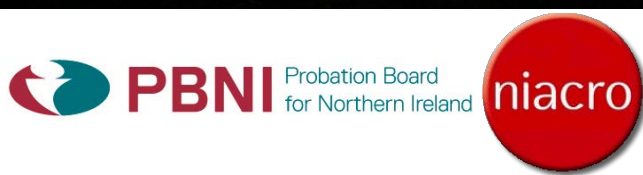




# EVALUATION OF ASPIRE SEPTEMBER 2017 TO SEPTEMBER 2018










March 2019

# Acronyms

ACE	Assessment, Case management and Evaluation
CPO	Custody Probation Order
CRJI	Community Restorative Justice Ireland
DCS	Determinate Custodial Sentence
DOJ	Department of Justice
ECS	Extended Custodial Sentence
HRCS	Human Resource Consultancy Services
IRC	Independent Reporting Commission
NIACRO	Northern Ireland Association for the Care and Resettlement of Offenders
NIPS	Northern Ireland Prison Service
NISRA	Northern Ireland Statistics and Research Agency
PPANI	Public Protection Arrangements in Northern Ireland
PBNI	Probation Board for Northern Ireland
PIMS	Probation Information Management System
PO	Probation Officer
PSO	Probation Service Officer
PSNI	Police Service of Northern Ireland
ROP	Reducing Offending in Partnership
SROSH	Significant Risk of Serious Harm

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This report provides the findings from an evaluation of the Aspire initiative a preventative project which works with young men aged 16 to 30 who are at risk of becoming involved or further involved in criminality.

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## Acknowledgements

We would like to record our thanks to all of the participants who gave us their views in a frank and genuine manner. This report is based on what they told us.

# Executive Summary

## 1.1 Context

- PBNi developed the Aspire initiative in response to recommendation B12 of 'The Fresh Start Panel Report'. It stated that the Executive, in conjunction with PBNi, should develop and implement a collaborative initiative between Government departments and restorative justice partners to focus on young men at risk of becoming involved, or further involved, in paramilitary and criminal behaviour.
- Operational since September 2017, Aspire combined restorative practices and peer mentoring with targeted support in respect of employment, training, housing, health and social services. The target group for inclusion were 16 to 30 year old males either subject to statutory supervision or outside the criminal justice system (non-statutory) and who fitted a wide range of criteria. While there was a focus on those living in seven areas with entrenched paramilitary influence, this was not exclusive.
- Statutory service users fitting all the criteria (known as Aspire Referrals) were supervised mainly by Probation Officers (PO) within the Aspire team through weekly PO/Probation Support Officer (PSO) contact providing intensive interventions and focussing on desistance and alternative pro-social pathways. Statutory users who did not meet the threshold for the 'Aspire Referral' element remained with the community team but consideration was given for peer mentoring. All statutory service users received support from a dedicated Northern Ireland Association for the Care and Resettlement of Offenders (NIACRO) adult mentoring programme for up to 16 weeks.
- The non-statutory element (known as Aspire Community Engagement) of the project was for young men who were previously involved or not involved in the criminal justice system. Led by NIACRO and in partnership with NI Alternatives and Community Restorative Justice Ireland (CRJI) it consisted of community based interventions, including restorative justice approaches. All service users were supported for up to 16 weeks either by NIACRO mentors or support workers from NI Alternatives or CRJI.
- This report, based on an analysis of quantitative administrative data and qualitative information gathered through surveys, interviews and focus groups with service users, mentors, PBNi staff and stakeholders, provides an overview of the impact of Aspire on participants and wider society.

## 1.2 Service Users

- A total of 502 service users (252 statutory and 250 non-statutory service users) were accepted on to the Aspire initiative from 1<sup>st</sup> September 2017. By 1<sup>st</sup> September 2018, 160 of the 252 statutory service users had completed the mentoring element of the initiative. Of the statutory service users supervised by an Aspire PO 28 had successfully completed the initiative, 28 had been recalled or breached and 85 were currently active.
- Just under half of all service users reported that they were strongly influenced to get involved in crime, drug dealing, anti-social behaviour (44%) and that there were high levels of criminality (46%), a sense of fear and intimidation (40%) and low levels of crime, drug dealing and anti-social behaviour (41%) in their local community. Over 73% lived in one of the seven areas identified as having entrenched paramilitary influence.

## Executive Summary

- The majority (65%) of service users said they had been threatened or attacked, although only 21% said they felt unsafe. While contradictory this was likely due to a willingness to take risks, low self-esteem/confidence and poor decision making. Similarly while 57% agreed that the law was important and should be upheld, 36% agreed that the PSNI helped keep their area safe and only 25% said they would report the crime if they were a victim.
- The vast majority (85%) of service users were unemployed. Approximately three quarters (73%) had health issues including alcohol or drug problems; 70% agreed that addiction issues and 30% that drug debt had resulted in their referral to Aspire.
- Aside from drug and/or alcohol usage, difficulties including having nothing else to do (65%); getting caught up with the wrong people (59%); not caring about life (52%); always getting into trouble (51%); family relationships (44%); having no-one to turn to (32%); and feeling under pressure/threatened (28%) resulted in an Aspire referral.
- In line with identified difficulties the main focus of engagement/intervention was addiction (79%), training/employment (75%) and mental health/trauma (67%). Approximately six out of ten needed support with self-esteem, accommodation and relationship/family issues. Under threat/community issues were the focus of engagement for 56% of service users. Around half needed support with peer/gang influences and 40% with social isolation. Debt/finances and parenting were the focus for 37% and 31% respectively. Sectarian attitudes and restorative work were the focus for approximately 13%.

### 1.3 Impact on Service Users

- The provision of practical support by the Aspire PO/PSO and mentors to access critical services particularly those relating to benefits, housing and health care was identified as a major benefit of the Aspire initiative, particularly for vulnerable individuals just released from prison and dealing with the challenges of adapting to life outside. Mentors acted as advocates, helping with communication. As well as increasing service user confidence, breaking down and explaining information helped reduce anger and frustrations.
- As already highlighted drug/alcohol addiction was the main focus of engagement for the majority of service users (79%) and mental health/trauma for 67%. The research showed that the initiative was impacting on both these areas with mentors and probation staff putting a range of strategies in place to maintain stability, critical given the lengthy waiting times for support services and the challenge of obtaining a dual mental health/addiction diagnosis. During the focus groups service users themselves spoke very positively about the support they had received in these areas and approximately three quarters of exit survey respondents agreed that Aspire had helped them deal with alcohol and drug problems.
- Service users lived mainly in rental accommodation (62%), hostels (16%) or their own houses (16%); under 1% were homeless. Accommodation however was a focus for 59%. The qualitative research showed that service users appreciated the support that Aspire provided, particularly during complex and challenging interactions with the Housing Executive and 44% agreed it had helped them get a better place to live. Those living in hostels tended to be less positive about their accommodation experiences than those residing in other types of accommodation and stakeholders across the research reported mixed experiences.

## Executive Summary

- As stated previously the majority of service users (85%) were unemployed and the focus for engagement/intervention for 75% was training/employment. The qualitative research suggested however that many had never had a job or did not/had not regularly attended school, making this a difficult area to address. Support with training and employment however was welcomed by some service users and there was evidence of a number finding employment. In addition, 71% agreed that Aspire had helped them in this area. While access to Level 1 courses was good, a lack of available courses to progress to was raised as a concern. There was also a perception that some very capable service users had the potential to be 'pigeon holed' either by a lack of confidence in themselves or a society that perceived them as 'only for a building site', when educationally they were capable of achieving much more.
- Just over a quarter of service users had at least one child although focus group discussions suggested that the vast majority did not have contact. Those keen to obtain access were encouraged to complete the Barnardos Parenting Matters programme, an initiative focussing on the child and the impact of offending on their development. In total 17 service users were referred to Barnardos. While this may seem low many had already completed the course while in prison or had undertaken the 'Dads Project', a Parenting NI initiative. Others, focussed on other resettlement issues, did not see the course as a priority and consequently were unwilling to engage. Overall almost three quarters of service users agreed that Aspire had helped them to get on better with their family.
- The responsive and flexible service provided by both PBNI and NIACRO and the impact of the 'pro-social role' provided by mentors was identified by stakeholders across the research as supporting service users to stay out of trouble. The majority of individuals who successfully completed the initiative said that Aspire had helped them take a better path in life (83%) and avoid/reduce re-offending (78%). Most believed that they would be able to resist negative pressure to become involved in criminality in the future (83%). Approximately nine out of ten said they were unlikely to commit an offence in the future and 72% said they were unlikely to associate with people who may encourage them to. Stakeholders generally felt however that the high risk, chaotic nature of service users meant that reoffending should not be the only significant marker of the success of the programme but rather it should also include how service users had improved across the different areas that the initiative spanned. While it was inevitable that there would be some returns to prison, recognising the significance of small but positive steps was important.
- The support provided by POs and mentors along with the provision of practical support, encouragement to remain clean/sober, provision of training, improvement in family relationships and support to stay out of trouble have enabled service users confidence to grow especially with accessing services and communicating with people. Approximately eight out of ten service users agreed that taking part in Aspire had increased their confidence in their future.
- There were statistically significant decreases between pre and post Aspire ACE scores (i.e. the likelihood of re-offending score) among those who successfully completed the programme and were supervised by an Aspire PO.

# 1

## Executive Summary

### 1.4 Impact on Others

- The children of service users indirectly benefitted from the Barnardos and Parenting NI programmes through the development of service user parenting skills and increased awareness of the impact of their actions on their children. The intensive nature of the mentoring element of Aspire also provided support for service users' parents.
- The intensive nature of support for service users by both mentors and Aspire POs/PSOs relieved some of the pressures experienced by hostel staff.
- The research identified several benefits for PBNi including increased stability when service users returned to community POs. PBNi were responsible for risk management whilst supporting and encouraging service users towards positive resettlement; mentors on occasion acted as a buffer between service users and POs, encouraging meaningful compliance with the supervision process and adherence to licence conditions. Most of the young men led chaotic lifestyles and had complex needs.

### 1.5 Overall

- The qualitative and quantitative evidence highlighted in this evaluation shows that Aspire is a highly worthwhile and effective programme for service users who very much value the support it provides. It has impacted positively on their lives through the provision of both practical and emotional support. The commitment of both the Aspire POs/PSOs and mentors is impressive and the regard in which they are held by service users and stakeholders is extremely high.



# Executive Summary

## 1.6 General Themes



### Targeting the right people

The research identified that the right people were being targeted - almost three quarters lived in one of the seven areas identified as having entrenched paramilitary influence and around two thirds said they had been threatened or attacked. The vast majority were unemployed, had health and addiction issues; around one third said drug debt had resulted in their referral to the Aspire initiative. In line with identified difficulties the main focus of engagement was addiction, training/employment and mental health issues.



### Intensive, adaptable and flexible

The flexibility and adaptive nature of the programme was seen as highly effective as was the intensive support provided by both PBNI and NIACRO staff who were able to respond to demands very quickly. Having someone to co-ordinate the complex aspects of service users' lives and the availability of support at weekends and outside of normal office hours were also highly valued. The support provided by the PSO was seen as an essential element of the initiative.



### Practical and emotional support

Accessing critical services, particularly those relating to benefits, housing and health care was challenging so the practical support provided by Aspire was identified as a major benefit. As well as providing guidance with complex housing and benefit issues, POs and PSOs alongside mentors acted as advocates between service users and providers, breaking down and explaining information, something seen as particularly beneficial in relation to health care provision.



### Wide range of benefits for service users and wider society

The Aspire initiative provided service users with support for mental health/addiction issues, housing, training/employment, and parenting. The responsive, flexible, intensive support enabled service users to stay out of trouble and increasing confidence. The support provided to hostel staff and families of service users were additional benefits. The relationships between mentors and POs were very strong with POs/PSOs holding service users to account and mentors encouraging them to engage with the requirements of probation orders/licence.



