

# TARGET CULTURE



A target culture is dominating treatment in the criminal justice system – to the detriment of clients' long-term health and wellbeing. This was just one of the conclusions to emerge from a day of debate between key stakeholders in the criminal justice system. **DDN** reports

**H**ow often do we take a long hard look at the journey taken by clients through the criminal justice system – and actively consider what's working and what's not? Last month the Conference Consortium's event *In somebody else's shoes* invited delegates who work in all parts of the system, alongside those who had been through it themselves as service users, to identify both good and bad practice and highlight areas for change.

John Hedge, conference chair, who has had a long history of working within probation and community safety partnerships, was impressed by 'the unusually high numbers of people there who had direct knowledge of services, because they had actually used them'. Through a programme of workshops, rather than set-piece speeches and presentations, he encouraged facilitators to steer their groups through a maze of issues, prompted by specific scenarios that were based on real cases – a young heroin user who had been referred to probation for a pre-sentence report after shoplifting; an HIV positive mother contemplating the risk of homelessness on her release from prison, and a cocaine user with hepatitis C who had been charged with several shoplifting offences and faced the charges without having any support from an estranged family and former partner.

Problematic issues and 'pinch points' were identified throughout a day of highly focused discussions. As John Hedge comments:

'There was a wish to see a change from the target culture, which had been driven for so long by the Ministry of Justice and the NTA. There is an appetite for more flexibility and a greater interest in outcomes.'

'Delegates stressed how important support and wraparound services were – housing, leisure and employment. There is a clear message here about the need

for more work on mainstream services and the need for them to respond better to those wanting to sustain a new lifestyle.'

'Everyone seemed to be realistic about impending financial cutbacks in services and were worried about how this would impact on frontline services. People recognised that more imagination and flexibility would be needed in coping with this – less bureaucracy and more activity. There may be a bigger role as well for the community and volunteers – a point backed up by one of the final panel speakers, Jonathan Aitken.'

'Delegates were aware of the new agenda on client choice and self-directed care. They recognised that work needed to be done on the application of these core public service reform ideas to the drug and alcohol field – especially where criminal justice is involved.'

Reflecting on the opportunities that led from a day of candid discussion, he added:

'One serious deficit, I felt, was the lack of senior NOMS or NTA representation – fear that both organisations missed an unusual opportunity to hear from a sizeable audience about what really works and doesn't work. I think this was a great shame, but I'm afraid rather typical of the top-down culture, which the conference was so concerned about.'

'It was a pleasure to chair an event that was so active and engaged so many people – the main thing now is for the issues to be followed up. DDN played an active part in the event and committed to producing this special edition to help take the debate forward – I hope services, service users and those who fund the work can follow up the points raised.'

## Finding the 'pinch points'

**Delegates were split into four facilitated workshop groups and asked to look at scenarios, based on actual cases, from one of four perspectives – treatment, assessment (CARAT and DIP), care management and commissioning, and those who access services.**

### 'We've seen treatment services go backwards'

'Prison's not the place for people to go with an illness'; 'the criminal justice system is driven by politics, not need'. These two statements summed up the feelings of many participants in the 'treatment' workshop.

Delegates working in all areas of the criminal justice system, along with those who gave their experiences as service users, wanted the focus to be firmly back on health instead of targets. Assessments were becoming tick-box exercises to feed statistics, instead of a gateway to a range of treatments, they said.

Service user choice was often an illusion, exacerbated by regional characteristics and variation in provision. For example, Cornwall had 'a good network of provision, but the long distances can be a massive problem'. And more specifically – 'you can only get naloxone here if you've just come out of prison'. A London probation officer reported difficulty in helping the large number of people of no fixed abode – 'also ASBOs – one chap had ten of them, so was not allowed to have any paraphernalia'. Barking reported having 'just two detox beds – and they're in a mental health ward'.

Progress on resolving such practical issues was hampered by targets, which 'led to competition, not cooperation'.

'We've seen services in this country go backwards,' said workshop leader Aiden Gray. 'Substances affect clients differently, so you have to work with them differently. We're focusing on crack and heroin and not getting it right in dealing with people with different prescribing needs.'

### 'Assessment processes are denying clients vital opportunities'

'Our assessment processes throughout CARAT and DIP are characterised by inconsistency and lack of communication that are denying clients vital opportunities.' These conclusions from the 'assessment' workshop applied right the way through the criminal justice system – from a failure to individualise Drug Rehabilitation Requirements (DRRs), through to an ineffective transition from prison to the outside world.

