EVALUATION OF LIVERPOOL'S CRIMINAL JUSTICE ALCOHOL TREATMENT PILOT

Final Report

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Executive Summary

This is the third and final report produced by the Centre for Public Health at Liverpool John Moores University to present the findings of the evaluation of Liverpool's Criminal Justice Alcohol Treatment Pilot, commissioned by Liverpool DAAT. The pilot has encompassed the Alcohol Treatment Requirement (ATR), a court mandated requirement to attend alcohol treatment for a six-month period and the Alcohol Treatment Programme (ATP), a voluntary programme for offenders contacted through alcohol arrest referral or on non-ATR Probation supervision. The Lighthouse Project has been responsible for the provision of alcohol treatment to offenders who have accessed the scheme via these two referral pathways. The pilot aims to engage offenders who have committed an alcohol-related offence, and who have been identified as alcohol dependent, in treatment specifically designed to tackle their alcohol misuse and in turn reduce the likelihood of them re-offending.

Measures of clients' drinking, offending, health and related behaviours, recorded by the Lighthouse Project Alcohol Treatment workers using a standard assessment tool, were collected for clients who consented to participate in the evaluation. Comparisons were made between these measures taken at the initial assessment stage and the three- and six-month review stages. Qualitative outcome measures were obtained through follow-up semi-structured interviews conducted by researchers at both review stages. A stakeholder consultation provided insight into the process and running of the scheme in addition to its perceived benefits and limitations.

Recruitment of participants for the evaluation ended in June 2008. The six-month treatment period for all ATR clients was complete by September 2008. The treatment period for ATP clients could extend beyond six-months, which meant that for some clients treatment was ongoing at the time of reporting. This report focuses on the evaluation's findings in relation to the ATP group and provides a summary of the findings specific to the ATR element, which were discussed in detail in a previous report (McCoy et al, 2008)

The key findings of this report are as follows:

- In total 61 clients were referred for structured alcohol treatment via the ATP and 30 of these clients attended a comprehensive assessment and gave consent to participate in the evaluation. Of these 30 clients, 11 completed three months of treatment and had a care plan review at this stage and eight clients completed six months in treatment and were reviewed.

- There were high levels of alcohol consumption, dependence and associated risks among the ATP clients at intake and needs were wide-ranging.
- According to outcome measures, there were improvements in clients' drinking behaviours. Statistically significant reductions in clients' AUDIT-C scores, alcohol units consumed and frequency of drinking were found between the initial assessment stage and the three- and six-month review stages.
- Health measures showed improvements but clients continued to suffer with psychological and physical health problems.
- Positive changes were most prominent in the first three months and less so in the second three months. Therefore the scheme needs to focus on retaining and motivating clients to continue making positive changes following the initial impact of their treatment.
- In-depth one-to-one discussions between clients and their Alcohol Treatment workers were fundamental in building trusting relationships and promoting positive changes in clients' attitudes and behaviours. Consistency and dependability were also important factors.
- Timescales for structured treatment beyond six months needed to be explained to clients in order to prepare them for discharge.
- The times of the week/day at which Lighthouse Project staff can be reached should be made clear to clients in order to promote independence, especially as with larger caseloads staff, are likely to have less time available to provide individual assistance outside of treatment appointments.
- Generally, good relationships were established between clients and their Offender Managers, however staff changes were found to be disruptive.
- Roles of Alcohol Treatment workers and Offender Managers need to be defined and adhered to in order to reduce the apparent overlap in the types of support provided by Lighthouse Project and Probation.
- Examination of re-conviction data has proved inconclusive and more time must pass before an accurate comparison of pre- and post-intervention conviction rates can be made. Clients whose re-conviction rates were highest post-intervention had generally disengaged from treatment before completing their care plans.
- After six months in treatment, overall, clients were fairly confident and optimistic about their future and continuing to tackle their problems with alcohol, although several clients required further support for their alcohol dependency. A formal framework for aftercare must be established in order to ensure continued support is available to those who require it, to minimise risks of relapse and further conviction.

1.0 Introduction

1.1 Impact of Alcohol Use

Over 90% of adults in the UK population, nearly 40 million people, drink alcohol and the majority do so with no problems most of the time (Cabinet Office, 2003). However, alcohol dependence and misuse are common and costly. In 2000 the estimated prevalence of alcohol dependence in the United Kingdom was 11.9% among men and 2.9% among women (Singleton et al, 2001). Drinking above recommended levels can be dangerous to health with alcohol misuse being connected to a variety of health complaints including coronary heart disease, stroke, cancers and liver disease. Recently, the *Interim Analytical Report* prepared by the Cabinet Office's Strategy Unit (Cabinet Office, 2003) estimated that between 15,000 and 22,000 deaths per year were associated in some way with alcohol misuse. According to Alcohol Concern (1999), alcohol is also closely linked with preventable harm associated with: pregnancy, mental illness, accidents, violence and other crimes (offenders have been found to be intoxicated in 30% of sexual offences, 33% of burglaries and 50% of street crime). In terms of financial burden, it has been estimated that alcohol misuse is now costing around £20 billion a year (Cabinet Office, 2003). Similarly, Leontaridi (2003) estimates the public costs of heavy drinking in England and Wales to be between £18 and £20 billion.

1.2 Alcohol Treatment

Seeking treatment is typically a consequence of experiencing prolonged alcohol-related problems and stress, notably related to health, relationships and finances (NTA, 2006). There is a choice of effective treatments to suit the variety of potential service users: 7.1 million hazardous or harmful drinkers may benefit from brief interventions, while 1.1 million dependent drinkers may benefit from more intensive treatment given by specialist workers (NTA, 2006). The nature and delivery technique of treatment dictate the effectiveness, with the cognitive behavioural approach to specialist treatment highlighted by the NTA as offering the best chances of success. It is commonly accepted that treatment for alcohol problems is highly cost effective, with the NTA estimating for every £1 spent on treatment, £5 is saved predominantly in health and social care systems and the criminal justice system (NTA, 2006). Treatment in Tiers three and four are distinguished mainly by the point of delivery, with Tier three treatments predominating in the community, including design of care plans and counselling, while Tier four treatments are largely inpatient and residential treatments but should include aftercare for clients returning to the community.

The evidence base for the effectiveness of alcohol treatment interventions is strong, although with new advances in treatment techniques there is value in reviewing recent findings. Self-help groups are the most commonly sought source of help for alcohol-related problems (Humphreys et al, 1999). Although Alcoholics Anonymous (AA) appears to produce positive outcomes in many of its members (Emrick, 1993) its efficacy has rarely been assessed in randomized clinical trials (Tonigan, 1995). One randomized study of patients entering employee assistance programs compared inpatient treatment combined with AA with referral to AA alone (Walsh et al, 1991). This study found that inpatient treatment, a combination of professional treatment and AA, will achieve better results for more people than AA alone (Walsh et al, 1991). The beneficial effects of AA may be attributable in part to the replacement of the participant's social network of drinking friends with a fellowship of AA members who can provide motivation and support for maintaining abstinence (Humphreys et al, 1999; Longabaugh et al, 1998).

Motivational enhancement therapy (MET) begins with the assumption that the responsibility and capacity for change lie within the client (Project MATCH Research Group, 1997; Miller et al, 1999). Working closely together, therapist and patient explore the benefits of abstinence, review treatment options, and design a plan to implement treatment goals. Analysis suggests that MET may be one of the most cost-effective of available treatment methods (Cisler et al, 1998). Evidence also indicates a treatment program of couples therapy can improve patient participation rates and increase the likelihood that the patient will alter drinking behaviour after treatment ends (Steinglass, 1999). Many persons with alcohol-related problems receive counselling from primary care physicians or nursing staff in the context of five or fewer standard office visits (Fleming & Manwell, 1999). Such treatment, known as brief intervention, generally consists of straightforward information on the negative consequences of alcohol consumption along with practical advice on strategies and community resources to achieve moderation or abstinence (NIAAA, 2000, 2002; DiClemente et al, 1999). A decade of systematic reviews has supported the effectiveness of brief interventions to reduce excessive levels of alcohol consumption in non-dependent individuals (Bien et al, 1993; Kahan et al, 1995; Wilk et al, 1997; Poikolainen 1999; Moyer et al, 2002). Brief interventions were developed to avoid a high prevalence of alcohol related health problems by intervening at early stages of alcohol misuse. As evidence mounts regarding the efficacy of these interventions, attention has turned to implementing them successfully. New modes of delivery, such as via computers and interactive multimedia presentations, may help to surmount some of the challenges of wide dissemination, such as strains on expertise, time and resources (Moyer & Finney, 2005). Other potential barriers to brief intervention implementation, as identified by the WHO study, include a potential lack of knowledge, skills,

time, financial incentives, professional reward to the implementer and the organisation of the healthcare system and the lack of diagnostic aids for alcohol related problems (Babor & Higgins-Biddle, 2000).

Tier four treatments, such as residential rehabilitation, are key to integrated care and can be an effective treatment for a range of alcohol misusers at different stages in their treatment journeys. However, residential rehabilitation has not experienced the same growth as community-based treatment options, and there is a need to increase the use of residential treatment (Best et al, 2005). Residential rehabilitation is principally rehabilitative or supportive but may vary according to specific aims, client type and length of stay. Programmes typically provide a structured, care-planned programme of therapies and are suitable for clients with medium or high dependence on alcohol. Rehabilitative programmes may be long or short stay, with short stay programmes varying in intensity and typically lasting less than 12 weeks. Supportive programmes tend to be suited to less dependent individuals with lower care needs. Residential rehabilitation for drug misusers has demonstrated improved outcomes in a series of research studies (Bennett and Rigby, 1990; Gossop et al, 1999; De Leon et al, 1982). Evidence suggests that clients with more severe problems will experience better outcomes from treatment stays of 90 days or longer (Simpson, 1997).

Recent research has focused on the development of medications that may assist with detoxification and withdrawal amongst alcohol dependents and misusers. Pharmacological treatment may be used in combination with psychosocial treatments, although there is a need for clinical trials to identify patients who may benefit from such an approach, appropriate medications for patient needs, optimal dosage and strategies for enhancing patient compliance (NIAAA, 2000).

1.3 Alcohol Treatment in Liverpool

Liverpool DAAT and its partners have commissioned a variety of interventions to identify, assess and treat individuals who have a variety of problems with the use of alcohol. These interventions cover all four of the treatment tiers identified in Models of Care for Alcohol Misusers (MoCAM) (Department of Health, 2006). This sort of response is necessary as evidence would suggest that there are substantial issues to be tackled in the Borough. In 2005/6 Liverpool had a higher rate of adult alcohol-related hospital admissions, months of life lost due to alcohol, alcohol specific mortality, mortality related to related to liver disease and hazardous, harmful or binge drinking than the North West and England averages. The rate

of alcohol related recorded crime was also higher than the national and regional levels although figures were a reduction on the previous two years (NWPHO, 2008).

In 2007 Liverpool DAAT was selected as one of the areas for the Home Office Alcohol Arrest Referral Pilot Scheme. Liverpool's pilot looks to use Conditional Cautioning (CC), arrest referral and police bail as routes by which clients arrested for alcohol related offences can be encouraged to undertake an alcohol brief intervention session. If during assessment it is identified that these individuals are drinking at levels that require structured treatment appropriate referrals will be made. In addition, Liverpool is piloting the Alcohol Treatment Requirement (ATR) through the Community Justice Centre (CJC) in Kirkdale. The ATR is a court mandated requirement to attend alcohol related treatment of a type deemed suitable after assessment by a trained Alcohol Treatment worker. In Liverpool, this treatment lasts for a set period of six months and can cover all modalities depending on client need. This is the second time that the ATR has been piloted in Liverpool. In autumn 2007, Liverpool secured monies from the Neighbourhood Renewal Fund to consolidate and expand their alcohol treatment provision. As such Lighthouse Project have been commissioned to provide an overarching service through which they will be the point of referral for clients requiring alcohol treatment coming through the criminal justice system. This includes clients from the Home Office Alcohol Arrest Referral Pilot, the ATR and also any other clients that are referred in particular from the CJC and from Probation. Lighthouse Project will be the central point of contact although they may not be the agency providing all the treatment for these clients.

The Centre for Public Health at Liverpool John Moores University has been commissioned by Liverpool DAAT to undertake an evaluation of the scheme. The aims of this evaluation are to:

- Examine outcomes for clients treated through the scheme in terms of alcohol use, health and offending.
- Examine whether the scheme's set up and ongoing implementation is effective.
- Provide recommendations for the future implementation of the scheme.

This report focuses on the findings of the evaluation relating specifically to the ATP client group. It presents analysis of intake data to provide a picture of clients' histories, behaviours and risks in relation to their drinking, offending and health. A comparison of assessment and review data is then made to examine behavioural change over the six months post-assessment. A summary of the findings from the stakeholder consultation and the ATR

outcome evaluation is also included, elements which were covered in detail in a previous report (McCoy et al, 2008).

2.0 Methodology

2.1 Client Outcomes

Scheme entry – All clients entering the scheme were assessed on a number of measures:

- The Alcohol Use Disorders Identification Test (AUDIT) – A short assessment of a client's alcohol use developed through the World Health Organizations Collaborative Project on rapid alcohol assessment and brief interventions (Babor et al, 1992).
- 12-item General Health Questionnaire (GHQ) – A validated measure of general mental health (NFER-Nelson, 1992).
- Lighthouse Project Assessment and Monitoring Tool – A comprehensive assessment tool put together by Lighthouse Project for this scheme which, as well as collecting useful client demographic and background information, includes several measures which can be utilised for evaluation purposes including the Leeds Dependence Questionnaire (LDQ), a number of analogue readiness to change scales, a drink diary, drug and alcohol consumption questions and some questions around alcohol related behaviour.
- Treatment Outcome Profile (TOP) – the National Treatment Agency produced documentation to measure progress of clients whilst in treatment.
- OASys (ATR clients only) – ATR clients also received an OASys assessment performed by Probation staff. It was anticipated that OASys data would be available to assess the progress of the ATR clients through these measures however the correct information could not be obtained.

The measures outlined above were used as the basis for an examination of client outcomes. In addition, at the assessment stage clients' contact details were taken and also consent to allow them to be followed up at a later stage for evaluation purposes.

Three-month follow-up – At three-month follow-up the same measures were used to assess change over time. In addition, qualitative questions examining the types of care received and satisfaction with it, as well as assistance still required, were administered. Not all clients were still engaged at this point because they had completed their programme of care or because they had dropped out. Follow-up attempts were made with these clients as well and interviews, where possible, were conducted either in clients' homes or over the telephone. Interviews for clients who had an unplanned discharge examined the reasons for this. Interviews with clients who had completed their treatment regime focused on clients' behaviour change and their need for any further intervention.

Six-month follow-up – As for three months with some additional questions regarding next steps for clients.

As re-imbursement for the time that clients put into the research they were provided with a £10 high street voucher at both three- and six-month follow-up stages.

Re-conviction analysis – Police National Computer (PNC) data was used to track whether clients had been re-convicted in the six months after their intervention and whether this rate of conviction was different to that in the six months before intervention.

