

Improving continuity of care

The immediate post-release period is a time when alcohol-misusing offenders are particularly vulnerable and susceptible to re-offending and the risk of self harm. The quality and continuity of provision offered to recently released prisoners (including those on licence) is often inconsistent and there are particular risks for offenders returning to the community after a period of abstinence from alcohol use.

Whilst systems should be in place to 'fast track' drug using offenders to post-release treatment, and repeat offenders should routinely be picked up by Drug Intervention Programme (DIP) services, arrangements for alcohol misusing offenders are frequently 'ad-hoc'. Provision is generally dependent on the local availability of specialist community alcohol treatment services and the identification and awareness of an offender's needs. For short-term prisoners (less than 12 months), the lack of post-sentence supervision requires access to relevant alcohol treatment services at the point of release into the community to be negotiated through services within the prisons, where available.

The latest version (11/08/09) of the directory of accredited programmes/interventions that are currently being delivered across custody and the community is available on the probation intranet (EPIC)¹.

Other issues affecting the quality of continuity of care include:-

- High turnover in many prisons
- Lack of prison alcohol treatment services
- Lack of community services
- Lack of communication between prisons and probation and between health care staff and substance misuse workers
- Drug services are usually only funded to deliver services to alcohol misusers where there are also drugs needs
- CARATs (substance misuse) teams in prisons do not take on offenders with alcohol problems unless they also have a drug problem
- Lack of knowledge of what is available, both in custody and community
- Absence of consistent guidance for staff in prisons to enable prisoners with identified alcohol related problems to be referred to community based treatment services
- Dispersal policies which make reintegrating released prisoners with community based treatment services problematic

¹ http://npsintranet.probation.gsi.gov.uk/index/service_delivery/interventions/programmes.htm

This section of the guidance provides advice on more fully integrated and effective resettlement arrangements and access to treatment services for alcohol misusing offenders moving from prison to the community. This requires a particular focus on post-sentence and pre-release information transfer; point of release hand-over arrangements where resources allow; and the importance of prison-based assessments and reports being used to inform community-based risk assessments and management plans.

Evidence base

The *Review of the effectiveness of treatment for alcohol problems* found that 'planned and structured aftercare is effective in improving outcomes following the initial treatment episode among those with more severe alcohol problems.'

Models of care for alcohol misusers (MoCAM) emphasises care planning and co-ordination, putting the service user at the centre of a negotiated, clear care planning process which ensures continuity of care and a focus on outcomes. This is of particular relevance for offenders moving from custody into the community.

The role of the offender manager

The role of the offender manager (OM) with regard to sentence planning should be considered for the following:

1. offenders in scope (phase 2 and 3)
2. offenders serving prison sentences of 12 months or more
3. offenders subject to supervision on licence/notice of supervision for some young offenders

For offenders serving less than 12 months, local arrangements will apply e.g. Integrated Offender Management (IOM).

1. **Offenders in scope:** OMs are responsible for assessment and sentence planning including chairing sentence planning meetings. This would include identifying alcohol treatment needs and interventions that could be included in the Sentence Plan to meet those needs. This is of particular importance where alcohol use is linked to risk of serious harm and/or risk of re-offending e.g. violent offences, domestic abuse. For those cases in scope, the offender supervisor (OS) in the prison has a crucial role in ensuring the agreed sentence plan objectives are progressed whilst in custody. The OS also has a key part to play in supporting pre-release planning and, where appropriate, building links with treatment providers in prison, who should support liaison with local services towards the end of the custodial period.

2. **Sentences of 12 months or more:** OMs have a role in contributing to the assessment and sentence planning process. Priority will be given to cases where there are concerns of risk of serious harm and/or re-offending.
3. **Cases requiring statutory supervision:** OMs have a role in ensuring pre-release planning takes account of alcohol-related health needs and offending related needs.

