DRUG INTERVENTION PROGRAMME

AND

PROLIFIC AND OTHER PRIORITY OFFENDERS PROGRAMME

EMERGING PRACTICE AND LESSONS LEARNED

Drug Interventions Programme
Home Office
Last updated: April 2006
<table>
<thead>
<tr>
<th>SECTION</th>
<th>TITLE</th>
<th>Page No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>Summary of findings</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>DIP / PPO – details of local schemes:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bristol report</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Bristol case study</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Camden report</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Camden case study</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Hartlepool report</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Hartlepool case study</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>Lambeth report</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>Lambeth case study</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>Leeds report</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>Leeds case study</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>Leicester report</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td>Leicester case study</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>NE Lincolnshire report</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>NE Lincolnshire case study</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td>Peterborough report</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>Peterborough case study</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>Salford report</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>Salford case study</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>Sandwell report</td>
<td>46</td>
</tr>
<tr>
<td></td>
<td>Sandwell case study</td>
<td>47</td>
</tr>
<tr>
<td></td>
<td>Slough report</td>
<td>48</td>
</tr>
<tr>
<td></td>
<td>Slough case study</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>Tameside report</td>
<td>52</td>
</tr>
<tr>
<td></td>
<td>Tameside case study</td>
<td>54</td>
</tr>
</tbody>
</table>

Annex A  List of Contacts  55
Annex B  Further Information  56
1. INTRODUCTION

1.1 This paper is work in progress or a “living” document which aims to provide examples of emerging practice and lessons learned in relation to the working partnerships between CJITs and PPO teams in effectively case managing drug misusing PPOs. This first version (March 2006) has been drafted from reports and case studies supplied by the 12 areas who received extra DIP/PPO funding and DIP is very grateful for all of their contributions. It also draws on the information shared at the two DIP/PPO Forum meetings held in June and November 2005 and site visits to a number of the areas.

1.2 The intention is to continue to gather information from areas across England and Wales and to review and revise this paper regularly as a way of sharing practice and problem solving. The date of the latest update will always be shown on the cover page. All readers are invited to send comments and contributions, including updates to Annette Roche.

Steve.polly@homeoffice.gsi.gov.uk or Annette.roche4@homeoffice.gsi.gov.uk

Background

1.3 The Drug Intervention Programme (DIP) and the PPO Programme are complementary in their shared objective to reduce drug related offending by diverting PPOs into treatment, rehabilitation and other support services. There is a clear cross-over between their target client groups:

- In many high crime areas over 85% of PPOs are also problem drug users
- nationally 67% of PPOs indicate drug use as a factor in their offending in OASys assessments
- 75% of people entering prisons are drug users.

1.4 At a local level, CJITs and PPO schemes work closely together to:

- Achieve the greatest impact on PPOs’ drug use and related offending behaviour
- Make the best use of local resources
- Realise the most significant crime reduction and health outcomes
- Make the most positive impact on local communities

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

1.5 In order to support effective CJIT/PPO partnership working, DIP provided additional funds to 12 areas during 2004/05 and 2005/06 with the intention of learning from them and sharing with all other areas their experiences and results.

£1.5 million was shared between the following 12 DAT areas:
1.6 Section 2 of this document contains an overview of lessons learned and Section 3 details the approach taken in each area to the task of forging closer working relationships between the CJIT and PPO teams, lessons learned and any emerging good practice. Where case studies are available these have been included to demonstrate the work of the schemes in these areas.

1.7 This document does not seek to be a definitive guide to what works and to this end we would be grateful to receive, from any local schemes, further information, case studies, websites, newsletters on any good practice resulting from their local work. Our intention is to provide up-to-date and regularly refreshed information on www.drugs.gov.uk

DIP PPO Partnership Guidance

1.8 In August 2005, partnership guidance was issued to Drug Action Teams (DATs), Criminal Justice Integrated Teams (CJITs) and Prolific and Other Priority Offender (PPO) schemes. This guidance sets out the importance of a fully integrated partnership approach between CJITs and PPO schemes and focused on some key issues, to be addressed at a local level, to ensure the most effective joined-up approach on the ground. That document has now been updated and will be available alongside this document on www.drugs.gov.uk
2. SUMMARY OF FINDINGS

Team Structures / Relationships / Governance:
• Co-location of the CJIT and the PPO team is key to effective:
  • joint working / case management
  • information sharing
  • caseload management
  • client access to wrap-around services
  • problem solving
• Representation of each team on relevant steering groups not only allows for strategic input but also gives the right messages about integration
• Teams must develop an understanding of how effective partnership working can help to deliver everyone’s aims and objectives
• Different team models work well in different areas. Identify what works for your area – considering resources, locations, priorities, skills, client groups etc
• Effective partnerships drive up multi-agency working through having clearly defined roles and responsibilities. Joined up working does not mean everyone doing each other’s jobs.
• Joint team meetings / representation at each other’s team meetings from CJIT / PPO team at each other’s meetings facilitates mutual understanding, effective communication and prompt problem solving
• Joint training across the different teams ensures joined up case management through a clearer understanding of the end to end process and individual roles within it and helps build broader partnership identities
• Recruiting and retaining highly competent staff is especially important when working with the PPO cohort because of their potentially more complex needs and the requirement for a more intensive response
• Shared tools e.g. risk assessments, needs assessments help to build partnership working, aid continuity of care / case management and make best use of local resources
• Non-identifiable data may be used for intelligence purposes to support broader partnership work (see West Yorkshire)

Communications
• Frequent, open and regular communication between the two teams develops a culture of trust
• Effective communication also allows issues / challenges to be dealt with before they become problems
• Communications strategy might include joint training, shared newsletters / feed-back, attendance at steering groups, input to case conferences etc
• Provide training for solicitors, magistrates, clerks of court etc to “sell” the benefits of PPO/CJIT work
Case management

- Sharing information between teams, on a “need to know” basis and using appropriate information sharing protocols must happen. This enables effective offender management and client progress with care plans and builds trust and respect between partners, without compromising any party’s professionalism.
- Regular and assertive contact with the PPO in order to review their behaviour, care plan and offender management approach is needed with this client group.
- Each DIP/PPO client should have access to an integrated team and an appropriate range of services, providing seamless and holistic case management.
- Case managers must take an holistic view of the individual client’s issues/needs.
- Positive engagement and real progress depends on the building of trust and credibility between the PPO client and the workers in the partnership. This can be achieved through each client having a specific case worker / key worker, who builds a relationship and is the link to other team members / services.
- Partners must accept and understand that relapse will occur with PPOs, given how entrenched their drug use and offending might be, and they must be ready to respond appropriately.
- Use of a standard information template can facilitate monthly case reviews (see Leeds).
- Information sharing protocols may work well across whole county / police force areas, not just partnership areas (see West Yorkshire).
- Mi-case, or other operational tracking databases which partners can share with appropriately limited access, can assist case management.
- Consider using early intervention and outreach even when client not currently involved in Criminal Justice System but identified as PPO because of offending history and/or intelligence.
- Multi-agency meetings to “vote” on PPO nominations ensures only those with commensurately serious offending and impact on community are identified.
- Work with prisons and NOMS to facilitate moves to home prisons near to client’s release date to help release planning and continuity of care / case management.
- Maintain contact during custodial sentence.
- Have integrated services meetings to address any blockages in service provision.

Wrap-around services – examples of good practice

- Using financial incentives to encourage employers to take on PPOs and to encourage the PPO to stay in employment (see Salford).
- Having a dedicated PPO prescribing slot to avoid any problems around prioritisation.
- Having the services within the partnership of a housing specialist, to assist the PPO with that aspect of resettlement and rehabilitation and to ensure that suitable accommodation is able to contribute to sustaining other areas of progress.
- Making accommodation links across boroughs / neighbouring areas so client can move away from peer group if appropriate (see Slough).
• Being imaginative about arranging leisure activities – it is vital to fill the time the client previously spent on drugs and offending
• Using community volunteer and mentoring schemes as ways of engaging PPOs and providing extra support to the key worker’s role
• Accessing the benefits of Comprehensive Rent Deposit Model and furniture provision schemes

Outstanding challenges

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information sharing remains a challenge in some areas</td>
<td>See Camden and Hartlepool for examples of appropriate protocols and how this can work</td>
</tr>
<tr>
<td>Tracking PPOs who leave the area</td>
<td>see Lambeth for assistance with this</td>
</tr>
<tr>
<td>Obtaining better buy-in from court staff</td>
<td>See NE Lincs for example of solution</td>
</tr>
<tr>
<td>Problems with cross-border offenders not always being identified as PPOs in all areas where offending occurs</td>
<td>PPO Central Team are going to be looking at this with the help of practitioners from local areas</td>
</tr>
<tr>
<td>Better links needed with Performance Management Frameworks</td>
<td>PPO Central Team are going to be addressing this</td>
</tr>
<tr>
<td>Difficulty in having direct contact with PPOs in prison a long way from home</td>
<td></td>
</tr>
<tr>
<td>Release dates from prison not always known or changed without notice means PPO not met at prison gate and can lead to a less effective release plan</td>
<td>See Hartlepool for how they address this issue</td>
</tr>
<tr>
<td>Registered Social Landlords resisting having Substance Misusing PPOs</td>
<td>See Slough for work they are doing</td>
</tr>
</tbody>
</table>

This list is by no means exhaustive. We would be both grateful to receive information on where you have found a solution to similar problems and happy to list other challenges you face that a new reader may have already tackled and can provide much needed advice for.
3. DIP / PPO – Details of Local Schemes

**Bristol**

Bristol used their additional funding to fund the following:

1. Social worker
2. DIP Housing workers
3. Admin Officers
4. Increase in treatment capacity
5. IT equipment

**Team Structure & Relationships:**

- A team of three probation officers, six probation service officers, a manager and administration staff are located alongside the police intelligence staff in central Bristol. The CJIT team have a central base in a separate building but the majority of CJDWs are based in Police custody suites. The POU and CJIT managers meet on a monthly basis to ensure policies practices and procedures are identical in the two teams. There is a third operational team based within Probation who case manage all DTTO/DRR cases. All PPOs in Bristol are drug misusers and the PPO team’s work in tackling their drug use therefore mirrors the work of the CJIT with non-PPO clients.

