

EVALUATION OF THE SUBSTANCE MISUSE COURT PILOT



March 2020

Executive Summary



Clients

From April 2018, 110 offenders were referred to the SMC in Belfast Magistrates Court, with 50 of these individuals deemed suitable and selected to take part in the pilot. Clients of the programme ranged from 18 to 45 years old, and were predominately male (88%). Of those accepted onto the programme, 29 had issues relating to drug misuse, 8 relating to alcohol misuse, and 11 both drugs and alcohol.



Engagement

On average, clients spent 31 weeks on the programme, participated in 37 counselling sessions, 11 substance tests, and attended 18 Court hearings. Clients appreciated the stability provided by the SMC, the outreach provided by PBNi and the therapeutic intervention offered by Addiction NI. They also valued being able to speak directly to the Judge regarding their experiences.



Outcomes

At the time of reporting, 26 clients had completed both entry and exit assessments. These individuals 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, locus of control and well-being.



Implementation

It was quickly determined that the clients presented did not align with the acceptance criteria initially proposed. This resulted in the SMC accepting more complex clientele than first anticipated. Staff were commended in terms of their flexible approach and ability to adapt, but it was acknowledged that additional resources may be needed if the programme is to continue accepting clients with complex needs.



Programme Delivery

Staff were largely satisfied with the SMC processes, whilst motivation was higher amongst clients compared with traditional approaches. Alongside addressing substance misuse and offending, the collaborative approach greatly improved client's social and personal circumstances. However, issues were noted around ambiguity in measuring 'success' and consequences for non-attendance.



Moving Forward

The general consensus and initial outcomes were very positive and 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. These include 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.

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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.

Introduction

1.1 About the Substance Misuse Court

The Substance Misuse Court (SMC) programme was one of the pilot projects established under the Problem-Solving Justice (PSJ) initiative^{1,2} aimed at tackling the root causes of offending and reducing harmful behaviour within families and the community. The aim of this programme was to specifically target individuals, referred to as ‘clients’ of the project, whose offending behaviour is driven by drug and/or alcohol misuse, to provide them with support to help turn their lives around.

The SMC pilot was initially open to 50 clients who met the following criteria³:

- 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 coexisting serious mental illness, which would impact on their ability to participate in the programme.

The programme was 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. Phase 1 of the pilot took place at Belfast Magistrates’ Court and ran from April 2018 to June 2019.

Clients were initially screened to determine suitability for the programme before undergoing full assessment once deemed suitable by a District Judge. Following full assessment, clients were expected to spend 6-9 months on the programme, which included elements of substance testing, therapeutic intervention, access to social support and regular Court attendance. Clients remained under the supervision of the District Judge throughout the process and if, at any stage, clients were deemed unsuitable or progress was unsatisfactory, they were referred to the judge for review, potentially leading to removal from the programme and 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.

¹For further information on Problem-Solving Justice see: <https://www.nidirect.gov.uk/campaigns/problem-solving-justice>

²For further information on the Substance Misuse Court see: <https://www.pbnl.org.uk/wp-content/uploads/2018/07/psj-substance-misuse-court-leaflet-2018-24.07.18.pdf>

³An additional criteria “Did not have a chronic alcohol and/or drug problem that required medical intervention” was introduced by the Operational Team in May 2018 but, while published on the PBNi and Addiction NI websites, never became part of official policy nor was applied by the Court in practice.

1

Introduction

1.2 Focus of this Publication

The focus of this publication is to evaluate phase 1 of the Substance Misuse Court pilot. This publication presents key findings from a variety of qualitative and quantitative research methods. They included analysis of data collated over the duration of the programme, report card information, questionnaires, focus groups and interviews held with key stakeholders from PBNI, Addiction NI and NICTS. The evaluation of this programme was carried out by statisticians from the Department of Justice's Analytical Services Group (ASG), based within NICTS, who are seconded from the Northern Ireland Statistics and Research Agency (NISRA). Findings from the evaluation will contribute towards the delivery of phase 2 of the SMC pilot, which commenced in July 2019. We would like to take this opportunity to thank all those who contributed to the evaluation of the SMC pilot and gave their views in a frank and genuine manner.



2 Approach

About this Chapter

This section provides an overview of the data collection techniques used to evaluate the Substance Misuse Court pilot and highlights any limitations of this information. The evaluation included a variety of qualitative and quantitative research methods, used to collect data from a range of stakeholders; each of these methods are detailed below.

2.1 Administrative Data

Quantitative analysis was largely based upon administrative data collated by PBNI, Addiction NI and NICTS over the duration of the programme. This included anonymised demographic information for clients, such as age, gender and nature of addiction, which was collected following acceptance onto the programme. Over the duration of the pilot, information was also collated in relation to the frequency and results of substance testing and the number of counselling sessions and court hearings conducted and/or attended by clients, staff and the Judiciary. Information relating to offending behaviour was obtained from data held by NICTS.

2.2 Questionnaires

- Clients (n = 26)

Those who completed the SMC pilot answered both entry and exit questionnaires at the beginning and end of their time on the programme. The Assessment, Case Management & Evaluation (ACE) system³ was administered by PBNI on both occasions. ACE is a structured assessment tool that integrates offender assessment with additional material on offence analysis and significant events in the offender's life. This was used to assess changes in client behaviour over the duration of their time on the programme, in relation to motivation to abstain, likelihood of offending and social/personal risk factors. Measures were also taken for global metrics including life satisfaction, self-efficacy and locus of control. 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 client's confidence in their capabilities and efforts to achieve their goals, the degree to which they had control over their lives, and the estimated life satisfaction of these individuals. 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 Ireland⁴.

³For further details about ACE see: <https://www.pbni.org.uk/wp-content/uploads/2016/12/Appendix-1-FOI-023.20.16-PS-Clarification-on-the-ACE-risk-assessment-tool-used-by-PBNI.pdf>

⁴For further details about measures of life satisfaction, self-efficacy and locus of control in Northern Ireland see: <https://www.executiveoffice-ni.gov.uk/sites/default/files/publications/execoffice/self-efficacy-locus-of-control-life-satisfaction-in-ni-2017-18.pdf>

2 Approach

At the end of phase 1, 28 clients had completed or were nearing completion of the SMC, 26 of whom had completed entry and exit questionnaires. Exit questionnaires were not obtained for clients who did not complete the programme, for example, those returned to custody or removed due to ill health. As such, no insight could be drawn regarding the progress of these individuals over their time on the programme. For this reason, when looking at outcomes, only information for clients who completed entry and exit questionnaires has been analysed.

- Staff (n = 13)

Staff 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 towards the end of the programme. These questionnaires were used to obtain views in relation to the 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 gathered from staff members from PBNI (n = 5), Addiction NI (n = 6) and NICTS (n = 2).

2.3 Interviews and Focus Groups

- Stakeholders (n = 3)

Semi-structured interviews were conducted with representatives from three of the programmes key stakeholders; the Judiciary, PBNI and Addiction NI. These individuals were invited to interview to provide detailed views from the perspective of each of the main bodies involved in the implementation and operation of the SMC.

- Staff (n = 11)

Two focus groups were conducted with staff from PBNI (n = 5) and Addiction NI (n = 6). The focus groups looked at all operational elements of the SMC, from the introduction and implementation of the pilot, to how the programme worked in practice, challenges faced in running the SMC and suggestions for going forward. A SWOT analysis (strengths, weaknesses, opportunities and threats) was conducted and staff were given the opportunity to provide anonymous feedback at the end of the session.

- Other

Written feedback on the pilot was provided by Victim Support NI and the Law Society of Northern Ireland.

3 Clients Experience

About this chapter

This chapter provides an overview of clients accepted onto the SMC and looks at their engagement with the programme and outcomes on completion of phase 1 of the SMC pilot. 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

From April 2018, 110 offenders were referred to the SMC in Belfast Magistrates Court, with 50 of these individuals deemed suitable and selected to take part in the pilot. The age of clients accepted onto the programme ranged from 18 to 45, with a median age of 30 on referral to the SMC. The majority of clients (88%) were male. Of those accepted onto the programme, 29 had issues relating drug misuse only, 8 had problems relating to alcohol misuse only, and 11 were misusing both drugs and alcohol. The large majority of clients (94%) were at medium-high risk of reoffending on entry to the programme. Table 1 provides a breakdown of the profile of clients accepted on the SMC.

Table 2 shows that the 50 clients were charged with, and found guilty of, 109 offences which resulted in their acceptance onto the programme. The most common charges for clients were in relation to 'Drug Offences' (30%) followed by 'Theft' (25%),

'Motoring' (12%) and 'Other' (11%). However, it should be noted that clients offending history was also taken into consideration during the referral process.