OMs will be aware of those offenders who will continue to be supported through work with DIP, Prolific and other Priority Offenders (PPO) or IOM schemes and those offenders who will be managed through Multi-Agency Public Protection Arrangements (MAPPA). OMs should ensure they are aware of local community resources for the treatment of alcohol misuse and support links between CARATs and local providers, where appropriate.

Local Alcohol Strategies need to ensure the needs of offenders are understood and met through local provision.

OMs should be alert to any risks of self harm or risk to others, including increased levels and likelihood of risky behaviours at the point of release.

Preparation for release

Prison Service Order (PSO) 3050 details the processes to be followed by healthcare teams to secure continuity of healthcare for prisoners.

Pre-release planning arrangements will be determined by the nature of the offender e.g. PPO, MAPPA, in scope etc. Guidance is available elsewhere which should be followed regarding timescales and the need to involve other agencies, including treatment providers, where appropriate to the individual case.

As part of preparing the prisoner's release plan, the following aspects should be considered:

- risk management factors
- accommodation
- benefits/ finance
- education, training and employment
- treatment needs
- health issues
- other support needs specific to the prisoner

Where there are alcohol services available in the prison, they should contribute to the pre-release planning process and, where resources allow, liaise with services in the community and the OM if applicable.

There may be circumstances where a prisoner may be on medication relevant to alcohol needs and there would need to be arrangement in place for continuity of care between the prison health care and the community e.g. DIP or GP. This includes for offenders going to approved premises especially as these will be high risk of serious harm cases.

For some cases, it will be relevant to consider arrangements to meet the offender at the prison gate and it is expected that those prisoners judged to be at greater risk of re-offending and serious harm after release should be prioritised.

As local circumstances permit, areas/trusts may wish to consider establishing a protocol with suitable Third Sector providers e.g. AA to assist with the pick-up of prisoners from the prison gate. Commissioning such services should be considered as part of wider local partnership commissioning arrangements in line with the local partnership Alcohol Strategy and LAA priorities, including that to reduce reoffending.

Where other agencies form part of the release plan and there are changes prior to the prisoner's exit from prison, then this should be communicated to those involved. This is of particular importance where arrangements may have been made for the offender to be met on release and the date of release may have been changed.

For those prisoners who are clients of the CARATs service who have a release plan that changes prior to the prisoner's exit from prison, then the CARATs team should inform the OM in writing within 24 hours of the change occurring.

The release arrangements for all drug service clients leaving an adult prison are set out in the NOMS 2009 prisons continuity of care guidance².

Where offenders with identified alcohol misuse needs are due to be released from custody and will be subject to statutory supervision on licence (sentenced to 12 months and over) or notice of supervision for relevant young offenders, their offender managers (OMs) should:-

- liaise with any treatment providers within the prison and, if there is a continuing treatment need and subject to the offender's agreement, refer the offender to appropriate provision on release to achieve consistency of treatment
- ensure there is an appropriate licence condition which requires those offenders to address their problems with alcohol where proportionate and relevant to risk. The licence period should build on any treatment that offenders have received in custody. This licence condition cannot be used

² http://www.nta.nhs.uk/areas/criminal_justice/idts_key_documents.aspx

to compel offenders to submit to drug or alcohol treatment as a condition of their licence. This would run counter to the general principle that an individual should give their prior consent to engage in medical treatment, which is necessary before a court can make an alcohol treatment requirement (ATR) or drug rehabilitation requirement (DRR) of a community order or suspended sentence of imprisonment. However, an offender may be made subject to a licence condition requiring him or her to address a drug or alcohol problem. This condition may, for instance, require the offender to attend a substance misuse accredited programme. Annex A of PC 29/2007 specifies the wording to be used from a list of possible additional licence conditions:--

'To comply with any requirements specified by your supervising officer for the purpose of ensuring that you address your alcohol/drug/sexual/gambling/solvent abuse/anger/debt/prolific/offending behaviour problems at the [NAME OF COURSE/CENTRE].'

