

MANAGING DRUG MISUSERS UNDER PROBATION SUPERVISION:

GUIDANCE FOR PROBATION, CRIMINAL JUSTICE
INTEGRATED TEAMS (CJITS) AND COUNSELLING
ASSESSMENT REFERRAL ADVICE AND THROUGH-CARE
SERVICES (CARATS).

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This guidance has also been issued as a Probation Circular (PC36/2007) on 2 November 2007 to Chairs of Probation Boards, Chief Officers of Probation and Secretaries of Probation Boards and Regional Managers. It builds on information issued:

13 July 2006, CJITs and DRR/DTTO

Clients: Case Management and

Monitoring and Research Issues

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1. Introduction

- 1.1 This guidance has been produced for Criminal Justice Integrated Teams (CJITs), Counselling Assessment, Referral Advice and Throughcare Teams (CARATs) and offender managers in the National Probation Service (NPS). It is issued jointly by the National Offender Management Service (NOMS) and the Drug Interventions Programme (DIP) and has been developed jointly with the National Treatment Agency for Substance Misuse (NTA), Department of Health and Regional colleagues to support effective management of drug misusing offenders (DMOs). This guidance builds on information issued in July 2006, CJITs and DRR/DTTO Clients: Case Management and Monitoring and Research Issues - Q & A guidance.
- 1.2 The guidance:
- Describes the respective responsibilities of agencies regarding the sharing of information
 - Clarifies how drug-misusing offenders subject to 'statutory supervision' (i.e. offenders on community orders or post-custodial licence)¹ should be managed by probation offender managers, CARATs workers and CJIT staff
 - Provides a checklist to assist in the preparation of local protocols. (See Annex C)
- 1.3 This document should be read in conjunction with related guidance given in Annex A and the Glossary (Annex B).
- 1.4 For the purpose of this document, offenders will be referred to as drug misusing offenders (DMOs)

2. Information sharing

2.1 Purpose of information sharing

- 2.1.1 An important principle of working in partnership is a sharing of relevant information at the right time. Probation/CJIT/CARAT staff should encourage offenders to give consent to the sharing of relevant information between CJIT/CARATs/Probation and other partners.

¹ This guidance applies to the Drug Treatment and Testing Order (DTTO) and to its replacement, the Drug Rehabilitation Requirement (DRR) introduced under the Criminal Justice Act 2003. For simplicity, only DRRs are referred to in this document.

2.1.2 The sharing of information is important:

- to manage any risk the offender poses, of causing serious harm and/or of re-offending
- to manage the order/licence effectively
- to ensure the offender's needs are being met.
- support continuity of care
- reduce duplication of assessments and
- support the administration of justice (i.e. the management and enforcement of the order or licence).

2.1.3 The underlying principle is that an offender manager must know if an offender under supervision has contact with the CJIT in order to manage the sentence plan and any risk issues effectively.

2.1.4 The same principle applies in custody (either sentenced or on remand). To ensure that a case is properly planned and managed, the CARAT team must share with the OM or the pre-sentence report (PSR) author any relevant contact made with the offender. This is to ensure that information relevant to the offender's sentence plan, or to the proposal of any report, is appropriately included.

2.1.5 Local protocols should be in place, agreed between relevant partners, setting out how relevant information is shared. Protocols should include a process for reviewing them.² Protocols should address information-sharing for offenders being considered for a community order with a DRR³, offenders on post custodial licence (with or without a drug condition) and offenders on a community order without a DRR.

2.1.6 As a minimum, the offender must be informed of these information-sharing arrangements at the beginning of supervision or a treatment episode. This should not be a one off activity and should be revisited on a regular basis whilst on the case load and must include those circumstances where information is shared when the offender has refused consent.

² In prisons they will be included in the establishment's drug strategy. It will be the responsibility of CARATs and Offenders Managers to take the lead in drawing up mutually agreed protocols and ensuring these are reviewed annually.

³ Explicit in an offender agreeing to be made subject to a DRR is their agreement to information being shared with contracted DRR treatment providers.

2.2 Sharing information with consent

2.2.1 The following is information that could usefully be shared between workers when the relevant informed consent is given⁴

- the PSR⁵
- any relevant section of OASys⁶
- the Drug Interventions Record (DIR)⁷
- previous convictions
- the risk assessment and actions to manage risk
- the offender's involvement with CARATs (if in custody), which could include relevant significant milestones, i.e. type of groupwork attended, attendance on intensive drug treatment programmes.
- whether the offender is on the CJIT caseload and keeping appointments in line with their care plan (for post-release cases, and offenders not subject to DRRs)
- Any other relevant information relating to the management of the licence or order.

2.2.2 It would be good practice for Probation areas to have a similar pro forma consent form which the offender can sign at initial contact and then be updated as the case progresses.

2.3 Sharing information when consent is refused

2.3.1 Relevant information can be shared in specific circumstances without an offender's consent.⁸ Probation CJITs and CARATs workers need to make drug misusing offenders aware of this at the start of any period of supervision or treatment episode.

2.3.2 In practice, instances where offenders refuse consent to share information will be very few. Workers should consistently encourage offenders to give consent to the sharing of information between Probation, CJITs and CARATs. If consent cannot be obtained then any transfer of information will need to satisfy the relevant legislation before any information is shared.

