Home Office

Drug Interventions Programme
Operational Handbook

TACKLING DRUGS CHANGING LIVES

TACKLING PROLIFIC OFFENDERS REDUCING CRIME

Foreword

The *Drug Interventions Programme Operational Handbook* is part of our programme of work to continuously improve the implementation of, and outcomes from, the Drug Interventions Programme (DIP).

In 2003 DIP set out to use the criminal justice system as a means to enable offenders address their drug misuse, at the same time as ensuring they were closely managed and connected to other services in order to reduce drug related offending. The programme has proved a clear success. Over 4,500 drug misusing offenders enter treatment through DIP each month and eight out of every ten persons are being retained in treatment for 12 weeks or more. Since DIP began, recorded acquisitive crime – to which drug related crime makes a significant contribution - has fallen by around 32%.

However, the context in which DIP operates has changed dramatically with new local structures and new partnerships. In the 2009 Review of DIP, we set out to listen to and learn from the experience of the many partners who help to implement DIP and to establish best practice in delivering the Programme's outcomes. The result of that work has been the development of a refreshed **operational model** supported by a new DIP **funding model**.

The new *DIP Operational Handbook* sets out the framework for delivering DIP defined through three core functions

- the successful **IDENTIFICATION** of drug misusing offenders;
- a comprehensive and standard **ASSESSMENT** of their treatment and other support needs;
- and effective, consistent **CASE MANAGEMENT** to help break the cycle of drugs and offending

I hope the Handbook provides commissioners, managers and practitioners with the information to help you improve the impact of DIP in your area. However, the ambition does not stop there. I know local areas are building on successful DIP implementation to develop integrated approaches for managing local offenders, recognising that all crime is connected by individuals and that we need to address the circumstances which drive those individuals to commit crime.

Good quality partnership-working - be it local, national or international - is the key to our successes. I am particularly grateful to local partners for working with us on this new Operational Model and to the National Treatment Agency (NTA), Association of Chief Police Officers (ACPO), the National Offender Management Service (NOMS), Department of Health, the Government Office Network and the Welsh Assembly Government for their support in developing the Handbook.

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1. Introduction

1.1 What is the purpose of this Handbook?

This Handbook explains **how** to deliver the Drug Interventions Programme (DIP) processes **from the point of arrest to sentence** and **following completion of a prison sentence and/or probation supervision** across England and Wales. This will help partnerships not only achieve optimum outcomes but ensure consistency in the local delivery of DIP through the use of best practice.

Section 1 explains the purpose of the Handbook, who should use it and how it relates to other existing documents while **Section 2** describes the governance of the Programme at both a local and national level and how DIP fits in with Integrated Offender Management (IOM). This is followed by an explanation of the key roles in **Section 3.** While **Section 4** provides a step by step guide through the key components of DIP (identification, assessment and case management) with details of ***what*** the minimum standards and expectations are, and ***how*** they should be delivered. The **Annexes** include roles and responsibilities of key partners, advice on housing and housing support, establishing support networks and developing life skills and routes back into employment.

This document also provides local commissioners clear expectations about the services they should commission CJITs to undertake from the funding provided by the Home Office in the DIP Main Grant. The DIP Main Grant should only be used for CJITs to manage those service users with a specified Class A drug misuse (heroin and/or crack/cocaine) in the following circumstances:

- those service users who have entered the Criminal Justice System at any point from arrest to sentence (if sentenced to a community order would be the responsibility of the Probation Service or if sentenced to a custodial sentence would be the responsibility of the Prison Service); or
- those service users released from prisons serving a sentence under 12 months (those 12 months or over are released on licence and therefore the Probation Service have a statutory responsibility for case management of those individuals); or
- those service users following the completion of a community sentence or completion of their licence (no longer to Probation Statutory supervision) and who still need the intensive case management of DIP.

However, this does not exclude CJITs being commissioned to deliver other services from other funding streams where commissioners consider this provides optimum outcomes and best value for money – for example, provision of Tier 3 services, or services for service users who are subject to a community order with a Drug Rehabilitation Requirement (DRR). Commissioners should also ensure that services meet local diversity needs.

Finally, this document will:

- provide signposting to existing guidance documents; and
- articulate minimum standards that all partners will be expected to adhere to.

1.2 What is the Drug Interventions Programme?

DIP plays a key role in tackling drugs and reducing crime. Introduced in 2003, it aims to get adult drug-misusing offenders who misuse specified Class A drugs (heroin and cocaine/crack cocaine) out of crime and into treatment and other support. Over £900m in total has been invested in DIP since the programme so far and there is continued central funding to ensure that DIP's processes become the established way of working with drug misusing offenders across England and Wales

Many of the offenders who benefit from DIP are among the hardest-to-reach and most problematic drug misusers, and are offenders who have not previously engaged with treatment in any meaningful way. The key benefit of DIP is that it focuses on the needs of these offenders by providing new ways of cross-partnership working, as well as linking pre-existing ones, across the criminal justice system, healthcare and drugs treatment services and a range of other supporting and rehabilitative services. Delivery at a local level is through partnerships using integrated teams (known as Criminal Justice Integrated Teams – CJITs) with a case-management approach to offer treatment and support to offender from the point of arrest through to beyond sentencing and re-settlement into the community. Through sharing information on the treatment needs of service user offenders, professional multi-skilled teams are able to provide tailored solutions to meet the needs of these offenders.

For more information on the Drug Interventions Programme visit http://drugs.homeoffice.gov.uk/drug-interventions-programme/

1.3 How does this Handbook relate to existing guidance documents on the Drug Interventions Programme?

There is already an extensive suite of guidance documents in existence that focus on specific aspects of the Drug Interventions Programme, which are referenced throughout the Handbook. In particular, two guidance documents that articulate clear pathways for drug-misusing offenders to follow when engaged with DIP are as follows:

- *Operational Process Guidance for Implementation of Testing on Arrest, Required Assessment and Restriction on Bail*: originally published in 2005 and subsequently updated, this document sets out detailed process guidance for the successful implementation of the Testing on Arrest, Required Assessment and Restriction on Bail provisions within DIP.

- *Drug misusing offenders – ensuring the continuity-of-care between prison and community*: published in 2009, this document provides specific process guidance on managing the continuity-of-care journey that drug misusing offenders follow on entering prison from the community, whilst in prison and when exiting prison.

This Handbook does not replace these two guidance documents but, instead, builds on them. Specifically, the Handbook goes one step further by providing greater detail on how, once a service user is identified as having a Class A drug misuse need, the service user should be managed by the CJIT. This is to ensure that a minimum set of standards and expectations are articulated that all CJITs, regardless of geographic location or caseload profile, will observe.

Section 4 of this Handbook sets out in detail *what* the minimum standards and expectations are, and *how* they should be delivered. The detail is set out within a series of process points. When reading the Section, it is helpful to have in mind the *Operational Process Guidance for Implementation of Testing on Arrest, Required Assessment and Restriction on Bail* guidance document and *Drug misusing offenders – ensuring the continuity-of-care between prison and community* guidance document, and to understand that the Handbook describes how drug misusing offenders should be managed between the following points in the criminal justice journey:

  - from the point where an individual is successfully identified as having a specified Class A need following a positive drug test on arrest within police custody leading to a required assessment and/or restriction on bail to the point where an offender is sent by a court to prison or sentenced by a court to a community-based punishment (such as a Drug Rehabilitation Requirement). Within the Handbook, this journey is described as **"Identification by Enforcement"**.

  - from the point where, in areas where drug testing facilities in police custody suites are not provided OR where a negative drug test is obtained, the police believe the individual has a specified Class A need to the point where an offender is sent by a court to prison or sentenced by a court to a community-based punishment (such as a Drug Rehabilitation Requirement). Within the Handbook, this journey is described as **"Identification by Proactive Engagement"**.

When describing the activities to be followed when managing a specified Class A drug misuse offender, the process points are split into two components:

Definition and Significance - explaining what this stage of the process is and its role within the overall "identification by enforcement" / "identification by Proactive engagement" journey (as appropriate)

Required actions – who must take what action and when. These actions often relate to established policy requirements determined by the Home Office and National Treatment Agency, and are always key to moving effectively through the process.

There are many things that the Handbook does not attempt to be, including:

- the provision of specific clinical guidance on drug misuse needs
- a training tool for workers on how to assess/refer service users
- a substitute for line management support and professional guidance
- a detraction from managers and workers ability and duty to exercise their proper judgement and experience in deciding how to establish effective teams and working practices

- a risk management or case management tool

Overall, the guidance aims to be prescriptive only where necessary and allows for local partnerships to develop working practices together which meet both the requirements of the provisions and local circumstances. It is often the case that it would be inappropriate to try to impose a single model of how to achieve a required action/outcome, when what is most efficient and effective may depend on local resources and structures.