2.2 Process Elements

Examination of existing data sources – Including records of client attendance to appointments with their Alcohol Treatment worker or the Behavioural Therapist, referral points and outcomes.

Interviews with key stakeholders – These included:

- Probation – Merseyside/National Offender Manager Service staff inc: ATR specific staff, CJC based staff, strategic leads.
- CJC staff.
- Lighthouse Project staff including alcohol project lead, treatment workers and strategic leads.
- DAAT strategic leads.
- Other key stakeholders identified by commissioners.

Interviews were run in two stages, one at beginning of the research period and one after six months to see if the project had tackled barriers and progressed. Interviews were semi-structured to allow for discussion of the topics that each individual felt were most pertinent to them and were taped to allow for accurate recording of responses. Interviews addressed:

- Awareness of the various aspects of the scheme, e.g. ATR, Conditional Caution, arrest referral and the ability to refer other clients not falling into these specific schemes.
- Barriers to referrals.
- Impact on offenders.
- Evidence base for this perception.
- Communication (day to day and strategic).

Observation sessions

A variety of observation sessions were conducted to examine the various stages of the scheme. Observations were carried out in a number of treatment sessions including one-to-one Alcohol Treatment worker appointments and Probation case management appointments.

This report provides information regarding the recruitment of participants for the outcome elements of the evaluation including the numbers recruited, the data collected and the follow-up rates achieved. It presents a detailed examination of the information collected at intake and during the three- and six-month reviews. Through comparison of the measures of alcohol use/misuse, offending and health taken at these three stages, changes over time have been demonstrated. Insights into clients' perceptions and experiences of their treatment gained through the follow-up interviews provide further indications of the impact of the treatment for these clients.

The report also outlines key findings from the stakeholder interviews conducted both at the start of the project and six months later, the observations conducted and the additional process data obtained.

3.0 Summary of Interim Findings

3.1 Stakeholder Interviews

3.1.1 Alcohol Treatment Requirement

Stakeholder interviews were conducted at the beginning of the pilot and then again at six months. A number of roles were included in the ATR pilot drawing on specific skills and expertise from both treatment and criminal justice staff. A thematic analysis was undertaken to group key findings:

Benefits and good practice

- Clients were reported as having engaged well, with regular and consistent attendance and good relationships with their Lighthouse Project Alcohol Treatment worker were highlighted. Clients who had fully engaged with the ATR had reduced their alcohol consumption, with some clients reporting abstaining from alcohol altogether. The introduction of a full time Nurse post was felt to have had a positive impact in terms of clients' health.
- The majority of stakeholders believed that the pilot did target the right individuals; both dependent and binge drinkers. It was felt that interventions suited drinkers following different routes through treatment, from one-to-one sessions for alcohol education to detoxification and rehabilitation for those wanting total abstinence. This was highlighted as beneficial during both rounds of interviews.
- Many individual examples of good practice within the pilot were identified and remained the same during both interviews; the main points included:
    - The efficiency and immediacy of the assessment process and referral into treatment.
    - Having Lighthouse Project Alcohol Treatment workers based at the Probation office which allowed unscheduled contact between staff and encouraged efficient information sharing and promoted effective communication. Co-location was highlighted as a key to success, with staff feeling part of one team.
- There was agreement between staff who had been involved in the previous ATR pilot that the process had significantly improved for the current pilot, and this was referred to during both rounds of interviews. Previous problems reported during the first pilot included communication and role boundary issues. A tighter management structure and effective communication were emphasised as improvements for the current pilot.

The employment of a Nurse and a Psychological Therapist was also felt to be valuable.

- Communication was highlighted as effective by all members of staff from both Probation and Lighthouse Project during both rounds of interviews. This was viewed as an area that had seen substantial improvement since the previous pilot and was quoted as *'the key to success of the pilot so far'.* During the first round of interviews Lighthouse Project Alcohol Treatment workers were praised for their commitment, availability and professionalism. All services involved with the pilot reported having a good working relationship and liaising with each other by telephone, email and visits.
- Communication at management level was delivered through steering group meetings. It was reported that due to everything running so smoothly management communication had been kept to a minimum and had been sufficient.

Barriers

- Although communication was praised during both interviews, there were also discrepancies noted with some stakeholders stating they would like more information about interventions delivered by the Alcohol Treatment team. The Lighthouse Project ATR Manager and Alcohol Treatment workers did attend a Probation team meeting early on in the pilot, however not all Probation staff involved were in attendance, and others felt it would have been beneficial to have done this more often. It may have been possible to increase the knowledge of the work conducted by both teams by ensuring all staff had the opportunity to attend each other's team meetings.
- The majority of Probation and Lighthouse Project staff reported very few implementation problems and believed this was due to lessons learnt from the previous pilot. Of those implementation issues discussed, the short time period to recruit to the pilot, three months, was considered to be a factor contributing to the low number of clients who received an ATR.
- Barriers discussed in the first interviews, which appeared to be resolved at the time of the follow-up interviews included uncertainty about what was involved with inpatient detoxification and the need to re-arrange appointments in a more robust manner, with the involvement of all parties.
- Some Probation Offender Managers found it useful to have a detailed sheet of what happened during the alcohol treatment session (contact sheet). Others felt that due to the contact sheet being handwritten it was not always easy to read, and therefore important information could be missed. This information was not fully entered on the Probation case management system (IAPS) and it was perceived that this would lead

to a lack of documented evidence for work carried out with clients. During follow-up interviews it was noted that this lack of documented evidence could also affect the breach process, as without complete attendance information it may not be possible to process a breach. If the pilot was to be made permanent managers and strategic leads should examine possibilities for improving this process possibly through clerical assistance and access to IAPS.

- During the six-month follow-up interviews, a few issues arose regarding access to residential rehabilitation. Lighthouse Project had hoped that clients would be able to come out of the inpatient detoxification at Hafan Wen and go straight into a local residential rehabilitation. However, a number of clients were refused access to rehabilitation after testing positive for prescription drugs, the medication used during their inpatient detoxification. Lighthouse Project felt it was important for the client to move smoothly from one intervention to the other and were concerned that a break could result in a relapse. As a care pathway had not been incorporated into the pilot (as done with the inpatient detoxification) this had not been anticipated and resulted in clients having a break between the two interventions and in some cases relapsing. Recommendations include the development of a contract with residential rehabilitation to ensure clients can move smoothly from inpatient detoxification into rehabilitation. It is suggested that the scheme incorporates residential rehabilitation into the care package, although additional funding may be needed in order to incorporate a residential rehabilitation care pathway.
- A discrepancy in the reporting of the eligibility for the ATR was noted during the first interviews. The AUDIT scale is completed as part of the initial assessment and the score determines whether a client is eligible for the order. Discrepancies were found right across Probation and Lighthouse Project with some interviewees reporting that an individual must score 16 or above on the AUDIT scale and others reporting 20. If a number of individuals with a lower score of between 16 and 20 were sentenced to an ATR this would allow for those defined as harmful drinkers to receive the ATR. Eligibility criteria must be clear in order to ensure that inappropriate referrals are avoided thereby maintaining the integrity of the scheme and maximising its positive impacts on clients.
- At the end of the order, Alcohol Treatment workers were offering clients a referral on to another treatment service. Despite this, they reported that not many clients had taken up this offer. However those already accessing treatment at services such as the Together Women Project continued to do so. Alcohol Treatment workers also provided clients with details of services for further support. Aftercare was highlighted

as an area for future improvement by the majority of stakeholders. It was felt that a structure should be put in place to ensure clients can access support quickly following the completion of their ATR order if they need to do so. Recommendations include the development of a framework to put in place at the end of the six month order to ensure sufficient aftercare is provided, and to ensure clients continue to have support available to them if needed. Additional funding will need to be secured to fulfil this as further resources will be required.

- When asked if other individuals should be included on an ATR two groups were identified; lower level offenders and individuals sentenced at different courts. During follow up interviews it was also suggested that it should have been extended to cover young people sentenced at the youth court. More resources such as additional staff and premises would have been needed if the scheme had been expanded to other courts. It was also suggested that expansion brought with it the risk of inappropriate referrals being made.
- A number of observations were conducted with key stakeholders and ATR clients. During observations with Probation Offender Managers attendance, offending, accommodation, family, treatment and drinking were discussed. Sessions with Alcohol Treatment workers discussed similar topics but also included health discussions and the completion of AUDIT scales. During later sessions with the Alcohol Treatment worker, scores on the AUDIT were compared against scores from the assessment stage so clients could see their improvement. In both sessions timetables were discussed and the week ahead was planned, incorporating any referrals and appointments with other agencies.

3.1.2 The Non-ATR Element (Alcohol Treatment Programme, ATP)

- During the first round of interviews it became apparent that Probation Offender Managers were not aware of, or were not utilising, the ATP aspect of the scheme, suggesting that information around this element had not been disseminated as quickly or as effectively as it could have been. However, during the follow-up interviews it was reported that this information had been circulated, with all Offender Managers having ATP clients or being aware of the ATP aspect of the pilot.
- A theme throughout stakeholder interviews was that the ATR and ATP aspects of the pilot were viewed and discussed as one scheme. Clients followed the same care pathway for treatment interventions and therefore it would be beneficial to combine the steering groups to ensure the management is consistent for both aspects.

- Lighthouse Project Alcohol Treatment staff carry out assessments for potential ATP clients at their Probation Office. Lighthouse Project Alcohol Treatment staff reported that when the ATR began there was interest from Probation and solicitors for other clients who were not eligible for the scheme, and therefore being able to utilise the ATP was important.
- At the first interview stage numbers of clients referred to the ATP were steadily increasing and at the follow-up, stakeholders reported that the ATP was stopped for a period for time due to high numbers and limited capacity, but had been reinstated until the end of the pilot. Probation staff interviewed felt they had missed the potential referral route of the ATP during this period.

Benefits and good practice

- The ATP was discussed as an invaluable tool, especially during the pilot when ATRs could only be sentenced at the CJC. Having the ATP meant that clients who have been sentenced through the magistrates and other courts still had access to treatment whilst on a community order. The ATP was also praised for being tailored to meet the clients' needs.
- Probation Offender Managers appreciated the speed of response by Lighthouse Project Alcohol Treatment workers once a referral had been made. They also felt they benefited from Lighthouse Project's involvement, because they were aware of the appropriate services to make referrals to and had quicker access to such services.
- Having Lighthouse Project Alcohol Treatment workers based at Probation offices was reported as beneficial, as it was an easy way to make referrals for ATP and discuss clients' progress. Stakeholders reported the same benefits for ATP clients as ATR clients, in particular a reduction in alcohol consumption.
- Communication between Offender Managers and Alcohol Treatment workers regarding ATP clients was felt to be effective, with three way meetings were taking place. Communication at strategic level was utilised through an ATP steering group, Lighthouse Project did suggest combining the ATR and ATP steering group meetings although at Probation's request it was decided to keep them separate.
- ATP clients could access exactly the same treatment as ATR clients. It was believed that having access to appointments with the Nurse and health checks provided clients with important information regarding the effects of alcohol on their health and encouraged them to engage with the ATP.

- Both Probation and Lighthouse Project noted the benefit of having access to inpatient detoxification, which was highlighted as providing clients with much needed respite, in terms of their health.
- When asked at the six-month follow -up stage, it was believed that the ATP did target the right individuals.

Barriers

- Because the ATP was generally not enforceable, attendance was not as good for the ATP as it was for the ATR. Processes were put in place to try to minimise non attendances and prevent clients from disengaging. Offender Managers and Alcohol Treatment staff worked together to ensure treatment appointments were before or after Probation appointments, benefiting from the fact that Probation appointments are mandatory to attend. Some Offender Managers reported using the ATP as the compulsory activity on the community order to ensure compliance with treatment. By the second interview Lighthouse Project had developed a contract to improve attendance, by which clients had to be re-referred for treatment if they missed two treatment appointments without an acceptable absence. This is in line with the Probation breach process.
- When asked if the ATP could be improved the majority of staff utilising it felt that it couldn't. However suggestions for improvement included ensuring information about the scheme is circulated more thoroughly amongst Probation; team visits and relevant literature packs were suggested. Although at the second interview this had been circulated, it was felt it could have been done earlier.

3.2 ATR Outcome Evaluation

- Between 3rd January and 31st March 2008, 19 offenders received an ATR from the CJC and were referred for alcohol treatment with Lighthouse Project. Of these, 14 gave their consent to participate in the evaluation.
- Not all clients complied with their order and many missed some of their mandatory appointments even though they were aware this could result in them breaching. Inconsistencies in the application of the breach procedure suggest that while the breach process needs to be flexible to a point, Probation Offender Managers should remind clients what constitutes an unacceptable absence and follow procedures where appropriate.
- As well as allowing opportunities for unscheduled contact between Probation and Lighthouse Project staff, the pairing of Probation and treatment appointments was

found to be convenient by clients. Therefore if an alternative location is to be provided to enable the alcohol team to deliver additional therapies, as suggested by the Alcohol Treatment workers during interviews, the Probation offices should continue to provide a base for the one-to-one treatment sessions in the interests of client engagement and joint working.

Treatment sessions and Probation case management appointments

- In-depth one-to-one discussions between Alcohol Treatment workers and their clients were fundamental in building trusting relationships and promoting positive changes in clients' attitudes and behaviours. Consistency and dependability of workers were also important factors. Future alcohol interventions should therefore continue to place strong emphasis on these elements.
- Clients' relationships with Offender Managers were contrasting; some were equally as effective as those between clients and their Alcohol Treatment workers but others appeared to be under-developed due to inconsistencies in staff seen and a lack of time dedicated for discussion.
- There was considerable overlap in the types of help and support offered by Lighthouse Project and Probation, for example Alcohol Treatment workers assisted clients with matters such as education, employment, skills and legal issues which according to clients' sentence plans come under the role of Probation. So long as communication between the two services is good and client numbers are low this is not necessarily a negative, however on a larger scale duplication of work or even the transfer of conflicting advice could result.
- Uptake of referrals was not particularly high – some clients who were offered appointments were reluctant to attend due to personal apprehension or because they didn't believe they would benefit from it. This was particularly the case for referrals for counselling, despite stakeholders identifying the need for a full-time in-house counselling service during the previous ATR pilot and them considering it to be a valuable part of the treatment package available to the ATR clients.

Drinking behaviour, offending and health

- Responses collected during initial assessments indicated high levels of alcohol use, dependence and associated risks among the ATR group. Risk assessments revealed clients were most at risk of having or developing physical or mental health problems or being arrested. There were also child welfare concerns in some cases.

- There were clear improvements in clients' drinking behaviour and dependency according to quantitative outcome measures. Statistically significant reductions in clients' AUDIT scores were found and there is evidence to show that positive changes took place during the first three months of clients' orders. Although clients were often still drinking regularly at follow-up they gave accounts of reductions in overall alcohol consumption, binge drinking and frequency of drinking.
- All clients agreed that they had been less involved in crime throughout the duration of their orders. However there was little evidence to confirm that clients made a clear association between their drinking behaviour and their offending. They made greater reference to perceived improvements in their health and wellbeing as a result of undergoing treatment than to its impact on their criminal behaviour.
- Examination of re-conviction data has proved inconclusive. Records of convictions would need to be examined over a longer time period than six months in order for an accurate comparison of pre- and post-intervention conviction rates to be made. Primarily this is due to the fact the clients would not appear to be high volume offenders with few convictions in the period leading up to their ATR.
- GHQ and TOP data indicated that psychological wellbeing had increased among the ATR group and clients reported experiencing a range of physical improvements due to leading a healthier lifestyle.

