Understanding Triggers and Developing Strategies to Avoid Lapses/ Relapses

Figure 7 shows that the majority of the clients completing exit questionnaires had developed not only an awareness of the triggers leading to substance misuse, but also strategies to deal with these triggers and possible consequent substance misuse.

These strategies ranged from simply asking for help to mindfulness exercises, Cognitive Behavioural Therapy and establishing a daily routine.

Figure 7: Recognising triggers of substance misuse and strategies to prevent a lapse or relapse (n=31)



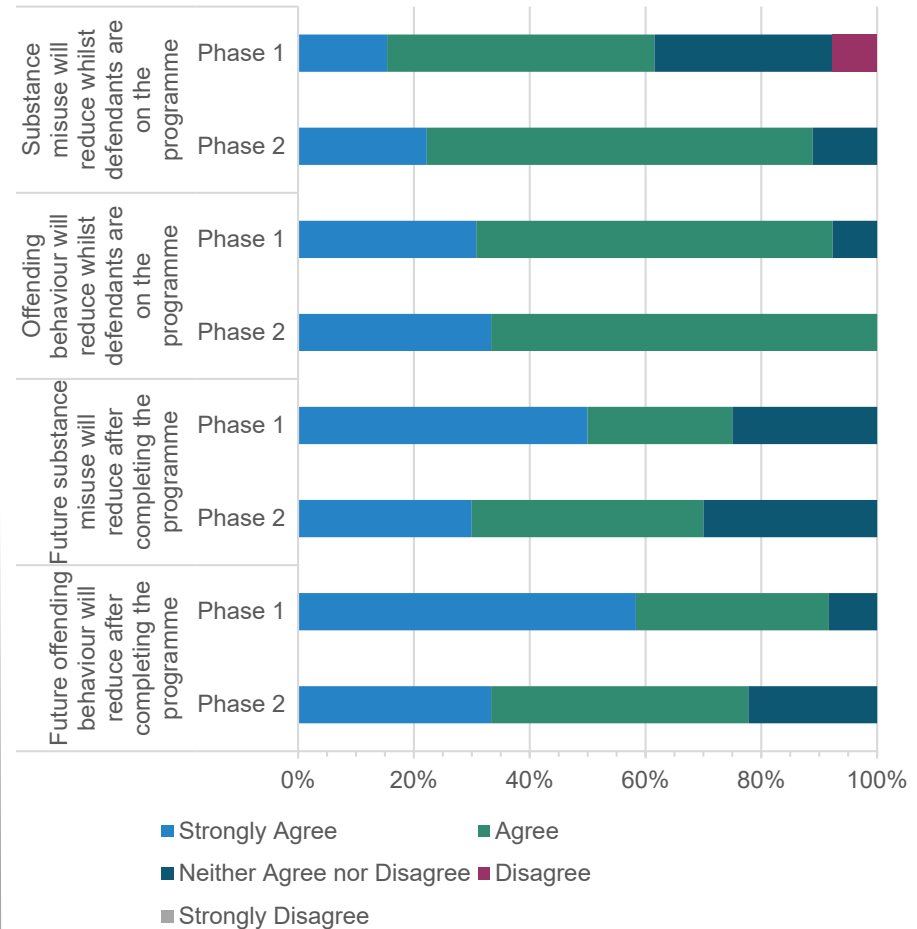
3 Client Experience

Impact on Client Behaviour – Staff Views

As in phase 1, staff had high levels of confidence with clients who completed the programme being better placed to confront their problems arising from substance misuse.

- 8 out of 9 staff strongly agreed or agreed that during participation in the programme, clients were likely to reduce their substance misuse.
- All staff strongly agreed or agreed that that during participation in the programme, clients were likely to reduce their offending behaviour.
- 7 out of 9 staff strongly agreed or agreed that those who successfully completed the SMC would be less likely to engage in future substance misuse.
- 7 out of 9 staff strongly agreed or agreed that those who successfully completed the SMC would be less likely to engage in future offending.

