



Department  
of Health &  
Social Care

# Community Sentence Treatment Requirements Protocol

## Process Evaluation Summary Report

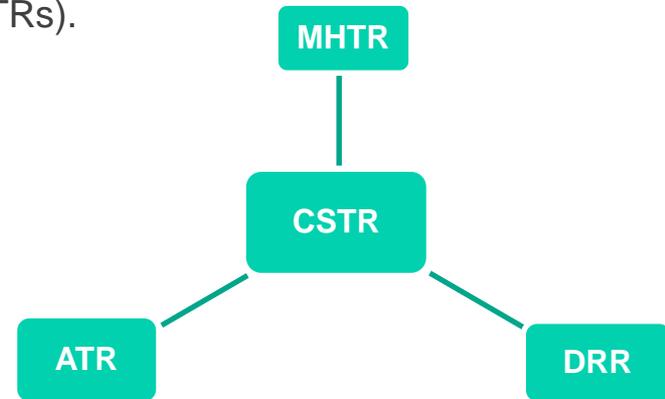
June 2019

In collaboration with NHS England, Public Health England, Ministry of Justice and Her Majesty's  
Prison & Probation Service

The protocol aims to increase the use of community sentence treatment requirements (CSTRs) in courts, in order to reduce reoffending and the use of short-term custodial sentences by addressing the health and social issues of the offender.

- Many offenders experience mental health and substance misuse problems, but the use of treatment requirements as part of a community sentence or suspended sentence order remains persistently low.
- Improved partnership working can increase the use of treatment requirements, particularly as an alternative to short term prison sentences and thereby reduce the number of vulnerable people in custody.

There are three types of treatment requirements; Mental Health Treatment Requirements (MHTRs), Drug Rehabilitation Requirements (DRRs) and Alcohol Treatment Requirements (ATRs).