Future and aftercare

- Clients who completed their ATR were confident and optimistic about their future and about continuing to tackle their problems with alcohol beyond treatment, however a formal framework for aftercare must be established in order to ensure continued support is available to those who require it, to minimise risks of relapse and further conviction.

4.0 Recruitment of Clients for ATP Outcome Evaluation

In total 61 ATP clients were voluntarily referred to Liverpool's Criminal Justice Alcohol Treatment Pilot between 3rd January and 30th June 2008.

4.1 Assessment and Review Data

Initial assessment and consent forms were completed and received from Lighthouse Project for 30 of the 61 ATP clients referred, three-month reviews were completed for 15 clients and six-month reviews were completed for 13 clients. There were various reasons why assessments/reviews were not completed or received for some clients at each stage in the evaluation (Figure 1).

Figure 1: Data Collected at each Measurement Stage

61 ATP clients referred to scheme

⇩

Initial assessments:

Completed	**Not completed**				
Assessment and consent received	DNA initial assessment	Disengaged before giving consent to participate	Refused to take part in evaluation	Assessed and considered unsuitable for treatment	Barred from treatment
30	10	11	6	3	1

⇩

Three-month reviews:

Completed		**Not completed**	
Three-month review received	Three-month review completed during follow-up	Closed before completing treatment	Disengaged before receiving treatment
11	4	13	2

⇩

Six-month reviews:

Completed		**Not completed**
Six-month review received	Six-month review completed during follow-up	Disengaged
8	5	2

None of the data gathered were normally distributed therefore median values are presented instead of means and to account for the skewed data and small sample sizes non-parametric tests of statistical significance have been applied. The median scores and percentages shown in the charts in the following section have been calculated from the number of complete responses available for each question or questionnaire, rather than the total number of all clients who were assessed or reviewed at that stage. Sample numbers are indicated where appropriate.

4.2 Follow-up Interviews

Interviews were conducted with all clients for whom review forms were completed, i.e. 15 clients were followed-up at the three-month stage and 13 at the six-month stage. Attempts were not made to follow-up clients who had not received at least one treatment session following their assessment.

5.0 Findings from ATP Assessment and Review Data

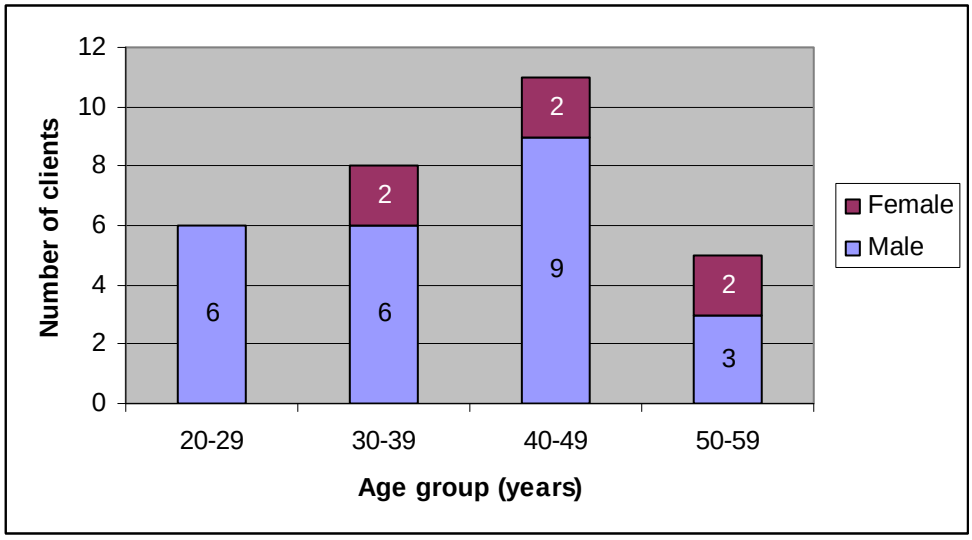
In this section findings from data collected during clients' initial assessments will be presented and a comparison will be made between the measures contained in these assessment forms with those repeated in the three- and six-month review forms, in order to assess any change over time in clients' alcohol use, offending, health and other related behaviours.

5.1 Intake Data

Gender and age

Of the 30 ATP clients for whom comprehensive assessments were received, 24 (80%) were male and six (20%) were female. On the date of their assessments clients were aged between 25 and 55 years, with a median age of 40 years. Figure 2 shows the distribution of the clients across the age groups; the largest proportion (37%) fell into the 40-49 age group.

Figure 2: Gender and Age Group (n=30)



Ethnicity and religion

Almost all (90%) of the ATP clients were of White British origin and the ethnicity of the remaining three was not recorded. Most (77%) clients were Christian, several (17%) had no religion and two (7%) clients did not state a religion.

Treatment history

Around three-quarters (77%) of clients had previously been engaged in treatment, including residential/community detoxification (40%) and residential rehabilitation (13%), though not all

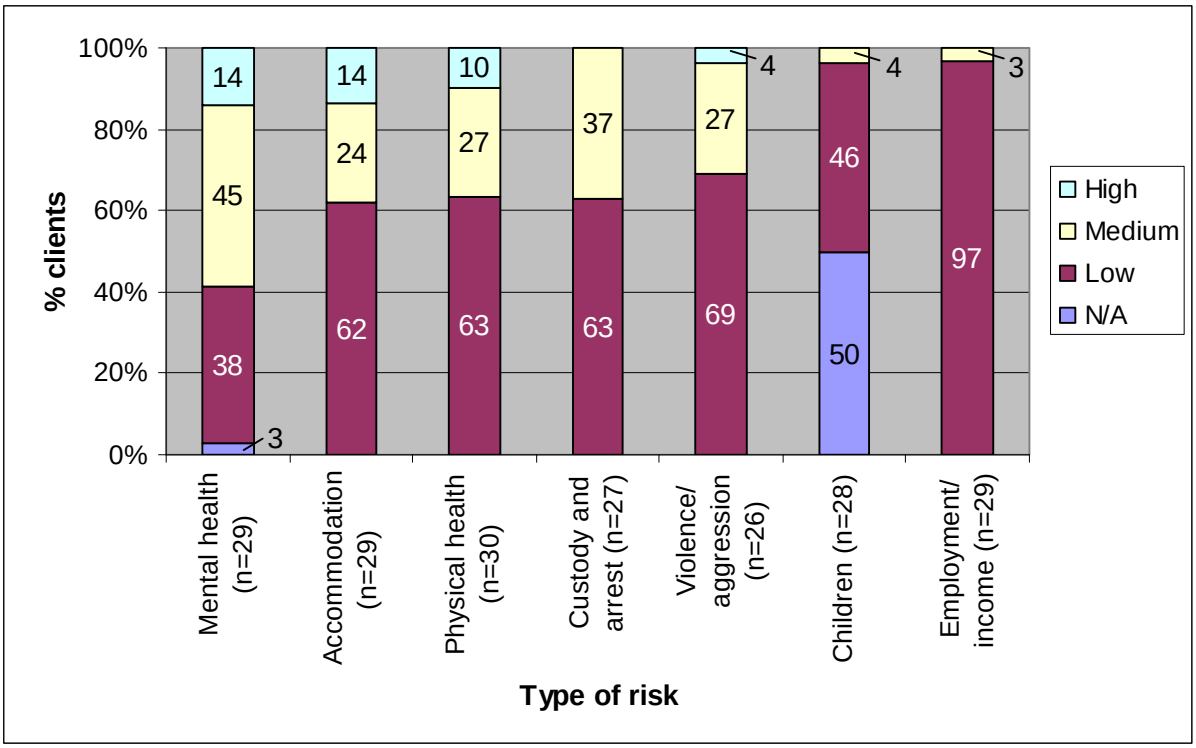
had successfully completed their programmes. Some clients had attended counselling (30%) and support groups (20%).

Risk assessments

As part of their initial assessments clients were risk assessed in relation to seven areas of their lives; physical health, mental health, custody/arrest, violence/aggression, children and employment/income. Following discussion with clients around these issues Alcohol Treatment workers recorded whether they considered clients to be at high, medium or low risk in each of the seven areas.

Based on the proportions of clients who were identified as being at either high or medium risk, the main risks to clients were: having or developing mental health problems (59%), staying or becoming homeless in the near future (38%), having or acquiring a serious physical health issue (37%) or being arrested and/or taken into custody (37%) (Figure 3).

Figure 3: Results of Risk Assessments



The risk assessment information also showed that (out of the ATP clients for whom the relevant questions were complete) 61% of clients had a history of acquisitive type offending, 74% had a history of other offending, 21% were currently on bail or licence and 4% had an outstanding warrant.

Readiness to Change Scales

These scales were useful as a baseline measurement at the assessment stage to show how ready clients felt they were to change their drinking behaviour on a scale of 0 to 100 (the higher the score the more ready the client to change). However, once clients began making positive changes this scale lost its value as the questions were no longer necessarily relevant, e.g. if someone felt they were 'not at all ready to change now' this may have simply reflected how the desired changes had already taken place rather than suggesting the client was not ready to address an alcohol problem. Clients' readiness to change their drinking behaviour at the outset of their orders will therefore be discussed here without comparison with readiness to change scales completed at review.

For the most part these scales have produced categorical measurements rather than scores that exist along a continuous scale of 0 to 100, i.e. almost all scores were divisible by 10, probably due to the formatting of the scales in the assessment tool. Median values have therefore not been calculated.

Scale 1: How ready are you to change right now?

All but two (93%) clients scored over 50 on this scale, indicating that they were ready to change to some degree – eleven (37%) clients scored the maximum value of 100 suggesting they were definitely ready for an immediate change. The remaining two (7%) clients were either unsure whether they were ready or felt less than ready.

Scale 2: How important is it to change your drinking or drug use?

The majority (80%) of clients scored 100 on this scale and the remaining six (20%) clients scored between 60 and 95. These responses reveal that overall, at the initial assessment stage, clients regarded changing their drinking or drug use as very important.

Scale 3: How much better will life be if you change your drinking or drug use?

The majority (80%) of clients also scored 100 on this scale and a further three (10%) clients scored 90, thereby indicting that they believed their life would be substantially better if they changed their drinking or drug use.

Scale 4: How confident are you that you can change right now?

Most (87%) clients scored more than 50 on this scale suggesting they had some confidence that they could 'change right now', although two (7%) clients revealed they did not feel confident.

Together the scales indicate that clients felt it important to change their drinking or drug use and believed their lives would be much better if they did. However while some clients felt they were ready to change and confident that they could do so, others appeared less motivated or able.

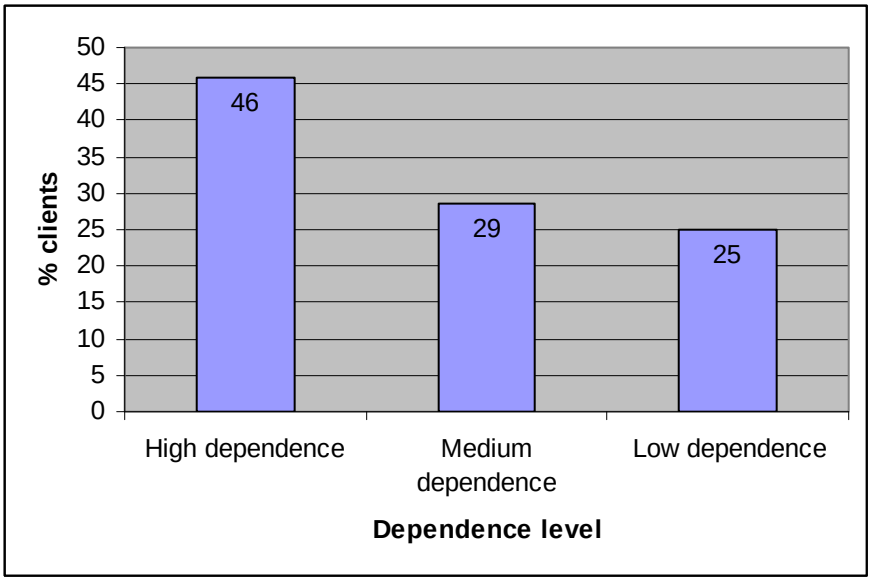
Alcohol Use Disorders Identification Test (AUDIT)

At intake the median AUDIT score for the ATP clients was 33 (a score of 20 or more implies alcohol dependence) and all except two clients (93%) were categorised as 'dependent' drinkers. The AUDIT-C is a short version of the AUDIT consisting solely of its three consumption items with a maximum score of 12 and is approximately equal in accuracy to the full scale (Reinert & Allen, 2007). The median AUDIT-C score was 11 and all ATP clients had an AUDIT-C score that fell above the recommended cut-off of four points used to determine active alcohol abuse or dependence (Bush et al, 1998).

Leeds Dependency Questionnaire (LDQ)

The median LDQ score was 21, which falls into the upper end of the 'medium dependence' category for this scale and almost half (46%) of the clients scored within the 'high dependence' range (Figure 4).

Figure 4: LDQ Categories (n=28)



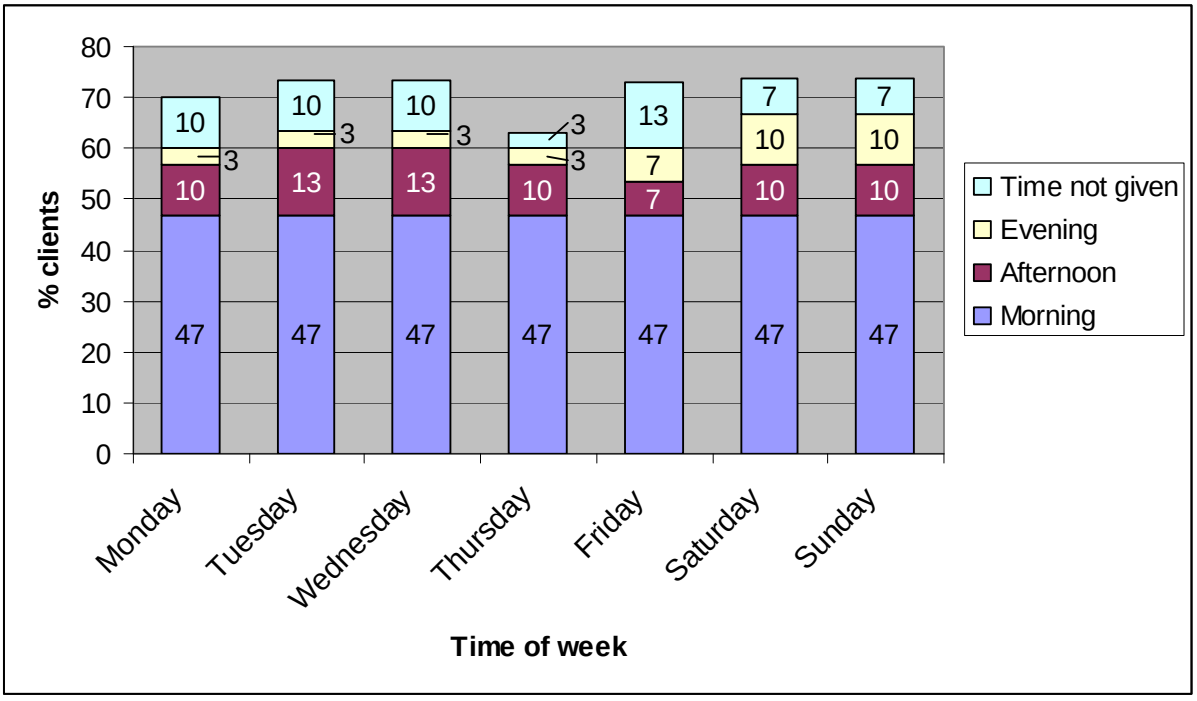
Seven day drink diary

Alcohol Treatment workers completed a drink diary with their clients to examine what alcohol they had consumed during the past week. The median number of units consumed by the ATP clients in a week was 140 units – five times the recommended weekly amount of 28 units for males. The median number of drink-free days was zero, i.e. many clients were drinking daily.

