



Her Majesty's
Inspectorate of
Probation



CareQuality
Commission

Drug treatment and recovery work with people on probation



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Probation



Chief Inspector of Probation:

Justin Russell



**Lead Inspector for this
thematic inspection report:**

Lisa Parker



Social impact consultant:

Sunny Dhadley





Welcome: Justin Russell



Introductions: Justin Russell

**Strategic & policy
landscape (Context):** Justin Russell

Inspection outline: Lisa Parker



Key findings: Lisa Parker

Recommendations: Lisa Parker

**The value of lived
experience:** Sunny Dhadley



Q&A session:

Presenters responding
to audience questions



THE CONTEXT

300,000 heroin and crack users are responsible for half of all acquisitive crime and cost the public purse £9 billion a year.

Budget cuts and loss of ring-fencing since the Drug Intervention Programme shut in 2013 mean criminal justice treatment pathways have withered on the vine.
Half of English commissioners told us they'd had budget cuts over 25% in past five years.

No co-ordinated national or local strategy in England to address drug misuse for people on probation at national or local level.
Treatment providers and probation operating in separate silos.

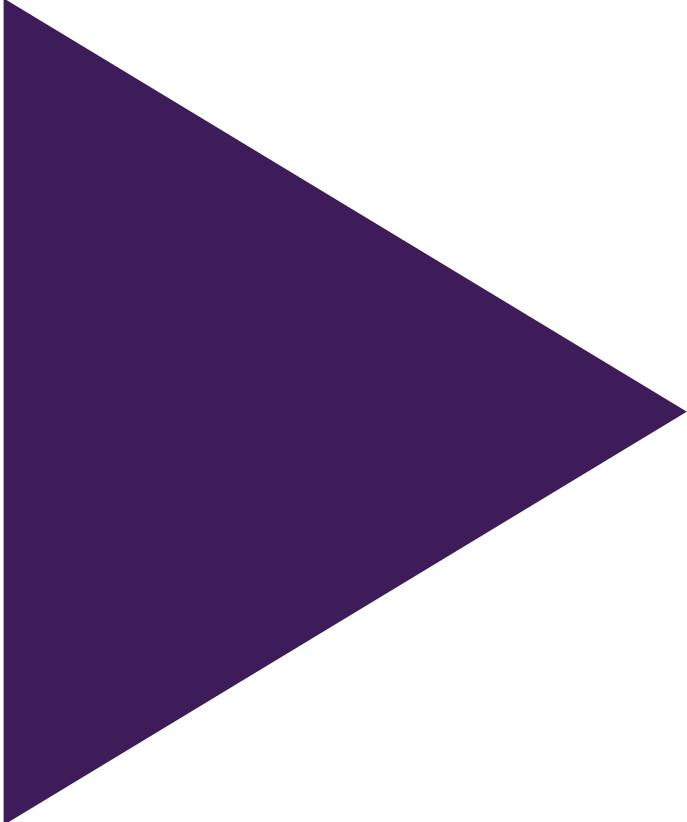
Of 156,000 people on probation in the community – c75,000 have a drugs problem but probation referrals to specialist treatment were less than 3,000 in 2020.

Recent investment (Op ADDER and CSTR) is welcome but Dame Carol Black estimates an additional £552m a year is needed to meet treatment needs.

(But more investment and better join up in Wales show what can be achieved).



INSPECTION OUTLINE: QUALITATIVE APPROACH



case inspection of 60 cases

HMI Probation inspection plus Care Quality Commission / Healthcare Inspectorate Wales inspection of drug casework; includes interview with responsible officer / drugs worker

six fieldwork sites

key observations from meetings with commissioners, community safety partnerships, police & crime commissioners, adult safeguarding boards, judges, prison drug and resettlement staff and drug service providers

we co-produced the inspection methodology with CQC and their partner organisation Choice Support whose experts-by-experience gathered insight from people on probation



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INSPECTION OUTLINE: FIELDWORK SITES



ADDER sites

Middlesbrough
Blackpool
East Sussex

Swansea, Neath &
Post Talbot

HIW joint inspection

ADDER:

Addiction, Diversion, Disruption,
Enforcement and Recovery

CQC joint inspection

CSTR pilot sites

Manchester
Lambeth

CSTR:

Community Sentence
Treatment Requirements



INSPECTION OUTLINE: QUANTITATIVE APPROACH

- ▶ Information in advance
 - includes performance information from drug service providers
- ▶ Data work with:
 - Public Health England
(National Drug Treatment Monitoring System)
 - Welsh Government
 - HMPPS
- ▶ Electronic surveys
 - probation providers,
 - Magistrates
 - commissioners
 - (public health departments in England,
Area Planning Boards in Wales).



