Collective Voice

# STRENGTHENING PROBATION, BUILDING CONFIDENCE

## WRITTEN EVIDENCE SUBMITTED BY COLLECTIVE VOICE, SEPTEMBER 2018

### About Collective Voice

1. Collective Voice is a group of eight voluntary sector organisations providing drug and alcohol treatment and other associated services who have come together to ensure that the interests of the drug and alcohol treatment sector and its beneficiaries are represented effectively. We work in many parts of the criminal justice system and with service users who have come into contact with it.

2. This submission is informed in part by focus groups held in April 2018 with treatment providers working in all parts of the criminal justice system and with service users who have been in custody. These focused on custody-community transitions, but did cover other additional topics.

### The Government's aspiration

3. Government policy articulated by the Modern Crime Prevention Strategy[1]and Serious Violence Strategy[2] clearly identify drugs and alcohol as drivers of offending behaviour. As noted in the strategies, there is a particularly strong association between drugs and acquisitive crime. An estimated 45% of acquisitive offences (excluding fraud) are committed by regular heroin and crack cocaine users. Heroin and crack use could account for at least half of the rise in acquisitive crime in England and Wales to 1995.

4. Moreover, the Government's 2017 Drug Strategy[3] emphasises the strong evidence identifying access to drug treatment as the most potent response available to government to reduce offences such as burglary and theft. The Government is increasingly concerned about the resurgence in violence associated with drug markets, increases in the use of crack cocaine, as well as persistent increases in traditional acquisitive crime. As the Home Office attributes 30% of the reduction in acquisitive crime this century to the ready availability of drug treatment, it is difficult not to see an association between disinvestment from treatment and the recent increases in acquisitive and violent crime.

5. We have welcomed the vision of an evidence based, adequately resourced, integrated and seamless service which can be drawn from the 2017 Drug Strategy. Similarly, we welcome the recognition in this consultation document that a considerable proportion of offenders have substance use needs which need to be addressed, often requiring some form of treatment. However, the very clear message from these service users and practitioners working with them in the criminal justice system is that the vision offered contrasts starkly with the actual operating environment which is chaotic, fragmented and underfunded.

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[1] Home Office (2016). *Modern Crime Prevention Strategy*. Available online, accessed 20 September 2018.
[2] HM Government (2018). *Serious Violence Strategy*. Available online, accessed 20 September 2018.
[3] Home Office (2017). *2017 Drug Strategy*. Available online, accessed 20 September 2018.

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## Diversion from custody

6. We welcome the intention to increase the use of drug and alcohol treatment requirements and on-going work to improve the protocol for these. However, our focus groups referred to above suggested there are resource and structural issues that must be overcome. Dedicated drug and alcohol staff at courts have almost disappeared. Probation disengagement from partnerships has resulted in poor liaison between probation and treatment providers. Community Rehabilitation Companies (CRCs) have not engaged effectively with magistrates. National Probation Service staff preparing pre-sentence reports appear reluctant to refer to treatment. Treatment requirements, when given, are not always enforced.

7. Much closer working relationships between the courts, the probation service and treatment providers must be re-established to deliver the results envisaged in the consultation document. This should, in turn, increase the court's confidence in handing out community sentences, including drug or alcohol treatment requirements.

8. Assessment mechanisms should 'design in' space for treatment providers to make a strong contribution to advice given to the court, so that the judge or magistrate has confidence that the offender's substance use needs have been properly assessed and that treatment needs can and will be met. This, in turn, increases the chances of him/her complying with the court's requirements and move away from offending.

9. The point of arrest should be better exploited to engage offenders in treatment, whether their offence is drug- or alcohol-related or their substance use is incidental to the offence. A few areas have retained strong local partnerships, but testing on arrest has been scaled back compared with a decade ago. The number of dedicated drug treatment staff working in custody suites has been drastically cut in many places and entirely withdrawn in others. This is compounded by the centralisation of custody suites placing them out of reach of local treatment providers, particularly in rural areas. Where adequate resources have been retained, the absence of effective partnership arrangements can reduce efficiency by duplicating effort and a lack of coordination.

10. The national roll-out of Liaison and Diversion schemes provides an opportunity for the consistent re-integration of drug and alcohol services with L&D across the country, which will assist with reducing offending and the burden on MoJ-commissioned services.

## Prison regime & environment

11. The prison regime provides an opportunity for supporting prisoners to lead healthier, crime-free lives on leaving prison. Transitions from prison back into the community are not a one-day event. Their success depends on work done with each prisoner throughout their stay in custody, addressing clinical needs alongside building the motivation to change and the resilience to achieve this. We welcome the intention to increase prisoner contact with CRCs to at least monthly.

