

**CRIMINAL JUSTICE INTERVENTIONS PROGRAMME**

**AND**

**PROLIFIC AND OTHER PRIORITY OFFENDERS PROGRAMME**

**PARTNERSHIP GUIDANCE FOR CJITs and PPO SCHEMES**

## **CONTENTS**

	<b>Page no.</b>
Introduction	<b>3</b>
What is the Criminal Justice Interventions Programme (CJIP)?	<b>4</b>
What is the new Prolific and Other Priority Offenders (PPO) Programme? What is a PPO Scheme? (paras 10 – 13)	<b>5</b>
Why this guidance?	<b>6</b>
Who should use this guidance?	<b>7</b>
Who has contributed to this guidance?	<b>8</b>
Core principles of CJIP / PPO partnership working	<b>8</b>
What are the key issues?	<b>9</b>
<b>KEY ISSUE 1 : INFORMATION-SHARING</b> What is the legal framework? (paras 40 – 45) What should an information sharing protocol include? (paras 46 – 49)	<b>10</b>
<b>KEY ISSUE 2 : CASE MANAGEMENT</b> CJIT Treatment and Support Pathway (paras 54 – 63)	<b>14</b>
<b>KEY ISSUE 3 : TREATMENT PROVISION</b>	<b>18</b>
Performance Management	<b>19</b>
Conclusion	<b>19</b>
Further information	<b>20</b>
ANNEX A – list of CJIP intensive areas	<b>21</b>
ANNEX B – CJITs / PPOs Effective Partnerships process map	<b>22</b>

## INTRODUCTION

This document sets out the importance of a fully integrated partnership working approach between Criminal Justice Integrated Teams (CJITs) and Prolific and Other Priority Offender (PPO) schemes. Only that approach will realise the optimal crime reduction outcomes by making the greatest positive impact on the drug use and offending behaviours of those individuals who have the greatest negative impact on the communities and people around them.

The following pages set out in detail:

- The need for information about PPOs to be shared appropriately in order to enable the CJITs and the PPO schemes to carry out their responsibilities effectively and to achieve the desired outcomes
- The critical paths for information sharing and the legal framework within which it takes place
- The existing CJIT case management structure, including the role of CJITs in relation to individuals in the community, in custody, under statutory licence and at the end of statutory supervision
- Treatment provision

Effective partnership working will mean that drug misusing offenders are appropriately case managed. It will reduce drug-related offending by diverting the relevant individuals into treatment and rehabilitation and by providing the other support services they need to maintain the positive changes effected.

## **WHAT IS THE CRIMINAL JUSTICE INTERVENTIONS PROGRAMME?**

1. CJIP is a large-scale programme, established in April 2003 as a critical part of the Government's Updated Drug Strategy (2002). Its principal focus is to reduce drug related crime by engaging with problematic drug users, moving them into appropriate treatment, retaining them in treatment and supporting them through and after treatment, whether in a custodial or community setting.

2. It aims to break the cycle of drug misuse, offending behaviour and custody by intervening at every stage of the Criminal Justice System to engage offenders in drug treatment. In order to do so, it has built on the best existing interventions, such as arrest referral, and introduced some new elements (drug testing on charge for selected acquisitive crime offences etc). Interventions now exist at arrest, in court, during community and custodial sentences and for those finishing sentences or leaving treatment in the community.

3. CJIP is designed to engage with the broad range of drug misusing offenders, who are at different stages in their drug misuse and offending careers. It aims to prevent crime through early interventions as well as reduce crime levels by engaging the most problematic and prolific offenders. Special measures for young offenders are also being implemented.

4. All areas across England and Wales have been funded to deliver CJIP. 47 high crime DATs (66 BCUs) have received additional resources to build capacity and establish Criminal Justice Integrated Teams (CJITs) to provide a more intensive response and provide a clear focus in the community for referrals and assessments. These areas are commonly referred to as "CJIP-intensive" DATs/BCUs. (See Annex A for list).

5. CJITs in these areas are expected to provide:

- access to rapid prescribing services.
- a referral assessment and a tier 2 treatment service (including counselling, harm reduction, motivation and preparation for referral).
- a single point of contact on a 24 hour basis by phone, particularly for those leaving custodial establishments and/or treatment.
- a single point of contact for referrals from professionals including criminal justice agencies, CARAT teams and treatment agencies.
- a case management approach to ensure continuity of care.
- access to DAT commissioned services from local treatment providers at tier 3 and 4 level (in line with NTA models of care), providing pathways to suitable drug treatment.
- partnership with probation and prison healthcare teams/CARAT workers to prepare jointly agreed release plans.