**Overview of Approach Taken:**

- Potential PPOs are referred to the PPO unit. Their offending behaviour is measured against a matrix and those deemed to fit the local criteria are accepted onto the scheme. Once on the scheme the PPO offender managers case manage and care co-ordinate their clients. This includes all statutory supervision as well as assessment and referral into treatment or wider wrap around services. The PPO offender managers are all competent to carry out assessments and referrals. Every client is managed using a DIR form and the local case tracking IT system is used to record and manage their treatment requirements. Where a client is to be considered for residential rehab a referral is made to the community care assessors based in the CJIT. Where clients are deemed no longer to be PPOs the case will be transferred to the CJIT if there are continuing treatment needs. Identical processes are used by both the PPO and CJIT teams to care co-ordinate their clients and they are referred to the same treatment and service provision. Where there is competing demand for services, PPO clients receive priority for rapid Perscribing Services. If there are too many referrals received for the available places then PPO clients are prioritised over CJIT care clients. Staff within the PPO and CJIT teams receive joint training in care co-ordination and local treatment pathways.
Lessons Learned:
- Delays in the recruitment of community care assessors resulted in long waiting lists. Temporary care assessors were appointed and waiting lists were subsequently reduced.
- Prolific Offenders Unit (POU) supervisors were not being copied into a weekly circulation detailing rapid prescribing availability. Treatment agencies were informed and POU now included on their circulations.

Emerging Good Practice:
- Dedicated offender managers working in POU with very close links and same processes as CJIT case managers.
- Priority given to PPOs by community care assessors. There are two community care assessors. One is funded from the main DIP budget the other is funded from the DIP/PPOs budget. The two members of staff are located in the CJIT office and assess all cases from the CJIT and PPO who require residential rehab. As with access to all DIP funded services PPO clients receive priority. Prioritisation is based on clinical need and DIP/PPO have an agreed list of conditions to be considered. Criminal Justice needs are classed as category 2 (risk of offending). It is found that most PPOs have a clinical need that prioritises them and it is rare that this category is used.
- A series of three stakeholder days with representatives from POU, CJIT and probation DTTO/DRR team where the processes of each team were explored and similarities discussed. This led to excellent relationship building.
- An outside consultant led training session on care co-ordination attended by staff from POU, CJIT and Probation DTTO/DRR
- Prioritisation into all treatment and wrap around services including community care assessments for identified PPOs. - At present access for DIP clients to treatment is generally within target waiting times. Locally we have agreed a list of priority for access to treatment and services if demand out strips supply. In all cases PPO clients will receive priority access
- Monthly operational meetings between The CJIT and POU manager. All POU cases are now on the DIP case tracking IT system which enables electronic referrals between teams and with treatment providers

Bristol Case Study 1
Offender Profile: 40 year old Male

History - Offender’s first conviction was at the age of twelve and since then, he has had 32 court appearances for which he has been convicted of 93 offences. Many of these offences relate to dwelling burglary. Intelligence states that these offences were committed in order to fund a drug addiction that was mostly based on heroin, but also included the use of crack cocaine. This addiction at times was costing the offender several hundred pounds each day.

In March 2001, the offender was released from prison after a sentence relating to dwelling burglaries. Almost immediately, he resumed his drug use which quickly spiralled out of control. Within a short time of his release, there was a dramatic
increase in the number of dwelling burglaries in Bath. Analysis of these crimes indicated a common M.O. in the vast majority of offences.

During a six month period, 141 intelligence reports were received, indicating that the offender was responsible for most of the burglaries. When this intelligence was combined with the analysis of the burglary M.O.’s, it became possible to identify offences for which the offender was responsible, reasonably accurately. Over the following months, until his eventual arrest, it was estimated that the offender was committing between two and four dwelling burglaries a day. Many of these offences were night-time “creeper” burglaries, often with the householders asleep in the premises.

The offender would steal cash, jewellery and cash point cards with PIN numbers if he could find them. That same night he would go to a cash-point and withdraw the maximum amount of cash permitted. Latterly during this period, he would also steal the householder’s car, using keys he would find in the premises.

It is a conservative estimate that during this period of liberty, the offender was responsible for the theft of well in excess of £100,000’s worth of property.

During the analysis of the burglary M.O.’s, it also became obvious that the offender was very forensically aware. He always covered his shoes, to avoid leaving shoe marks and would wipe surfaces to remove finger marks or biological evidence. There were no forensic enquiries available in relation to any of the offences.

After identifying the offender as the most likely suspect for these offences, a number of operations were set up in order to affect his arrest. This would involve the following methods:

i. Targeted patrols
ii. Tasking of C.H.I.S’s (resulting in reward payments)
iii. Warrants executed at the addresses of drug dealers/handlers to recover property.
iv. Surveillance on the offender’s home address
v. Technical enquiries (surveillance on cash points)
vi. Forensic examination of recovered STOVECS
vii. Night-time, plain clothes operations

All of these methods were very personnel intensive and resulted in considerable financial expenditure by the force. Owing mainly to the fact that the offender was random in selecting areas of Bath to commit burglaries, the fact that identifiable property was quickly disposed of and the timings of the offences, close surveillance was difficult. These enquiries were fruitless.

In December 2001, another surveillance operation was mounted, incorporating the Force Targeting Team. In total, twenty-five officers were involved. As the result of this operation the offender was seen to commit a night-time burglary and was subsequently arrested.
Case Management - May 2002, the offender was convicted of two dwelling burglaries and was sentenced to four years imprisonment. During his time in prison he began to make efforts towards rehabilitation and went on to engage with the Bath Prolific Offenders Unit.

He was accepted on to the Avon and Somerset Prolific Offender Scheme in July 2003. He was visited on a monthly basis by a Probation Officer and a Drugs Worker. Work was undertaken to prepare the offender for release, including drug testing. The POU were involved in the Parole Assessment Process. Upon release the offender was taken to a London Clinic and received a NALTRAXONE implant which will last 6 months. NALTRAXONE is a chemical which can be implanted underneath the skin which effectively blocks the effect of any form of opiate.

The offender was extremely anti-police, which would often result in confrontation. In January 2004, a Detective from Bath was attached to the district Prolific Offenders Unit. Initially, the offender refused to engage with this officer, but through persistent engagement by the officer and discussions with the Probation Service, the offender has now accepted the officer’s involvement and freely engages with him. In fact, this is a good example of the offender’s whole change of attitude towards figures of authority. He will also spend time reflecting on his approach to different situations and acceptance of responsibility for his own actions.

The NALTRAXONE implant has eliminated the offender’s use of opiates. Following his release from prison, on one occasion during the first week, the offender tested positive for crack cocaine in drug tests. However, since those tests, on six successive occasions, the offender has given negative tests.

In the first four weeks after his release, there was no notable increase in the number of dwelling burglaries and although 16 intelligence reports on him were received, most related to sightings and the results of drug tests. None related to offences.

Bristol Case Study 2
Offender Profile: Female 28 years

History - The police referred the offender to the Prolific Offender Scheme in September 2002 with her co-operation, although not subject to statutory supervision, for persistent, aggressive theft and deception. She was offered the services of the scheme but declined. However she was continually given offers of assistance, while the police maintained strenuous surveillance and numerous arrests. She was eventually remanded in custody for a total of 40 offences and by the scheme’s intervention, was made subject of a DTTO. This she breached within two months by discharging herself from a rehabilitation unit and she immediately relapsed into crack use.

She was arrested 4 – 5 days later via the expedited breach system and was sentenced to 2 years imprisonment.
Case management - The scheme managed her prison allocation and attendance at a number of therapeutic programmes during her sentence, where she made enormous progress, more than anyone could have anticipated. She was released in November 2003 and returned to the rehabilitation unit on licence. She has completed her period on Home Detention Curfew (tagging). She has successfully completed the primary, and is close to the end of the secondary stages of the rehabilitation programme. She plans to move on to a supported housing project in immediate area. She will be on licence until late May 2004, but the scheme’s involvement will continue beyond this date.

The Offender says that the Prolific Offender Scheme ‘saved her life’ and talks freely about how much it meant to her to be ‘hounded’ so persistently.
**Camden**

Camden used their additional funding to fund the following:

2 PPO case managers  
1 PPO team leader  
Communications work – This includes promotional material such as posters and leaflets, general correspondence with clients and telephony.

**Team Structure & Relationships:**  
The Camden PPO and CJITs are both located in the same voluntary sector agency (Crime Reduction Initiatives). This means that they share the following with the CJIT:

- All police-based procedures  
- All referral procedures into rapid prescribing (although PPO funding does not fund PPO-specific treatment  
- All referral procedures into day programmes, Probation, Housing, rehab units, etc  
- The CJIT Single Point of Contact  
- The CJIT database and client tracking procedures  
- Joint senior management and steer from within CRI and the DIP Manager  
- Shared use of the common assessment tool

**Overview of Approach Taken:**

- Whilst the CJIT and PPO are co-located teams that share a significant level of functionality, a significant difference is that the PPO team spend part of their week co-located with the Probation Service as well. They have been given full access to Probation systems and processes, ensuring that notification and breach proceedings are appropriate and responsive. However, PPO workers do not see clients in this setting in order that they are not seen as enforcers.

**Lessons Learned:**

- Co-location between the CJIT and Probation means virtually instant information sharing and the ability to overcome common information sharing problems.  
- Communication is better facilitated by a joint team meeting, attended by the probation lead who also feeds to the PPO and DIP Steering groups.

**Emerging Good Practice:**

- Development of a common assessment tool.  
- Development of a shared risk assessment tool across the entire DIP / PPO pathways  
- DIP and the police can now suggest licence conditions around their working with clients and all teams can work together to incorporate managing PPO’s in the community.
• PPOs have access to housing advice, and the pilot Rent Deposit Scheme. Aftercare services are the same as provided for regular DIP clients.

Camden Information Sharing Protocol

Camden has developed an Information Sharing Protocol. Aftercare services are the same as provided for regular DIP clients.

Camden Case Studies

Dave is a 32 year old British, white male with over 30 convictions, including residential burglary. He had lived in Camden most of his adult life having moved from Ireland as a young man.

Following his last offence early in 2005 the Crown Court requested assessment for a residential DTTO. While assessed as suitable, Dave had a history for absconding between court and treatment providers. DIP workers attended Court on the day of sentence but the case was re-adjourned each day for four days. Eventually sentenced the Court released Dave into the care of the DIP worker, who escorted him to his residential treatment provider in the West Country.

After a few days Dave was informed by his solicitor that he would have to return to London for an outstanding ASBO hearing. After liaison between the DIP workers and the anti-social behaviour unit, the ASBO hearing was postponed to allow Dave to settle into his treatment.