Table 1: Profile of Clients on Entry to SMC

		Count	%
Age (n = 50)	18 to 25	17	34%
	26 to 35	23	46%
	36 to 45	10	20%
Gender (n = 50)	Male	44	88%
	Female	6	12%
Nature of Addiction (n = 48)*	Drugs	29	60%
	Alcohol	8	17%
	Both	11	23%
ACE Score** (n = 50)	High	21	42%
	Medium	26	52%
	Low	3	6%

*Information was not recorded on the nature of addiction for two clients

**ACE Score denotes an individual's risk of reoffending at a particular point in time

3 Clients Experience

Table 2: Charges for SMC Clients by Offence Type

Offence Type	Count	%
Drugs	33	30%
Theft	27	25%
Motoring	13	12%
Offences Against the State	8	7%
Offences Against the Person	7	6%
Criminal Damage	6	6%
Burglary	3	3%
Other	12	11%

Note. Individuals may have committed more than one offence type and consequently will be counted in more than one offence category

3.2 Engagement

The average amount of time spent by clients on the programme was 31 weeks, with the number of weeks ranging from 3 to 59 (Figure 1). Table 3 shows that clients, on average, received 37 counselling sessions, participated in 11 substance tests, and attended 18 court hearings during their time on the programme. Of the 1,856 counselling sessions held over the duration of the SMC, 343 were classified as ‘did not attend’ (DNA) giving an overall counselling attendance rate of 82%. Additionally, 91 of the 515 substance tests were recorded as DNA giving an overall substance test attendance rate of 82%.

Figure 1: Time Spent by Clients on the SMC Pilot (n=50)

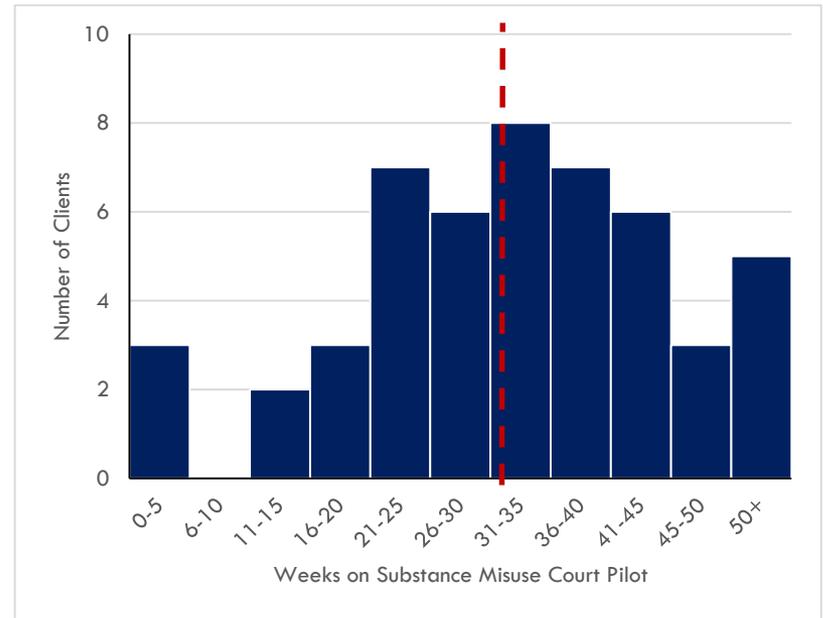


Table 3: Treatment for Clients Over the Duration of the SMC

Treatment Type	N	Mean	Median	Min	Max
Counselling Sessions	1,856	37	36	1	118
Substance Tests	515	11	10	1	29
Court Hearings	890	18	17	4	44

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

3 Clients Experience

3.3 Outcomes

Programme Completion

By June 2019, 13 clients had completed the programme and were abstinent, whilst an additional 6 had completed the programme and, despite not being fully abstinent, had shown significant harm reduction and/or had left the jurisdiction for employment elsewhere. Eleven clients were removed from the programme due to changes in personal circumstances including loss of bail address, ill health and death. Eleven clients were removed from the pilot due to non-cooperative behaviour including reoffending and relapsing. At the end of phase 1 of the pilot, 9 clients remained active on the SMC programme and were carried forward into phase 2 to complete the final stages of their treatment (Table 4).

Table 4: Outcome of Participation within the SMC (n=50)

Outcome	Count	%
Completed – Abstinent	13	26%
Completed – Significant Harm Reduction	6	12%
Removed – Circumstances	11	22%
Removed – Uncooperative	11	22%
Active	9	18%

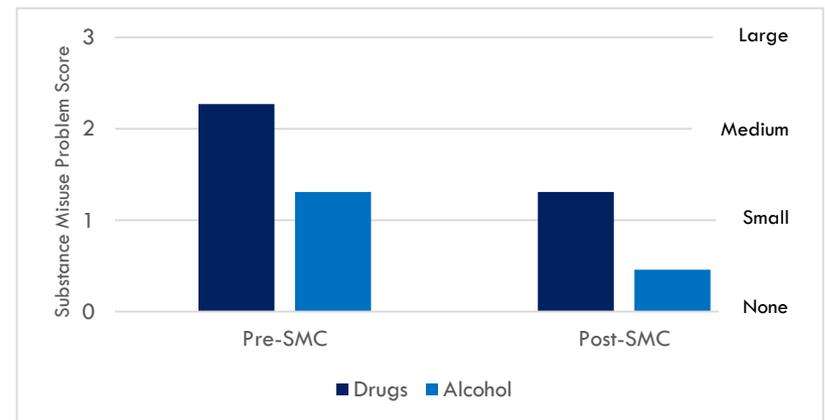
Likelihood of Reoffending

On entry and exit to the SMC, clients were assessed using the ACE system⁴, across a number of social, personal and offending domains, to determine likelihood of reoffending within a two year period.

At the time of reporting, 26 clients who had completed or were active and nearing completion of the programme had answered both entry and exit ACE questionnaires.

As part of the ACE scoring mechanism, clients were assessed on the extent to which drug and alcohol misuse constituted a problem (0 = not a problem, 1 = small, 2 = medium, 3 = large). Figure 2 shows that, on average, drug misuse constituted a medium-large problem (2.27) on entry to the SMC and reduced to a small-medium problem (1.31) on completion of the SMC. On average, alcohol misuse constituted a small-medium problem on entry to the SMC (1.31) and very small problem on exit (0.46). This represents statistically significant decreases in problem scores for both drug and alcohol misuse over the duration of the SMC⁵. Furthermore, 21 out of 26 clients displayed a reduction in overall substance misuse problem scores, 4 remained the same and 1 increased.

Figure 2: Average Substance Misuse Problem Score Pre- and Post-SMC for Clients who Completed the SMC (n=26)



⁴For further details about ACE see: <https://www.pbni.org.uk/wp-content/uploads/2016/12/appendix-1-foi-023.20.16-ps-clarification-on-the-ace-risk-assessment-tool-used-by-pbni.pdf>

⁵Statistical significance was measured at the .05 level, meaning that we can be 95% confident that differences in scores have not occurred by chance.

3 Clients Experience

In terms of risk of reoffending, 23 out of 26 clients who completed the programme or were nearing completion of the programme displayed a reduction and 3 clients 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 26.04 on entry to the programme to 17.85 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 high end of medium risk 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.

Figure 3: Average Risk of Reoffending Score Pre- and Post-SMC for Clients who Completed the SMC (n=26)

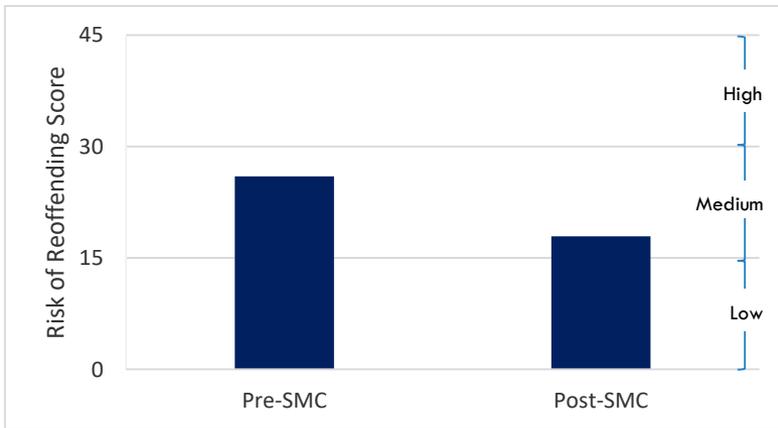


Table 5: Risk of Reoffending Pre- and Post-SMC for Clients who Completed the SMC (n=26)

Risk of Reoffending	Pre-SMC	Post-SMC
High	8	5
Medium	15	7
Low	3	14

As Table 5 shows, over the duration of the programme, the number of high-risk individuals decreased from 8 to 5, whilst the number of medium-risk individuals decreased from 15 to 7 and the number of low-risk individuals increased from 3 to 14. This indicates that the programme was most effective in reducing the risk of reoffending amongst clients who were classified as medium-risk on entry to the SMC.



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

3 Clients Experience

Self-Efficacy, Locus of Control and Well-Being

At the time of reporting, 20 clients who had completed or were nearing completion of the SMC had provided responses in relation to global metrics both on entry and exit to the programme. As Figures 4 and 5 show, for those respondents:

- Average self-efficacy on entry to the programme was 16.1 out of 25, in comparison to the NI average of 19.3⁷. Following completion of the programme, the self-efficacy of clients increased to 19.2. This represents a statistically significant increase in self-efficacy pre- and post-SMC⁸.
- The mean locus of control for clients who completed the programme was 16.1 on entry, increasing to 17.7 out of 25 on completion of the SMC, in comparison to the NI average of 16.9⁷. Again, this was a statistically significant increase in locus of control for clients over the duration of the SMC⁸.
- In terms of well-being, clients who completed the programme displayed a statistically significant increase in scores from 4.3 out of 10 on entry to the SMC to 7.3 on exit⁸, in comparison to the NI average of 7.9⁷.

