

# Appendix 4 – Local stakeholder consultation report

Prison-based drug treatment

Appendix 4: Local stakeholder consultation report

Summary of key findings

November 2007

PRICEWATERHOUSECOOPERS 



## Outline of presentation

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    - Barriers to effective delivery of treatment
  - Performance management issues
  - Transitions
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    - Prison / community interface
  - Commissioning, funding and delivery
  - Views on IDTS
  - Key issues for each stakeholder group
  - Process efficiencies
  - Quick wins

## Approach

## Overview of local stakeholders

- Local stakeholders were consulted in a number of ways through depth interviews and focus groups and via telephone interviews.

Stakeholders
Prison Governors
Prison Drug Co-ordinators
PCTs
Joint Commissioning Groups
Statutory and Voluntary Providers
Mental Health Trusts
Probation Service
Drug and Crime Partnerships
CJIT
Prison drug treatment staff
Prisoners and ex-prisoners
Carers

## Prison visits and group interviews conducted

Area	Prison	Description	Programme	Group interviews conducted
Kent & Sussex	Elmley	Local/male	IDTS	<ul style="list-style-type: none"> <li>Interviews with senior management</li> <li>Interviews with prison staff (representing clinical, psycho-social and CARATs)</li> <li>Focus groups with prisoners</li> </ul>
	Swaleside	Secure/male	-	
	Standford Hill	Open/male	-	
London	Holloway	Local/female	-	<ul style="list-style-type: none"> <li>Interviews with senior management</li> <li>Interviews with prison staff (representing clinical, psycho-social and CARATs)</li> <li>Focus groups with prisoners</li> </ul>
	Wandsworth	Local/male	-	
West Midlands	Birmingham	Local/male	IDTS	<ul style="list-style-type: none"> <li>Interviews with senior management</li> <li>Interviews with prison staff (representing clinical, psycho-social and CARATs)</li> <li>Focus groups with prisoners</li> </ul>
	Swinfen Hall	Cat C/young adults	-	
North West	Styal	Local, Cat C/female	IDTS	<ul style="list-style-type: none"> <li>Interviews with senior management</li> <li>Interviews with prison staff (representing clinical, psycho-social and CARATs)</li> <li>Focus groups with prisoners</li> </ul>
	Risley	Cat C/male	-	

## Prison visits and group interviews conducted

Area	Prison	Description	Programme	Group interviews conducted
Yorkshire and Humberside	Hull	Local/male	IDTS	<ul style="list-style-type: none"> <li>• Interviews with senior management</li> <li>• Interviews with prison staff (representing clinical, psycho-social and CARATs)</li> <li>• Focus groups with prisoners</li> </ul>
	Wealstun	Cat C/male	-	
High Security	Whitemoor	Cat A, B/male	-	<ul style="list-style-type: none"> <li>• Interview with senior management</li> <li>• Interview with prison staff (representing clinical, psycho-social and CARATs)</li> <li>• Depth interviews with prisoners</li> </ul>
High Security	Belmarsh	Cat A, B/male	-	<ul style="list-style-type: none"> <li>• Interview with senior management</li> <li>• Interview with prison staff (representing clinical, psycho-social and CARATs)</li> <li>• Depth interview with prisoners</li> </ul>
Private Prison	Altcourse	Cat B/male	-	<ul style="list-style-type: none"> <li>• Telephone interview with senior manager</li> </ul>

## Interviews with local stakeholders

Stakeholders	Total numbers achieved
PCTs	3
Joint Commissioning Groups	3
Statutory and Voluntary Providers	5
Mental Health Trusts	2
Probation Service	3
Drug and Crime Partnerships	3
CJIT	2
Families and Carers	4
<b>Total</b>	<b>25</b>

- In addition, 14 ex-prisoners were consulted throughout England within focus groups to further explore key issues

## Findings

## Demand for drug treatment

- Demand for drug treatment in prisons far outstrips supply
- Overcrowding and staff shortages exacerbate the issue – only ‘scratching the surface’
- Treatment not necessarily tailored to needs of prisoner, rather based on what is available at the time in each prison
- Limited capacity to treat mental health problems
- High demand for accredited alcohol treatment programme
- Limited provision for non-English speakers and those with literacy problems
- However, those who have received treatment provided very positive feedback