- ensure work with offenders with alcohol needs includes: brief information, advice and support (frequently delivered by the OM); access to treatment in line with MoCAM; and/or participation in a substance misuse accredited programme (Addressing Substance Related Offending (ASRO) or the Offender Substance Abuse Programme (OSAP)) or the Lower Intensity Alcohol Programme (LIAP), as appropriate.

Other options for meeting the needs of alcohol-misusing offenders released from prison include a referral to self help groups in the community such as Alcoholics Anonymous (AA); support delivered where resident in approved premises; or through multi-agency shared care arrangements. The network of One Stop Shops for women offenders, which provide packages of support for women being released from prison, will often visit prior to release and provide through the gate contact.

Offenders with identified and ongoing alcohol misuse needs who will **not** be subject to statutory supervision on licence upon release from custody (those sentenced to less than 12 months) should be referred to an appropriate community alcohol treatment service subject to availability. Responsibility for this will fall either to staff/organisations operating in the prison or, where relevant, Integrated Offender Management arrangements. It is particularly important to ensure that there is effective follow-up provision for prisoners who undergo detoxification while in prison.

Information transfer

Successful implementation of effective sentence planning and resettlement provision, particularly as offenders move between community and prison, is dependent on seamless case management with the right people sharing the right information at the right time so that treatment and support can be targeted and delivered effectively.

Where an OASys is available, this will pass automatically to the prison on sentence³. The OASys should include relevant information regarding previous access to treatment services. If there is other information of relevance e.g. self harm risk, the OM should ensure this is communicated in writing at the earliest opportunity.

Whilst under supervision on licence

Offenders released on licence should be screened at first contact using the Alcohol Use Disorders Identification Test (AUDIT) or similarly validated tool unless an equivalent assessment has been undertaken in custody just prior to release.

AUDIT asks for information about current use or use in last year so this won't be applicable for offenders who have been in prison for 12 months or more. Where alcohol screening would be helpful on release to inform sentence planning (either the offender wasn't screened at all while in prison because the use of AUDIT is optional or there is no reliable recent screening data) AUDIT should be used but the questions about current use and use in last year adapted to ask the offender to reflect the position in the four months before he/she entered custody. The limited availability of interventions specifically to address alcohol misuse across the prisons estate (AA excepted) means that, in many cases, the fundamental nature of the offender's drinking problem could well be unchanged since before admission along with the type of intervention(s) needed to address it.

Offenders with ongoing alcohol treatment needs should be actively encouraged to continue treatment voluntarily at the end of the licence period.

Where do mutual aid groups e.g. AA fit in?

AA runs groups in about half of prisons and NOMS is encouraging more prisons to become involved. The work starts at induction, with a rapid referral to AA, and continues through to release and beyond so that offenders are linked to an AA sponsor to help with resettlement where needed. This can include collection from the prison gates where appropriate.

The section of this guidance on delivery of treatment provides more information about AA's role as an adjunct to formal treatment and the Thames Valley Model as the preferred mechanism for offenders under probation supervision to be referred into AA.

³ Some adult short-term prisoners will have had an initial OASys prepared by the National Probation Service, prior to writing a pre-sentence report.

Post-release provision

Areas/trusts should look into the feasibility of post release relapse prevention programmes (more material on relapse prevention is in the section of this guidance on delivery of treatment). Ways to help prevent relapse and stabilise recovery include medications, professional psychosocial support, and/or the encouragement of self-help group attendance.

Areas/trusts should seek to audit existing provision and referral practice and agree an action plan based on audit findings. There should be a locality approach to commissioning resources to meet local needs and to accessing and providing services as part of a continuum of care.

Post community sentence

Offender managers should provide offenders with advice on the further treatment and support available to them once their sentence has ended. This should include information about local alcohol services or local advice centres or attending self-help groups such as AA. Offenders with ongoing alcohol treatment needs should be actively encouraged to continue treatment voluntarily at the end of an alcohol treatment requirement (ATR).