These findings indicate that the SMC had a significantly positive impact in terms of (i) increasing clients self-belief and confidence in their ability to complete tasks and achieve goals (self-efficacy), (ii) increasing the extent to which they felt they had control over their lives (locus of control), and (iii) increasing the level of satisfaction with their lives overall (well-being).

Figure 4: Average Scores for Self-Efficacy and Locus of Control Pre- and Post-SMC (n=20)

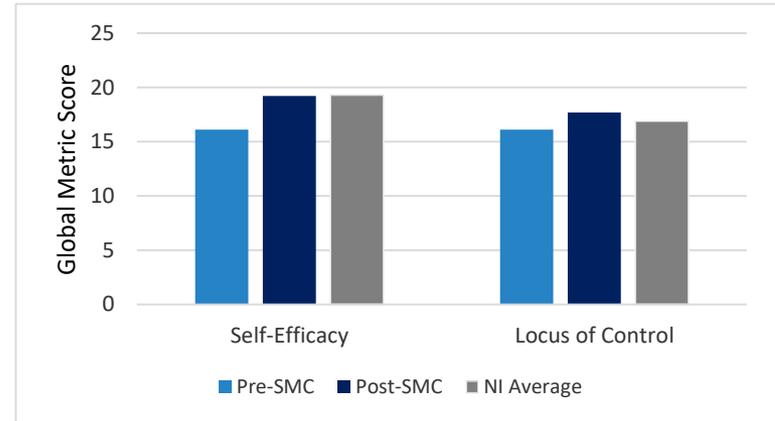
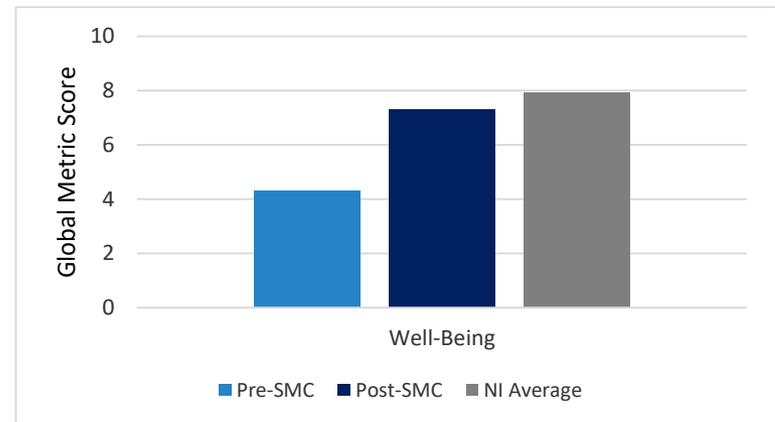


Figure 5: Average Global Scores for Well-Being Pre- and Post-SMC (n=20)



⁷Figures for the NI average were taken from The Executive Office's annual publication on Self-Efficacy, Locus of Control & Life Satisfaction in Northern Ireland 2017/18 which can be found at: <https://www.pbni.org.uk/wp-content/uploads/2016/12/appendix-1-foi-023.20.16-ps-clarification-on-the-ace-risk-assessment-tool-used-by-pbni.pdf>

⁸Statistical significance was measured at the .05 level, meaning that we can be 95% confident that differences in scores have not occurred by chance.

3

Clients Experience

Client Support

Of the clients who provided written feedback, (n=28), almost all noted that the support provided by staff was one of the most helpful elements of the programme. Clients felt this support was invaluable in terms of motivating them, encouraging them to be open and honest, and in helping reduce their substance intake.

Clients also appreciated:

- Stability provided by the programme;
- The non-judgemental approach;
- Therapeutic intervention;
- Being able to open up and talk about past experiences; and
- Help in understanding triggers for substance misuse.

Clients found the one-to-one sessions run by Addiction NI beneficial and were grateful for the 'on-the-ground' support provided by PBNI. In particular, clients were appreciative of the level of outreach from PBNI and felt this encouraged them to engage with and commit to the programme. Clients noted

- *"I struggled with the commitment; support and phone calls from staff to check on me [was the most helpful element of the SMC]"*
- *"PBNI helped me get accommodation in a hostel [and] brought me food when I was hungry and hadn't eaten in three days"*

Clients also found it useful being provided with self-help information and signposted to additional services, such as help with accommodation and housing, NIACRO and Women's Aid. Clients appreciated the help provided by staff in terms of setting up appointments, encouraging them to attend and providing reassurance. Whilst extremely positive in relation to the support provided by staff from PBNI and Addiction NI, clients noted that they appreciated the encouragement and support given by the Judiciary and valued being able to speak directly to the Judge. Clients also felt that the substance testing was beneficial in motivating them to reduce their drug and/or alcohol intake.

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

- Having a large number of appointments;
- Attendance at court and/or any additional appointments due to poor mental and physical health;
- Travelling to Belfast;
- Being surrounded by other substance users; and
- Those outside the SMC remit not understanding circumstances.

Of the 28 clients who provided feedback, 27 said that they would recommend the SMC to someone who was in a similar position to themselves. The following page shows further comments made by clients in recommending the SMC to others.

3

Clients Experience

3.4 Recommendations

"It helped me **focus** and **assess** where things were going wrong in my life"

"It is a **great** help if you **genuinely** want it"

"Allows people to see where they went wrong and change it; **build** better **relationships** with friends and family"

"It will **work** if you **want** it"



"[The SMC is beneficial] if they are in a position to reduce [substance intake]. They need to **want** the **help**"

"You need to want to change. It has **changed** my **life**"

"[Provides] **support** for you and makes you want to **improve** and help yourself"

"[You are] **listened** to, the judge is helpful, Probation Officers helpful; **thank you** all"

"Makes you want to **improve** and **help yourself**"



"It really helps anyone who is really **serious** about changing. I got so much help to **change** the way I **think**"

"It helps in so many ways. Being **honest** with people allows them to help you; made me want to **change** my life"

"Counselling [is] excellent for giving the **tools** to cope"

"I've gotten better, mental health is better and kids have a **father** who is **off drugs**"

"Changes your life; a **new chapter**"



4 Programme Delivery

About this chapter

The following chapter provides detailed insight into the SMC, based on the views of a range of the programme's staff and key stakeholders, focusing on the implementation of the programme, how the programme worked in reality, lessons learnt and thoughts on the future of the SMC. Findings were derived from questionnaires, interviews and focus groups conducted with a range of staff members, across NICTS, PBNi and Addiction NI, involved in the operational administration of the SMC.

4.1 Problem-Solving Approach to Substance Misuse

The Problem-Solving Justice Approach

All key stakeholders advocated the use of the problem-solving justice (PSJ) approach, with the general consensus being that this was a welcomed transformation in justice delivery. Respondents agreed that aiming to address the root causes of offending was necessary in moving forward and felt that substance misuse was one of the continuous themes within the criminal justice system that was not being adequately addressed prior to the SMC. Respondents believe the PSJ approach could lend itself particularly well to offences linked to substance misuse and set a precedent in this area.

- *“We are fully supportive of the approach which looks at providing a holistic way of dealing with some of the issues that many people in the criminal justice system may experience”*
- *“There are certain continuous themes that run through [the Courts] that account for, really nearly, the majority of offending...it is clear the current suite of disposals that we have don't really get to the root of the problem in these cases”*

- *“Substance misuse has undoubtedly been the one that has most easily fitted into the [PSJ] model at this stage and I think we will learn quite a lot from the SMC which can ultimately be applied for other models”*

Service Provision Prior to the Substance Misuse Court

Operational staff noted that, prior to the introduction of the SMC, a significant number of habitual offenders were coming into contact with their services due to issues with substance misuse. Support for these individuals typically came from public health services and any offenders with these substance misuse issues were referred on to a lengthy waiting list to receive access to services. PBNi noted that their involvement in this process was typically part of a wider Probation Order, with staff having limited knowledge in dealing with issues relating to substance misuse. Within the traditional approach, processes were strict, contractual and limited by funding. Addiction NI noted that their services often struggled to engage with this cohort due to their complex needs and chaotic lifestyles, so the introduction of the SMC was seen as a way of potentially 'bridging the gap'. It was anticipated that treatment through the SMC would be available from acceptance onto the programme and that working in tandem with social support would lead to more positive outcomes for clients.

- *“When you look at traditional processes, jails are filled with people with mental health problems and drug addiction issues and, if we don't try and downstream that a little and try and provide a different approach, then all we are going to end up with is full prisons and people not being given alternatives...”*

4

Programme Delivery

Changes in Justice Delivery

Respondents felt the programme provided a better 'wraparound' service, that was much more accessible to clients, with a quicker speed of access to treatment. Respondents noted clients were able to access services, such as psychology, that they would not have come into contact with through traditional processes and felt this approach better addressed the social challenges contributing towards offending (right).

Operational staff felt that the programme enabled more collaborative justice, but highlighted that there was a shorter time frame in which to deliver outcomes when compared to the traditional treatment approach. From a staff perspective, specific changes in relation to justice delivery included:

- Continuity, consistency and a bespoke continuum of care;
- A more selective approach in terms of clients accepted onto the programme;
- Ownership of the whole process rather than a small part of it;
- The opportunity to work directly with the Judiciary;
- A more 'flexible' approach affording clients the opportunity to become accountable for their actions;
- Regard for client lifestyle and consideration for medical intervention and/or the need for access to additional services; and
- Intervention in a more timely and efficient manner.