Figure 8: Staff views on client’s substance misuse and offending behaviour during and following the SMC (Phase 1, questions one and two n=13, questions three and four n =12. Phase 2, n=9)



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3.4 Support – Client Views

Of the 31 clients who provided written feedback, almost all had positive comments to make about the SMC and how being on the programme had a positive effect on them.

They valued Addiction NI and PBNI, and appreciated the counselling sessions and support from the partner organisations -

- *“They seen me when I was very low.”*
- *“Getting me back on spot and bringing me to appointments.”*
- *“I would have died without SMC and I know that 100%.”*

They also highlighted the following benefits -

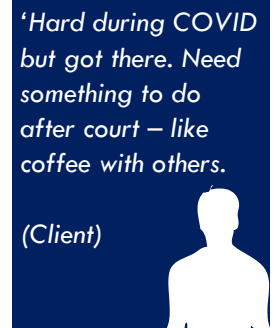
- Being on the programme instilled structure in their lives;
- The positive encouragement from the Judge;
- Gaining confidence in dealing with all the staff; and
- Provision of information and signposting to additional services, such as registering with a GP, help with accommodation/ housing and NIACRO.

On providing feedback in relation to elements of the programme that they struggled with, clients noted difficulties in -

- Having to attend court a lot;
- Fitting in with work; and
- Travelling to Belfast.

Some clients said that while counselling didn’t work for them on a personal basis, they recognised it worked for others. Some clients struggled with mental health issues and keeping appointments. One individual said that they weren’t always honest with staff.

Of the 31 clients who provided feedback, 21 said that they would recommend the SMC to someone who was in a similar position to themselves. Ten said that they would not recommend it.



4 Programme Delivery

About this chapter

This chapter provides an overview of programme delivery based on input provided by programme staff and stakeholders through questionnaires and interviews.

4.1 Working In Practice – Building on Phase 1

The general feeling among key stakeholders was that a lot had been learned from phase 1 and that during the first phase operational staff had gained extensive experience. Stakeholders felt that changes made as a result of lessons learned during the first phase had improved SMC delivery. These included -

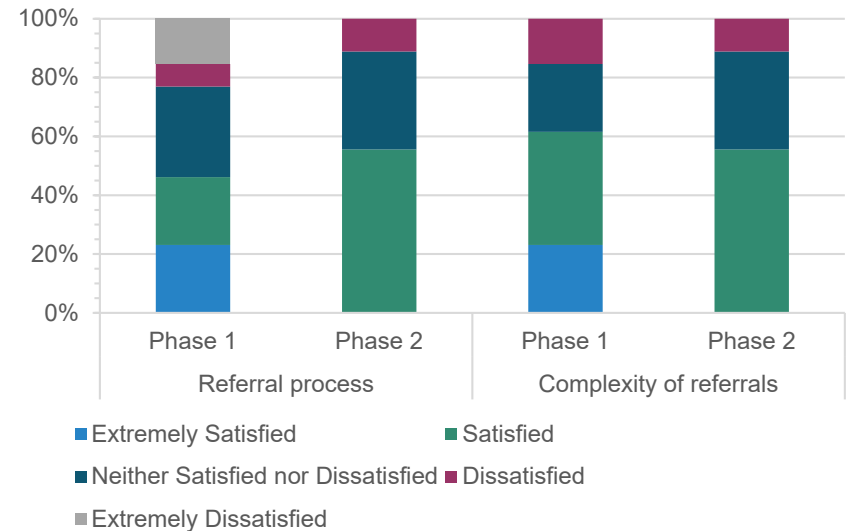
1) Assessment and Referral

The assessment process was changed to a more rigorous, two-stage process; this ensured that those who made it through the assessment period were more suited for the programme. While the numbers of survey respondents are low, figure 9 shows that during phase 2 a higher proportion of staff members said they were satisfied with the referral

process (phase 2, 56%; phase 1, 46%) and the complexity of defendants referred (phase 2, 56%; phase 1, 38%) .

