

**Advisory Council on the Misuse of Drugs**

**Call for Evidence: Custody-community transitions**

# Consultation response

Thank you for inviting a response from HM Inspectorate of Probation to your call for evidence: custody-community transitions. We have based our response on the findings from a number of our thematic reviews (see Annex A for a description of thematic reviews). We have specifically addressed questions 3 and 4 (see Annex B for original request).

While you have not specifically asked for these data, we have also included relevant results from our case sample analysis conducted as part of our Quality and Impact inspection programme completed between March 2016 and December 2017 (see Annex C for a fuller description of this programme of inspection and the data analysis). We hope you consider this useful background information.

The thematics that we draw upon in our response include:

**An Inspection of Through the Gate Resettlement Services for Short-Term Prisoners. A joint inspection by HMI Probation and HMI Prisons. October 2016**

<https://www.justiceinspectorates.gov.uk/cjji/inspections/throughthegate2016/>

For the purpose of this thematic we inspected 61 cases in prison and the community, 25 cases in the community only. 68 of these cases were managed in the community by Community Rehabilitation Companies (CRCs) and 18 by the National Probation Service (NPS). A total of 62 of the sample were male, 24 were female. We spoke to 40 prisoners while they were in custody, eight offenders after they had been released from custody and responsible officers (CRC and NPS) for 58 cases.

In this inspection we noted that the prisoners in the case sample had multiple and complex needs. Just over half of the cases had been under active supervision in the community immediately prior to going to prison, so should have had up to date information on OASys. The most common needs we discovered were related to accommodation, mental health, finance, benefits and debts, domestic abuse (being perpetrator or victim) and abuse of drugs and alcohol

Of the male prisoners in our sample, 32 had a need in relation to drug use prior to going into custody; in seven of these, sufficient work had been undertaken before release.

Of the female prisoners in our sample, 17 had a need in relation to drug use prior to going into custody; in 13 of these, sufficient work had been undertaken before release.

Overall we found that the needs of individual prisoners were not properly identified and planned for and not enough was being done to prepare prisoners for release or to manage risks.

**An Inspection of Through the Gate Resettlement Services for Prisoners Serving 12 Months or More. A joint inspection by HM Inspectorate of Probation and HM Inspectorate of Prisons. June 2017**

<https://www.justiceinspectorates.gov.uk/cjji/inspections/throughthegate2/>

In this inspection we reported on services for those serving longer sentences. We visited nine prisons, where Through the Gate services were being delivered by eight different CRCs with seven different corporate owners. We looked at the cases of 98 prisoners, before and after release.

In this inspection we found that 29% of the prisoners had committed a violent offence, 7% had committed a sexual offence, 22% burglary, and 20% drug offences.

A greater proportion of both male and female prisoners needed help with ETE than in our previous inspection of short sentence prisoners. The proportions needing assistance with accommodation, mental health and drug misuse were slightly lower, while a much smaller proportion had alcohol problems.

Although there is more time for investment in the resettlement services for these prisoners, we found them no better served than those on short-term sentences, with many of the same issues identified. We reported that: “If Through the Gate services were removed tomorrow, in our view the impact on the resettlement of prisoners would be negligible”.

**New Psychoactive Substances: the response by probation and substance misuse services in the community in England (HM Inspectorate of Probation and the Care Quality Commission, November 2017).**

<https://www.justiceinspectorates.gov.uk/cjji/inspections/newpsychoactivesubstances/>

We undertook this inspection primarily to identify good probation practice in tackling NPS use, given the rising concerns about its use among offenders. We did not find many examples of effective probation practice, but we did find some good initiatives by local partners.

59 cases where reviewed, 32 were subject to a period on licence from prison. 25 service users were interviewed and 49 probation responsible officers.

Overall, inspected areas did not have a good enough understanding of the prevalence of NPS use at a local level or what may work for those using NPS. While the UK government has issued advice and guidance for commissioners and substance misuse services, in the main, strategies have focused on crisis management to address emergencies. While local management relationships between substance misuse services and probation providers were good, probation engagement at a strategic level was less consistent.