Using the drink diaries, Alcohol Treatment workers also recorded the time of day clients began drinking alcohol for each day of the week that they drank. Morning was defined as being between 5am and 11:59am, afternoon was defined as 12noon to 4:59pm and evening was defined as 5pm to 11:59pm (no clients began drinking between 12midnight and 4:59am).

On each day of the week prior to clients' assessments, almost half (47%) of the clients reported drinking in the mornings (Figure 5). This provided further evidence of alcohol dependency among the ATP clients upon referral, supported by the reasons clients gave for drinking such as "needed to", "habit" and "withdrawal".

Figure 5: Time of Day/Week of Drinking (n=30)

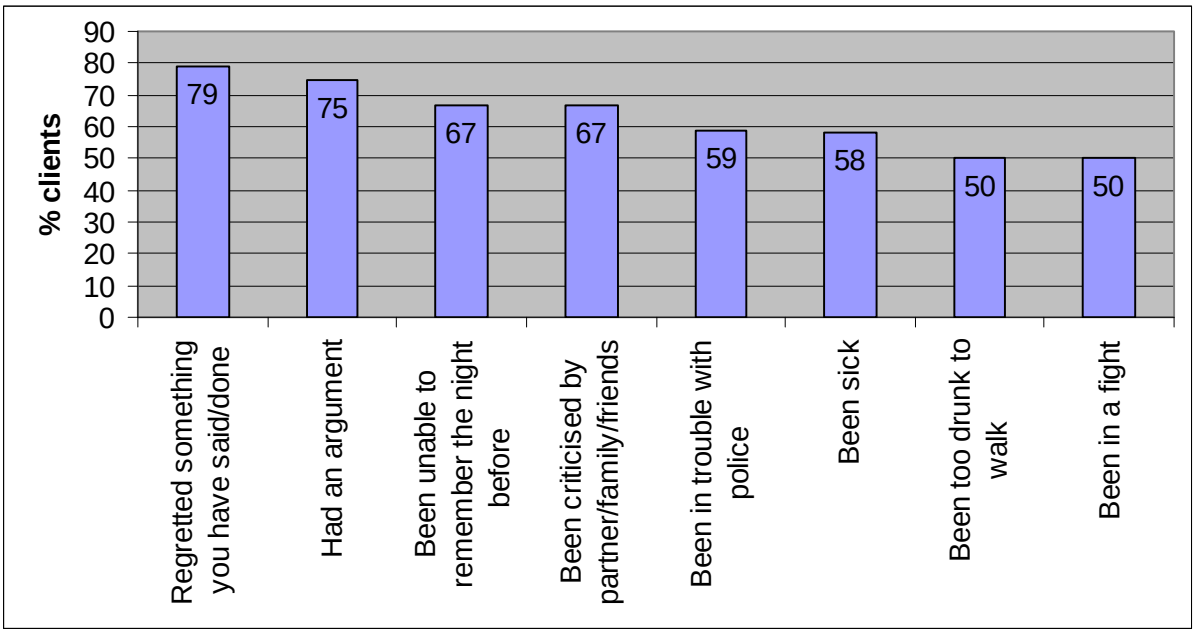


N.B. In a few cases the days on which clients had drank was recorded but not the time of day at which they started to drink.

Behavioural questions

Clients were asked to state how many times certain scenarios had happened to them after drinking in the three months prior to their assessment or review. Figure 6 shows the proportions of ATP clients who said they had found themselves in each alcohol-related situation at least once during the three month period prior to initial assessment (data is presented for those situations recalled by at least half of the clients). The most common scenarios occurring after drinking were clients regretting their actions (79%) or arguing with someone (75%). Just over a half (59%) of clients said they had been in trouble with the police after drinking during this period and half (50%) said they had been in a fight.

Figure 6: Prevalence of Alcohol-Related Behaviours (n=24)



Treatment Outcome Profile (TOP) forms

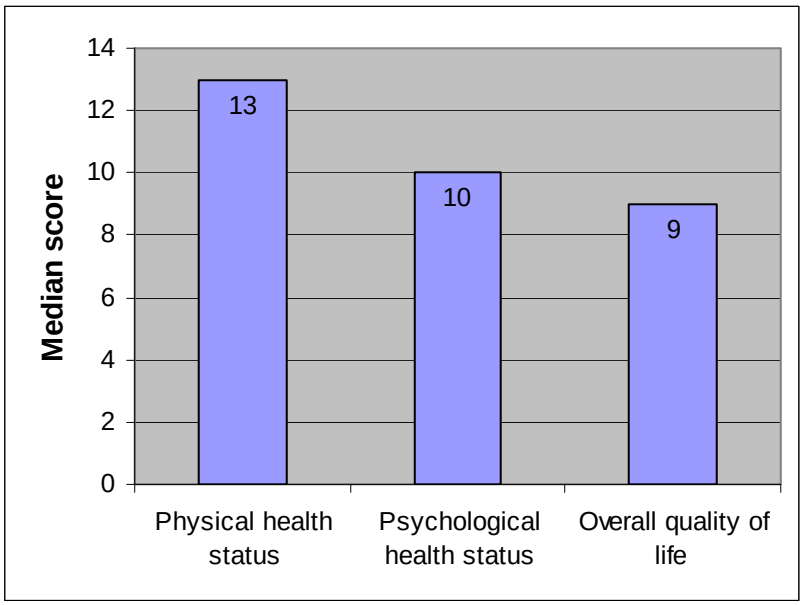
TOP forms completed at intake confirmed that all clients for whom data was complete (n=29) had drank alcohol in the past four weeks. Three (10%) of these clients had also used opiates and four (14%) had used crack. The median number of days on which the 29 clients had drank in the past four weeks was 28 days, again this shows many clients were drinking daily.

According to the TOP forms received, only one ATP client had committed an offence in the four weeks prior to assessment, although data were incomplete for three clients. However PNC data showed that at least four ATP clients had been convicted in the four weeks prior to their initial assessments (Section 6.3) and TOP data was complete for three of these four

clients. It therefore seems the reporting and/or recording of recent offending behaviour on the TOP form was not accurate.

The TOP form also contained three self-report scales designed to monitor clients' outcomes in relation to their health and social functioning. The scales range from 0=poor to 20=good. Clients' median scores suggested that upon intake they did not consider themselves to have particularly good physical health, psychological health or overall quality of life (Figure 7).

Figure 7: Median Scores on Health and Social Functioning Scales (n=25)



General Health Questionnaire (GHQ)

GHQs were complete for 24 ATP clients upon intake. Responses were scored using the most recent scoring method developed for it (Goodchild & Duncan-Jones, 1985), which gives a minimum score of 0 and a maximum score of 12 – the higher the score the higher the level of psychiatric morbidity detected. The median GHQ score calculated for these clients was 8, suggesting the existence of some mental health problems among the group.

Together the data collected at intake show the offenders referred to the scheme via the ATP were mainly dependent drinkers and most had accessed some form of treatment or support for their alcohol problem in the past. In this respect, the ATP clients appear to have been screened and selected appropriately. Offending histories were varied and several clients were deemed to be at risk of further arrest and/or custody. Other existing and potential risks identified were in relation to mental and physical health and accommodation.

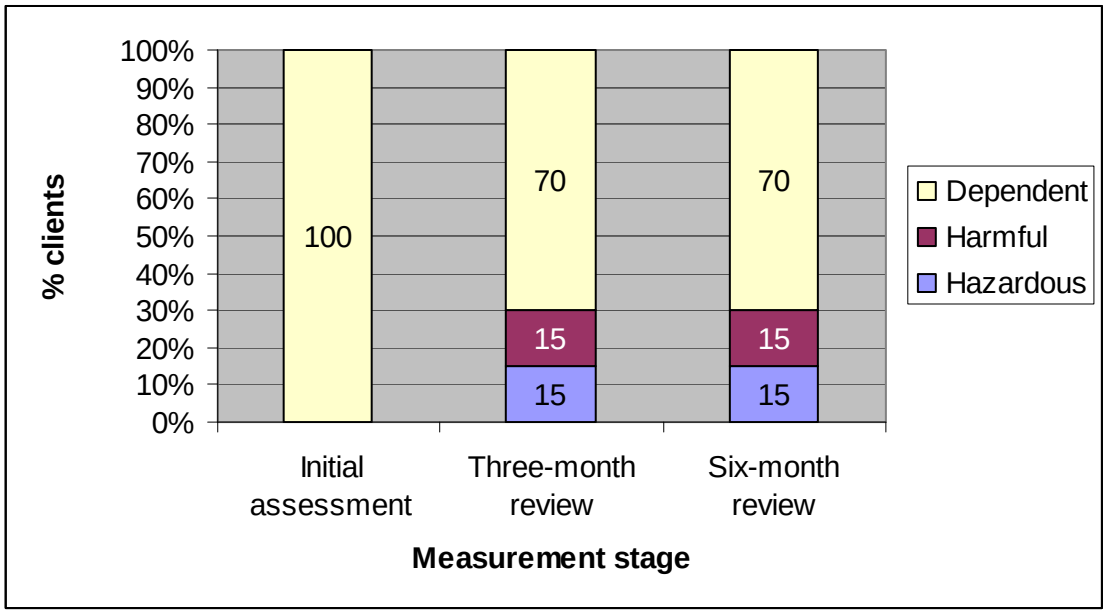
5.2 Comparison of Assessment and Review Data

The following temporal comparisons will be made for the 13 clients for whom data was complete at all three measurement stages, unless otherwise indicated due to missing data.

Alcohol Use Disorders Identification Test (AUDIT)

The AUDIT provided evidence for a reduction in clients' drinking levels and dependency between initial assessment and three-month review. All 13 clients were categorised as 'dependent' drinkers according to their AUDIT score at the time of assessment and by the three-month review stage this proportion had decreased to 70%, as larger proportions became 'harmful' or 'hazardous' drinkers (Figure 8). There was no further reduction in the proportion of dependent drinkers between the three- and six-month review stages suggesting clients' drinking levels remained the same during this period.

Figure 8: AUDIT Categories (n=13)

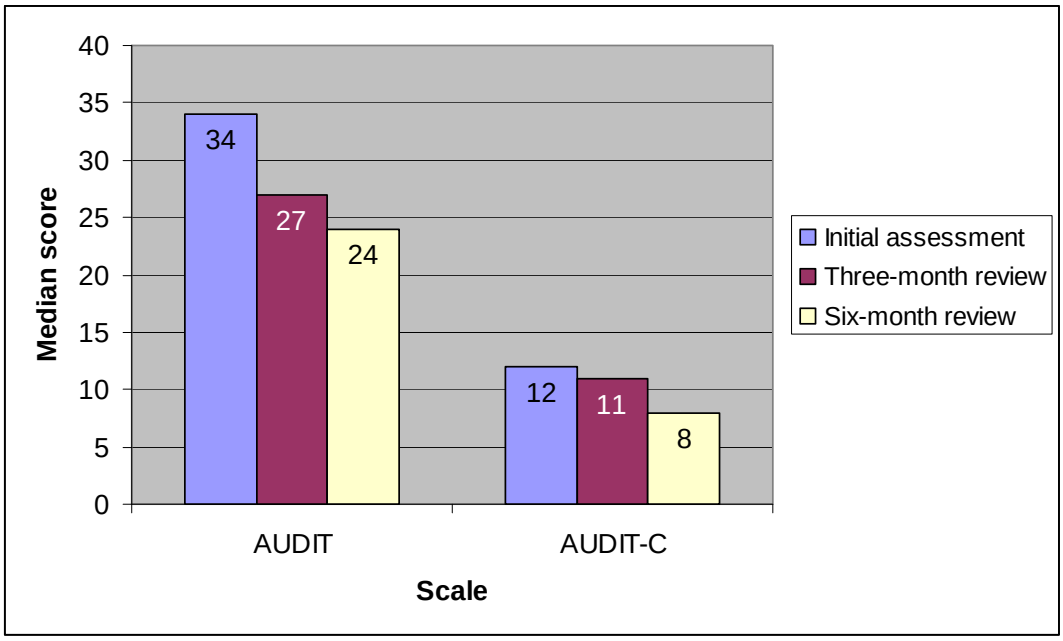


Median AUDIT scores decreased throughout the six-month period (Figure 9). The difference between initial assessment and the six-month review stage was significant ($z=-2.438$, $p<0.05$) but differences between the other stages were not significant.

Meanwhile there was a significant reduction in median AUDIT-C scores between initial assessment and the three-month review stage ($z=-1.994$, $p<0.05$) and between the initial assessment and the six-month review stage ($z=-2.657$, $p<0.01$) (Figure 9) (the difference between three- and six months was not significant). This showed a reduction in consumption levels during the treatment period, however by their six-month review ten (77%) of the ATP

clients still had an AUDIT-C score that fell above the recommended dependence threshold of four points.