⁴ All use of personal data is covered by the Data Protection Act; in addition CJITs and CARATs have a duty of confidentiality when handling information of a personal nature.

⁵ The PSR should not subsequently be passed to a 3rd party by CJIT/CARATs.

⁶ The Offender Assessment System (OASys) is the standard assessment tool for the NPS. Any sections of OASys that are shared with CJIT/CARATs should not subsequently be passed to a 3rd party by CJIT/CARATs.

⁷ The DIR is used by CJITs to record a summary of the triage assessment and by CARAT teams as the Substance Misuse Triage Assessment. The form includes a separate section to indicate that the offender has given informed consent for information sharing to permit continuity of care between named agencies. This is reviewed regularly with the offender.

⁸ Reference Data Protection Act (DPA) 1998.

2.3.3 Information must be shared irrespective of consent where there are risks of harm to the public, children, to staff, to a known adult, to another prisoner if in custody or to the DMO. The minimum information in these circumstances will be:

- the PSR
- relevant sections of OASys (such as the risk assessment) or written information outlining the risks
- the extent of the involvement that the DMO has with each service
- information regarding appointments kept or failed
- any other information relevant to managing/reducing the presenting risks.

2.3.4 There are other situations which justify information sharing without offenders consent. These are slightly different depending if the offender is in custody or in the community.

2.4 Sharing information without consent – custody

2.4.1 For offenders in custody, it is legal and appropriate to share information without an offender's consent to prevent crime, such as where an offender's drug use is linked to their offending, and/or continued drug use on release is likely to increase the risk of further offending. Use of illicit drugs per se is not sufficient grounds to share information without the offender's consent.

2.4.2 The link between drug use and offending is likely to be clear from any assessments undertaken during the offender's involvement with the criminal justice system – assessments in custody suites ; assessments while the DMO is subject to Restriction on Bail (RoB); Pre Sentence Reports. If there is uncertainty, however, CJIT/CARAT workers should seek advice from their manager. They can also request supporting evidence from the offender manager, or other staff who have had involvement with the DMO, if the link between offending and drug misuse is unclear.

2.4.3 Information shared without an offender's consent should be restricted to what is required for the effective and safe management of the order/case. This is likely to include:

- that the offender is accessing CARATs
- that the offender has either refused or withdrawn from CARATs
- interventions that have been or are being delivered e.g. group work programmes,
- risk issues and plans to manage them
- assessment of future needs.

2.4.4 It is unlikely to include detailed personal information unless it is required for the effective and safe management of the order/licence. CARAT workers must not pass on information that is 'Medical - in Confidence' without authority from either the prisoner or the prison healthcare department.

2.4.5 Where information is shared, the CARAT workers must record what information has been passed on and why in the CARAT casework notes.

2.5 Sharing information without consent – community

2.5.1 This relates to offenders:

- on licence with a specific licence condition to address their drug misuse
- on licence without a condition to address drug misuse where seeking assistance with drug problems either as a part of the sentence plan or is otherwise known by the offender manager.
- on a community order.

2.5.2 With regards to the above offenders it is lawful to share minimum information without consent in order to manage the licence or order and for the “administration of justice” (i.e. to ensure that an offender is complying with their sentence plan and any additional licence conditions). CJIT and CARAT workers should ensure when seeking consent for the DIR and as part of care plan reviews that they bring to the attention of the client the arrangements for sharing minimum information without consent if they were to become subject to statutory supervision.

2.5.3 It is the responsibility of the OM to contact the CJIT to find out if the offender has been assessed recently (i.e. in previous 1 – 3 mths and is on the CJIT caseload). The OM sentence plan must record which drug agency (e.g. CJIT or community drug treatment service) will be delivering the interventions.

2.5.4 Provided it is necessary for the administration of justice (i.e. to ensure that an offender is complying with their sentence plan and any additional licence conditions) as a minimum information that should be shared should state:-

- if the offender is on the CJIT caseload
- if the offender is keeping appointments with their CJIT worker in line with their care plan
- Any risk issues.

3. Assessment and report preparation

3.1 Early identification of suitability for a DRR

3.1.1 If an offence is drug-related and a community sentence is proposed it should include a DRR (unless an offender is clearly unsuitable).

3.1.2 The earlier a drug-misusing offender has contact with drug services the sooner they can be supported into treatment with related support. DIP facilitates this.

3.1.3 Interventions introduced in some DAT areas such as conditional cautioning, drug testing on arrest, required assessment and restriction on bail (RoB) provide opportunities for drug misusing offenders to be identified earlier and targeted appropriately. It is particularly important to target offenders for a DRR who are made subject to RoB conditions and/or who are prolific and other priority offenders (PPOs) with a known drug misuse problem.