- partnership with other relevant service providers to broker access to wraparound services such as housing, employment, education, lifeskills (e.g. finance management) etc. to address the individual's broader range of needs.

6. Although CJIP non-intensive areas may not have an integrated team in place, the DATs are ensuring delivery of key parts of the Programme such as Throughcare and Aftercare and are working towards the integrated approach. CJIP, NTA, prisons and probation have developed a national framework, which sets out arrangements for continuity of care between community (CJIT) and custody. These arrangements are currently operational in the 47 intensive DAT areas and will be extended to the remaining 102 DATs by the end of October 2004.

## **WHAT IS THE NEW PROLIFIC AND OTHER PRIORITY OFFENDERS PROGRAMME?**

7. On 30 March 2004, the Prime Minister launched the Prolific and Other Priority Offender's strategy. This is a single, coherent initiative in three complementary strands (prevent and deter, catch and convict, resettle and rehabilitate) to reduce crime by targeting those who offend most or otherwise cause most harm to their communities. The aim is to tackle the 5,000 prolific and other priority offenders (0.5% of active offenders) who commit a disproportionate amount (10%) of all crime committed each year. The financial loss as a result of these crimes is estimated to be at least £2 billion a year.

8. The Prime Minister announced that each Crime and Disorder Reduction Partnership (CDRP) will establish a Police/Probation-led PPO scheme to identify, using the National Intelligence Model (NIM), a minimum of 15-20 offenders in their area for targeting and intensive management. This number would include offenders on custodial or community sentences and juveniles. Those CDRP areas, which cover two or more Police Basic Command Unit areas, such as Birmingham, Sheffield or Leeds, will be expected to identify between 60-100 PPOs to form the basis of the prioritisation and targeting under the programme. This should identify a mix of those individuals who are the most prolific offenders, the most persistently anti-social in their behaviour and those who pose the greatest threat to the safety and confidence of their local communities.

9. As stated in the Catch and Convict guidance sent out from the PPO Programme at the Home Office, these schemes are currently being set up to operate from 6 September 2004.

### **What is a PPO Scheme?**

10. PPO schemes are multi-agency partnerships, based on a very close working relationship between the Police and Probation services to identify, monitor and

intensively manage a key target group of offenders (PPOs) in a local area. They could be real or virtual in form, depending on locally developed arrangements.

11. Once an individual is identified, schemes are expected to manage offenders through a combination of enforcement measures and incentives to change behaviour. Therefore the aims of the schemes are to:

- enhance arrest, investigation, detection, charging and prosecution of offenders, bringing to justice as much of the criminality committed by the targeted PPOs as possible;
- reduce re-offending of PPOs, and consequently reduce the number of victims of crime;
- develop a rapid and effective partnership intervention which enables effective supervision and monitoring of PPOs;
- address non-compliance/re-offending speedily and effectively.

12. Schemes are expected to provide incentives to change through providing the specific support and rehabilitation needs of the offender, drawing upon relevant agencies and services to meet these. Guidance on the Rehabilitate and Resettle strand of the PPO strategy will be issued by September. Case management of statutory offenders would be undertaken by the probation service as part of the overall scheme.

13. Effective partnerships with local CJITs / DATs will be vital to delivery.

## **WHY THIS GUIDANCE?**

14. In the 66 high crime CJIP BCUs, initial indications are that a large proportion of the PPOs that will be identified are problematic drug misusers, committing volume acquisitive crime to support a drug dependency. In some areas, initial scoping indicates that 85%+ of the PPO population are substance misusers. In terms of scope and actual numbers, the CJIP client group will always be much larger than that of the PPO schemes. In broad terms, the PPO Programme aims to identify around 5000 offenders nationally, whilst the CJITs, *in the intensive areas alone*, are expected to access some 50,000 clients a year.

15. It is vital that all concerned recognise that CJIP and the PPO Programme are complementary in their objective to reduce drug related prolific offending by diverting these individuals into treatment, rehabilitation and other support services. As a result, from 6 September, CJITs and PPO schemes will need to work closely together to:

- achieve the greatest impact on offenders' drug use and related offending behaviour
- make the best use of local resources
- realise the most significant crime reduction outcomes possible
- deliver the maximum positive impact on local communities

16. Initial discussions between partners have identified some key issues, which may need to be addressed at a local level to ensure the most effective joined-up approach on the ground. As with any new partnership working, there are potential tensions that may be managed through open and clear communication and the early establishment of – and buy in to - effective protocols.