Of the nine respondents, four had been involved in the first phase. They felt the assessment time for referrals had

Figure 9: Staff satisfaction with the referral process and the complexity of clients referred to the SMC (Phase1, n=13; Phase 2, n=9)



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improved, something that was particularly helpful to assess motivated clients from unmotivated clients. All four also felt that they understood the purpose of the SMC either a little better or a lot better.

2) Understanding Client Characteristics

While each client was treated on an individual basis, widespread common characteristics were identified and once experienced, were easier to identify and deal with again. In terms of client engagement, figure 10 shows that a higher proportion of respondents in the phase 2 evaluation strongly agreed or agreed that staff encouraged defendants to engage with the programme (Phase 2, 100%; Phase 1, 85%) and that most defendants were willing to engage with the programme (Phase 2, 44%; Phase 1, 38%) .

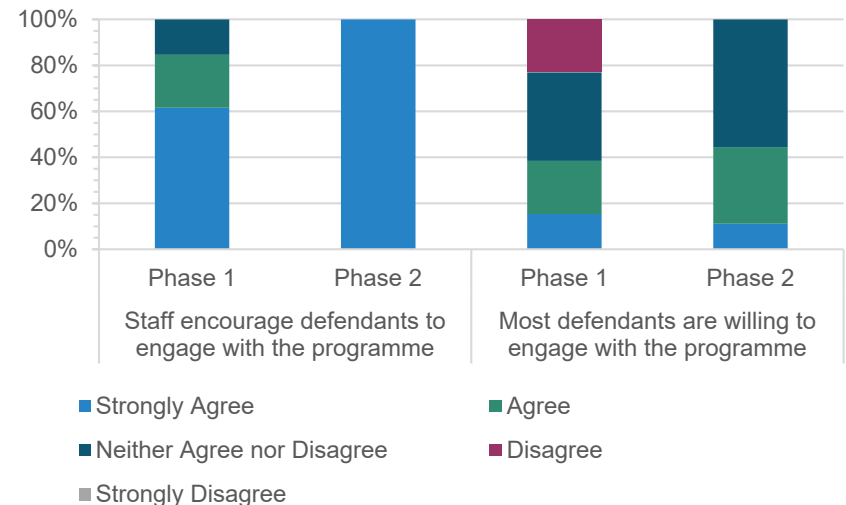
3) Legal Profession Buy-In

Prior to phase 1 of the SMC, both prosecution and defence sides of the legal profession may have been perceived to see the SMC as an easy option, or ‘soft touch’.

However, feedback on phase 1 received from the Law Society was very positive, with many suggestions for further developments to the programme.

This support for the SMC has increased to the point where, according to evidence provided in interviews with stakeholders, solicitors of defendants participating in the programme would be extremely opposed to the SMC ceasing to operate

Figure 10: Staff views on client engagement with the SMC (Phase1, n=13; Phase 2, n=9)



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4) Building on Established Relationships

