

Executive summary

The throughcare and aftercare of drug dependent (ex-)prisoners. UK treatment models

Ex-Prisoners Recovering From Addiction (EPRA)

Supporting Paper 2

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Introduction

This paper focuses on four national UK case management initiatives providing throughcare and aftercare support for formerly drug-dependent released prisoners. These are:

- The Drug Interventions Programme (DIP);
- The Prolific and other Priority Offender (PPO) programme;
- Integrated Offender Management (IOM); and
- Women's One Stop Shops (OSS).

The Drug Interventions Programme (DIP)

DIP was established to refer class A drug users in the criminal justice system into drug treatment, and to provide intensive wraparound support for other pressing needs (e.g. housing, mental and physical health).

DIP brought together a range of New Labour criminal justice drug treatment initiatives. By 2003, DIP workers operated in police custody suites; in courts; and following release from prison.

DIP has some coercive powers relating to arrestees, and individuals on bail. However, the engagement and support of (ex-)prisoners is entirely voluntary.

No direct evaluations of DIP's work with prisoners has been conducted. However, a 2007 ICPR evaluation of all DIP work identified particularly large reductions in last-month crime-related costs (-£6,631) for ex-prisoners, one year after they were engaged by DIP. For non-prisoners, savings were considerably lower (-£940).

The same evaluation identified several practices that improved prisoners' engagement. These included:

- building relationships including visiting clients in prison before release, meeting clients at the prison gate and having a package of care ready for them;
- spending time explaining to the client what treatment actually involves; and
- reducing waiting times to get clients into treatment as quickly as possible.

The national restructuring of commissioning arrangements in 2013 removed DIP's ringfenced funding, and some of its prison functions may have been taken over by Community Rehabilitation Companies. However, it is still clearly being deployed in some regions; DIP acts as the backbone of South Wales' *Dyfedol*, for example.

Prolific and other Priority Offender (PPO) Programme

The PPO scheme was established in 2004, with the intention of focusing both rehabilitative and enforcement resources on a small cohort of offenders who were believed to be responsible 'for about half of all crime.'

The first national cohort of PPOs had an average of 47 previous offences each.

Many PPOs have histories of drug dependence. Up to 80% of imprisoned PPOs have been identified as having drug-related needs, with a Government-funded impact evaluation identifying that three-quarters were committing crime mainly to fund their drug use; and 83% stating that their drug use had driven some or all of their offending.

PPO programmes were intended to provide a 'premium service' for those they engaged, prioritising them for prison interventions and ensuring access to robust throughcare and aftercare.

In practice, support for imprisoned PPOs was routinely confounded by operational difficulties – including failures to identify PPOs on entry to prison; a reluctance on the behalf of prisons to prioritise PPOs for interventions over violent and sexual offences; and a tendency for community-based PPO partnerships to remove individuals from their caseloads as soon as they were imprisoned.

This noted, there are clear signs that PPO programmes continue to shape prison provision. HMP Holme House's Drug Recovery Wing was originally established to work with PPOs, and to ensure they were linked to community services. Criminal Justice Joint Inspectorate reports, and two substantial independent evaluations, also identify instances of promising throughcare and aftercare work delivered by PPO partnerships.

Integrated Offender Management (IOM)

IOM programmes were established in 2008-9, as a means of applying the PPO approach to a broader group of less prolific, lower-risk offenders.

IOM partnerships included both DIP and PPO programmes. Support generally centred on case management, with – as in the PPO programme – rehabilitative work backed up by robust information sharing processes, and swift enforcement.

Many IOM schemes prioritised the engagement of prisoners serving short sentences (of under one year). An evaluation of six sites identified that between one-third and two-thirds of IOM caseloads were recruited from custody. London’s flagship Diamond initiative exclusively targeted this group.

Operational models were determined by local partnerships; and so a wide variety of IOM cohorts, partnerships, and procedures emerged. Partnerships were overwhelmingly led by police or probation staff, with Local Authorities and drug services playing a less prominent role.

Housing agencies were rarely involved in IOM partnerships. In several evaluations, their absence was both noted, and identified as a prominent gap.

A process evaluation of five sites identified that IOM largely came to be seen as a ‘way of [multi-agency] working,’ rather than a specific or dedicated programme.

The strongest evidence relating to IOM’s work with ex-prisoners comes from the robust quasi-experimental evaluation of London’s Diamond initiative, which identified no impact of a well-resourced, intensive, voluntary, multi-agency pilot on one-year reoffending rates.

IOM partnerships are still clearly operational in many areas of the UK, with local documentation pointing towards significant collaborations between CRCs and IOM partnerships for the supervision of offenders post-release.

Women’s One Stop Shops (OSS)

Independent women’s OSS have existed in some areas of the UK for at least 25 years.

Baroness Corston's *Review of Women with Particular Vulnerabilities in the Criminal Justice System* cited the work of three OSS, and called for a national expansion of such services. This led to two years of Government funding being released in 2009, to fund the expansion of OSS nationwide.

As of 2015, approximately 56 OSS were operating. Their bottom-up evolution has led to a considerable diversity of approaches to co-ordinating and delivering wraparound support. However, all provide women-only spaces.

OSS share the goal of reducing women's re-offending, and diverting women at risk of offending from crime, prosecution, and custody. They also routinely engage women released from prison, delivering satellite clinics in some prisons and working in partnership with DIP teams to smooth community transitions.

OSS' approach is women-centred, leading to programmes that also seek to address women's non-criminogenic needs.

An evaluation of OSS identified support relating to: accommodation, domestic and sexual violence / personal safety, education, training, and employment, finance, mental health, parenting, relationships, preventing family breakdown, physical health, substance use, and life skills.

OSS' sustainability has been called into question by the introduction of CRCs: £3.78m of statutory funding for OSS was rolled into CRC budgets. CRCs had no contractual obligations to providing substantive woman-centred support.

Process evaluations of OSS work have been broadly promising. However, one Ministry of Justice funded impact evaluation compared 660 OSS clients with a propensity score matched group of non-OSS women offenders, and found no effect of OSS intervention on one-year proven reoffending. The authors note that this may be a suboptimal measure of OSS impact, given the organisations' broad, woman-centred, and non-criminogenic approach.