

Criminal Justice Alliance

Response to the Sentencing Advisory Panel's consultation paper on sentencing for burglary in a dwelling

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About the Criminal Justice Alliance

The Criminal Justice Alliance (formerly the Penal Affairs Consortium) is a coalition of organisations committed to improving the criminal justice system. It has 46 members - including campaigning organisations, voluntary sector service providers, umbrella groups, research institutions and trade unions (a full list of members is available at <http://criminaljusticealliance.org/organisations.htm>) - bringing together a wide range of organisations involved in policy and practice across the criminal justice system.¹

Overview

The Criminal Justice Alliance welcomes the opportunity to respond to this consultation. Overall, we support the approach taken by the Panel. We particularly welcome proposals for an offender with an addiction to receive a community order, with an appropriate requirement to address this addiction, in place of a custodial sentence. However, in light of the well-established damaging effects of imprisonment, we urge the Panel to consider reducing the starting points for sentences for adults and for young people currently proposed in the Paper.

Response to the consultation questions

We have responded to the consultation questions on which we have a view below. We have not responded to Question 1.

Question 2

Do you agree that these are the features most commonly found in relation to burglary in a dwelling and likely to affect the assessment of the seriousness of an offence? Are there any other features that you consider relevant?

We agree with the identified factors. We particularly support the recognition that an offender may have been exploited by others, and that this may indicate lower culpability (Paragraph 61). For example, where an offender has severe learning disabilities or difficulties, they may be vulnerable to being exploited or coerced into committing an offence. Research for the Prison Reform Trust has shown that 20-30% of offenders have learning disabilities or difficulties that interfere with their ability to cope within the criminal justice system.² In cases such as these, there may well be a lower level of culpability.

Question 3

Do you agree that the Panel should give guidance in relation to sentencing an offender convicted of a second offence of burglary in a dwelling? If so, what increase in sentence do you consider to be appropriate?

While it is important to note that sentencers should be aware of the possibility of a presumptive minimum sentence for a third offence when sentencing for a second offence, we do not think that the Panel should develop specific guidance for sentencing an offender convicted of a second offence of burglary in a dwelling. Instead, the courts should follow the general approach to previous convictions, ensuring that in the absence of a third conviction, burglary in a dwelling is treated consistently with other offences.

¹ Although the Criminal Justice Alliance works closely with its members, this response should not be seen to represent the views or policy positions of each individual member organisation.

² Loucks, N. (2007) *Prisoners with learning difficulties and learning disabilities - review of prevalence and associated needs* London: Prison Reform Trust.

Question 4

Do you agree with the circumstances in which the Court suggested it might be unjust to impose the presumptive minimum sentence? Are there any other situations in which it might be unjust to impose the minimum sentence?

The Criminal Justice Alliance does not support the use of presumptive minimum sentences. Sentencing should be related to the specific circumstances of the offence and the offender, and should be a decision for the court, within the guidelines set by the Sentencing Guidelines Council. Nearly 400 people were recorded as receiving the minimum mandatory sentence of 3 years for a third domestic burglary³, and many of these sentences may have been unduly and unnecessarily long.

However, assuming the continuing existence of the presumptive minimum sentence of three years imprisonment on conviction of a third qualifying domestic burglary, we argue that the circumstances in which the presumptive minimum sentence would be unjust should be widened from those noted by the Panel (Paragraph 77). The suggestion that a presumptive minimum sentence would be unjust if 'the first two offences were committed when the offender was under 16' should be extended to include offences committed under the age of 18 at the least, to reflect the age at which offenders move from the youth to the adult system. The Panel should consider whether this should be extended even further to incorporate offences committed under the age of 24, to reflect the relative immaturity of young adults (see Question 5, below).

The suggestion that the presumptive minimum sentence might be unjust only if 'some personal tragedy triggers the third offence' if 'the offender has made real efforts to reform or conquer a drug or alcohol addiction' should also be reconsidered. Addressing an addiction to drugs or alcohol can be a long process, and occasional relapses are common. This should be recognised by the courts and if progress is being made, even with some setbacks, this should be sufficient to prevent the use of a presumptive minimum sentence. By including the additional clause about a 'personal tragedy', which is not defined and could have a plethora of meanings, some offenders who are in general addressing their addictions to drugs or alcohol would unnecessarily receive a presumptive minimum sentence. We therefore recommend that the clause 'but some personal tragedy triggers the third offence' should be removed.