12. CRC meetings with offenders must be used to identify and co-ordinate access to services to meet other needs, including drug and alcohol treatment. This treatment must be seen as a vital component of rehabilitation which, if left unaddressed, may undermine the overall rehabilitation. To that end, treatment must be designed into and given sensible priority within CRC activities and co-ordinated with it in practical terms.

13. That said, the overwhelming message from treatment providers is that the effective delivery of services in prisons is compromised not just by the almost one-third reduction in funding for prison treatment and by the CRC regime as it currently operates, but also the severely degraded prison environment. The lack of a safe regime and the staffing crisis in prison makes delivering drug and alcohol treatment in custody extremely challenging, limiting both the range and the impact of interventions.

14. Prison officer staff shortages mean that resources that should be available to support treatment are transferred to more pressing matters. They also limit the time prisoners have out of cell, requiring healthcare, education, work and substance use services to compete for scarce prisoner time, an obvious false economy. Ironically, the major challenge that substance use constitutes across the prison estate exacerbates this further.[4] The surest means to justify return on investment of treatment resources is to ensure they are deployed in an environment that maximises, rather than curtails, their potential.

15. In addition, most drug misusing offenders are serving short sentences, often weeks rather than months. With the churn of short-term sentenced prisoners, remands and increased number of licence recalls, typically in the prison for 14 days, sentence planning and preparation for release become impossible. A reduction in use of custody this way will facilitate better support and integration into the community for these offenders.

## Through the Gate

16. Our experience is that prisoner contact with CRCs before release is extremely limited, if it happens at all, and so the requirement for a minimum level of contact is welcome. CRCs tell us that they work "to the gate" and then the client is picked up later in the community. As noted in the consultation document, only one in three of those discharged from prison in need of continuing drug treatment actually establishes contact with a treatment service on release[5].This leaves them alone as they go "through the gate" and hence vulnerable to returning to their old lifestyle and particularly to death by overdose in the initial weeks after release. Public Health England identifies discharge from prison as the point of maximum risk of overdose and maintaining contact with treatment services as the key intervention to stem the rise in drug related deaths[6]. The early allocation to an Offender Manager in the Community should be used

[4] HM Inspectorate of Prisons (2015). *Changing patterns of substance misuse in adult prisons and service responses.* Available online, accessed 20 April 2018.
[5] Public Health England (2018). *Public Health Outcomes Framework – at a glance.* Available online, accessed 20 April 2018.
[6] Public Health England (2016). *Understanding and preventing drug-related deaths*. Available online, accessed 19 June 2018.

explicitly to ensure continuity of contact and support across this transition point and successful engagement with treatment (and other) services in the community.

## Funding and the erosion of treatment and recovery capacity

17. Services operating at the interface between criminal justice and drug and alcohol treatment are now severely depleted and unable to provide the robust services that existed previously or to deliver effective partnership work. Investment in community and prison drug and alcohol treatment combined has reduced by around 25% in cash terms since April 2013[7], placing the crime reduction benefits of treatment at risk. Further reductions are expected. Drug treatment in prison is subsumed within large, generic healthcare contracts, so that neither the Ministry of Justice nor NHS England can accurately report on expenditure. The Government estimated 2016/17 spend for the secure estate as £81m[8], a reduction of about £37m (31%) in cash terms from the £118m allocated in 2012/13.

18. The scale of disinvestment has placed significant challenges on treatment providers. In both community- and prison-based services, commissioners are prioritising maintenance prescribing of substitute medication such as methadone on cost grounds[9], as it offers the best value public health and crime reduction return available with limited investment. This occurs at the expense of the wider range of services that facilitate diversion from lives driven by crime and substance use, and successful transitions from custody backs to the community with recovery supported and sustained. Time available to invest in the relationships which support drug users to make changes in their life is reducing. This resource-driven shift in provision is the exact opposite of the government's vision of a more ambitious, person-centred, recovery-focused treatment offer set out in both the 2010 and 2017 drug strategies.

## Working more closely with partners

**COMMISSIONING CONTEXT**

19. CJS agencies no longer shape the local treatment landscape to make it responsive to the legitimate needs of the criminal justice system and the courts. This is despite the fact that every point from arrest to court to custody to release is a critical opportunity to address substance use and other needs with the aim of reducing offending. Aware of the evidence linking treatment access with crime reduction, a small number of PCCs - who can be influential in increasingly powerful devolved administrations as well as local authorities - are once again recognising the importance of investing in drug and alcohol treatment.

20. Mostly though, PCCs and local police commanders, who were once active and influential members of the partnerships which commissioned treatment services, have shifted their

[7] Collective Voice analysis based on MHCLG data.
[8] Prisons: Drugs: Written question – 8130 to Department of Health, 4 September 2017. Available online, accessed 20 April 2018.
[9] For example, see: Recovery Partnership (2017). *State of the Sector 2017: Beyond the Tipping Point.* Available online, accessed 20 September 2018.

attention and resources to other agendas. The probation service has also retreated from involvement in local partnerships to focus on implementing Transforming Rehabilitation. This is a situation that needs to be reversed by Government facilitation and championing.