17. At Annex B there is a simple flow diagram which sets out a basic model of collaborative working. This should be tailored and elaborated to reflect local circumstances and the availability of resources.

18. This guidance sets out the guiding principles of the CJIT / PPO partnerships and how they are expected to work together. It does not mandate precisely how PPO schemes and CJITs should operate from September 6. That detail needs to be agreed at a local level and will naturally be determined by a number of factors such as the level of development of the CJIT and the PPO, the availability and quality of local drug treatment services and the profile of those offenders who have been or will be identified.

## **WHO SHOULD USE THIS GUIDANCE?**

19. In CJIP-intensive areas, all strategic and operational partners involved in either the PPO scheme or CJIT will need to be engaged, to some degree, in their partnership working. This guidance is therefore aimed at:

- Criminal Justice Integrated Teams (CJITs) via the local CJIP manager
- Crime and Disorder Reduction Partnerships (CDRPs) and Drug Action Team Partnerships (DATs) / merged partnerships
- Local Criminal Justice Boards (LCJBs)
- National Treatment Agency Regional Managers
- Police
- National Probation Service / NOMS
- CPS
- HMPS
- Government Offices (Drugs and Crime Regional Managers and advisors)
- Practitioners in pre-arrest/prolific offender schemes already in operation

20. The main focus of this guidance is on how the CJIP / PPO partnership will work in the CJIP- intensive areas because it is there that there will be the biggest cross-over between the PPO and CJIP client group.

21. In CJIP non-intensive areas, especially those with lower levels of crime, local community safety priorities may not be as closely linked to drug misuse, and PPO schemes will therefore, to varying degrees, be focussing on other types of offending such as anti-social behaviour. However, in most areas, drug misuse at some level will

feature in the profile of a prolific offender and hence drug treatment and related services will still be required.

22. The broad principles set out here will still apply but the detail of how partnerships will work together will be quite different where there are not “real” CJITs in place. In those areas, the role of the DATs and the CDRPs will be much greater as it will be their responsibility to ensure that effective working practices are established where there are not such robust structures already in place. CDRPs and PPO schemes in CJIP non-intensive areas should, for example, liaise with the local DAT, to identify what treatment interventions and CJIP services are available in the area and how they can best link in with them to meet their common aims and make best use of limited local resources.

## **WHO HAS CONTRIBUTED TO THIS GUIDANCE?**

23. This guidance has been written in consultation with representatives from:

- CJITs
- Police
- National Probation Directorate and NOMS
- Government Offices
- National Treatment Agency
- Drugs Strategy Directorate, Home Office
- Prolific and Other Priority Offenders Programme, Home Office
- Legal Advisers Branch, Home Office

## **CORE PRINCIPLES OF CJIP / PPO PARTNERSHIP WORKING**

24. On the whole, engagement with CJIP has been voluntary on the part of the individual. It has aimed to *encourage* drug-misusing offenders into treatment, without sanctions for non-engagement. However, in view of the difficulties in engaging some (often the most prolific, drug-misusing offenders), more coercive elements have now been introduced, for some offenders, such as restrictions on bail for those refusing a needs assessment and treatment (currently being piloted in Manchester, Nottingham and Salford court areas).

25. Since by the nature of their chaotic lifestyles, prolific offenders are often the most difficult to move into and retain in treatment, the intelligence-led targeting approach of these PPO schemes will add the “stick” of enforcement to the “carrot” of the treatment and support currently being offered by CJIP. This approach would not be an appropriate or sensible use of resources for all CJIP clients but drawing on the experience of “pre-arrest” schemes who have taken a similar approach, it is expected to be effective with this particular sub-set.