In addition, instead of deviating from the presumptive minimum only if 'two of the offences were committed many years earlier than the third offence', the Panel should extend this so that the presumptive minimum sentence would not be applicable if the first offence was committed many years earlier than the second and third offence, even if the second and third offence were committed in quick succession.

Question 5

Do you agree that the factors identified above constitute offender mitigation? Are there any other factors relating to the offender that you consider particularly relevant to this offence?

The Criminal Justice Alliance supports the factors identified as constituting offender mitigation.

³ p.36: Ministry of Justice (2009) *Sentencing statistics 2007, England and Wales* (Revised edition published on 26 June 2009) - available at <http://www.justice.gov.uk/publications/docs/sentencing-statistics-2007-revised.pdf>

In particular, we strongly endorse the recognition by the Panel that an offender's addictions should be seen as a mitigating factor and the proposal that a community order, with appropriate requirements, may be more suitable than an immediate custodial sentence for an offender with addictions. The Criminal Justice Alliance's reasons for this are set out below.

As of June 2007, 12% of the prison population was imprisoned or remanded for burglary, while 9,237 people were sentenced to immediate custody for burglary in 2007, with an average sentence length (excluding life and indeterminate sentences) of 4.3 months, up from 3.4 months in 1997. This is despite the fact that the use of prison is extremely ineffective in rehabilitating offenders and consequently reducing reoffending. Prison has detrimental effects on prisoners' mental and physical health (with particular implications for prisoners with drug or alcohol addictions), their self-esteem, their future employment opportunities, and their relationships with their families. All of these factors increase the likelihood of future offending. Prison appears to be particularly ineffective in reducing reoffending for those convicted of burglary by comparison to other offences. 70% of prisoners convicted of burglary reoffend within one year of release, the highest of any offence except theft and handling (78%).⁴

Imprisonment also has a negative impact on the wellbeing of prisoners' families. Children of prisoners have about three times the risk of developing mental health problems compared to their peers and experience higher levels of social disadvantage,⁵ while a review of the experiences of prisoners families has concluded that 'criminal justice and social welfare policy combine to impoverish and disadvantage, and exclude, the relatives of those in prison - in particular prisoners' children'.⁶

On release, many prisoners face problems in obtaining accommodation and employment, and many have immediate financial problems. Around 70% of prisoners report having no employment, education or training in place when they are released, while around 30% have no accommodation.⁷ The latter is likely to be a significant underestimate, with many ex-prisoners only having access to temporary accommodation. This has significant effects on reoffending, with 74% of prisoners with problems with both employment and accommodation reoffending during the year after custody, compared to 43% of those with no problem with employment or accommodation.⁸ Many people leaving prison also struggle to get immediate access to money, beyond the limited discharge grant, as many are reliant in the short-term on benefits, which are paid fortnightly in arrears and often take a considerably longer period to set up. As a result, many ex-prisoners face a shortage of money for immediate subsistence needs. As an additional factor, there are often delays in accessing GPs and other support

⁴ p.5: May, C. Sharma, N. and Stewart, D. (2008) *Factors linked to reoffending: a one-year follow-up of prisoners who took part in the Resettlement Surveys 2001, 2003 and 2004* London: Ministry of Justice.

⁵ Action for Prisoners' Families, CLINKS, Prison Advice & Care Trust and the Prison Reform Trust (2007) *The children and families of prisoners: Recommendations for government* - available at http://www.prisonersfamilies.org.uk/uploadedFiles/Influencing_Policy/Agenda%20for%20Action%20Final.pdf

⁶ p.ix: Smith, R., Grimshaw, R., Romeo, R. and Knapp, M. (May 2007) *Poverty and disadvantage among prisoners' families* York: Joseph Rowntree Foundation.

⁷ p.1: Niven, S. and Stewart, D. (2005) *Resettlement outcomes on release from prison in 2003, Home Office Findings 248* - available at <http://www.homeoffice.gov.uk/rds/pdfs05/r248.pdf>

⁸ p.6: May, C. Sharma, N. and Stewart, D. (2008) *Factors linked to reoffending: a one-year follow-up of prisoners who took part in the Resettlement Surveys 2001, 2003 and 2004* London: Ministry of Justice.

services, which may cause particular problems for offenders with a history of alcohol or drug use.