1.4 Who should use this Handbook?

This Handbook should be used by all partners who are involved in delivering DIP. It will be particularly useful for:

- DAT or CSP commissioners
- Service providers
- DIP managers
- Government Offices – drug and crime teams
- Regional NTA Teams
- Police
- Wales regional DIP managers

It will also be of interest to those involved more widely with DIP, such as:

- Drug and Alcohol Teams
- Crime and Disorder Reduction Partnerships / Community Safety Partnerships
- Senior police officers
- The Probation Service
- CARAT workers and managers
- Prison Healthcare workers and managers

1.5 Who has contributed to this Handbook?

The following organisations have contributed to the development of this Handbook:

- Drug Interventions Programme (Home Office)
- Department of Health
- Welsh Assembly Government
- National Treatment Agency
- National Offender Management Service
- Association of Chief Police Officers
- Regional Government Offices/National Treatment Agency Teams
- Representatives from DATs/SMATs and Service Users.

In addition, between September – December 2009, 10 regional workshops throughout England and Wales were held, where stakeholders drawn from CJITs, probation, Government Offices, service providers and the police were consulted.

1.6 When will this Handbook come into effect?

This Handbook recognises that many partnerships will already be delivering the requirements set out in the Handbook, though some areas will need some further time to implement all the requirements. The expectation therefore is that all partnerships will have implemented the requirements in the Handbook no later than the end of 2010.

1.7 Will this Handbook be updated?

It is not envisaged that the Handbook will be updated.

1.8 Who can I contact if I have any questions arising from the Handbook?

You can e-mail DIP Enquires at DIPenquiries@homeoffice.gsi.gov.uk with any query, which will be responded to by staff in the Home Office's *Offender-based Interventions Unit*.

2 Governance of DIP

This section sets out how DIP is governed within the following contexts:

- the core remit of DIP
- the governance of DIP at a national level
- how DIP is managed in the community
- how class A drug misusing offenders are managed in prisons
- how class A drug misusing offenders are managed by the National Probation Service
- DIP within *Integrated Offender Management*

2.1 The core remit of DIP

The Drug Interventions Programme identifies offenders who misuse the specified Class A drugs (heroin, cocaine/crack cocaine) as they go through the criminal justice system and puts into action a range of interventions to address their specified Class A drug misuse needs and offending to help them get out of crime and into treatment and other support. The DIP Main Grant provides for DIP to be delivered by the Criminal Justice Integrated Teams (CJITs), in partnership with the:

- **police** (who identify and encourage offenders with specified Class A drug misuse needs to access DIP services)
- **CARATs** (who broker the provision of treatment and/or other appropriate support if the individual is sentenced or remanded to prison)
- **Probation Service** (who broker the provision of treatment and/or other appropriate support if the individual is sentenced to a community sentence, or released from prison on licence and subject to statutory supervision)

2.2 The governance of DIP at a national level

The Drug Interventions Programme reports to the *Integrated Offender Management (IOM) National Strategic Board* who meet on a quarterly basis. The membership of the Board comprises:

Home Office	Communities and Local Government
Ministry of Justice - HM Courts Service	Crown Prosecution Service
Ministry of Justice - National Offender Management Service	Department of Health
Association of Chief Police Officers	National Treatment Agency
Department for Children, Schools and Families	Prime Ministers Delivery Unit

The Board provides strategic leadership for the Prolific and other Priority Offender (PPO) Programme and Drug Interventions Programme (DIP). Within Wales, the Drug Interventions Programme reports to the *All Wales Drug Interventions Programme Performance Management Board*.

2.3 The governance of DIP at a local level

It is important that there are effective governance structures at a local level to oversee and support the delivery of the Drug Interventions Programme. As a crime reduction programme, Local Criminal Justice Boards (LCJBs) with Crime and Disorder Reduction Partnerships (CDRPs) in England and Community Safety Partnerships (CSPs) in Wales, who have a common interest in reducing reoffending, should also support the delivery of the Drug Interventions Programme locally. How local areas develop local governance structures will ultimately be a matter for themselves, however as many areas are developing *Integrated Offender Management* – within this strategic umbrella will sit the Drug Interventions Programme – the local governance structure for Integrated Offender Management may be appropriate for overseeing the delivery of the Drug Interventions Programme locally.

2.4 How DIP is delivered in the community

DIP in the community is delivered via Criminal Justice Integrated Teams (CJITs). Funding is provided by the Home Office through the DIP Main Grant for CJITs to take on to their caseload service users whose offending behaviour is

caused by the misuse of the specified Class A drugs of heroin and cocaine/crack cocaine. CJITs are responsible for the provision of the services outlined below in line with the *NTA Models of Care for Treatment of Adults Drug Misusers Update (2006)* and *Welsh Assembly Government Treatment Frameworks*, and deliver enhanced Tier 2 interventions by offering the service user ongoing support through case management arrangements in order to facilitate engagement in structured drug treatment. This includes:

- drug related advice, information and harm reduction interventions;
- triage assessment (including where appropriate through the Required Assessment provisions of the Drugs Act 2005 following a positive drug test), and referral i.e. for comprehensive assessment and structured drug treatment where appropriate;
- drawing up an initial care plan with the service user following a triage assessment;
- addressing offending behaviour by ensuring appropriate services are offered;
- access to prescribing services;
- provision of Tier 2 interventions (including brief psychosocial interventions e.g. motivational interventions) for those accessing or who have left treatment;
- considering the provision of a 24/7 phone line or out of hour arrangements particularly targeted at those vulnerable new and existing clients leaving custodial establishments and/or treatment
- a single point of contact for referrals from professionals including criminal justice agencies, CARAT teams and treatment agencies;
- a case management approach using key working and care planning to ensure continuity of care;
- access to structured treatment through local care pathways commissioned by the local partnership;
- implementing a programme of assertive outreach when service users miss appointments;
- partnership work with Probation (Offender Managers) and Prison Healthcare teams / CARAT teams
- partnership with other relevant service providers to broker access to wraparound services such as housing, employment, rebuilding family relationships, peer support, education, life skills (e.g. finance management) etc,
- to address the service user's broader range of needs on and after release from custody, at the end of a community sentence and following treatment.

However, this does not exclude CJITs being commissioned to deliver other services from other funding streams where commissioners consider this provides optimum outcomes and best value for money – for example, provision of Tier 3 services, or services for service users who are subject to a community order with a Drug Rehabilitation Requirement (DRR).

2.5 How class A drug misusing offenders are managed in prisons

When an offender with specified Class A Drug misuse needs enters prison, the treatment and/or other appropriate support previously brokered by the CJIT transfers to the CARATs service. CARATs is a multi-disciplinary, specialist support and advice service providing - **C**ounselling, **A**ssessment, **R**eferral, **A**dvice/information and **T**hroughcare -for all prisoners who require it. It is the key non-clinical gateway drug treatment service in prisons for prisoners aged over 18. The two key aims of CARATs are to provide treatment management and treatment provision in order to reduce the harm caused by any drug classified under the Misuse of Drugs Act 1971. Harm reduction caused by specified Class A drug misuse is a high-priority aim for CARATs, though it should be noted that it is not the sole aim of CARATs.

CARATs have an integral part to play in the management of drug treatment in prison and in securing access to treatment on release. For some prisoners CARAT services may be the only intervention into their drug problem whilst they are in prison and it may be the first time they have ever had assistance with their drug-related problems. The service assesses prisoners before providing advice, information, further CARATs interventions and referral to appropriate services, including structured drug treatment programmes. CARATs provide harm minimisation one to one work or group work using a number of brief intervention therapy styles including motivational interviewing and solution-focussed therapy. CARAT services must be easily accessed by any prisoner, and will be the foundation for more intensive drug treatment programmes when appropriate and when sentence length permits.

Where a specified Class A drug-misusing offender is sentenced or remanded in to prison custody, a formal referral by the CJIT team must be made to the appropriate CARATs team, followed by the service user's drug treatment information, and vice-versa when the service user exits prison into the community. This is to ensure that the offender's continuity-of care is maintained. For further guidance on how to achieve this, refer to the following document - *Drug misusing offenders – ensuring the continuity-of-care between prison and community* (published June 2009).

2.6 How class A drug misusing offenders are managed by the National Probation Service

When an offender is sentenced to a community order with a Drug Rehabilitation Requirement, the treatment and/or other appropriate support previously brokered by the CJIT transfers to the National Probation Service. The successful delivery of a DRR is dependent on the service user's consenting to the treatment proposed under the DRR and, prior to sentencing, the CJITs have an important role to play to support the process that determines an individual's suitability for a DRR if a community sentence is anticipated for that individual. Specifically, the CJIT should continue to case manage the offender and help prepare him/her for the DRR and associated assessments carried out by the Probation Service (e.g. begin rapid prescribing or undertake motivational work to reduce the risk of the offender dropping out of treatment whilst waiting to be sentenced). CJITs should also establish effective working protocols with their local Probation Service area to manage an individual's needs in these circumstances. Once the community order is imposed, the individual's treatment and/or other support transfers to the Probation Service.