- 3.1.4 CJIT/CARAT workers play an important role in helping to identify potential DRR offenders pre-sentence, as well as having an influential role in preparing and motivating offenders if a DRR is to be proposed. CJIT/CARAT workers should give consideration to the offender's suitability for a DRR and refer where appropriate for assessment. They should raise awareness about the DRR and encourage offenders to give consent to sharing information from their triage assessment with Probation. This will facilitate early identification of potential DRR cases and speed up assessment. Drug users who are already on the CJIT case load must not be precluded from a DRR and must be considered for a DRR if they fit the criteria.
- 3.1.5 If an offender initially refuses to give consent to information sharing, the CJIT worker should ask again, highlighting the benefit of receiving a more appropriate sentence. Where consent is obtained a summary of the triage assessment recorded on the DIR form, and any other assessments undertaken by CJITS, CARATs or other treatment providers, should be made available to the PSR author before the report is prepared. This should also include the result of any drug tests, information relating to any other interventions being delivered and compliance with any RoB conditions.
- 3.1.6 Probation areas must also ensure that their local CJITs and CARATs are aware of who may be suitable for a DRR.
- 3.1.7 It is important that CJIT/CARAT workers are clear to whom information about potential DRR referrals should be passed. Probation areas should consider establishing a single point of contact through which information can be passed and disseminated. Arrangements for single points of contact are already in place for CJITs and prisons.
- 3.1.8 If the case meets the criteria for a 'fast delivery' report (FDR) it is still helpful to identify substance misuse at the time. Some probation areas complete the drug section of OASys at this point to achieve this. A DRR comprehensive assessment which addresses the need for a DRR must be available to the court if a DRR is to be proposed on the day. The FDR can otherwise be adjourned for five days in order for a DRR assessment to be prepared. On completion this can be submitted as an addendum to the FDR, thus avoiding the court adjourning for the three weeks necessary for a 'standard delivery' report (SDR).
- 3.1.9 Offenders remanded in custody may already be known to CARATs. CARAT workers should encourage offenders to agree to share information with probation. Given this consent, the CARAT worker will then be able to provide appropriate information to the PSR author.⁹ The PSR Author should contact the CARAT team to access this information. The prison establishment drug strategy should include copies of protocols that show pathways to enable this flow of information.

3.2 Assessment for a DRR

- 3.2.1 DRR assessments (which are 'tier 3' comprehensive assessments¹⁰ within MoC 2006), will usually be undertaken by the DRR-contracted treatment provider. Unless specifically contracted (see below) it is not CJIT's responsibility to carry out an assessment which is solely to determine whether an offender is suitable for a DRR. CARATs staff should not undertake DRR assessments.

⁹ Some information can be shared without consent see earlier in the guidance 2.2.1-2.4.5

¹⁰ Models of Care for Treatment of Adult Drug Misusers: Update 2006

- 3.2.2 With client consent, CJITs and CARATs¹¹ can share with Probation information from the DIR and any other assessments they may have completed to inform decisions regarding the proposal for a DRR.
- 3.2.3 Practice indicates that a full and clear understanding of the expectations of a DRR is a key factor in successful completion. Unlike voluntary treatment, failure to engage in treatment under a DRR can lead to sanctions. There are also minimum lengths of an order and contact hours and continuing review of the order by the court. It is important therefore that before giving their consent to the proposal for a DRR, offenders are fully informed by Probation of the legal and practical implications. This is not the responsibility of CJIT/CARAT workers though some knowledge about DRRs is helpful so that offenders who may be suitable can be encouraged to consider a DRR.
- 3.2.4 The DAT could commission a CJIT or other provider competent to undertake tier 3 comprehensive assessments to undertake DRR assessments. Such an arrangement would be over and above CJITs normal contracted responsibilities and not funded from DIP. This would be helpful where a Fast Delivery Report (FDR) requires a DRR-specific assessment to be made without adjournment. Some probation areas already have arrangements with their contracted treatment providers to do this. This does not apply to CARAT staff.
- 3.2.5 Assessors contracted to provide DRR assessments must:
- Be specifically commissioned by the DAT
 - Be competent to complete a comprehensive assessment (under MoC 2006)
 - Have local agreement with the DRR contracted treatment provider(s) and Probation that such an assessment is acceptable to them
 - Be able to inform offenders in detail about the requirements and expectations of a DRR
 - Ensure that the offender has also been seen by Probation so that the legal requirements have been explained and the expectations of the order can be reinforced.

3.3 Pre Sentence

- 3.3.1 To reduce the risk of the offender dropping out of treatment while awaiting sentence, it is important that drug treatment services and/or the CJIT continue to work with them. CJIT workers will seek to deliver and/or broker access to interventions that meet identified need. This may include motivational work alongside clinical prescribing. Depending on the length of time CJIT or other providers have been involved, it is good practice to have a three-way handover meeting if a DRR is made. Probation will then take over management of the order and the offender should be suspended from the CJIT caseload once appropriate clinical arrangements are operating.
- 3.3.2 If a DRR is not made, the CJIT, or CARATs team in prison, must review the existing care plan with the offender.