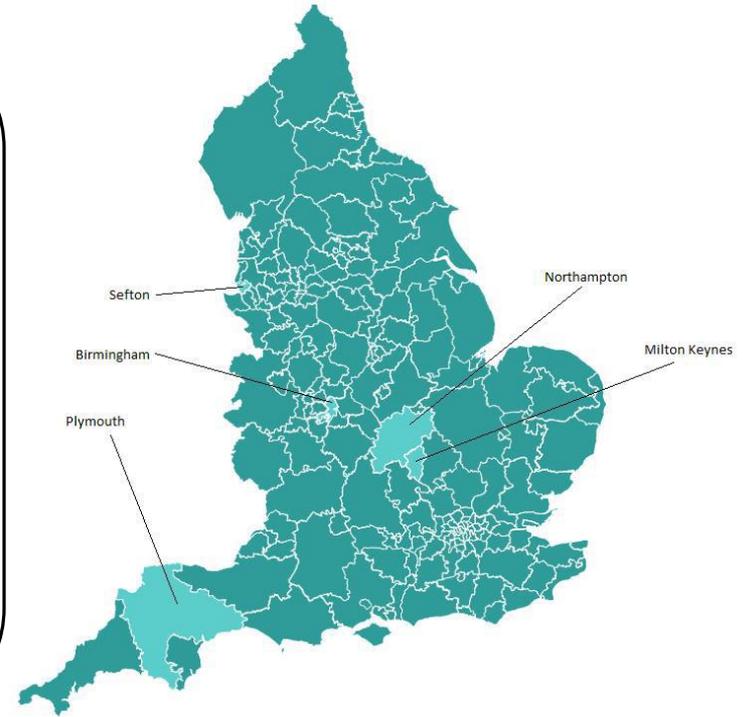


# The CSTR protocol was introduced in five testbed sites across England between October 2017 and January 2018.

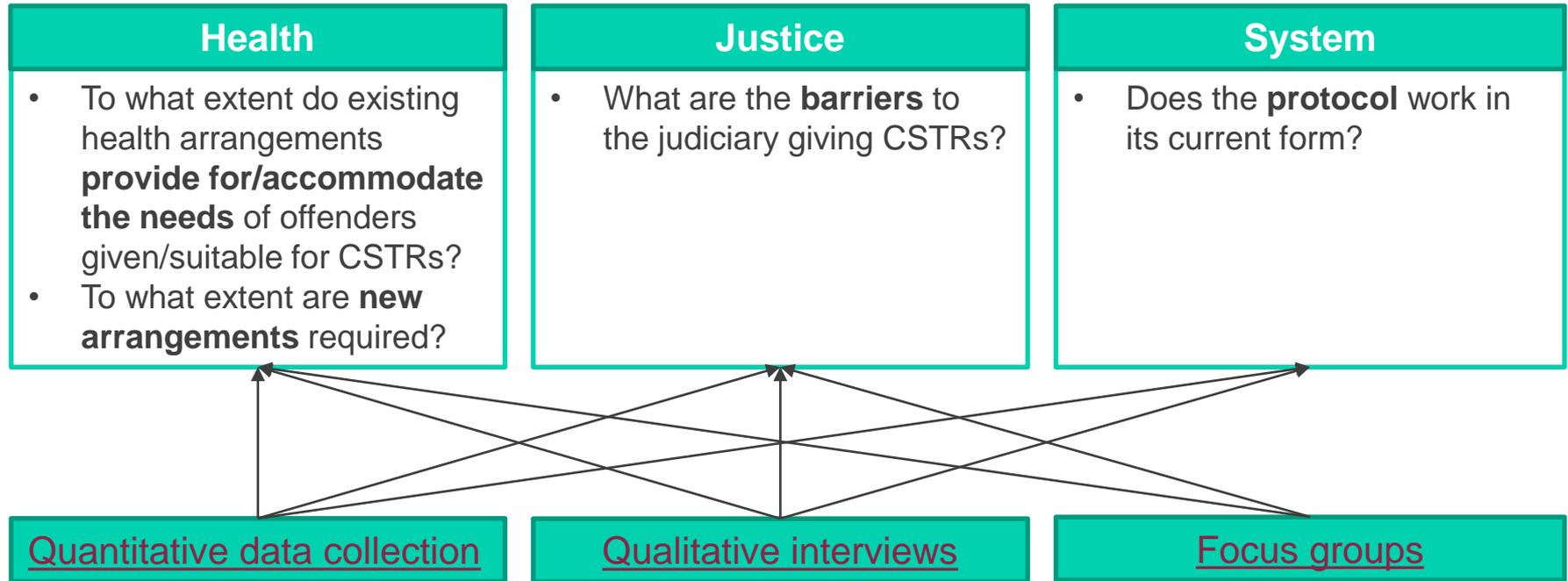
The five testbed areas are Plymouth, Milton Keynes, Northamptonshire, Birmingham and Sefton.

This was achieved by:

- providing the courts access to all three CSTRs (including MHTRs for both primary and secondary care treatment);
- developing partnerships through multidisciplinary steering groups;
- developing clear process, procedures and pathways;
- increasing awareness amongst the Judiciary and court staff around mental health, substance misuse and associated vulnerabilities;
- striving for sentencing on the day, wherever possible.



A Process Evaluation (not assessing impact) was commissioned to provide a qualitative and quantitative data overview. This investigated three areas, informed by three strands of research:



# The Process Evaluation was also interested in understanding the experiences of the testbeds which included learnings from what worked and what were the challenges.

The process evaluation investigated how the CSTR protocol was implemented in the five testbeds. It focused on:

- how CSTRs were used;
- the development of partnerships and treatment availability;
- protocol implementation.

The evaluation did not look at the direct impact of the protocol on individual health and reoffending outcomes. Also, there was no control group.

Monitoring all the aims of the protocol was beyond the scope of the process evaluation which was conducted over a short period of time (6 months).