### Good collaborative relationships

Working relationships across all stakeholders organisations were identified as excellent.



## 1.7 Going Forward

Evidence has shown that the Aspire programme is working very effectively. A small number of recommendations are detailed below for consideration going forward:

- A number of suggestions were made by participants to the research regarding the provision of additional courses/activities (see section 7.3). Determine the feasibility of these suggestions, and explore whether more follow up post Level 1 courses are available to enable service user progression.
- Explore the possibility of cross over between NIACRO statutory and non-statutory mentors to allow wider and more efficient geographical coverage.
- The high risk, chaotic nature of service users means that reoffending should not be the only significant marker of progress and instead 'distance travelled' in relation to reoffending may be a better marker. Explore whether offending profiles for statutory service users are available from DoJ's Analytical Services Unit. In addition both PBNI and NIACRO have recently started using the Outcome Star System specifically the Justice Star. Once sufficient information has been collected it should be analysed to gauge progression.
- Quantitative data is an important source of evidence for applications for further funding streams. This supporting data is currently collected and held across a number of different sources/organisations making it difficult to easily obtain overall participant numbers. Explore whether it is possible to have one central repository.
- PBNI staff are trained in restorative work. This should be explored in relation to delivering a service for those on statutory supervision.

## 2 | Context

This report presents the findings of the evaluation of the Aspire initiative, a preventative project which works with young men aged 16 to 30 who are at risk of becoming involved or further involved in criminality and paramilitarism. The aim of the evaluation was to assess the effectiveness of Aspire in meeting its aims and to determine its impact on the lives of participants and wider society.

### 2.1 Background

While significant progress has been made with paramilitarism since the ceasefires of the 1990s, further progress is required to bring continuing paramilitary activity to an end. In November 2015 the Executive and the UK and Irish Governments published ‘A Fresh Start – the Stormont Agreement and Implementation Plan’. Aiming to address some of the most challenging issues facing society, it reaffirmed support for the rule of law and provided a framework for tackling paramilitary activity and organised crime. This framework included the appointment of an independent three person panel to report to the Executive with recommendations for a strategy for disbanding paramilitary groups. Lord Alderice, Professor Monica McWilliams and John McBurney were appointed to undertake this role in December 2015. Their report ‘The Fresh Start Panel Report on the Disbandment of Paramilitary Groups in Northern Ireland’ was published in June 2016. Setting out a strategy that followed four broad objectives, (A. Promoting Lawfulness; B. Support for Transition; C. Tackling Criminal Activity; D. Addressing Systemic Issues), it contained 43 recommendations, one (B12 within Support for Transition) of which stated –

*‘The Executive, in conjunction with the Probation Board, should develop, fund and implement an initiative (based on the INSPIRE<sup>1</sup> model) focused on young men who are at risk of becoming involved, or further involved, in paramilitary activity. This initiative should be a collaboration between Government departments and restorative justice partners to combine restorative practices and peer mentoring with targeted support in respect of employment, training, housing, health and social services’.*

The Executive subsequently responded to the panel’s report in July 2016 with the publication of ‘The Executive Action Plan for Tackling Paramilitarism, Criminality and Organised Crime’. Acknowledging the valuable contribution the recommendations made to tackling paramilitarism, the report set out an action plan of how each would be taken forward and implemented. The plan for implementing B12 stated –

*‘The Probation Board will lead on the development of a model aimed at systematically addressing the age related specific risks, experiences and needs of young men who have offended and are at risk of being drawn into crime and paramilitarism. The model will be co-designed between Government departments and restorative justice partners to combine restorative practices and peer mentoring with targeted support in respect of employment, training, housing, health and social services’.*

This led the Probation Board for Northern Ireland (PBNI) to develop Aspire, an initiative operational since September 2017 and endorsed in October 2018<sup>2</sup> by the Independent Reporting Commission (IRC). The IRC was established by the UK and Irish governments in August 2017 to

<sup>1</sup>The Probation Board for Northern Ireland established the INSPIRE Women’s project in October 2008 ‘to develop and deliver in the community a new, enhanced range of gender informed services which would directly contribute to reducing women’s offending through targeted community based interventions’.

<sup>2</sup><https://www.irccommission.org/sites/irc/files/media-files/First%20Report%202018.pdf>

## 2 Context

report on progress towards promoting lawfulness under the terms of the Fresh Start Agreement. They welcomed the wider involvement of organisations in the provision of mentoring services, including those involved in restorative justice and the targeted approach towards those most at risk.

### 2.2 Criteria for Inclusion in Aspire

PBNI established a dedicated team consisting of a manager with overall responsibility for the programme, as well as three Probation Officers (POs), three Probation Service Officers (PSOs) and a part-time Administrator to lead and implement Aspire.

Its aim was to address the experiences and needs of young men at risk of becoming involved or further involved in criminality and paramilitary influence by combining restorative practices and peer mentoring with targeted support in relation to employment, training, housing, health and social services. The target group for inclusion were 16 to 30 year old males either subject to statutory supervision or outside the criminal justice system (non-statutory) and fitting the following criteria –

- Originating from families experiencing inter-generational trauma;
- Originating from families living in high social deprivation;
- From households where lack of parental control is an issue;
- With mental health issues and low levels of self-esteem;
- Who may be in drug debt;
- With a lack of prospects and social marginalisation;
- Who are unemployed, with low educational attainment;

- Involved in drug and/or alcohol abuse;
- Involved in anti-social behaviour;
- Who may be under threat (or previous threat) within their community;
- Looking to ‘find their place, a sense of belonging’.

The criteria were based on research which identified the characteristics that made young men more likely to be vulnerable to criminality and paramilitary influence. While many of these characteristics are common to any young man involved in criminality, Aspire focussed (although not exclusively) on those living in areas with entrenched paramilitary influence and who were therefore most likely to become involved or further involved in criminality and/or paramilitary influence. The areas of focus were identified as –

- North Belfast, including Newtownabbey;
- West Belfast;
- Derry/Londonderry, Strabane and Coleraine;
- Larne and Carrickfergus;
- East Belfast;
- Craigavon, Lurgan and Portadown;
- Newtownards and Bangor.

It should be noted that the Aspire team takes referrals from across Northern Ireland.

### 2.3 Statutory Referrals

Statutory referrals to Aspire were made by POs and Northern Ireland Association for the Care and Resettlement of Offenders (NIACRO) staff both within the prisons and the community. Referrals were also received from prison staff. The Aspire manager then determined whether service users who were on statutory supervision fitted the eligibility criteria. While those fitting all or most of the criteria were accepted on to the

## 2 Context

initiative, the constituent elements of Aspire in which they engaged varied –

- **Statutory Referrals Fitting All Criteria (known as Aspire Referrals)**

Service users fitting all the criteria were generally supervised by POs/PSOs within the Aspire team for at least 26 weeks. This was flexible however, and in a small number of cases (those supervised under, for example, the Public Protection Arrangements in Northern Ireland (PPANI)) the community PO provided primary supervision with the Aspire PO taking on a secondary role to provide support and ensure the necessary referrals to e.g. adult mentoring services and/or the Barnardos Project were made.

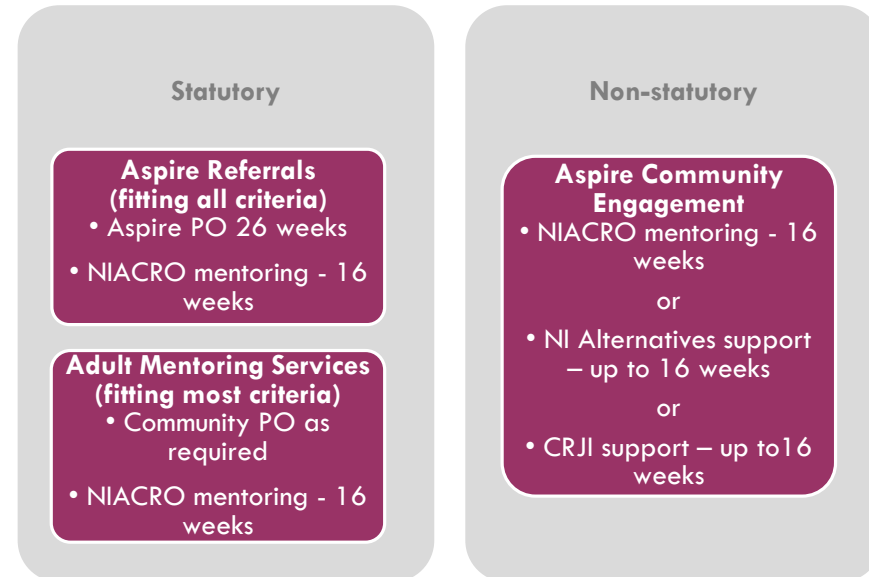
Aspire supervision entailed weekly contact with POs and PSOs providing intensive interventions, focussing on desistance, encouraging access of alternative pro-social pathways including employment or training, stable housing and a focus on personal development, health and wellbeing. POs with support from PSOs co-ordinated referrals to, and worked collaboratively with, relevant community and voluntary sector groups to address substance related/mental health issues and other offending related factors. In addition to the intensive support provided by the PBNI Aspire team these individuals also availed of a mentoring programme provided by a dedicated team within NIACRO for 16 weeks and also had the opportunity to be referred to the Barnardos Project to focus on parenting issues.

At the end of the six month period the Aspire manager in conjunction with the PO and PSO decided whether the service user should transfer back to the local community team. This was however flexible and if there were particular difficulties at the time of transfer or the service user's period of supervision was due to end in the near future the Aspire team retained case management responsibility.

- **Adult Mentoring Services Only**

A number of service users who did not necessarily meet the threshold to be considered into the Aspire project met the criteria to be referred into the Adult Mentoring Services. This involved the provision of a NIACRO mentoring service for 16 weeks, focussing on support with housing, accessing a GP following release from prison, assistance with benefits etc. PBNI supervision was by the assigned community PO rather than an Aspire PO.

**Figure 1 – Statutory and Non-Statutory Interventions**



## 2 | Context

### 2.4 Non-Statutory Referrals

As well as providing a dedicated mentoring service for statutory service users, NIACRO took the lead in the element involving young men who were previously involved or not yet involved in the criminal justice system. Known as 'Aspire Community Engagement' it involved a range of community based interventions, including restorative justice approaches for young men who were not subject to statutory supervision. Working in partnership with NI Alternatives and Community Restorative Justice Ireland (CRJI), referrals were largely identified by the three organisations with some involvement from other community and voluntary sector partners, local community groups, youth/educational welfare services, PSNI (ROP) and prison staff. In some cases referrals to Alternatives and CRJI came directly from family members or from schools. Generally service users referred to NIACRO were supported by a NIACRO mentor. Similarly service users referred to NI Alternatives or CRJI were supported by staff within these organisations.

The main criteria used for the non-statutory element were aged 16-30, under threat in their community, with drug debt and living chaotic lives.

Many of the non-statutory service users working with NIACRO had just been released from prison where they had been serving short-term sentences but without statutory PBNi involvement on release. All availed of the mentoring element of the initiative for 16 weeks. Service users were based across Northern Ireland.

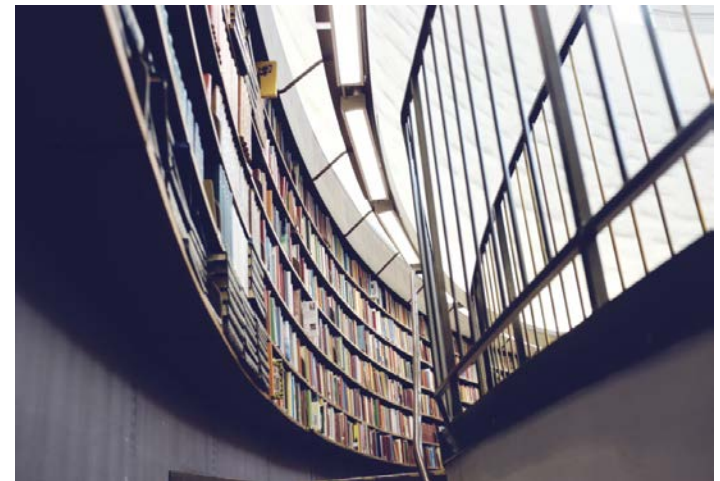
In contrast service users working with NI Alternatives and CRJI tended to be younger (generally 16 to 22) with some still at school. They also lived within the communities where the mentors from these two organisations were based - mainly within the Shankill, North Belfast (NI Alternatives) and West Belfast (CRJI) areas.