¹¹ Same as footnote number 8

4.1 Management of offenders subject to statutory supervision

- 4.1.1 When offenders are subject to any type of statutory supervision (e.g. community orders with or without a DRR, suspended sentence orders or licences) the OM is responsible for writing the sentence plan and ensuring it is delivered and for the overall management and enforcement of the order or licence. The OM will produce a written sentence plan covering drug treatment and other offending-related risks and needs within a maximum of 15 working days of the order being made or five working days for a 'prolific or other priority' offender (PPO) or a case assessed as posing a high or very high risk of serious harm. The sentence plan records what is to be delivered and by whom. It is reviewed by the offender manager at regular intervals as determined by probation national standards.
- 4.1.2 As the agency with overall responsibility for the case, Probation has an important role for safeguarding and well being of children. The OM must share information with Social Services and other agencies. Where there are risks of the offender being likely to cause serious harm this must be managed through local MAPPA arrangements.
- 4.1.3 If drug misuse has been identified the OM is responsible for ensuring that the offender is taking appropriate action to address their needs and ensure that drug treatment and related support needs (e.g. mental health) are integrated into sentence plans.¹²

4.2 Offenders subject to a community order with a DRR

- 4.2.1 DRR treatment and testing provision in England is commissioned via local Drug Action Teams (DATs) and funding is via a central contribution to the Department of Health pooled treatment budget (PTB). In Wales, probation areas contract directly with treatment providers.
- 4.2.2 The OM ensures that the care or treatment provided by different services is co-ordinated to provide an integrated approach. Information-sharing arrangements between the OM and the treatment provider should be detailed in the DRR contract or in protocols derived from it to support management of the Order and should be clearly explained to the offender at the start of the order.
- 4.2.3 In those cases where prescribing has been initiated through the CJIT but there is a different contracted provider for prescribing under a DRR, the CJIT prescribing should continue until the DRR provider takes over.
- 4.2.4 CJITs should not generally be delivering treatment for offenders on DRRs. This should be done by the contracted treatment provider, together with wrap-around support such as assistance with accommodation, basic skills, and employment training and education (ETE). In some cases part of the service contracted from the treatment provider may include access to ETE and other services.
- 4.2.5 As with DRR-specific assessments, CJITs can also be specifically contracted to deliver certain aspects of DRR provision e.g. Tier 2 MoC interventions for offenders with low treatment needs. These services need to be commissioned and funded by the DAT from the PTB in the same way as other DRR treatment. There must be separate contracts specifying what services are to be delivered by the CJIT (unless specified in the general

¹² The degree to which this can be enforced will depend on the nature of the order or licence.

CJIT contract). The funding allocated through the DIP main grant cannot be used for DRR delivery.

- 4.2.6 If the CJIT is commissioned (and separately funded) to deliver any services to DRRs, this must not be to the detriment of its mainstream services.

4.3 Breach of DRR resulting in remand or custodial sentence

- 4.3.1 If an offender subject to a DRR is either remanded in custody or sentenced to custody as a result of breaching the DRR the OM must contact the CARAT team in the prison. To promote continuity of care the OM must give the CARAT team details of the drug treatment the offender has been receiving, which will contribute and inform the CARAT triage assessment.

4.4 DRR offenders arrested for further offences

- 4.4.1 The DRR offender manager/DRR treatment provider may not have been informed that the offender is in police custody as a result of further offending.
- 4.4.2 If an offender, who is subject to a DRR, is arrested for a further offence they may have an assessment by a CJIT worker in the custody suite. This could be following a required initial assessment (under Section 9 of the Drugs Act 2005), following a positive drug test for heroin and/or crack/cocaine, or a voluntary assessment. It is unlikely in either case that the CJIT worker undertaking the assessment will know the offender is subject to a DRR.
- 4.4.3 If an offender has been required by the police to attend and remain at an initial assessment, or has voluntarily agreed to see a CJIT worker and be assessed, the CJIT will ask whether the individual is known to other agencies and/or on statutory supervision.
- 4.4.4 If the offender does disclose to the CJIT worker they are on a DRR, the CJIT worker must seek the offender's consent to inform their OM about their involvement with CJIT. If the offender refuses to give consent, as a minimum the CJIT worker should inform the OM that the offender has been assessed.
- 4.4.5 Ideally the offender will re-engage immediately with the DRR programme. This will however be dependent on how long they have been out of contact with probation and the DRR treatment provider. Discussion with the OM and/or DRR treatment provider will inform CJITs what action is most appropriate.
- 4.4.6 If an offender does not disclose to CJIT staff they are on a DRR during the assessment, the CJIT worker will identify any interventions needed as they would for a client not on a DRR. Offenders will be encouraged to consent to the CJIT worker sharing information with relevant agencies.

4.5 DRR offenders made subject to Restriction on Bail (RoB)

- 4.5.1 This provision applies to offenders in certain areas following arrest, charge and a positive drugs test for heroin or cocaine/crack cocaine. RoB will become a consideration when the offender is brought to court.