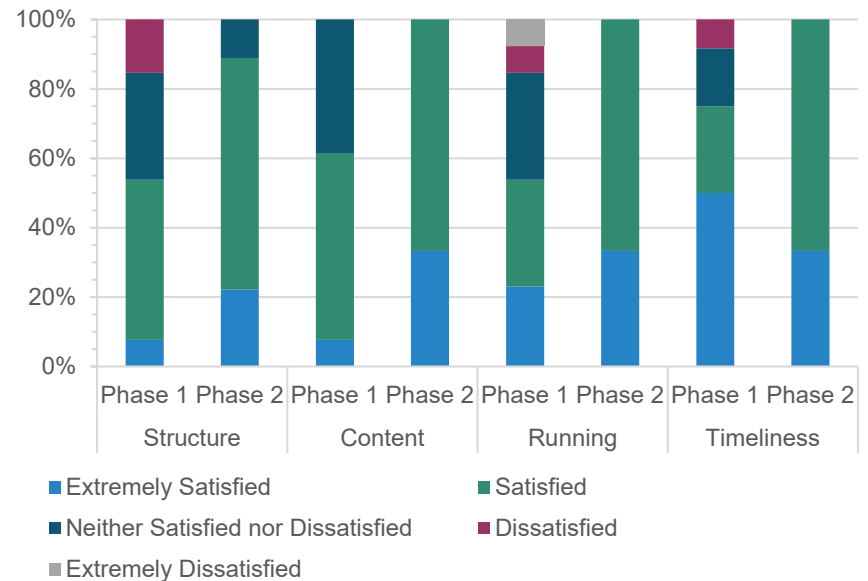
Overall staff felt that building on the relationships established during phase one had enabled smoother operational working across the project because of the good partnerships/networking that had developed with external organisations. There was excellent multi-disciplinary working across the team, helping to ensure a holistic approach to the project. In addition the creation of a dual diagnosis worker was seen as a positive step to bridge the link between mental health and addiction.

5) Logistics

In terms of programme logistics, figure 11 shows that during phase 2, all 9 respondents (100%) were satisfied or extremely satisfied with the content, running and timeliness of the programme and almost all (8 out of 9; 89%) with the programme structure. Comparative figures for phase 1 were 62%, 54%, 69% and 54% respectively.

During phase 2 all survey respondents strongly agreed/ agreed that the programme was beneficial for those clients who were willing to engage with it, and that the structure encouraged engagement.

Figure 11: Staff satisfaction with the content, running, structure and timeliness of the SMC (Phase 1, n=13; Phase 2, n=9)



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4.2 COVID-19

Logistical Arrangements

In March 2020 the announcement of lockdown due to COVID-19 led to the pausing of court hearings and in-person counselling sessions. While the Substance Misuse Court was closed for physical hearings for five months in the spring and summer of 2020, remote hearings and feedback continued, allowing the Judge to receive feedback throughout this period. Restrictions continued to affect the operation of phase 2 of the SMC to the end of the reporting period in March 2021.

In terms of Addiction NI support, check-in calls and virtual sessions were made available within three days of lockdown, with sessions continuing via videoconferencing if the client had a smartphone or laptop to support this or by telephone if they didn't. Given the chaotic lifestyles of clients, some were without mobile phones or stable accommodation. Partner organisations worked together to provide and increase telephone support, including the

provision of mobile phones to service users who needed them.

From an Addiction NI perspective, the SMC was the first service that returned post-lockdown, as it was felt clients were the most in need of face-to-face time with counsellors. In terms of lessons learned, lockdown enabled Addiction NI to identify that some clients responded better to the remote sessions and consequently support has continued to be provided through a blended approach.

Similarly while home visits by PBNI were restricted, staff worked remotely with defendants to keep them engaged and supported, and to pass on any information regarding court appearances. Contact overall increased over time and most were contacted weekly. PBNI continued to provide updates to the Judge and briefed her about the ongoing engagement via phone initially, then e-mail. PBNI have recommenced face-to-face defendant contact.

Lockdown meant that the venue for drug testing had to be moved from Laganside Court to the INSPIRE building, something that staff

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felt resulted in more administrative work. Logistically there was also a perception that drug testing at Laganside worked better, as defendants were more likely to attend court. While drug testing currently continues in the INSPIRE building it is intended that it will go back into the Court building when possible.

Impact of the Pandemic

The following COVID-19 related impacts were identified across the evaluation -

- A perception that the move from Laganside Court to the INSPIRE building meant more administrative work.
- Home visits to clients were restricted, these had been identified as beneficial in feeding into the assessment process and gaining further insight into the individual's circumstances.
- As restrictions took effect the referral process slowed down resulting in no new defendants coming onto the project while new measures were being adopted.