26. The key governing principles which will facilitate effective partnerships between CJITs and PPO schemes are:

- **A shared aim.** Both Programmes aim to reduce crime and make communities safer by tackling drug-related crime. Both also have wider aims - the CJITs will not only deal with priority or prolific offenders and the PPO schemes will not only tackle drug-related crime. This guidance focuses on where their aims meet and, for the good of the local communities, that is the expected focus of the local teams and their partners.
- **Information sharing.** A basic set of information should be shared between CJITs and PPO schemes for each PPO on the CJIP caseload. This basic set is described in greater detail on p.13. Efforts should be made to obtain the PPO's consent to share information. Cases where consent is not given should be considered on their individual merits, in line with the Data Protection Act. This Act states that data should be shared where 'there is a substantial chance that not sharing the data would be likely to prejudice the prevention or detection of crime and/or the apprehension of offenders.
- **Effective case management** At a local level CJITs use a case management approach to offer access to treatment and support from the first point of contact with the criminal justice system through custody, court, sentence and/or when leaving treatment. Aftercare is the holistic support that needs to be in place as a drug misuser reaches the end of a prison-based treatment programme, completes a community sentence or leaves treatment. CJITs and PPOs need to work together to ensure that case management is seamless and co-ordinated, such as when an individual comes off the PPO scheme but maintains engagement with CJIT.

## WHAT ARE THE KEY ISSUES?

27. In our consultation with the partners listed above, a number of key issues were flagged up as requiring national guidelines to support the development of effective working partnerships at a local level. These are:

- information-sharing
- case management
- treatment allocation

28. Practical and sensibly agreed working protocols between CJITs and PPO schemes can help avoid unnecessary tension, build effective joined-up partnerships and provide the best opportunity for optimum results. The following paragraphs aim to deliver the broad principle around each of these issues whilst allowing for local flexibility of approach where appropriate.



## KEY ISSUE 1 : INFORMATION-SHARING

29. Information sharing is a sensitive issue and it is important that it is properly handled. The best way to ensure this is for all parties to understand why information needs to be shared and then to operate within a carefully worked out and fully agreed information sharing protocol, which is in line with the relevant legal frameworks. In this context, protocols should be supported by all the CJIT and PPO schemes and should be made available to the public.

30. The basic premise here is that information will be shared about the individual offenders to the appropriate degree that enables both the CJIT and the PPO scheme to do their jobs properly.

31. Dealing with prolific offenders with complex lives and needs means information sharing is crucial to giving all agencies a better all round picture of an individual and informing both the enforcement action and the support and treatment interventions required to address successfully the drug misuse and related offending behaviour.

32. The community has a right to be protected from the crimes that are committed to support a drug dependency and offenders must be accountable for the harm caused to their local community by their actions. This needs to inform our approach to information sharing along with the need to provide the appropriate support. None of this contradicts the principles of confidentiality or data protection. The CJIT needs information to inform and manage a care plan and the PPO needs information to ensure that its planned activity to minimise re-offending is relevant to the individual's current circumstances.

33. At present, with the informed consent of the offender, CJITs share information with prisons, probation and treatment providers in order to inform the continuity of care of the client. CJITs will share personal information with other named agencies with the informed consent from the drug misusing offender to inform continuity of care. CJIT consent does not currently include the sharing of information with the police for enforcement purposes.

34. It will therefore be necessary for a specific information sharing consent form to be drawn up which the offender must understand and sign in order to give informed consent for the two schemes to share the necessary information. This form must explain what information will be shared and the purpose to which it will be put. Working examples of current models are being identified and will be circulated shortly. Any locally developed model should be cleared through the usual channels.

35. It is expected that PPO and CJIT workers will usually be able to gain the individual's consent by explaining the purpose of the intended information sharing. For example, once the PPO scheme has identified an individual as a priority or prolific offender, they will be undertaking enforcement activity, including surveillance and intensive targeting. This is not governed by consent. It will, however, be more

appropriately tailored to the individual if the PPO is able to ask the CJIT for up-to-date and regular information about whether or not that individual is engaged in a care plan and the type and level of their drug use. The targeting may be less intense if the CJIT reports a positive level of engagement and reduced drug use, which is reflected in a reduction in offending behaviour.

36. There will be occasions, however, where despite the best efforts of those concerned, the individual offender refuses to give consent. As set out in the legal framework below, disclosures can be made without consent where it is considered essential to protect the individual or anyone else from risk of death or serious self-harm, or for the prevention, detection or prosecution of crime. In such circumstances the benefits of disclosing the information must be considered to outweigh the client's or the public interest in keeping the information confidential. Importantly, the decision to disclose information in those circumstances should be made by a nominated senior professional and, in some cases, it may be necessary to take legal or other specialist advice. Every area must make sure that there are such named individuals at a suitably senior level who have the authority to make such decisions.

37. An information sharing protocol between the CJITs and PPO schemes setting out how information will normally be shared and the specific process when consent has not been given, should be one of the highest priorities when establishing working practices. Failure to do so and to achieve genuine commitment by all parties has already led to significant difficulties in some areas. The key elements of any protocol are set out below and working examples are being identified.