- 4.5.2 In cases where the offender has disclosed they are on a DRR, the CJIT worker should liaise with the OM to confirm that the offender is complying with their DRR and can return to their treatment programme immediately (pending a bail decision). The CJIT worker or OM should ensure that the Crown Prosecution Service (CPS) informs the court that the offender is subject to a community order with a DRR and whether they are complying with its requirements. If the court decides that bail is appropriate, the court is obliged (unless satisfied that the offender will not re-offend while on bail) to impose bail with RoB conditions even if the offender is complying with their DRR.
- 4.5.3 If granted bail with RoB conditions, the offender has to undergo an assessment with a CJIT worker (if this has not already taken place) and agree to participate in any follow-up. The CJIT worker and OM (or DRR treatment provider) should liaise and share information about the offender and ensure that requirements under RoB do not clash with DRR appointments. The CJIT is responsible for ensuring that the offender complies with their RoB conditions and take breach action in relation to RoB, if appropriate, in line with the Operational Process Guidance for Implementation of Testing on Arrest, Required Assessment and Restriction on Bail (August 2007).
- 4.5.4 If an offender discloses they are on a DRR but are not meeting the requirements (in breach or unlawfully at large) and are made subject to RoB, they may not be able to resume their DRR treatment immediately. The CJIT worker must inform the OM who will arrange for an assessment by the OM and/or the DRR treatment provider. This information should be passed to the court via the CPS. If RoB is imposed, and/or if the offender is taken onto the CJIT caseload pending breach proceedings for the DRR, the CJIT worker should keep the OM informed of the offender's progress, even if the offender refuses consent for this information to be passed on. The OM should also maintain contact with the offender, as far as practicable, until the outcome of the breach hearing.
- 4.5.5 Where the offender has not disclosed they are on a DRR and are out of contact with their OM/treatment provider, the CJIT worker will ensure that the offender complies with their RoB conditions. This will include the offender undergoing a relevant assessment with the CJIT worker and participating in any follow-up. The offender could (if assessed as needing treatment) be taken onto the CJIT caseload. Further action would be dependent on assessed need.

4.6 Offenders on community rehabilitation orders (pre CJA 2003) and community orders without a DRR

- 4.6.1 Unlike the DRR, there will not generally be any specific drug treatment provision contracted by Probation. These offenders are entitled to access DAT-commissioned drug treatment (as can other drug users in the community) through self-referral and/or referral by the OM or CJIT worker.
- 4.6.2 If the offender is on the caseload of the local CJIT or the local drug treatment service, a named worker will undertake the keyworker /care co-ordination role for drug treatment and related support needs.
- 4.6.3 The OM should agree with CJIT (or other relevant) staff who has responsibility for delivering other aspects of the sentence plan, (accommodation, basic skills, ETE, etc) so that the offender has clear expectations and duplication of effort is avoided. Probation may also have information (such as risk issues, child safeguarding and offending behaviour) that may need to be incorporated into the care plan. Changes to the latter should not be made without discussion with the offender manager.

4.7 Offenders serving custodial sentences

- 4.7.1 Probation and prisons should have arrangements in place to ensure that relevant information reaches CARATs and prison healthcare in good time, especially if there are urgent issues around medication.
- 4.7.2 Following a custodial sentence the court duty probation officer should fax a copy of the PSR and other relevant information to the prison within 24 hours of sentence. Local protocols need to make clear that copies of this should be provided to the CARAT team if required. The court duty officer is also responsible for alerting prisoner escort custody staff and the prison to any immediate risk of harm issues.¹³ The court duty officer will inform the OM promptly of the result of each court appearance.
- 4.7.3 If the offender has recently been subject to a DRR or other statutory supervision and receiving drug treatment, the OM should contact the CARAT team in the prison and pass on this information, with relevant contact names.
- 4.7.4 CARAT workers should encourage the offender to allow the sharing of relevant information. This includes information regarding any treatment delivered in prison or planned for release (see 2.4.1- 2.4.5). This is crucial for the OM when considering if additional licence conditions are necessary. The OM and CARAT worker should liaise early in the sentence regarding sentence planning (in custody and on release). In those cases where the offender has been allocated an offender supervisor in the prison,¹⁴ the latter will undertake most of the liaison with CARAT staff on behalf of the OM.
- 4.7.5 All offenders sentenced to 12 months' custody and longer and all young offenders up to and including age 21 will be on statutory supervision when they are released. They are released on licence (adults) or a notice of supervision. Offenders sentenced to less than 12 months custody and are not young offenders (as detailed above) will not be subject to any form of statutory supervision.
- 4.7.6 Licences include standard conditions such as
- keeping in contact with the offender manager
 - informing him/her of any change of address
- and may include additional conditions such as addressing problems with drugs.
- 4.7.7 An offender cannot have a licence condition to receive treatment as they can on a DRR. It is however possible to have a licence condition to address their problems with drugs.¹⁵
- 4.7.8 For offenders who are classified as PPOs who are over 18, on licence for committing a trigger offence and have a class A drug problem It is possible to have a licence condition to be tested for class A drugs (heroin and cocaine/crack cocaine).

¹³ Risk to members of the public – including identified individuals – to staff, or to the offender.

¹⁴ That is, when the NOMS Offender Management Model is operational

¹⁵ Young Offender Notice of Supervision. Offenders under 21 when sentenced and under 22 when released will be on a minimum of 3 months licence.