For further information, see the circular *Effective management of the Drug Rehabilitation Requirement (DRR) and Alcohol Treatment Requirement (ATR)* http://www.probation.homeoffice.gov.uk/files/pdf/PC57-2005.pdf and also the updated guidance issued in 2008.

2.7 DIP within *Integrated Offender Management* (IOM)

Integrated Offender Management (IOM) is a strategic umbrella or overarching framework that brings together agencies across government and local partnerships to prioritise the interventions given to offenders who cause crime in their locality. Within the strategic umbrella sit offender-focussed programmes such as:

- Prolific and Other Priority Offenders (PPO)
- Multi Agency Public Protection Arrangements (MAPPA)
- Drug Interventions Programme (DIP)

The aim of IOM is to ensure that the right intervention is given to the right offender at the right time. By providing a strategic umbrella, IOM provides a dynamic environment where local areas are able to draw together their approaches to tackling offenders. Specifically, the IOM framework enables the partnerships to ensure that an offender is placed within an appropriate intervention (e.g. MAPPA, PPO or DIP) that is targeted and meaningful to the needs of the offender, and based on a considered assessment of the risks an offender poses to the local community.

The IOM strategic partnership may typically consist of the police, probation, prison staff, local authority workers, criminal justice drug workers, youth offending teams, mental health workers, private electronic monitoring providers, employment services and third sector providers of specialist support and care. They select and keep under regular review offenders who are in the community and judged to be at high risk of causing harm to their local communities. Although on principle IOM does not distinguish between those offenders under statutory supervision by the Probation Service or not, IOM is particularly suited to offenders sentenced to prison custody for less than 12 months and who are not subject to statutory supervision on release, but who may be at high risk of re-offending.

Further information on IOM can be found in the publication: *Integrated Offender Management – Government Policy Statement (June 2009)* published jointly by the Home Office and Ministry of Justice.
http://www.crimereduction.homeoffice.gov.uk/ppo/IOMGovernmentPolicyStatement.pdf

3 DIP Roles

3.1 Custody suite – Police and civilian staff

Within the context of the Drug Interventions Programme, the police have a critical role to identify individuals who misuse specified Class A drugs when they are in contact with the criminal justice system via the police custody suite. Where drug testing facilities exist and an individual is arrested for a trigger offence or offence where an Inspector's Authority is obtained for the purpose of testing the individual, then the legal responsibilities for specific police officers (**arresting officer**, **custody sergeant**, **Inspector or above**) to manage the legislative provisions of testing on arrest and Required Assessment and Follow Up Assessment are set out in the guidance document - *Operational Process Guidance for Implementation of Testing on Arrest, Required Assessment and Restriction on Bail*.

However, regardless of whether drug testing facilities exist, all police staff (including civilian *Detention Officers)* should proactively encourage an individual who is in police custody and is believed to be a specified Class A drug misuser to see the CJIT worker based in the custody suite. Section 4 gives further guidance on how to achieve this.

3.2 Drug Workers in Custody suite

CJIT workers are members of a multi-disciplinary team providing support, advice, brief and structured interventions to individuals with substance misuse problems within the criminal justice system. They are expected to assess the needs of substance users and effectively plan and implement a range of high quality interventions to support and motivate service users to reduce harm to individuals, families and communities by reducing health related harm and drug / alcohol related offending.

The CJIT workers based in the custody suite provide interventions to individuals who misuse specified Class A drugs (heroine and cocaine/crack). Where there are testing regimes within the custody suite the team need to be responsive to the legislative requirements of Required Assessments. Where not, teams must be proactive in assessing needs of those arrested for whom Class A drug misuse is an issue and respond accordingly. In any event, irrespective of whether testing is carried out in the Custody suite or not, all CJIT workers based in Custody suites should be actively seeking out potential service users based on intelligence from the police, paraphernalia found in the possession of the detainee or their own specialist knowledge of the individual and approach them to offer an assessment. The team works closely with partnership agencies to provide a comprehensive service to service users in line with DIP with due regard to local and national policy.

The workers are expected to undertake brief and comprehensive assessments and interventions with individuals within the criminal justice system, including those required to undergo a required assessment as well as providing specialist advice, information and promote the use of harm reduction strategies with this service user group. They must support and enable individuals within the criminal justice system in accessing other appropriate services including treatment, ensuring risk assessments are appropriately carried out, implemented and addressed within the service users care package.

They must liaise effectively with professionals and others to facilitate an integrated delivery of services to individuals and promote, enhance, establish and maintain effective channels of communication with colleagues and other agencies. They must always act in a responsible manner with service users and others, using appropriate language which acknowledges cultural differences and maintain accurate and timely written clinical and legal records.

Excellent engagement skills are required to ensure that the provision and receiving of highly complex, sensitive information is accurate and timely and the dealing with it is appropriate for both service users and other agencies, within information sharing policy and protocols.

3.3 Drug Workers in Court

CJIT workers in court are members of the same multi-disciplinary team commissioned by the partnership and have similar responsibilities to those articulated in section 3.3 above. However, within the context of a court environment, the purpose of drug workers in court is to provide support, advice and brief interventions to service users with substance misuse problems who are in court and who have not been able to take advantage of such services in the police custody suite. CJIT workers in court can also identify an individual who misuses specified Class A drugs, if the opportunity to identify the individual has been missed whilst in the police custody suite.

CJIT workers in court also liaise with court officials to track the onward movements of service users from court – in particular, where a service user is sentenced or remanded into prison custody. This is so that effective continuity-of-

care arrangements with the CARATs service can then be put in place. They also have an important role in liaising with the Probation service to help with the early identification of those offenders who may be suitable for a Community order

3.4 The definition of "CJIT Case Manager"

Section 4 of this Handbook refers to "CJIT case managers". This is defined as being a designated person within the CJIT who is responsible for co-ordinating the overall care plan and programme of interventions that are agreed with the service user. The minimum case management requirements are set out in section 4.1.3 of this Handbook.

3.5 The definition of "CJIT worker"

Section 4 of this Handbook refers to "CJIT workers". This is defined as being a designated person within the CJIT who has two core responsibilities - to deliver the assessment (as set out in section 4.1.2) and, where an individual is accepted on to the DIP caseload, to deliver specific interventions set out in the care plan agreed with the individuals (as set out in section 4.1.3). Each individual taken on the caseload should have a CJIT worker as their case manager.

4 Managing the DIP Process

4.1 Overview

There are three elements to the DIP Framework model:

- Identification
- Assessment
- Case-Management

Sections 4.1.1 – 4.1.3 give an overview of these requirements by defining minimum standards that the police and CJIT teams are expected to implement. Sections 4.5 to 4.11 then set out in greater detail when and how the requirements can be implemented depending on whether the service user has come through the *Identification by Enforcement* or *Identification by Proactive Engagement* routes.

Data from DIP shows that many service users who receive appropriate treatment and/or support will reduce and stop their offending. However, there are a small number of service users with entrenched criminal behaviours who will continue to reoffend despite the support being given. Where service users disengage from treatment and/or support, it is reasonable to assume that they will continue offending. It is important that DIP helps all service users address their offending, by ensuring that the right intervention occurs as a service user progresses through the criminal justice system.

An overview of the different intervention opportunities within the criminal justice system is given here. For a service user who is charged, appears in court and is sentenced, the intervention opportunities can be:

- **prison**
  in this instance, the CARATs service will oversee the provision of treatment and/or support to the service user;

- **community sentence via a Community Order with a Drug Rehabilitation Requirement (DRR) attached**
  in this instance, the Probation Service will address the offending behaviour of the service user;

- **community sentence via a Community Order with no DRR attached**
  in this instance, the Probation Service will manage the Community Order, but in partnership with the CJIT who will manage the drug misuse needs of the service user;

- **on release from prison and subject to statutory supervision**
  in this instance, the Probation Service will address the offending behaviour of the service user;

- **on release from prison and not subject to statutory supervision**
  in this instance, the CJIT will oversee the provision and/or support to the service user.

For a service user who is not sentenced or not charged (including occasions where the individual is given a Conditional Caution with a DIP condition attached), the CJIT is responsible for ensuring the right intervention is delivered. Further detail of this requirement is articulated under section 4.1.3 (Case Management).

4.1.1 Identification

By the police

The Home Office expects that the majority of individuals who misuse specified Class A drugs will be identified by the police when an individual makes contact with the criminal justice system via the police custody suite. There are three circumstances where the police will identify whether an individual is a specified Class A drug misuser:

- following a positive drug test given in police custody (where drug testing facilities exist);

- following a negative drug test[1] given in police custody (where drug testing facilities exist) and the police through either intelligence or through self-reporting by the individual believes that the individual is using specified Class A drugs;
- following an arrest where drug testing facilities are not provided and the police through either intelligence or through self-reporting by the individual believes that the individual is using specified Class A drugs.