38. This strategic approach will avoid the difficulties that could be caused by individual workers from either partnership being unclear about what they might request or give. .

39. CDRPs are required, under the PPO Catch and Convict Framework guidance, to develop multi-agency information sharing protocols for their PPO schemes. The PPO Team in the Home Office are developing models of such protocols and the website, [www.crimereduction.gov.uk/ppo](http://www.crimereduction.gov.uk/ppo), will have examples to share as good practice as soon as possible. The CJIP/PPO information sharing protocols will address the specific issues outlined in this guidance but should also be embedded as part of the wider PPO information sharing framework.

#### What is the legal framework?

40. The Crime and Disorder Act 1998 provides a legal basis for data sharing, whilst the Data Protection Act 1998 controls the data sharing. These Acts facilitate responsible information sharing between agencies for the prevention of crime and disorder and should be viewed as regulating rather than preventing information flows.

#### *The Crime and Disorder Act 1998*

41. The operation of crime and disorder strategies (such as PPO schemes) are provided for in the Crime and Disorder Act 1998. Section 5 details the authorities who are responsible for these strategies while section 6 focuses on the formulation and implementation of these strategies.

42. Section 115 of the Act sets up a statutory gateway to provide the power for anyone involved in such crime and disorder strategies to disclose information to a relevant authority (i.e. Chief Officer of police, police authority, probation board, local authority, health authority etc.).

#### *Data Protection Act 1998*

43. Section 29 of the Data Protection Act 1998 provides that where the processing (sharing) of personal data is for the purpose of the prevention or detection of crime or the apprehension or prosecution of offenders such personal data is exempt from the First Data Protection Principle (fair and lawful processing)(except where compliance with Schedules 2 and 3 is required) and section 7 (section 7 provides for the data subject's right of access to personal data). As a result, having satisfied a Schedule 2 and 3 condition, the section 29 exemption can be used. This exemption should only be used on a case by case basis where there is a substantial chance that in not sharing the data it would be likely to prejudice the prevention or detection of crime and/or the apprehension or prosecution of offenders.

44. The DPA exemption must be applied on a case by case basis. In doing so, all parties should recognise that the offenders being managed by the PPO schemes have been objectively and fairly identified as prolific or other priority offenders and have been informed of this and the information requested is to enable the PPO scheme to tailor its activity appropriately. It is not unreasonable, therefore, without pre-judging the outcome of individual considerations, to have a presumption towards the belief that not sharing appropriate information would, as stated above, "prejudice the prevention or detection of crime and/or the apprehension or prosecution of offenders".

45. CJITs and PPOs, working towards their common crime reduction aim, should share appropriate information with consent in most cases and without consent when they are enabled to do so as set out above.

#### What should an information sharing protocol include?

46. The Home Office crime reduction information website ([www.crimereduction.gov.uk/infosharing](http://www.crimereduction.gov.uk/infosharing)) provides guidance to partnerships about data sharing and how to do this. It also includes a protocol wizard to enable partnerships to develop their own data sharing protocols. The Department for Constitutional Affairs has also produced guidance "Public Sector Data Sharing" ([www.dca.gov.uk/foi/sharing](http://www.dca.gov.uk/foi/sharing)).

47. When CDRPs/DATs set about establishing information-sharing protocols with their CJIT/PPO scheme partnerships, the following points in particular should be taken into account:

- Wherever possible, the informed consent of the offender should be obtained before information is shared. “Informed” means that the individual understands what information may be shared and the reason why. A form should be completed by the individual that sets out the level of consent given.
- Where consent is not given, consideration must be given to sharing information without consent within the legal framework set out above.
- Any information request by any party must be for the minimum amount required enabling them to do their job. The precise information required and its purpose must always be clearly communicated with the information request. In most cases, that will become a matter of routine.
- Protocols must clearly set out what information might normally be requested and the purpose to which it will be put. This should include, as a minimum:
  - whether the offender is engaging in treatment/care plan
  - drugs used
  - level of drug use

This information should be used to inform the PPO scheme’s activity with that individual and not for general intelligence purposes.