¹⁵ Reference probation Circular PC 29/2007

- 4.7.9 The OM is responsible for ensuring release planning for substance misuse and related needs is carried out in partnership with key staff in the prison including the prison probation team, personal officer or offender supervisor, CARAT team, resettlement staff, and staff outside, such as the local CJIT/drug treatment provider. Discussions should include consideration of additional licence conditions. CARAT release plans should be informed by the OM overall release plan and be shared with treatment providers.
- 4.7.10 The OM in the community is responsible for overall case management and sentence planning. CARAT teams must work effectively with all prison departments and OMs if the offender is to be released subject to supervision, to ensure drug support/treatment needs are met both in custody and on release. OMs must approve any arrangements for accommodation, referrals to residential drug rehabilitation that CARATs, CJITs or other drug treatment providers may make on behalf of the offender. The OM can request that CARATs staff to attend a sentence planning or review meeting.
- 4.7.11 If an offender subject to licence on release does not consent for information to be passed to the OM (and the case does not fall within the parameters for sharing information outlined in section 1 above) – CARAT workers must not arrange accommodation or refer to residential treatment.
- 4.7.12 Where appropriate, offenders needing access to drug treatment or related support through local drug treatment services or through CJITs in the community should be referred in line with local protocols which includes the single point of contact (SPoC) for the relevant CJIT.
- 4.7.13 The CJIT will consider whether the offender is to be taken onto its caseload. This decision is based on the drug-related needs of the individual and the capacity of the CJIT. Where the offender is taken onto the caseload, the CJIT will provide or broker other interventions, as appropriate. Plans for ongoing support and wraparound in the community and wraparound services should consider
- what contact is needed prior to release
 - meeting at the prison gate
 - whether the releasing prison is far from home and possible increased risk of relapse.
- 4.7.14 The OM will need to be informed of arrangements made by CJIT staff, if the offender is going to be met at the prison gate on release so as not to conflict with any reporting requirements given by the OM (licensees are usually required to report to probation on the day of release).
- 4.7.15 If an offender is transferred to another prison, the CARAT team in the transferring prison should ensure the CARAT team in the receiving prison are aware of the offender's needs. CARAT teams must follow procedures outlined in the CARAT specification and CARATs Practice Manual.

4.8 Offenders on licence

- 4.8.1 If there is either an additional licence condition to address substance misuse or the offender is accessing community drug services under the general licence conditions the OM will need to be assured that the offender is complying with their conditions in order to manage and enforce the licence.

- 4.8.2 The OM will produce a written sentence plan which will include how the offender will seek to address their drug misuse and other offending-related risks and needs in keeping with NOMS national standards timescales.
- 4.8.3 It is the responsibility of the OM to contact the CJIT/treatment provider to agree how and when they will request information regarding an offender's contact.
- 4.8.4. OMs must approve any arrangements such as for accommodation, referrals to residential drug rehabilitation or skills and employment that CJITs or other treatment provider may make on behalf of the offender.

4.9 Recall to custody

- 4.9.1 An offender on licence will be recalled to custody in line with NOMS National Standards where they fail to comply with the terms of their licence. This will take place immediately where the failure to comply indicates heightened risk or after the third unacceptable failure to comply in any 12 month period on licence. Recall is instigated by the OM sending a breach report to the Post Release Section of the Ministry of Justice. The report will be considered by the Post Release Section who will action the request on behalf of the Secretary of State. Young offenders on Notice of Supervision are recalled through breach proceedings at the Magistrates Court.
- 4.9.2 A decision to recall an offender should be made in consultation with other agencies involved in delivering key parts of the sentence plan other than in exceptional circumstances where recall needs to be expedited. The OM should prepare a breach report confirming details of the breach as soon as possible and this may include reference to information from other agencies. A recommendation for recall needs to be endorsed by an assistant chief officer (or equivalent).
- 4.9.3 Once a licence has been revoked the offender is unlawfully at large and the police are required to return them to custody. The time taken for this can vary, for emergency recalls this is expected to be within 48 hours and for standard recalls it is expected to be within 96 hours. CJITs or other agencies might come into contact with an offender whose licence has been suspended i.e. at assessment. If they are aware that a warrant has been issued they should as a minimum notify the OM and also encourage the offender to surrender themselves to the police. The same principle applies where a warrant has been issued in respect of a breach of a Community Order.
- 4.9.4 When the offender is returned to prison the OM should notify the CARAT team that the offender has drug-related needs.

5. Planning for treatment needs after statutory supervision

- 5.1 Before the end of supervision (within the last two months) the OM will plan with the offender what needs to happen when the order/licence is completed.
- 5.2 These discussions may also need to involve the treatment provider. Where there are drug-related needs the OM should refer the offender to the CJIT or other drug treatment services (if not already engaged). Following an assessment, they will seek to identify what support could be provided and/or broker access to this, ensuring that the offender is given an appointment if necessary and relevant information (such as contact details of the CJIT 24/7 out of hours phone line for clients).

- 5.3 If the offender has previously been on the CJIT caseload and the case has been suspended (as in the case of DRRs), it may be reactivated.
- 5.4 The offender manager should record in the final sentence plan review (and in the final review report to court where relevant) what interventions have been arranged if there are ongoing drug treatment needs at the end of the order or licence.