Figure 9: Median AUDIT and AUDIT-C Scores (n=13)

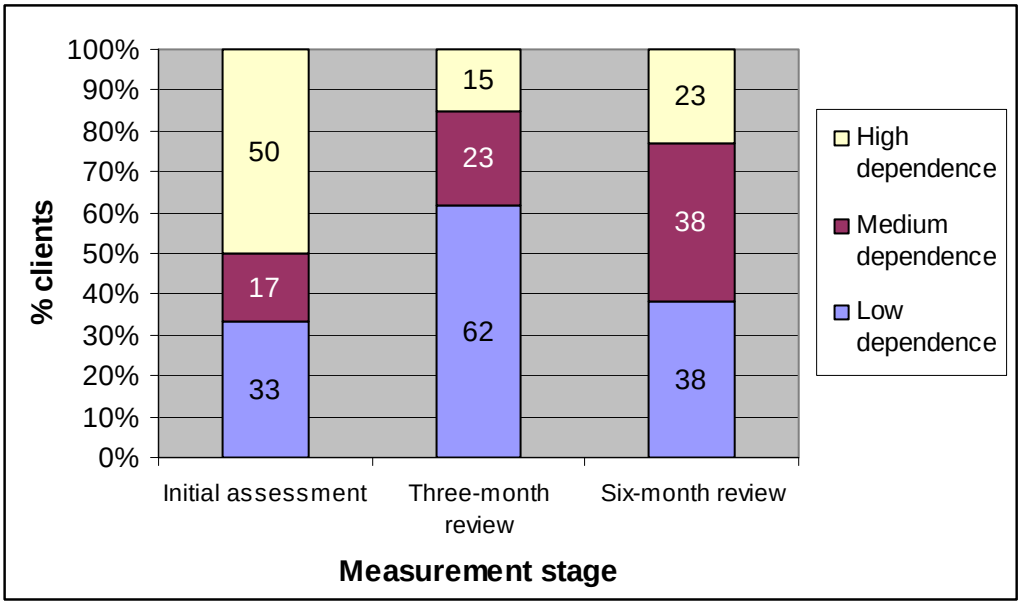


Leeds Dependency Questionnaire (LDQ)

LDQ scores provide evidence for a reduction in alcohol dependency levels among ATP clients. The median LDQ score was 23 at the assessment stage, 8 at the three-month stage and 11 at the six-month review stage. Differences between the assessment and three-month review stage were significant ($z=-2.134$, $p<0.05$), as were differences between the assessment and the six-month review stage ($z=-1.990$, $p<0.05$). Differences were not significant between the three- and six-month stages.

The proportion of clients who fell into the 'high dependence' category of the LDQ at each measurement stage followed a similar pattern, falling from 50% at assessment to 15% after three months, then rising again to 23% after six months (Figure 10). Furthermore, there was still a considerable proportion (38%) of clients who were still of medium dependence at six-month follow-up. Five (63%) of the eight clients who remained engaged in alcohol treatment at the six-month stage were of high or medium dependence according to this scale.

Figure 10: LDQ Categories (n=12)



Seven day drink diary

The median number of units being consumed weekly by clients upon referral was 140 units (Table 1). This median amount had reduced significantly to 45 units by the three-month stage ($z=-2.499$, $p<0.05$) and had decreased further to 40 units by the six-month stage (though this difference was not statistically significant). The difference between assessment and six-month follow-up was significant ($z=-2.134$, $p<0.05$). Changes in drinking levels varied between individuals, as while the lower quartile at the six-month review stage shows a number of clients had not consumed any alcohol in the week prior to their review, certain clients who were engaged at this point were still consuming sizable weekly amounts of alcohol, e.g. 158 and 126 units.

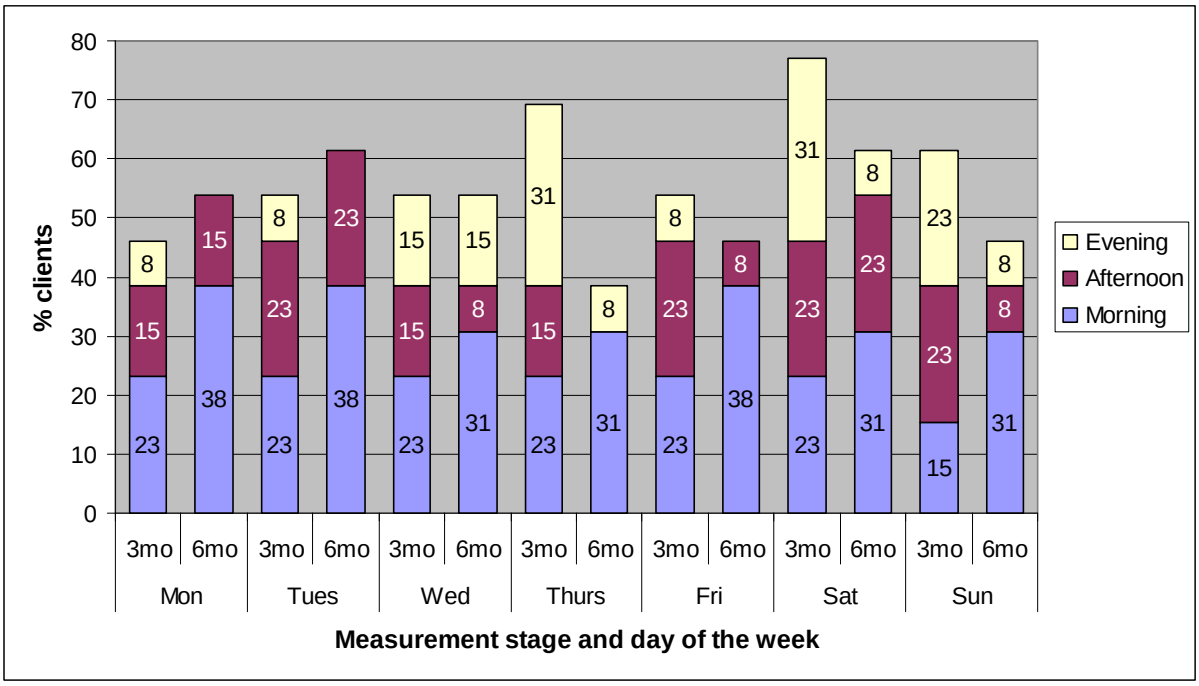
Table 1: Total Units Consumed Weekly (n=11)

	Initial assessment	Three-month review	Six-month review
Lower quartile	36	10	0
Median	140	45	40
Upper quartile	210	194	74.5

A reduction in the regularity of drinking was also evident from clients' diaries. Upon assessment the median number of drink-free days was zero but by three-month review this had increased to three days and increased again to four days by the six-month review. These differences were significant between assessment and three-month review ($z=-2.199$, $p<0.05$) and between assessment and six-month review ($z=-2.405$, $p<0.05$). The difference between the three- and six-month stages was not significant however.

For several clients, the time of day at which they began drinking in the seven days prior to their initial assessment was not recorded. Therefore comparisons will not be made here between assessment and review stages. At the review stages there were no clear patterns in drinking behaviour across the times of the day or days of the week, however by the six-month stage higher proportions of clients were drinking in the mornings throughout the week and these were most often clients who were still engaged (Figure 11).

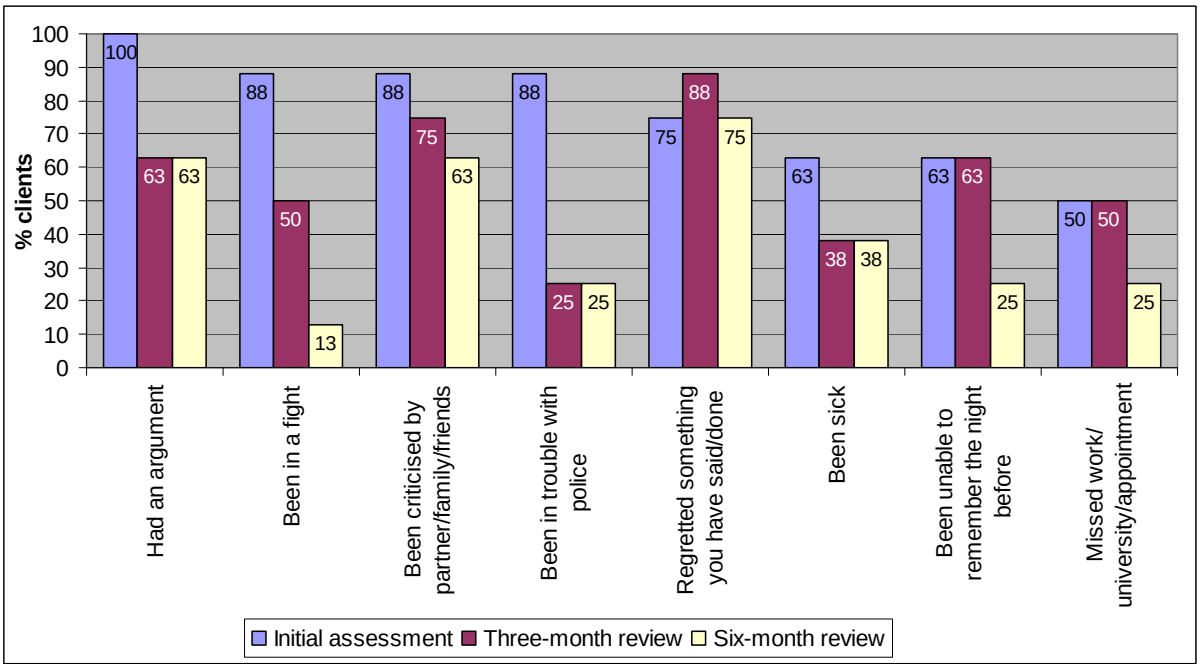
Figure 11: Time of Day/Week of Drinking (n=13)



Behavioural questions

High proportions of clients for whom this questionnaire was complete recalled having an argument (100%), being in a fight (88%), being criticised by someone close to them (88%) or being in trouble with the police (88%) as a consequence of drinking in the three months prior to their initial assessments (Figure 12 – data is shown for behaviours reported by at least a half of the clients at any stage). During the six-month period examined there were notable reductions in the proportions of clients becoming involved in a fight or being in trouble with the police. Also, at the review stages fewer clients had recently had an argument or been criticised by friends, partners or family members – this is supported by clients' qualitative accounts of improvements in their relationships with others (Section 7.9). On the other hand more clients were regretting things they had said or done at the three-month stage relative to the assessment stage, although an increased awareness of their actions might explain this, something also highlighted during follow-up (Section 7.9).

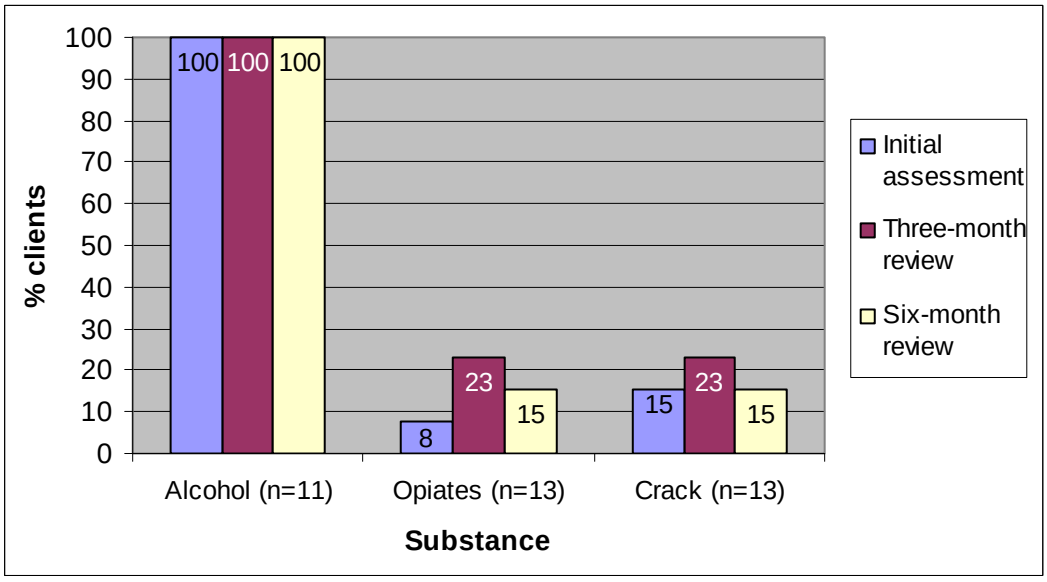
Figure 12: Prevalence of Alcohol-Related Behaviours (n=8)



Treatment Outcome Profile (TOP) forms

According to TOP data, all clients drank alcohol in the four weeks prior to every measurement stage (Figure 13). Opiates and crack were also being used by a number of clients.

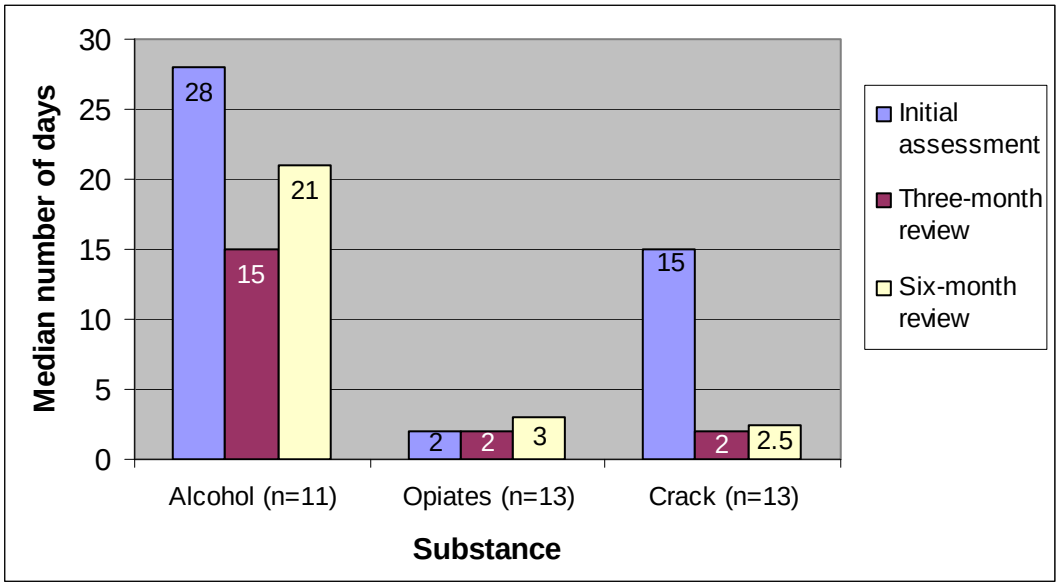
Figure 13: Proportions of Clients Using Substances in Past Four Weeks



Examination of the frequency of clients' substance use showed clients were drinking alcohol less frequently at the three-month stage than at assessment but more frequently at the six

month stage than at the three month stage (Figure 14). Differences in the frequencies of substance use between the assessment and review stages were not statistically significant.