- Within the context of sharing appropriate information, the client’s general right to confidentiality must still be maintained. Efforts should be made to ensure that information sharing does not damage the trust between the individual and those engaged with him / her. All information sharing should be transparent. This should not prevent proper information sharing which allows the CJITs and the PPO schemes to manage the individual effectively.
- Protocols must also set out the process to be followed when a non-routine request is made for extra information. This should include details of the named individual in order to make a decision on such a request.
- Protocols should set out the circumstances when information should be shared within 24 hours. Such information may be a trigger point for the PPO scheme to alter its monitoring or management of the offender in the community and therefore important for achieving or maintaining a crime reduction outcome.
- Agreement on terminology is important. A significant example is “engaged in treatment”. A common misunderstanding is that this means an individual will no longer be using drugs and consequently will not be offending. This will not always

be the case. An understanding of the complexity of the issues involved along with a management of realistic expectations is required by both parties to facilitate effective communication and partnership working. Agreed definitions of relevant terms should be set out within the protocol.

- All parties must have suitable security arrangements in place for storing personal data (be it hard copy or electronic). These must comply with Data Protection Act data information handling standards.
- The Bichard Report analysed what went wrong in relation to the Soham case and the wider issues of information sharing across the police service and agencies. The Home Secretary has accepted the report's recommendations on behalf of the government and work is going forward urgently to develop a programme of implementation. This will include working up a statutory code of practice on police information handling by the end of 2004, a key element in achieving consistent processing of intelligence by police forces. The CJIT and PPO schemes will need to bear in mind the potential implications around clear information sharing procedures and protocols when developing their own protocols.

48. DATs / CDRPs will be responsible for ensuring that CJITs and PPO schemes work effectively together in the sharing of information. They will be required to intervene in any area where there are problems such as unnecessary blockages being put in the way of appropriate information sharing or inappropriate requests for information being made. Such blockages may have arisen due to a lack of understanding or miscommunication but should they arise, they must be addressed speedily. Government Office representatives should ensure that effective partnerships are operating across their region - and should broker solutions when differences or difficulties are encountered.

49. Finally - however good any protocol is, it is only the day to day operational implementation that will make the difference. The information sharing protocol is not a paper exercise and therefore, once agreed, must be put into full effective operation with full commitment and co-operation from all parties.

## **KEY ISSUE 2 : CASE MANAGEMENT**

50. CJITs operate a case management approach that uses care planning in line with the National Treatment Agency's models of care. This is subject to the offender's agreement to undergo an assessment and, if appropriate, to be taken onto the CJIT caseload and allocated a specific CJIT worker. This can happen at any point in the Criminal Justice System or on leaving treatment. Where an offender has been taken onto the caseload, the CJIT worker will develop a care plan with the offender and link with appropriate interventions. The case management approach is focused on keeping the individual engaged - missed appointments are followed-up, phone contact is

maintained with the client, issues that threaten progress on the care plan are tackled (eg housing, employment, family difficulties).

51. As with other offenders, where a PPO who is a problem drug user is subject to a statutory order or licence, overall responsibility for offender management will be with NPS /NOMS, with CJITs providing, or brokering provision of, the services related to their drug – related needs. A named CJIT worker will also provide this case management on completion of an individual’s statutory contact and for non-statutory cases.

52. The CJIT case management structure includes:

- the development, management and review of documented care plans in collaboration with the offender
- ensuring that drug and alcohol misusers have access to a comprehensive range of services
- ensuring the co-ordination of care across all agencies involved with the offender
- maximising client retention within the treatment system and minimising the risk of clients losing contact with the treatment and care services
- avoiding duplication of assessments
- preventing the client from falling between services

53. The objective is effectively to advise, support and manage the offender along the treatment and support pathway:

### **CJIT Treatment and Support Pathway**

54. CJIT will allocate a worker after a drug misusing offender (including a PPO) has been assessed and it has been agreed that he/she will be taken onto the CJIT caseload. This can happen at any point in the criminal justice system or on leaving treatment. The CJIT worker will develop a care plan with the offender and link with appropriate interventions.

55. When a PSR is prepared on an offender known to CJIT or CARATs, the PSR author will liaise with them to ensure the proposed plan for supervision addresses drug treatment needs. This could lead to a proposal for a DTTO or other community sentence. If an offender becomes a statutory case, management of the order will be held by NPS/NOMS.

56. In the event of an offender who is on the CJIT caseload being remanded or given a custodial sentence, assessment details are then passed (with his/her permission) by fax to the relevant prison CARAT team. Other CJIT clients will be identified by CARATs and, with consent, will be notified to the relevant CJIT. CARATs then take responsibility for managing drug treatment whilst the offender is in prison and will inform CJIT of further assessments and significant treatment events.

