

Interim Report on the Effectiveness and Outcomes of the ATR/ASAR Pilot.

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24th October 2011

Executive Summary

Alcohol related offending was identified during the 2009 Needs assessment process as having a significant negative impact within the Borough of Stockton, the response to which locally was to secure funding for a pilot to deliver Alcohol Treatment Requirement (ATR) and Alcohol Specified Activity Requirements (ASAR), initially for 12 months but later extended to 24 months.

ASAR's are given to offenders who have been identified as scoring between 16-24 on the alcohol AUDIT tool. This order uses a combination of psychosocial interventions, delivered in groups and or one to one's to address the impacts of alcohol on all elements of the individual's life including offending and physical health covered within 9 sessions. ATR's are orders which are given to offenders who have scored 24+ on the alcohol AUDIT tool. These orders are for a minimum of 6months, they adopt both Tier 2 (non structured) and Tier 3 (structured) interventions to address alcohol related offending and alcohol misuse. Integral to both orders is the joint working between the treatment provider (Lifeline) and the Probation service, to ensure 3 way meetings occur between themselves and the offenders.

The aims and objectives of the orders are;

- To reduce crime related to alcohol and misuse
- To offer offenders an opportunity to get their lives back into balance.
- To break the destructive cycle of harm through alcohol misuse.
- To reduce offending/problems that lead to, or are caused by alcohol misuse; including health, social, psychological and legal issues

The overall strategic objectives of the orders are to;

- Reduction in harm to alcohol misusers
- Reduced alcohol use
- Reduced offending
- Improvement in physical health
- Improvement in psychological health
- Improved access to structured treatment

The methodology applied to identifying appropriate offenders had multiple layers, initially offenders who had alcohol identified as part of their crime were highlighted, this provided 515 names, this list was reduced to 105 by identifying those individuals who committed acquisitive crimes, as those individuals were deemed to be potentially consuming alcohol at harmful and dependent levels, thus could be impacting health as well as criminality.

The outcomes of the pilot to date represent those individuals who have completed either an ATR or ASAR which is 14 and 5 respectively. To date there has been a 66% reduction in arrests within the ATR group. Of the 14, 9 were naïve to treatment, 5 of which have continued in treatment post order, 6 of which have observed a reduction in AUDIT scores. Within the ASAR group there has been a 75% reduction in arrests, all 5 were treatment naïve, 3 of which have continued in treatment post order, 4 have observed a reduction in their AUDIT score.

There have been a number of challenges encountered during the pilot to date all of which mainly centre on communication between the treatment provider and Probation, this has and will continue to be addressed through regular meetings between the organisations and commissioners.

In conclusion although it is early days and the cohort which have been evaluated are relatively small and the period which has lapsed since order completion is short, the early signs are promising both in relation to reduced criminality and changes in harmful alcohol consumption.

Recommendations for the future;

- Explore the possibility of applying the Drug Rehabilitation Requirement (DRR) model adopted within Probation to these orders, in an attempt to improve communication and offender outcomes.
- Continue to have regular/monthly meetings where both organisations and DAAT discuss outcomes to date
- Lifeline to identify a direct phone contact point to ensure all queries are received by the appropriate person.
- Secure longer term investment which would allow for a more extensive evaluation of the pilot to occur.

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1 Introduction

This report will provide an overview of the ATR (Alcohol Treatment Requirement) and ASAR (Alcohol Specified Activity Requirement) pilot project which is currently live within the borough of Stockton. It will outline the requirements within the treatment element of the requirement and the intended aims, objectives and strategic outcomes of the orders. It will provide a snapshot of a cohort who has completed their orders, providing information around outcomes in relation to re-offending and alcohol misuse to date. The report will also highlight some challenges which have been encountered during the pilot to date and what has been done to overcome them. The report also provides an initial conclusion in relation to the effectiveness of the orders and outlines recommendations for the future.

2 Background

During the needs assessment process in 2009 it was identified within both the collated data and consultation events which occurred that alcohol related crime and disorder were having a massive impact in the borough. It was identified that 45% of all Stockton arrests were recorded as being alcohol related. Crimes where the level that were alcohol related was especially high were Assault, with 55% of arrests being alcohol related, Public Order Offences with 74%, Criminal Damage with 54%, and Driving Offences with 84%. It was also identified within Harbour data during this period that of the domestic violence perpetrators who were assessed, 58% of them had been involved in alcohol related abuse. However, despite this, less than 20% of them recognized themselves as having an alcohol problem. Just over a quarter (62%) of the victims within the Harbour data set at this time, were recorded as having been involved in alcohol related abuse.