21. The current substance use commissioning system has been set up to be locally driven, but now lacks direction and accountability. Funding for treatment and related services in any given area, along with the associated decision-making and commissioning, is now scrappily split between several public bodies with local authorities commissioning community based treatment; NHS England commissioning custody-based treatment; and clinical commissioning groups (CCGs), sustainability and transformation partnerships (STPs) and PCCs involved in different ways. Hence the services commissioned are also fragmented across geographies and multiple administrative layers.

22. Collectively, we already know what a comprehensive, integrated and effective system as, broadly speaking, this was in place as recently as 2013. The voluntary sector has retained within it a considerable amount of knowledge of how to design and operate what is still needed in the criminal justice system. This is true of drug and alcohol treatment providers which still, of course, operate in both custodial and community settings. Best results will be obtained by drawing on this expertise.

**THE VOLUNTARY SECTOR CONTRIBUTION**

23. The renewal of interest in a more rounded package to meet offenders' needs is welcomed. Particularly for offenders, drug and alcohol dependence is typically accompanied by a raft of other challenges: fragile mental health, declining physical health, long-term unemployment, compromised educational attainment, homelessness, social isolation, etc. These often predate the onset of dependence. Although prison will be a gateway to drug use or dependence for some, many prisoners being released are those with pre-existing dependence exacerbating and exacerbated by these wider problems.

24. If individuals are to embark on a drug-free, crime-free life after arrest or on release, they will need to address their substance use, mental health, employment, housing, and family links in order to manage and abandon their offending behaviour.

25. The voluntary sector is already at the forefront in delivering the range and quality of services to be included as part of the rehabilitation activity requirements to be embedded in new probation contracts and service levels. The sector should be an integral part of the system that identifies and delivers offenders' rehabilitation and resettlement needs such as drug and alcohol treatment, accommodation on release, finding employment, accessing benefits and health services, and continued access to health treatment and social care services.

26. Currently, however, drug and alcohol treatment providers working in the criminal justice system report that support for offenders is 'stop-start' and lacks coherence. Where services are effective, this is usually as a result of good relations between providers and not 'designed in' by commissioners.

27. Many voluntary sector organisations are highly experienced and capable in helping to develop the new business models needed as the context and needs evolve, and have the capacity to work on this. (Collective Voice's member organisations alone together support more than 200,000 people annually.) They can make a very significant contribution to the re-designing of the 'future model for resettlement'. This applies also to specifying contractual outcomes and the performance metrics that will lead to delivery of these. Voluntary sector providers can also contribute significantly to ensure that the multiple components of rehabilitation are integrated at the various stages of identification, assessment and delivery; and should be asked to do so.

28. Many voluntary sector services are already person-centred. Hence, in relation to any one offender, providers are collectively able to assist Offender Managers in acting as the 'glue' between the services (housing, employment, etc., as well as treatment and recovery) that each offender needs.

29. Drug and alcohol treatment usually includes psychosocial and motivational elements which can also address the underlying drivers of behaviour which manifest as offending, substance use, self-harm, etc., which are helpfully acknowledged in the consultation document as different for every offender. At the experiential end, this may include arranging unpaid work opportunities that assist in building self-esteem and which promote employment-related skills (separately to our support into paid work, housing, etc.).

30. This is all true also for dedicated women's service, which we are already delivering and about which we have already made our views known (as to their inadequacy as regards resettlement).

## Conclusion

31. The impact of austerity on those least able to cope presents a still escalating challenge. Not addressing this risks further increases in drug and alcohol related criminality. The role of drug and alcohol treatment in helping offenders to overcome dependence and protecting the community from crime is as important as ever. It is an essential component of the resettlement model which must be 'designed in' and not be seen as a bolt-on or peripheral. Every point of access and every transition within the criminal justice system must be fully exploited to this end.

32. Voluntary sector services have a significant part to play in re-working the resettlement model. However, resources for prison and community based services must be stabilised for these services to achieve their potential in contributing to the reduction in offending and to the successful resettlement of offenders.

33. In Collective Voice's view, long term success will require the Government to build momentum on its ambitions set out in the Drug Strategy last year. If support for offenders is to recover the coherence needed to deliver on the needs of the criminal justice system, this will require that the cross-government Drug Strategy Board led by the Home-Secretary and the cross-government Reducing Reoffending Board chaired by the Chancellor of the Duchy of Lancaster

work to a single operational plan as regards the interface between the criminal justice system and drug and alcohol treatment.

34. To that end, we welcome these pragmatic first steps to stabilise the prison environment (in some locations) and reset the role of probation services and CRCs.

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**SUBMISSION:** This response was sent to email to probationconsultation@justice.gov.uk on 21 September 2018.