In addition, levels of self-harm in prison are very high. There were 23,026 recorded incidents of self-harm during 2008, an increase of 25% since 2004.⁹ Levels of suicide are also considerably higher in custody than in the community. There were 61 self-inflicted deaths among prisoners in England and Wales in 2008 and in total there have been 827 self-inflicted deaths among prisoners in England and Wales in the last ten years.¹⁰ The average suicide rate over the last ten years is 114 per 100,000 prisoners, compared to around 19 per 100,000 for adult men in the general population and around 7 per 100,000 for adult women in the general population.¹¹

The failings of custodial sentences are amplified by the current level of overcrowding in the prison system. HM Prison Service defines 'the good, decent standard of accommodation that it aspires to provide all prisoners' for each prison, called the Certified Normal Accommodation (CNA) level. This is the level above which prisons become officially overcrowded. As of 30 June 2009, the prison population was 111% of the CNA level, exceeding the CNA level by 8,605. 85 of the 139 prisons in England and Wales, 61%, are officially overcrowded. Prison overcrowding is damaging to every aspect of the work of the Prison Service, leading to an increase in the reoffending rate. It disrupts education, training, behavioural programmes and drug and alcohol treatment; moves prisoners away from home and disrupts family and community ties; moves prisoners without warning, creating stress and worsening mental health difficulties; and reduces the prospects for prisoners of securing a job or housing on release.

Rt Hon Lord Woolf, a former Lord Chief Justice, has stated: 'When I made my Strangeways report about 15 years ago the evidence of the Prison Service was that overcrowding was a cancer eating at the heart of that service...that cancer has persisted and it is reflected in reconviction rates and our failure to stop reoffending.'¹² In addition, Anne Owers, the Chief Inspector of Prisons, has stated that prison overcrowding is contributing to the increase in the number of prisoners who have committed suicide in prison,¹³ while the Joint Committee on Human Rights has also previously identified prison overcrowding as contributing to deaths in custody.¹⁴

Furthermore, prison is particularly problematic for offenders with addictions to drugs and alcohol.

Firstly, drugs are widely available in prisons. In his Government-commissioned review of measures to disrupt the supply of drugs into prison, David Blakey stated that: 'Anecdotally,

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<http://www.publications.parliament.uk/pa/cm200809/cmhansrd/cm090330/text/90330w0044.htm#0903311000032>

¹⁰ <http://www.justice.gov.uk/news/newsrelease010109.htm>

¹¹ Office for National Statistics - <http://www.statistics.gov.uk/cci/nugget.asp?id=1092> (accessed 10 July 2009).

¹² p. Ev2: Home Affairs Select Committee (2007) *Towards Effective Sentencing: Oral and Written Evidence* - available at

<http://www.publications.parliament.uk/pa/cm200607/cmselect/cmconst/467/467i.pdf>

¹³ <http://news.bbc.co.uk/1/hi/uk/6294090.stm>

¹⁴ <http://www.publications.parliament.uk/pa/jt200405/jtselect/jtrightts/15/1507.htm#a27>

and in the press, one hears of prisons being ‘awash’ with drugs and research and interviews with prisoners conducted outside of this Review would seem to indicate a ready availability. Certainly substantial amounts of all types of drugs do get into prisons.¹⁵ Mandatory Drug Testing has shown that in 2006/7, 8.85% of the prison population (about 6,800 prisoners) were taking illicit drugs when randomly tested each month. However, this is likely to be an underestimate, given serious concerns about the efficacy of this approach to monitoring drug use. Attempts to avoid ‘failing’ a mandatory test may also lead to prisoners using drugs that are harder to detect, encouraging prisoners to move from using cannabis to using opiates. The Sainsbury Centre for Mental Health has reported that ‘several of the prisoners we interviewed in the West Midlands reported using opiates for the first time in prison, all becoming major users after this introduction and all reporting that it was relatively easy to attain drugs whilst in prison.’¹⁶ This is particularly problematic as sharing of injecting equipment can lead to an increased risk of HIV/AIDS or hepatitis. Alcohol is less readily available, but many prisoners still report having had access to alcohol while in custody.