### Response to consultation questions

Q3: What are the main barriers and opportunities to improve community-custody transitions for people who use drugs?

*Through the gate resettlement services for short-term prisoners*

The Basic Custody Screening tool is designed to identify a prisoner’s needs on reception into custody so that key issues can be identified, prioritised and addressed through a resettlement plan. While not related exclusively to the identification of substance misuse needs, drug and alcohol use is one of the areas identified and so the following description will also apply to the identification and response to a prisoner’s substance misuse needs.

Prison staff told us they had very little time to complete screenings. Screenings had been completed in over 90% of the cases we inspected and the quality of those completed was poor overall. Few prison staff looked for other information that might be available about the prisoners on NOMIS (the electronic prison case management system) or OASys (the offender assessment tool). No routine checks were made of previous convictions, or other information about previous behaviour or risk of harm the prisoner might present to other people. This meant that the information entered on the screenings was based purely on what the prisoner had said. When we looked at the screenings in detail, we found less than half (40%) of needs (again, not exclusively substance misuse needs) were adequately described. Screenings either failed to record a need that was obvious, or noted it as a need without explaining why. Many of the screenings we saw did not form an adequate basis upon which the CRC could create a good enough resettlement plan.

Once the screening is completed, CRC staff are required to prepare a resettlement plan within five days. The purpose is to build on resettlement needs identified in the screening and to record what action should be taken to meet those needs. The resettlement plan should identify which of the mandatory resettlement services provided by the CRC are required: employment retention/brokerage, and assistance with accommodation, finance and debts. The resettlement plan should also identify referrals to be made to other providers in the prison or community for example substance misuse and education services. The CRC is expected to utilise services offered by other providers within resettlement prisons (for example mental and physical health, substance misuse, education).

Where any specific need had been identified for a prisoner, we expected the resettlement plan to set out clearly what action should be taken to achieve a positive outcome. We found this had been done well enough for 38% of individual needs. So even if a particular need had been missed in the screening, it was sometimes covered in the resettlement plan.

Most of the resettlement plans we saw identified actions to be dealt with by referrals to other agencies. It was routine for actions identified on resettlement plans to be marked as completed once a referral had been sent off. This was misleading and often gave the impression that more was being done than was actually the case.

Over two-thirds of prisoners needed help with accommodation. This is a crucial issue to be addressed, to give stability and security at the vulnerable time of release. While CRCs are not expected to provide accommodation themselves, they should have in place a range of advice and assistance to make sure that prisoners have somewhere to live when released. While we accepted that the reality of the situation was difficult, we did not find that enough was done to address accommodation needs. Without the stability of accommodation, tackling substance misuse becomes much more difficult.

Many prisoners were a long way from being ready to enter employment. Other problems needed to be dealt with first, such as substance misuse, behaviour or mental health problems. In many cases they had been receiving Employment and Support Allowance before they came into prison so were not currently ‘available for work’.

We hoped that as part of ‘release coordination’ the CRC would gather relevant information from the prison and pass that on to the responsible officer. This could include information about work or training undertaken, behaviour in prison, and engagement with other agencies such as substance misuse services. It could also include information about appointments arranged in the community to follow drug treatment or start benefits claims. This was not often done and we thought that was a missed opportunity.

At the point of release, most CRC resettlement staff assumed that responsible officers would read the final resettlement plan review to find out all the information they needed, and saw no need for any additional communication. The reviews we saw of resettlement plans were not adequate, so responsible officers were not always receiving the information they needed to start off their supervision. We saw some examples of good practice, mostly in London, where an email was sent to the responsible officer to set out everything that had happened in prison. But none of the services we saw could be described as ‘seamless’.

**We recommended that** the Ministry of Justice and National Offender Management Service (now known as HM Prisons and Probation Service; HMPPS) should promote a ‘whole system approach’ to resettlement by the introduction of common resettlement targets for prisons, CRCs and the NPS.

*Through the gate resettlement services for prisoners serving 12 months or more*

Again, while not exclusively about substance misuse needs, the following findings are relevant to those in need of drug and/or alcohol interventions.

The use of mentors had not been developed as anticipated, and only one prisoner had received support through a mentor scheme introduced under ‘Through the Gate’ services.