Joint follow up visits with both Probation and DIP workers confirmed Dave had taken to treatment well and was complying with his DTTO. However following one positive test result the provider were obliged to evict Dave, placing him in an alternative venue while he re-assessed his options. Dave appeared for his DTTO review at a London Crown Court where both Police and DIP workers gave statements supporting his continuation of treatment; the Court agreed and he returned to the West Country where he has since settled back into treatment. Dave has re-trained as a bricklayer and is about to start paid employment.
Hassain is a 37 year old British-Asian male with a substantial offending history (100 offences over 20 years) mostly related to substance misuse. He lives with his family in Camden who try to remain supportive although a long cycle of drug misuse, offending, treatment and relapse have made them wary of his ability to change. In the past Hassain’s treatment has included detox and rehabilitation both in residential and in the community, fast-track methadone-prescribing, group work and individual counselling. Regardless of these he continued to relapse and return to offending.

Following release in January 2005 and intensive case management over six months, Hassain was stabilised in treatment and ready to consider returning to work. His DIP worker helped engage him with a local employer, initially as a volunteer, then as a paid worker under the Permitted Working Scheme. During this time Hassain managed to maintain a stable routing of treatment and work. He says this is the first time he had ever earned a wage, and his longest period of sustained treatment.

During this time Hassain was seen up to five times a week, between his Probation Officer, DIP worker and various treatment providers. There was regular liaison between all agencies and with his new employer. In addition, the DIP worker was able to visit the immediate family and offer referral to CAB, benefits advice and carer support. The aim of this was to provide a holistic approach to Hassain’s rehabilitation.

However, Hassain lapsed back into substance misuse when his brother was released from custody and returned to the family home. Within two weeks Hassain was on remand for new offences, receiving a suspended custodial sentence with conditions to attend treatment. Unable to maintain this he committed a further offence and so was returned to custody, due for release in May 2006.

Hassain's case shows that despite intensive input from all agencies, he was unable to remain drug free or avoid offending. DIP and treatment services now aim to plan a more creative way of working with Hassain and his family in preparation for his release later this year.
Hartlepool

Hartlepool used their additional funding to fund the following:

Agency Addictions Nurse
Admin Assistant
Analyst
CJIT / PPO link worker
Supplement to Services (ETE, leisure, counselling)
Office Rent
Work with YOS
Added data costs

Team Structure & Relationships:

- Hartlepool had a persistent offender scheme prior to PPO rollout so the new scheme was built on the old.

- Hartlepool Dordrecht Scheme consists of 1 Probation Officer, 1 Offender Supervisor, 1 Police Officer, 2 Addictions Nurses, 1 Outreach Worker, 1 DIP Liaison Worker who also undertakes lifestyle activities and the user group, all co-located in the probation office. In the police adjoining, the scheme funds a Police Crime Researcher/Analyst. Administrative support is supplied by an Administration Manager and an Assistant based with the team in the probation office.

- The DIP team who also administer Restrictions on Bail and offer support on removal from the PPO list are situated within walking distance. PPO team meetings are attended by the DIP Case Manager, and DIP meetings are similarly attended by the DIP Liaison Worker.

Overview of Approach Taken:

- The aim of the Dordrecht Initiative is the reduction of offending and the protection of the community while respecting the ethics of the partnership agencies and the rights and dignity of individuals.

- The statutory supervision cases are held by probation and the remainder of the team offer a holistic package of care. Supervision is intensive beginning with 4 appointments per week. Information is exchanged with police as appropriate and cases are monitored by the police officer who also assists with targeting. Cases are reviewed at a weekly meeting and strategy planned for the coming week, within the framework of the OASys plans and reviews. Information is channelled into police intelligence to assist with targeting and tasking co-ordination.
Lessons Learned:
Over the four years that the Initiative has been operational a number of lessons have emerged:

- The importance of communication with and between the partnership agencies to keep them on board and resolve interagency issues cannot be overstated. It is important to promote the value of the scheme in achieving partner’s targets and in raising their image, and helping them to access funding.

- The value of keeping detailed records and performance data to satisfy stakeholders.

- The absolute necessity of recruiting and retaining a high quality, motivated staff group, on which the Initiative’s success heavily relies.

- The need to deliver a consistently high quality service which meets the needs of both the community and the offenders, and in which both have confidence.

- Sharing information on a day to day basis, within the boundaries of a “need to know” policy, has emerged as critical, enabling the effective management of offenders without compromising the ethical stance of staff from the varying agencies, thus building up trusting personal working relationships and interagency confidence.

- The flexibility to change and develop in line with the changing political world has been necessary, but the Initiative has remained true to its original purpose and values.

Emerging Good Practice:
- Hartlepool has developed an effective appropriate information sharing policy which has been agreed between all key partners and all clients have signed up to it. Clients are able to agree to share their information with selected agencies and this has worked well (which can be found on www.drugs.gov alongside this document)

- Scheme work hard to ensure contact with prison CARAT teams to check release dates and care plans
Hartlepool Case Study 1
Male aged 29 years

BEFORE

In comparison to the majority of PPO’s in Hartlepool X, was a late starter in regards to crime. He had completed his education without any particular problems, appeared to come from a reasonably stable family and had begun working after a short spell in further education. At the age eighteen he began to experiment with drugs, along with a group of friends and very quickly progressed to heroin use. X described the changes that took place when he began to inject heroin and a previously law abiding citizen began to commit acquisitive crime to fund his new habit. It was at the age of eighteen that he was first convicted of a Theft and a TWOC. He continued to offend regularly over the coming years, mainly acquisitive crimes such as shoplifting and burglary but he is probably best known to the Police for his thefts from cars. Prior to his identification as PPO it was estimated by the Police that he was probably responsible for one third of such crimes in Hartlepool.

There have been no significant breaks in his offending and he has been dealt with in a variety of ways by the Courts, including short custodial sentences and most community sentences. His drug use over this time has altered little, with heroin remaining his major drug of choice, and as with his offending there have been no significant breaks in his use. He consistently links his offending as purely related to his drug use. One of the obvious outcomes is lack of employment as an adult and in his case a very poor self-worth. In late 2003 he was made the subject of a Drug Treatment and Testing Order, this was quickly breached and in the first nine months of 2004 he was convicted at Court on a further five occasions.

AFTER

In October 2004, X was unsurprisingly identified amongst the first group of PPO’s in Hartlepool. The very prolific nature of his offending at this time meant that he was soon back before the Court and was one of the first PPO’s to be given a condition to attend the Dordrecht Initiative as part of his Community Rehabilitation Order. He and his parents, with whom he was living, were very pessimistic about his chances of complying with the Initiative. The early part of the order involved stabilising him in drug treatment with Methadone to replace his heroin use. Staff worked hard to motivate X at this point and focus on the positive things he was doing. This also involved the Initiative’s Police Officer and Probation Staff undertaking home visits trying to accentuate the positives with his parents as often he received negative comments from them. X stabilised in drug treatment and Police intelligence seemed to show both a decrease in thefts from vehicles and his name being linked with the thefts that did occur.

The work with X then moved into focussing on the future, this was problematic for him as he has achieved very little to date in his life and the hurdles faced seemed to be high. On a practical level this involved staff assisting him in breaking down his longer term goals into smaller manageable steps. He began to work with Hartlepool
Offenders Project Endeavours (HOPE) to improve his literacy and numeracy, with the longer term goal of gaining employment. This has now progressed to the stage where he will be attending college during the summer term to undertake examinations. X has also spent time both one to one and as part of a larger group, on activities arranged by the DIP liaison outreach worker. These have been valuable in improving his self-worth and his inclusion in the local community. In particular this has been important in rebuilding his relationship with his young son. His son is cared for by his sister and her partner, this was difficult for X to come to terms with. He felt guilty about his lack of contact and what he perceived as his poor parenting. The outreach worker identified a number of activities that X could undertake with his son in the local area with little or no cost. She accompanied him initially on these visits to boost his confidence and he continues with his regular contact to this day.

The main difficulty with X has continued to be his drug use, whilst this has decreased from upwards of £50 daily he has continued to use heroin occasionally on top of his methadone. In recent weeks this use has begun to increase again and the information was supplied to Hartlepool Police by the Initiative’s own Police Officer to monitor for any increase in his crime type or in his local area. Additionally more intensive work was undertaken by nursing and probation staff on the Initiative to increase X’s motivation again and his medication was increased. The relapse now appears to be under control but during this short period of time X committed his first offence for nine months, the longest crime free period since the commencement of his offending. When X appeared in Court the progress to date was available and the Court recognised this when imposing a Conditional Discharge. X acknowledges without the intensive supervision and monitoring offered by the Dordrecht Initiative he would have been in the throes of a full relapse and a mini-crime wave.

Hartlepool Case Study 2
Female aged 34 years

X started offending at the age of 13 and these early offences tended to be of an acquisitive nature, mainly consisting of shoplifting and burglaries of commercial premises. The reasons for the early onset of offending are slightly unclear as drug and alcohol problems did not begin until two years following this. She appears to come from a reasonably stable family background and despite 20 years of problems for her family, they remain supportive. However, her brother was also involved heavily in crime and drug misuse, as were her peer group at school and on her home estate. She left school at the age of fifteen without any qualifications and quickly became involved in drug and alcohol use. Initially her drug of choice was cannabis and as yet the prolific nature of her offending was not evident, although from the time of her first offence until the present day there have been no significant breaks in her offending. Her early disposals from court were usually in the form of Supervision orders but in 1987 at the age of sixteen she received her first custodial sentence of 6 months following a Dwelling House Burglary.

At the age of nineteen she was introduced to heroin by her then partner, this quickly developed into heavy use. A prolific pattern to her offending began to emerge and also the type of crime was predominately shoplifting. She explains this shift very
easily, firstly the penalties for such offences are much lower than for burglaries and secondly, she discovered that she was good at it. The convictions, by her-own admission, are barely the tip of the iceberg. She quickly gained kudos among Hartlepool’s criminal fraternity as a very good shoplifter and admits that she often “got a buzz” from the thefts she would commit. Her heroin habit has fluctuated over the intervening years, often requiring up to £100 per day, but she has never had a sustained period without the drug and this is reflected in her previous convictions, which now total 126. She and her partner have two children, who initially were cared for by the couple, but following concerns about their being neglected they were taken into local authority care. However, they now reside permanently with her mother.

Her continued offending was highlighted in the local press and this gained her a level of notoriety probably not experienced by her male counterparts. It was little surprise when she was among the first group of PPO’s identified in Hartlepool in the autumn of 2004. This followed six appearances at Court in the preceding twelve months, the last of these offences had resulted in her being made the subject of a Community Rehabilitation Order supervised by Teesside Probation Service in July 2004. Those newly identified PPO’s supervised by the Probation Service were transferred from their current supervising officers to the Dordrecht Initiative. Our case study was among the first to be transferred. At that time, she was homeless, had just entered drug treatment and was struggling to comply in attending weekly appointments. Her drug treatment had originally been arranged through DIP but her poor record in treatment did not bode well for complying. Also her notoriety meant that there was only one chemist in Hartlepool willing to supervise her Methadone consumption, and then only if she was accompanied by a responsible person. Initially this was the DISC worker’s, arranged by DIP but gradually the Dordrecht’s staff group took this task over.