"It is definitely a way of trying to get to the genuine reasons for offending and dealing with them in a proactive way, which is going to stop reoffending and the social damage which is coming out of it"

"Changes in sentencing, changes in the sense that these people, who were prolific offenders... that they were able to access treatment, that they had services and support, but also they stayed out of prison"

"We are taking the next step and saying, well why have they got to the point in their lives where they are addicted to whatever substance that happened to be, can that be addressed and it is only by establishing that chaos in their lives that you are then able to deal with the addiction issue"



"I think that we've looked at a more compassionate approach... a wraparound service... looking at the social needs of the clients"

"They have all these other issues that come alongside [addiction]; homelessness, debt, relationship breakdowns, access to benefits, support. There is a whole social side to the people who present within the court system"

4 Programme Delivery

4.2 Implementation of the Substance Misuse Court

The Referral Process

As Figure 6 indicates, in relation to the referral process:

- 6 out of 13 staff members were satisfied or extremely satisfied with the referral process for defendants on the SMC, 4 were neither satisfied nor dissatisfied and 3 were dissatisfied or extremely dissatisfied

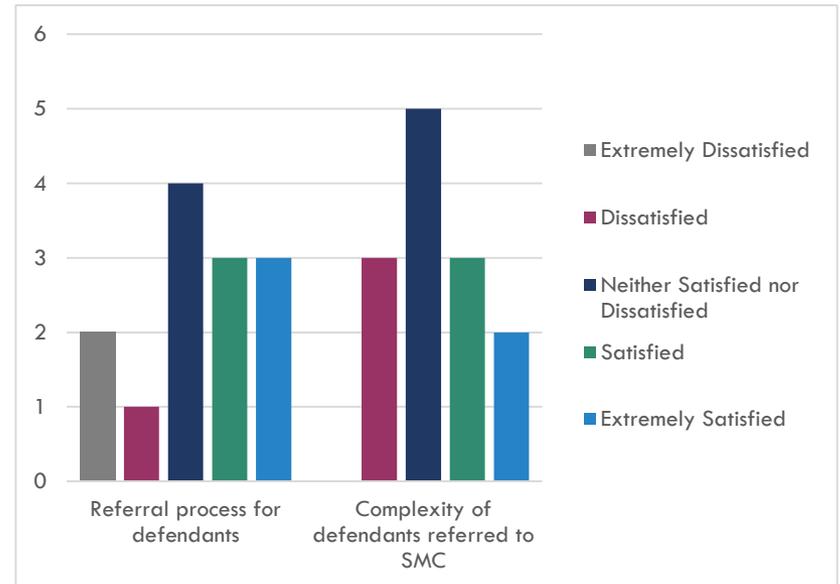
In relation to the complexity of defendants referred to the pilot:

- 5 out of 13 staff members were satisfied or extremely satisfied with the complexity of defendants referred to the SMC for treatment, 5 were neither satisfied nor dissatisfied and 3 were dissatisfied

Comments predominately centred around the acceptance criteria used in determining prospective clients for the programme. Staff noted that the pilot was initially intended to be aimed at low- to mid-complexity cases but felt, as a result of low numbers of less complex cases, the screening process was adjusted to include 'chaotic drug users' with needs that were much more complex than envisaged. This lesson learned from the Phase 1 referral process will help inform operational requirements going into the second phase of the SMC.

Some staff also noted that they had not anticipated the scale of heroin users accepted onto the programme and noted these individuals could be particularly difficult to deal with. However, others argued that the programme was working with the right

Figure 6: Staff satisfaction with the referral process and the complexity of clients referred to the SMC (n=13)



clientele and that working with lower-level users in this way would have been 'over-treating'. In relation to heroin users, it was also argued that the difference between these individuals and other users largely comes from the stigma that surrounds heroin. Furthermore it was highlighted that, for some referrals, the dominant issues were in relation to their mental health and this was something that would need to be addressed separately prior to these individuals engaging with an addiction programme; however staff accepted that, at times, this could be difficult to identify at the assessment stage.

4 Programme Delivery

In terms of future referrals, it was agreed that the level of complexity of the cases accepted onto the programme needs to match the resources available to the SMC:

- *“At the start, [with regards to] the selection criteria, we were a bit off. We were possibly trying to be a bit rigid in terms of inclusion and exclusion criterion and, I suppose, when we are working with this client population we needed to be a little bit more flexible”*
- *“Although we set the original criteria, we now have a different core coming through and we have had the flexibility within the programme to adapt and change”*
- *“It is clear from the first phase that you have a lot more heroin going on in Belfast and more serious users. I didn’t really expect that we would be taking such serious drug users into the court which has been a big challenge for the team”*
- *“There certainly wasn’t anybody on the programme where you would have said this person is just not suited or shouldn’t have been at least allowed to try, [but] there definitely have been people who have fallen by the wayside and have not been in the right place to succeed at that point in time...”*



Initial Challenges

There were a number of staff-related challenges:

- The Department of Justice agencies highlighted that the biggest initial challenge was in trying to source a partner to deliver addiction services to the SMC. The Belfast Health & Social Care Trust was considered to be a ‘natural partner’ in developing the SMC initiative. However the Belfast Trust declined the opportunity to become involved in the pilot. This resulted in a decision to move on to a tender process for a service provider from the Voluntary Sector to partner with PBNI and NICTS in providing addiction services. Staff felt that this presented a significant challenge prior to commencement of the pilot but agreed that the partnership between both agencies and Addiction NI ultimately succeeded.
- Staff felt that training, in general, was something that could be improved upon, with some noting they would have liked more specialist training at the outset as learning was largely ‘on-the-job’. For example, PBNI staff had limited experience in dealing directly with substance misuse and felt that more specialist training in relation to addiction and/or procedures for dealing with this would have been beneficial for their role, particularly in relation to dealing with heroin users.
- Staff also noted that co-location between the agencies would possibly have helped teams ‘gel’ from the start of the process and could have been more beneficial in terms of managing cases. However, Addiction NI felt that, whilst this may have been useful, it is important for them to maintain impartiality and be seen by clients as independent from the justice process.

4 Programme Delivery

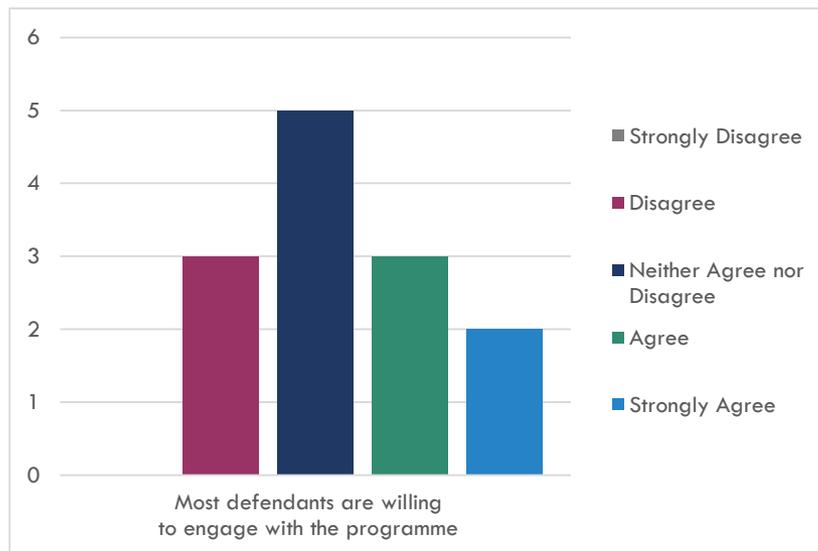
There were a number of client-related challenges:

- The general consensus was that most clients coming onto the programme had bought into the idea of dealing with their addiction problems, although it was felt there were a small number who had been advised to join the programme before they were completely ready (e.g. by legal representatives). 5 out of 13 staff members agreed or strongly agreed that most defendants were willing to engage with the programme, 5 neither agreed nor disagreed and 3 disagreed.
- Operational staff noted that they initially faced a lot of barriers with clients, not only in addressing their addictions but also with ‘deeply entrenched’ problems, such as homelessness and having no next of kin or appropriate social support outside the programme. PBNi noted that a lot of outreach work was required to encourage clients to engage with the SMC, but felt that this was helpful for the clients who typically had chaotic lifestyles. Furthermore, the needs of clients were found to quickly change and evolve, with the ‘ideals’ set out for a client on entry to the SMC constantly moving as time on the programme progressed.
- Addiction NI also highlighted that specific drug types can often require medical intervention prior to the commencement of any other type of treatment and this initial intervention is something that cannot currently be provided through the SMC. Likewise, clients with serious mental health issues presented a similar challenge. Staff noted that clients require de-escalation and base-lining before treatment for substance misuse can begin, but found that it was initially difficult to stabilise some complex clients, particularly with limited timescales and staff resources.

- In the initial stages, staff also found it challenging in finding the balance between holding clients to account and providing the appropriate level of encouragement and reassurance required. Staff highlighted that there is a requirement to strategically work out the best way to approach each client and, in that respect, provide a very bespoke package of care.

Whilst these challenges existed in the initial stages of the SMC, staff noted they had largely been addressed and ironed out through continuous feedback over the duration of the pilot and in the last six months in particular, which they felt ‘stood them in good stead’ progressing towards phase two of the pilot.