Women

In response to Corston, the Government committed that 'revised guidance on the use of the Drug Rehabilitation Requirement and Alcohol Treatment Requirement will stress that Offender Managers should take account of domestic arrangements, childcare and other issues in sentencing planning.'

In August 2008, the *NOMS Alcohol Information Pack for Offenders under Probation Supervision* was revised to make it even more appropriate to the needs of women offenders e.g. information about specialist women only services, as indicated in the *Offender Management Guide to Working with Women Offenders* published in May.

For women in prison, visiting arrangements should be child-friendly with regular special child-centred visits and services should work in partnership to provide suitable housing and other support on release, so women can be re-united with their children where this is in the child's interest.

Some women who have children will be re-establishing contact and care responsibilities, others will have lost and want to re-establish contact. This process needs to be managed and be supported by good multi-agency cooperation and coordination. This will be particularly complex for women with an alcohol problem and needs careful planned management

Prison Service Order 4800, which aims to ensure that women are held in conditions and within regimes that meet their gender specific needs and which facilitate their successful resettlement, includes gender specific guidance on addressing drugs and alcohol.

Young Adult Offenders

There is a marked differential in services provided between the young person's regime and the services available for offenders aged 18 or over whose misuse is solely around alcohol. Continuity can be problematic as Youth Offending Teams (YOTs) and Young People's Substance Misuse Services no longer have responsibility for the young person once they have moved into adult services, leaving the offender to access the services provided to the wider adult offender population. Whilst CARATs services are available, the danger is a break in specialist care for Young Adult Offenders (YAOs) who are sole alcohol misusers, where treatment is started in the young people's estate and then transferred to the adult correctional services.

Young offenders will have a notice of supervision upon release from custody but there are challenges because of the sometimes short period (3 months) of supervision and therefore the need to ensure continuity of care and support for access to services where appropriate to ongoing needs.

Partnerships should map local provision with a focus on YAOs to identify blockages and improvements that can be made, particularly to linkages and information sharing between criminal justice agencies. Information regarding the needs of YAOs should be shared with PCTs/local authority partners as part of probation's contribution to Joint Strategic Needs Assessments (JSNAs) (see the commissioning section of this guidance) so as to highlight gaps for commissioners and providers.

Addressing wider resettlement needs

Offenders often have complex, interconnected needs, including unemployment, a lack of qualifications, unstable accommodation, substance misuse, psychological and health problems, which require careful and skilled assessment. Sentence plans in both custody and the community should take account of these needs so that progress made in custody or while on a community sentence will be maintained.

OMs have a crucial role in signposting and facilitating access to services and sequencing interventions in order to achieve best outcomes.

Getting offenders into **accommodation** is the foundation for successful offender management and can be critical to helping offenders to stay off drugs and alcohol. Offenders' accommodation needs need to be taken fully into account

during the development of local strategies. These need to ensure that local partnerships are being developed between prisons and probation, housing authorities and other housing providers, which recognise the priority that should be given to those offenders. Some areas/trusts have housing advice workers in place who assist offenders in making applications for housing and district managers also sit on the Supporting People commissioning bodies, where accommodation related support for substance misusing offenders is high on the agenda.

Guidance on securing accommodation for drug users in the criminal justice services can be found in, *Improving Practice in Housing for Drug Users*⁴.

Ensuring offenders have **work** is also fundamental. Areas/trusts should make contact with employers – across the public, private and third sectors - to make links on vocational training, and with Job Centre Plus and other agencies offering ETE services. In some areas/trusts, there is an ETE worker based in the probation office, who works with offenders to get them into employment once they are felt to be job ready.

Maintaining **family ties** is also associated with reduced re-offending⁵. The work that Adfam have done in prisons has already helped many families of drug misusing prisoners through their issues so that they can in turn have a more practical and positive influence on their rehabilitation. Local Authorities can help cross government work by recognising that most offenders' families are socially excluded and by ensuring they have equality of access to services, such as children's centres and schools.