Progress was slow but the daily liaison with Dordrecht staff meant that she began engage with her treatment for the first time. The daily attendance also encouraged her to view herself more positively and feel that she could change aspects of her behaviour. This resulted in her having the confidence to begin some voluntary work, interviewing drug users for ADDvance in Hartlepool. However, with such entrenched behaviour it has to be recognised that mistakes will be made and in December 2004 following one offence of shoplifting she was given a condition to attend the Dordrecht Initiative. Unfortunately after only a week on the order she was remanded into custody for an offence of Burglary, where she remained until May 2005. This was contributed to by the increased monitoring of PPO’s offered by the Dordrecht’s Police Officer. Despite these setbacks staff felt connections and progress had been made, with this in mind regular visits to prison were made by team members. The Burglary charge was dropped and she pleaded guilty to the lesser charge of Theft from Person. This resulted in her been given a three year Community Rehabilitation Order with a condition to attend the Dordrecht Initiative.

Prior to her release from prison, Dordrecht nursing staff had arranged with prison workers for her Methadone prescription to continue without a break on release. Probation staff had liaised with her parents and because of the support been given, they have allowed her to return home. Her mother meets with staff regularly to get support herself and our case study has continued to build relationships with staff
members. Whilst it is early days, there has been a continued positive shift in her behaviour and attitudes. Since commencing work with the Dordrecht, there has been a marked drop in the prolific nature of her offending. There have been slips and no doubt there will be others but Rome was not built in a day.
Lambeth

Lambeth used their additional funding to fund the following:

1 Nurse
1 PPO Drug Worker
1 Partnership Manager
1 Probation Officer
1 Probation Support Officer

Team Structure & Relationships:
- The Lambeth PPO team located in Lambeth Probation Office is a co-located team consisting of Police, Probation and drugs workers from organisations which receive DIP core funding.

Overview of Approach Taken:
- Working within this partnership framework has supported the activity of the service. The information sharing between the Police, Probation, YOT, Court and voluntary sector providers is a good example of partnership working. There are clear guidelines and an Information sharing policy, agreed and signed by all key partners.
- The PPO team is performance managed through the DIP Steering Group, who measure the number of assessments and care plans being carried out (via the number of DIR and follow-ups completed).
- The drugs workers are involved in the selection and de-selection of PPO’s on the scheme via the monthly panel meetings.

Lessons Learned:
One of the main advantages is the team being collocated. The networks, skills and expertise brought to the team from the various individual compliments the activities being delivered by the team. The difference between a collocated and a virtual team is that everyone takes ownership for the overall caseload and this assist with the overall management of the numbers of PPO on the caseload.

- The only area, which is causing concern, is the tracking of PPO’s leaving prisons as the release dates are not always accessible. This is an area that Lambeth is working on. To address this specific issue we are currently working with our local prison (HMP Brixton), who have appointed a Senior Prison Officer to monitor PPO’s entering and leaving our local prison. This individual has on occasions been able to have a prison transferred back to Brixton to carry out the last three months of his sentence. The intention is to integrate this activity into the normal working practice of the PPO scheme.

- More work is required to fully integrate the court staff and processes into local PPO Strategy. The ACO of Lambeth Probation and the PPO Police Officers
attend the local Premium Service Group which are held at the local Court and receive regular updates on the activities of the scheme

Emerging Good Practice:
- Prescribing: the team has a dedicated nurse. This allows individuals to access medical intervention quickly and they are fast tracked into treatment. This was installed to overcome the barriers and ethical perceptions between individual workers in treatment organisations who have conflict with working with the coercive nature of this scheme. It was also installed to overcome any data-sharing issues that may be raised by the treatment provider by sharing information with the police.
- One of the PPO drugs workers visits the local prison on a weekly basis. There is a strong link with a range of services in the prison and the scheme is able to conduct assessments and manage cases.
- Local prison has assisted by keeping individuals identified as PPO’s in its establishment so that the team could continue engaging with clients.
- Aftercare: Lambeth has an effective aftercare provision which is set up to work with all substance misuse issues and referrals are regularly made to this service.

Work in Progress:
- Families: Lambeth are currently designing a programme to be piloted within the PPO scheme in the borough to look at working with families of PPO’s. This multi-agency package will involve mentoring of PPO’s and family members where appropriate. This is seen as a key area for development in motivating and supporting change not only with clients but the family and social environment that they live in. More detailed information can be made available on request.

The overall aim of the family support programme will be to contribute to the reduction of PPO’s offending behaviour by positively involving the family in the process of rehabilitation and enabling them to better support the PPO’s.

The Role of Family Support Programme will be to:

- Encourage & motivate offenders to engage with treatment / rehabilitation
- Ensure that the issues relating to offending behaviour are addressed
- Identify the areas that may disrupt behaviour on the family and identify solutions to address/reduce them
- Through the DIP tracking of offenders (families often volunteer information on their clients whereabouts) support the engagement/re engagements of clients, if they have fallen out of treatment

- Mentoring/Advocacy: Lambeth are currently fund raising to develop a mentoring/advocacy programme specifically for the PPO scheme. This will
enable individuals to engage and receive additional support in working through their issues.

Lambeth Case Studies

Lambeth Case Study 1 (Offender name has been changed)
The PPO team have been working with a female offender, Kate, since June 2005. The probation officer and partnership manager from the team visited her in prison 2 months prior to her release to assess her offending related needs and they then attended a multi agency risk panel meeting. Attendance at that meeting where various agencies (prison, probation, housing, education) whom met to make plans for Kate's release. Following this meeting the probation officer arranged an appointment with housing for Kate before she was released where she was assessed as being of priority housing need. On the first day of her release from prison the probation officer accompanied her to housing and she has was given temporary accommodation in a 3-bedroom house.

Kate has been a heroin and crack cocaine user for the past twenty years and probation records indicate that her previous engagement has been sporadic at best. However, Kate has reported twice weekly to probation since her release from custody and the probation officer and partnership manager have worked in tandem with her to encourage and support her motivation to avoid a chaotic drug relapse. They walk her to a women and children's session at a community drug project once a week and staff there say she is making progress. The project has referred her to a psychologist and it is hoped that Kate will participate in counselling in the near future.

The PPO team have also driven Kate to her doctor's in order to get her on to a 'script, which thus far she is complying with. Kate has not been charged with any further offences during the Licence period, a significant achievement for her. The probation officer is also in weekly contact with Kate's daughter's social worker to ensure that the welfare of this young child is paramount and that Kate is receiving the necessary support to help her adjust to being a full time mother.

Lambeth Case Study 2 (Offender name has been changed)
The PPO Team in Lambeth worked with David on a non-statutory basis from June 2005 – September 2005. Prior to this period of engagement, David had been shot during an incident when someone tried to rob him. The bullet had scrapped the edge of his liver and he had been in hospital for a while recovering. Whilst he recovered well physically he was suffering from Post Traumatic Stress Disorder and had recurrent nightmares that this would reoccur. He said this was the critical incident which helped him to decide that he no longer wanted to offend as he felt frightened of people he came across when he spent time with the peer group with whom he had been associating.

Initially the Police Sergeant and Probation Service Officer on the team visited David at home which helped to engage him on the scheme and listen to areas in which he
wanted support. It was critical that we engaged him with support whilst he was so
determined not to re-offend. We were able to support him with accessing suitable
counselling in a location removed from where he had been threatened. David also
experienced housing difficulties: he was burgled and threatened in his hostel and we
worked with Lambeth Housing to help relocate him.

Since David stopped engaging with Probation, he has not come to Police attention
which is a significant change from his previous behaviour.
Leeds

Leeds used their additional funding to fund the following:

1 Intelligence Officer
2 Probation Support Officers
2 PPO Drug Workers
1 Accommodation Assistant

Team Structure & Relationships:
- The DIP PPO team as listed above are all situated in the same building which allows an up to date and accurate information flow between all parts of the PPO team and Police. A protocol has been produced for the PPO case managers (see below). As part of this protocol a monthly report is submitted by the PPO case manager to the intelligence officer this enables him to report the progress of the PPO to the monthly CDRP meeting. It also includes regular contact between the PPO case managers and the BCU Field Intelligence Officer (FIO), Field Probation Officer and CARAT teams where applicable, to ensure all are kept up to date regarding progress/issues.

Overview of Approach Taken:
- A PPO premium service protocol has been put in place to target those who are identified as PPO's and to target already identified PPO's who subsequently provide a positive drug test after charge (see separate flow chart attachments on www.drugs.gov). A further flow chart of the Housing protocol which includes where a PPO has been identified is also attached.

- A Police-led daily tasking meeting identifies if a PPO has been arrested and ensures all involved parties are aware and updated regarding custody disposal and any court date. It also enables a more effective and intensive intervention and case management of a PPO.

- The PPO Drugs Workers are closely supported by DIP Police Officers to provide continuity of case management during periods of leave or other absences as well as providing a police presence and assertive and intensive intervention where necessary.
**DRUG INTERVENTIONS PROGRAMME PROTOCOL FOR WORKING WITH PROLIFIC AND OTHER PRIORITY OFFENDERS**

1. When allocated a case identified as a PPO (POPOS) conduct the following tasks:-

   (a) Identify the designated police officer responsible for the case.

   - Give the police officer your name and contact number
   - Agree a minimum of monthly contacts to relay progress/concerns
   - Agree contacts if other concerns identified i.e relapse, non-compliance
   - Take contact number of police officer and other contact number if designated PC is unavailable.
   - Discuss usefulness of a three-way
   - Record all contacts and relevant information

   (b) Identify the Probation Offender Manager:

   - Provide your details and collect OM’s contact details include requirements of order or conditions of Licence and length.
   - Arrange three way meeting; discuss care plan & supervision plan & review dates
   - Agree weekly contacts to relay progress/concerns,
   - Agree contacts if other concerns i.e relapse, non-compliance etc
   - Record all contacts and relevant information

   (c) Identify CARAT worker:

   - Identify relevant prison staff (prison officer, CARAT worker etc)
   - Discuss sentence plan and progress
   - Arrange three-way if appropriate and extend invitation to offender manager (Probation) and designated police officer

2. To work in accordance with DIP Ops protocol and in addition conduct weekly drug testing, record results on contact log and inform offender manager.