Figure 7: Staff views on client engagement with the SMC (n=13)



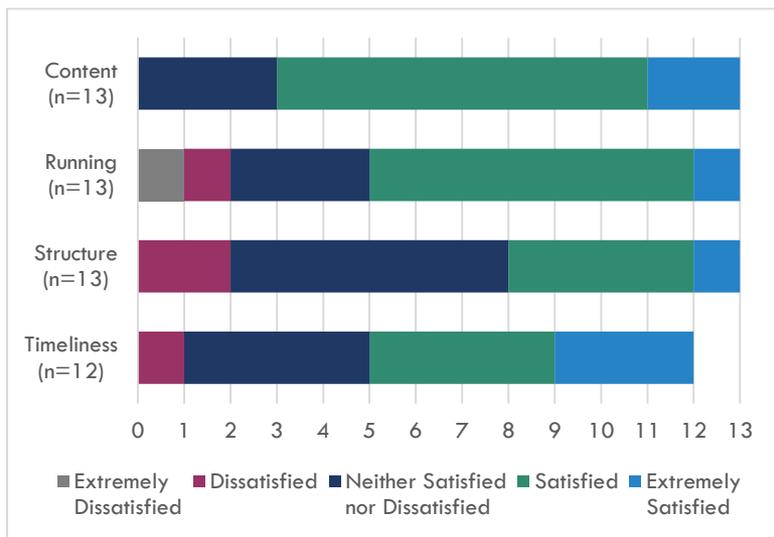
4 Programme Delivery

4.3 Running the Substance Misuse Court

Working in Practice

Once teams unified to form one SMC team, staff felt processes worked very well. It was felt that the overall format of the programme helped in building better relationships with clients. As Figure 8 shows, the majority of staff were satisfied or extremely satisfied with most elements of the programme – 10 out of 13 with the content of the programme, 8 out of 13 with the running of the programme, and 7 out of 12 with the timeliness of the programme. A smaller number of staff (5 out of 13) were extremely satisfied or satisfied with the programme structure.

Figure 8: Staff satisfaction with the content, running, structure and timeliness of the SMC



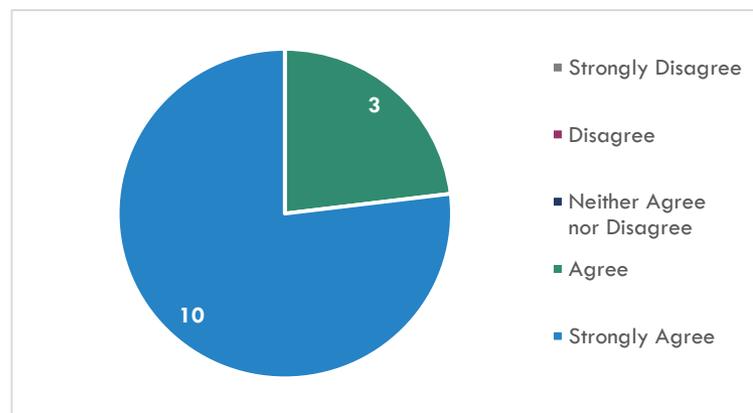
*Information was not recorded in relation to timeliness for one respondent

It was felt that motivation was higher within the SMC compared with traditional approaches and staff believed that being allowed to have more of a presence (e.g. within Court) resulted in less animosity from clients who appreciated the supportive and empathetic environment offered through the SMC. Staff felt that this, alongside linking in with other agencies to help in improving clients' personal circumstances was a more useful approach in attempting to address substance misuse. As Figure 9 shows:

- 13 out of 13 staff members strongly agreed or agreed that the programme was beneficial for those clients who were willing to engage with it

Staff noted that caseloads could vary and reiterated that cases also varied in terms of complexity, however it was felt that this was manageable as clients were staggered in terms of when they started and finished on the programme.

Figure 9: Staff views on the programme being beneficial for clients who are willing to engage with it (n=13)



4 Programme Delivery

Supervision and Treatment

Overall, the supervision and treatment provided through the programme was seen as extremely positive and of great benefit to clients. The main challenge reported around supervision and treatment was in trying to change client behaviour within the given time frame. Staff noted they were typically working with clients with low locus of control, who were not used to having any level of responsibility, and felt that trying to change embedded behaviours over the time spent on the SMC was ‘a massive job’.

PBNI felt that the programme was limited in terms of mental health provision and reiterated the difficulties as a consequence of being unable to collaborate with Department of Health to provide this service. It was also noted that the need for psychology services was higher than anticipated, resulting in time pressures when factored in alongside other responsibilities.

Going forward, it was felt that developing adaptable and fluid care plans for clients, that could also be used by the Judiciary as an alternative to court reports, would be more beneficial and could help in reducing the administrative burden on staff. Some staff felt that greater fluidity in care planning and more effective case management, as a whole, was needed and would aid contingency if faced with any future changes in staffing.

The distinction in working arrangements between PBNI and Addiction NI was raised, with PBNI staff working full-time in contrast to Addiction NI’s part-time working. Addiction NI staff noted clients could be frustrated at times when they were unable to reach Addiction NI staff and believed that, had non-attendance rates not been so high, the treatment provided to clients (i.e. in terms of the number of sessions offered) would not have been sustainable. The second phase of the pilot will allow PBNI, who manages the project with Addiction NI, to address these issues as necessary.

Moving forward, staff noted two key areas requiring clarity:

- **Non-attendance:** Staff noted that rules around non-attendance were not always clear and felt this was due to the complexity of clients and desire to retain people on the pilot. Whilst it was noted that giving clients a chance to learn from their mistakes was useful, it was felt that there ought to be consequences if a number of sessions are missed as this impacts largely upon already stretched resources. Staff felt clients would benefit from having boundaries and repercussions and believed there was a need to reinforce choice and responsibility.
- **Measuring success:** Due to the variation in complexity, in some instances the success of the programme was keeping clients alive. With more complex clients there were often issues around substitute prescribing, and it was felt that there was little that could be done therapeutically for these individuals at that point in time. In such cases, measurement of success was not straightforward and consideration should be given to this going into phase 2 of the pilot.
- *“Probation staff and Addiction NI staff, the counselling and the psychology services, really worked extremely well together and are knowledgeable”*
- *“The team and the counselling work which they have done has been absolutely superb”*
- *“What the evidence so far has told us is that the clients, their needs are being met. However, I think we have underestimated the complexity of the clients that we are working with...I think we have been overwhelmed by simply the cohort of people...but I think what we have done, is that we have adapted services to deliver...”*
- *“Getting 50 people through the programme was a target...think about the very different needs they had compared to what we had originally thought. How do we measure the success of actually having a flexible model that actually was able to adapt to change...”*

4

Programme Delivery

Substance Testing

Some staff felt that substance testing was beneficial and necessary in implementing the programme, and believed that it was important to maintain a focus on substance intake, as well as social problems, in line with the purpose of the programme. However, others highlighted that the progress of clients should not exclusively rely on the results of weekly substance tests as, for many clients, abstinence is a long-term goal that is not necessarily immediately achievable. In that respect, it was highlighted that it is important to manage expectations with regards to the outcome of these tests. Furthermore, staff noted that the substance tests used within the current SMC process provide clear cut (yes/no) indications as to the substances used, however it was argued that a reduction in substance misuse can also be successful and this is something that the current substance testing process cannot identify.

It was agreed that, whilst substance tests can be an incentive for some clients to try and abstain or limit their substance use, weekly substance testing for all clients is not beneficial or cost-effective as clients will often admit to using prior to testing, or refrain from using substances for a limited time prior to the routine weekly testing.

It was also noted that, when considering the results of substance tests, it is important to continue allowing for a certain level of relapse whilst clients are on the programme as this can help in identifying triggers and patterns in behaviour which staff and clients can then work on addressing. Addiction NI noted that being able to recognise and address this is a key element of the journey to recovery.

In relation to substance testing, interview respondents were conflicting:

- *“Are we focusing enough on getting you off the drugs as opposed to helping to fix your social problems?...I think it was a plus to bring [weekly substance testing] in.”*
- *“I get why they are there...but progress to us is measured in a very different way...there was an awareness that very quickly developed to say that people coming through aren’t going to achieve abstinence but we have to look at harm reduction”*
- *“I understand the weekly testing...but I think where someone is admitting to still using drugs and maybe putting their hands up and saying I am here in the longer term to get off drugs, but in the shorter term that is not possible, I think making them go through a test every week is impractical because they are admitting they are still using”*

In summary, looking at substance testing going forward:

- Staff were in agreement that substance tests could be of more benefit if they could determine the level of substances used.
- It was suggested that randomised testing would be more beneficial in giving a realistic picture of substance misuse than weekly testing.
- The SMC should continue allowing for an element of relapse during treatment to help identify and address triggers to substance misuse.
- Whilst there still needs to be a focus on substance testing, it is important to acknowledge progress in other areas alongside this in determining a client’s success.