Secondly, as the Panel has recognised in Paragraph 20 of its consultation paper on sentencing for drug offences, prison is an inappropriate setting in which to deliver drug treatment programmes.¹⁷ Prisoners are frequently moved from prison to prison which disrupts the delivery of programmes, short sentences may not allow enough time for programmes to be completed, and there is currently insufficient capacity for the numbers of prisoners that need access to programmes. The Sainsbury Centre for Mental Health has reported that ‘prisoners with current and recent histories of addiction stated that there was very little help available in the prison beyond physical detoxification and that they had largely had no one with whom to discuss the underlying reasons for their addiction or what support would be available when they left prison’.¹⁸ While work to provide equivalence of care in prisons with that provided in the community is welcome, the UK Drug Policy Commission has argued that prison drug services frequently fall short of even minimum standards.¹⁹

Less evaluation has been carried out of alcohol services in prisons. One study found that services for prisoners with alcohol-related problems existed in most prisons, but development was uncoordinated and inconsistent.²⁰ A more recent review has concluded that ‘support for prisoners with alcohol problems still falls far short of what is available for prisoners with drug problems. Evidence on interventions for addressing substance misuse in prison indicates a number of essential prerequisites for affecting change. Unfortunately neither the framework of the strategy nor the level of funding available enable the Prison Service to meet these

¹⁵ p.7: Blakey, D. (2008) *Blakey Review: Disrupting the supply of illegal drugs into prisons* - available at <http://www.justice.gov.uk/publications/docs/blakey-report-disrupting.pdf>

¹⁶ p.17: Durcan, G. (2008) *From the Inside: Experiences of prison mental health care* - available at http://www.scmh.org.uk/pdfs/From_the_Inside.pdf

¹⁷ This is not to say that there are not some excellent programmes within the prison system. For example, RAPT’s abstinence-based model, developed along 12-Step lines in nine English prisons, has been shown to achieve significant and sustained reductions in drug use and offending.

¹⁸ p.33: Durcan, G. (2008) *From the Inside: Experiences of prison mental health care* - available at http://www.scmh.org.uk/pdfs/From_the_Inside.pdf

¹⁹ p.64-66: UK Drug Policy Commission (2008) *Reducing Drug Use, Reducing Reoffending: Are programmes for problem drug-using offenders in the UK supported by the evidence?* London: UK Drug Policy Commission.

²⁰ McMurrin, M. and Baldwin, S. (1989) *Services for Prisoners with Alcohol-related Problems: A survey of U.K. prisons* in ‘British Journal of Addiction’ 84, 1053-1058.

prerequisites.²¹ With 63% of sentenced male prisoners and 39% of female sentenced prisoners admitting to hazardous drinking which carries the risk of physical or mental harm prior to entering prison (with half of these having a severe alcohol dependency),²² this is clearly a serious deficit in provision. Despite this, there are no accredited alcohol treatment programmes with ring-fenced funding in prisons in England and Wales.

In addition, many prisoners with drug or alcohol addictions also have mental health problems and prisons have very limited provision for dual diagnosis. The Sainsbury Centre for Mental Health has argued that 'there is a big gap in "dual diagnosis" services in prisons and a lack of co-ordination between different teams'.²³ A later study reported that mental health and substance misuse services recognised the need to work closely together, but largely failed to do so.²⁴

The problems of overcrowding have also led to the introduction of the End of Custody Licence Scheme. This sees prisoners serving between four weeks and four years released from custody on licence for the final 18 days of their sentence, although those imprisoned for the most serious offences are not eligible.²⁵ As well as damaging public confidence in the criminal justice system, this has led to particular potential risks for alcohol or drug-using prisoners. In addition to problems registering with a GP and with referrals to community mental health services, prisoners are not eligible for benefits during this 18-day period and are therefore provided with a one-off lump payment on leaving prison. There are concerns that this may lead to prisoners with addictions purchasing large quantities of drugs on release, with ensuing risks of overdose, especially as they may have reduced tolerance to street drugs. There are also problems maintaining continuity of care into the community, with Drug Intervention Programme teams either not informed of a prisoner's release by the prison-based services or not given sufficient time to put support in place.²⁶ For all prisoners with addictions, the transition from prison back into the community is a difficult period, with problems with continuity of treatment and support and risks of relapse or overdose.