Annex A: Other Relevant Guidance

- CJITs and DRR/DTTO Clients: Case Management and Monitoring and Research Issues. Q&A guidance July 2006
- Delivery of the DIP in Prisons June 2006
- Integrated Drug Treatment System Continuity of Care Guidance (DH, NOMS and HMPS, 2006)
- CARAT Specification 2004 (to be updated 2007)
- CARATs Practice Manual 2005
- CARATs Casework Guidance Notes (2006)
- Models of Care for Treatment of Adult Drug Misusers update (2006) NTA
- Care Planning Guidance NTA (2006)
- PC 57/05 Effective Management of the Drug Rehabilitation Requirement (DRR) and Alcohol Treatment Requirement (ATR)
- National Standards For The Management of Offenders (2007)
- Partnership Guidance: Aligning the Prolific and Other Priority Offender (PPO) Programme and the Drug Interventions Programme (May 2007). (October 2007)
- Operational Process Guidance for Implementation of Testing on Arrest, Required Assessment and Restriction on Bail (August 2007).
- The Drug Interventions Record – Background Information for CJITs and CARATs (April 2007).
- Implementation of this guidance should take account of the new Drug Strategy 2008 when it is published.

For more details, please visit <http://drugs.homeoffice.gov.uk/>

Annex B: Glossary

CJITs	<p>Criminal Justice Integrated Teams: The CJIT is the key local delivery mechanism of the Drug Interventions Programme in the community. They are established by the DAT, comprising workers from a range of disciplines with a range of competencies and skills. A typical team might include: drug workers based in police custody suites or courts (arrest referral workers), case managers, those with specialist knowledge of housing issues, mental health, education, training and employment, family support, outreach workers working in the community, dedicated PPO case managers etc. CJITs provide interventions in line with NTA Models of Care for Treatment of Adult Drug Misusers Update (2006), and deliver ongoing support through case management arrangements in order to facilitate engagement in structured drug treatment and where appropriate provide ongoing support when treatment has been completed.</p>
CARATs	<p>CARATs (Counselling, Assessment, Referral, Advice and Through Care Teams) is a specialist support and advice service intervention that creates a Care Plan based on the specific needs of an individual prisoner. If assessed as necessary, prisoners will be referred to more intensive treatment programmes. Available in all prisons holding adults 18+, in England and Wales. CARATs are the key workers/case managers for all drug treatment interventions in prisons and represent the key through-care link, linking with the community through CJITs. They provide interventions in line with the NTA Models of Care for Treatment of Adult Drug Misusers Update (2006).</p>
OMs	<p>Offender Managers: The person with allocated responsibility for assessing what each offender requires; for planning and for co-ordinating that delivery; as far as can be assured, the same person throughout any single period of continuous engagement with NOMs. OMs have overall responsibility for the management and enforcement of the order or licence.</p>
OM	<p>Offender Management: The application of the general concept of case management to the particulars of working with offenders in NOMS. Whereby one person determines the overall direction “shape” of the sentence. Others may deliver specific elements of the sentence, within the framework of a single sentence plan.</p>
Sentence Plan	<p>The single plan, informed by OASys and drawn up by the offender manager, which spans the whole sentence, and which describes what is to be done by whom and when, in order to achieve all the objectives for which the sentenced to be implemented was passed.</p>
DRR	<p>Drug Rehabilitation Requirement: One of the 12 requirements which can be part of a community order. Introduced under the Criminal Justice Act (CJA) 2003 for offences committed on or after 4th April 2005. Replaced the Drug Treatment and Testing Order (DTTO).</p>
DTTO	<p>Drug Treatment and Testing Order. Community sentence gradually replaced by the Drug Rehabilitation Requirement for offences committed on or after 4th April 2005 (CJA 2003)</p>
DIP	<p>Drug Interventions Programme</p>

DMO	Drug Misusing Offender
PSR	Pre Sentence Report is a report which is undertaken with a view to assisting the court in determining the most suitable method of dealing with an offender. A PSR is often referred to as a standard delivery report.
FDR	Fast Delivery Report. This is a Pre-Sentence Report where the presumption is that the complexity factors and risk of serious harm are insufficient to warrant a more in depth standard delivery report. FDRs be written on the day of court or within five days of an adjournment.
OASys	Offender Assessment System: This is the standard assessment tool for the National probation Service.
DIR	<p>Drug Interventions Record (DIR). The DIR is the key tool for continuity of care and monitoring and research in relation to the Drug Interventions Programme for CJITs and CARATs. It has three main roles. They are to:-</p> <ul style="list-style-type: none"> • Facilitate and improve standards of continuity of care for drug users, and minimise duplication of assessments, especially when they are moving between custody and community but also when information is passed between case managers and/or treatment providers. • Support the monitoring and research functions around the Drug Interventions Programme in line with the Programmes, and other related performance management frameworks. • Be the Substance Misuse Triage Assessment (SMTA) form to be used for all CARAT (and clinical where IDTS is in operation) clients, whether or not they are likely to become clients of the CJIT in their home area of residence. <p>The DIR is a suite of forms which includes:</p> <ul style="list-style-type: none"> • Initial Contact Form • RA Assessment Form - Required Assessment • Activity Form • Continuity of Care Update form.
RoB	Restriction on Bail reverses presumption of bail for those who have tested positive unless they agree to undergo an assessment and any proposed follow up (treatment and/or other support) unless the court is satisfied that the defendant will not re-offend while on bail. Those who test positive in the custody suite and live in England will be eligible to be considered by the courts.
DAT	Drug Action Team
MoC (2006)	Models of Care for Treatment of Adult Drug Misusers (NTA 2001) set out the national framework for commissioning treatment of adult drug misusers in England, describing best practice in drug treatment provision. Models of Care for Treatment of Adult Drug Misusers: Update 2006 is an update of MoC 2002 and is intended to build on the framework and concepts in Models of Care 2002 rather than replace them. It requires drug treatment commissioners and providers to have implemented the key tenets previously described in Models of Care 2002, including:-

- The four-tiered model of commissioning
- Local screening and assessment systems
- The care planning and coordination of care at the heart of structured drug treatment
- The development of integrated care pathways.