Consistency in training and standards should reach right across the board, said participants – which should in turn allow staff from magistrates and judges to prison governors to understand the options available on drug treatment. 'A lot of magistrates just don't understand what a day programme could or should be' was typical of the comments highlighting ignorance that led to lost opportunities.

'There's not enough drug awareness,' commented a DIP worker. 'It's very "one size fits all" – we have to cover health and smoking before we even get to drugs.' 'Social services need to be more knowledgeable about what drug workers go through,' commented another.

There was a strong call for information-sharing between different teams – and illustration of how child protection and drug teams could do more together for families. Add specific healthcare, such as HIV treatment, and 'total therapy' could be tailored to need – but this depended on interlinking budgets for a family treatment package.

### 'Commissioning is skewed by narrow options'

Care management and commissioning were being skewed by criminal justice agencies' focus on problem drug users – PDUs, defined as heroin or crack cocaine users – and this was having the effect of discounting more logical

options, concluded a group led by Fran Holgate of Compass. Treatment agencies were getting twice as much money for PDUs as other clients, so there was consensus that treatment was 'not about choice, but about money'.

A postcode lottery in services added to inconsistency, and success was also heavily influenced by how a client got on with their keyworker. 'The relationship based on one meeting makes too big a difference to clients' treatment,' a delegate pointed out.

This meant that one-dimensional treatment decisions often went unchallenged: 'We have clients who have been scripted for ten years – they can't work or have kids and no one has ever spoken to them about an exit strategy,' said one participant. A service user commented: 'I was moved from 30ml to 120ml of methadone in three months and was never offered a reduction,' adding that he eventually titrated his own reduction and was now free from maintenance drugs.

These narrow treatment options were failing to take advantage of some logical options: 'We work with street drinkers and it can take a while to build up a relationship, but the NTA won't fund it as we are not "moving people into treatment" – but I see what we're doing as treatment,' a delegate commented. Provision for alcohol and stimulant users was seen to be woefully inadequate.

### 'It's become a business... they've lost sight of service users'

Despite significant improvements in recent years, there was still much to be done to move things forward for service users, the group looking at the perspective of 'those who access services' agreed. The Home Office's use of phrases such as 'gripping people in services' was perhaps indicative of their view of service users, suggested group facilitator Kevin Molloy from KCA.

Looking at specific scenarios highlighted gaps in services and demonstrated where service users were being set up to fail, from initial assessment through to aftercare – or lack of it. Drug users who had come into contact with criminal justice services and would benefit from appropriate interventions were not receiving them because they were not classified as PDUs or PPOs.

Delegates also questioned whether DIP was effective for people with multi-drug use issues, particularly where alcohol was involved: 'Many people who are alcohol dependent also use cocaine, but because they don't use crack or heroin, they're not seen as a problematic user,' said one. 'What do you do, go away and become problematic? It's exacerbating the problem.'

DRRs could be effective but only if resourced properly, with one-to-one work and continuity of key workers. An ATR (alcohol treatment requirement) could be a solution for many, but clients are not allowed to be on a DRR and ATR at the same time. 'It's about how it's commissioned,' said one delegate. 'Having one commissioner who deals with both would make more sense – at the moment it's a postcode lottery.'

Service users should be able to coordinate service packages with staff, with the necessary input from criminal justice workers, said delegates, adding that resources were a key issue: 'We need either more staff or less paperwork,' said one. 'As a worker most of the time you're sitting in front of a computer or filling in forms, not with the client.'

Some negative feedback about the probation service related to probation staff being seen as more authoritarian and 'part of the system' than treatment staff. There was the issue of an overwhelming workload – but probation officers who wanted to work with drug and alcohol users made all the difference: 'Everybody just wants to be listened to and understood, no matter who they are,' said one delegate.

Fundamental issues like housing and benefits were not being addressed, delegates agreed, with clients sometimes having to wait months. 'It's a maze, it doesn't work together,' commented one. 'That's why everyone needs to be around the same table, with service user input.' 'It's all become a bit of a business, with targets and funding,' said another. 'They've lost sight of the service users.'