After release, all of the prisoners in our sample would be supervised for at least 12 months. As is the case with short-term prisoners, responsible officers in the community should receive full information at the point of release, about the prisoner’s behaviour and experience in prison. Ideally this would include details of all handover arrangements, including appointments made at Jobcentre Plus, and with drug treatment and mental health services. In many prisons communication and information sharing with the community representative was poor.

We saw one case where a responsible officer was not aware of drug use in prison that had paralleled previous behaviour in the community. If that had been known before release, a referral to approved premises would have been considered to put monitoring in place. It also helps continuity for the responsible officer to receive information about appointments arranged in the community to follow drug treatment or start benefits claims.

Many prisoners needed substantial help before they were released. Finding somewhere to live was a common problem, along with finding work or making a benefits claim, and getting assistance with substance misuse or mental health problems. We found that many of these needs were not recognised when prisoners first went into custody. Problems that should have been obvious to prison staff were not identified.

For the prisoners who would have substantial outstanding issues on release, including those with substance misuse and mental health problems, there was little information available in prisons about treatment that had been delivered. Arrangements were sometimes in place to hand cases on to services in the community, but it was rare to see effective communication about this with responsible officers. So, a responsible officer might not know when follow-up or Jobcentre Plus appointments had been made and could not support attendance at those appointments.

1. **We recommended that** HM Prison Service should make sure that arrangements for substance misuse and mental health treatment enable a smooth transition to community services at the point of release.

*New psychoactive substances*

Again, we found poor-quality information-sharing between agencies. Prisoners were being released into the community often with no information shared about their new psychoactive substance use in prison, and release plans did not meet the needs of the prisoner in relation to their substance misuse. We found good recording of information by community-based substance misuse keyworkers who had access to probation IT systems. In many cases, however, we found that substance misuse services held information that would have improved the quality of probation assessments and plans but was not being shared.

Very few of the licence cases in our sample included information from prisons about actual or suspected new psychoactive substance use. As a result, post-custody release plans did not consider the effects of new psychoactive substance use on the individual or the actions required to address its use in the community. The lack of analysis or recording of new psychoactive substance use by responsible officers in the community meant that those being recalled or receiving a new custodial sentence were entering establishments without updated information being available. This again echoes the findings from our Through the Gate inspections.

**We recommended that** Her Majesty’s Prison and Probation Service should:

* improve the exchange of information about users of new psychoactive substances from prisons to probation providers and substance misuse services
* make sure that pre-release planning addresses substance misuse and basic needs such as housing and mental health support.

Overall, good compliance was seen by those who were released from custody on licence with a condition to reside in approved premises. One approved premises visited in Brighton began the process of outlining the rules and regulations about new psychoactive substance use with service users before they were released from custody. As a result, service users understood the actions that would be taken, including a recall to custody, if concerns arose that placed them in breach of the conditions of their residence. The approved premises manager told us:

“*Last year we recalled eight to nine residents. Now when referral forms are completed we will check drug-related information and specifically ask about NPS use in prison. Even where they don’t have a substance misuse history, they are coming out with a problem. We also ask if they are on anti-psychotic meds – this mix does not work and presents the worst behaviour. When the residents arrive, they would have already had the [approved premises] rules and have a specific section on NPS about using and having possession of NPS. There is a process of warnings issued in relation to concerns if using NPS and the risk posed to staff and residents before a bed is withdrawn. There have been no recalls in the last six months that are related to NPS use. We are consistent in our approach and transparent*”.

Approved premises staff in this area had become confident in dealing with incidents related to suspected new psychoactive substance use. This was achieved through training and clear procedures and processes for dealing with those residents who used new psychoactive substances.

### Many users experienced problems with housing, mental health, relationships and finances. Some had lost placements in hostels or housing tenancies for reasons that were often related to their new psychoactive substance use, but responsible officers rarely identified this. In the process, those who lost their accommodation ended up on the streets, sleeping rough in an environment where new psychoactive substances were easy to obtain and frequently used. Worryingly, probation providers did not routinely consider the risks associated with new psychoactive substance use to groups such as children, staff, prisoners or the wider community, despite there being enough known about the unpredictable behaviour that could be displayed by those using the drugs.