4

Programme Delivery

The Court Process

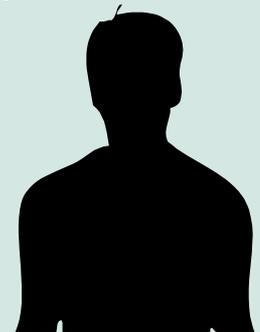
Feedback around the court process for the SMC was extremely positive. It was evident that the biggest difference between the traditional court process and the court process through the SMC was that it gave clients a voice and an opportunity to 'share their story'. This approach emphasised the level of vulnerability amongst clients, but it was felt that 'shining the spotlight' on these individuals also facilitated accountable justice and forced clients to take responsibility for their actions. Staff agreed that, as a result of this process, there was less animosity towards the justice system and clients felt empowered, with greater motivation to change their behaviour. It was noted that the SMC court process felt like a much more collaborative approach, where everyone was working together towards the same goal.

Despite many court visits over the duration of time spent on the SMC, it was felt that the atmosphere surrounding these visits was not as intimidating. It was suggested that the rigidity of the court process was useful in providing structure for clients, however, some noted that court could feel repetitive at times, particularly with clients attending on a weekly basis, as often not a lot changes within the space of one week.

"The Court has helped maintain a focus for them... having to come back every week or every couple of weeks to have a drugs test again keeps an element of focus... the cohort of people you are dealing with, that has been a useful exercise because they haven't always had to be accountable in that way themselves"

Staff felt that pre-court conferences were useful as they resulted in good dialogue between all parties going into court. However Addiction NI felt it was important that there is visible segregation of roles to maintain their impartiality and independence from the justice system. They noted that questions were sometimes asked by clients when Addiction NI are seen coming out of pre-court hearings with the Judiciary and PBNi and felt that this could, at times, call into question their integrity. Staff noted that, going forward, it would be useful to consider whether the timing of case conferences could be reviewed or if there was any other possible solutions to overcoming this issue. However, it was also acknowledged that clients are made aware of the requirement to share certain information across agencies on entry to the programme.

"I have been impressed by the defendants in the level of respect and engagement that they have given at the review hearings...they are turning up on time, they are genuinely wanting to please, not always succeeding, but you can see they are engaging...they want to improve, they want to meet the expectations of the court and if they don't... they are apologetic and are quite prepared to hold themselves accountable for what has happened"



4 Programme Delivery

Staff Satisfaction

As Figure 10 shows, 9 out of 13 staff members strongly agreed or agreed that their job role was as expected, and 2 neither agreed nor disagreed. Furthermore, 13 out of 13 staff members enjoyed being a part of the programme. As Figure 11 indicates, 8 out of 13 were extremely satisfied or satisfied with their workload, 2 were neither satisfied nor dissatisfied and 3 dissatisfied or extremely dissatisfied. 9 out of 13 staff members were satisfied with the support available to them, 2 neither satisfied nor dissatisfied, and 2 were dissatisfied.

In terms of staff and support, it was felt that the following worked well:

- multi-disciplinary teams;
- dedicated staff;
- good communication;
- outreach work;
- the court process;
- all parties working towards the same goal; and
- links established with other services;

On the other hand, staff also felt:

- a clearer management structure is needed;
- firmer boundaries are essential;
- at peak numbers, the programme felt under-resourced;
- longer-term funding is necessary to be able to plan better;
- Addiction NI roles should not be restricted to part-time;
- a longer assessment period was necessary on entry to the SMC;
- reportable incidents (e.g. arrests and/or hospital admissions) should be fed back to PBNi; and
- the time allocated to treatment was too short for complex users

As noted previously, Phase 2 of the pilot will provide the opportunity for many of these issues to be addressed as necessary.

Figure 10: Staff satisfaction with role & participation (n=13)

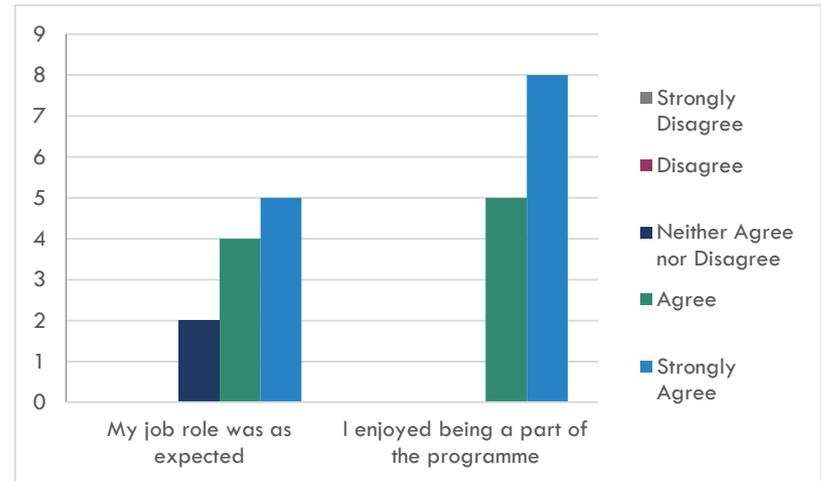
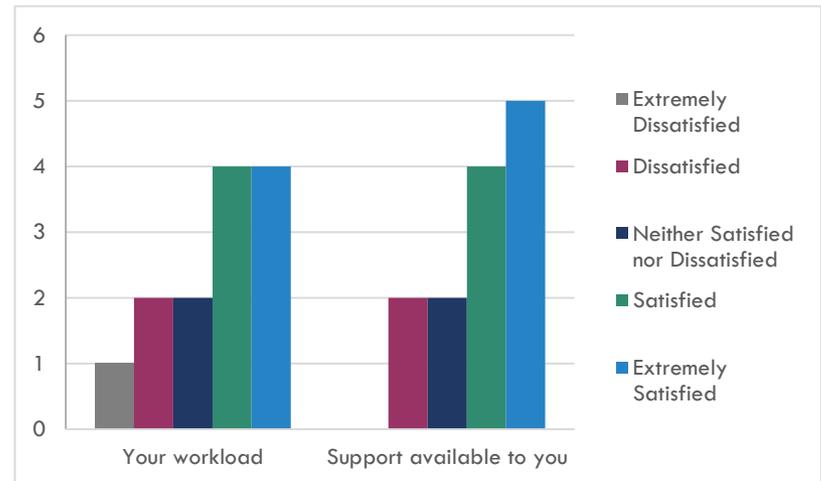


Figure 11: Staff satisfaction with workload & support (n=13)



4 Programme Delivery

Changing Client Behaviour

All staff agreed that there were visible changes in clients throughout their time on the programme. Staff noted that, in some instances, the programme has been a life changing process. Despite not all clients achieving abstinence, staff noted that there were still positive changes in behaviour, such as lower-risk substance use and/or a significant reduction in the number of substances taken. Alongside this, in line with quantitative findings, staff noted a number of additional benefits of the programme including a reduction in offending behaviour, the development of meaningful relationships, improvements in mental health, access to additional services and a move towards employment.

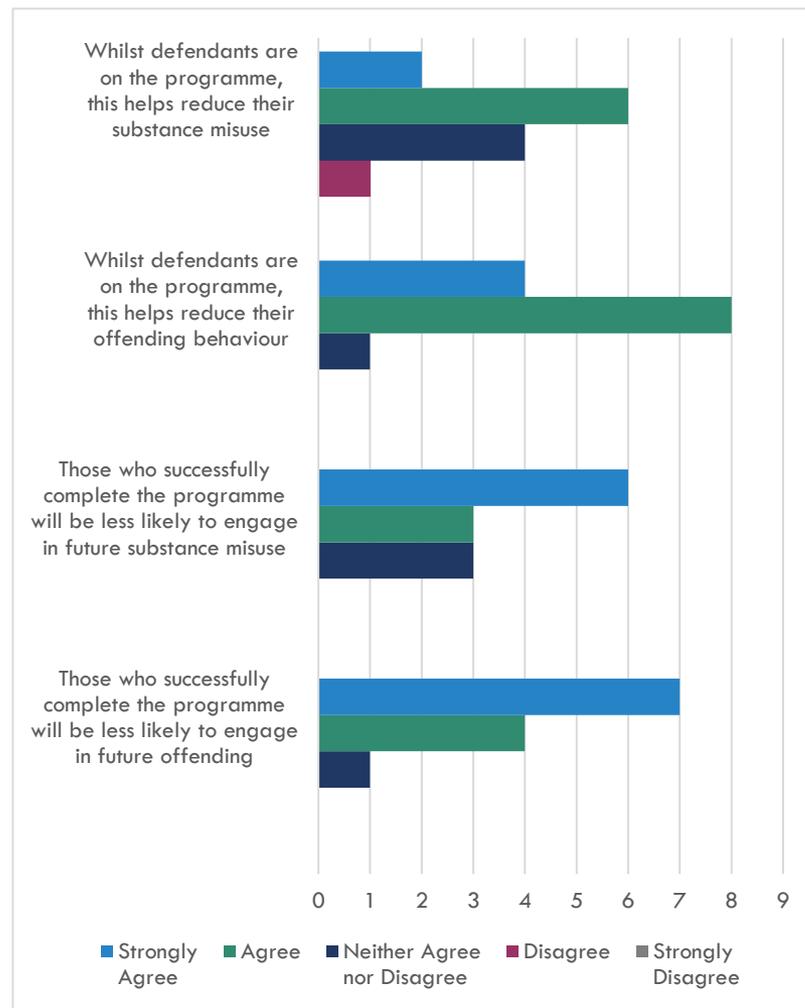
- 8 out of 13 staff strongly agreed or agreed that whilst clients of the programme, this helps reduce substance misuse, 4 neither agreed nor disagreed and 1 disagreed.
- 12 out of 13 staff strongly agreed or agreed that whilst clients of the programme, this helps reduce offending behaviour, 1 neither agreed nor disagreed with this.