## Culture change

### Is the target culture embedded, or can we move towards something more meaningful?

#### Can we change the target culture?, the conference panel was asked

How do we move away from a potentially damaging target culture to one based on outcomes? This question, raised throughout the day's workshops, was thrown to Jonathan Aitken, the ex-minister who had spent seven months in prison in 1999. 'I've had a worm's eye view and a bird's eye view of the criminal justice system,' he told delegates. 'When ministers set targets they often do it in a sense of Whitehall unreality.'

There was a general and growing realisation that the target culture had failed, he said – what was called for was local, rather than Whitehall, supervision. 'You can't expect Whitehall and Westminster to abandon targets overnight, but they could bring it down to a more local, community level. The local community knows where it's succeeding and where it's failing – the target culture from Whitehall is not meaningful.'

Targets had become firmly 'embedded' in New Labour ideology, said fellow panellist, assistant general secretary of probation officers' union, NAPO, Harry Fletcher. 'The administration that's still in power is realising that targets have backfired,' he told the conference. 'It's not just us – it's nurses, teachers, everyone. They've alienated swathes of people across these sectors, with workers slaves to paperwork and computers.'

There was 'possibly an inherent contradiction between national targets and the personalisation agenda', commented Findings' Mike Ashton, while John Hedge said the target culture had the potential to be 'de-skilling and de-motivating'. It enabled bad work to be hidden for long periods and led to unresolved tensions, as 'nice models do not translate into realities', he said. 'We need to go back and look at the contract with the public.'

'The game of targets is a complex and damaging one,' said Paddy Costall of the Conference Consortium, who called for them to be simplified as a matter of urgency. 'Simple targets are not easy to manipulate – you either do it or you don't. We also need to be mindful of, and receptive to, the needs of service users.'



## Getting personal

### How can the 'personalisation' agenda best be applied in a criminal justice setting?

#### Would 'personalisation' work?

In the afternoon, the groups were asked to consider how things might look under the NHS's growing 'personalisation agenda', in which responsibility for allocating the budget would be devolved to the service user, with professionals effectively taking on the role of mentor or advocate to help them spend it on what was needed. Service users could then purchase wraparound services without having to rely on goodwill, placing them in the role of expert.

'The first thing I would have done would have been to go somewhere safe,' said one service user delegate, when asked what they would buy if they controlled their own budget. Others suggested college courses, gym membership, skills building and opportunities to expand hobbies and interests, as well as helping people to move to different environments where they would be less likely to use. There were also parenting courses, medical services, befrienders and recreational activities. 'But if I'm just coming off drugs and I feel like shit every day I'm not going to want to go bowling,' commented one service user delegate. Another delegate commented: 'The thing I hear people most say they want is a home.'

It was agreed that the personalisation agenda should not kick in with a given client until deemed appropriate, so that service users would not have this thrust upon them the moment they entered treatment. There would be opportunities to link with other services and provide things that were not possible before, but responsibility would also fall on the service user, with the structure functioning like a contract.

There were also political issues to be addressed, such as waiting times and budgets – 'it would mean drug workers would need to be like accountants,' said one delegate. 'I wouldn't like to be in charge of that kind of money, knowing I could mess up someone's treatment journey.'

Most delegates saw personalisation as a huge opportunity to increase choice for service users and encourage healthy competition between services – 'services will have to up their game and improve'. But some CARAT and drug workers were concerned that it could 'be disempowering and bring about a power change. Clients will have a choice about where they go – but what if we aren't that choice?'

Clearly the perceptions of the public and media would also be a huge issue. 'It could create animosity and stigma, and potentially bring on relapse,' said one group member. 'There'd be the whole thing of "how come you get all this?".' This would be particularly acute in prisons, it was felt, with non-drug using prisoners feeling aggrieved.

It was agreed that there would need to be a robust framework – to help people understand the choices and the responsibility that would come with them. But delegates also felt it offered a real opportunity to normalise drug services as long-term care providers 'rather than just for the next six months.'

Despite questions about how it would operate, most delegates were optimistic about the potential of personalisation and contemplated as 'liberating' the opportunity to explore beyond existing treatment options: 'Because it's all about individuals it can't be a proven package – but the big benefit is that it focuses on ambitions and goals,' said one delegate.

Another spoke on behalf of the many service users at the conference who saw personalisation as a logical route to direct involvement in their own treatment choices:

'We've got ex service users and service users doing outreach work. We've got ex service users and service users doing client forums. Why can't we have clients choosing the treatment they need, because they know what works. Who knows the client better than themselves?'