## Delivery of treatment

- Great variation between prisons in level and quality of provision
- More integrated and holistic approach is needed to drug treatment
  - integration of clinical, psycho-social, drug awareness, educational
  - holistic approach to health screening
- CARATS service highly regarded by prisoners and prison staff
  - good relationships between CARAT worker and prisoner
  - in many prisons access to CARAT worker is limited after the assessment stage – they are overstretched
- Detox – clinical practices vary between prisons (methadone vs subutex)
  - confusion amongst prisoners
- Maintenance – creates problems when prisoners transfer between prisons; doesn't treat the dependency problem
- Psycho-social programmes – very highly regarded by prisoners
- Mental health – high demand but limited availability of services.

## Delivery of treatment – psycho-social treatment programmes

### Benefits

- Increased awareness of impact of drugs on health and behaviours
- Positive impact on health
- Greater self awareness and self-esteem
- Positive impact on behaviour
- Greater understanding of and ability to talk about emotions
- More likely to take responsibility for own actions
- Acceptance of need to change – motivated to 'get clean' or minimise harm
- Anger management
- Better relationships with families
- Safer prison environment

### Barriers to success

- Strong need for throughcare and aftercare
- Difficulties in accessing CARATS worker or other support during and after programme
- Easy access to drugs in most prisons – reduces effectiveness of treatment
- Often the derisory attitude of clinical/operational staff – impacts on self-esteem of prisoner
- Some prisoners get early release or transfer before end of programme
- Limited availability of places

## Delivery of treatment – feedback on individual programmes (1)

Approach	Programme	Benefits	Issues
Clinical	Detoxification (via Methadone, Subutex)	<ul style="list-style-type: none"> <li>• Short treatment period</li> <li>• Physical dependency is addressed</li> </ul>	<ul style="list-style-type: none"> <li>• Bed shortages and staffing issues</li> <li>• Attitudes of some staff</li> <li>• Follow-up support at end</li> <li>• Variation in treatment times</li> </ul>
Clinical	Maintenance (via Methadone, Subutex)	<ul style="list-style-type: none"> <li>• Stabilises addiction, supports security within the prison environment</li> </ul>	<ul style="list-style-type: none"> <li>• Physical dependency issues are not directly addressed</li> </ul>
Psycho-social	CARATs Team	<ul style="list-style-type: none"> <li>• Provide initial assessment, throughcare and aftercare.</li> <li>• Intensive one - to - one support</li> </ul>	<ul style="list-style-type: none"> <li>• Issues with staff retention and availability in some teams</li> <li>• Quantitative KPTs focusing on throughput rather than the quality of the service</li> <li>• Access issues</li> </ul>
Psycho-social	Short Duration Programme	<ul style="list-style-type: none"> <li>• Short time period allows prisoners on remand or with short custodial sentences to access and complete the course</li> <li>• Valuable as booster for longer-term prisoners</li> </ul>	<ul style="list-style-type: none"> <li>• Too short for some and does not allow time to address behaviour and dependency issues</li> </ul>

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## Delivery of treatment – feedback on individual programmes (2)

Approach	Programme	Benefits	Issues
Psycho-social	P-ASRO	<ul style="list-style-type: none"> <li>• Effective for alcohol dependency</li> <li>• Improved behaviour, greater self-awareness and self-esteem</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of throughcare and aftercare support</li> </ul>
Psycho-social	FOCUS	<ul style="list-style-type: none"> <li>• Intensive course over 6 month period allows dependency issues to be fully addressed</li> <li>• Longer time period allows group relationships to be built</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of booster programme for those who complete the programme and have long term sentences.</li> <li>• Not available in all high security prisons eg Belmarsh</li> </ul>
Psycho-social	12-Step	<ul style="list-style-type: none"> <li>• Intensive course over 3-6 month period allows dependency issues to be fully addressed</li> <li>• Described as life changing</li> <li>• Enables effective coping strategies – taking 'one step at a time'</li> <li>• Strong relationships develop within the group</li> </ul>	<ul style="list-style-type: none"> <li>• Spiritual aspects are off-putting for some</li> <li>• Prisoners return to main wings after the programme where there is an absence of support</li> <li>• Evidence of poor targeting of participants within some course groups</li> </ul>