Where drug testing facilities exist and a positive drug test is given, then the identification of a service user is straightforward and the statutory "required assessment" or, as appropriate, "relevant assessment" under Restriction on Bail" procedures are followed.

Where an individual tests negative or there are no drug testing facilities provided, the police should use the following criteria to determine whether the individual is a specified Class A drug misuser:

- the individual volunteers that he misuses specified Class A drugs
- paraphernalia is present on the individual
- the individual appears to be a drug-misusing service user (e.g. there are injection marks on his arm)
- the individual is known through police intelligence to be a specified Class A drug misusing service user
- the individual requests to see a doctor for drug withdrawal symptoms
- where drug testing facilities exist, the individual has a previous drug test history

Annex E sets out additional guidance on how to apply these criteria.

Following identification, the police will proactively encourage the individual to see the CJIT worker based in the custody suite. This is so the CJIT worker can conduct an assessment on the individual and, as necessary, arrange for a care plan to be agreed with the individual. The police should also consider an appropriate disposal for the service user that allows maximum opportunities for the CJIT to engage with the individual. Where the police believe that the individual is using specified Class A drugs, a fixed penalty notice should not be issued. Instead, depending on the nature of the offence, the most appropriate disposal is either a charge or a conditional caution with a DIP condition attached.

Where a CJIT worker is on duty in the police custody suite or on-call, then the police will inform the CJIT worker that the individual is present in the custody suite. Where a CJIT worker is not available (e.g. because it is out-of-hours), the police will make an appointment for the individual to see the CJIT worker. Ideally, the appointment should take place within the timeframe of an individual's lawful detention in police custody. Where this is not possible, then the police should follow the arrangements as articulated below:

- if the individual is <u>resident in the area</u> where arrested, the police should arrange for the appointment to be carried out in by the local CJIT in the community as soon as possible within 24 hours or 1 working day;
- if the individual is <u>resident outside of the area</u> where arrested, the police should arrange for the appointment to be carried out by the CJIT in the individual's area of residence within 48 hours (or next working day if the 48 hour period falls over a weekend or public holiday).

The contact details of all CJITs are made available via the CJIT Single Point of Contact (SPOC) list which is circulated monthly by the Home Office. The police may not detain an individual solely for the purpose of conducting an assessment.

By the CJIT

It is possible that an individual who misuses specified Class A drugs may self-refer to the CJIT, in the following circumstances:

- individual known to the CJIT but has previously disengaged;
- individual known to the criminal justice system (e.g. at court) but has not engaged with the CJIT.

[1] Note: If a negative drug test is obtained, the police may not re-test the individual for the particular offence for which the individual has been arrested. Instead, the police should proactively encourage the individual to see the CJIT worker. It is important to note that the drug test is a screening result. It is therefore possible that a specified Class A drug misuser may give a negative test result for two reasons:
- between consumption of the drug and the time of the test, the body has metabolised the drug;
- the purity of the drug consumed is low.

Where this occurs, then the CJIT should use the identification criteria articulated in annex E and re-call any previous information held on the individual to satisfy themselves of the individual's suitability to access DIP services.

4.1.2 Assessment

The assessment is carried out by the CJIT worker, and for assessment and case management purposes the individual is termed "service user". This section of the Handbook sets out the minimum standards of the assessment, and should be applied in any of the following circumstances:

- during a statutory "initial assessment" following a positive drug test in police custody;
- during a statutory "follow-up assessment" where circumstances did not allow for an assessment to take place during the statutory "initial assessment";
- during a statutory "relevant assessment" under the Restriction on Bail route;
- following the service user being given a Conditional Caution with a DIP condition;
- where an appointment has been made by the police following a negative drug test given in police custody and the police through either intelligence or through self-reporting by the service user believes that the service user is using specified Class A drugs;
- where an appointment has been made by the police where drug testing facilities do not exist and the police through either intelligence or through self-reporting by the service user believes that the service user is using specified Class A drugs.

Minimum assessment requirements

The assessment is based on a triage (level 2) assessment as described in the *NTA Models of care* guidance or *Welsh Assembly Government treatment framework modules*. Its purpose is as follows:

- to enable the worker to establish the service user's dependency on or propensity to use specified Class A drugs;
- whether the service user might benefit from further assessment, treatment or other support;
- whether the service user is ready to engage;
- whether there is a need for the service user to undergo a more comprehensive assessment.

During the assessment, the worker will as a minimum also:

- determine any immediate risk to the service user;
- determine any immediate risk the service user may present to others;
- determine the urgency for referral to other specialist agencies;
- determine other drug misuse problems briefly;
- be aware of, and consider any specific race, equality and diversity needs of the service user[2]
- provide harm minimisation advice and, as appropriate, explain the types of assistance and treatment available;
- explain the holistic support available including relevant wraparound services;

Following this assessment, the CJIT worker will then make a decision on whether the service user is suitable to be included on the DIP caseload or brokered into more intensive interventions better suited to their offending and/or health needs. Where a service user is accepted on to the DIP caseload, the case management requirements articulated under section 4.1.3 below should be followed.

Where an individual fails to attend and remain at any statutory assessment/appointment (i.e. initial/follow-up assessment, or an appointment as part of their Restriction on Bail conditions, or an appointment as part of their Conditional Caution with a DIP condition), then the CJIT worker must inform the police/partnership. Where an individual fails to engage following identification by the police (via the *Identification by Proactive Engagement* route), then the CJIT must inform the police/partnership. However, in both instances, every effort should be made first to engage with the individual.

[2] Further information on this is available at http://drugs.homeoffice.gov.uk/drug-interventions-programme/guidance/RED/ and www.nta.nhs.uk/publications/publications.aspx?categoryID=39

4.1.3 Case Management

Effective case management is crucial to the successful delivery of the Drug Interventions Programme, and is delivered by the CJIT. There are two main elements to the effective delivery of case management:

- the creation and maintenance of a care plan
- the proactive management of a service user and their diverse needs

The creation and maintenance of a care plan

Care planning is a process for setting goals based on the needs identified by the assessment. It also allows interventions to planned to meet those goals. Ideally, it should be created as soon as possible after the assessment has taken place. It will be for the worker to determine the timing of the appointment when the care plan is created based on the service user's needs. However, as a minimum, CJIT managers and workers should take account of the following expectations:

- if a service user is travelling along the "identification by enforcement" route, then the statutorily-mandated "follow-up assessment" will be the opportunity for the care plan to be agreed with the service user;
- if a service user is travelling along the "identification by proactive engagement" route, then a second additional appointment may be set as appropriate to allow the care plan to be agreed with the service user.

In both instances, the second appointment must take place within five working days of the assessment taking place. There may however be circumstances where either a care plan can be agreed with the service user immediately after the assessment or, as circumstances determine, the assessment can be used to review a service user's care plan (if agreed recently).

Care planning is a core requirement of structured treatment but may also be used for those not requiring structured intervention, and is an agreement on a plan of action between the service user and the CJIT worker. It is a paper document which is available to the service user and kept on the service user's file. Care plans should document and enable routine review of the service user needs, subsequent goals and progress across four key domains:

- drug and alcohol misuse
- health (physical and psychosocial)
- offending
- social functioning (including housing, employment and relationships

More details on care planning and care plans are available from the Models of Care for Treatment of Adult Drug Misusers (http://www.nta.nhs.uk/) and Care Planning Practice Guide (http://www.nta.nhs.uk/publications/documents/nta_care_planning_practice_guide_2006_cpg1.pdf)

Information specific to Wales, where health is a devolved function of the Welsh Assembly Government, can be found at http://wales.gov.uk/topics/housingandcommunity/safety/substancemisuse/treatmentframework/?lang=en

The Home Office attaches particular importance to the role of the care plan. It must be viewed as a dynamic "living" document, agreed with the service user, kept under regular review and updated whenever a significant event that changes the service user's circumstances occurs.

The proactive management of a service user and their diverse needs

Effective case management is dependent on the accurate identification of need (via the assessment and care plan) and the ability of the case manager to develop a positive relationship with the service user that will enhance the service user's motivation to achieve the agreed care plan's objectives. The Home Office expects that, as a minimum, all CJIT teams will ensure that the following case-management activities occur:

- each service user on the DIP caseload will have a CJIT worker as a case manager;
- each service user will have a care plan based on the minimum expectations set out above;
- the case manager will be the single point of contact for the service user, and will ensure that regular appointments are made and kept with the service user;
- the case manager will assume responsibility for helping the service user enter and remain in treatment;

- the case manager will assume responsibility for facilitating, as the service user's requirements necessitate, access to and proactively encouraging the service user to engage with the following non-exhaustive list of needs:
    - housing
    - education, training and employment
    - finance
    - mentoring
    - relationships
    - life skills
- the case manager will ensure that, for service users who disengage, an appropriate intervention is delivered – for example, moving the service user in to the Prolific and Other Priority Offender (PPO) scheme;
- where a service user is referred for tier 3 interventions under the *NTA Models of Care* or *Welsh Assembly Government treatment framework modules*, the case manager will continue to be the service user's case manager;
- the case manager will ensure the service user remains on the DIP caseload until the service user is not a specified Class A drug misusing offender – further detail on interpreting this requirement is specified below.