The DHSC led on the quantitative evaluation process and commissioned the following organisations to conduct the qualitative interviews:

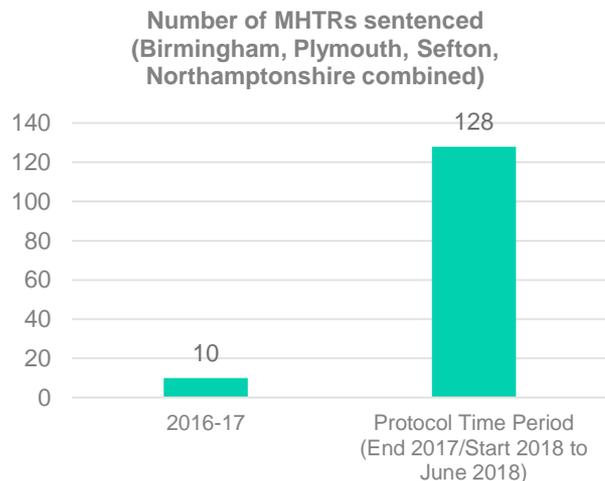
- National Institute for Health Research (NIHR) Mental Health Policy Research Unit conducted interviews from stakeholders involved in the CSTR protocol;
- Clinks interviewed Clients who had lived experience but who may or may not have had a CSTR.

# Quantitative data between October 2017 and June 2018

## 1. MHTR increase over the CSTR testing period:

In **2016-17**, four testbeds reported sentencing **10 MHTRs** (excluding Milton Keynes as they implemented the protocol earlier).

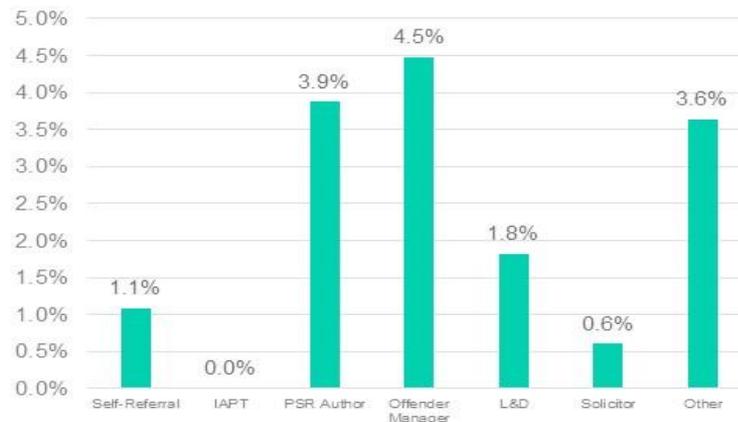
Between the protocol being introduced and June 2018, **128 MHTRs** were sentenced in the same four testbeds.



## 2. Referrals:

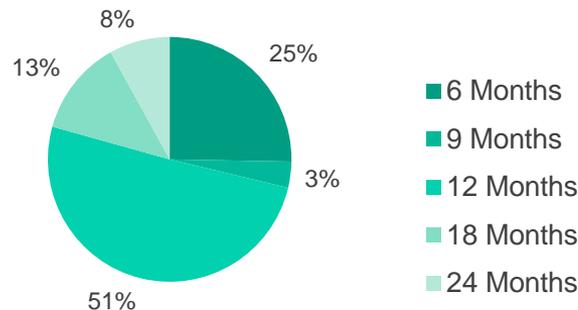
During this 6 month period, **809** individuals were screened for a CSTR across the five pilot sites.

Most referrals came from the Court Duty Officer (85%), the remaining 15% came from several other sources:



# Quantitative data between October 2017 and June 2018 (continued)

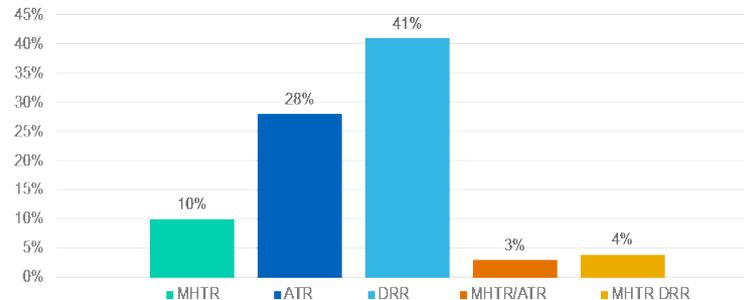
## 3. Length of order (months):



When a CSTR was ordered, the majority were for a period of **12 months**. The length of orders ranged between **6 months** and **2 years**.