KEY FINDINGS: PARTNERSHIPS

Fragmentation

- Commissioned services are often working in isolation of probation providers.
We saw a lack of joint planning and joint delivery in all fieldwork sites.
- Some good use of recovery organisations and women's centres.

Information exchange

- Information is not exchanged effectively across agencies.
 - Recording is poor: with key pieces of information, such as test results, not clearly noted.

Specialism, co-location and integration

- There are few specialist teams focussing on drugs but co-location is welcomed.
 - Mental health is a key issue, despite impressive facilities in some areas, not enough people were getting help with their mental health.



KEY FINDINGS: COURT WORK

Not enough people are getting into treatment

- Very few specialist assessments are being undertaken at court.

Drug rehabilitation requirements (DRRs)

- Sentencers are positive about DRRs and see the benefits of drug testing and formal court review, but too few pre-sentence reports are sought, and these requirements are proposed a low number of cases.
- Sentencers have included DRRs in sentences without any assessment reports in some areas.



KEY FINDINGS: CASEWORK AND INTERVENTIONS

DRR - a diluted model

Mostly, DRRs were indistinguishable from standard community orders.
Expectations for individuals were not set jointly with drug services.
Few psycho-social interventions were recorded.
Testing was used too infrequently.

Overall, diversity was not properly considered in assessments, planning or service delivery.

Diversity

Trauma-informed approaches

Some training delivered and there is a trauma-informed toolkit available for staff. Trauma-informed approaches are not yet embedded in probation or drug services.

Where there was joint assessment, planning, intervention and review, we saw much stronger practice.

Multi-agency work

Recovery

Too few probation practitioners are familiar with models of recovery (13% had knowledge). This a crucial area to be developed, to complement strengths-based approaches already in common use.



KEY FINDINGS: RESETTLEMENT

Dis/continuity of care

- Too many people fall out of treatment when they leave prison (65 per cent), particularly in England.
 - In-reach from the community improves engagement, planning and continuity.
- Positively, Swansea Bay has the same provider in the community as in South Wales prisons.
- New arrangements were in place to offer (to some) long-acting buprenorphine in Lambeth and Swansea Bay, to help people stabilise.

Licence conditions

- The application and management of licence conditions, to test for and manage drug use practice, is inconsistent.
 - We found no consultation with drug services about suitability for licence conditions.



KEY FINDINGS: REDUCING HARMS

Harm reduction and overdose prevention

- Well-being issues not considered enough within the cases we reviewed.
- Brief interventions to reduce overdose risks have been impacted by the pandemic. Probation practitioners did not see this work as part of their role.
- Naloxone roll-out for approved premises had reached 60:101 sites by July 2021.

Drug-related deaths

- Too many people are dying as a result, or partly because, of drug misuse.
- Learning from when people die of drug-related deaths is not maximised between and within agencies.

Adult safeguarding

- Adult safeguarding was not done consistently well.
- We saw high levels of vulnerability, and organised crime influences.



SUMMARY OF RECOMMENDATIONS

The **Ministry of Justice; the Department of Health and Social Care; Welsh Government; Her Majesty's Prison and Probation Service and Local Criminal Justice Boards**, working with **drug services** to:





SUMMARY OF RECOMMENDATIONS (continued)

implement

a **probation drugs strategy and related policies** with:

- effective governance
- better data and information systems to collect profile and needs data,
- a specific field to record drug test results
- increased use of regular drug testing
- a drug semi-specialist model with partner agencies
- improved training to staff on drugs, how to work with trauma and recovery

improve

the **safety** of people under probation supervision

- reduce the number of drug-related deaths
- improve develop learning programmes for staff to deliver effective harm reduction and overdose prevention
- knowledge and increase activity to safeguard all adults at risk.



THE VALUE OF LIVED EXPERIENCE

Sunny Dhadley FRSA (Speaker, Lived Experience Leader & Strategic Advisor)

- ▶ For professionals to appreciate the expertise that lived experience brings :–
 - How this can inform thinking & practice
 - Understand how the entire system operates & then ways to work around it
 - Assist in achieving improved outcomes
- ▶ Local/national strategic influence.
 - What opportunities are there for those with LE to exert positive influence?
- ▶ Consider how well developed equality, diversity and inclusion is across the system.
 - Workforce, adjoining workforces, places of influence
- ▶ Are people willing to share power?
 - How prevalent is stigma and discrimination?
 - Is active listening practiced? If not, why not? (Human-centred)
 - Are people with LE encouraged to progress into leadership positions, or other places of power?

**Lived experience could be the key to
unlocking a better future for us all!**

A photograph of a diverse audience from behind, looking towards a stage. Many people have their hands raised, indicating they are asking questions. The background shows a dark wall with a white rectangular vent. On the left, a vertical sign with a yellow border is visible, featuring the text "Habla", "things", "open.", "It makes", and "things" on separate colored lines (blue, pink, green, yellow).

QUESTIONS?