The above resulted in a recommendation to target offenders of alcohol related crime. The response to which was securing funding for 12 months to allow an ATR/ASAR pilot to take place.

Following consultation it was agreed that the pilot would be commissioned in line with the re-commissioning of the alcohol service, thus the provider of the requirements is Lifeline. It was introduced in Stockton as part of a Community Order or Suspended Sentence Order supervised by the Durham Tees Valley Probation Trust and supported by Lifeline in December 2010. As well as supporting the health and well being of an offender another important consequence of such an order is to address the impact of re-offending by the offender manager.

2.1 Alcohol Specified Activity Requirements (ASAR)

A.S.A.R's are for offenders who have scored between 16 and 24 on the alcohol AUDIT Tool the Requirement consists of a minimum of 9 sessions. These sessions are delivered from a psycho-social perspective within a structured one-one and group environment. During which the offender's relationship with alcohol is explored through the following sessions; alcohol awareness, alcohol's impact on the body, alcohol and the law, alcohol and offending behaviour, alternatives to alcohol, motivation and benefits of change, coping with triggers and high risk situations, managing moods and problem solving and lifestyle choices. It is an expectation that, at both the beginning and end of the Requirement, a 3 way meeting will be held between Lifeline (treatment provider), offender and offender manager.

2.1.1 Alcohol Treatment Requirements (ATR)

A.T.R's are for offenders who have scored 25 or over on the alcohol AUDIT Tool. Guidelines state that an assessment of need is required prior to this requirement being imposed. Therefore, so as to ensure that the largest number of applicable offenders have access to an ATR, and to meet the needs of Simple, Speedy, Summary Justice, it is the Probation Officer completing the fast/oral report for the court that will undertake the necessary enquiries and complete the AUDIT tool to determine suitability for an ATR. Once the offender has been sentenced and the ATR forms part of their order (for a minimum period of 6 months) Lifeline assign a key worker who will work with the offender to complete a full clinical assessment to create a bespoke package of care. This package of care contains a range of both Tier 2 (non-structured) and Tier 3 (structured) interventions in the form of one-to-one meetings (minimum of fortnightly), psychosocial interventions, intensive support, specialist treatment, supported access to detoxification and medical interventions, non-alcohol focused counselling, access to rehabilitation, wrap around support (including family, training, work), group work, relapse prevention, abstinence focussed support and aftercare. It is expected that regular 3 way meetings between Lifeline (Treatment Provider), the Offender and the Offender Manager would take place linking the individualised care plan and the sentence plan managed by Probation throughout the duration of the ATR.

3 Expected Aims and Objectives of Orders

- To reduce crime related to alcohol and misuse
- To offer offenders an opportunity to get their lives back into balance.
- To break the destructive cycle of harm through alcohol misuse.
- To reduce offending/problems that lead to, or are caused by alcohol misuse; including health, social, psychological and legal issues.
- To reduce offenders harmful and hazardous drinking.
- To increase the proportion of alcohol dependant offenders accessing treatment in the community.

3.1 Strategic Outcomes of Orders

- Reduction in harm to alcohol misusers
- Reduced alcohol use
- Reduced offending
- Improvement in physical health
- Improvement in psychological health
- Improved access to structured treatment
- Improvement in life skills.

4 Methodology for Identifying Offenders

The Stockton ATR/ASAR pilot was the third scheme to be up and running within the Tees Valley locality, thus learning had occurred within the Probation service with regards to targeting offenders as to not saturate capacity of the orders within the first 3 months of the pilot going live.

The approach which was adopted within Stockton for targeting offenders had a number of layers; initially Probation had a cohort of 515 clients who had had alcohol identified as being a factor in their criminal activity. It was agreed between the Integrated Offender Manager, Offender Health trainer Development Worker (Probation service) and D.A.A.T Modernisation Managers (Alcohol and Crime leads) that an attempt would be made to target those offenders whose criminality was considered to be acquisitive.

This group of crimes was identified as it was deemed that they were most likely to be committed by individuals who were consuming alcohol at both harmful and dependent levels therefore having the potential to cause physical/psychological harm as well as contributing to criminal activity.