### 2.5 Evaluation Aims and Objectives

The purpose of the evaluation was to assess the effectiveness of Aspire in meeting its aims, as set out in 'The Executive Action Plan for Tackling Paramilitarism, Criminality and Organised Crime' namely 'combining peer mentoring with targeted support in respect of employment, training, housing, health and social services'.

The evaluation also aimed to determine Aspire's impact on the lives of participants and wider society.

This report outlines the methodology, findings, conclusions and recommendations.



# 3 | Evaluation Approach

## About this Chapter

This chapter provides an overview of the data collection techniques used and the limitations involved.

### 3.1 Data Collection

The evaluation used a mixed methodological approach combining the following quantitative and qualitative techniques:

#### Quantitative Data Sources

The evaluation used the following:

- data collected and held by the PBNI Aspire team for the 252 statutory service users who accessed the service between 1<sup>st</sup> September 2017 and 1<sup>st</sup> September 2018. This data included demographic information, ACE scores and information regarding risk, recall and focus of interventions;
- data collected and held by NIACRO for 242 statutory service users and 250 non-statutory service users who accessed the service between 1<sup>st</sup> September 2017 and 1<sup>st</sup> September 2018. This data included demographic information.

A data sharing agreement was in place to facilitate the exchange of information between the organisations involved.

#### Interviews and Focus Groups

The qualitative elements of the evaluation involved -

- Semi-structured interviews with Probation Managers (3) and stakeholders (6);
- Focus groups with service users (17), Mentors (12), and POs (6).

Participation in interviews and focus groups was voluntary. Question schedules for the interviews and focus groups can be found in Appendices 1 and 2.

#### Questionnaires

- Entry (n=265) and Exit Questionnaires (n=129)

Service users completed an entry questionnaire at the start of the programme and an exit questionnaire when it finished. The entry questionnaire gathered data regarding service user background, safety within the area they live and problems that had resulted in their referral to Aspire. The exit questionnaire gathered information about their experience of the initiative including its impact. Entry and exit questionnaires can be found in Appendices 3 and 4.



# 3 | Evaluation Approach

**Table 1 – Measure by Evaluation Method**

**Quantitative Methods**

**Qualitative Methods**

Measure	Quantitative Methods		Qualitative Methods	
	Database	Questionnaires	Interviews	Focus Groups
Mentoring provision	✓		✓	✓
Targeted health support	✓	✓	✓	✓
Targeted housing support	✓	✓	✓	✓
Targeted employment and training support	✓	✓	✓	✓
Targeted social services support			✓	✓

# 3

## Evaluation Approach

### 3.2 Data Limitations

The following limitations should be kept in mind when reading this report:

- Participation on Aspire was on a voluntary basis. There is the potential therefore that the cohort consists of a more motivated group of individuals with a greater desire to stop re-offending.
- The Justice Star is an evidence based tool for both supporting and measuring change. It was adopted by NIACRO in May/June 2018 and by PBNi in September 2018. Information is not currently available for inclusion in this evaluation as it is too early into the process.
- While every care has been taken in collating the data, they are subject to the limitations inherent in any recording system and to variation in recording practice over time.



# 4 | Service User Profile

## About this Chapter

Service users taking part in Aspire lived chaotic lifestyles and had complex needs. Many suffered with serious mental health issues and poor emotional well being and many self reported they were self-medicating as a result of the trauma of living under paramilitary threat and/or attack in addition to suffering other adverse childhood experiences. This chapter provides an overview of the number of these service users involved in the Aspire initiative during its first year. It also profiles home location, accommodation, education and health status, the problems that resulted in their Aspire referral, views on safety within their community and the focus of the Aspire intervention.

### 4.1 Referrals

A total of 171 referrals were made to the Aspire Team (i.e. statutory service users supervised by an Aspire PO). A total of 148 service users were accepted, 141 of whom participated during the first year of the initiative. By 1<sup>st</sup> September 2018, 28 had successfully completed the programme and a further 28 had breached or were recalled; 85 were categorised as still live or waiting.

A total of 111 referrals were made for the Adult Mentoring element of the initiative (i.e. statutory service users supervised by a community PO). A total of 104 were accepted.

The Community Engagement element, received a total of 270 referrals, of which 250 where accepted.

**Table 2 – Total number of referrals made and accepted to the Aspire Project**

Referrals	Statutory		Non-Statutory
	Aspire Referrals <sup>1</sup>	Adult Mentoring <sup>1</sup>	Community Engagement <sup>2</sup>
Number referred	171	111	270
Number accepted	148	104	250

**Table 3 – Aspire Team Referrals position at 1<sup>st</sup> September 2018**

Position	Aspire Referrals <sup>1</sup>	
	No	%
Active	85	60.3
Successfully completed	28	19.9
Recalled	19	13.5
Breached	9	6.3
<b>Total</b>	<b>141<sup>3</sup></b>	<b>100.0</b>

<sup>1</sup> Data from PBNI Aspire administration records.

<sup>2</sup> Data supplied by NIACRO.

<sup>3</sup> Does not add to 148; 4 service users disengaged and 3 passed away.

# 4 | Service User Profile

## 4.2 Statutory Service Users - Numbers Availing of Mentoring Support

Table 4 provides an overview of the number of statutory service users who received mentoring support from NIACRO during the first year of Aspire. Most suffered with drug/alcohol addictions, were socially isolated with limited family support and required support with accommodation, benefits, registering with a GP and access to other support services to reduce the likelihood of reoffending. Those taking part in the Adult Mentoring Service element met most of the criteria to be considered suitable for Aspire however they may not have been living under threat or accrued drug debt.

Figures for mentoring status for non-statutory service users is not currently available. In terms of profile those working with CRJI and NI Alternatives tended to be younger than those working with NIACRO. The majority lived in the family home although more often with a mother or grandmother than a male relative. While a number were still in school, educational attainment and employment levels were generally low. Drugs were also an issue, although generally not heroin.

**Table 4 – Mentoring status<sup>1</sup> for statutory service users at 1<sup>st</sup> September 2018**

Mentoring Position	Statutory	
	Aspire Referrals and Adult Mentoring	
	No	%
Live/Waiting/Referral	78	32.2
Completed successfully	93	38.4
Completed other <sup>2</sup>	67	27.7
<b>Total</b>	<b>242<sup>3</sup></b>	<b>100.0</b>

<sup>1</sup>Data from NIACRO data capture tool.

<sup>2</sup>Support no longer required/Referral to other provider, disengaged or recalled.

<sup>3</sup>Column total does not add up to 242 because exit status unknown for 4 service users.

# 4 Service User Profile

## 4.3 Statutory Service User Status

Table 5 provides an overview of the Significant Risk of Serious Harm (SROSH) and ACE status for statutory referrals. It also provides an overview of Reducing Offending in Partnership (ROP), a partnership with PSNI which 'targets prolific offenders' in each police district and of Public Protection Arrangements NI (PPANI) which refer to the arrangements for managing those who have committed serious offences. Table 5 shows that the minority of statutory service users were SROSH, ROP and PPANI. The majority were assessed as presenting a high likelihood of re-offending. The most common licence type was DCS, followed by a probation order.

**Table 5 – ROSH, ROP, PPANI and risk status for statutory service users**

		Aspire Referrals		Adult Mentoring		Overall	
		No.	%	No.	%	No.	%
<b>Significant Risk of Serious Harm (SROSH)</b>	Yes	10	6.8	13	12.4	23	9.1
	No	137	93.2	92	87.6	229	90.9
<b>Reducing Offending in Partnership (ROP)</b>	Yes	29	19.7	9	8.6	38	15.1
	No	118	80.3	96	91.4	214	84.9
<b>PPANI</b>	Yes	13	8.8	30	28.6	43	17.1
	No	134	91.2	75	71.4	209	82.9
<b>ACE</b>	High	118	80.3	76	72.4	194	77.0
	Medium	28	19.0	25	23.8	53	21.0
	Low	1	0.7	4	3.8	5	2.0
<b>Type of Post Custody Licence</b>	DCS	79	53.7	76	72.4	155	61.5
	ECS	6	4.1	9	8.6	15	6.0
	Probation Order	54	36.7	12	11.4	66	26.2
	Community Order	8	5.4	3	2.9	11	4.4
	Other*	0	0.0	5	4.8	5	2.0

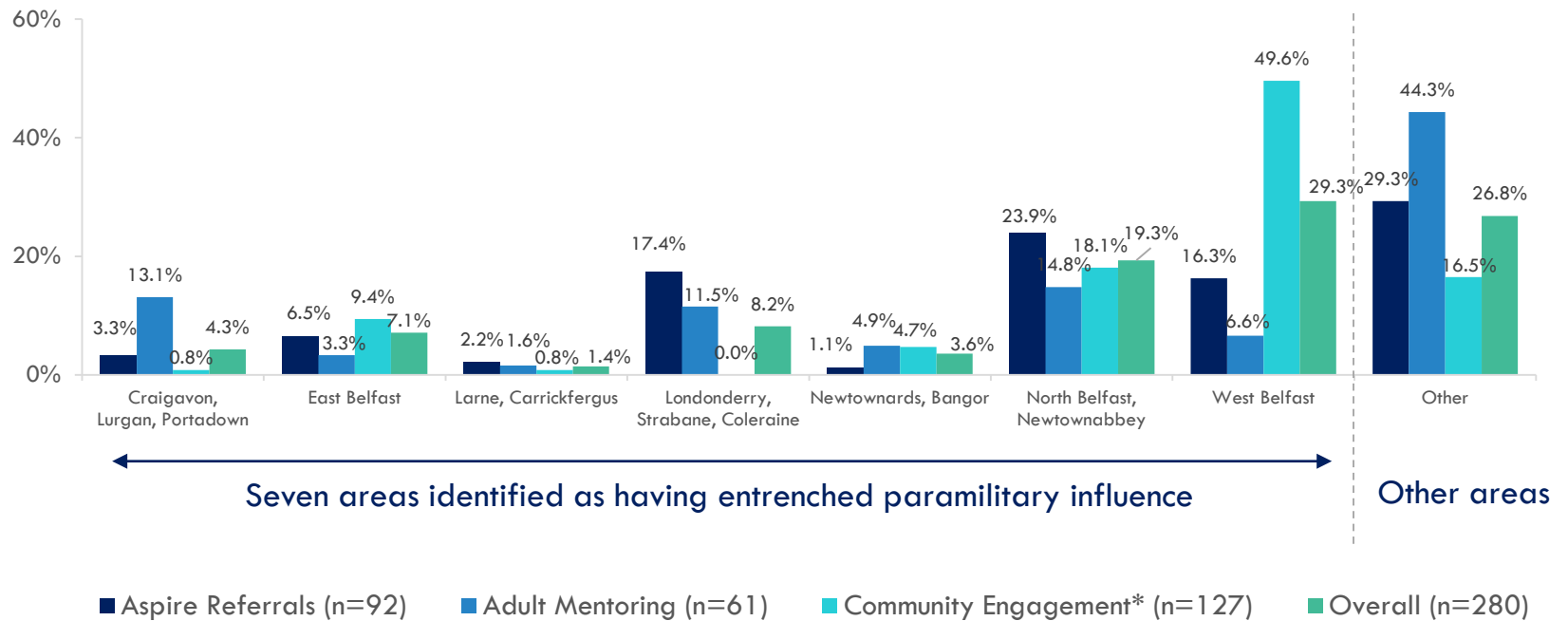
\*Other includes ECO, ICS, Life Sentence, Sex Offender Licence and ECS/SOPO.