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## Success factors in delivery of drug treatment

- Most successful when a holistic approach is taken:
  - to health needs
  - joined up approach to needs of prisoner inside/outside/between prisons (health, accommodation, employment, support)
- Care plan and treatment tailored to the needs of the prisoner
- Frequent contact with and access to CARAT staff
- Standard of facilitators – enthusiastic, non-judgemental, approachable
- Multi-disciplinary teams delivering programmes (incl. prison officers)
- Prisoners acting as peer supporters
- Through-care and aftercare in place (in prison)
- Avoidance of Friday releases (especially unplanned) – availability of services
- Support from community services – DIP, Link, Probation service – especially in the immediate period after release
- Involvement of peer supporters post-release and engagement of family, partners and close friends

## Key success factors in delivery of drug treatment



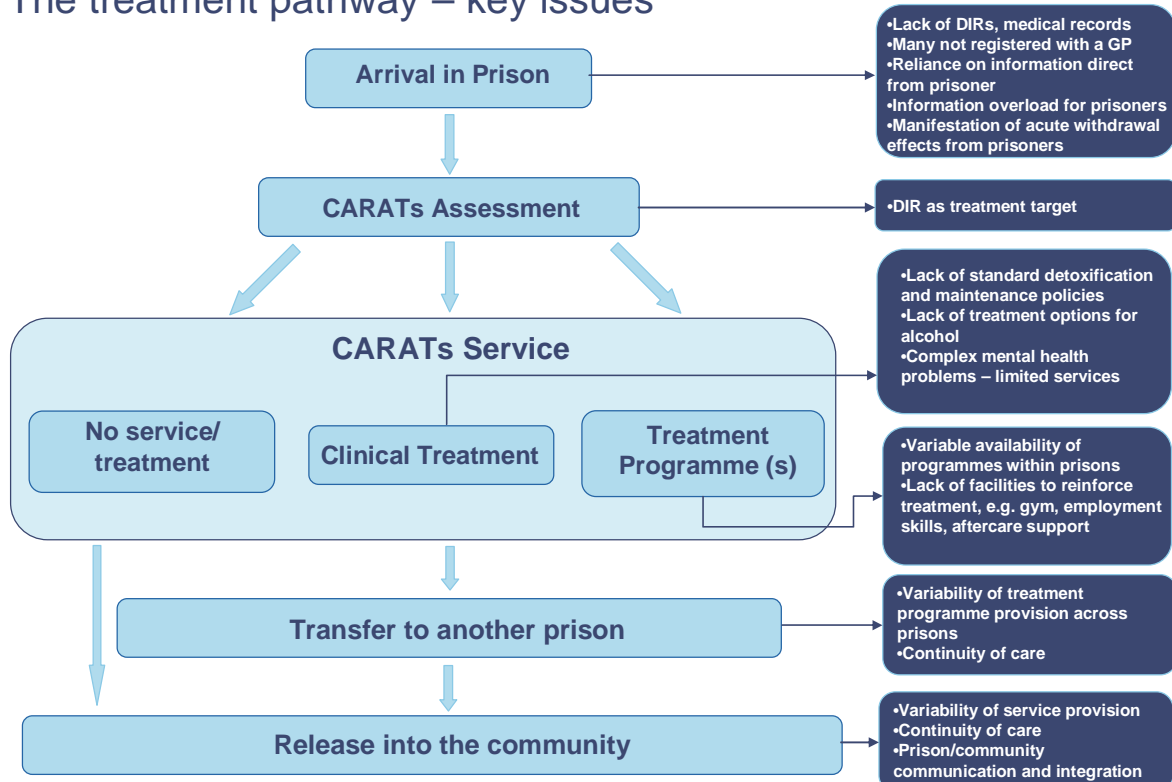
## Barriers to effective delivery of drug treatment

- Absence of consistent approach amongst prisons
- Technical/process issues - no central IT system for prisoner records
  - on initial assessment prison staff/CARATS rely on prisoner responses as the DIR is not immediately available
  - DIR often duplicated or lost
  - Paper based system cumbersome and ties up valuable resources
- Staff shortages, and recruitment/retention issues
- Lack of resources
  - insufficient numbers of CARAT workers and programme staff
  - facilities for drug treatment
  - Availability of technology
- Supply of illicit drugs in most prisons (less so in high security and female prisons)
- Substance dependency is a long-term problem – treatment focused on timeframe of custodial sentence
- Lack of support when prisoners are released into the community