Effective case management requires the case manager to understand why a service user is offending, and so the CJIT case manager will conduct an assessment to determine the service user's propensity to offend and likely route through any court proceedings, using relevant questions from standard assessment tools. *(Commissioners should ensure that appropriate training is in place for CJIT case managers to deliver this assessment requirement)*.

In many cases, the service user's offending will be addressed by appropriate treatment and/or support, with the service user reducing or stopping their offending. However, for those service users with more entrenched criminal behaviours, commissioners must ensure that appropriate services are in place that allow those needs to be addressed. If it is anticipated that the service user will be sentenced by the court to a community sentence, then the case manager should give early consideration to a service user's suitability for a Drug Rehabilitation Requirement, and liaise with the Probation Service at the earliest opportunity. If it is anticipated that the service user will be sentenced by the court to prison then, after sentencing, the case manager must forward all relevant information on the service user (with appropriate consent) to the CARATs service.

For service users who engage with DIP, the CJIT case manager will broker the service user's access to DIP for treatment and other forms of support. Where a service user starts missing appointments, the CJIT case manager must investigate the reasons why and, as appropriate, help the service user re-engage with DIP.

For service users who fail to engage following identification or who disengage and the CJIT case manager is not satisfied that the service user has stopped offending, then the CJIT case manager must ensure that, within 24 hours of the disengagement occurring, a programme of assertive outreach is initiated. The CJIT case manager must also make clear to the service user that their disengagement will be shared with the police and/or partnership agencies (depending on how local services are commissioned). Commissioners should ensure that treatment and other providers will share information on the service user's attendance at appointments, so that the Case Manager can implement assertive outreach for those who disengage.

The CJIT must regularly review their caseload of service users to ensure appropriate service users are receiving the intensive case management and support they need, and that service users who have ceased either offending and/or misusing Class A drugs are moved into generic community drug services. As a minimum, a service user's status on the DIP caseload should be reviewed no later than 16 weeks after admission on the DIP caseload OR whenever a significant event occurs for the service user (which may be before the 16 week milestone). It will be for the case-manager to judge what constitutes a significant event on a case-by-case basis as the service user's needs determine, and an individual may be transferred to a community drugs team at any time before 16 weeks if deemed appropriate. However, this Handbook defines the following non-exhaustive list of "significant events" where a review will take place:

- when a service user engages/disengages in employment, training and/or education;
- when a service user is successfully housed in permanent accommodation or becomes homeless;
- when a service user engages/disengages with his family or other stable relationship;
- when a service user enters prison;
- when a service user disengages from DIP;
- when a service user is arrested;
- when a service user demonstrates a worsening or improvement in health;
- when a service user and case manager agree that the care plan is unrealistic or counter-productive.

It is possible that, following formal review, a service user may remain on the DIP case-load beyond 16 weeks. The criteria on whether a service user remains on the DIP case-load is not time-limited. Instead, the key criteria for remaining on the DIP caseload is whether the service user is **misusing specified Class A drugs** AND **offending** to fund their habit in relation to acquisitive criminal activity. The following table of review criteria should be used to determine appropriate case-management actions:

Review criteria	Action
Is the service user still a Class A drug user and still offending?	If so, the service user remains on the DIP caseload, and appropriate interventions are delivered to address the service user's offending.
Is the service user still a Class A drug user but no longer offending?	If so, the service user exits the DIP caseload and is referred to other community-based treatment services that focus on Class A drug misuse.
Is the service user no longer a Class A drug user but still offending?	If so, the service user exits the DIP caseload and is referred to other locally available intensive intervention and support programmes (for example, PPO).
Is the service user no longer a Class A drug user and no longer offending?	If so, the service user should be brokered into appropriate non-CJS support services locally.
Is the service user still a Class A drug user and in prison?	If so, the CJIT case manager worker will liaise with HM Courts Service and/or CARATs service to determine the length of the service user's custody in prison. This is so that appropriate release planning arrangements can then be put in place to support the service user on release from prison custody – for more information, see guidance document: *Drug Misusing Offenders: Ensuring the continuity-of-care between community and prison*.*

* Note: Pick-ups from prison (where requested by a service user) are a vital element in maintaining the service user's continuity-of-care. Where a service user is in a prison either located within their CJIT of residence or within reasonable geographic distance of their CJIT of residence, then the guidance document *Drug Misusing Offenders: Ensuring the continuity-of-care between community and prison* sets out the requirements that the CJIT should follow to enable the pick up. From April 2010, the DIP Main Grant will provide an allowance for CJITs who have a prison or prisons within their territory to support the pick up at the prison gate of services users whose CJIT of residence is not within reasonable geographic distance of the prison. In this circumstance, the service user's CJIT should liaise with the relevant CJIT that has the prison within their territory to co-ordinate the pick up. CJITs with prisons within their territory will be resourced to enable a worker to meet at the prison gate a service user who has requested a pick up, and transport the service user to a public transport facility for on-ward travel to the service user's CJIT of residence. Commissioners may also wish to explore with the voluntary sector the provision of a prison pick-up service.

4.2 Consent and Information Sharing

A key principle behind rationale of the Drug Interventions Programme is to identify problem drug using service users at the earliest stage in the criminal justice system and to use resources within that system to move them into treatment and support and away from crime. Service users will be faced with the choice of complying with what is required of them and, where appropriate, face possible criminal sanctions (if identified and assessed through the *Identification by Enforcement* route).

The Drug Interventions Programme will only be effective if those involved with the service users concerned – police, CJITs, CPS and courts in particular – are able to share meaningful information necessary to ensure an appropriate response to a service user's compliance or failure to comply with what has been legally required of them. Creating

requirements which may be ignored will not help to change people's lives, reduce their offending behaviour or help them into appropriate treatment and support.

The guidance document *Operational Process Guidance for the Implementation of Testing on Arrest, Required Assessment and Restriction on Bail* sets out the consent and information sharing requirements for those service users who travel along the *Identification by Enforcement* route, particularly where it is permissible for information to be shared without the consent of the service user.

For those service users who are identified as specified Class A drug misusers via the *Identification by Proactive Engagement* route, the sharing of information is done with the consent of the service user. Where a drugs worker has carried out an assessment, the outcome of this will be recorded on the Drug Interventions Record and the CJIT worker will - if they feel that the service user would benefit from ongoing support - seek to engage the service user further and gain their consent to sharing information for continuity of care purposes. Information sharing is covered in detail in the document *Drug Misusing Offenders: Ensuring the continuity-of-care between prison and community*

Additional guidance on consent and information sharing can be found in the document *DIP and PPO Information Sharing*, see: http://drugs.homeoffice.gov.uk/publication-search/dip/DIP_PPO_info_share?view=Binary

4.3 Understanding the process maps in the Handbook

When a service user accesses services provided by DIP, there are two possible pathways that the service user will follow. The Handbook calls these pathways:

- Identification by Enforcement
- Identification by Proactive Engagement

Pages 19-32 of this Handbook set out the process maps that describe in detail the two pathways. By articulating the pathways in this way, the Handbook sets out for CJIT workers and managers:

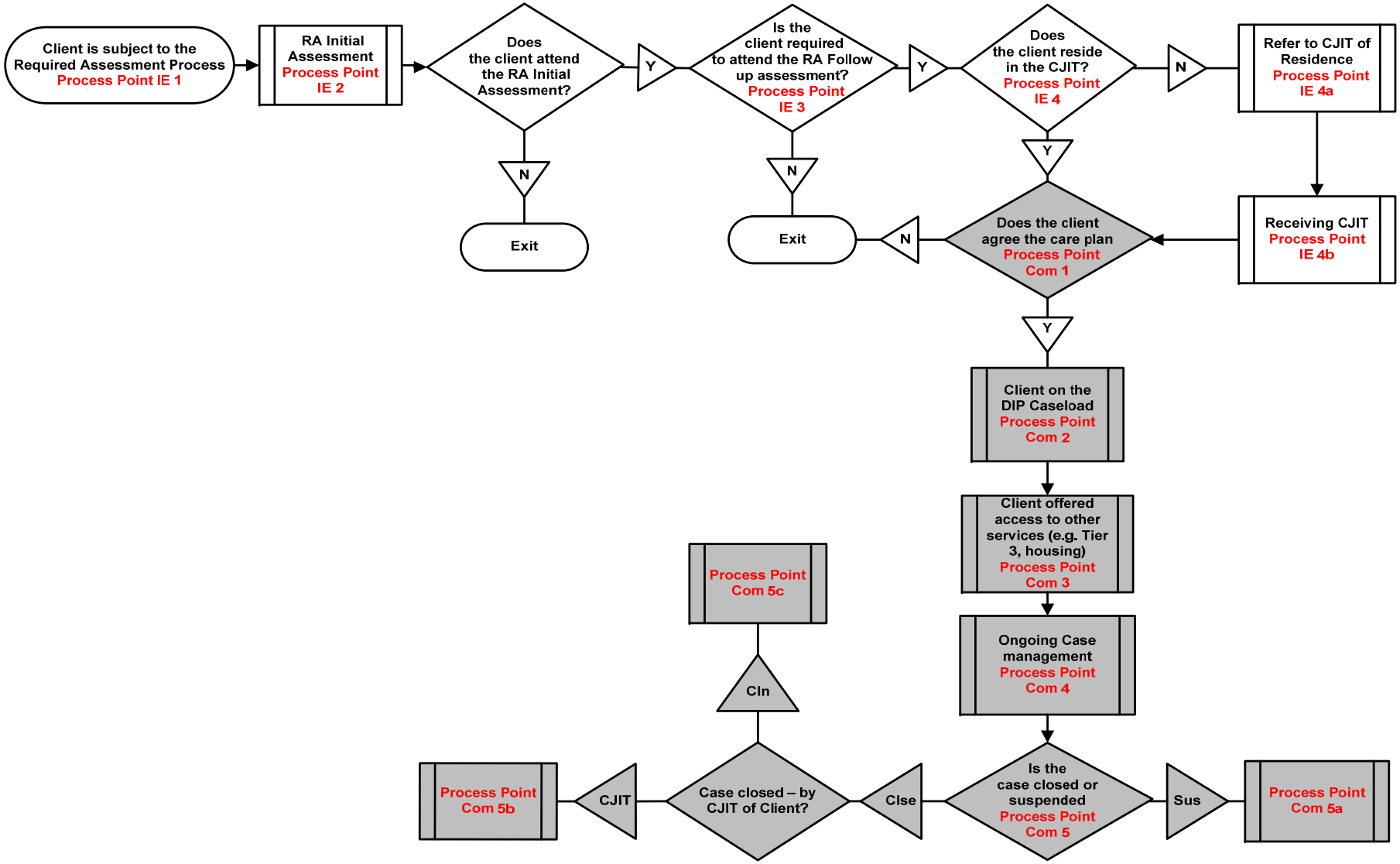
a) the journey in the community that a service user undertakes, depending on whether the specified Class A drug misuse need has been identified through Enforcement (i.e. following a positive drug test in police custody) or through Proactive Engagement (i.e. following a negative drug test in police custody OR where the police/CJIT believe the individual is a specified Class A drug misuser)

b) the expected activities that CJITs are expected to undertake to manage the specified Class A drug misusing service user at every point in each pathway

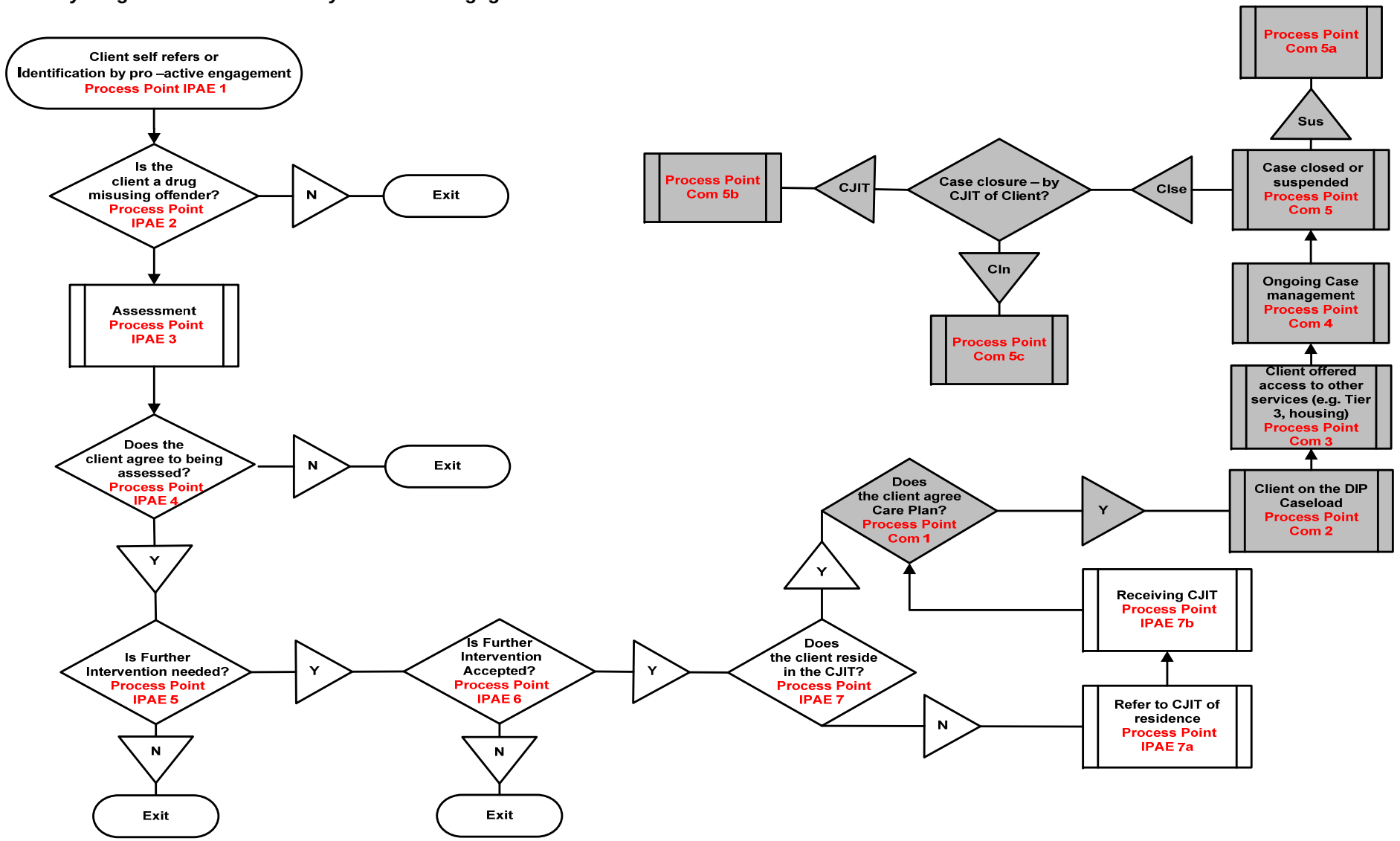
It is important to note that **within each pathway, there is <u>common point</u> after which the pathway journey for the drugs misusing service user and the expected management activities undertaken by the CJIT are exactly the same.** For the sake of clarity, the <u>common point</u> and pathway journey undertaken thereafter is shaded grey in each process map. In addition, the handbook assigns unique process point identifiers within the two process maps, as follows:

- process points containing expected activities and actions that are unique to the *Identification by Enforcement* journey are prefaced with the identifier "**IE**";
- process points containing expected activities and actions that are unique to the *Identification by Proactive Engagement* journey are prefaced with the identifier "**IPAE**";
- process points containing expected activities and actions that are common to both the *Identification by Enforcement* and *Identification by Proactive Engagement* journeys are prefaced with the identifier "**Com**".

4.4 Journey Diagram – Identification by Enforcement



Journey Diagram – Identification by Proactive Engagement



4.5 The Process - Identification by enforcement

Introduction

This section provides specific guidance on managing individuals who have been identified as having a specified Class A drugs misuse need following identification through the enforcement pathway. “Identification by enforcement” means that the individual has given a positive drug test result in the police custody following arrest, and is then liable to comply with various legislative provisions such as **initial assessment**, **follow up assessment** and **restriction on bail**.

Detailed guidance already exists on how to manage an individual who is travelling along the “identification by enforcement” pathway – this is set out in the guidance document *Operational Process Guidance for Implementation of Testing on Arrest, Required Assessment and Restriction on Bail*. For the purposes of this Handbook, the salient points from the guidance on managing the assessment and case management needs of the individual are emphasised in the sections below to provide a common set of minimum standards for all police and CJITs to apply.

4.6 Identification

4.6.1 Process point IE1 – individual is subject to the required assessment process

Definition

This is the point in the “identification by enforcement” pathway where, following a positive drug test result in police custody following arrest, an individual is liable for a required assessment.