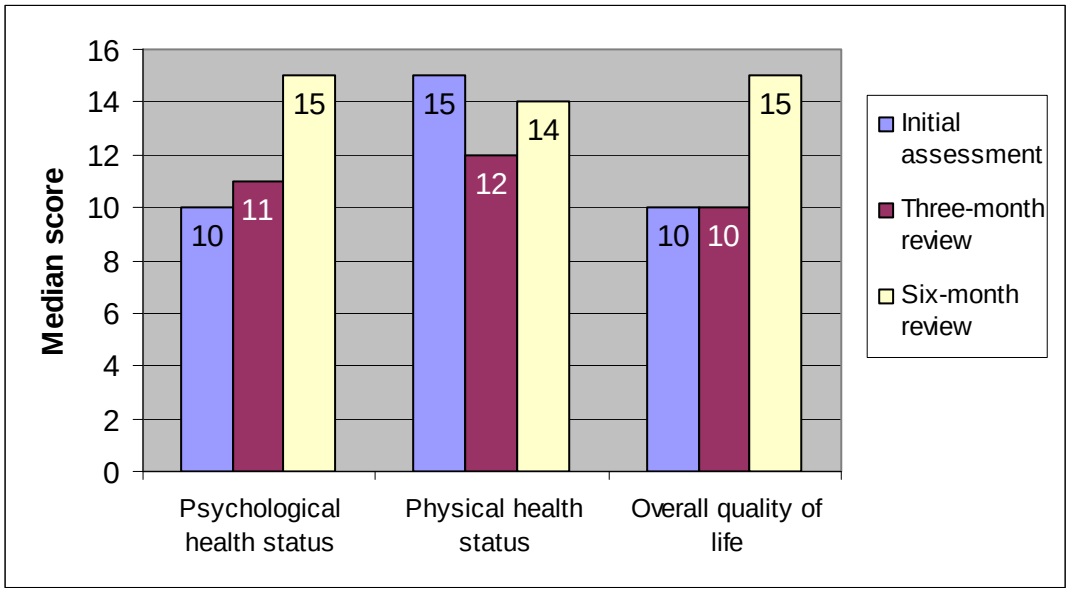
Figure 14: Frequency of Substance Use in Past Four Weeks



In response to the TOP offending questions, two (15%) clients admitted to committing assault or violence in the past four weeks at the three-month review stage but no other offending was reported by these ATP clients at any stage. However as identified in Section 5.1, the recording of offending behaviour using the TOP form was inaccurate at the assessment stage so this finding cannot be accepted as a true reflection of offences committed.

There were improvements in clients' self-rated psychological health status and overall quality of life over the six-month period (Figure 15). However it seems clients' physical health had either declined during this time or clients had become more aware of existing problems. Differences in these scales were not statistically significant.

Figure 15: Median Scores on Health and Social Functioning Scales (n=13)



Readiness to change and measure of alcohol use

Correlations were examined between clients' readiness to change scores at assessment and changes in their AUDIT scores, AUDIT-C scores, LDQ scores and alcohol units consumed weekly between the assessment and review stages. Only one significant correlation was found; with higher ratings on Scale 1 (*How ready are you to change right now?*) being associated with greater reductions in alcohol units consumed between assessment and three months (r_s= -0.592, $p<0.05$).

General Health Questionnaire (GHQ)

The median GHQ score decreased from 7.5 at initial assessment to 6 at three-month review and 4 at six-month review (higher scores reflect higher levels of psychiatric morbidity). The difference between assessment and six months was significant ($z=-2.371$, $p<0.05$) but not between the other two time periods.

6.0 Additional Data

6.1 Referral Sources

Of the 30 ATP clients who consented to participate in the evaluation at assessment, 25 (83%) had been referred to the scheme via Probation and five (17%) accessed treatment via arrest referral (Lighthouse staff spent time in the custody suites to identify and refer suitable offenders).

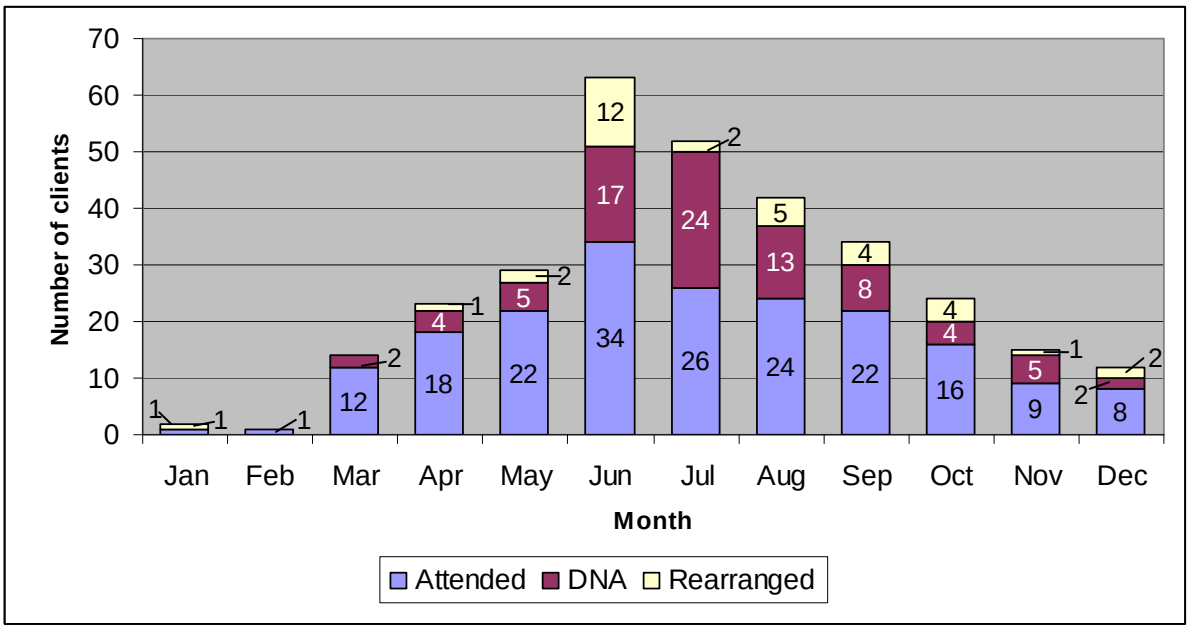
6.2 Attendance Data

Alcohol Treatment worker sessions

According to attendance data received from Lighthouse, of the 311 one-to-one Alcohol Treatment worker appointments made for the ATP clients in total, 193 (62%) were attended, 84 (27%) were missed and 34 (11%) were rearranged. For the clients who remained engaged in treatment for longer than three months, the attendance rate was higher in the first three months of their treatment (72%) than in the second three months (53%).

Appointments made for ATP clients increased in number from March, which coincided with the end of the recruitment period for the ATR clients and the finding from stakeholder interviews that the ATP aspect of the scheme was not fully utilised initially. The greatest numbers of appointments occurred in June (20%) and July (17%) and tailed off towards the end of the year as clients either completed their treatment or disengaged (Figure 16).

Figure 16: Number of Appointments and Attendance Status by Month



Intervals between clients' one-to-one treatment appointments ranged from 1 to 99 days, with a median appointment interval of 11 days and a mode of 14 days. This confirmed that clients were most often given fortnightly appointments and that some re-engaged after missing appointments. In comparison, the longest appointment interval for the ATR clients was 35 – shorter due to their attendance being mandatory.

Counselling sessions

Attendance records kept by the Behavioural Therapist show five ATP clients attended group therapy sessions, three of whom also engaged in the one-to-one CBT. An additional ten ATP clients attended CBT and two were referred for CBT but either cancelled or did not attend.

6.3 Re-conviction Data

Re-conviction data were obtained from Merseyside Police staff based at the Community Justice Centre for 29 of the 30 ATP clients who consented to be part of the evaluation – the remaining client could not be located in the PNC database.

Ten (34%) of these clients had not been convicted of an offence in the six months prior to receiving their initial assessment with Lighthouse Project, demonstrating how Probation Offender Managers were referring clients they already had on their caseloads (therefore the client's offence would have been more than six months earlier). Another ten (34%) clients had been convicted for one offence in the six months prior their initial assessment and the remaining nine (31%) identified on PNC had been convicted of between two and nine offences during this period. During the six months after receiving their initial assessment, 18 (62%) ATP clients did not have any convictions, five (17%) had been convicted of one offence and six (21%) clients had been convicted of between two and seven offences.

For 16 (55%) of these ATP clients, their level of conviction during the six-months after receiving an initial assessment with Lighthouse Project was lower than their level of conviction in the six-month period before their assessment. Meanwhile conviction levels remained the same for six (21%) clients and increased for seven (24%) clients. In total there were convictions for 39 offences during the six months pre-assessment and 24 convictions during the six months post-assessment, though this reduction was not statistically significant.

These figures may be interpreted as being positive in that the overall level of offending has dropped but negative in that seven (24%) clients have actually increased their conviction rate; five of these clients had disengaged and treatment for the remaining two clients was to continue beyond six months.

According to the re-conviction data, most of the group have a history of offending and in many cases this has been substantial and extends over a number of years. Therefore as with the re-conviction data for the ATR group, it would be necessary to look over a much longer period of time in order to suitably compare rates pre- and post-intervention.

7.0 Findings from Follow-up Interviews with ATP Clients

Information provided by clients during their three- and six-month follow-up interviews with a researcher gave insight into their experiences of the pilot scheme, specifically in relation to the types of care they received, their satisfaction with the service, the perceived impacts of their treatment and any assistance they felt they still required. The questionnaire used was semi-structured to obtain a series of quantitative measures alongside qualitative personal accounts. Follow-up interviews were completed with 15 clients at the three-month stage and 13 clients at the six-month stage.

7.1 Process

Treatment appointment intervals

The majority (87%) of ATP clients interviewed at three months recalled having their comprehensive assessment with Lighthouse Project within two weeks of being referred to the scheme. The estimated time it then took for clients to have their first one-to-one session following their assessment was most often one to two weeks.

During the first three months of their treatment, Alcohol Treatment worker sessions had been weekly or fortnightly for all clients except one who recalled being seen less than monthly. During the second three months of their treatment, a smaller proportion of clients were attending weekly appointments and more were attending monthly or less often. This could either indicate increases in clients' stability or appointments being missed – clients' comments and attendance data provided evidence of both.

Probation appointment intervals

Two-thirds of clients had attended weekly appointments with their Probation Offender Manager during their first three months in treatment and most of those remaining attended fortnightly. The proportion attending Probation weekly had fallen to 39% by their second three months in treatment. Again some clients understood this to be due to recognition of their positive changes.

7.2 Treatment and Support Received

According to the ATP clients, the treatment they generally received from Lighthouse Project included one-to-one sessions with an Alcohol Treatment worker, counselling with the Psychological Therapist and medical check-ups with the Nurse. Two clients also accessed the Alternatives service and others were encouraged to attend the Together Women's Project (TWP) (though it seems only the partner of one client attended this service).

Onward referrals

A number of clients received referrals to the Hafen Wen Detoxification Unit; at the time of final follow-up, six clients had undergone detoxification and a further three were awaiting referral for various reasons. Arrangements were also being made for three clients to attend Phoenix House and Sharp Liverpool for rehabilitation.

The treatment offered to clients was clearly individually tailored, with their personal needs being identified and addressed accordingly. For example, specific support was provided for clients in relation to family, employment, dental care and mental health in attempt to tackle all of the factors associated with their alcohol use.

Clients commented that the treatment they had received had exceeded their expectations and experiences of detoxification were positive. The liver function tests were also considered beneficial and motivating. Overall, clients were aware of the therapies and groups available to them but didn't feel pressured into engaging in them.

In addition to the treatments provided and arranged by Lighthouse Project, clients had recently accessed treatment and/or support from elsewhere including detoxification in hospital, anger management courses, support groups, GP prescribing and assistance with accommodation and debt management. Referrals had been made by Probation, Social Services or the clients themselves.

7.3 Treatment Sessions and Relationships with Alcohol Treatment Workers

The ATP clients emphasised how they enjoyed talking to their Alcohol Treatment workers on a one-to-one basis and valued having someone to listen to them. This opportunity for clients to discuss their personal issues and explore their emotions was found to be a key element in their treatment. Clients also commented that they preferred sharing their problems with someone other than their family and friends.

Clients described the content and structure of the one-to-one treatment sessions, something that was also observed. With the aid of the Lighthouse Project measurement tool, units of alcohol consumed and the circumstances, thought processes and feelings surrounding clients' drinking were explored to determine the root causes, triggers and consequences of their alcohol use. Clients were asked about their personal goals and encouraged to think about what actions they needed to take to achieve them. Alcohol Treatment workers gave advice on strategies for controlling drinking and using coping mechanisms to avoid relapse.

There was a focus on clients' mental health and wellbeing, as Alcohol Treatment workers strived to improve their self-confidence, motivation and ability to make changes to their lives. Clients were praised for their achievements and any relapses were dealt with constructively.

As with the arrangements made for referrals, the advice provided varied depending on clients' individual needs and ranged from help with debts, benefits and careers to advice on parenting, relationships and socialising.

'It was good to have someone sit down and talk to me instead of blanking me out.'
'We discuss my issues and they help to target triggers and work out what causes me to drink.'
'It helped me solve problems, made me feel better.'
'I would have never have gone to Alternatives without them. I go two days a week.'

All ATP clients reported having good relationships with their alcohol workers, who they described as helpful, caring, supportive, encouraging, non-judgemental and good listeners. Many clients said their alcohol worker made them feel at ease and that they were able to 'have a laugh' and talk openly and honestly with them, which was evident from the natural interactions observed during treatment sessions.

The availability and commitment shown by Alcohol Treatment workers was a major theme that emerged. Clients explained how they were able to reach workers directly by telephone if they needed to and felt that this sense of security was important. At the end of the observed sessions the Alcohol Treatment worker reminded the client that they could call if they required help and that they would be called straight back. Communication was seemingly both proactive and reactive, with Alcohol Treatment workers often contacting their clients to see if they required additional support outside of the one-to-one sessions. Clients said they appreciated the help they had received and felt the Lighthouse Project alcohol team had often 'gone beyond their call of duty', for example, by providing transport and visiting them while in detoxification. Strong relationships had clearly developed in some cases which contributed to clients' determination to successfully complete their treatment.

'I can open up to [Alcohol Treatment worker], I don't need to hide anything from her.'
'She's always there, she phones me, she's very helpful. She tells me if I'm ever feeling down or if I've got any problems not to hesitate to ring.'
'They seemed to be there 24/7 – that's the comfort you got from them.'
'She's like family...when I missed an appointment I felt like I'd really let her down.'

7.4 Counselling Sessions with Lighthouse Project Behavioural Therapist

Two types of therapy were offered by the Behavioural Therapist; one-to-one cognitive behavioural therapy (CBT) and group therapy. There was a high take-up rate of both among this client group relative to the ATR group (McCoy et al, 2008). Some clients revealed how they had 'faced-up' to deep-rooted issues during their counselling sessions and had found a sense of release from this. The in-house counselling available therefore formed a complimentary and essential element in these clients' treatment.

> *'I was in tears with [Psychological Therapist], he got to the core of my problems, he's absolutely fantastic. It's about getting it all out.'*
> *'Counselling has helped - I've talked about things that have been buried for a long time.'*

Views were mixed as to the format of these sessions, as while some clients enjoyed sharing their problems in a group environment and found this to be beneficial, certain clients said they preferred the one-to-one format. This also applied to courses offered by Probation.

> *'It helps when they've [other group members] been in the same situation – they listen and it means you're gonna tell the truth then. I've had one-to-one sessions but they're boring.'*
> *'I prefer the one-to-ones, you can talk more. I've been to groups with about 20 people. Listening to everyone else's problems is supposed to help but I just find it draining.'*

7.5 Probation Appointments and Relationships with Probation Offender Managers

On the whole clients gave positive accounts of their recent experiences of Probation. Clients made reference to previous years when being on Probation had meant little more to them than signing a sheet of paper. In contrast, they viewed their current appointments as an opportunity for talking and a source of encouragement. During one-to-one sessions clients recalled discussing their substance misuse and related matters such as family and accommodation with their Offender Manager, who would provide practical advice and make any necessary arrangements for referrals. Clients perceived their sessions with Probation to be similar in content and structure to those they had with their Alcohol Treatment worker, though usually less in-depth.