# 4 Service User Profile

## 4.4 Service User Location<sup>1</sup> by Area of Focus

Aspire provided a service to all areas of Northern Ireland. Figure 2 shows however that over 73% of all service users lived in one of the seven specific areas identified as having entrenched paramilitary influence.

**Figure 2 – Proportion of service users<sup>1</sup> by area of focus**



<sup>1</sup> Determined by postcode or first four digits of postcode; information was not available for all service users. Those who were homeless, living in a hostel or whose postcode was from a prison were excluded from the calculations.

\*Includes NIACRO, CRJI and NI Alternative service users.

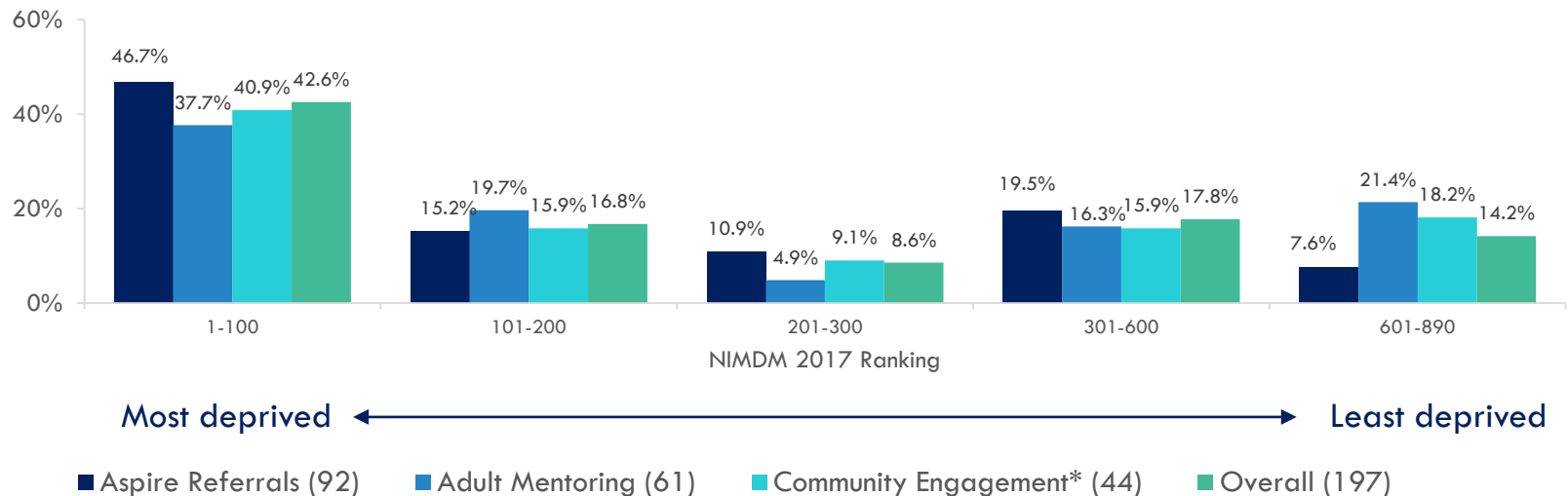
# 4 Service User Profile

## 4.5 Service User Location<sup>1</sup> by Northern Ireland Multiple Deprivation Measure 2017 Ranking

'Originating from families living in high social deprivation' was one of the criteria for inclusion in Aspire so an analysis was undertaken to look at the Northern Ireland Multiple Deprivation Measures 2017 (NIMDM 2017). The NIMDM 2017 provides a mechanism for ranking areas within Northern Ireland in the order of the most deprived to the least deprived<sup>2</sup> with rankings ranging from 1 to 890. The lowest ranking areas (e.g. 1-100) were the most deprived areas of Northern Ireland while the higher ranked areas (e.g. 601-890) were the least deprived.

Figure 3 shows that the majority of service users within each of the three groups lived within areas ranked at 300 or less i.e. the most deprived within Northern Ireland (Aspire Referrals, 72.8%; Adult Mentoring, 62.3%; Community Engagement 65.9%; Overall 68.0%).

**Figure 3 – Proportion of service users<sup>1</sup> by Northern Ireland Multiple Deprivation Measure 2017 Ranking**



<sup>1</sup>Determined by postcode; information was not available for all service users. Those who were homeless, living in a hostel or whose postcode was from a prison were excluded from the calculations.

<sup>2</sup><https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/NIMDM17-%20with%20ns.pdf>.

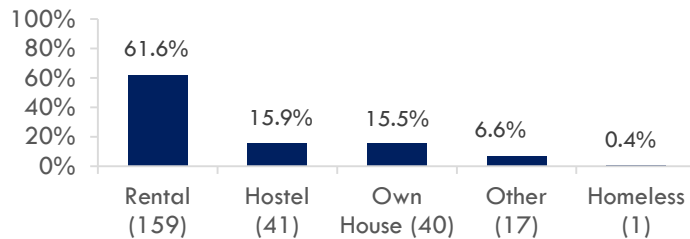
\*NIACRO service users only. Does not include CRJI or Alternatives mentoring.

# 4 Service User Profile

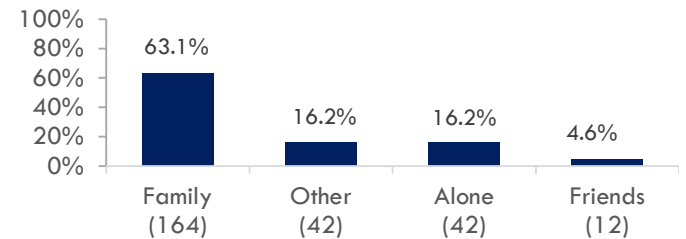
## 4.6 Accommodation

Service users lived mainly in rental accommodation (61.6%), hostels (15.9%) or their own houses (15.5%); 0.4% reported being homeless. The majority lived with their family; 16.2% lived alone.

**Figure 4 – What type of accommodation do you live in?**  
(Source: Entry Questionnaire, n=258<sup>1</sup>)



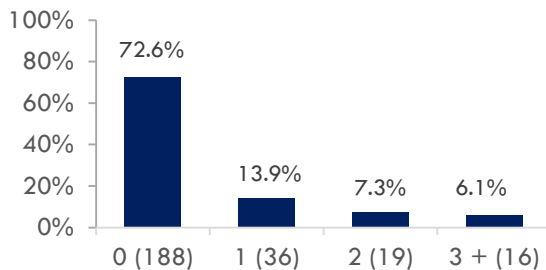
**Figure 5 – Who do you live with?**  
(Source: Entry Questionnaire, n=260<sup>1</sup>)



## 4.7 Children

The majority of service users did not have any children (72.6%).

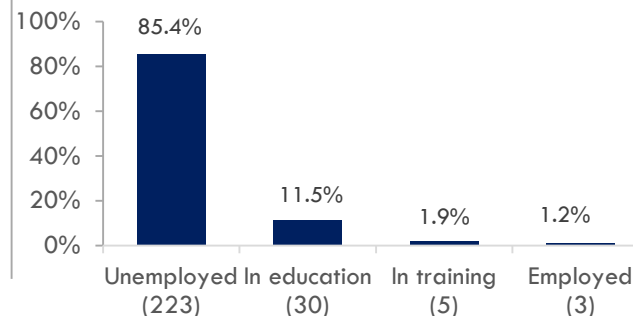
**Figure 6 – How many children do you have?**  
(Source: Entry Questionnaire, n=259<sup>1</sup>)



## 4.8 Education and Employment

The majority of service users (85.4%) were unemployed, fulfilling the inclusion criteria 'unemployed, with low educational attainment'.

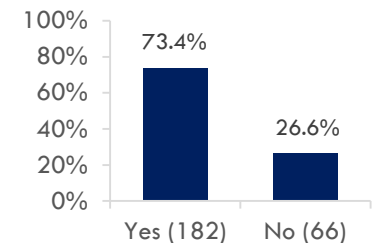
**Figure 7 – Education and employment status**  
(Source: Entry Questionnaire, n=261<sup>1</sup>)



## 4.9 Health Issues

Approximately three quarters (73.4%) of service users had health issues largely relating to mental health/trauma (see page 23) and alcohol or drug problems, fulfilling the inclusion criteria 'involved in drug and/or alcohol abuse'.

**Figure 8 – Do you have any health issues including alcohol or drug problems?** (Source: Entry Questionnaire, n=248<sup>1</sup>)



<sup>1</sup>A total of 265 service users completed an entry questionnaire – 82 Aspire Referral, 66 Adult Mentoring Service and 117 Community Engagement. Not all service users answered all questions however.

# 4 Service User Profile

## 4.10 Problems Resulting in Aspire Referral

Service users were asked about the difficulties that had resulted in their referral to Aspire.

The vast majority said it had been because of their drug and/or alcohol use (70%) or they had nothing else to do (65%).

Approximately six out of ten said they had got caught up with the wrong people.

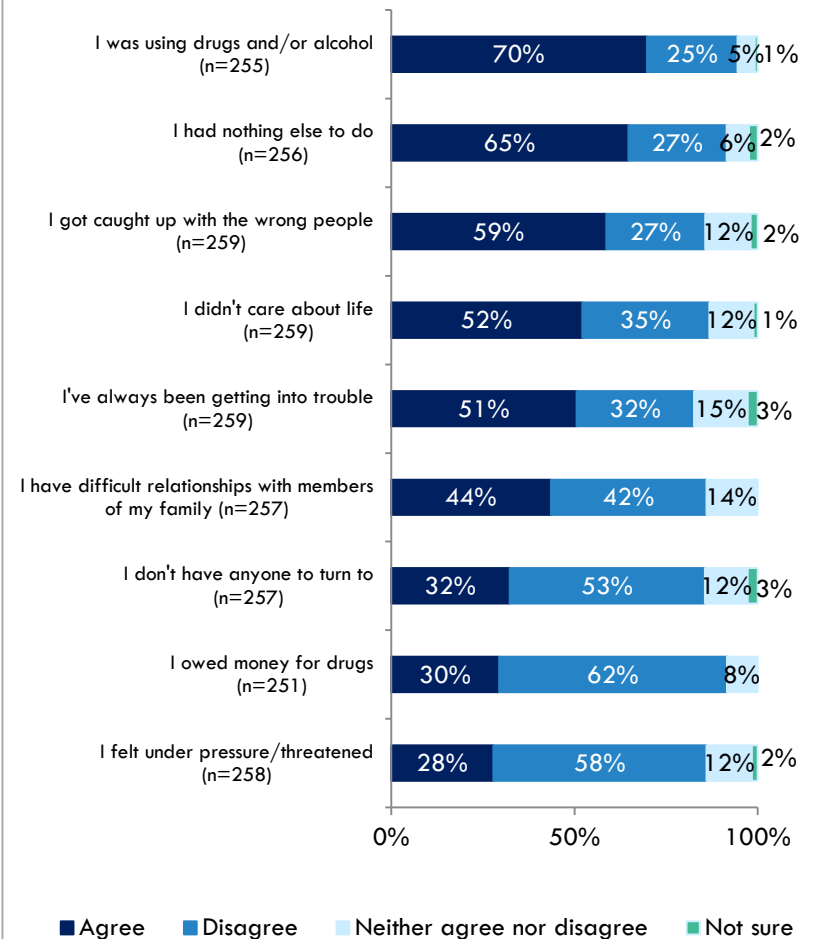
Just over half said they didn't care about life and they had always been getting into trouble; 44% said they had difficult relationships with family members.

Three out of every ten service users said they didn't have anyone else to turn to or they owed money for drugs and 28% said they felt under pressure/threatened.

It is evident from the issues identified by service users that the following inclusion criteria are being fulfilled –

- 'involved in drug and/or alcohol abuse';
- 'involved in anti-social behaviour';
- 'who may be under threat (or previous threat) within their community';
- 'with a lack of prospects and social marginalisation'; and
- 'who may be in drug debt'.