Section 5.4.7 of the guidance document *Operational Process Guidance for Implementation of Testing on Arrest, Required Assessment and Restriction on Bail* sets out the expected actions that the police and CJIT will undertake to ensure that a required assessment takes place. The relevant required actions are re-iterated below.

Required actions

Who	Action
Police	i) Require the individual to attend an initial assessment and a follow-up assessment and remain for their duration. If the requirement is not made the authority of an officer of Inspector rank or above must be sought. The authorising officer should fully consider the reasons for not requiring the assessment and should make a written entry within the individual’s custody record. ii) Make the necessary arrangements for an appointment for the initial assessment with the relevant CJIT. If the appointment is made by the police they must ensure that this information is passed to the CJIT. iii) Inform individual of time, date and place at which initial assessment will take place iv) Explain that this information will be confirmed in writing v) Warn individual that they are liable to prosecution if they fail, without good cause, to attend the initial assessment and remain for its duration and the follow-up assessment, if so required by the drug worker. Before the individual is released from police custody – and before the initial assessment takes place - give individual all of the above information in writing, using the standard form provided – RA1. vi) Make a record, as part of the custody record, of all of the above information and a copy of the written notice (RA1) given to the individual. Record the date and time of the assessment on the DT1 form. vii) Inform in writing (RA1) the CJIT who will be carrying out the initial assessment of the details of the initial assessment including the individual’s personal and contact details and the time, date and place at which initial assessment is to take place. (In practice this will usually be agreed with the CJIT in advance but see above for when this is not possible. This is especially important when it relates to a CJIT which is not local).
CJIT	Ensure arrangements are appropriate and that a suitably competent worker will be available to conduct the initial assessment

Police	Ensure that any variation to arrangements is notified to the individual in writing (RA2), includes the warning re failure to attend or remain, **is copied to the relevant CJIT (and is copied to the custody record when it is the police who make the new arrangements).**
CJIT	Ensure that any variation to arrangements is notified to the individual in writing (RA2) and includes the warning re failure to attend or remain. (Variation of arrangements will not usually need to be copied to the police.

Local issues

Local arrangements will need to be put in place to establish:

- that a list of the CJIT Single Points of Contact (CJIT SPOC) of the local and all CJITs is readily available in the custody suites and is kept up-to-date. This list is issued monthly by the Home Office for dissemination, as appropriate. Police DIP strategic leads receive it and should ensure appropriate circulation within their force areas.
- who within the police is to make arrangements with / send the information about the initial assessment to CJIT – may be part of the role for the police staff within the CJITs and/or those dedicated to RoB administration / enforcement. This could also be the Police Single Points of Contact (Police SPOC)
- who within each CJIT receives information – including how the CJITs' Single Point of Contact (CJIT SPOC) for professionals may be used to best effect
- arrangements for space and time for initial assessment within custody suite if appropriate during period of police detention
- arrangements for police to be able to give an appointment for the initial assessment when worker not available and/or it is not appropriate for the initial assessment to take place during period of detention, including when individual is resident in another area.

4.7 Assessment

4.7.1 Process point IE2 – RA - Initial Assessment

Definition

This is the point in the "identification by enforcement" pathway where an individual – hereafter, referred to as "service user" – undergoes an **initial assessment** as part of the required assessment process take place.

Section 6.2.1 of the guidance document *Operational Process Guidance for Implementation of Testing on Arrest, Required Assessment and Restriction on Bail* sets out the expected actions that the CJIT will undertake to ensure that the initial assessment takes place.

The initial assessment is based on a triage (level 2) assessment as described in the *NTA Models of care* guidance or *Welsh Assembly Government treatment framework modules* – the minimum standards of which are articulated under section 4.1.2 above.

During the initial assessment process, the drug worker will make the necessary arrangements for the service user to attend and remain at a follow-up assessment except in the following circumstances:

• the drug worker decides that no further intervention is needed following the initial assessment. If the service user fails to engage at the initial assessment, the drug worker will not be able to make this decision and arrangements will need to be made for the follow-up assessment. **NB – the decision whether further intervention is needed is for the drug worker to decide**. If a service user states that they do not wish for further invention to take place but the drug worker decides that it is needed then a follow-up assessment should be arranged within 5 working days.

• the service user is subject to a Drug Rehabilitation Requirement (DRR), then it would be inappropriate to arrange a follow-up assessment but the drug worker should report to the Probation service the outcome of the initial assessment with the written consent of the service user.

• where the service user is known to be already on a CJIT caseload (and a DIR form has previously been completed), the RA requirement will be satisfied where the care plan is reviewed and the above elements are covered appropriately. However, if the service user attends and remains but fails to engage at the initial assessment, and therefore the care plan cannot be reviewed, a follow-up assessment would need to be arranged for this to take place.

The relevant required actions are re-iterated below.

Required actions

Who	Action
CJIT worker	The worker must carry out the initial assessment ensuring, as a minimum, it includes the elements set out above. The worker must also decide before concluding the initial assessment whether the follow-up is required.
CJIT worker	If the service user refuses to engage with the assessment, then the CJIT worker should reiterate the legal requirement to attend and remain at the assessment and warn that the service user's non-compliance will be reported to the police.
Partnership	Where a service user refuses to engage with the assessment, then the partnership (including the police) should consider the risk of non-engagement and take appropriate action (such as implementing assertive outreach etc.)

4.7.2 Process point IE3 – is the service user required to attend the RA Follow up Assessment ?

Definition

This is the point in the "identification by enforcement" pathway where the considerations for setting up a **follow up assessment** (as part of the required assessment process) take place. Section 6.3.1 of the guidance document *Operational Process Guidance for Implementation of Testing on Arrest, Required Assessment and Restriction on Bail* sets out the expected actions that the CJIT will undertake to ensure that the necessary arrangements for a follow up assessment occur.

The primary purpose of the follow-up assessment is to enable a care plan to be agreed with the service user. Ideally, the care plan should be created as soon as possible after the assessment has taken place. It will be for the worker to determine the timing of the appointment when the care plan is created based on the service user's needs, but should take place no longer than five working days after the initial assessment. There may however be circumstances where either a care plan can be agreed with the service user immediately after the initial assessment or, as circumstances determine, the initial assessment can be used to review a service user's care plan (if agreed recently).

Required actions

Who	Action
CJIT worker	Following the assessment, the worker must make a decision on whether the service user's needs warrant a follow up assessment. If so, the CJIT worker must give the service user a notice in writing detailing the time and place of the follow-up assessment and confirming the warning in relation to failure to attend and remain. The follow up assessment appointment must take place within five working days of the initial assessment.
CJIT worker	If the service user refuses to engage with the assessment, then the CJIT worker should reiterate the legal requirement to attend and remain at the assessment and warn that the service user's non-compliance will be reported to the police.
Partnership	Where a service user refuses to engage with the assessment, then the partnership (including the police) should consider the risk of non-engagement and take appropriate action (such as implementing assertive outreach etc.)

4.7.3 Process point IE4 – does the service user reside in the CJIT?

Definition
If the service user resides in the CJIT where he has been arrested, then the CJIT worker should give the time and place of the follow up assessment to the service user. Then continue to process point Com 1 on page 29.

If the service user resides in a different partnership to that where he has been arrested, continue to process point IE4a.

4.7.4 Process point IE4a – Refer to CJIT of residence

Required actions

Who	Action
CJIT worker	If the service user resides in a different CJIT area to that where he has been arrested and/or received an assessment then, before concluding the assessment, the CJIT worker must give the service user a notice in writing detailing the time and place of the follow-up assessment in the service user's CJIT of residence and confirming the warning in relation to failure to attend and remain. The contact details of all CJITs are made available via the CJIT Single Point of Contact (SPOC) list which is circulated by the Home Office.
CJIT worker	The CJIT worker should arrange for the DIR and other relevant information on the service user to be transferred to the service user's CJIT of residence before the follow-up assessment takes place. The CJIT worker should also complete the relevant section of the Activity Form to indicate the referral the service user's partnership of residence.

4.7.5 Process point IE4b – Receiving CJIT

Who	Action
CJIT worker (receiving PARTNERSHIP)	On notification that a service user has been assessed and an appointment for a follow-up assessment made, the CJIT in the receiving CJIT must assume responsibility for managing the needs of the service user. As appropriate, a CJIT worker in the receiving CJIT must liaise with the sending CJIT to arrange for transfer of the DIR and other relevant information on the service user. On receiving the service user, the CJIT worker should also complete the relevant section of the Activity Form to indicate the acceptance of the service user by the receiving CJIT.

NOW REFER TO PAGE 26 FOR THE PROCESS POINTS THAT ARE COMMON TO BOTH IDENTIFICATION BY ENFORCEMENT AND IDENTIFICATION BY PROACTIVE ENGAGEMENT.