3. Cases shared with the DRR team (Waterloo House)

   - Arrange initial 3 way meetings at start of order
• Arrange 3 ways every 16 weeks thereafter and near the order revocation or expiry date.
• It is not necessary to conduct drug testing as this is done by the DRR prescribing team.
• DIP workers can take an active role in re-engaging PPO’s back onto their DRR.

4. Submit report to the CDRP (Crime and Disorder Reduction Partnership) as required. Usually at a review or consideration of removing someone from the PPO status or when an offender has moved to another CDRP.

5. Re-offending and ROB.

• Inform related parties (designated police officer, probation officer etc) of new offence.
• Review care plan
• ROB protocol to be followed as directed.
• At least one breachable appt per week.
• Make regular enquiries about details of PSR author (Probation checks).
• Liaise with PSR author and provide info.
• If remanded in custody liaise with CARAT team and fax through the DIR and care plan at the first opportunity.

5. A PPO should not be exited off the scheme unless agreed by the CDRP.

6. If subject to a MAPPP (Multi-agency public protection panel) owing to high risk behaviour the DIP Ops PPO worker must attend initial meetings and reviews. If unable to attend a report must be submitted and gate kept by a DIP Ops manager.

7. If subject to a stand alone (without statutory probation intervention) curfew order (electronic monitoring) collect details of the SPOC and give your details. Asked to be informed of any breaches.
Leeds DIP PPO & TIA Nominal Update & Drug Testing Monthly Report

Client: .............................................................. dob ......................................

Date....................

DIP/PPO case co-ordinator ..............................................................

Office and contact number: Millgarth Police Station. Tel 0113 2413070

Mobile: ..............................................

Current legal status (ROB, Licence, DTTO/DRR, PSR and date required, etc)

Current drug use / treatment status

DIP compliance & progress

Areas of concern (Risk, self harm, associates, attitude, behaviours, etc)

Reasons for consideration of DIP exit and proposed exit plan

April 2006
Lessons Learned:
- Existing Matrix does not give enough weight to drugs misuse, intelligence focus produces more priority offenders who tend to test negative
- Prioritisation of referrals and case management
- Cross border offenders who live in one area and offend in another are missed
- Performance framework needs clarification
- Accountability of commissioned treatment providers

Emerging Good Practice:
- Information Sharing Agreements across county
- MiCase System – Operational Tracking Database
- Operational Tasking and Co-ordination (full implementation of NIM &DIP dedicated Intelligence Unit)
- Level 1 tasking – planning proactive problem solving operations based on DIP data

Leeds Case Study 1
- 26 year old male involved in vehicle crime in Leeds City Centre – anything up to 10 crimes every day.
- Long history of offending due to problematic Class A drug use but never engaged in treatment.
- Proactively targeted by DIP PPO Team after short term custodial sentence
- All needs managed by DIP CJIT including Housing, Benefits, Training
- Despite the above he was still targeted initially by Divisions as a result of Police Intelligence in the form of sightings in Leeds City Centre
- Successfully exited both DIP and PPO
- As a result of a break down in a personal relationship he moved back to Leeds and commenced Class A drug taking after a break of 18 months
- He rendered himself homeless as a result of his drug abuse. His first thoughts were to seek out his DIP Case Manager (a police officer) for assistance.

Leeds Case Study 2
- 33 year old male resident in high crime area
- Identified as a PPO with the following convictions:
  - 85 Burglary Dwellings
  - 25 Burglary Other
  - 15 TWOC
- Chaotic Class A drugs user but no previous treatment episodes
- Requested DIP assistance whilst in custody for a series of burglary dwellings
- Engaged fully with the DIP process whose staff arranged housing, benefits, training and treatment
- Given a DTTO by Leeds Magistrates. Successfully completed after 9 months
- Still in contact with Police Case Manager but now rehabilitated and crime free
Leicester

Leicester used their additional funding to fund the following:

Senior prison officer
Police Officer
Drug Worker
Nurse
Vehicle running
Training
Clinical service

Team Structure & Relationships:

- The team are based with the PPO scheme, which has seconded CJIT workers as part of the core team. CJIT workers and DTTO/DRR Drug Workers share all clinical facilities with the rest of the CJIT. PPO workers are fully integrated into the PPO scheme, but attend CJIT team meetings and training events, and receive their clinical supervision within the main CJIT structures.

Overview of Approach Taken:

- Multi-agency partnership work in a co-ordinated way to manage PPOs. Relations between PPO and DIP teams are good as information sharing. Senior personnel in both teams have Probation backgrounds. There is a culture of trust between partner agencies partly fostered by historical working relationships.
- Multi-agency PPO meetings (MAPPOM) take place every two weeks comprising Probation, Police, YOTs and DIP from across the county some of whom are part of the MAPPOM team itself. The main function is to nominate individuals for consideration of PPO status and declassification. All agencies contribute information they have on an individual. Each agency then has a vote in deciding the status of the individual.
- The role of the funded team is early intervention and outreach, particularly where an individual is developing a high intelligence profile but imminent arrest is unlikely. Similarly the team are able to intervene with the family or peer group of PPOs to sustain progress

Lessons Learned:

- The team have had to rely on paper systems for recording and the lack of a central caseload database has made information sharing between the main CJIT and the PPO scheme less than entirely reliable, and time consuming. The implementation of the MICase database should resolve this.
Emerging Good Practice:

- The voting system provides for transparency over decision-making and ensures that individuals are only given PPO status for commensurately serious behaviour.
- The Meeting allows a forum for sharing information on clients who are not engaging to highlight blockages to their engagement with services (eg. slow scripting) and identify solutions.
- Local Offender Management Panels (LOMP) are based at CDRP level and are responsible for operational tasking for PPO management, shared information on PPOs from MAPPOM is fed in.
- Both DIP and PPO teams are probation led.
- Working practices around information sharing are embedded throughout partner agencies. Key factors for the ease of information flows are trust based on good working links and understanding of the common offender management goals.
- Some difficult to engage cases are responding well to the voluntary aspects of DIP engagement and the partnership are now able to look at this as an option with those with a past history of disengagement.
- Leicester have a closer to home policy designed to influence decisions over where prisoners go. Even if prisoners are placed in distant prisons for their sentence often they can be transferred to more proximate facilities before release to allow local agencies to engage with them. The inclusion of the Senior Prison Officer gives the team valuable access to operational decision making within the prisons and gives the scheme more impact in influencing sentence planning and management during custodial periods.
- Family members of PPOs are engaged with, as it is recognised that they will have an impact on the PPOs chaotic lifestyle.

Leicester Case Study:

A very prolific offender with substantial mental health issues in addition to drug misuse was street homeless in a small market town in the County. He was difficult to engage and was repeatedly arrested, but rarely charged. The early interventions team made contact and arranged bed and breakfast accommodation initially. Mental health services were engaged and full assessment was undertaken. The offender stabilised significantly and is now resident in supported housing in the town. The level of reported crime in the area where he used to sleep has reduced significantly.
NE Lincolnshire

NE Lincolnshire used their additional funding to provide the following:

1 Offender Co-ordinator
1 Relapse Management Co-ordinator
1 Relapse Practitioner
1 PPO Drug Worker
1 Accommodation Officer
1 Resettlement Officer

Team Structure & Relationships:

Drug Interventions Programme  Holistic Interventions  PPO Unit

---

Team Leader – ARW & Court
Team Leader – Relapse Support
Team Leader – Drug Case Work
3 Arrest Referral Workers
Court Probation Service Officers
4 Drug Case Workers
1 RMS Practitioner
1 RMS Practitioner
1 Accommodation Officer
1 Resettlement Officer
1 Prison Links
1 DRR Probation Service Officer
Team Structure & Relationships (Cont/):
- North East Lincolnshire DIP and PPO are not currently co-located. Intention to co-locate from April 2006.
- Joint meetings held on a weekly basis.
- Daily information sharing between key workers.
- Shared use of administrative and data management resources to deliver PPO functions.
- DIP and PPO management boards are amalgamated.
- Resources are shared where possible e.g. DIP Drug testing facilities used by DRR and PPO teams. There are plans to merge functions such as data management between partners as well.

Overview of Approach Taken:
- Effective information flow is enabled by daily exchange between practitioners, weekly multi disciplinary case holders meetings, monthly action managers planning / tasking review.
- Individual case conferences at which partners from PPO, DIP, DRR teams are all present to discuss next steps to be taken with PPO cohort.
- The DIP Police and Probation Staff attend the weekly DRR/DTTO review between Probation and Addaction and at this input DIP/RoB compliance, intelligence of re-offending and establish compliance with court orders. Indications of non attendance, positive testing or re-offending all initiate assertive outreach to enable re-engagement and intervention.
- There is an A list – active PPO’s, B List – PPO’s long term prison and C list – nominations for PPO status. Any partner agency can nominate an individual for consideration to be given PPO status. The PPO team will then assess them with the matrix score. Quarterly meetings determine acceptance of nominations from the C list to either the A or B lists.
- An integrated services meeting comprising all local partners (DRR,DIP,PPO, Probation) is held regularly, with rotational chair, to discuss how blockages to service access can be reduced (for all clients).

Lessons Learned
- The importance of a weekly practitioner level multi-disciplinary team meeting.
- The need for appropriate level of representation at task group and board to ensure operational effectiveness and strategic lead.
- Consistency of approach within PPO delivery across Police Force area (Humberside), with allowance to meet local needs.

Emerging Good Practice
- A 6-8 hour training session for magistrates, CPS and defence solicitors was organised to inform them of the philosophy of the PPO strategy. This counted towards their training hours total, which gave them incentive to attend.
- The court has designated a specific office for case workers. DIP workers can use these when they are at court as a base and it has IT facilities with links to the Probation information system.
- Individuals are monitored throughout periods of custody of up to 10 years. If possible the same drug worker that worked with PPO in community will engage in prison.
• Contact is kept up throughout custody and individuals are engaged with soon after release as a matter of routine
• Historically accommodation service providers have been unwilling to accept substance misuse clients. The provision of a rent deposit scheme supported by home visits and an integrated resettlement package has progressed acceptance of clients within Registered Social Landlords, Managing Agents and the private sector. There are also plans to recruit an Accommodation Officer.
• CJIT pay £500 into a furniture scheme, allowing CJIT to draw furniture from this when needed for resettlement purposes.
• The user group “Roundabout” play a significant role. Their main functions are to signpost users to appropriate services and promote harm minimisation advice. The group also attend DIP and drug testing group meetings and are consulted on policy decisions. There are plans to formalise a user feedback form. Members have also sat on interview panels for recruitment of new DIP staff.