**Figure 9 – To what extent do you agree/disagree that the following has caused you the problems resulting in referral to Aspire? (Source: Entry Questionnaire<sup>1</sup>)**



<sup>1</sup>A total of 265 service users completed an entry questionnaire – 82 Aspire Referral, 66 Adult Mentoring Service and 117 Community Engagement. Not all service users answered all questions however.

# 4 Service User Profile

## 4.1.1 Safety Within Service Users' Community

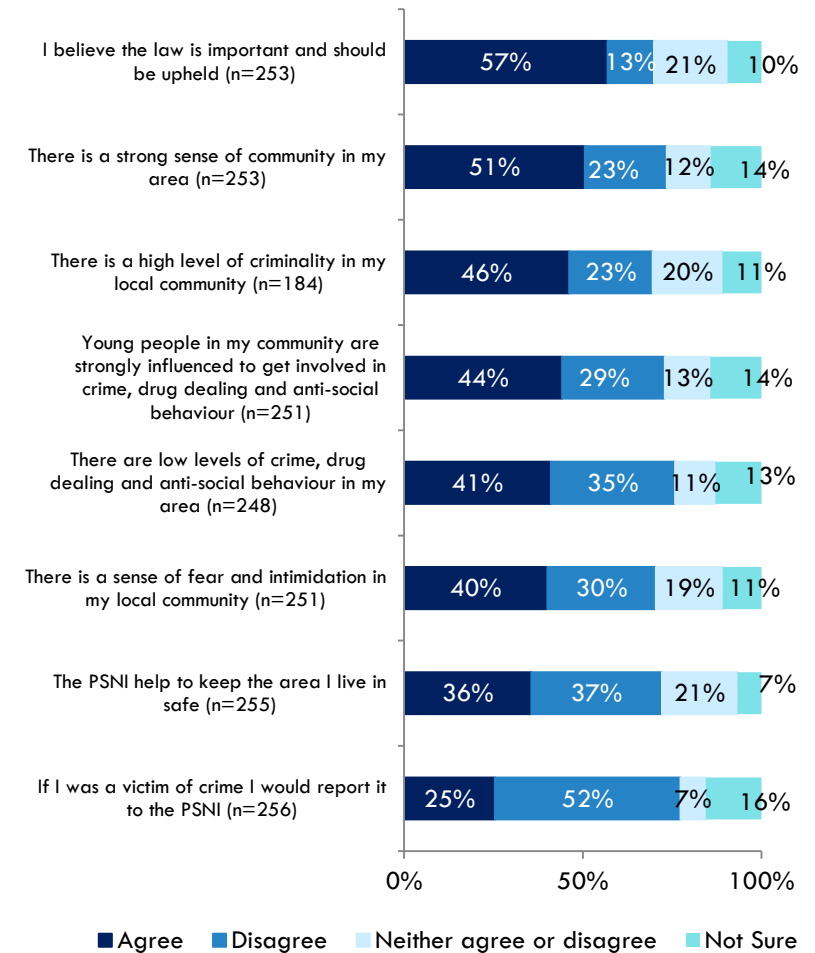
Figure 10 shows that while 57% of service users agreed that the law was important and should be upheld, only 36% agreed that the PSNI helped keep their area safe and 25% said they would report the crime if they were a victim.

Less than half of service users agreed that young people were strongly influenced to get involved in crime, drug dealing, anti-social behaviour (44%) and that there were high levels of criminality (46%), a sense of fear and intimidation (40%) and low levels of crime, drug dealing and anti-social behaviour (41%) in their local community.



**Figure 10 – To what extent do you agree/disagree with the following statements?**

(Source: Service User Entry Questionnaire<sup>1</sup>)



<sup>1</sup>A total of 265 service users completed an entry questionnaire – 82 Aspire Referral, 66 Adult Mentoring Service and 117 Community Engagement. Not all service users answered all questions however.



# 4 | Service User Profile

The majority of service users (65%) said they had been threatened or attacked (Figure 11), directly fulfilling the inclusion criteria ‘*under threat (or previous threat) within their community*’. In contrast only 21% said they felt unsafe (Figure 12) and approximately half agreed there was a strong sense of community in their area (Figure 10). While contradictory the focus groups identified that this was most likely because service users tended to live in the ‘here and now’. It was also suggested that some of the service users were fearless, their willingness to take risks, low self esteem/confidence and poor decision making coupled with deep rooted anger towards the paramilitaries or other gang-influences within their local community meant they were not allowing themselves to be intimidated by these negative influences –

*“Maybe it’s an age thing but some of our boys don’t really care. Feeling safe isn’t important and they stick two fingers up at the paramilitaries.” Stakeholder*

*‘Being under threat and intimidation is a normal part of life’* and so consequently when asked whether they were under threat, service users would say no. That said several service users made reference to the level of threat over them during the focus groups –

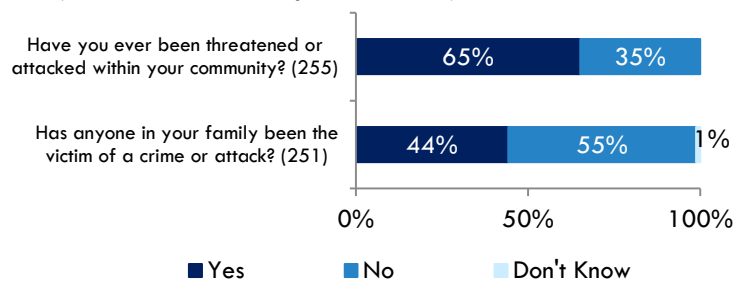
*“It’s awful that you can’t live in the community that you were born in because people are going to put a bullet in your head.” Service user*

*“I got put out of my flat last time and had eight death threats. Now the cops have to agree that you’ve been threatened to get points and the two stories have to match.” Service user (comment relating to the evidence of threat required to obtain priority housing)*

*“They will all say they feel safe because they have moved out of the area where there was trouble a few weeks ago. They are not in West Belfast any more. They answer in the here and now. They don’t think of a few weeks ago. They may not realise they are threatened because this is just part of normal life. They are doing wee things for money and don’t realise the seriousness of it all.”*  
Mentor

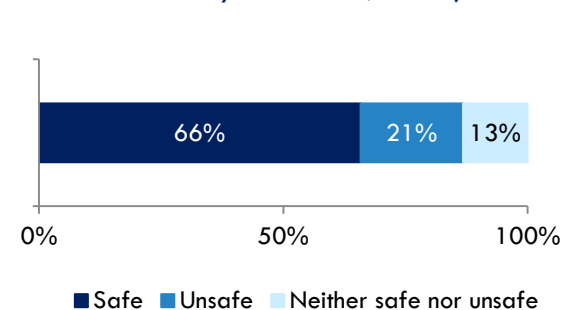
**Figure 11 – Previously threatened or attacked?**

(Source: Service User Entry Questionnaire<sup>1</sup>)



**Figure 12 – How safe do you feel in your area?**

(Source: Service User Entry Questionnaire, n=257<sup>1</sup>)

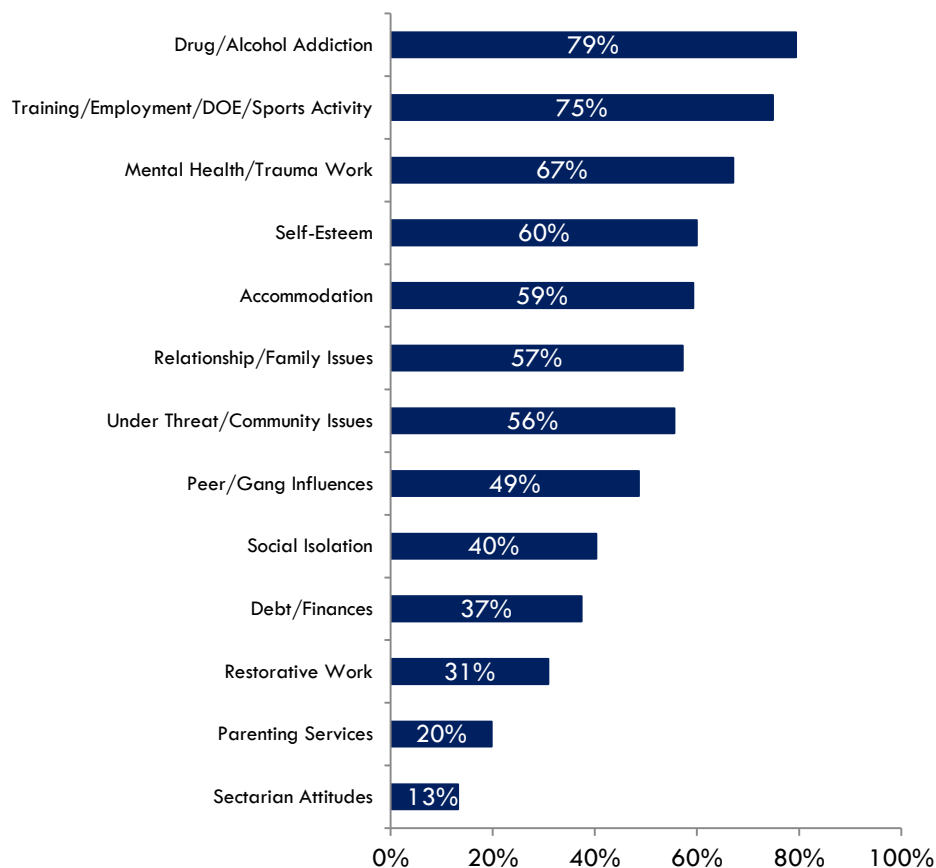


<sup>1</sup>A total of 265 service users completed an entry questionnaire – 82 Aspire Referral, 66 Adult Mentoring Service and 117 Community Engagement. Not all service users answered all questions however.

# 4 Service User Profile

**Figure 13 – Focus of Aspire engagement/intervention**

(Source: Aspire Referral Form, n=243 <sup>1</sup>)



## 4.1.2 Focus of Engagement/Intervention

In line with the issues identified in the service user entry questionnaires the main focus of engagement/intervention was drug/alcohol addiction (79% of service users). This was followed by training/employment/DOE/sport activity (75%) and mental health/trauma work (67%).

Approximately six out of ten service users needed support with self-esteem, accommodation and relationship/family issues. Under threat/community issues was the focus of engagement for 56%. Around half needed support with peer/gang influences and 40% with social isolation. PSO's engaged service users in addressing issues such as developing coping/thinking and problem solving skills. Focus on developing healthy relationships/peer influences was also a focus of intervention. Restorative Justice agencies and mentors also responded to issues and adapted their focus of engagement to specific needs.

Debt/finances and restorative work were the focus for 37% and 31% of service users respectively.

Parenting services and sectarian attitudes were the focus for one fifth and 13% of service users respectively.

Again this fits the inclusion criteria –

*'mental health issues and low levels of self-esteem'*

*'involved in drug and/or alcohol abuse';*

*'involved in anti-social behaviour';*

*'who may be under threat (or previous threat) within their community';*

*'with a lack of prospects and social marginalisation'; and*

*'who may be in drug debt'.*

<sup>1</sup>147 Aspire Referral, 37 Adult Mentoring Service and 59 Community Engagement Service Users.

# 4 | Service User Profile

## 4.13 Targeting the Right People

The information within this chapter has demonstrated that service users are meeting the inclusion criteria for the Aspire initiative with stakeholders describing them as the *'most chaotic in our society'*.

*"The criteria for referral is brilliant because it's the service users that have most needs that are moved to Aspire."* PBNl

*"I do think the right men are being targeted. We are able to identify vulnerable young men, we have indicators to identify them. All the things that make people vulnerable to paramilitaries, drugs, drug debt, homelessness. The programme does what it sets out to do in that it removes the vulnerabilities."* Mentor

*"Some referrals are affiliated already as their dad or uncle may be in the paramilitaries. If they're on the fringes they're at risk of being recruited."*  
Stakeholder

Many service users come from communities where *'paramilitaries still have a grip'* and where *'drugs are a particular issue with drug debt meaning people are having to sell'*. Mental health and addiction issues, and the element of risk taking were very high, and there have already been three drug related deaths during the first year of the initiative. Hardships relating to threat and high unemployment were also highlighted.