## Performance management issues

- Reliance on quantitative KPT measures based on activity rather than outcomes (e.g. number of assessments by CARAT workers, numbers completing programmes etc).
- Need for greater focus on quality of measures to assess the impact of the treatment on individuals.
- Target driven approach viewed as inflexible – agencies are target driven rather than client led
- What does success look like? No consistent approach to the prioritisation and measurement of outcomes
- Need for greater focus on quality measures to assess the impact of the treatment on individuals.

## The treatment pathway – key issues



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## Transitions - prison to prison Key issues

- Multiple movements within the prison systems were likely to interfere with treatment
- Continuity of care issues are common, particularly regarding maintenance programmes (eg prescription of methadone v subutex)
- Lack of consistency between prisons – causes difficulties in prisoner transfers
  - different range of treatment programmes
  - different prescribing practices
  - IDTS facilitates transfer of prisoners to existing IDTS prisons
- DIR information is not always readily available to CARATS teams in the receiving prisoners
- Clustering of prisons was identified as a potential means of offering a wider range of programmes to prisoners in the future.

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## Transitions – prison/community interface

### Key issues

- Examples of effective, well managed transition are rare
- The positive impacts of prison based drug treatment are often reversed outside the prison gate
- Lack of continuity in the wider drug treatment system and no funding links to encourage and support links. However, both systems are dependent on each other
- Key issues
  - Lack of communication- between CARATS and community based offender management teams, and between prison and DATs, due to capacity issues and a different operating culture
  - DIR and health records often not shared with community
  - Often psycho-social programme treatments offered in prison cannot be continued in the community – little evidence of integration
  - Little evidence of in-reach services in practice
  - Particular problems occur if prisoner resides outside the area served by the prison, or if release is un-anticipated
  - CJITs seem to have different criteria in terms of who they take on
- Many examples of prisoners reverting back to drug misuse on day of release
- Pockets of good practice do exist eg resettlement service in Hull and instances of use of link workers

## Commissioning, funding and delivery

- Commissioning arrangements are localised and can be complex
  - widespread confusion about the exact nature of commissioning arrangements within each area
  - Widespread lack of understanding of commission arrangements of other agencies
- Stakeholders felt that a variety of factors drove the commissioning of services:
  - Need
  - Resources
  - The National Agenda/Ten year strategy
  - Local policy
  - Political concerns
  - Media portrayal
- Specific issues:
  - Shrinking resources and expanding services
  - “Lack of clear accountability and governance” within the commissioning cycle
  - Commissioning is “highly localised” and raises specific problems for agencies such as the probation service which operates at a sub-regional level
  - Localised commissioning is problematic where offenders are returning to a destination community which is in a different area from the releasing prison
  - short-term nature of funding is problematic in terms of service planning, staff recruitment and retention
  - ROM has a responsibility for the prison area but no input into budgetary decisions

## Views on IDTS

- Initial enthusiasm coupled with recognition that it is “early days” and it may be too early to judge the success and failures of the approach

Positive views	Concerns
It is an opportunity for change and improvement	Uniformity of resource and should be provided in all prisons to ensure equal access
Collaborative, multi-disciplinary structure	Performance management – lines of accountability are not clear
It is well integrated	Lack of central leadership, prison working in isolation
Perceived as easy to embed	Difficulties in transferring prisoners from IDTS to non-IDTS prisons
Has the potential to improve links between prisons and the community	Questions on the suitability of the model for open prisons
Being able to offer detox services on a wider basis	Risk of overdose on release – need for aftercare to be embedded in the model.

- Moving forward, there is a need to ‘refresh’ the system to ensure that progress does not stall.