- The service user group that had been about to commence had to be paused, this would have been beneficial for peer learning and mentoring.
- There was limited scope to show those who had successfully completed the programme to the court. It was felt that defendants benefitted from seeing others doing well and social distancing had disrupted this.
- There was a general feeling that remote working was more time consuming, generating worksheets etc.
- The difficulties experienced from working in isolation and with not being in physical proximity to other SMC staff were viewed as a negative.
- The lack of interaction between staff and clients was viewed as a negative.
- The routine and structure arising from appointments with PBNI, Addiction NI and the court will have been lost for some clients.

4 | Programme Delivery

Adapting to the Pandemic

- The court was closed between March 2020 and August 2020. Remote hearings took its place and feedback continued to be provided to the Judge and staff continued to work remotely with clients. This highlighted the flexibility of SMC staff on the project. Staff remained co-ordinated and successfully responded to the new working environment.
- The new working arrangements provided conflicting observations. Some staff felt that although there was less contact with clients on a one-to-one basis, contact by telephone did increase. This had encouraged clients who had previously been reluctant to engage physically with the programme to avail of the project.
- Staff had to work remotely with chaotic service users, who to begin with, may have had no mobile phones or stable accommodation. Working with partner organisations, telephone support was provided and increased. This involved getting mobile phones to clients.

4.3 Challenges for staff

The following challenges were highlighted -

- Staff who had been on phase 1 noted the turnover in staff. This translated into a loss of expertise. Time had to be taken out to train new personnel and this led to an increased workload for experienced staff.
- It was noted that consistency of staff is required for SMC team working and has a positive impact on clients.
- The impact of the COVID-19 pandemic posed a significant challenge to staff and has been covered in section 4.3.

There were a number of client-related challenges:

- The consensus remained that most clients coming onto the programme had bought into the idea of dealing with their addiction problems.
- Other services that may have further helped clients were also not providing face-to-face services during the lockdown period. These included GPs, mental health services and other addiction services.

4 Programme Delivery

- It was observed that many of the clients struggled due to social isolation.
- When the courts temporarily moved to remote hearings between March and August 2020, there was limited direct feedback from the judge to the clients, one of the unique factors of the SMC.
- Clients suffered from a lack of face to face contact more generally. Phones were eventually provided but it was felt this was a poor substitute for personal engagement.
- While there were a number of client-related issues all staff who replied to the questionnaire felt that staff encourage defendants to engage with the programme.



5 | Overall

About this Chapter

This chapter provides an overview of aspects of the initiative that have worked well and the lessons learned. Many of these aspects have been fully documented in previous sections.

5.1 Aspects Working Well

Previously mentioned in the report -

- Positive attendance rates for counselling sessions (69%) and substance testing (95%).
 - Addiction NI and PBNi support valued by clients who identified benefits including instilling structure, increased confidence and signposting to additional services.
 - At the end of the programme the majority of clients understood triggers (65%) and had strategies to avoid lapses/relapses (71%).
 - In terms of measurable outcomes, statistically significant decreases in ACE drug and alcohol misuse and reoffending scores were evident, as were statistically significant increases in self-efficacy and life satisfaction scores and an increase in locus of control score.
- Learning and experience gained from phase 1 has been built upon with rigorous assessment/referral process, good understanding of clients, legal profession buy-in and continued good working relationships evident in phase 2.
 - While the pandemic has been challenging, staff co-ordinated and successfully responded to the new environment, working remotely with clients including providing mobile phones for those who needed them. Phone contact worked well for clients previously reluctant to engage physically.
 - Creation of a post for a dual diagnosis worker to bridge the link between mental health and addiction.