## 4. Number of CSTRs ordered:

During the evaluation period: 809 offenders were screened, 488 were recommended by Probation and 441 were sentenced across all 5 test sites.



Note: the figures above displays the main groups, so the percentages do not add up to 100%. For further detail, see p. 21 of the full report.

Note: These figures above cover the evaluation period from October 2017 to June 2018. The programme management in NHS England continues to collect management information that goes beyond the evaluation period - please see Annex 1 for management information to May 2019.

# Testbed Site Qualitative Interviews (conducted by The National Institute for Health Research Mental Health Policy Research Unit)

Thirty-eight interviews were conducted in the testbed sites from January to September 2018.

Interviewees came from Probation Services, Mental Health Services, the Judiciary, Liaison and Diversion Services, Drug and Alcohol.

The findings showed that the CSTR protocol:

- provided a clearer pathway for the use of MHTRs, which were very rarely used prior to the pilot: Interviewees suggested the new MHTR programme filled a previous gap in provision for offenders who have mental health needs but do not meet criteria for secondary mental health services;
- introduced dedicated staff members into court to help to identify and assess those eligible for MHTRs: which was also seen to be an important change to previous practice;
- named and made available a clinical lead and services for CSTRs in each testbed site was described as a crucial change to local practice: addressing the cost and delays associated with psychiatric reports which had previously been a major barrier to sentencers' use of MHTR;
- Introduced local CSTR steering groups improved relationships between agencies: which impacted local practice and improved communication;
- received feedback from the Judiciary as having encouraged a more holistic approach to sentencing and suggested that the MHTR intervention could help Service Users to engage with other aspects of their sentence, such as a DRR or ATR.

Qualitative Evaluation of the CSTR Pilot Programme: Prepared by Dr Emma Molyneux and Dr Siân Oram on behalf of the NIHR Mental Health Policy Research Unit.

# Qualitative Focus Groups - Service User Feedback (conducted by Clinks)

Although none of those interviewed had been sentenced to a CSTR, there was support from service users for increasing the use and availability of CSTRs.

The key requirements identified were:

- balancing the structure and flexibility of CSTR orders;
- the need for holistic support designed around individual needs;
- a focus on positive supportive relationships, including provision of peer support;
- a flexible approach to rewarding success and avoiding unnecessary breaches.

Please note: the majority of the men and women with lived experience who took part in the consultation said they had not previously heard of CSTRs.

- Five participants (four males, one female) with addiction needs had previously received a DRR.
- One person said their DRR had been delivered by a dual diagnosis worker and included drug treatment support and mental health interventions.
- No participants had received a MHTR or ATR, and none were currently subject to any form of CSTR.

Clinks: Community Sentence Treatment Requirements: Report on consultation with voluntary sector practitioners and service users (July 2018).

# Qualitative Focus Groups - Service User Feedback (conducted by Clinks)

39 out of the 47 who had lived experience felt that receiving a CSTR would be more beneficial to them than a custodial sentence:

*“in prison ‘the reason why you are there can be diluted’ and there is a lack of focus on rehabilitation which means underlying issues are more likely to go untreated”*

*“We get a lot of support in jail but I would receive more and better treatment in the community.”*

*“I do think a CSTR would have been more help to me. Although my crime was such that a lengthy sentence was inevitable even probation thought I had mitigating factors. Sudden job loss, divorce, financial pressure resulted in me becoming depressed and turning from a social drinker and occasional drug user to an addict probably self-medicating. A CSTR would have helped me work things out and reverse the direction I was going in.”*

Other feedback said that people felt a CSTR would have required them to take more responsibility for their actions and provide an opportunity to focus on rehabilitation and move forward.