While this chapter has identified some of the difficulties that service users face, the following chapters look at how Aspire is impacting on them.



# 5 | Impact on Service Users

## About this Chapter

This chapter provides an overview of the impact that Aspire has had on service users. It identifies benefits including those linking directly to the aims, set out in *'The Executive Action Plan'* (i.e. namely employment, training, housing, health and social services).

## 5.1 Practical Support

The provision of practical support by mentors was identified as a major benefit of the Aspire initiative, particularly for vulnerable service users just released from prison and dealing with the challenges of adapting to life outside. Accessing critical services, particularly those relating to benefits, housing and health care was challenging. The research showed that POs/PSOs were aware of the challenges faced by many of the service users and regularly liaised with the Community Forensic Mental Health Teams alongside consultation with PBNI Forensic Psychologists to enable service users to access appropriate services. Accessing critical services with the support of the mentors and their good working knowledge of these systems enabled service users to obtain ID, register with a GP, apply for housing and access benefits. The support provided for both housing and health care are covered in further detail later in this chapter.

PSOs and mentors acted as advocates, helping service users with communication, explaining information and helping them prepare what they had to say before an appointment. As well as increasing service user confidence, breaking down and explaining information helped reduce anger and frustration when service users were faced with situations they didn't understand.

*"They can kick off at the GP, get barred and get criminal charges brought, in a very short time. Mentors can prevent this." Mentor*

*"The mentor's role helps the service user with communication. Many service users wouldn't make it to the benefits office." PBNI*

There was a perception that professionals were more likely to listen to service users when POs/PSOs and mentors were present.

*"Doctors will listen more when we are there. We help them to prepare what they have to say, explain things before they go to appointments. Help with their confidence." Mentor*

In addition to support with the service providers, Aspire also equipped service users with time management skills enabling them to keep appointments and with practical issues like visiting food banks or helping with transport both from the prison gate on day of release and to appointments, particularly when they were a considerable distance from the service users home.

*"Once you get out of prison your head is wrecked. I'm only adapting to normality now. Eating pattern, sleeping pattern, every things out."*

Service user



*"I wake up with butterflies in my stomach. I have a split personality and hear voices. I get a doctor's appointment for say 10am and I start getting all worked up from then. When I see the doctor I'm all worked up and blow it. When the mentors come they can help. They can explain what's going on instead of me just losing it."*

Service user



*"It's a massive help that the service users are brought to appointments. Quite often the service user can't afford to get to the appointment. Having someone there for the practicalities is massively important."*

Stakeholder



# 5 | Impact on Service Users

## 5.2 Support with Addiction and Mental Health Issues

The criteria for inclusion in Aspire included service users with mental health issues or involvement in drug and/or alcohol abuse. As already seen in chapter 4, over 73% of service users said they had health issues including problems with alcohol or drugs and 70% agreed that drug/alcohol addiction had been the cause of their referral to Aspire. The qualitative research showed that many service users were also dealing with mental health issues.

In terms of engagement/interventions, drug/alcohol addiction was the main focus for the vast majority of service users (79%) and mental health/trauma for 67% (Section 4.1.2). Findings from the focus groups and interviews showed that Aspire was impacting on both these areas. POs made referrals to local addiction and counselling services in addition to accessing GP services to enable appropriate referrals to the Community Addiction and Community Mental Health Teams. Mentors and probation staff worked hard to maintain stability through the use of various strategies –

*“Boredom and drugs are a big thing. I arrange to meet service users mid-day, that way I know they won’t take drugs in the morning.” Mentor*

These strategies were critical given the lengthy waiting times for support services and the challenge of obtaining a dual diagnosis with mental health service providers willing to deal with service users only once addiction issues were addressed and vice versa.

*“Most are turned down as they abuse substances. It’s the chicken and the egg. I suspect many are victims of sexual abuse. They self harm.” PBNI*

*“Service users have serious mental health problems. Sometimes they use drugs to self-medicate.” Mentor*

Staff also strongly encouraged service users to attend support services, accompanying them to appointments if necessary, enabling service users to engage and obtain a diagnosis. For some this was the first proper diagnosis they had ever received.

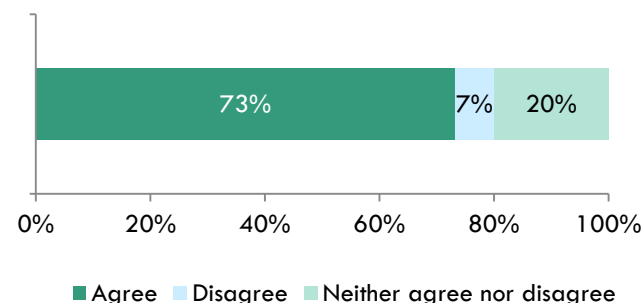
Service users themselves appreciated the support that Aspire provided with just under three quarters agreeing that it had helped them deal with alcohol and drug problems.

*“I thought it was good. Sometimes I didn’t want to come when I was in the wrong, taking drugs/drink but you came out to see me and held me to account.” Service user*

*“Work with them when they are under the influence. Some are never not under the influence and you still have to engage with them and they will respond. They’re on heroin but they can still function and live their life.” Mentor*

*“They need to be motivationally ready at the time of access to the service. This means that a client may have to maintain sobriety for eight to ten weeks which is a long time when they haven’t yet engaged with the service they need.” PBNI*

**Figure 14 – Aspire has helped me deal with drinking/drug problems (Source: Exit Questionnaire, n=120<sup>1</sup>)**



<sup>1</sup>A total of 129 service users completed an exit questionnaire - 22 Aspire Referral, 17 Adult Mentoring Service and 90 Community Engagement Service Users. Not all service users answered all questions however. 26

# 5 | Impact on Service Users

## 5.3 Accommodation

As already seen in chapter 4, service users lived mainly in rental accommodation (61.6%), hostels (15.9%) or their own houses (15.5%); 0.4% reported being homeless. Accommodation however was a focus for engagement/intervention, for 59% and it was recognised that *‘basic things, like losing accommodation, had the potential to bring about recall’*, making it a critical area to address, although the decision to recall was dependent on other factors which evidenced an escalation in risk.

The qualitative research identified that Aspire was supporting service users, particularly during complex and challenging interactions with the Housing Executive –

*“A few may owe the Housing Executive money. The Probation Officer can send a support letter to the Housing Executive detailing his income and outgoings and suggest a better repayment schedule.” PBNi*

Service users appreciated the support, recognising its impact –

*“You need someone to help you go to Housing Executive appointments.” Service user*

*“This is the longest I’ve stayed out and it’s because of Aspire. Otherwise I’d have no home and be on the streets.” Service user*

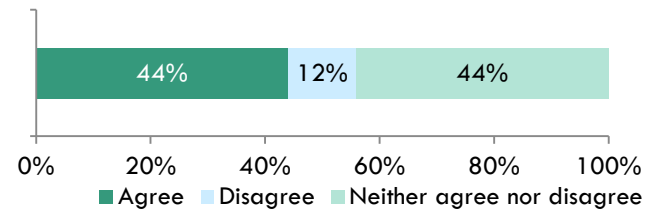
and 44% agreed it had helped them get a better place to live (Figure 15).

Service users living in hostels tended to be less positive about their accommodation experiences –

*“I never got the help I needed. I’m in a hostel. You can only sleep there. You can’t stay there. Come 8 o’clock I’m out the door.” Service user* (this service user was accommodated in a homeless hostel, not a PBNi approved premises)

Due to the complex nature of needs however, PBNi encouraged some statutory service users to stay in PBNi approved hostels to help manage risk and work towards positive resettlement into the community, especially if they were living under threat. Stakeholders across all the focus groups reported mixed experiences with the hostels.

**Figure 15 – Aspire has helped me get a better place to live (Source: Exit Questionnaire, n=109<sup>1</sup>)**



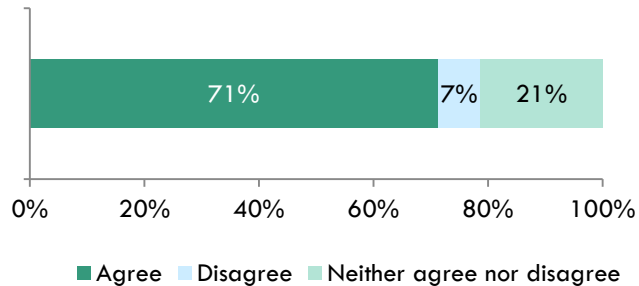
### Case Study

“Things have not gone well for a few service users in terms of their personal plans and they have been very grateful for the support they received on Aspire. Problems can be worked around if the service user is able to communicate. For example, one service user went back to live with his ex-partner and children. His mother-in-law had started living there. He couldn’t cope and went off the rails and started drinking. He was arrested by the police and spent one night in Maghaberry. Aspire was able to provide relevant information to assist with risk management which also necessitated the service user being released with specific bail conditions. PBNi approved hostel accommodation was arranged. The PSO met the service user on Monday morning and he was totally sober (as this was part of his bail conditions). He was very grateful. We encouraged him to be more open and transparent when experiencing problems and to share with his PO/PSO and mentor when things started to go wrong.” PBNi

<sup>1</sup>A total of 129 service users completed an exit questionnaire - 22 Aspire Referral, 17 Adult Mentoring Service and 90 Community Engagement Service Users. Not all service users answered all questions however. 27

# 5 Impact on Service Users

**Figure 16 – Aspire has helped me get into employment and training (Source: Exit Questionnaire, n=122<sup>1</sup>)**



## 5.4 Employment and Training

Chapter 4, showed that the majority of service users (85.4%) were unemployed and that the focus for engagement/intervention for 75% was training/employment/DOE/sport activity.

Discussions from the qualitative research however suggested that many of the service users did not/had not regularly attended school. Many had never had a job so there was a realistic recognition that this was a difficult area to address and that significant progress within six months was unlikely.

*“They are the most chaotic people in our society. Knowing the service user profile, these guys haven’t been through the education system and are prolific drug users, to even be considering employment or perhaps undertaking a days voluntary work would be an enormous achievement. I would expect employment to be further down the line, not after six months.” PBNI*

There was also a perception that coming off benefits would be challenging for some –

*“Some have a fear of coming off benefits. If you’re in receipt of £1,200 a month on a high rate PIP, it’s hard to come off.” Mentor*

*“Some parents don’t want their kids to come off benefits.” Mentor*

Support with training and employment however was welcomed by others and there was evidence that some had found employment; 71% agreed that Aspire had helped in this area.

*“I don’t have any work experience. I’ve never worked in my life. I would like to get help to get started.” Service user*

Extern Works courses, particularly fork lift training and catering, were viewed favourably although not all service users were ready or keen to take part –

*“One guy I know has gone to Extern and done well. Other guys aren’t ready to be with Extern and you’d be setting them up for a fail as they wouldn’t be able to make it there.” Mentor*

While service users could access Level 1 courses, mentors felt that more follow up qualifications were required to enable service users to progress. A number of service users had been referred into NIACRO’s Working Well project.

*“It’s a start, but there doesn’t seem to be anything to build on from there. Something like the Steps To Work NVQ but it’s gone. They can’t go back to full time education.” Mentor*

PBNI and mentors also felt that some very capable service users had been ‘pigeon holed’ either by a lack of confidence in themselves or a society that perceived them as ‘only for a building site’, when educationally they were capable of achieving much more.

<sup>1</sup>A total of 129 service users completed an exit questionnaire - 22 Aspire Referral, 17 Adult Mentoring Service and 90 Community Engagement Service Users. Not all service users answered all questions however.