We also found significant gaps in the availability of local provision to address mental health issues. Those who were using new psychoactive substances reported increased feelings of paranoia, anxiety and thoughts of self-harm. Pathways into mental health services were not clear, and often thresholds were too high to allow new psychoactive substance users to be assessed and access services. Most professionals that we spoke to told us that mental health services would not work with drug-induced psychosis or with service users while they continued to use substances.

Q4: Could you share any practices that: a) appear to reduce harms (or maximise benefits) related to community-custody transitions?

*New psychoactive substances*

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| **Good practice example: the response in Manchester**  **The use of new psychoactive substances in Manchester has been widely reported in the media. Production was often home grown, with organised crime groups sourcing liquid synthetic cannabinoid from China, sometimes via Eastern Europe, and making up their own final product by spraying the liquid onto dried leaves and bagging it up. Test purchases of new psychoactive substances revealed that these samples were up to 700 times stronger than what had previously been sold in head shops: *“Like swapping a pint of lager for a pint of vodka”* (Dr Ralphs, senior criminology lecturer at Manchester Metropolitan University).**  **The true extent of the problem was unclear, owing to poor recording and knowledge gaps at the front line (health, housing, police, prisons and probation). There was also a mistaken belief that substance misuse services could not help with new psychoactive substances.**  **In response, the local authority is coordinating a multi-agency response involving public health, police, drugs agencies and children’s services.**  **The substance misuse service Change, Grow, Live (CGL) took services out into the community to where new psychoactive substance use was most prevalent. It was linked with day centres and night shelters, where it had a regular presence and specifically focused on new psychoactive substance use. Eighty staff benefited from training with the mental health Dual Diagnosis Liaison Service, focused on mental health interventions and strategies for responding to crises and managing risks.**  **Police officers’ main focus had been tackling supply and closing head shops where new psychoactive substances were still being sold. They moved to be co-located with the neighbourhood homeless team, working together to address its use among street homeless.**  **Manchester strategic partners developed workshops to deliver training and share good practice and lessons learned from the front line. Staff working in day centres, hostels, supported housing, approved premises and prisons have contributed their expertise, gained through day-to-day contact with new psychoactive substance users.**  **Greater Manchester is now using a Local Drug Information System model developed by Mike Linnell for PHE. The model has been set up for professionals to share information about drugs with other members. This could include alert notices or discussion topics around new symptoms or reactions that have emerged. It is intended to respond to immediate risk, to be a low-cost, low-maintenance multidisciplinary system that uses existing local expertise and resources.** |

# HM Inspectorate of Probation

## Statement of purpose

Her Majesty’s Inspectorate of Probation is the independent inspector of youth offending and probation services in England and Wales.

We provide assurance on the effectiveness of work with adults and children who have offended to implement orders of the court, reduce reoffending, protect the public and safeguard the vulnerable. We inspect these services and publish inspection reports. We highlight good and poor practice, and use our data and information to encourage high quality services. We are independent of government and speak independently.

Our latest corporate plan and annual. Report can be accessed [here](https://www.justiceinspectorates.gov.uk/hmiprobation/about-hmi-probation/corporate-documents/?doc-type=corporate-plan&s).

This submission was prepared by HM Inspectorate of Probation using information available in the public domain.

This is an open response to your consultation as we promote transparency of all our positions on probation and community youth justice services.

Annex A

**Thematic reviews**

A thematic inspection looks at a specific area of work. Unlike our probation and youth offending inspections, where we may only visit one service, in a thematic we will visit several services to look at the same theme.

Some thematic work focuses just on probation work, some of it solely on youth offending work, and some on both.

Sometimes we do this with only our inspectors, but sometimes, we do this jointly with other inspectorates or criminal justice organisations. The latter comes under the remit of the Criminal Justice Joint Inspection (CJJI) programme. We have worked closely with the other Criminal Justice Inspectorates to produce Joint Inspection Programmes each year since 2007. You can view the [joint business plans](https://www.justiceinspectorates.gov.uk/cjji/about-cjji/joint-business-plan/) on the CJJI website.