NE Lincolnshire Case Study

A male in his early 40’s had been returned to custody within 48 hours of release as a consequence of breaching his licence. The individual was at that time the highest scoring on the PPO matrix in respect of re-offending and risk to communities.

Prior to mid 2005 the individual showed no desire to engage with any services or to reform. Repeated contacts on return to custody revealed indications of behaviour change and weekly multi disciplinary action planning was put into place. The client is subject to a long term and restrictive anti-social behaviour order and assertive publicity by other agencies has proved detrimental to providing accommodation locally on release. It was identified that should the individual be released from prison in early 2006, no licence conditions would exist.

It was decided to facilitate an early release to a probation hostel in another local authority area nearby, but to case manage the individual through North East Lincolnshire PPO and DIP partners.

The progress with this individual is remarkable; he is subject to supervised substitute prescribing and is repeatedly testing negative for other substances. He is engaging in sporting and other social activities, and has made positive links with both faith and BME groups. This is particularly interesting as his previous attitudes and behaviours were linked with right-wing groups.

He has now moved from hostel to independent accommodation and is engaged in casual working. The co-defendant to this individual was number 2 on the local PPO list, the progress identified above has inspired the second person to engage in similar re-location / rehabilitation interventions to be progressed in the near future.
**Peterborough**

Peterborough used their additional funding to fund the following:

1 PPO police officer
1 PPO drugs worker (mental health practitioner)
1 Case worker/key worker
1 Sex worker specialist key worker (contribution alongside other partner contributions)

**Team Structure & Relationships:**

- Dedicated police officer PPO staff as part of Peterborough Nene DIP (PNDIP) team structure, but with flexibility to deliver on non-drug PPO casework as well. Has led to a very ‘joined up’ policing approach on the ground.
- PPO Police officers are able to contact and support non-drug using PPOs which has lead to an increase in Police Intelligence
- PPO Police officers actively continue contact with those offenders who have broken the cycle of drugs and crime in order to monitor their progress and keep them motivated
- The selection and de-selection of PPOs is a partnership decision in which DIP is involved.
- The PPO Co-ordinator sits on the Nene Operations Group, which further cements the links between PPO and DIP
- PNDIP is an actual team and therefore has the ability to be reactionary
- The PPO Police Officer meets with the Tier 4 PPO Probation Manager on a fortnightly basis in order share information and jointly manage cases.
The following diagram illustrates how PNDIP and PPO work is linked and overseen by the Peterborough Community Safety Partnership (CDRP):

**Overview of Approach Taken**

- PPO co-ordinator and PNDIP Operations Manager work closely together on a near daily basis. PPOs are a regular item on PNDIP management board meetings and PNDIP attends and actively participates in all PPO meetings. PNDIP and PPO strategy have been developed alongside one another to be coherent and consistent.
- There is a strong relationship between PN DIP and the PPO scheme, with a signed protocol for information sharing and an Operational Document which details partners including PNDIP contributions to PPO work.
The following diagram demonstrates the way in which PPO and DIP case manage joint clients

![Diagram showing the flow of PPO and DIP case management processes]

**Lessons Learned:**
- The PPO Police Officer has been able to provide additional support to those joint PNDIP and PPO clients as has enabled a consistent link.
- Specific PNDIP/PPO Police Officers has enable us fill the gap of providing key worker support to those PPOs that are not Class A drug Users.
- The PPO Co-ordinator is employed by the City Council and sits within the Community Safety Team, this enables this role to be impartial to all other delivery partners within the PPO set up.
- The PPO Co-ordinator holds a multi-agency case file on all PPOs, therefore enabling this person to be the central contact point for all partners wanting to share or gather information.
- The development of the local Operational Document has enabled the partnership to focus on what PPO needs to deliver and which partner is responsible for doing that.
- Development of our own local Performance Measures in order to effectively monitor the delivery of the PPO work.

**Examples of Effective Practice:**
- Information protocol is signed.
- Operational protocol available for PPO which outlines anticipated flows of information.
- Accommodation/rent deposit project up and running.
Peterborough Case Studies

Case study 1
Mal's first criminal conviction was in 1998 when he was just 12. He has now built up over 25 offences, which in the main are for burglary and theft. He has had a drug habit for a long period of time and at one point he admitted to using up to 6 bags of heroin a day. Which indicates that he was stealing in the region of £1,260 worth of property a week in order to fund his habit. The majority of Mal’s offences have resulted in short term community orders. Mal was identified as a PPO in November 2004. Mal first engaged with the PNDIP in March 2004, but then disengaged. He then re-engaged with PNDIP in Feb 2005, after being approached by the PPO Police Officers. At this point he was clinically assessed by PNDIP and as started on a script although at this point he was still believed to be criminally active. After missing his first scripting appointment he returned to the scheme and asked to re-engag
After being engaged for a period of time he spent some time away from his local community in order to escape his old way of life and drug lifestyle. In August 2005 he was arrested for theft from a vehicle, and was give a Community Order. Mal felt very disappointed with himself. This conviction added to Mal’s determination to become drug free and re-build his life and family connections. Mal has now completed his Community Order and has been testing clean since September 2005. He has now been removed from the PPO Scheme, but maintains contact with PNDIP

Case study 2

Z was first convicted of theft and shop lifting in 1991 at the age of 17, and has been well known by the Police since then. At his most prolific Z was using heroin, crack and cocaine, and committing commercial burglaries in order to find his habit. Z was identified as a PPO whilst serving an 18 month custodial sentence for a city centre commercial burglary. Z first engaged with PNDIP whilst in Prison, and PNDIP Key workers met with him prior to release in order to discuss his release plan. Z was released in July 2005 from HMP Peterborough. He had a supervision licence with Probation, who worked closely with PNDIP in order to support Z. During this period Z said that he was bored and frustrated but did not want to go back and use drugs again. PNDIP supported him through this stage by maintaining contact him and encouraging him to apply for jobs. Z has now completed his fork lift truck licence and is volunteering for a local charity. Z has now been removed from the PPO scheme as there has been no criminal intelligence on Z since his release.

Case study 3

Ben was first convicted in March 2000 at the age of 15, when he received a Supervision Order for a non dwelling burglary. At 16 Ben started using heroin and this is when his offending behaviour escalated. Ben smokes 2 bags of heroin a day. Ben has now amassed over 39 offences. Ben was adopted as a PPO in February 2005 when he was serving a custodial sentence for a series of commercial burglaries, and breach of his Community Rehabilitation Order. Ben was contacted in Prison by PNDIP workers and was released on

40
licence in August 2005. After breaching his licence and committing further offences Ben was re-called. Ben was then released again in November. PNDIP Officers went to visit Ben on his day of release in order to make contact. Ben breached his licence conditions once again, and was recalled within 5 weeks. Ben is due for release shortly and will re-engaged by PNDIP.

(Further Peterborough case studies are available on www.drugs.gov alongside this document)
Salford

Salford used their additional funding to fund the following:

- 3 Police Officers
- 1 YOS admin officer
- Drug Testing and Activity budget
- Boxing programme
- Mentoring scheme

Team Structure & Relationships:

- The Salford PPO Team is made up of 7 police officers and a member of police staff responsible for the targeting and management of the Top 50 PPO identified in the city. One officer is currently co-located within Salford Probation Office.

- Salford Division is also one of 5 divisions within GMP to have a Pre-Arrest Drug Referral officer to engage drug-using offenders and assist in their engagement with drug treatment, rehabilitation/resettlement into the community.

- The CJIT currently has a team of 5 Criminal Justice Workers who cover Swinton Custody Suite, Salford Magistrates Court and prison releases. The workers who cover the Testing on Arrest Required Assessments also act as a point of contact for the PPO Team.

- A PPO Steering Group is established to oversee the implementation of the Strategy and meets bi-monthly.

- A multi-agency ‘geographic meeting’ meets monthly to review individual cases, formulate suitable actions and practical interventions. Actions from this meeting are tasked via the electronic SARA system, which provides a historic account of all actions, tasks and replies undertaken.

Overview of Approach Taken:

- Greater Manchester Police work closely with local CJIT and DAAT organisations in implementing the PPO scheme. The main stakeholders have built up a relationship of trust, understanding what each body requires and how best to achieve the correct results. This has seen resource sharing and at times joint visits to PPOs.

- Police generally engage the offender, explain scheme, officer then contacts CJIT worker and an appointment is soon arranged. Once client is receiving treatment and engages well with scheme then Progress 2 Work become involved to assist with employment, training and educational issues.

- Both the Police and CJIT visit every PPO within 6 days following their release from prison. There are attempts to liaise with the prisoner at least 3 weeks before they’re release but release dates are often not shared early enough.
• Communication is a key feature of all stakeholder management meetings. The local prison is privately run, and so the station Chief Supt. is liaising with them to try and achieve better communication and working practices with regards to CARAT teams.
• A CJIT manager is in post to co-ordinate the activities of his team. He works closely with the local DAAT DIP Manager to identify priority areas and budget organising.
• Joint stakeholder meetings take place routinely to discuss and monitor individual cases. Although staff are not co-located, each organisation is based locally within the town’s borders.
• The CJIT workers expect the police to inform them of any problems with non-compliance and visa versa. The CJIT manager makes it clear to all his clients that his body is a rehabilitative organisation (they belong to the NHS) and does not do the job of the police. However at the same time the initial contact is usually made jointly with a police representative who outlines the police force’s expectations and role within the PPO Scheme.

Lessons Learned:
• Initial difficulties re information sharing, which have been addressed by asking clients to sign consent forms, copies of which are made available to drug services.
• A problem that all the partners have faced is satisfactory communication with the local prisons; stating they are either not informed at all, or not informed within 3 weeks, of around 50% of prisoners release dates.
• DAAT’s currently do not have access to the DIRs completed by CARAT Teams within the prison system, which means that they are unable to cross reference data from community services and prisons.
• Housing is a major problem in this area and the DAAT and CJIT are increasing investment into a floating support scheme. There are no “direct access” hostels available, however there is homeless accommodation, which is supported by the CJIT and linked into the floating support scheme.
• The DAAT has also developed a Housing Crisis budget to fund rent deposits/bonds, provide furniture etc.

Emerging Good Practice:
• Aftercare is accessed freely and is available on release. College contacts have been established which now offer job skills courses and also the use of mentors. The local DAAT has also funded further sporting activities including boxing and access to an Exercise Referral Officer.
• P2W offers advice and assistance to those considering accessing education, training or employment opportunities.
Salford Case Study 1
A 35 year old male with 20 previous convictions for a total of 44 crimes including vehicle crime, handling, burglary and robbery.