## Key issues by each stakeholder group – prison stakeholders (1)

Stakeholder Group	Key areas of concern
Governors	<ul style="list-style-type: none"> <li>Commissioning process and the level of bureaucracy within the system;</li> <li>Accessing funding from the local PCTs;</li> <li>Transfer processes between prisons, particularly from IDTS to non-IDTS prisons.</li> </ul>
Prison treatment staff	<ul style="list-style-type: none"> <li>Concern that future treatment provision will be community based;</li> <li>Variability in DIP teams linking in with CARATs teams and prisoners to work on post release plans;</li> <li>Over-reliance on quantitative KPTs rather than a focus on qualitative measurements of service provision.</li> </ul>

## Key issues by each stakeholder group – prison stakeholders (2)

Stakeholder Group	Key areas of concern
Prison clinical staff	<ul style="list-style-type: none"> <li>• Adequate staff support to address mental health issues within the prison based population;</li> <li>• The need for a consistent clinical approach within all prisons;</li> <li>• Increased focus on harm minimisation techniques.</li> </ul>
Prisoners	<ul style="list-style-type: none"> <li>• Consistent attitudes of all staff to drug issues including awareness and understanding of drug dependency issues;</li> <li>• Post release planning issues, particularly in relation to housing assistance;</li> <li>• Boredom of routine within prison environment leading to drug use and the desire for enhanced employability skills to move away from drug use within the community;</li> <li>• Access to community based services including rehabilitation and counselling services and peer support services post release..</li> </ul>

## Key issues by each stakeholder group – community stakeholders

Stakeholder Group	Key areas of concern
Local community stakeholders	<ul style="list-style-type: none"> <li>• Improved prison / community interface and a move away from a 'them and us' mentality;</li> <li>• Greater community funding consistency and a move away from short term funding of posts;</li> <li>• Greater integration between mental health and alcohol in-reach teams.</li> <li>• General lack of understanding of the transition issues and the needs of ex-prisoners within the community, particularly within PCTs and Mental Health Trusts.</li> </ul>
Ex-prisoners	<ul style="list-style-type: none"> <li>• Move away from traditional prisons for drug treatment services to more focus rehabilitation-based drug free prisons for those who actively want to address their dependency issues;</li> <li>• An end to mandatory drug testing;</li> <li>• Increased focus on employability skills and increased training for ex-prisoners.</li> <li>• Access to drug free hostels following post release.</li> </ul>
Families and Carers	<ul style="list-style-type: none"> <li>• More information on support services available to families and carers e.g. through a one stop shop;</li> <li>• Greater focus on the needs of the family;</li> <li>• More consistent funding of family in-reach workers</li> </ul>

## Issues for providers

- Need to focus resources on a smaller number of people
- Range of short term programmes but lack of a whole systems approach
- Lots of time is spent filling in forms but they do not see any analysis of that data. DIRs get lost and they are not electronic
- Would like to be given more scope for innovation and creativity in their contracts – there is a need to ‘trust providers to do their job and deliver’
- Would like commissioning arrangements to be more streamlined
- Resources are an issue for intensive programmes e.g. 12 step
- Need to employ more resources to deliver the CARAT service and to meet diverse needs of prisoners
- Performance management is input based (‘tick box exercise’) - they favoured a shift to output based contracts (in order to effect outcomes)
- Providers are often not consulted when prisoners move which can disrupt programme delivery
- Communication mechanisms are difficult as in every prison people sit under different structures eg CARATs may sit under High Security or under resettlement.

## Analysis by key demographics and prison type

- Availability of drugs appeared to be less of a concern in both women’s prisons and high security prisons
- Female prisoners were more likely to be on short sentences which impacts on the type of treatment and level of treatment they can receive
- Female prisoners can have more complex needs than male prisoners relating to mental health issues, previous histories of being involved in abusive relationships and issues around self worth and self esteem
- Feedback from prison staff suggested that older prisoners (30+) have a higher success rate following programme completions than younger offenders. Staff felt that this was due to more mature attitudes and stronger willingness to change
- Younger prisoners needed additional job training support to facilitate a move away from previous lifestyles
- Non-English speakers and those with literacy problems have unequal access to treatment.
- Staff within high security prisons felt that there was a lack of mid-range programmes such as booster programmes and short courses for those with long term sentences

*“Prisoners could probably get through the majority of programmes within a 12 month period if they completed the programmes consecutively. In terms of a prisoner serving a 40 year sentence, what would you do with them for the remaining 39 years?”*

## Improvement ideas

### Increased prison based support

- Introduction of a morning and evening shift system as part of the CARATs service to provide increased operational hours.
- Closer aligning of interventions with drugs, alcohol and mental health to provide more holistic treatment pathways.
- Drug awareness training for all operational, programme and clinical prison based staff.