57. The CJIT is responsible for tracking the individual through the courts and informing CARATs if/when a release from court occurs.

58. Where an offender is under statutory licence, overall responsibility for the management of the offender rests with NPS/NOMS. However, CJITs can provide support for drug-related needs during this period. On completion of the statutory contract, any on-going drug treatment needs can still be managed by the CJIT. Where an offender is subject to a community sentence – except for a DTTO – and there is an unmet drug treatment need, the supervising officer/NOMS case manager can approach the CJIT in accordance with locally agreed protocols to make a referral. NPS/NOMS retains overall responsibility for delivery and enforcement of the order but the CJIT may broker or deliver drug treatment interventions. If an offender is sentenced to a DTTO, drug treatment will have been commissioned via the DAT and will be case managed by probation/NOMs. Referral to CJIT by probation/NOMS may however be appropriate before termination of a statutory contact where there is ongoing treatment need. Offenders who decline referral to treatment to CJIT will have their drugs needs addressed through the NPS/NOMS case management.

59. In the case of offenders serving prison sentence of more than 12 months, NPS/NOMS will advise on resettlement arrangements and licence conditions at least 6

weeks prior to discharge, including drug treatment needs. The NPS/NOMS case manager is required to prepare an updated supervision plan within 15 days of the offender's release. One component of this supervision plan may include interventions accessed/delivered by CJIT. At the end of statutory supervision NPS/NOMS will liaise with CJIT to enable ongoing drug treatment needs to be addressed and CJIT will take over case management.

60. The prison service (not CARATs) will notify the home police force of date of release up to 28 days in advance. It is therefore important to liaise with the PPO scheme/police and agree arrangements for the day of release that would not disrupt the objectives of either CJIT or the PPO scheme. CARATs will liaise with CJIT when preparing release plans and inform CJIT of release dates. CARATs will also make contact with the CJIT worker in the offender's home area to ensure consistency of treatment post release. On release day, a CJIT worker can meet the offender at the gate, if appropriate and under certain pre-arranged circumstances, thus providing a level of continuity with the individual. Working with CARATs, CJIT will identify and broker access to resettlement agencies on release and provide ongoing support and co-ordination.

**61. For offenders who are not on licence/order, PPO schemes will maintain overall responsibility for the PPO whilst he/she is subject to intensive targeting, while CJITs will continue to broker or deliver drug treatment and support as appropriate. CJITs may have overall case management responsibility both before and after the intensive targeting period involving the PPO.**

62. To ensure the most effective targeting activity is deployed, PPO scheme and CJIT workers will need to communicate on a regular basis so that agreement on if/what action is required can be reached. This may take the form of regular case conferences. The appropriate approach will need to be agreed locally, taking into account available resources and the possible need to amend role definitions whilst ensuring the required outcome. Decisions on appropriate enforcement action will, of course, always be taken by the police but should be informed by CJIT input.

63. To facilitate clear understanding of roles and responsibilities, the PPO scheme and CJIT must outline the joint approach they will both operate to manage a drug-misusing prolific offender. This could be outlined in a simple flow diagram (e.g. Annex B attached), with the activities at each point of the process more fully described to fit circumstances at the local level. Please note the importance of cross-checking the list of PPOs (once identified) with the CJIT caseload before approaches to offenders is made.

64. In particular, when outlining the business process, the following should be taken into account:

- Aims and scope of both the CJIT and PPO scheme must be clearly defined
- Roles and responsibilities of workers in both teams must be clearly described.

- The most effective use of local resources (including staff, accommodation, IT etc.) must be made
- A communications strategy should be agreed (e.g. case conferences, regular joint management meetings to share good practice / air any problems, agreed progress reporting to DATs/CDRPs)
- An information sharing protocol is developed and agreed

### **KEY ISSUE 3 : TREATMENT PROVISION**

65. Concerns have been expressed that, with the introduction of PPO schemes, conflict over treatment places will occur. It has been mooted that the introduction of a new referral route will place further strain on existing waiting lists for tier 3/4 drug treatment services in some areas and that there may be pressure to prioritise unfairly this particular group of individuals.

66. Consideration and consultation indicates that this will not be a problem in practice. The PPOs will not create an entirely new referral route, as drug treatment referrals will continue to be made by CJITs. Even where there are issues of prioritisation, in practice, there will often be a link between the criminogenic characteristics and the treatment needs of an offender. Drug misusing offenders who are targeted by PPO schemes will often have pressing treatment needs and will, therefore, be viewed as a priority by PPO, CJIT and the treatment provider. Any tension between PPOs and CJITs about treatment allocations will be the exception rather than the rule.