Addiction NI emphasised that it is difficult to evidence all the benefits of the SMC, especially in the long-term, as there are many subtle benefits that are not necessarily quantifiable.

- 9 out of 13 staff strongly agreed or agreed that those who successfully completed the SMC would be less likely to engage in future substance misuse, and 3 neither agreed nor disagreed.
- 11 out of 13 staff strongly agreed or agreed that those who successfully completed the SMC would be less likely to engage in future offending, and 1 neither agreed nor disagreed with this.

Staff were optimistic about the long-term consequences of the SMC, but felt the long-term measure of reoffending following completion of the pilot, would be most useful in determining the full extent of behaviour change in clients⁹. The following page shows staff comments in relation to the changes in clients behaviour over their time on the SMC.

Figure 12: Staff views on client’s substance misuse and offending behaviour during and following the SMC (n=13)



⁹In line with guidelines for measuring proven reoffending, it is anticipated that the reoffending rate for the SMC will be available 18 months following the end of the pilot, to allow for a one- year reoffending period and an additional 6 months thereafter for the offence to be proven (i.e. by receipt of a further conviction).

4 Programme Delivery

“You could see it **physically** on them, you could see their **confidence** rise, their **self-esteem** rise, a number of them were helped to get training so that they could get jobs... start to put their lives together again, **reconnecting** with family, getting in contact with their children...”

“Even the people who were removed but had made **progress**, they were completely different. They weren’t clean...but they had **learnt** an awful lot... A lot of them, I think, had the **tools** that they would ultimately come to finally address their problems”

“This model is a **slow burn**. The real test is where these people are in a year’s time, in 3 years time and in 5 years time... That will be the real test, if they have been able to **carry through** on the work that they have done”

“The offenders in this programme have done really well. I think there has been **huge successes** beyond their imaginable beliefs that they would ever even complete a programme like this...”

“There is the beginning of **change** in an individual’s life, a **reduction** in their drug misuse, that they haven’t reoffended and that all of the other outcomes... employment, housing, linkage into services, family support... that is what we really have got to shine the light on... that **improves** people’s lives and keeps **society** safe as well”



4

Programme Delivery

4.4 Future of the Substance Misuse Court

Lessons Learnt

There were a number of positive lessons learnt from phase 1 of the SMC:

- From the earliest stages, the team adopted a collaborative approach to utilise a broad range of skills and experience. The original Steering Group was comprised of representatives from several departments and agencies including NICTS, DoJ, DoH, PPS, PSNI, Victims Groups, PBNi and others. The broad spectrum of views and interests was regarded as a significant asset in developing the SMC model and operating procedures.
- The SMC utilises a flexible approaches and encompasses a lot of outreach to engage with clients and encourage them to engage with the programme. Staff felt that, whilst time consuming, this has resulted in better relationships with clients compared with traditional processes. They also noted that it is important to continue to maintain a level of flexibility in administering the programme to prevent clients from 'falling through the gaps'.
- It was acknowledged by all parties that the less formal nature of the SMC was one of the key elements of its success. It was felt that, in particular, the relationship between the Judge and the defendants enabled clients to engage with the court in a less adversarial environment.
- Despite the complexity of clients differing significantly from what was initially expected, ultimately, admission to the programme is a matter for the Judge and may not fully correspond with any pre-defined target defendant criteria. SMC staff have been open and adaptable to this, providing evolving care plans in line with a changeable cohort. Staff will take this flexibility forward into the next phase of the SMC pilot.
- In terms of the bigger picture, the focus must be upon a long-term reduction in substance misuse and reoffending. As well as gradually reducing substance misuse and offending behaviour, the focus upon long-term success has facilitated better links between clients and other agencies outside the SMC. Staff noted that modelling positive engagement with other services, to clients with previously negative experiences, appears to have been beneficial in increasing the willingness of clients to engage with these services moving forward.
- The programme works most effectively when there is good communication amongst all parties, a clear understanding of the roles of individuals both within and across teams, effective care planning, and provision of collaborative care.

4 Programme Delivery

There were also lessons to be learnt from and built upon beyond the first phase of the pilot:

- Staff felt expectations of clients becoming 'clean' could, in some instances, put clients at serious risk. Furthermore, telling clients "don't take drugs" may, in some cases, be a too idealistic view which does not acknowledge (i) the difficulty of addressing serious addictions, and (ii) the success of a reduction in substance misuse, offending behaviour and an improvement in social circumstances.
- Following on from the previous point, staff noted that there was some confusion as to the focus and purpose of the programme; is it to achieve abstinence or reduce the harm to individuals and/or society? Staff highlighted that these are two different things and need to be measured accordingly. It was felt that this definition is important in order to set appropriate goals for clients on entry to the programme, as staff acknowledged that there were difficulties in defining what 'successful intervention' looked like due to the vast differences amongst clients.
- Time and resources were not utilised as effectively as they could have been due to issues around client motivation and non-attendance. To address this going forward, the initial assessment period has been extended to 4 weeks to ensure that only the most motivated clients are accepted onto the programme. Depending on engagement with treatment in phase 2, it may also be necessary to introduce further guidelines to address the issue of non-attendance.
- An appropriate funding stream is needed to ensure that the SMC administrators and delivery partners can plan on a long-term basis.
- A number of clients who presented to the SMC were found to suffer from serious mental health problems, which would have required treatment prior to addressing issues around substance misuse. A key lesson learnt was that a separate programme is needed here, to run parallel with the SMC, that would accommodate defendants suffering from serious mental health issues. This idea is in line with the American Justice Model and, alongside other PSJ initiatives, highlights the potential for a range of treatment courts in Northern Ireland.



4 Programme Delivery

Sustainability

It was felt that the core processes of the SMC were working very well and all staff believed the SMC could be sustained and could see longevity in the programme. Addiction NI noted that there is good contingency through the use of care plans, as this is something that can be picked up by any staff members to provide continuity of care. However, it was noted that, to future proof the programme further, there is a need for greater emphasis on working care plans that staff across all agencies have access and contribute to.

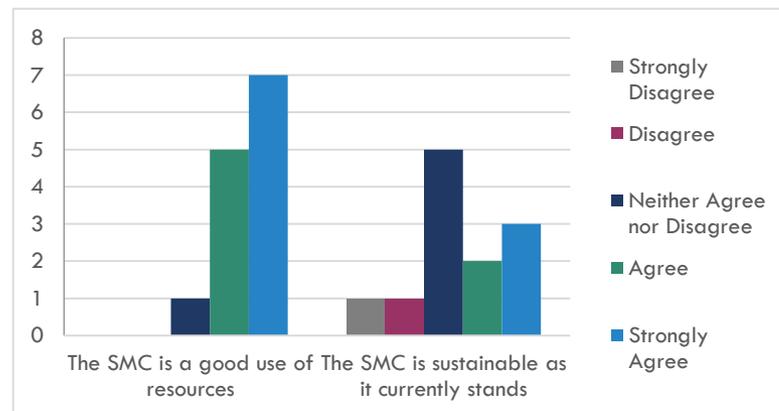
Despite seeing longevity in the programme and opportunities for moving forward, staff highlighted that rolling out the programme further would not be sustainable without increased financial and staffing resources. In order to ensure that the time and resources currently available were effectively utilised going into phase 2 of the SMC, ongoing discussions have resulted in the initial assessment period for referrals being extended to 4 weeks prior to acceptance on the programme, with a 'rolling system' put in place (i.e. those who are not committed can be replaced by someone who is willing to engage with the programme). It is anticipated that a more rigorous assessment period will ensure that only those who are committed, motivated and willing to engage with the programme will be accepted and offered treatment. This development has been welcomed by staff and it has been highlighted that this model is a more 'normalised' approach that would be able to be transposed into a permanent arrangement if/when this is agreed.

It was acknowledge that the programme is not something that could be available within every courthouse across Northern Ireland. Most court venues would not have a sufficient numbers of suitable defendants to justify the expenditure on dedicated

intervention teams, however, staff did believe that the long-term cost-benefit of running the programme in one area, or a small number of areas, would quickly outweigh 'the revolving door of justice'. A further formal evaluation of the SMC pilot will be commissioned before Phase 2 of the programme closes. As well as providing an update on the pilot, it is intended that the next evaluation will focus on plans to embed the programme in Belfast and explore the options for operating similar courts at other locations within the jurisdiction.

As Figure 13 shows, 12 out of 13 staff members strongly agreed or agreed that the SMC is a good use of resources, and 1 neither agreed nor disagreed. Furthermore, 5 out of 13 staff members strongly agreed or agreed that the SMC is sustainable as it currently stands, 5 neither agreed nor disagreed and 2 disagreed or strongly disagreed. This indicates that, whilst the majority of staff feel that the programme is beneficial and worthwhile, it is clear that some changes could make the SMC more sustainable going forward.