History
J was referred in October 2005 as a targeted offender from the pre-arrest referral team. He has a history of Heroin and Crack Cocaine misuse and entered a detox programme using methadone of 40 mls a day moving onto Subutex; a blocker. J also has a history of offending and was in receipt of incapacity benefit. J lives with his partner who also has a history of drug misuse. There are no children.

Achievements while with Progress2Work
- This customer would need more support with making his appointments, and so the initial appointment was made for him to attend Progress2Work office with an officer from the pre-arrest team.
- An action plan was started which would look at returning him into some form of employment.
- It was decided that J would benefit from some form the assistance of the A4E Programme Centre with a view to assisting him gain employment.
- Having done this, J was aided by his TWAL Advisor into looking for employment. A number of suitable vacancies within the catering field were sourced from the JCP website and contacted.
- One of the sourced employers agreed to an interview, which was arranged and carried out. ADF was accessed to provide clothing for same. J was successful and again through ADF work clothing and transport costs were accessed and also with the assistance of the JCP Advisor, Tax Credits were also accessed to the value of £42 per week.

Incentives
Once gaining employment we provide vouchers to the value of £25 and then after sustaining the job for a further 13 weeks we provide another £25 worth of vouchers.

Future Action
J will be kept in contact with whilst in employment this is to ensure that should he still require any assistance in future then we can help.

Salford Case Study 2

History
RJ has a history of Heroin, Crack and Cannabis use throughout his years. After serving a 12 year prison sentence for a serious offence RJ had become drug free and wanted to move forward with his life. He was given support from his family and from his Probation Officer in his plans to make a new start in his life.
Difficulties arising for the client.

- Due to the severity and nature of his offence we came across large number of barriers with employers who were unwilling to give him an opportunity. In total, through his own job searching, and ourselves we sourced around 50 employers.
- RJ attended a number of interviews and filled out countless application forms but the difficulty arose in disclosure of his offence.
- Whilst in prison RJ gained employment within his final years and gained a glowing reference from them. This was sent out with each application or was faxed across prior to interview.
- Approximately six weeks after engaging with RJ he attended an interview and disclosed at the final stage of this his offence.
- With the agreement of RJ his P2W advisor contacted the employer and explained the “New Deal for Employer 25+” run via the Job Centre Plus whereby they would receive for 6 months £75 per week towards his wages. They gave RJ employment on this scheme.

Incentives Used

- New Deal for Employer £75 per week for 6 months.
- ADF – To gain bus passes to get to and from work
- ADF – To gain equipment for work
- P2W Salford/Trafford – Giving £25 worth of vouchers for gaining employment

From first meeting RJ he is a very likeable person aware of what he had done but like anybody else just required a chance. He is very confident in his own abilities and is exceptionally hard working. No matter how many negative replies to applications and interviews he had, he still persevered until successful.
Sandwell

Sandwell used their additional funding to fund the following:

4 PPO case workers  
Training  
Drug Testing  
Communications

Team Structure & Relationships:
- Sandwell have an Offender Management Team consisting of:
  - 2 Drug Outreach Workers (Gateway) in each area
  - 2 Offender Managers (police officers)
  - 1 Probation/ 1 PSO
  - One main base - Police station
  - Average caseload of 15 individuals in each area.

Overview of Approach Taken:
- The OMT have Bi-weekly meetings to discuss, review and set tasks (Intelligence, drug use, treatment, licence conditions i.e curfew, tracking, drug testing)
- Gateway workers work for DIP and specifically case manage PPOs, attending PPO team meetings. Gateway workers who work with drug misusing PPOs attend both the DIP operational group and PPO team meetings. Gateway and DIP workers are based at several satellite premises across the borough. The borough consists of several towns and it is not practical for individuals to travel to single locations for contacts/assessments
- Some DIP workers are co located with housing staff
- Monthly Borough Meetings are held to discuss PPO’s. These include all agencies within the offender management teams.
- Each PPO is Risk Assessed by Police and Probation (Prism/OASys).
- If adopted as a PPO, the Project will approach that individual and offer support
- Support involves following clients through the criminal justice system and other agencies including liaison with CARATs, in addition to:
  - Harm reduction advice
  - Triage assessment/referrals to tier 3
  - Assistance with welfare benefits
  - Accessing employment/training
  - Help with accommodation
  - Practical support
  - Reminders of appointments (Phone calls/Texts)
  - Family support

Lessons Learned:
As key agencies are involved with the Offender Management Team, it has been recognised that clarity of roles and responsibilities are outlined and agreed to be able to provide a more structured approach.

Emerging Good Practice:

- Key Agency i.e. drug workers, Probation and Offender Managers (Police) working from one base providing daily effective communication.
- Joint case managing with Drug Outreach Workers (Tier 2) and Tier 3 Treatment Providers.
- A comprehensive Exit strategy drawn up with Tier 2 Drug service to continue support for those who are no longer considered to be a PPO.
- Being part of CJIT and attending sub-groups to be able to discuss development of care pathways.
- Transporting clients to priority appointments improving attendance.

Sandwell Case Studies – Male 22 Years old

PPO had previously been using heroin for 3 years (approximately £80 a day) and was funding this through committing crime. He was given a short custodial sentence and remained drug free for 6 weeks after release.

In March 03’ he was introduced to the Gateway Project (Tier 2 PPO Drug Service) and took up the offer of intensive support and intervention. He was on a community order and was attending appointments at the Probation office. At that time he was injecting around £30 of heroin daily and was about to be thrown out by his family. He was referred to a Tier 3 service for substitute prescribing and started a Subutex script. Gateway continued to support him through his highs and low’s and assisted him with housing arrears and built on his relationship with his family. In August 05’ he completed a 12-week Development Programme with the Princes Trust, which involved him catching 2 buses every morning. In December 05’ he was presented with £50 and an Award for student of the year with Wolverhampton College. Also, in December 05’ he completed his forklift truck driving course and is in the process of looking for a job. Due to his progress and efforts he has been deselected as a PPO and as part of his exit strategy is being referred to generic Tier 2 drug service and Progress to Work to continue his search for a job. He has repeatedly stated that the on-going intensive support and intervention that has been provided by the Gateway Project has helped him immensely. He continues on his Subutex script and builds on his relationship with his family.
Slough

Slough used their capacity building grant to fund the following:

1 Accommodation Officer

**Team Structure & Relationships:**

- Police (including intelligence), Probation, Housing and DIP are the main partners in the Slough PPO scheme. Though none are co-located, there is strong partnership and communication between all these agencies and all are within close proximity of each other.

- Due to the nature of this client group, Information Sharing is essential. In order for the scheme to be successful protocols have been duly put in place to allow relevant and sometimes sensitive information to be shared with agencies concerned if deemed necessary.

- There is a DIP case manager who has specific responsibility for managing the drug treatment and other related support needs. There are PPO steering group meeting which this case worker attends. The accommodation officer works with PPOs as a priority but also with other DIP clients.

- The Probation PPO tracker link worker has responsibility for communications with the CJIT and is key to embedding inter-agency relationships.

**Overview of Approach Taken:**

- All adult drug using PPOs both in prison and the community are now subject to an intensive engagement programme which includes a range of contacts including letters, harm minimisation information, prison visits, home visits and office appointments.

- The CJIT team are not directly involved in decision-making on PPO status their information about the engagement of PPOs with services of course influence Police. Probation decisions. The CJIT successfully lobbied for drug misuse to be given a higher weighting in the PPO selection matrix.

- There are three tiers within the scheme these are:
  - At risk(young offenders)
  - Catch and convict
  - Resettle and rehabilitate

- The PPO scheme concentrates particularly on tier 3 (R&R). When a PPO is identified A multi-agency meeting will be arranged to establish which key agencies will be involved in the PPO's care package, for example; if a PPO has a drug dependency and has detoxed in prison he is at risk of relapse once he returns to the
community and therefore will need rapid DIP intervention to ensure the necessary support is available to him, in this instance he will be visited by the drugs worker prior to his release to establish a relationship and learn of what service is available in readiness for his release, similarly if a client is at risk from being rendered homeless on his release the HLO will visit him and assess his housing need to offer advice and where necessary assistance. The PPO scheme (where suitable) aims to be client led, to help create a tailor made service suited to the requirements and need of the individual. Although every effort is made to deliver a tight service there the team must remain realistic and is fully aware that clients may not fully co-operate or totally reform regardless of the schemes input, but will at the least offer a premium service never before experienced by the client.

Lessons Learned:
- The Slough PPO steering group meet monthly to deal with all strategic issues. Processes for both adults and young people have been developed in parallel but are reported on separately. The steering group are addressing this as a risk. Due to the nature of the scheme and its strong authoritative feel clients sometimes resist involvement. In order for the client to engage with non-statutory supervision the team have to make sure that scheme is as attractive as possible, one of the ways in which this can be done is by making the client feel that there involvement is paramount and valued. A case conference will be held when a review of a clients progress is needed, where appropriate a client will be invited to attend and actively contribute to their forward planning, generally this meeting is smaller involving only key agencies, the aim of this meeting is to ensure regular monitoring of the clients ever changing needs also that partnership agencies are working toward the same goal consistently and effectively and making the client feel involved in their development.
- There are good structures in place to set up rent deposit guarantees in Slough but there are no reciprocal arrangements with other Councils. It is common for PPOs to wish to move away from the area where their drug using friends and criminal colleagues are located. A previous case required the Housing liaison officer to make contact, explain the scheme and negotiate the use of Hillingdon’s fast-track system for the processing of the Housing benefit claim in order to speed the process along so that the client could move in the property. Currently the Housing Liaison Officer is liaising with Hillingdon Council; if we are successful this will establish a link to Hillingdon. A similar link to Ealing is desired.

Emerging Good Practice:
- The team fully appreciate the value and importance of ensuring clients can access primary services without delay or complication some additional work to support PPOs and keep them engaged includes:
  - Fast tracking welfare benefit claims
  - Housing liaison support
  - Access to housing deposit guarantee
  - Support to start training courses
• Assessing and providing a holistic wrap-around service for clients to help them with any additional needs.

• Care is taken to ensure that their healthcare needs are delivered seamlessly, particularly on release from prison. All of these initiatives contribute to creating the conditions where an individual is supported on all sides to avoid drug misuse and criminal activity. As many of the clients identified as PPO’s have a long standing history with the Police/Probation service the strong relationship within the scheme is demonstrated by the rapid and critical information sharing regarding their previous engagement, risk of re-offending, risk to the community, pattern of behaviour and the difficulties that have been experienced in the past (both by client and service provider), thus enabling invaluable forward planning and in some cases an even more intensive approach.