MAPPA	Multi agency public protection arrangements
PTB	Pooled Treatment Budget Funding for drug treatment services is not commissioned centrally. Instead, combined funding from the Home Office and the Department of Health, known as the Pooled Treatment Budget (PTB), for drug treatment services is allocated annually to Drug Action Team Partnerships (DATs). Allocations to Drug Action Teams (DATs) are made on a formula basis that recognises key deprivation factors, ensuring the money goes to the areas most in need. DATs then commission treatment services to meet the assessed needs of individuals in their area. Funding from PTB allocations is supplemented by mainstream funding from the National Health Service.
CPS	Crown Prosecution Service
SPoC	Single point of contact: Unique contact point established currently in the community (delivered through the CJIT) and each prison to receive information by phone or fax from those working in different parts of the criminal justice system as well as drug treatment services. Details of the SPoC are updated monthly and circulated by DIP to DATs/CJITs, and by NOMs Drug Strategy Team to establishments.
DH	Department of Health
NTA	National Treatment Agency for Substance Misuse: A special health authority created by the government in 2001 to improve the availability, capacity and effectiveness of treatment for drug misuse in England.
PC	Probation Circular: Guidance to Probation staff regarding operational and practise issues
CJA (2003)	Criminal Justice Act (2003)
NOMS	National Offender Management service
NPS	National Probation Service
PPO	Prolific and other Priority Offenders

Annex C: PROBATION/CJITs/CARATS Checklist

Local Protocols between Probation, CJITs and CARATs should specify:	
Arrangements to promote the early identification of drug misusing offenders who may be suitable for a DRR. This involves specifying arrangements to ensure that all appropriate offenders (particularly those subject to RoB), who are identified by a CJIT pre-sentence and who give their consent, are referred to Probation.	
The processes for referral and sharing of information regarding potential DRR cases from CJIT/and CARATs to Probation staff.	
How communication regarding a potential DRR referral and other relevant information is passed by CJITs/CARATs to Probation. They should also specify communication channels for the referral and management of non DRR offenders e.g. those on licence and those offenders on Community Orders without a DRR requirement who have a problem with drugs. CJIT, CARATs and probation staff should be clear about line management for holding staff to account for complying with agreed processes.	
The processes for sharing information about offender's attendance with the CJIT (i.e. when attending CJIT as part of the sentence plan), and CARATs.	
Details of who is contracted to undertake assessments for DRRs and in what timescales.	
Responsibility and procedures to enable the OM to determine if an offender is in contact with the local CJIT and feed back on their attendance, or if they have been in contact with CARATs in custody.	
The processes for sharing information with consent (or without consent) between Probation/CJIT/CARATs regarding offenders ongoing treatment needs (e.g. during a sentence or period of supervision, on release from custody and at the end of supervision) and information about any arrangements for treatment that have been put in place.	
That all problem drug users on licence will be given information on local contact numbers including arrangements where available of the CJIT 24/7 client phone line or relevant out of hours arrangements.	
The line management arrangements for holding staff to account for complying with processes and procedures detailed in the protocol.	
The process by which CJIT and CARAT staff are informed of the criteria for a DRR and some general information about the expectations of a DRR, in order to be able to identify and promote the DRR to potential offenders.	
Relevant protocols between CJIT (or other treatment provider) and OM to ensure that arrangements regarding enforcement and breach decisions are agreed, are clear with the offender, and are outlined in the sentence plan.	

Good Practice Ideas for Probation areas to consider:	
Sending a copy of the PSR request form with the information regarding CJIT contact to the DRR team/OMs to flag up a potential DRR assessment. This can also reduce delays in the DRR/DTTO assessment process.	
Establishing a Single Point of Contact through which information from the CJIT/CARAT can be passed and disseminated to the relevant personnel.	
Making available a blank drug section page of OASys to the local CJITs so they are clear what the referral trigger point is (e.g. a score of 4+ or using a class A drug either weekly or daily and offending related to drug use). Some areas have agreements with CJITs that the CJIT will complete a blank drug section of OASys (or an amended form) and pass the completed forms to probation either to assess for a DRR or track through court if the offender is using a class A drug either daily or weekly.	
Having a pro forma consent form which the offender can sign at initial contact.	
If the case meets the criteria for an FDR it is beneficial to be able to identify substance misuse at the point that the FDR is prepared. Some areas complete the drug section of OASys at this point in order to assist in the early identification of substance misuse. A comprehensive (DRR specific) assessment must be available to the Court if a DRR is to be proposed on the day.	