Applying the above reduced the initial cohort down to 105; this list was then shared with both Lifeline and The Addictive Behaviours Service (ABS) to ascertain if any were currently active to treatment. It was identified that of the 105, 24 were open to services, thus attempts were made to gain consent from those individuals to allow Probation to request one of the orders, and which ever was deemed appropriate.

Adopting this approach did pose some difficulties as it resulted in delays in people coming through for the orders; this was compounded further by the fact that not all magistrates were aware that the orders were now available within Stockton. Joint work between probation and Lifeline took place to raise the awareness of the orders within the magistrates' newsletter and amongst court staff and probation officers, which eventually had the desired impact.

However during the above process a closer look was taken at the original targets which were set out by Lifeline in their tender bid in relation to expected numbers to complete the orders within the pilot period which were ATR- 132 and ASAR- 58. After lengthy discussions between DAAT commissioners across Tees, Probation managers and Lifeline it was agreed that the initial target around the ATR's were unrealistic to achieve within a year given the observed activity of the order within the other localities across Tees, therefore the targets were reduced to ATR- 60 and ASAR- 58.

5 Re-offending

5.1 Outcomes to date

This section of the report focuses on those offenders who were given an ATR or ASAR and the reduction or otherwise that it had on their re-offending. In addition to the support they receive from the Lifeline Alcohol project they also undergo a Citizenship programme whilst under the supervision of the DTV Probation Trust. This is a modular programme which seeks to address the how, why and when of offending and then seeks to explore strategies to desist from re-offending.

The table below outlines the number of Court orders since the commencement of the service in December 2010

Period	Court Orders ATR	Court orders ASAR
Dec 2010-March 2011	26	10
April 2011-June 2011	16	12
July 2011-Sept. 2011	32	15
Total	74	37

Between December 2010 and September 2011 6 ATRs were returned to court as the person re-offended and 2 were revoked for non compliance. During the same period 4 ASARs were returned to court where the person re-offended and 1 was returned to court for non-compliance.

6 Methodology for Evaluating Impact

To date a total of 14 offenders have completed their ATRs and 5 offenders have completed their ASARs. In order to assess what, if any, impact this has had on their offending examination of their number of arrests twelve months prior to, during and after the completion of their respective order has been examined.

As the total number of those completions is relatively low, 14 out of 74 ATRs, and 5 out of 37 ASARs the sample can only be seen as a potential barometer and guide as to whether or not there is an impact on offending or otherwise. This low number is expected due to the length of time the sentences have been in operation. Likewise cognisance must also be taken of the fact that some of these offenders may well have been sent to custody and therefore not able to further offend within the community

The table below outlines the initials and arrests by those completing an ATR. All are males other than those outlined (f)

Initials	Arrests prior	Arrests during	Arrests post
AH	5	0	0
KA	6	0	1
DR	4	0	0
MMc (f)	4	2	2
RM	12	5	2
MO'C (f)	12	2	1
DP	13	1	0 (known custody)
LH	1	0	0
DB (f)	11	1	0
MS	7	5	0
BC	4	2	4
DW(f)	6	2	0
NS	8	0	0 (known custody)
RL	1	0	1
Total	94	20	11

A total of 94 arrests were committed twelve months prior to the sentence of an ATR and 31 arrests during and post completion of the order. A reduction of 63 arrests (67%).

The table below outlines the initials and arrests by those completing an ASAR All are males

Initials	Arrests Prior	Arrests during	Arrests post
PC	5	0	0
LT	13	0	4
KR	0	0	1
JS	1	0	0
DP	1	0	0
Total	20	0	5

A total of 20 arrests were committed twelve months prior to the sentence of an ASAR and 5 arrests during and post completion of the order. A reduction of 15 arrests (75%).

7 Impact on Alcohol Misuse

Along with the impact of the orders on offending rates the positive affect on alcohol intake and access to structured treatment was also reviewed. Of the 14 individuals who have completed their ATR order, prior to commencement 9 were naïve to alcohol treatment of those 9, 5 remain engaged with Lifeline and receive support in the form non-structured (Tier 2) interventions. Of the 14, 4 individuals are known to be currently abstinent from alcohol and one is drinking in a controlled manner when socialising.

The table below shows the AUDIT scores (where available) for those clients completing the ATR, all are male except where an (f) in inserted.

