

Throughcare for Prisoners with Drug Problems: Outline of Proposed Model.

Proposal

- 1. The proposal is for a more integrated service, to be called the Throughcare Addictions Service, for short term prisoners with addiction problems, bringing together the work done by:**
 - **The SPS which has responsibility for the rehabilitation of prisoners in prison.**
 - **Local Authorities which have statutory responsibilities for the provision of throughcare to prisoners during their period of imprisonment and on release, and**
 - **The Drug Action Teams[DATs] which are responsible for the planning and delivery of integrated drugs services to their local area, in line with identified need.**

Objective and Remit

- 2. The aim fo the Throughcare Addiction Service is to provide continued support and treatment for drug users in the 6 weeks immediately following release from prison. Working together, the key agencies will seek to provide a seamless transitionfrom substance misuse work undertaken during the custodial period, through the immediate post release period, and onto continuing substance misuse work in the community.**
- 3. The precise nature of post release work will be determined by a “community integration plan” agreed pre-release. The community integration plan will establish a clear and agreed pathway forward to sustain the work that was started in prison after the prisoner is released. Local authority criminal justice social work services will work with services in the prison to agree the community integration plan. DATs must ensure an adequate range of addiction services are accessible in the community. T is intended that this multi-disciplinary approach will provide the elements necessary to help meet the prisoner’s needs.**

Scope of Service and Prioritisation

The Throughcare Addiction Service will be a national service provided through local authority criminal justice social work groupings which will act as the lead agency, working together with SPS, DATs, community services and other partners. Given the substantial numbers of short term prisoners passing through the prisons each year, it will not be possible actively to seek to provide support to them all. The service will therefore concentrate on prisoners with:

- **a problem with addictive drugs**
- **a well established pattern of drugs misuse**
- **a pattern of criminal behaviour and a link between the two**

- a demonstrable will to tackle their drug misuse problem
- vulnerability, for example, young offenders and female offenders.

5. Within this framework, the Throughcare Addiction Service will seek to help as many people as possible, seeking its help. It is recognised however that the Throughcare Addiction Service will be able to do its most effective work with those prisoners serving sentences long enough so that they have commenced and shown a commitment to drugs treatment within the prison establishment. Support will not therefore be directed at those prisoners serving less than 31 days as a priority group, with the exception of young offenders and female offenders who may be considered to be particularly vulnerable. As with all short term prisoners on release, those outside priority groups will still be able to access the voluntary assistance service should they request it.

Links to the Throughcare Strategy

- 6. The Throughcare Addiction Service will sit within the voluntary assistance service [part of the executive's throughcare strategy] which is available, on request, to all short term prisoners on their release. The 3 priority groups identified in the guidance for voluntary assistance issued in May 2004 were: high risk offenders, young offenders and those who show a commitment to address their offending behaviour by taking up and continuing programmes or the offer of assistance with drug problems whilst in prison. With the incorporation of the Throughcare Addiction Service into the voluntary assistance arrangements, the priority groups for voluntary assistance will now be high risk offenders and Throughcare Addiction Service offenders. Revised guidance on voluntary assistance will be issued shortly.**
- 7. Following the initial 6 weeks after release, those individuals within the Throughcare Addiction Service still requiring support may continue to access the services for longer, but less intensively, since they will be eligible for voluntary assistance. This will provide help with accessing services such as accommodation [which research shows to be most effective in working with this client group], training, employment or other support services.**

Integrated working

- 8. It is critical for success that agencies share information and assessments in working with this group. The model therefore depends on close working arrangements with:**
 - **The contractor providing the Enhanced Addiction Casework Service in prisons**
 - **SPS and local authority criminal justice social work services, especially in relation to the passing, accessing and sharing information they hold in relation to their work in prisons and in the community, and****The DATs in liaising with them on how to provide priority access to community drug services.**

Protocols between the SPS and its contractor and the local authorities and the local authorities and the DATs will set out the role and responsibilities of each agency in relation to the new service. Local authorities will decide how to link the expertise which exists in the voluntary sector.

Time Frames and Levels of Contact

- 9. the period of contact for those referred to the Throucare Addiction Service will normally be confined to the last 6 weeks of the prisoner's sentence and to the immediate 6 weeks after release. This will ensure an intensive level of support at a critical time. There must be at least two face to face meeting with the prisoner pre-release to discuss and agree the community integration plan. Arrangements should be made to see prisoners within 2 days of release from prison. The expected level of support contact [face to face] on release will at a minimum be one per week. "Non response" to appointments will be acted upon.**

Funding and Timing

- 10. An annual budget of £1.5m has already been set aside for voluntary assistance, with an extra £400,000 provided by the SPS. The combined budget for the Throughcare Addiction Service and voluntary assistance will therefore amount to £1.9m. There will be additional funding from the Health Department to support the provision of drugs treatment. The new arrangements will start in July 2005.**

Monitoring of Services

- 11. The Throughcare Addiction Service will be required to demonstrate the nature and extent of its impact in terms of its effectiveness and value for money. Monitoring and evaluation arrangements will be put in place to measure performance. In the longer term, its impact will be measured in terms of its success in reducing:**
 - The number of drugs deaths in the local authority grouping area in the period immediately following release from prison within the priority groups, and**
 - Frequency or seriousness of their re-offending.**

Conclusion

- 12. The proposal to support short term prisoners with addictions problems builds on the expertise of mainstream agencies. It aims to ensure that the benefits of the work done within the prison establishments are secured when the prisoner is released back into the community by connecting ex-prisoners to mainstream services as quickly as possible. It is a model which embeds the Throughcare Addictions Service within the voluntary assistance service from criminal justice social work with links to the drug services, co-ordinated by the DATs.**
- 13. The proposal represents an innovative partnership between the SPS, local authority criminal justice services and the other DATs partners working**

together where their interests coincide, to provide a service for a vulnerable group. It offers the opportunity to streamline procedures and make better use of the expertise and resources available in the mainstream agencies. Primarily, it provides a service where the focus is on the needs of the offender and his/her pathway through the system.

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14 February 2005**

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