67. Furthermore, in each area, treatment provision is developed in line with the DAT's needs analysis and the NTA models of care. The NTA is working with central government and criminal justice partners to ensure that drug-misusing offenders have timely access to appropriate, co-ordinated treatment. Monitoring data covering the first year of CJIP implementation indicates that, rather than exerting greater pressure on treatment, waiting times in the 25 CJIP-intensive DAT areas have reduced more quickly than in non-intensive areas. The latest figures confirm that waiting times for all treatment modalities within these 25 areas are within the 2004 NTA target and CJIP clients were, on average, able to access prescribing services within 4 working days.

68. Within that context of an overall improving picture, there are a range of issues which must be taken into consideration when making a treatment prioritisation decision. They include:

- Local availability and quality of drug treatment
- Clinical priority e.g. pregnancy, HIV, dual diagnosis, where there are child protection issues (See Models of Care "Priority Groups" for each modality)
- The client's motivation to be treated
- Impact on community safety because of crime-related drug dependency

69. In the exceptional instance of there being a prioritisation issue, treatment providers will operate within the Models of Care National Service Framework as the national treatment protocol for all drug users, including offenders.

70. It is important that part of the developing working partnership between the CJITs and PPO schemes includes a clear understanding of the parameters within which each works. Partners locally should consider how best to develop that understanding, perhaps through joint training or awareness raising sessions. For example, PPO workers might learn about the very broad scope of what drug treatment involves. Drug dependency is a result of many complex issues in the lives of an offender and there are no quick fix solutions, medical or otherwise, that resolves those issues. Equally, the CJIT workers should understand how and why the PPO schemes identify their client group, the impact of that client group on local communities, and the range of activities involved in the PPO scheme's engagement with them.

## **PERFORMANCE MANAGEMENT**

71. At present, implementation of a performance management framework for PPO schemes is being developed for implementation from Autumn 2004. The PPO Programme are presently working on how to measure success and they are developing an evaluation programme, which can measure the impact of the strategy on the ground

72. CJIP is working to ensure that, where possible, the management framework is consistent with current CJIP performance criteria so that any potential extra data requirements are kept to a bare minimum.

## **CONCLUSION**

Aiming for implementation from 6 September, it is now for senior partners at CDRP, DAT and Police Force level to ensure that the link between the CJIT/PPO schemes locally is effectively and strategically co-ordinated whilst the practitioners within the teams continue their operational planning.

The GO teams and the central policy teams will also continue to offer support and guidance. We will be seeking feedback on how different schemes are working across England and Wales and will share good practice as soon and as often as we can.

CJIP(DU) is exploring the possibility of offering some capacity building funding to a small number of diverse areas this year so that by learning from their experiences and evaluating outcomes, we will be able to inform future developments.

## FURTHER INFORMATION

This guidance and any further information produced by CJIP(DU) will be available on [www.drugs.gov.uk](http://www.drugs.gov.uk). We will also be building an FAQ site and would encourage partners to suggest issues which should be covered there.

The CJIP “Managing the Continuity of Care” guidance is being revised and updated. The current version is available on [www.drugs.gov.uk](http://www.drugs.gov.uk)

Further information about the Prolific and Other Priority Offenders strategy is available on [www.crimereduction.gov.uk/ppo](http://www.crimereduction.gov.uk/ppo)

Further information about the National Treatment Agency is available on : [www.nta.nhs.org](http://www.nta.nhs.org)

For general enquiries, please contact your regional Government Office CJIP representative or :

Bernadette Bruton

---

Home Office  
Criminal Justice Interventions Programme  
Drugs Strategy Directorate  
Room 125, Queen Anne's Gate  
London SW1H 9AT  
020 7273 2476  
[bernadette.bruton@homeoffice.gsi.gov.uk](mailto:bernadette.bruton@homeoffice.gsi.gov.uk)

Saqib Ahmad

---

Home Office  
Criminal Justice Interventions Programme  
Drugs Strategy Directorate  
Room 125, Queen Anne's Gate  
London SW1H 9AT  
020 7273 8203  
[saqib.ahmad4@homeoffice.gsi.gov.uk](mailto:saqib.ahmad4@homeoffice.gsi.gov.uk)