• Access to release dates - we have established very strong links with the majority of prisons that the PPO are sent to allowing the team to plan in advance the care packages in readiness for the clients release, these packages are tailored to the clients needs incorporating the clients main concerns such as, welfare benefits, accommodation and support around dependency.

• Housing and benefits are two of the biggest risks and blockages to PPO rehabilitation and the dedicated housing officer has been important in making progress in these two areas. The worker is forging links with surrounding local areas to set up arrangements that would allow PPOs to be housed there, including securing access to benefits and other services.

**Slough Case Study**

KR was released from prison 3 months ago after serving 32 months of his sentence. He was jointly visited by both the DIP throughcare and aftercare worker (TC&ACW) and the Housing Liaison Officer (HLO). Both his pre and post release needs were assessed and the DIP PPO support scheme was explained to him in detail. Prior to being sentenced he had been living in his car or with friends and he feared being rendered homeless again when released. Due to his dependency on drugs his relationship with his family had broken down and he was not welcome within the family network. He had lived on his own in the past but abandoned his tenancy due to personal problems.

When asked if he would be prepared to attempt to mend relationships with his family (particularly his mother), with the support of TC&ACW and HLO, he was enthusiastic. He had had a longstanding dual dependency and was aware that he would face great difficulty maintaining his drug free status when he returned to the community if accommodation and support was not readily available. On release he had been drug free for 12 months and he was very anxious as to how he would cope on release.
In preparation for his release HLO made contact with KR’s mother, explained the scheme and discussed the feasibility of KR staying with her on a temporary basis (if alternative accommodation could not be found in readiness for his release). KR’s mother highlighted her concerns and they were addressed one by one: It was explained to her the importance of him being supported by the family; the resettlement program was fully explained as was the scheme’s commitment to supporting him. KR’s mother agreed to accommodate him if other appropriate accommodation fell through and she was reassured that the Housing Liaison and DIP support would be intensive.

Accommodation for two nights at a guest house was arranged followed by a tenancy sign up for permanent private rented accommodation within the week of his release. Unfortunately by the time KR was actually released the landlords of the private rented accommodation had let the property to another person. Ultimately the landlord had preferred to take a ‘regular’ tenant as opposed to a PPO. His mother therefore accepted him back into her home.

To date KR is regularly engaging with the DIP team and has tested negative each time he has been drug tested. A holistic care support plan has been prepared with him addressing his individual areas of need – accommodation, welfare/housing benefit, drug support etc.

KR has shown dedication to engaging with the scheme and to improving his relationship with his family. He is currently in receipt of welfare benefits and is residing successfully with his mother on a temporary basis. He has started to build relations with his children and other family members.

KR has been made 2 offers of accommodation by the HLO but has declined due to concerns about the locality being one where drug use is prevalent; he is also 3rd on the housing register and likely to be made an offer of allocation in the near future.

KR is currently making plans to develop his personal skills and has been put forward for a training course to prepare him to lead a new user group in Slough. He has considerable skills and experience of discussing and tackling his own issues and he also needs the intellectual stimulation. The team will continue to support him fully with each of his plans.
**Tameside**

Tameside used their additional funding to fund the following:

Web-based case management system; Micase.
It allows multi-agency case management - all CJIT workers can access case information necessary and relevant to their job. The system also allows for fast-track appointments and assists with local data returns for performance management.

**Team Structure & Relationships:**
- DIP Team is headed up by a DIP Manager and Deputy manager
- Within the team there are 5 distinct teams each with a lead officer/team leader
  - Prolific offender team - probation, police, drug workers, mentors
  - DRR Team - Probation and drug worker
  - DIP Team - screening assessment and brief intervention workers
  - Throughcare aftercare team – Structured day care, housing link, welfare rights, alternative therapies, groups etc
  - Offender management – Police staff
- Teams 1 – 4 above are all located in the same building and including mainstream seconded staff and volunteers total about 50 people. Team 5 are located in the Operational Policing Unit in the Police Station but visit the building frequently.
- All the teams are supported by a central Reception and Admin team

**Overview of Approach Taken:**
- DIP manager and DIP deputy manager attend selection meetings, manage the target offender team and manage the police offender management unit
- Multi agency database, Regular information sharing via email and joint supervision management and home visits
- All information is shared among the team.
- The PPO team are fully integrated into the CJIT
- The CJIT has a housing link worker who facilitates and advocates on behalf of PPO’s but the gatekeepers are registered social landlords who resist engagement

**Lessons Learned:**
- The recent changes in Probation structure has reduced the number of seconded dedicated probation staff. A solution to address the effect has been found in training of wider probation members but there is still a way to go to ensure that service delivery is equitable with what has previously been the standard of delivery
Emerging Good Practice:

- Community support and mentoring scheme which works with all DIP clients including PPO’s. Family relationships is one of the work areas.
- An accredited training course is offered to recovering users interested in pursuing work in the drug or alcohol field. The mentoring/community support project – Widening Horizons – is the next stage for graduates who can build experience and later apply for core jobs in the field.
- Leisure activities are being developed together with a healthy lifestyle course, cook to eat lessons, Spanish language lessons, e learning and a woodland landscaping project linked to Britain in Bloom.
**Tameside Case Study 1**

38yr old woman who has been a heavy user of a wide range of controlled drugs for most of her teenage and adult life has a long history of offending / prison / homelessness. Has been in several abusive relationships and has mental health issues. Was designated as a PPO in November 2004 and the early experience was that she was very hard to work with and very difficult to engage in any meaningful work.

She began work with the Probation Service but did not respond at any level. She was arrested prior to Christmas for further offences and received a custodial sentence and a CRASBO. Released again in March 2005 there was a joint PPO DIP assessment and stabilisation accommodation arranged in the local mental health unit.

She responded somewhat better on this occasion but was then moved to a hostel. The level of supervision and communication picked up within two days that she had begun associating with another criminally active woman in the hostel which raised the level of risk. There was then an incident which uncovered evidence of drug use and an emergency recall was issued.

She has now just come out of prison again where further support has been put in place but again there has been a very poor response to the intervention.

This individual prior to coming onto the PPO project had been convicted of 192 offences during the proceeding 2 yrs and although little progress has been made on an individual basis the communication between the agencies has led to no further arrests or convictions since November 2004.

**Tameside Case Study 2**

36 yr old man with a history of class A drug use from 12 yrs of age. Taken into local authority care at 9 yrs old this man first went to prison at 14 yrs of age. Since then he has spent only 10 weeks out of prison. He reports having never been out of prison for more than two hours before using drugs and during his 22 yrs in prison has continued to use class A drugs.

He has recently been released after serving 9 yrs for serious offences and was identified as a PPO in September of 2005.

In preparation for his release he was visited jointly by a probation officer and drug worker from the team who arranged medication prior to release. He was picked up and brought to the team building where he was given an induction and introduced to his workers. He has a mentor and has recently obtained a place in a supported hostel.

He continues to be free of illicit drugs and is, at 10 weeks experiencing his longest period of abstinence since being 12 yrs old.
## ANNEX A

### LIST OF CONTACTS IN 12 FUNDED AREAS

<table>
<thead>
<tr>
<th>Area</th>
<th>Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bristol</td>
<td>Sue Leleu</td>
<td><a href="mailto:sue.leleu@avonandsomerset.police.uk">sue.leleu@avonandsomerset.police.uk</a></td>
</tr>
<tr>
<td>Camden</td>
<td>Danilo Di Giacomo</td>
<td><a href="mailto:danilo.digiacomo@camden.gov.uk">danilo.digiacomo@camden.gov.uk</a></td>
</tr>
<tr>
<td>Hartlepool</td>
<td>Barbara Gill</td>
<td><a href="mailto:barbara.gill@teesside.probation.gsi.gov.uk">barbara.gill@teesside.probation.gsi.gov.uk</a></td>
</tr>
<tr>
<td></td>
<td>Sandra Lowe</td>
<td><a href="mailto:sandra.lowe@teesside.probation.gsi.gov.uk">sandra.lowe@teesside.probation.gsi.gov.uk</a></td>
</tr>
<tr>
<td>Lambeth</td>
<td>Keith Stewart</td>
<td><a href="mailto:KStewart@lambeth.gov.uk">KStewart@lambeth.gov.uk</a></td>
</tr>
<tr>
<td>Leeds</td>
<td>Richard James</td>
<td><a href="mailto:RJ175@westyorkshire.pnn.police.uk">RJ175@westyorkshire.pnn.police.uk</a></td>
</tr>
<tr>
<td>Leicester</td>
<td>Rose Scott</td>
<td><a href="mailto:rose.scott@drugs.org.uk">rose.scott@drugs.org.uk</a></td>
</tr>
<tr>
<td>NE Lincolnshire</td>
<td>Bill Geer</td>
<td><a href="mailto:bill.geer@nelpct.nhs.uk">bill.geer@nelpct.nhs.uk</a></td>
</tr>
<tr>
<td>Peterborough</td>
<td>Julie Butler</td>
<td><a href="mailto:julie.butler@peterborough.gov.uk">julie.butler@peterborough.gov.uk</a> or <a href="mailto:communitysafety@peterborough.gov.uk">communitysafety@peterborough.gov.uk</a></td>
</tr>
<tr>
<td></td>
<td>General</td>
<td></td>
</tr>
<tr>
<td>Salford</td>
<td>Jane Birch</td>
<td><a href="mailto:Jane.Birch@salford.gov.uk">Jane.Birch@salford.gov.uk</a></td>
</tr>
<tr>
<td>Sandwell</td>
<td>Narinder Tung</td>
<td><a href="mailto:n.tung@west-midlands.pnn.police.uk">n.tung@west-midlands.pnn.police.uk</a></td>
</tr>
<tr>
<td>Slough</td>
<td>Fiona Dent</td>
<td><a href="mailto:Fiona.Dent@slough.gov.uk">Fiona.Dent@slough.gov.uk</a></td>
</tr>
<tr>
<td>Tameside</td>
<td>Pete Johnson</td>
<td><a href="mailto:pete.johnson@tameside.gov.uk">pete.johnson@tameside.gov.uk</a></td>
</tr>
</tbody>
</table>
ANNEX B

FURTHER INFORMATION AND LINKS

This document and any further information produced by DIP will be available on:
www.drugs.gov.uk

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

In addition information sharing advice can be found at:
http://www.crimereduction.gov.uk/ppominisite06.htm

Further information about the National Treatment Agency is available on: www.nta.nhs.org

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

Anne Taylor
Home Office
Drugs Interventions Programme
Drug Strategy Directorate
Peel Building
2 Marsham Street
London SW1P 4DF
020 7035 0524
anne.taylor@homeoffice.gsi.gov.uk