5.2 Lessons Learned

The following lessons were identified during the course of the evaluation –

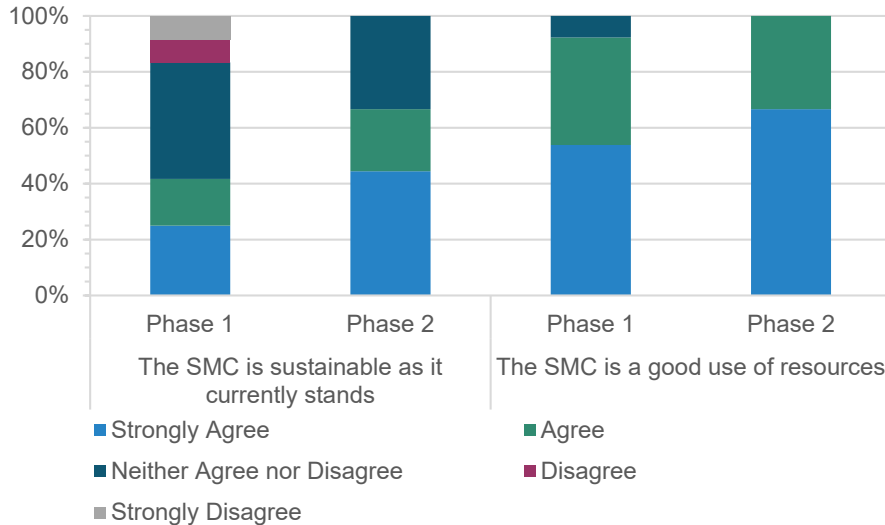
- Dealing with a range of diverse clients identified that there were undue expectations about the ability of some clients to complete the programme while other clients were not challenged enough.
- Clients with problems with alcohol misuse-related offending were more likely to complete the programme than those with drug misuse-related offending. It was felt however that while the SMC will not completely remove risk on its own, it does have a positive effect upon those on the programme.
- Stakeholders stressed the need for Department of Health or Health Trust involvement in the programme, particularly given that many of the client base have an array of health and mental health problems and have experienced past trauma issues.
- Counselling sessions were viewed as working well, but the client group need a lot of interventions at this level and there needs to be an assurance that operational staff are using the correct method of intervention.
- The drug testing was viewed as adequate but a more random testing procedure would be of benefit. Clients are aware when they are due to be tested and are able to structure their behaviour accordingly.
- As with the pilot scheme, staff felt that continued training and development was essential for the success of the programme. This was especially true given the high turnover in staff.
- With the SMC now an integrated part of the court system a new data capture and recording system might be required to take the programme forward.

5 Overall

5.3 Sustainability

All key stakeholders voiced considerable support for the continuation of the programme and felt that it was working well. The majority (6 of 9) of survey respondents believed it could be sustained as it currently stands (Figure 12) and all strongly agreed or agreed that the SMC is a good use of resources.

Figure 12: Staff views on the sustainability of the SMC (Phase 1, n=13; Phase 2, n=9)



“Given the challenges presented to the SMC due to Covid, we have continued to provide a timely service to clients and we’ve engaged with them to the best of our abilities, with lots of success being recognised”



Annex 1: Long Term Impact upon Phase 1 Clients

About this Chapter

Measurement of the long-term impact of the SMC is crucial and something that was recognised by all stakeholders. Initial long-term data is now available for the 50 offenders who participated in Phase 1 of the SMC pilot by July 2019. Based on information up to the end of December 2020, follow-up material was available for 47 clients. Reoffending rates were calculated for these individuals in line with one-year proven reoffending methodology⁸. This measures reoffending up to one-year following exit from the programme, allowing an additional six months for offences to be proven in court. A small number of offenders carried through into Phase 2 of the pilot may not have had the full 6 month follow-up period to allow further reoffences to be proven in court, therefore the true reoffending rate and number of reoffences may vary slightly from those presented.

⁸ For full details of this methodology refer to 'Northern Ireland Reoffending Methodology: Methodology and Glossary' Part 1 and Part 2, which can be found [here](#).