Overall, as the UK Drug Policy Commission concluded, for prisoners with addictions 'custodial sentences may frequently do more harm than good. By creating or exacerbating problems such as housing, employment and family relationships and increasing health risks such as infection from blood-borne viruses, the chances of successful long-term outcomes are further reduced. Enforced detoxification without adequate follow-up support also increases the risk

²¹ p.9: Alcohol Concern (2007) *Tackling alcohol misuse in prison: a window of opportunity or a lost opportunity?* - available at http://www.alcoholconcern.org.uk/files/20070326_143102_Tackling%20alcohol%20ins%20prisons%20March%2007.pdf

²² p.45: Prison Reform Trust (2009) *Bromley Briefings: June 2009 Prison Factfile* - available at <http://www.prisonreformtrust.org.uk/uploads/documents/june2009factfile.pdf>

²³ p.5: Sainsbury Centre for Mental Health (2007) *Mental health care in prisons* - available at http://www.scmh.org.uk/pdfs/briefing32_mh_care_prisons.pdf

²⁴ p.43: Durcan, G. (2008) *From the Inside: Experiences of prison mental health care* - available at http://www.scmh.org.uk/pdfs/From_the_Inside.pdf

²⁵ In total, by the end of May 2009 59,781 prisoners had been released early under the End of Custody Licence Scheme since it was introduced on 29 June 2007 - <http://www.justice.gov.uk/publications/docs/stats-ecl-0509.pdf>

²⁶ p.19: McKnight, C. (2009) 'Early Birds' in *DrugLink* 24 (3), May/June 2009.

of relapse, overdose and death, particularly on release.²⁷ Unsurprisingly, in the light of this analysis, 75% of prisoners saying they had a drug problem before custody go on to reoffend within a year of release.²⁸

Custody for offenders who are also addicted to drugs is also uneconomical. Recent research by Matrix Evidence for Make Justice Work has estimated that diverting one offender from custody to residential drug treatment would save society approximately £200,000 over the lifetime of the offender and diverting one offender from custody to intensive supervision with drug treatment would save society approximately £60,000 over the lifetime of the offender. This includes not only the cost of carrying out the sentence, but also the costs avoided by lower levels of reoffending.²⁹ The research estimates that 7,873 offenders who were drug users were given prison sentences of less than 12 months in 2007. It suggests that if they had been given residential drug treatment instead, society could have saved £980 million over their lifetimes.³⁰

Consequently, we endorse in the strongest possible terms the Panel's proposals that a community order may be a more appropriate disposal for burglary than a custodial sentence where the offender has an addiction.

We also welcome the Panel's recognition that some burglaries may be committed out of desperation caused by severe financial hardship (Paragraph 85). In these cases, we think that this should constitute offender mitigation. Although these cases may be fairly rare, the courts should recognise the difference between offenders driven by other factors and offenders driven by the pressures caused by financial desperation. This may also be relevant where offenders are driven by addiction to heroin or another illicit drug, where desperation, driven in part by a physical addiction, may be the primary cause of the offending. This should be recognised as offender mitigation and the courts (along with the probation service) should be encouraged to identify why it is that desperate people offend to support an addiction and should put in place measures to help them address the causes of their offending.³¹

Looking at additional factors relating to the offender, the Panel should consider the sentencing of young adults aged 18-24 as part of this guidance. 27% of all the people in prison under sentence for burglary are aged 18-24, and 12% of young adults aged 18-24 in prison under sentence were imprisoned for burglary. Young people aged 18-24 have specific characteristics and needs and would benefit from an approach to sentencing that recognises the role that their immaturity and the economic, social and structural factors that specifically

²⁷ p.14: UK Drug Policy Commission (2008) *Reducing Drug Use, Reducing Reoffending: Are programmes for problem drug-using offenders in the UK supported by the evidence?* London: UK Drug Policy Commission.

²⁸ p.5: May, C. Sharma, N. and Stewart, D. (2008) *Factors linked to reoffending: a one-year follow-up of prisoners who took part in the Resettlement Surveys 2001, 2003 and 2004* London: Ministry of Justice.

²⁹ p.5: Matrix Evidence (2009) *Are short term prison sentences an efficient use of public resources?* - available at <http://makejusticework.org.uk/wp-content/uploads/2009/06/are-short-term-prison-sentences-an-efficient-and-effective-use-of-public-resources.pdf>

³⁰ p.14: Matrix Evidence (2009) *Are short term prison sentences an efficient use of public resources?* - available at <http://makejusticework.org.uk/wp-content/uploads/2009/06/are-short-term-prison-sentences-an-efficient-and-effective-use-of-public-resources.pdf>

³¹ Allen, R. (2009) *When prison doesn't work* - available at <http://www.guardian.co.uk/commentisfree/2009/jan/22/crime-burglary-offenders-prison>

impact upon them play in their offending.³² The Panel should ensure that the youthfulness and relative immaturity of young adults aged 18-24 is recognised as a mitigating factor in this guidance, and the Criminal Justice Alliance supports the response of the Transition to Adulthood Alliance (to which we have contributed) to this consultation, which recommends that ‘the Panel should consider the circumstances related to young adults and make specific recommendations for this age group to ensure that young adults are sentenced appropriately’.