# 5 Impact on Service Users

## 5.5 Family Relationships

Just over a quarter of service users had at least one child (see chapter 4). Focus group discussions however suggested that the vast majority did not have contact with their children. Service users keen to obtain access were therefore encouraged to complete the Barnardos Parenting Matters programme, an initiative focussing on the child and the impact of offending on their development, helping service users understand why contact was limited and how they could address issues to become a better parent. It also helped service users who did have contact but often without good parental role models themselves, to understand their responsibilities and to develop their parenting skills. In relevant cases as per the PBNi Child Protection Policy and Procedures, PBNi staff regularly liaised with Social Services to ensure child protection issues were assessed/managed appropriately.

In total 17 service users were referred to the Barnardos programme. While this may seem low many had already completed the course while in prison or had undertaken the 'Dads Project', a Barnardos Parenting NI initiative. Other service users did not see the course as a priority as they were focused on other resettlement issues and consequently were unwilling to engage.

Aspire also helped with other family relationships –

*“One particular service user did have a lot of work done with his family. They helped communicate where the specific difficulties were. This improved his family and social networks enormously. This can be difficult if someone is under threat and the service user thinks that their family want nothing to do with them.” Stakeholder*

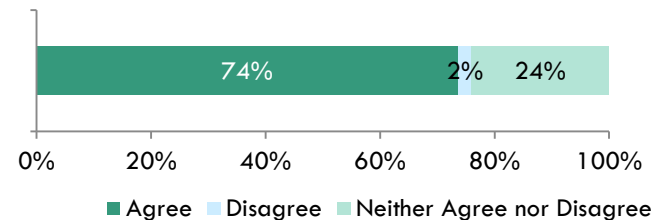
*“They helped me get on with my family more. I got put out of Ballymena. They helped me get back to my family. I want to get a job and start working. They are helping me go down a different road.” Service user*

Overall almost three quarters of service users agreed that Aspire had helped them to get on better with their family (Figure 17). POs/PSOs and restorative justice agencies focused on the development of healthy relationships and delivered interventions to address attitudes and behaviours on how to manage relationships more effectively.

### Case Study

“One service user asked to be referred (to the Barnardos Parenting Matters course) before his baby was born. The baby was born before he had initial contact with us and he said he didn’t need the referral any more. We were able to show him that there was much more to learn once the baby was born. He was genuinely surprised that he could learn so much from us and that even small things like the tone of his voice had an impact on a tiny new born baby’s brain. The service was a huge positive experience for him.” Stakeholder

**Figure 17 – Aspire has helped me get on better with my family**  
(Source: Exit Questionnaire, n=124<sup>1</sup>)



<sup>1</sup>A total of 129 service users completed an exit questionnaire - 22 Aspire Referral, 17 Adult Mentoring Service and 90 Community Engagement Service Users. Not all service users answered all questions however. 29



# 5 | Impact on Service Users

## 5.6 Support With Staying Out of Trouble

The majority of service users who successfully completed the initiative said that Aspire had helped them take a better path in life<sup>1</sup> (83%) and also helped them to avoid/reduce re-offending (78%). This was reported, during the focus groups, to be largely due to risk reduction work undertaken by PBNi to develop pro-social attitudes/behaviours and more effective self management skills and the support provided by mentors –

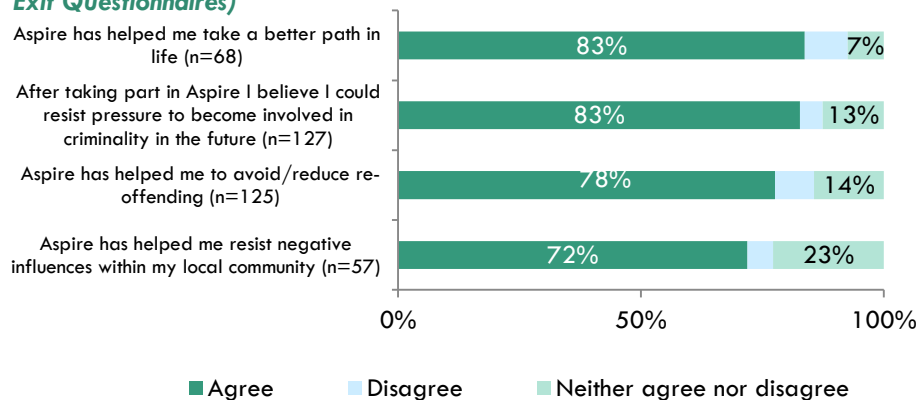
*“Aspire helps because they (mentors) are constantly with you. They ring to make an appointment and you haven’t the time to get in with the wrong crowd. I have to say ‘No lads, I can’t see you today my mentor is coming over’. Service user*

or to specific motivations for example gaining access to their children –

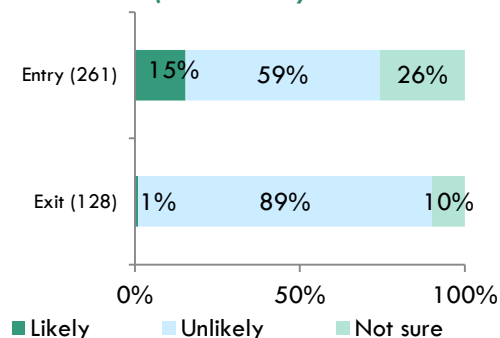
*“I used to be a one man crime spree but now I’m more chilled. I have a wee daughter and my goal is to pick her up from school. I’m not allowed access but my mum has access one day a week. I’m staying away from prison for my family.” Service user*

Most service users believed that taking part in Aspire would enable them to resist negative pressure to become involved in criminality in the future (83%). In addition the proportion of service users who said it was unlikely they would commit an offence in the near future (entry 59% to exit 89%) or they would associate with people who may encourage them to commit an offence in the future (entry 57% to exit 72%) increased between starting and completing Aspire.

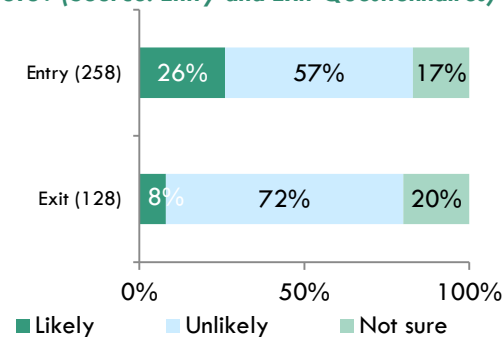
**Figure 18 – Aspire has helped me to avoid/reduce re-offending (Source: Exit Questionnaires)**



**Figure 19 – How likely is it that you will commit an offence in the near future? (Source: Entry and Exit Questionnaires)**



**Figure 20 – How likely is it that you would associate with people who may encourage you to commit an offence in the near future? (Source: Entry and Exit Questionnaires)**



<sup>1</sup> 'Aspire has helped me take a better path in life' replaced in the exit questionnaire part way through the year by the question 'Aspire has helped me resist negative influences in their local community'.

# 5 | Impact on Service Users

Stakeholders from across the research activities also identified that Aspire was supporting service users to stay out of trouble –

*“I have had a particular service user who would have more belief in himself. Some of the tools he has started to develop on the programme have helped him find his voice and let him take responsibility for himself. He is more confident to say to his peers, ‘I don’t want to do that anymore’. This is an enormous turn around for this service user.” Stakeholder*

This was thought to be largely down to the responsive and flexible service provided by both PBNI and NIACRO and the impact of the ‘*pro-social role*’ provided by mentors. The fact that mentors were available outside of usual office hours was also a huge benefit.

*“A lot of problems happen after 5 o clock. You can see the weight of relief when you tell them you can phone any time and your phone’s not switched off.” Mentor*

*“No three strikes and you are out, unlike (named organisation) there is no ‘3 missed appointments and you are out’ of the service. The client has many chances and we help them make their appointments. Someone who is addicted to drugs and has serious mental health problems is going to miss appointments.” Mentor*

Stakeholders generally felt that the high risk, chaotic nature of service users meant that reoffending wasn’t a good marker of the success of the programme but rather how service users had improved across the different areas that the initiative spanned. While it was inevitable that there would be some returns to prison it was important to also recognise the significance of small but positive steps –

*“I have one service user who has been in and out of prison like a rubber ball. But every time there is a change. First time it was complete non-compliance. Next time he’s missing some appointments. Next time he engaging and making appointments.” Mentor*

The progress made on Aspire had also benefitted service users being sentenced for historic incidents –

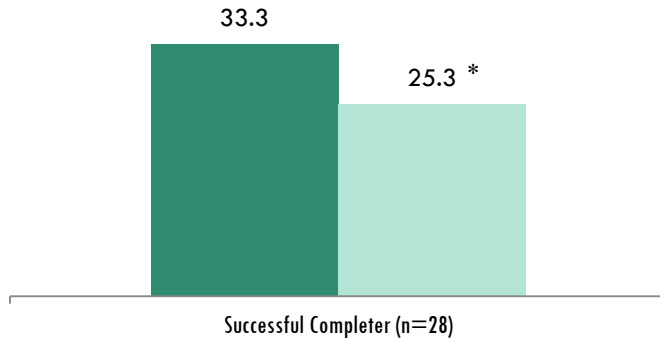
*“A few historic cases, where the service user has been involved in trouble before commencing with Aspire, had come through while on the programme. When requested, information on their progress was shared with the court to assist with sentencing.” PBNI*

# 5 | Impact on Service Users

## 5.7 ACE Scores

Decreases between pre and post Aspire ACE scores among those who successfully completed the programme were statistically significant (n=28, p<0.05).

**Figure 21 – Pre and post ACE<sup>1</sup> scores for statutory Aspire Referral service users**



The average ACE score was 33 pre Aspire intervention indicating that the average service user presented with a high likelihood of re-offending. The average score post Aspire intervention (26 weeks later) was 25 which is in the medium category. This indicates the individual is less likely to offend.



<sup>1</sup>Closest available ACE score to start or end of Aspire initiative.

\*Statistically significant decrease (p<0.05).

# 5 | Impact on Service Users

## 5.8 Improved Confidence

The support provided by POs and mentors along with the benefits already identified in this chapter – provision of practical support, encouragement to remain clean/sober, provision of training, improvement in family relationships and support to stay out of trouble – have enabled service users confidence to grow especially with accessing services and communicating with people.

*“It’s helped with confidence. I wouldn’t have talked in a group like this before. After getting out of prison every thing is hard.” Service user*

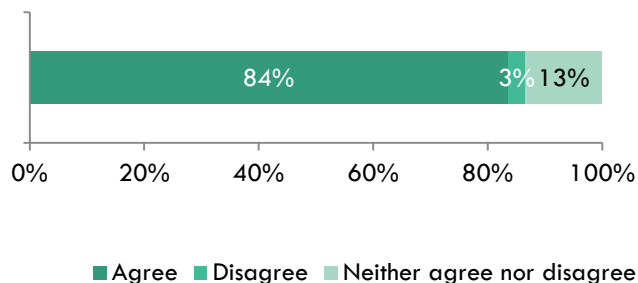
*“You can see that a period of sustained absence from drugs, even for a month, grows their confidence.” Mentor*

There were also reports that service users felt more confident to share information with PBNI.

*“They have more confidence in a system that they never had any confidence in before.” Stakeholder*

Just over eight out of every ten service users agreed that taking part in Aspire had increased their confidence in their future (Figure 22).