Two of the focus groups with women highlighted that being offered a community sentence would have benefited their families, as they would have been able to continue living at home with their children.

# Conclusion

The MHTR pathway has filled a gap in service provision for offenders with mental health problems.

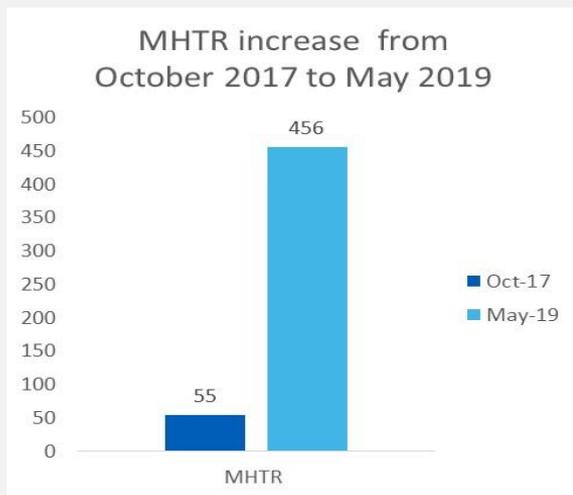
- Preliminary data suggests sites saw more MHTRs sentenced during the pilot than the previous year.
- In total, 441 CSTRs (ATRs, DRRs and MHTRs) were sentenced in the testbed sites over the course of the process evaluation.
- A gap in services for those with more severe mental health problems has also been identified.

Key areas of learning from the testbed sites include:

- identification and assessment, including concerns about sufficient staff time and capacity;
- service user engagement, including concerns about breach and consent, as well as ways to facilitate this;
- the desire for central guidance around certain issues, such as funding and programme expectations;
- the importance of multi-agency working, and factors that challenge and facilitate co-working between agencies.

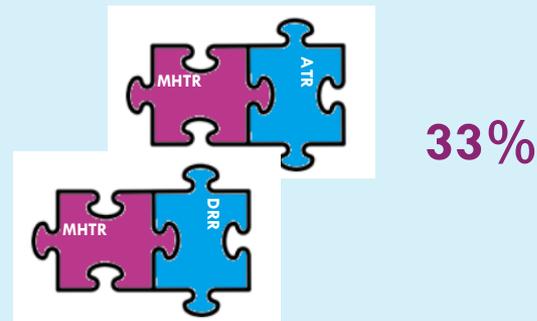
# Annex 1: NHS England Programme Data

## Quantitative testbed data from October 2017 - May 2019



- Within 18 months, the number of MHTRs ordered across the testbed sites rose by approximately **250%**.
- There were also increased sentences to both primary and secondary care MHTRs.

33% of all MHTRs ordered included either an ATR or DRR.

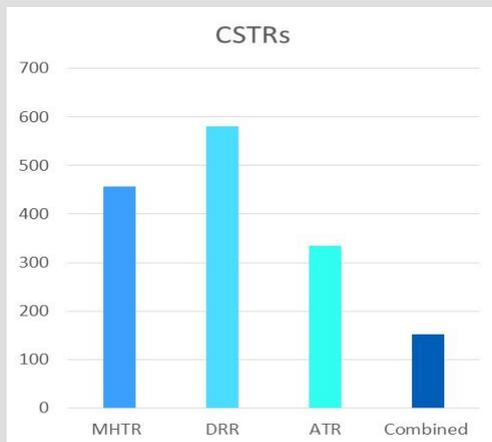


This provided robust, holistic community orders for the Judiciary at the point of sentencing.

# Annex 1: NHS England Programme Data

## Quantitative testbed data from October 2017 - May 2019 (continued)

### Partnership Working



Each site developed:

- a multidisciplinary steering group;
- strong governance processes, procedures, pathways and guidance;
- solution focused partnership working across health, probation and the criminal justice pathways;

- In four out of the five sites, 80% of the CSTRs were sentenced on the day.



80%

- To date, the sites are showing lower than national average breach rates (national average 1:7 or 13%)

1:12 or 8%