### Judiciary Training

- Judiciary training on appropriate lengths of sentences for drug offenders-
  - 2 week 'shock' sentences for minor drug offenders;
  - Short term sentences for other drug offenders to ensure re-housing does not become an issue.

### Quality outcome measurements

- Less reliance on individual throughput KPTs within agencies in favour of quality outcome measurements based on the needs of the individual and the progress which each individual has made.

## Improvement ideas

### Best practice approaches

- Consortium approach to the commissioning process
- Greater sharing of experiences across prisons regarding IDTS best practice and the lessons learnt from the implementation of the system.
- Development of best practice staffing models based on a mixed team and mixed skills approach. within all prisons
- Electronic information system to record prisoner case histories and medical records and accessible to community and prison based treatment professionals.
- Job swap opportunities between prison based staff and community based staff to increase understanding and build lasting relationships.
- Implementation of a user voice initiative in prison and the community on the effectiveness of programmes.

### Improved community provision

- More community in-reach teams for all users in prison is required, such as resettlement workers to manage the transition between prison and the community for each offender.
- Increased involvement of carers at a local level in determining needs and greater inclusion of carers in support programmes so that they can work in partnership with agencies to make the intervention more effective.
- Integration of community health teams, community alcohol support workers and probation and DIP teams to approach the needs of ex-prisoners within a more integrated approach.
- Provision of a nurse led out of hours weekend service to ensure that maintenance prescriptions can be provided to prisoners on release during this time.
- Introduction of drug free hostels to assist immediate post release housing provision and to provide immediate community support.
- Community based one-stop shop for advice and support, housing and benefits aimed at both ex-prisoners and their carers and families.

## Summary – key points

### Demand for drug treatment

- Demand for drug treatment in prisons far outstrips supply and overcrowding and staff shortages are exacerbating the issue
- Drug treatment is not necessarily tailored to the needs of prisoners, and instead is often based on what is available at the time in each prison. However, those prisoners who have received treatment provided very positive feedback

### Delivery

- There was great variation between prisons in the level and quality of provision
- CARATs services and psycho-social programmes were highly regarded by prisoners. Key benefits deriving from accredited psycho-social programmes included-
  - increased awareness of the impact of drugs on health and behaviour and positive impacts on both
  - greater understanding of and ability to talk about emotions
  - greater self awareness and self-esteem and more likelihood to take responsibility for their own actions

## Summary – key points

### Delivery

- Key success factors in the delivery of drug treatment included-
  - Holistic and joined up approaches to the needs of the prisoner inside and outside prison
  - Care plan and treatments tailored to prisoner need
  - Frequent contact with and access to CARAT staff
  - Adequate prison based support including adequate through-care and prisoner peer support
  - Support from the community, particularly post-release
  - Enthusiastic, mixed team programme facilitators
- Barriers to effective delivery of drug treatment identified by prison staff were identified as-
  - The absence of a consistent approach amongst prisons
  - Staff shortages and recruitment/retention issues
  - Technical and process issues including the lack of central IT records
  - Lack of resources
  - Supply of illicit drugs within prisons
  - Lack of community support for ex-prisoners

### Performance management issues

- Many felt that there was a reliance on quantitative KPT measures based on activity and that there was a need for greater focus on quality measures to assess the impact of treatment on individuals

## Summary – key points

### Transitions

- The lack of consistency within clinical and psycho-social treatment programmes between prisons created difficulties within prison transfers
- Within the transition between prison and the community, continuity of care issues were common
- Examples of effective well managed transitions from prison into the community were rare. Key issues within the prison/community transition interface were identified as:
  - Lack of communication between CARATs and community based offender management teams and between prison and DATs
  - Health records and DIRs not being shared within the community;
  - No integrated treatment programmes between the prison and community interface
  - Little evidence of in-reach services
  - Varying criteria for entry among CJITs

### Commissioning, funding and delivery

- Commissioning arrangements are localised and can be complex
- Specific issues identified by stakeholders included concern over shrinking resources and increased service need, perceived lack of clear accountability and governance and highly localised commissioning arrangements.