'Years ago it used to be different – you'd come into Probation and sign in and get off, not like now.'
'Every time I come in she runs around making phone calls and makes sure I'm alright.'
'We addressed my alcohol issues and triggers – she advised me to avoid going to the off-licence by going shopping or taking the kids out.'

The majority of clients felt their relationship and communication with their Probation Offender Manager had been good, while some gave neutral feedback and two stated this had been poor. Clients whose experiences of Probation had been positive during the six-month period described their Offender Managers in similar ways to their Alcohol Treatment workers, as helpful, non-judgemental, understanding, available and like a friend or family. Again clients were made to feel at ease and were able to talk freely and enjoyed sharing experiences. Meanwhile, several clients reported that their Offender Manager had changed at least once (due to changes in roles or long-term sickness) which they found disruptive as they were currently having to get to know their new one. A minority felt their Offender Manager was not available to discuss personal issues. It seems that overall more productive relationships were established between these clients and their Offender Managers in comparison to the ATR group.

'He cares and talks about his family, he's been through some of the same things.'
'She talks to me and understands. It doesn't matter what I do, what I own, she doesn't make judgement.'
'She always seems to be in a rush…I only spend five minutes with her.'
'This is my third Probation officer…I would prefer to see one, you get used to them then they change.'

7.6 Engagement and Attendance

Clients who were no longer in treatment at the time of their three- or six-month follow-up were asked why they had disengaged. Reasons given were internal rather than being to do with clients' experiences of treatment; most commonly clients dropped out of treatment because they didn't feel they needed further support or had regularly missed appointments. A proportion of these clients expressed self-blame and regret in disengaging from the scheme.

At the time of follow-up, several ATP clients were either engaging or intended to engage in activities and support groups arranged by Lighthouse Project or Probation. The clients who were encouraged to attend the TWP didn't do so, either due to their chaotic lifestyle or the wish to avoid being in the company of other alcohol/drug users.

7.7 Rating of Service

For the follow-up questions which used quantitative rating scales, data for the 13 clients who were followed-up at both the three- and six-month stages are included (as with analysis for assessment and review comparisons in Section 5.2).

A substantial proportion (62%) of clients interviewed at three months, and also at six-months, rated the quality of the service they had received from the Lighthouse Project as 'excellent'. When asked whether they had received the kind of service they wanted 85% of clients answered 'yes, definitely' at both follow-up stages and the remaining clients felt that they had 'generally' received the kind of service they had wanted.

Levels of overall satisfaction with the service received were high, with 77% and 85% of clients being 'very satisfied' after three and six months in treatment respectively. The remaining were 'mostly satisfied'. The same proportions were 'very satisfied' or 'mostly satisfied' in relation to the amount of help they had received after three and six months.

Of the 13 clients interviewed at six months, 11 (85%) said that they would 'definitely' return to Lighthouse Project if they were to seek help in future and two clients said they 'generally' would. The same proportions of clients said that if they had a friend who was in need of similar help, they would 'definitely' or 'generally' recommend Lighthouse Project to them.

7.8 Needs Met/Unmet

When asked to what extent the treatment received had met their needs by the three-month stage, 85% of clients stated that that 'almost all' or 'most' of their needs had been met, while two (15%) clients felt 'only a few' of their needs had been met. After six months 93% of clients considered 'almost all' or 'most' of their needs to have been met and just one (8%) person felt that 'only a few' of their needs had been met. It appears therefore that many needs had been addressed within the first three months of treatment.

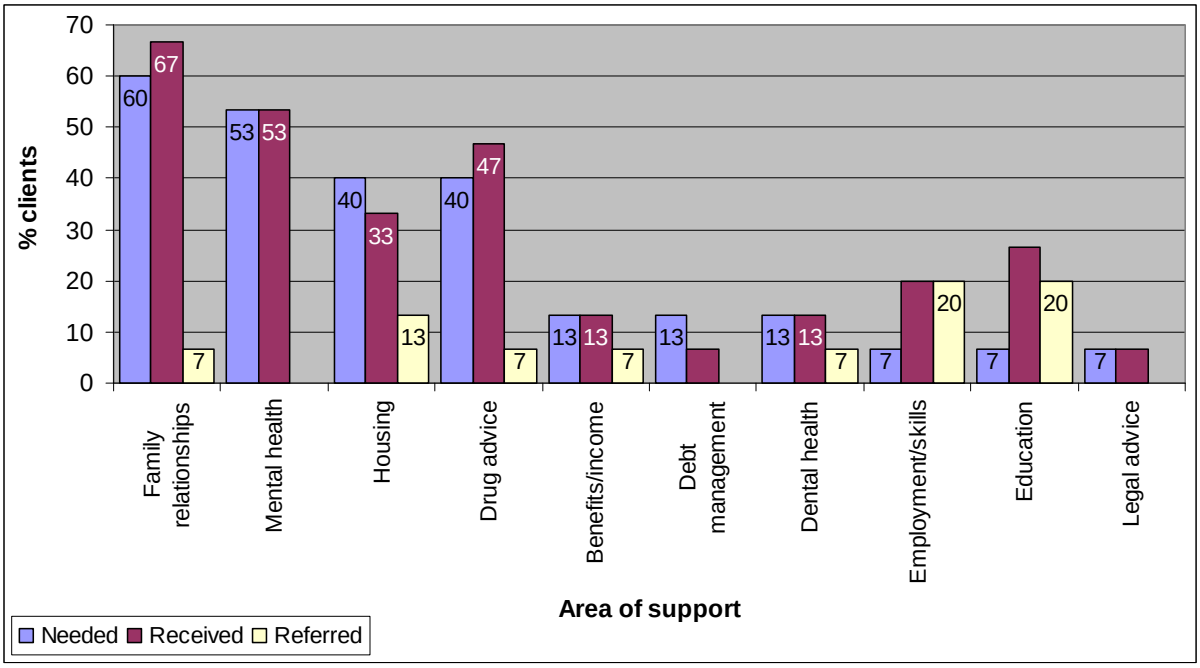
Around half (54%) of clients interviewed at three months said that the services they had received had helped them to deal more effectively with their problems 'a great deal' and a

similar number (46%) said they had helped 'somewhat'. An additional client felt they had been helped 'a great deal' by their six-month interview.

Figures 17 and 18 illustrate clients' specific needs during the first and second three months of their treatment and whether or not they had received relevant support from their Alcohol Treatment worker or Offender Manager. During the first three months the most common needs related to family relationships, mental health, housing and drug advice. In most cases clients did not request specific help and commented that they were simply offered help once their needs had been established by their Alcohol Treatment workers or Offender Managers as part of the assessment and review process.

Advice on family relationships, mental health and drugs was readily offered, even in some cases where individuals hadn't thought they'd necessarily needed it (e.g. 60% stated that they had needed help with family relationships during the first three months of their treatment, yet 67% recalled receiving such help). However one client who had required housing assistance during their first three months in treatment didn't receive or request such help. It appears there was also an emphasis on education and employment/skills with the ATP clients.

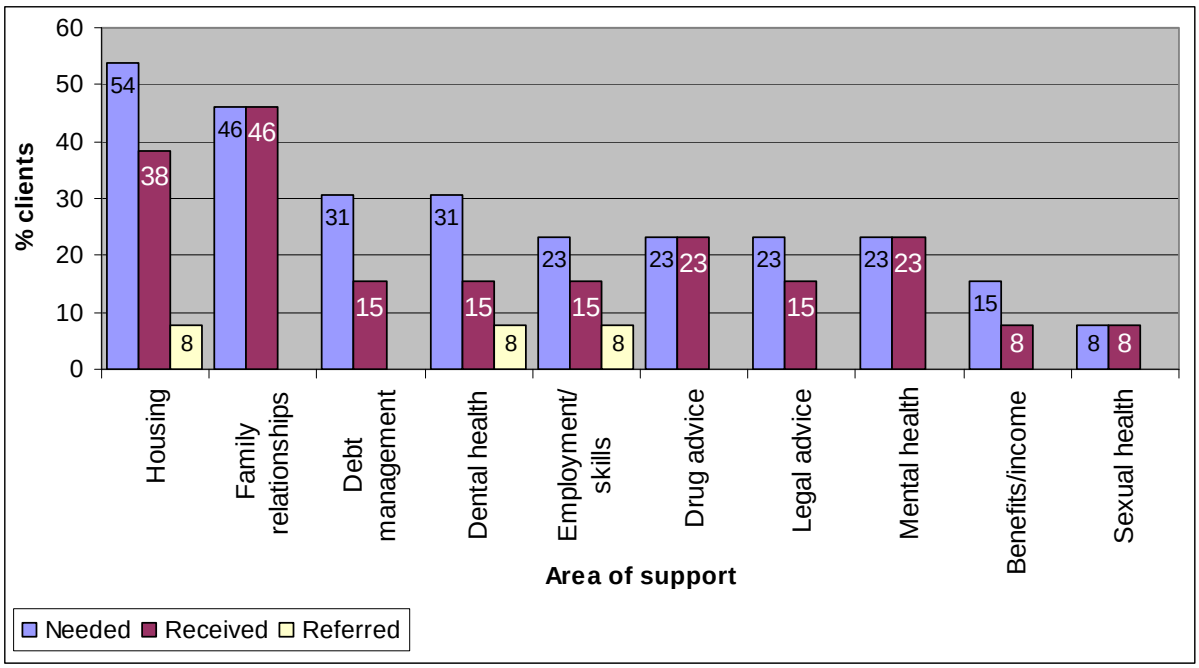
Figure 17: Percentages of Clients who Needed, Received or were Referred for Help in Different Areas During the First Three Months (n=15)



Debt management and dental health were cited as areas of need by additional individuals at the six-month follow-up stage. Help with these issues was provided, together with housing

and family relationships support, and referrals were made in some cases. However further assistance in these areas plus more legal and financial advice may have been of benefit. On the other hand, needs in relation to drug use and mental health were less prevalent according to the clients at the six month stage. This trend corresponds with reports of reduced drug use and increased mental health to be discussed below.

Figure 18: Percentages of Clients who Needed, Received or were Referred for Help in Different Areas During the Second Three Months (n=13)



Clients were also asked to specify whether they had received each type of support from Lighthouse Project or Probation – it seemed that both services provided help in most areas of need. Observations of one-to-one treatment sessions with ATP clients confirmed that Alcohol Treatment workers offered advice and/or made referrals in relation to clients' employment, training, benefits, legal issues, children, partners, eating and medical prescriptions, in addition to their drinking behaviour. Such overlap in the support being provided by both services suggested the definition of roles in relation to the ATP clients was somewhat unclear. This does not appear to have caused a problem within this pilot, however with larger client caseloads this could potentially result in duplication of work and even conflicting information and advice being passed over to clients.

7.9 Outcomes

Changes in self

Clients reported that during their time in treatment, they had begun to think more about their lifestyles as well as their current situations. They expressed a sense of realisation that they needed to take action to make improvements and address their problems. They were feeling motivated and confident in their ability to get their life back on track, equipped with the problem solving strategies they had developed with their Alcohol Treatment worker. Changes in perceptions and attitudes towards alcohol and drug use were evident, as clients became wiser about the effects of drinking and began to see that an alternative lifestyle was an option for them.

> *'Alcohol treatment has made me stop and look and think and chat about personal things that I'm going through.'*
> *'It makes you realise what you're doing and helps you to get on with life.'*
> *'They've taught me things I never knew - they've saved my life.'*

Substance misuse

Clients reported overall reductions in alcohol consumption and changes to their drinking patterns. Clients had learned to control their drinking using tactics suggested by their alcohol workers such as changing the type of alcohol they drank or choosing non-alcoholic drinks. Detoxification played an important part for some clients, who had succeeded in abstaining from alcohol for a period of time, which was something they felt they could never have achieved without being referred for detoxification. Three clients also reported reduced illicit drug use.

> *'She's [Alcohol Treatment worker] taught me about drink and tells me to write down what I drink.'*
> *'I've stopped using drugs and cut down on my alcohol – I now mix my drinks with lemonade.'*
> *'I reduced my drinking from eight cans a day to four then, to just now and again.'*

Offending

There is some evidence that reductions in alcohol and drug use have impacted upon clients' offending behaviour. Clients reflected on their prior levels of violence, anger and antisocial behaviour and the consequences of such behaviour and considered their treatment to have been helpful in steering them away from trouble.

'I would turn up here legless, fighting, being intimidating and insulting whenever I felt like it. I'd turn up five hours late sometimes.'
'It's stopped me having to rob.'
'I've not been in trouble recently because of Lighthouse…they've explained to me the knock-on effects on people and I realise now what I was doing.'

Health

A large proportion of clients perceived their physical health, fitness or appearance to have improved. A reduction in alcohol dependency was apparent among those who described no longer feeling the need to drink in the mornings. Regular eating patterns and a reduction in alcohol intake had led to desirable weight gain or loss for some clients and certain others were pleased to be sleeping better or exercising more. Improved mental health and functioning was another strong theme, with accounts of relief from negative states of mind.

'My withdrawals are better – my balance has improved, I'm not shaking and am walking okay.'
'Before I wouldn't eat all day and would just carry on drinking, now I make sure I have a meal before I go out.'
'My brain functions are more clear, I'm less depressed. I used to think stupid things and be paranoid.'

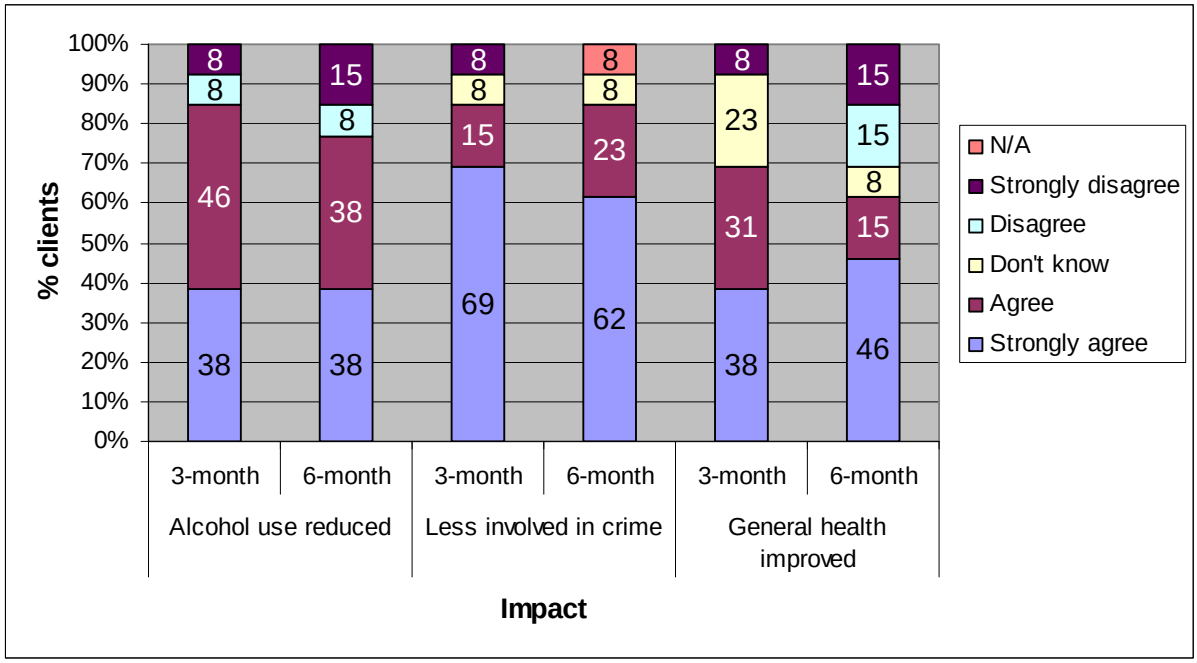
As part of their follow-up, clients were asked to indicate the extent to which they agreed or disagreed with statements about their lives in relation to their alcohol use, criminal behaviour and health over the prior three months (Figure 19). There were mixed responses on all scales:

- High proportions of clients interviewed at both follow-up stages either agreed or strongly agreed that their alcohol use had reduced (85% at three months and 77% at six months).
- The majority (85%) agreed or strongly agreed that they had been less involved in crime at both follow-up stages.
- Around two-thirds of clients agreed or strongly agreed that their general health had improved – 69% after three months and 62% after six months in treatment.