These are the factors we consider when we select topics for thematic inspections:

1. Potential impact of our findings
2. Significant changes to policy, service delivery or caseloads
3. Risks to public protection
4. Findings from other inspections
5. Intelligence received from any source
6. Time elapsed since last inspection
7. Estimated resource requirements
8. Ministerial and other key stakeholder interests

Annex B

ACMD

Advisory Council on the Misuse of Drugs

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16th April 2018

Dear Sir/Madam,

**Call for Evidence - Custody-Community Transitions**

I am writing to you to request your assistance in relation to the Advisory Council on the Misuse of Drugs’ (ACMD) Custody-Community Transitions Working Group.

The Custody-Community Transitions (CCT) Working Group has been established following concerns over the increasing harms related to drug use among offenders. Levels of drug use are high amongst offenders, and people entering and leaving custodial settings are known to be particularly vulnerable to harms, including death by overdose.

The group will focus on identifying the harms associated with transitions between custody and the community. The inquiry will identify existing recommendations in this area and ask to what extent these have been implemented. The CCT final report will specify the barriers and opportunities for more effective implementation and will assess if there is a need for new or adapted recommendations.

The Working Group will consider issues that are relevant to transitions by adults (aged 18 or over). It will include a specific focus on the needs of women and of people of black and minority ethnic origin.

The ACMD set up the CCT Working Group in 2017 under the Chairmanship of Alex Stevens, Professor in Criminal Justice at the University of Kent.

The ACMD is holding the CCT Evidence Gathering Public Meeting on **08 June 2018**; where the Working Group members will consider both oral and written evidence from key stakeholders (venue: **Park Plaza Country Hall)**.

The ACMD would like to invite you to submit both oral and written evidence as part of this Inquiry. Please confirm whether youwill be willing to deliver a presentation at the Evidence Gathering Inquiry on 08 June 2018 or if you intend to submit written evidence to the working group.

We would request that oral presentations are submitted by **01 June 2018** and written evidence is submitted by **20 June 2018**. Please forward your evidence to Matthew Gavin at [Gavin.Matthew1@homeoffice.gsi.gov.uk](mailto:Gavin.Matthew1@homeoffice.gsi.gov.uk)

Please note if the ACMD receives a large response to its call for evidence, then a further meeting may be scheduled at a later date to take additional oral evidence.

**We would appreciate if you could kindly address the questions listed below within your oral and/or written evidence.**

***Although your expertise might be better suited to tackling only a subset of the following questions; it would be very helpful if you were to address as many questions as you can, especially in your written evidence. Your oral presentation may need to be more focused to fit into the time available for each presentation (up to 20 minutes).***

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| Q1. What are the most important harms and benefits associated with transitions between custody and community by people who use drugs?  We are specifically interested in evidence on:   1. Recent developments in drug-related harms in police custody. 2. Recent developments in harms related to the use of novel psychoactive substances (NPS) in custodial setting. 3. Recent developments in harms and benefits related to the transition of people who use heroin between the community and custody (on entry to custody and on release). 4. Development of diversion from custody provisions for people with substance misuse issues. 5. The distribution of such harms and benefits across different groups of people who use drugs as they move in and out of custody (e.g. by area of deprivation, housing status gender, race, age, drug use pattern, remand/sentenced prisoners). 6. How these harms are likely to develop as the average age of people in prison and of people with heroin problems increases. 7. In what ways the current legislative framework affects these harms and benefits. |
| Q2. What are the most important existing recommendations in this area, and to what extent have they been implemented?  We are particularly interested in:   1. Existing recommendations in relation to prison security as it affects drugs and NPS, and the extent of their implementation. 2. Existing recommendations in relation to the provision of healthcare in custodial settings to people who use drugs. 3. Existing recommendations in relation to the provision of healthcare for those serving community sentences who use drugs 4. How recent developments in the management and commissioning of drug, alcohol and mental healthcare services in custody and in the community have affected the provision of healthcare services to people who have drug problems, and the extent to which existing recommendations are met. 5. Whether there is scope for learning from different models of service delivery between countries of the UK. 6. Recent developments in information sharing between custody and community transition |
| Q3. What are main barriers and opportunities to improve community-custody transitions for people who use drugs?  We are specifically interested in:   1. What mechanisms of support, accountability and management would facilitate the implementation of recommendations in this field? 2. How working relationships between national and local bodies can best support improved practice? 3. How the current legislative frameworks and harms from experience of custody may act as a barrier. 4. How can the likely returns on investment that accrues to communities and criminal justice agencies through crime reduction be provided through the budgets that support the provision of health and other services that produce these benefits? |
| Q4. Could you share any practices, including international approaches, that:   1. Appear to reduce harms (or maximise benefits) related to community-custody transitions? 2. Appear to increase harms related to community-custody transitions? |
| Q5. Could you share any examples of commissioning or managing services in ways that address the community-custody transition in ways that fulfil existing recommendations?   1. What are the commissioning or service delivery gaps around provision of drug testing and drug treatment? |