Annex 1: Long Term Impact upon Phase 1 Clients

Reoffending Rates for Phase 1

Overall, 50 clients participated in phase 1 of the SMC pilot. By the end of their time on the programme:

- 17 had completed the programme and were abstinent;
- 6 had completed the programme showing significant harm reduction;
- 15 were removed due to changes in personal circumstances (e.g. loss of bail address, ill health and death); and
- 12 were removed due to lack of cooperation (e.g. reoffending and/or relapsing).

As of December 2020, follow-up information was available for 47 of these individuals. One-year proven reoffending rates were calculated for the 47 based on their outcome of participation within the SMC (Table 6).

Table 6: Reoffending by Outcome of Participation within Phase 1

Outcome	Total	Reoffended
Completed – Abstinent	16	2
Completed – Significant Harm Reduction	6	2
Removed – Circumstantial	14	9
Removed – Uncooperative	11	6
Total	47	19

Looking at reoffending rates for Phase 1 clients, 19 out of 47 went on to reoffend following participation in SMC. As Table 6 shows, based on the outcome of participation in phase 1:

- 4 of 22 clients who completed the programme reoffended; and
- 15 of the 25 who were removed from the programme reoffended.

This indicates that successful completion of the SMC resulted in a lower rate of reoffending amongst participants in comparison to those who did not successfully complete the programme.

Annex 1: Long Term Impact upon Phase 1 Clients

Following participation in phase 1 of the SMC, the greatest proportion of clients who went on to reoffend were those aged 26-35 and those who were female (Table 7). Looking at the nature of addiction:

- 13 out of 30 clients with drug addiction reoffended;
- 3 out of 6 with an alcohol addiction reoffended; and
- 2 out of 9 addicted to drugs and alcohol reoffended.

For all defendants, including those who successfully completed the programme and those who were removed, ACE scores were calculated on exit from the programme as a means of determining the individuals risk of reoffending. Following participation within SMC, a much greater proportion of clients who were identified as having a high risk of reoffending went on

Table 7: Reoffending Rates by Phase 1 Client Profile

		Total	Reoffended
Age	18 to 25	16	5
	26 to 35	21	11
	36+	10	3
Gender	Male	41	15
	Female	6	4
Nature of Addiction	Drugs	30	13
	Alcohol	6	3
	Both	9	2
Post-SMC ACE Score⁹	High	14	11
	Medium	18	5
	Low	14	2

to reoffend at least once in the 12 months following participation in the SMC, in comparison to those identified as being medium or low risk of reoffending on exit from the programme (Table 7).

⁹ ACE score denotes a person's risk of reoffending on exiting the programme – this includes clients who did not complete the programme as well as those who did.

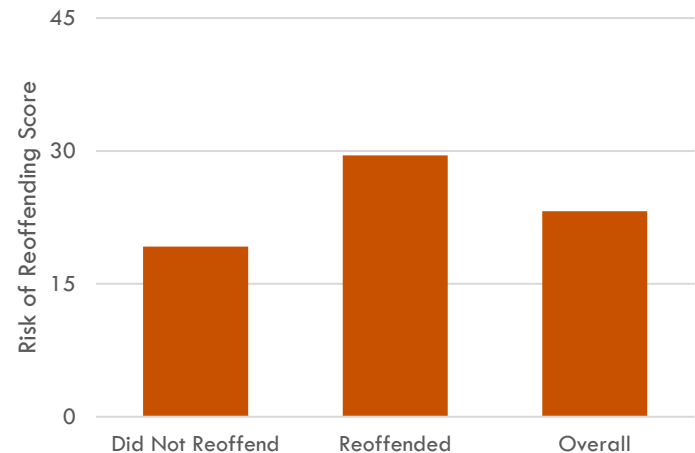
Annex 1: Long Term Impact upon Phase 1 Clients

Out of the 19 defendants who went on to reoffend:

- 15 were male;
- 13 had issues with drug addiction;
- 11 of these individuals were identified as being high risk, 5 as medium risk, and 2 as low risk on exit from the SMC;
- 12 of those who reoffended had done so within the first three months of exiting the SMC and 16 had done so within the first six months of exiting the programme; and
- During the observation year, these 19 individuals went on to commit a further 90 proven offences. The number of reoffences committed by individuals ranged from one to 13 offences.