Figure 13: Staff views on the sustainability of the SMC (n=13)



4 Programme Delivery

In terms of sustainability, respondents noted the following:

- *“If you look at the records of the 50 [clients] that we have put through and counted up how many offences they had been committing...and they haven’t been offending...how much is that saving...you are not sending them to prison, the other social commitments that they are making, the fact that they are reconnecting with families...I think taking that as a whole it actually does become very good value for money”*
- *“I do think it is undoubtedly [sustainable]...I have no doubt you could take more than 50 [clients] and you could probably run [the court] maybe 2 days a week, but I understand you need to scale up the support on top of that...the same team couldn’t carry any greater workload”*
- *“I think it is value for money...I think it is probably one of the problem-solving areas that is scalable and could move into a jurisdiction”*
- *“It is not something you could have in every courthouse because you couldn’t fund that and you couldn’t get the resources...maybe in due course we could have something like problem-solving justice centres...have 3, 4 or 5 throughout the province...I think there is sufficient there to see longevity in the project and to expand it and develop it”*
- *“I think it is only sustainable if there is longer-term investment...I think the funding is a huge issue, I think short-term funding and budgets send the wrong message...when we know that things are working, particularly around problem-solving justice, when we know there are good outcomes...we need to take the very positive risk and say that problem-solving justice is the way forward and we need to invest accordingly”*



4

Programme Delivery

Stakeholder Feedback

Additional feedback on the SMC was provided by Victim Support NI and the Law Society.

Victim Support NI

Victim Support NI were positive regarding the overall aim of the project. Their involvement at the early design stages of the process was welcomed to ensure that any potential victim elements were addressed, however, given the nature of the cases involved in the pilot, there was no feedback from victims in relation to this.

Law Society NI

Members of the Law Society who had experience of the pilot offered the following views:

- The pilot was extremely useful for clients as they had direct contact with agencies who could assist them with their addictions. This was particularly useful in terms of direct interaction with PBNI, which the Law Society felt was essential to the whole process and outcomes. The fact that the client's journey is being supervised by a hands-on Judge also added a dimension of empathy and weight.
- There was appropriate information available at the outset of the pilot to inform members, however, it was suggested that as the pilot processes changed or evolved that it would be useful for this information to be disseminated to all involved.
- It was felt that more reports should be available to defence representatives in advance of appearances and as the process progresses. It was felt that a more formal Court update, with a Probation and defence information sharing, would be beneficial.
- For clients, it was a difficult process to acknowledge their problems and to identify their need to change. They were challenged by the appointments they had to attend as well as frequent court attendances for review. Legal representatives did not experience challenges or limitations.
- Suggestions for possible developments going forward include (i) updated communications for all involved, (ii) having specific timings for Court meetings and testing, and (iii) additional resources to further assist clients and increase the chances of successful outcomes.

5

Overall

5.1 SWOT Analysis



Strengths

- Inter-agency approach and working as a multi-disciplinary team
- Buy-in from legal representatives and external organisations
- Provision of extended therapeutic intervention
- Difference in court approach from traditional processes
- Clients accountable to the Judge and are given the opportunity to provide feedback
- Giving hope and opportunities for the future
- Engaging with and empowering clients
- Outreach and flexibility
- A holistic approach
- Clients transitioning into employment
- Visible reduction in offending and substance misuse



Weaknesses

- Time and staffing restraints
- Lack of planning and coordination at times
- No co-location amongst the teams
- Lack of clear policies and procedures
- Clients felt 'rushed' onto programme without sufficient motivational assessment
- Unclear responsibilities and expectations
- Unclear boundaries for clients and no consequences in relation to non-attendance
- No access to medical treatment (e.g. detox and/or rehabilitation)
- Lack of opportunity for continued support to clients in prison
- Insufficient training for dealing with specific issues (e.g. heroin use, health problems, sexual exploitation)



Opportunities

- To implement any learning from phase 1 going forward
- Access to rehabilitation and/or provision of a detox facility
- To expand the programme province-wide
- Co-location amongst teams
- To widen the programme and involve other services to increase the holistic approach
- Increased and continual training and development of programme staff
- A longer assessment period going forward to more accurately assess client motivation
- More hours allocated to the provision of counselling
- Input from Health & Social Care Trust staff
- To ultimately change how justice is delivered



Threats

- Lack of sufficient funding and/or resources
- Breakdown in communication between multi-agency teams
- Lack of sufficient training for staff
- Limited consequences for actions such as non-attendance may result in lack of trust in the programme
- Purposely offending to gain access to the programme
- Clients reoffending may result in lack of trust or confidence in the system
- Having too high expectations of what can be achieved within the programme
- The increasing prevalence of heroin in Belfast
- Lack of access to housing and/or hostel accommodation to get clients off the streets

5

Overall

5.2 Suggestions

Evaluation participants were asked for suggestions regarding improvements to the SMC going forward. An overview of these can be seen below. It should be noted that a number of these were fed back prior to the introduction of phase 2 of the SMC pilot. Those marked with an asterisk (*) have been implemented or are under consideration for implementation. Some suggestions may represent individual views, so should be considered in perspective.

Supplementary training and guidance for staff: It was noted that programme-specific training was limited, with learning largely on-the-job. Staff felt that this type of training and/or provision of training materials, alongside a clear outline of roles and responsibilities would have been beneficial and should be considered for new staff joining the SMC. Furthermore, ongoing training for current staff in relation to SMC-specific issues (e.g. heroin) would also be welcomed.

Clearer outline of the purpose of the programme: Staff struggled to determine whether the overall aim of the pilot was to achieve abstinence or to reduce the harm to individuals and/or society. Staff noted that alongside this, more clarity is needed around what constitutes as 'successful completion' of the programme as this can be difficult to determine, particularly with more complex clients.

Boundaries put in place and implemented: Consequences around non-attendance were not always implemented and the general consensus was that there should be accountability and a standard approach for clients if sessions are continually missed. Staff felt there would be better outcomes and that resources could be put to better use if boundaries were implemented and clients faced consequences for their actions and/or inactions.

***Removal of unmotivated clients:** Clients who were not willing to engage with the programme were regarded as wasting time and resources that could be utilised on those who were motivated and willing to change. To increase the effectiveness of the SMC, staff noted it would be beneficial to be able to remove unmotivated clients to provide capacity for more sessions with current and/or new clients. A one-on/one-off system was suggested to allow for replacement of unmotivated clients with those willing to engage with the programme.

***Extended assessment period:** Increasing the extended assessment period prior to acceptance onto the programme was considered a learning point from phase 1 of the pilot. It is anticipated that increasing the assessment period from 2 weeks to 4 weeks within phase 2 of the pilot will ensure that only the most motivated individuals are accepted onto the programme.

***Extended time for treatment of complex clientele:** It was acknowledged that the pilot would benefit from being extended to enable defendants with more complex needs to receive comprehensive treatment. This has been implemented and, going into phase 2, the pilot will be extended from 12 months to 18 months, running from July 2019 to December 2020 to allow staff appropriate time to treat all clients coming onto the programme.

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Overall

Effective care planning: It was noted that it may be more beneficial for all necessary information to be communicated across parties via the use of a working care plan. Staff had ideas around care plans that all agencies could access, and making these adaptable and fluid. It was argued that these could be updated for the Judge, rather than writing court reports on a weekly basis, reducing administrative burden and freeing resources. It was noted that this approach would only be useful if all agencies were willing to commit to effective care planning. It was also highlighted that this would provide a good basis for contingency and would be something that any staff member could pick up and take forward.

***Introduction of randomised substance testing:** It was felt that, in some cases, routine substance testing was not an efficient use of resources. Staff noted that clients often admitted to taking substances prior to testing, or merely refrained from taking substances in the days running up to testing. It was believed that randomised testing would be more beneficial and would give a truer reflection of substance misuse. Furthermore, staff agreed that knowing the level of substances taken would be beneficial as some clients are willing to reduce substance intake, but not abstain from all substances, and there is currently no way of gauging this. However it was acknowledged these tests are an increased resource.

***Timing of Review Hearings:** Addiction NI staff noted that questions were asked when they were seen by clients exiting Review Hearings with the Judiciary and PBNI, and felt this called their independence into question. It was suggested that timings of these Hearings was something that could be revised or alternative measures could be put in place. This is something that is currently under consideration.

Allocation of resources: A recurring issue that was highlighted was the part-time working hours of Addiction NI staff. Staff noted that, if the programme were to progress from being a pilot to being rolled out fully, it would be beneficial to have full-time support from Addiction NI, so that clients would find it easier to make contact.

Long-term funding stream: The SMC needs dedicated funding and a confirmed long-term funding stream to assist in decision making and enable long-term planning.

Coordinated approach to addiction and health: There is a strong connection between addiction and mental health, with no current work which links these. It would be useful to have a link in future plans to include other services which can help in addressing mental health issues. In particular, buy-in from the Department of Health and/or support from medical professionals would be useful as current staff are not medically trained (e.g. to 'taper' drug use) and the sharing of information (e.g. in relation to client medical conditions) would be beneficial in being able to more effectively tailor treatment.

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Overall

5.3 Additional Comments

All additional comments emphasised the high regard with which the pilot is held:

- *“Very worthwhile project to develop and proceed with”*
- *“It has been a privilege to be a part of it from the start”*
- *“I am just delighted that Northern Ireland is ready for this kind of approach. I am delighted that the Problem-Solving Justice projects are working. I appreciate that we are at the beginning of a process, but I think early indications are that this is the right thing to do.”*
- *The message that the Justice system is sending out there is that we are tackling the root causes of criminal behaviour. Locking them up and throwing away the key is not the answer and we must invest in the early interventions in order to prevent these people pedalling through the justice system time and time again.”*