The CCT Working Group’s membership is listed in the Annex. Further details about the ACMD can be found at; <https://www.gov.uk/government/organisations/advisory-council-on-the-misuse-of-drugs>

I would like to thank you for your assistance in this matter and look forward to hearing from you.

Yours sincerely

** **

**Dr Owen Bowden-Jones Professor Alex Stevens**

ACMD Chair Working Group Chair

Annex C

**Quality and Impact Inspection Programme**

***Inspections***

The Quality and Impact programme (Q&I) was completed between March 2016 and December 2017. These inspections took place across 14 different police force areas, covering all National Probation Service (NPS) divisions and all Community Rehabilitation Company (CRC) owners. We did not inspect the following seven CRCs: Dorset, Devon & Cornwall; Essex; Hampshire & the Isle of Wight; Merseyside; Northumbria; Thames Valley; and West Yorkshire during this period.

***Case assessments***

In each Q&I inspection, we reviewed Community Order, Suspended Sentence Order and licence cases in which the service user had been sentenced or released from prison some nine months previously. This time point was selected so that the cases were sufficiently current, but had been running long enough to provide sufficient evidence of outcomes.

The sample size within each inspection was linked to the number of eligible cases, with the largest samples in the main metropolitan areas. While the samples may not have been fully representative of all eligible cases, we ensured, as far as possible, that there was alignment in relation to (i) gender, (ii) ethnicity, (iii) sentence type and (iv) office location – with minimum numbers set for (i) and (ii). Cases were also selected from the full range of risk of serious harm and likelihood of reoffending levels, and from as many responsible officers as possible.

Some types of case were excluded from the sampling frames. Exclusions were as follows:

* Community Order or Suspended Sentence Order cases where the only requirement was unpaid work, an attendance centre, an exclusion or curfew; or a combination of these requirements
* cases held by a Youth Offending Team (YOT), where the probation provider was managing or providing interventions on the YOT’s behalf
* cases which were (or had been during the sample period) subject to a Serious Further Offence review or a Serious Case Review
* cases that had been transferred in or out (moving across the units of inspection) since the date of the community sentence or release from custody.

Terminated or recalled cases were included, but there had to be a minimum of four weeks delivery to ensure that there was enough work to be inspected.

All sampled cases were allocated to individual inspectors. To support the reliability and validity of their judgements, all cases were reviewed using a standard case assessment form, underpinned by quality indicators and judgement guidance.[[1]](#footnote-1)[1]

A key source of evidence was the information recorded in the relevant case management system. Once reviewed, lines of inquiry would be pursued in an interview with the relevant responsible officer. Inspection staff were encouraged to take an investigative approach where necessary, accessing further evidence sources to support their judgements.

***Analysis of data***

For the one police force area that was re-inspected (London), the most recent data is used, ensuring that we are presenting the most up-to-date picture. We examined a total of 1,066 cases (after excluding the first London inspection). 500 of these cases were release post-custody (Licence) cases of which 243 were from CRCs and 257 were from the NPS.



1. [1] The reliability and validity of judgements was further supported through training and quality assurance activities. [↑](#footnote-ref-1)