Question 6

Do you agree with the Panel’s proposed starting points and ranges for a first-time adult offender? If not, why not?

The Criminal Justice Alliance supports the overall approach taken by the Panel in this Paper. However, we think that there is scope for reductions in the starting points and ranges proposed in this paper. In particular, we think that the range for Level 3 offences should be set at Community Order (LOW) to Community Order (HIGH), rather than to a 12 week custodial sentence. This reflects the acknowledgement that the levels of harm and/or culpability are relatively low as well as the damaging effects of imprisonment (see Question 5, above) and the widely acknowledged limitations of short prison sentences. Three out of every five people (59.9%) who serve a sentence of one year or less are convicted of a further offence committed within one year of release. Meanwhile, only just over a third of those on a Community Order or Suspended Sentence Order (36.6% and 35.6% respectively) are convicted of a further offence committed within a year. These figures may not be directly comparable, as they do not take into account the possible differences between groups of offenders. However, they do demonstrate that in a choice between giving a community sentence or a short prison sentence (during which prisoners receive little resettlement help and may lose housing or employment), a community sentence is likely to be the more effective option. To match this reduction, the starting points for Level 1 and Level 2 offences should also be reduced. The Panel should consider whether a starting point of a Community Order (HIGH) might be appropriate for a Level 2 offence.

Question 7

Do you agree with the Panel’s approach to the sentencing of youths convicted of burglary in a dwelling?

The Criminal Justice Alliance believes that the use of youth custody is currently far too high. We therefore support the Panel’s recognition that custody should be used for young people only as a measure of last resort (Paragraph 116) and the ensuing expectation that a youth rehabilitation order should be the norm in cases of burglary in a dwelling even where the offence is sufficiently serious to cross the custody threshold (Paragraph 117). Custody is particularly damaging for young people, and should be avoided wherever possible. Consequently, only cases of serious interpersonal violence and sexual offences should result in custody, with other offences dealt with in the community unless there is demonstrated persistence.

Consequently, we do not think that a custodial sentence is an appropriate starting point for an offence of burglary in a dwelling committed by a young person. We therefore think that the starting point for a Level 1 offence should be a youth rehabilitation order (HIGH) rather than 12 months detention. Custody would only be appropriate where violence is used against

³² The needs and characteristics of young adults are examined in depth in *Universities of Crime: Young Adults, the Criminal Justice System and Social Policy*, a report from the Transition to Adulthood Alliance. It is available at <http://www.t2a.org.uk/publication-download.php?id=15>

the victim (see Paragraph 49 of the Paper), and should therefore only be appropriate at the top of the range. The starting point for a Level 2 offence would consequently be reduced to a youth rehabilitation order (MEDIUM), with a range of a youth rehabilitation order (LOW) to a youth rehabilitation order (HIGH). The range for a Level 3 offence should be adjusted accordingly.

The Panel should also be clear that previous failure to comply with a youth rehabilitation order should not be seen as a sign that a community-based approach has failed and custody should therefore be used. Sentencers should be encouraged to persist with the use of a youth rehabilitation order which is tailored to the offending behaviour and the circumstances of the offender. The Criminal Justice Alliance is also concerned about the high numbers of young people entering custody as a result of breach of an order, and therefore supports the Panel's recognition that 'the court must ensure that the requirements imposed by the order are compatible with each other, and that as a whole the order is not so onerous as to make a breach likely' (Paragraph 115).

Question 8

Is there any reason to believe that the Panel's proposals will impact disproportionately on some offenders by reason of their gender, age, disability, race or ethnic background?

Proposals to promote the use of community penalties instead of custody for offenders with an addiction, to help them address the causes of their offending (Paragraph 83), may have a particular impact on female offenders, as drug addiction seems to play a disproportionately significant role in women's offending.³³ This would be beneficial, as it would help to reduce the number of women with particular vulnerabilities sentenced to custody unnecessarily, in line with the recommendations of the Government-commissioned *Corston Report* and the Government's response to the report.

**Criminal Justice Alliance
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³³ p.19: Corston, J. (2007) *The Corston Report: a review of women with particular vulnerabilities in the criminal justice system* - available at <http://www.homeoffice.gov.uk/documents/corston-report/>