Ministry of Justice and Department for Children, Schools and Families recently issued a framework for improving the local delivery of support for the families of offenders, *Reducing re-offending: supporting families, creating better futures*⁶.

4 <http://drugs.homeoffice.gov.uk/publication-search/dip/improving-practice-housing/>

5 *Factor linked to re-offending: a one year follow-up of prisoners who took part in the Resettlement Surveys 2001, 2003, 2004*, Research Summary 5 2008

6 <http://www.justice.gov.uk/publications/reducing-reoffending-supporting-families.htm>

Drug Interventions Programme (DIP)

The programme extends across England and Wales via a network of local Criminal Justice Integrated Teams (CJITs). The principal purpose of DIP is the reduction of drug-related crime via engagement through custody, court, sentencing and beyond into resettlement of problematic drug using offenders in drug treatment and facilitation of access to ongoing support from wraparound services.

DIP will be relevant for those who use alcohol as part of poly-drug misuse but problem drinking among offenders with no problematic drug use, some of whom may also have significant mental health problems, are not the responsibility of the DIP scheme. However, lessons learned from DIP are starting to bring about some improvements in using the case management approach which is also relevant to working with offenders who have alcohol misusing problems.

Areas/trusts may find informative:-

- *PC36/2007 - Managing Drug Misusers under Probation Supervision: Guidance for Probation, CJITs and CARAT Teams*; and
- *Drug Misusing Offenders: Ensuring the continuity-of-care between prison and community*⁷, which provides specific guidance on managing the continuity-of-care journey that drug misusing offenders follow on entering prison from the community, whilst in prison, and exiting prison.

The future

As part of the Alcohol Best Practice Projects Initiative, NOMS funded Leicestershire & Rutland Probation Trust (LRPT) to commission an action research project to improve end to end practice with and the transitional experience of offenders with alcohol problems as they move between prison and the community and the different screening, referral and treatment systems they encounter on route. A final report providing empirical and indicative evidence of need and the extent to which current services, and their degree of connectedness, align with the key requirements of best practice will be available on EPIC later in 2009-10.

The development of a service model that identifies best practice care pathways and associated referral and case management procedures should make a significant contribution to the planning and commissioning of services and the implementation of effective end-to-end practice under the Offender Management Model (OMM). The study should also evidence whether or not the absence of probation supervision for released short-term prisoners has particular implications for continuity of service provision and what, if any, substitute arrangements might be put in place to alleviate the problem and

⁷ <http://drugs.homeoffice.gov.uk/drug-interventions-programme/guidance/continuity-of-care/>

associated issues. Therefore, the findings will have potential national application.

The Director of Offender Management for the South East, Roger Hill, has commissioned a flagship alcohol project which aims:

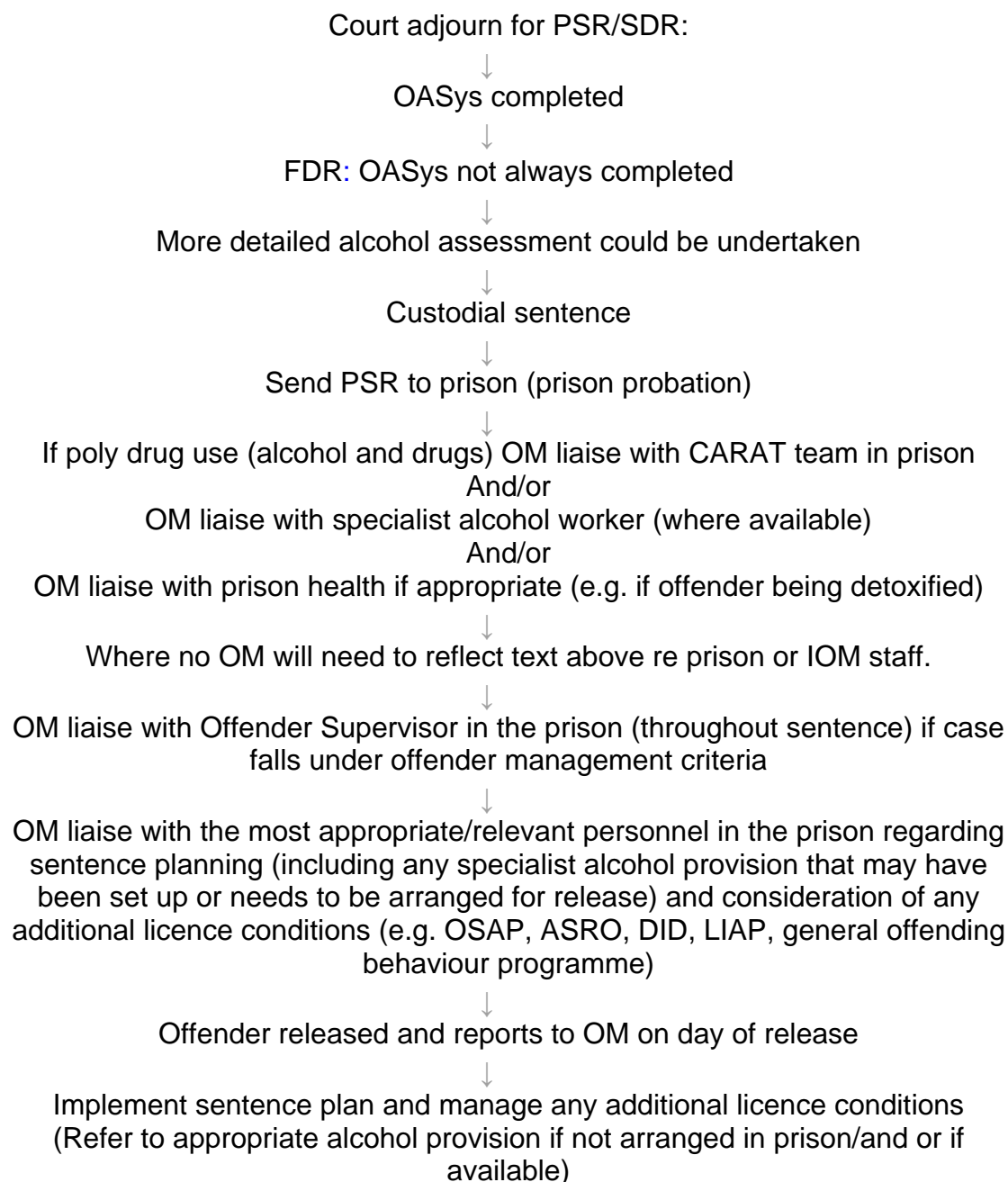
- To improve access to good quality, cost effective alcohol services in custody and the community
- To identify how community and custodial services can be better joined up or aligned.

To support the next stage of this project, NOMS has funded Hampshire Probation Area, on behalf of South East Region, to examine:

- What arrangements exist for planning across release from custody for short, medium and longer term prisoners
- How ongoing care is actually delivered for drugs and alcohol
- How far the arrangements actually meet the needs of offenders
- Outcomes for offenders (comparison for the areas where good arrangements exist and where they don't)
- What are the impediments to good pick up (provision etc.)?
- How do alcohol and drugs differ?

The Patel review was commissioned by Government in response to the Pricewaterhouse Coopers review of prison drug treatment funding. Although its scope is confined to prisons, a key element of long-lived conditions such as problematic substance use and mental illness involves continuity of care both into and out from prison custody. Like DIP, the prisons drug treatment and key-working system is largely closed to problem drinkers (services for 15-17 year-olds being an exception). The Patel review will consider dual diagnosis and the way in which problem drinking (as part of a poly-substance pattern) should be treated in prisons.

Alcohol Pathway for offenders receiving custodial sentences and subject to statutory supervision upon release



Where no OM responsibility for referring the offender to an appropriate community alcohol treatment service, subject to availability, will fall either to staff/organisations operating in the prison or, where relevant, Integrated Offender Management arrangements.