**Figure 22 – Taking part in Aspire has increased my confidence in my future**  
(Source: Exit Questionnaire, n=127<sup>1</sup>)



### Case Study

“One service user spent 6 years in prison. On the day of release he was having panic attacks. His anxiety was so severe he resigned himself to being a recluse. The PO and NIACRO discussed options for him and because of his anxiety agreed to arrange home visits for the first few weeks. His confidence was built, bit by bit. The NIACRO mentor started with small outings like going for coffee or to the gym. He was so vulnerable when he was released and had very low self-esteem. Support in small steps built his confidence. He now regularly attends office visits and appointments with other support services” PBNI



<sup>1</sup>A total of 129 service users completed an exit questionnaire - 22 Aspire Referral, 17 Adult Mentoring Service and 90 Community Engagement Service Users. Not all service users answered all questions however. 33

# 5 Impact on Service Users

## 5.9 Access to Wide Range of Support Services

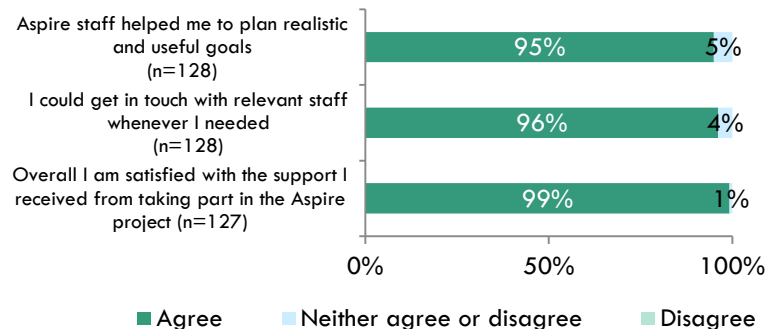
Almost all of the service users who successfully completed Aspire agreed that they could get in touch with relevant staff whenever they needed, were satisfied with the support they had received and that staff had helped them plan realistic and useful goals (Figure 23). Service users were extremely complimentary of the NIACRO and PBNI Aspire staff –

*“Mentors are top notch at what they do.” Service user*

*“(Named staff member) is a brilliant Probation Officer and should get a pay rise.” Service user*

Service users also had access to a wide range of support services (see opposite) although stakeholders recognised that the waiting time for some was lengthy.

**Figure 23 – To what extent do you agree/disagree with the following statements? (Source: Exit Questionnaire)**



## Sample of Available Support Services

- Princes Trust
- Springboard
- Addictions NI
- Extern Works
- NIACRO
- Daisy/Start 360
- Extern Addictions
- Ashton Bridge of Hope
- Dunlewey Addictions
- Victim & Survivor Service
- Drug Outreach Team
- Community Addiction Team
- Drug Testing
- Welcome Centre
- Nexus
- PSNI/ROP
- 16+ Team
- Housing Executive
- Woodlea House
- Wave Counselling
- Extern Positive Learning
- Barnardos
- Learning Disability Team

*It's the best programme I've ever been on in twelve years. My Probation Officer introduced me to (named mentor). I'm only out of Prison. She has taken me to the Royal and Dungiven. She helped me fill in all my forms.” Service User*

*The support, you have no structure and it's someone who is willing to help you. You just pick up the phone and they are there.” Service User*



# 5 | Impact on Service Users

## 5.10 Extent of Evidence

**Table 6 – Progress Towards Aims**

**Evidence of Progress**

**Aims**

Mentoring provision		●
Targeted health support		●
Targeted housing support		●
Targeted employment and training support		●
Targeted social services support		●

- Indicates a lot of evidence
- Indicates some evidence
- Indicates no evidence

# 6 | Impact on Others

## About this Chapter

This chapter provides an overview of the impact that Aspire has had on other stakeholders.

### 6.1 Service Users' Families

Section 5.5 showed the benefit to service users of the Barnardos and Parenting NI programmes. By raising awareness of the impact of their actions and helping service users develop their parenting skills service users' children have indirectly benefitted.

The qualitative research also identified the positive impact of Aspire on service users' parents -

*"The programme is a relief for families and parents. It's a support for parents when I say 'I can take him to this appointment'. It can be a buffer between parents and children. We can help them each to see the other side. Sometimes there is only so much a parent/family can take on. I can help them not worry. I can communicate with them about how he's getting on. It's a support for mums and dads as well as service users."*  
Mentor

### 6.2 PBNI Approved Hostel Accommodation Staff

Hostel staff said that the intensive nature of support from both Aspire POs/PSOs and the mentors took some of the pressures of them and made their job less stressful.

*"When I see an Aspire referral I feel relief that I will get the help and support I need."* Stakeholder

### 6.3 PBNI

The research also identified benefits for PBNI. These included -

- Aspire POs and PSOs have time to provide intensive support to those with the most complex needs;

*"The Aspire POs can give a service user the intensive work that the case warrants. Staff benefit not only from the practical relief from work but from knowing that the service user will have the best possible outcome."* PBNI

- Service users were more stable when they returned to community POs;

*"After 6 months of Aspire you can see the stability of the service user. They have been linked into the correct services and haven't received much attention from the police. Self-confidence, esteem, accommodation and addictions are all so inter-linked and all part of the stability we see when they come back."* PBNI

- Relationships between mentors and POs were very strong. Mentors acted as a buffer between service users and PBNI, helping service users understand that PBNI want to support and encourage, and making POs aware of difficulties that service users might be facing. Mentors also reassured service users before the first tripartite meeting took place explaining the conditions of their licence and that PBNI wish to offer the necessary support especially at the critical stage of transition from prison to the community. The service user would have heard the information before but often didn't understand or take it in. This reduced potential conflict when they met the PO for the first time.

*"Talk probation up and try to change their opinions. You can see the change in the service user's attitude towards probation when you do this."* Mentor

*"The service user may not want to tell us something that they will tell their mentor. The mentor can then say, 'What if I go with you and we tell the PO'. This builds on the transparency and trust."* PBNI



# 7 | Overall

## About this Chapter

This chapter provides an overview of aspects of the programme that worked well, challenges faced and suggestions going forward. A list of the factors raised across the interviews and focus groups are detailed below. Many of these have already been documented in previous sections.

### 7.1 Aspects Working Well

Previously mentioned in the report -

- **Targeting the right service users** (Chapters 4&5)
- **Practical support** (Section 5.1)
- **Achievement of Aspire aims – support with employment, training, housing, health and social services** (Sections 5.1-5.4)
- **Support with family relationships** (Sections 5.5 & 6.1)
- **Support with staying out of trouble** (Section 5.6)
- **Increased confidence** (Section 5.8)
- **Links with and availability of a wide range of support services** (Section 5.9)
- **Relieves pressure on hostel staff** (Section 6.2)
- **Benefits to PBNI staff** (Section 6.3)

#### Mentoring Provision

The mentor's role was seen as essential and they were held in very high regard by service users, PBNI and stakeholders. Seen as pro-social role models, the impact they made on service users' lives was evident in the examples provided across the research.

*“The mentoring aspect is so essential. Service users leave prison in a heightened state. They are extremely vulnerable in the first six to eight weeks, needing the GP, accommodation etc.” PBNI*

#### Aspire PO/PSO

The Aspire POs/PSOs were very well thought of across all the research groups with stakeholders feeling very well supported –

*“More long suffering, more prepared to give them a chance. It's like the Aspire Probation Officer has found their heart.” Mentor*

*“If we are looking for a response we will get one within a few hours.” Stakeholder*

#### Flexible Service

Stakeholders across all the research groups highlighted the benefit that the high level of flexibility (from PBNI and NIACRO) offered, including greater capability to respond to a crisis situation and better management of service user risk and needs. In addition the availability of the PSO ensured that service users were seen even when the PO was unavailable so that stability and a consistent approach could be maintained.

#### Working Relationships

There were excellent working relationships identified across all stakeholders organisations. The higher level of supervision between the service user and Aspire PO/PSO also promoted good relations enabling PBNI *‘to meet the problems before they became problems’*.

# 7

## Overall

### NI Alternatives and CRJI Specific Benefits

Service users working with CRJI and NI Alternatives tended to be younger than those working with NIACRO. The majority lived in the family home although more often with a mother or grandmother than a male relative. While a number were still in school, educational attainment and employment levels were generally low. Drugs while an issue, tended to be blues and greens rather than harder drugs like heroin.

Staff from the two organisations undertook one to one work with service users two or three times per week with phone contact outside appointments if required. As well as group work (e.g. One Punch Can Kill, Without Consent It's Rape) and support with education/training, both organisations worked on anti-social behaviour and criminality, with NI Alternatives also focussing on issues around the bonfires, rioting, interface and tolerance.

Both organisations were based within services users' communities. As well as working in the area, staff from NI Alternatives also lived there, something that worked well, helping to build trust.

*"There's sometimes suspicion of statutory organisations but we work and live in the area so that works really well. I had a referral and knew the dad really well. The dad told the wee fella he could trust me so he worked with me so it's about knowing the community." NI Alternatives*

Mentors from both organisations were able to mediate/advocate between the young person and their family, the community and if required victims (e.g. a neighbour they'd stolen from).

# 7 Overall

## 7.2 Challenges

### Difficulties Accessing GP Services

There were reports across the research of difficulties registering with GP services because of uncertainties regarding addresses as many service users were released from prison and could not return to their local community due to them living under threat and/or accrued drug debt. There were some reports that the service users were seen as 'high maintenance' by some health care professionals because of their mental health and addiction issues.

### Put off by the PBNi Link

Mentors reported that the link with PBNi was putting some non-statutory service users (who were not formally known to the criminal justice system) off participating in Aspire.

### Service Users with Complex Needs

The chaotic nature of the service user group and the need to constantly respond made the Aspire PO/PSO role more complex. As a consequence the caseload for Aspire POs was challenging as the complex and reactive nature of the cases made them very time consuming.

*"Twenty five is the maximum case load but at times if you have four guys it's enough and it can take up your whole week as they are extremely complex. Twenty five guys is a lot at any one time." PBNi*

### No Background Information Available for Non-Statutory Service Users

The lack of availability of background information for non-statutory service users was identified as a potential risk for mentors.

### Data Collection

Mentors reported that the pressure of recording data had the potential to impact on service user contact, particularly as iPads are currently incompatible with the new NIACRO data collection system.

Previously mentioned in the report -

- **Bureaucracy and waiting times for support services** (Chapter 5)
- **Communication barriers** (Chapter 5)
- **High levels of addiction and mental health issues including dual diagnosis** (Section 5.2)
- **Accommodation breakdowns** (Section 5.3)
- **High levels of unemployment** (Section 5.4)
- **Low educational attainment** (Section 5.4)



# 7

## Overall

### 7.3 Research Participant Suggestions

Evaluation participants were asked for suggestions for changes to Aspire going forward. An overview grouped into themes has been provided below. Some of the suggestions outlined may represent individual views only, so need to be considered in perspective.

#### Additional Service User Courses/Activities

- Additional activities or courses to fill the time, prevent boredom and minimise drug/alcohol misuse;

*“More activities. You get up in the morning and there’s nothing to do.”  
Service user*

- Additional confidence building programmes;
- More qualifications e.g. Level 1 and 2 English;
- Greater availability of post Level 1 courses to enable progression;
- Basic life skills classes;
- More referrals of NI Alternatives service users to NIACRO programmes;
- Inclusion of a parenting element in the NI Alternative/CRJI element as young males are often without parental control and missing a positive male role model;
- More group work e.g. climbing the Mourne to get a *‘natural high rather than a drug high’*. There was recognition that this needed to be handled sensitively with appropriate risk assessments conducted and sensitivity to victim issues.

#### Programme Duration

- Base mentoring duration on need;

*“Some people might find life a bit harder and need a bit longer on Aspire. Someone you could even call a little afterwards.” Service user*

#### Resourcing

- Secure additional and longer term funding to enable the initiative to continue;
- Secure additional staff;
- More cross over of NIACRO statutory and non-statutory mentors to cover larger geographical area.

#### Target Group

- Extend to over 30 year olds if appropriately funded although stakeholders recognised that the current target group (under 30 year olds) are prolific and vulnerable and the focus is on early intervention.
- Earlier intervention e.g. undertake initiatives within schools;
- Extend to all high risk service users.

*“Because it is more intensively resourced any high risk service user would benefit from the programme.” PBNI*

#### Aspire Staff Continuous Development

- More frequent meetings between NIACRO, NI Alternatives and CRJI to promote sharing of information and good practice; currently meeting 2-3 times per year.
- Training for mentors in mental health, addiction and dual diagnosis issues;
- Aspire team made up of support workers and a team of counsellors, addiction specialists etc.