Initials	Pre- AUDIT Score	Post- AUDIT Score
AH	24	14
AK	35	28 (although now alcohol free)
RD	21	33 (alcohol intake has reduced from 6litres to 2litres, per day)
MO'C (f)	31	15
DP	N/A	N/A
LH (f)	20	19
PC	27	N/A
LW	37	N/A
MMc (f)	N/A	N/A
RM	N/A	N/A
DB	26	N/A
BC	36	33
MS	32	18
DW	30	28
mean	29	23.5

(Where N/A is inserted it relates to not available)

The table outlines that where the information was available in all cases but one AUDIT scores have reduced demonstrating positive changes in behaviour. Where it was identified that an AUDIT had increased, it could be suggested that the initial score was incorrect (either through reporting/completion) as the same questions are asked on both occasions thus with a reduction in intake there would be an expectation that at worst the score would remain the same. Where scores are not available this is either as a result of the order

being revoked, offender being remanded or most commonly 3 way meetings not taking place.

In relation to the 5 individuals who have completed their ASAR order all 5 were previously naïve to alcohol treatment. On completion of their order 3 remain open to the services for support/aftercare at a Tier 2 (non-structured) level. Of the 5, 2 are now abstinent from alcohol and the other 3 are drinking in a controlled manner.

The table below shows the AUDIT scores (where available) for those clients completing the ASAR, all are male.

Initials	Pre- AUDIT Score	Post- AUDIT Score
PC	28	15
LT	23	N/A
KR	15	9
JS	17	1
DP	19	14
mean	20.4	9.75

(Where N/A is inserted it relates to not available)

The table identifies that for the 4 offenders where both sets of scores are available all have seen a decrease post intervention, this coupled with the above information is very encouraging in relation to the impact of this order on affecting positive change in relation behaviour associated with alcohol misuse. Where the score was not available this was due to the final 3 way meeting not yet taking place.

8 Challenges

During the pilot there have been a number of challenges which have been identified and in the main addressed, however it is worth noting what some of those challenges have been and how they have been responded to and addressed.

Initially the main challenge was around the lack of awareness of the orders within the criminal justice system, this was compounded by the fact that we attempted to apply a targeted approach to identifying offenders. However this was addressed essentially through continuous awareness raising within respective areas, as well as Probation

managers proactively searching for appropriate offenders who could be offered one of the orders.

There was also the challenge that the funding which was available for this pilot was only for 12 months, which posed difficulties both in terms of needing to get offenders through but also in allowing for evaluation of outcomes, particularly with the ATR's as each order is a minimum of 6 months which meant the timeframe in which an order could be given was short as we had to be mindful of the end date. However we were able to secure a further 12 months of funding which assisted in relieving the acuteness of this pressure.

The second biggest challenge was communication between Probation and Lifeline staff, we continue to address this on a regular basis by any regular meetings during which any concerns difficulties are raised and solutions identified and implemented. Communication is also affected by the fact that all Probation officers manage these, thus there could be 27 different Probation officers with one or more of these orders running at any time, compared to 2 staff who manage the clients within the Lifeline service. In the short term it has been identified that the Probation manager will be a single point of contact for the Lifeline staff if any difficulties arise, they will also meet on a regular basis to improve communication and relations between the two organisations.

The final challenge to be highlighted is in relation to frequency at which the 3 way meetings are taking place; this is being addressed as part of the above point, but also through the Probation manager and Lifeline manager in supervision.

9 Conclusion

As stated the cohort that have completed their order to date is small and the timeline since those completions is relatively short, thus it makes it difficult to place any real credence as to whether or not long term re-offending by this cohort will be attributable to the interventions provided as part of their orders.

However it has to be said that the reductions in arrests is extremely encouraging and when considered in conjunction with the numbers who were previously treatment naïve and are now either abstinent or drinking in a controlled way, the long term aims of the requirements appear very encouraging. This appears to be particularly pertinent when evaluating the outcomes of those completing an ASAR, this it could be suggested supports the notion

that if individuals are worked with prior to them becoming alcohol dependent there is potential for a reduction in the overall harm caused by alcohol misuse.

10 Recommendations

- 10.1 Explore the possibility of applying the Drug Rehabilitation Requirement (DRR) model adopted within Probation to these orders, in an attempt to improve communication and offender outcomes.
- 10.2 Continue to have regular/monthly meetings where both organizations and DAAT discuss outcomes to date
- 10.3 Lifeline to identify a direct phone contact point to ensure all queries are received by the appropriate person.
- 10.4 Secure longer term investment which would allow for a more extensive evaluation of the pilot to occur.