Overall, for the 47 clients within the phase 1 cohort, the average risk of reoffending on exit from the programme was 23.2. Based on guidelines associated with the ACE likelihood of reoffending scores (0-15 = low risk, 16-29 = medium risk and 30+ = high risk), this constitutes a medium risk. However, those who did not reoffend were found to have a statistically significant lower average risk score on leaving the programme (19.2) in comparison with those who did go on to reoffend (29.5) (Figure 13).

Figure 13: Average Risk of Reoffending Score by Offending Behaviour for Phase 1 Clients

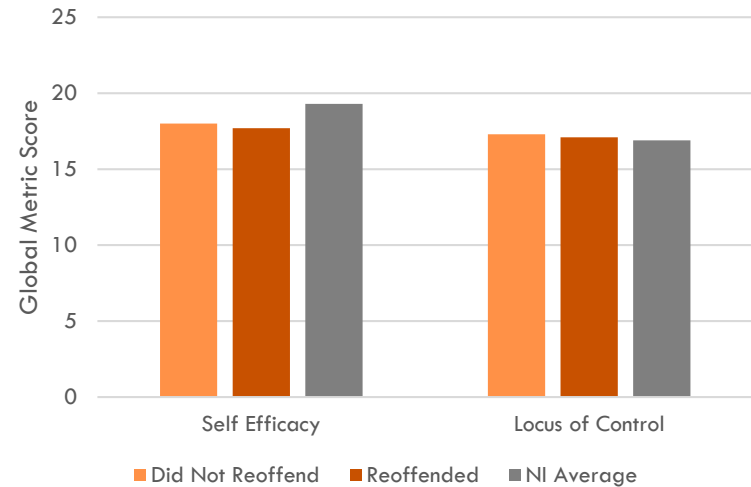


Annex 1: Long Term Impact upon Phase 1 Clients

At the time of reporting, 28 clients had provided responses in relation to global metrics on exiting the programme. As Figure 14 shows:

- The average self-efficacy score for those who went on to reoffend (17.7) was slightly lower than those who did not reoffend (18.0) and the NI average (19.3). However the difference between those who did and did not reoffend was not statistically significant.
- The average locus of control score for those who went on to reoffend (17.1) was slightly lower than for those who did not reoffend (17.3). Again, this difference was not statistically significant.

Figure 14: Average Scores for Self-Efficacy and Locus of Control by Offending Behaviour for Phase 1 Clients



Annex 1: Long Term Impact upon Phase 1 Clients

Implications of Reoffending Rate

The impact of the SMC upon offenders who participated in the programme is difficult to quantify in the absence of a control sample of offenders who face similar challenges. However, within the Phase 1 cohort, on the basis of successful versus unsuccessful completion, it does appear that those who successfully participate in the initiative show a lower risk of reoffending and, additionally, go on to display lower rates of reoffending than those who do not successfully complete the programme (Table 8). This is in addition to the other main objectives of the programme, that is, helping participants achieve abstinence and/or significant harm reduction from substance misuse. From this, we can say that the initiative appears to be positively impacting upon various aspects of the lives of those who participate in and successfully complete the programme, providing a good foundation of an SMC model upon which to build.

Table 8: Reoffending Summary by Participation Status

Outcome	Total Participants	Post-SMC ACE Score	Number who Reoffended
Completed	22	19.2	4
Removed	25	29.5	15
Total	47	23.2	19

However, it should be noted that the findings of this analysis are based on a small sample and caution should be taken when drawing inferences based on this information. The reoffending information contained here relates solely to this group of offenders and should not be compared to reoffending rates produced in other publications. The analysis should be repeated when more information from additional cohorts becomes available.