There is a slight downward trend in the self-rating outcomes on these measures between the three- and six-month stages suggesting improvements were most prominent in the first three months. Closer inspection of the data confirm this is not solely a consequence of clients

disengaging, as some engaged clients continued to disagree with the statements to varying degrees.

Figure 19: Clients' Perceived Impacts of Treatment (n=13)



Relationships

Family relationships had become better for many clients, two of whom had become more confident in their parenting skills. In a minority of cases relationships had ended, though this seemed to be due to positive changes in clients' attitudes.

> *'My kids say "We've got our mum back".'*
>
> *'My family say I'm nicer and I'm not snapping.'*
>
> *'I split from my girlfriend because she was always drinking and getting arrested.'*

Other outcomes

There were additional specific positive outcomes for individuals in relation to finances, employment and accommodation.

Future and aftercare

When considering their future plans clients said they intended to continue to address their alcohol problems by putting into practice the knowledge and skills they had acquired from their time in treatment. Several clients were of the understanding that they would be continuing to have sessions with their Alcohol Treatment worker and/or the Behavioural

Therapist, or at least remain in contact with them, but were uncertain about the length of time for which the service was available. Meanwhile two disengaged clients said they intended to re-contact Lighthouse Project for further support. Those who had not yet completed their community orders said they would carry on attending their Probation appointments.

At the point of final follow-up several clients were awaiting detoxification or rehabilitation, which had been delayed for reasons including positive drug tests and child care issues. Other clients intended to attend AA and Addressing Substance Related Offending (ASRO) meetings, to which they had been referred by their Alcohol Treatment worker or Offender Manager. Further sources of ongoing help included drug and alcohol related housing projects and support groups.

More than half of the clients said they felt strong and confident that they would continue to successfully control their drinking or abstain from alcohol altogether. Clients' families provided them with support and motivation to continue tacking their problems with alcohol, as did clients' desires to remain or get fit, find accommodation or get their driving licences back. Training and employment was a priority for clients who were accessing Alternatives. The remaining clients felt as though they required further alcohol-specific support.

In response to an open-ended question about existing needs, the ATP clients revealed that they continued to experience problems with alcohol and the impacts of their drinking on their physical and mental health. A number of clients admitted they still had personal issues which they wished to address themselves. This demonstrates the different profiles of the clients on the programme and while six months in treatment was felt to be sufficient by some clients, a longer treatment period is sometimes necessary. In contrast, all ATR clients interviewed upon completion of their order felt confident in dealing with their alcohol and related problems alone.

''Very [confident], I feel strong, I've never felt healthier. It's like a breath of fresh air. I'm fed up of being on the dole, I've seen some work.'
'I should be able to get through it but with the environment I'm in…I need proper support and help.'

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8.0 Conclusions and Recommendations

8.1 Client Profile

In total 61 offenders were referred to the scheme via the ATP route. Initial assessment information and consent forms were received for 30 clients. The majority were male, all were aged between 25 and 55 years and all who gave their ethnicity classed themselves as White British.

8.2 Engagement

Three-month review forms were completed with 15 clients and six-month review forms were completed with 13. The differences in numbers between measurement stages are mainly due to clients either not attending their comprehensive assessment or later disengaging from treatment. Clients who disengaged after receiving treatment blamed themselves rather than the scheme for their perceived failures and some intended to re-contact Lighthouse Project for further help.

Recommendation: Identifying the reasons why some ATP clients referred to the scheme failed to attend their initial assessments or first treatment appointments might guide attempts to engage voluntary clients in future interventions. As the majority of clients were referred from Probation, the relevant Offender Managers may be able to offer such insight.

Clients' responses to the Readiness to Change Scales revealed that some did not initially feel ready or confident in their ability to change their drinking behaviour, despite their acknowledgement that such change was important and would greatly improve their life. During follow-up interviews, clients who had disengaged from treatment and/or remained alcohol dependent expressed their desire to gain control over their alcohol use.

Recommendation: Alcohol Treatment workers should continue to focus on motivating clients to change their drinking at all stages throughout their treatment, particularly for those who score lower on these scales.

8.3 Treatment and Referrals

Clients were usually seen fortnightly by their Alcohol Treatment workers for a one-to-one treatment session which followed clients' appointments with their Offender Managers. The large discussion element of these sessions was clearly key for clients who were grateful for having someone to listen to them. At the six month follow-up stage, clients were feeling

motivated to continue tackling their problems with alcohol and felt optimistic. They made extensive reference to their awareness of the triggers and consequences of their drinking episodes and the targets and coping mechanisms their Alcohol Treatment workers had helped them to put in place.

Recommendation: Future alcohol interventions must continue to place strong emphasis on in-depth discussions taking place between the Alcohol Treatment workers and clients, allowing for exploration of drinking patterns and related emotions, as these aspects have been crucial in motivating the clients on this scheme and achieving positive changes in their attitudes and behaviours.

The commitment and consistent support provided by the Alcohol Treatment workers during and outside of the one-to-one sessions came across strongly as the fundamental factor in clients' contentment with the service they received. Alcohol Treatment workers were praised for being dependable and available at all times. Their relaxed and friendly manner also put clients at ease and gave them a sense of trust, which enabled them to talk freely and openly.

The strength of the relationships built between clients and their Alcohol Treatment workers appeared to have acted as a positive reinforcer – clients explained how they were often prevented from drinking or behaving in ways they had been advised not to because they felt they didn't want to let their Alcohol Treatment worker down. It could be argued that clients should be making changes for themselves so that when such one-to-one support is no longer available to them they will have the internal motivation to continue to respond appropriately to challenging situations involving alcohol. This is particularly salient considering clients' uncertainty about the duration of their treatment. However, during follow-ups clients spoke of their individual incentives for tackling their alcohol use, which included their family, health and work. Also, in the treatment sessions observed Alcohol Treatment workers encouraged ATP clients to take responsibility for their own actions and focus on the things in their lives which were important to them.

Recommendation: The alcohol team should continue to explore clients' personal motivations for tackling their alcohol use and promote independence in preparation for when they will no longer be in receipt of one-to-one support. The times of day/week at which the Alcohol Treatment workers and Behavioural Therapist intend to make themselves available for phone calls should also be made clear to clients, as many clients were under the impression they could reach them directly at anytime which could potentially encourage over-dependency.

8.4 Probation

Almost all clients reported having developed close and productive relationships with their Offender Managers, who they described in similar ways the Lighthouse Project staff. Clients who had previously been on a community order highlighted how the individual support they were receiving from their Offender Manager alongside their treatment sessions, was having a positive impact on them, where previous orders had failed to do so. However as found with the ATR clients, not all ATP clients had the same Offender Managers throughout their time in treatment which was found to be disruptive.

Recommendation: In the interests of building positive and productive relationships between clients and their Offender Managers it is recommended that in future Probation strives to ensure clients have regular contact with the same officer where possible.

Overall, the relationships established between ATP clients and their Offender Managers were more positive than those reported by ATR clients. It should be noted however that such relationships may have been pre-existing for some ATP clients due to them having been on their current community orders for several months before being referred to the scheme. Therefore, some of the difficulties with establishing a positive relationship in the early stages of an order may have already been tackled. Perceptions and attitudes towards the scheme may also have differed between the two client groups due to engagement in treatment being mandatory with the ATR but voluntary in most cases for the ATP clients.

Although the Alcohol Treatment workers and Offender Managers felt that their role boundaries had been clearly defined, clients recalled discussing similar matters during Probation and treatment sessions and there was complete overlap in the areas of support provided by each service. This was also seen with the ATR clients, in both the current and previous pilots.

Recommendation: Such flexibility at this stage is not necessarily negative so long as the joint working is good. However, if the scheme is to be rolled out on a wider scale, only Offender Managers should make arrangements/referrals in relation to non alcohol- or drug-specific issues as stated in clients' sentence plans. Communication between Probation and Lighthouse Project must also remain strong to ensure clients' needs are discussed, duplication of effort is avoided and conflicting advice is not given.

8.5 Substance Use

Responses collected during initial assessments indicated high levels of alcohol consumption, dependence and associated risks among the ATP clients. Together with reports of withdrawal symptoms and regular morning drinking, this provided substantial evidence of the need for pharmacological detoxification and other interventions aimed at tackling dependency. When interviewed, several clients attributed their ability to control their drinking to their time spent in detoxification.

Alcohol scales showed overall drinking levels had decreased throughout the treatment period. AUDIT, AUDIT-C and LDQ scores, and the number of alcohol units consumed weekly, were significantly lower at the six-month stage compared with the assessment stage. The number of drink-free days had also significantly increased. However, many clients remained alcohol dependent after six months and drinking above recommended weekly amounts was commonplace.

Positive impacts of treatment in relation to alcohol use and health were substantial in the first three months following referral but less so in the second three months. The lower attendance rates and disengagements from treatment seen during the second three months are likely to be factors here, as fewer opportunities for one-to-one support could have both contributed to, and been a reflection of, clients' de-motivation. A similar trend in impacts was identified in measures of psychological health and drug use as part of the Evaluation of the Drug Interventions Programme in Wirral (Regan and Duffy, 2007).

Recommendation: More work is needed to focus on keeping clients engaged and motivated beyond three months and what can be done to help them following the initial impact. Sustained support beyond the six months is also vital to ensure that clients' alcohol and related problems continued to be addressed and that the benefits of the ATP are not just short-term.

Some clients felt they required drug advice and there were reports of opiate and crack use in addition to alcohol use throughout the treatment period.

Recommendation: Future alcohol interventions should continue to identify illicit drug use and offer drug-specific information and support to clients, making referrals where appropriate.

8.6 Offending

There was mixed evidence in relation to the criminal justice benefit of the ATP. Clients reported being in trouble with the police and fighting less since being in treatment, however PNC data showed conviction levels remained fairly unchanged pre- to post-referral. Conviction rates actually increased for around a quarter of clients, most of whom had disengaged from treatment, suggesting client retention is fundamental to preventing further offending.

Recommendation: Re-conviction data for these clients should be examined in future to provide a comparison of offending over a longer time period.

Matching of TOP data and PNC re-conviction data revealed under-recording of offending behaviour. The criminal justice setting in which these forms were completed may have inhibited clients from disclosing recent offences. It is also possible that Alcohol Treatment workers considered it unnecessary to record the very recent offences that had resulted in some clients being referred to the scheme.

Recommendation: To ensure the crime section of the TOP forms capture accurate information, it is recommend that Alcohol Treatment workers explain the purpose of the TOP form to clients, emphasising its use as a motivational tool, and attempt to complete the section in full. Meanwhile caution should be taken in utilising the TOP form to monitor offending behaviour for this client group.

8.7 Health

According to scale and self-report measures, the intervention had a positive impact on clients' health, particularly their psychological health. There was a significant decrease in GHQ scores between the assessment and six-month review stage and clients perceived their mental functioning and general health to have improved as a result of making changes to their drinking behaviour. However mental and physical health problems were prevalent upon assessment and remained a concern for several clients at the review stages.

Recommendation: It is important that the Psychological Therapist and Nurse continue to work alongside the Alcohol Treatment workers to play a major role in clients' treatment in order to ensure their psychological and physical health needs are adequately addressed.

8.8 Other Needs

Accommodation, legal and financial needs were also reported through the treatment period.

Recommendations: Links established with local housing services/associations should remain and be utilised where appropriate to prevent clients from becoming or remaining homeless. Probation need to ensure legal and financial problems are identified and that suitable advice is provided/sought.

8.9 Future and Aftercare

Overall, relative to the ATR clients, the ATP clients appeared less confident in their ability to tackle their problems with alcohol without ongoing support from their Alcohol Treatment worker after six months in treatment. Several clients remained in treatment beyond six months showing longer-term treatment is often necessary.

The difference between the ATR and ATP groups potentially reflects differences in the ways they perceived their treatment; for the ATR clients it was something they had been ordered to do by the court for set period of time, whereas the voluntary nature of attendance by the ATP clients perhaps meant they viewed treatment to be an additional and beneficial element to their order which was available to them for a longer period of time. It is also possible that ATR clients were more guarded in the answers they gave due to concerns that if they stated they were not fully in control of their drinking this could have implications for the completion of their ATRs, despite assurances of confidentiality made by the interviewer.

There was uncertainty among some clients about the duration of their treatment and the period for which they would have access to support from their Alcohol Treatment worker and the Behavioural Therapist. For several of the clients whose treatment ended after six months, arrangements had been made for them to attend activities or groups regularly. Others exited treatment at this stage without further professional support. There was no formal procedure to ensure clients could re-engage with Lighthouse Project or an alternative alcohol treatment provider in future if necessary.

Recommendation: Exit and re-entry strategies from and to the scheme need to be put in place to ensure the positive impacts that can be seen among the clients are lasting, as currently ATP clients inevitably form a group at risk of relapse. This might involve the creation of a support group solely for this purpose.

8.10 Conclusion

The ATP has provided a route to structured alcohol treatment for this group of offenders who were alcohol dependent and experiencing a range of related problems upon referral. Treatment options were tailored to individuals' needs and take-up of referrals was generally good.

Around half of the offenders referred to the scheme did not attend their comprehensive assessment and others later disengaged from treatment, which resulted in low sample numbers and has made conclusions around the potential success of the scheme on a wider scale difficult to draw. However for the clients involved in the evaluation there were significant improvements in a number of areas including alcohol use, health and relationships. These improvements were to a large degree attributable to the in-depth discussions that took place during one-to-one treatment and Probation sessions and the positive relationships that were built between clients and their Alcohol Treatment workers and Offender Managers.

Positive changes were most prominent in the first three months of treatment. After six months some clients remained alcohol dependent and required further support. Future interventions should therefore focus on retaining and motivating clients to ensure long-term effectiveness.

As with the ATR group, assessment of re-conviction over a substantially larger period than attempted here would be necessary in order to form any concrete conclusions on the scheme's effectiveness in tackling offending.

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