4.8 The Process - Identification by Proactive Engagement

Introduction

This section provides specific guidance on managing individuals who have been identified as having a specified Class A drugs misuse need following identification through the proactive engagement pathway. Once an individual has been identified as a specified Class A drug misuser, then the process of assessing and case-managing the individual's need is similar to that specified under the "identification by enforcement" pathway. The important point to note however is that, when an individual travels along the proactive engagement pathway, there are no legal sanctions if the individual fails to attend and remain at an assessment. Nevertheless, in these circumstances, the expectation is that the local partnership (including the police) will consider the risk that non-engagement by the individual poses to the community and take appropriate action (for example, initiate pro-active outreach).

4.9 Identification

4.9.1 Process point IPAE1 – individual self refers or identification by Proactive engagement

Definition

The Home Office expects that the majority of specified Class A drug misusing offenders will be identified by the police when an individual makes contact with the criminal justice system via the police custody suite. Where a positive drug test result cannot be obtained (either because the individual tests negative, or drug testing facilities do not exist), there are two circumstances where the police will identify whether an individual is a specified Class A drug misuser:

- following a negative drug test given in police custody (where drug testing facilities exist) and the police through either intelligence or through self-reporting by the individual believes that the individual is still using specified Class A drugs;
- where drug testing facilities are not provided, following an arrest and the police through either intelligence or through self-reporting by the individual believes that the individual is still using specified Class A drugs.

Required actions

Who	Action
Police	The police must adopt a proactive approach and consider whether any individual who has been arrested for any offence may be misusing Class A drugs.

4.9.2 Process point IPAE2 – is the individual a drug misusing individual?

Definition

To assist the police in identifying whether an individual is a drug misusing individual, annex E sets out specific guidance on the signs the police should look out for when judging whether the individual is a drug misusing individual. However, as a minimum, the police should be mindful of the following:

- the individual volunteers that he misuses specified Class A drugs
- paraphernalia is present on the individual
- the individual appears to be a drug-misusing individual (e.g. there are injection marks on his arm)
- the individual is known through police intelligence to be a specified Class A drug misusing individual
- the individual requests to see a doctor for drug withdrawal symptoms
- where drug testing facilities exist, the individual has a previous drug test history

Required actions

Who	Action
Police	The police should use the criteria in annex E to determine whether a individual is a Class A drug misusing individual.

Police	Following identification, the police will proactively encourage the individual to see the CJIT worker based in the custody suite. Where a CJIT worker is on duty in the police custody suite or on-call, then the police will inform the CJIT worker that the individual is present in the custody suite. Ideally, the appointment should take place within the timeframe of an individual's lawful detention in police custody. Where a CJIT worker is not available (e.g. because it is out-of-hours), the police will make an appointment for the individual to see the CJIT worker, as follows: - if the individual is resident in the area where arrested, the police should arrange for the appointment to be carried out in by the local CJIT in the community as soon as possible within 24 hours or 1 working day; - if the individual is resident outside of the area where arrested, the police should arrange for the appointment to be carried out by the CJIT in the individual's area of residence within 48 hours (or next working day, if the 48 hour period falls over a weekend or public holiday); The contact details of all CJITs are made available via the CJIT Single Point of Contact (SPOC) list which is circulated monthly by the Home Office. The police may not detain an individual solely for the purpose of conducting an assessment.
Police	The police should consider an appropriate disposal for the individual that also allows maximum opportunities for the CJIT to engage with the individual. Where the police believe that the individual is using specified Class A drugs, a fixed penalty notice should not be issued. Instead, depending on the nature of the office, the most appropriate disposal is either a charge or a conditional caution with a DIP condition attached.

4.10 Assessment

4.10.1 Process point IPAE3 – assessment

Definition

Following identification by the police, this is the point in the "identification by proactive engagement" pathway where the CJIT worker should attempt an assessment on the individual – hereafter referred to as "service user". The assessment is based on a triage (level 2) assessment as described in the *NTA Models of care* guidance or *Welsh Assembly Government treatment framework modules* – the minimum standards of which are articulated under section 4.1.2 above.

4.10.2 Process point IPAE 4 – does the service user agree to being assessed?

Definition

The actions that a CJIT worker undertakes at this point in the process will be determined by whether the service user gives consent for an assessment.

Required actions

Who	Action
CJIT worker	If the service user gives consent, then the assessment should take place – based on the minimum standards articulated in section 4.1.2 above.
CJIT worker	If the service user refuses to engage with the assessment, then the CJIT worker should warn that the service user's non-compliance will be reported to the police. ***Note: the service user does not commit an offence if he refuses to engage with the assessment.***
Partnership	Where a service user refuses to engage with the assessment, then the partnership (including the police) should consider the risk of non-engagement and take appropriate action (such as implementing assertive outreach etc.)

4.10.3 Process point IPAE 5 – further intervention needed?

Definition

This is the point in the "identification by Proactive engagement" pathway where the considerations for setting up an additional appointment take place. The rationale behind the additional appointment is similar to the **follow up assessment** rationale – it enables a care plan to be agreed with the service user. However, unlike a follow up assessment, there are no legal sanctions for a service user travelling along the "identification by Proactive engagement" and who fails to attend and remain at the additional appointment.

Ideally, the care plan should be created as soon as possible after the assessment has taken place. It will be for the worker to determine the timing of the appointment when the care plan is created based on the service user's needs, but should take place no longer than five working days after the initial assessment. There may however be circumstances where either a care plan can be agreed with the service user immediately after the assessment or, as circumstances determine, the assessment can be used to review a service user's care plan (if agreed recently).

Required actions

Who	Action
CJIT worker	Following the assessment, the worker must make a decision on whether the service user's needs warrant an additional appointment for the purposes of agreeing a care plan with the service user.
CJIT worker	If the service user indicates that he will refuse to attend the additional appointment, then the CJIT worker should warn that the service user's non-compliance will be reported to the police. ***Note: the service user does not commit an offence if he refuses to attend the additional appointment.***
Partnership	Where a service user refuses to engage with the additional appointment, then the partnership (including the police) should consider the risk of non-engagement and take appropriate action (such as implementing assertive outreach etc.)

4.10.4 Process point IPAE 6 – further intervention accepted?

Definition
The actions that a CJIT worker undertakes at from this point in the process will be determined by whether the service user gives consent for an additional appointment.

Required actions

Who	Action
CJIT worker	If the service user gives consent, then an assessment of need should take place – based on the minimum standards articulated in section 4.1.2 above.
CJIT worker	If the service user refuses to engage with the assessment, then the CJIT worker should warn that the service user's non-compliance will be reported to the police.
Partnership	Where a service user refuses to engage with the assessment, then the partnership (including the police) should consider the risk of non-engagement and take appropriate action (such as implementing assertive outreach etc.)

4.10.5 Process point IPAE 7 does the service user reside in the CJIT?

Definition
If the service user resides in the CJIT where he has been arrested, then the CJIT worker should give the time and place of the additional appointment to the service user. Then continue to process point Com 1 on page 29.

If the service user resides in a different CJIT to that where he has been arrested, continue to process point IE4a.

4.10.6 Process point IPAE 7a – Refer to CJIT of Residence

Required actions

Who	Action
CJIT worker	If the service user resides in a different CJIT area to that where he has been arrested and/or received an assessment then, before concluding the assessment, the CJIT worker must give the service user a notice in writing detailing the time and place of the additional appointment in the service user's CJIT of residence. The contact details of all CJITs are made available via the CJIT Single Point of Contact (SPOC) list which is circulated by the Home Office.
CJIT worker	The CJIT worker should arrange for the DIR and other relevant information on the service user to be transferred to the service user's CJIT of residence before the follow-up assessment takes place. The CJIT worker should also complete the relevant section of the Activity Form to indicate the referral the service user's partnership of residence.

4.10.7 Process point IPAE 7b – Receiving CJIT

Who	Action
CJIT worker (receiving CJIT)	On notification that a service user has been assessed and an appointment for a follow-up assessment made, the CJIT in the receiving CJIT must assume responsibility for managing the needs of the service user. As appropriate, a CJIT worker in the receiving CJIT must liaise with the sending CJIT to arrange for transfer of the DIR and other relevant information on the service user. On receiving the service user, the CJIT worker should also complete the relevant section of the Activity Form to indicate the acceptance of the service user by the receiving CJIT.

NOW REFER TO PAGE 26 FOR THE PROCESS POINTS THAT ARE COMMON TO BOTH IDENTIFICATION BY ENFORCEMENT AND IDENTIFICATION BY PROACTIVE ENGAGEMENT.

4.11 Case Management

4.11.1 Process Point Com 1 - does the service user agree the care plan?

Definition

This is the point from where, having travelled along either the "identification by enforcement" or "identification by proactive engagement pathways, the expected management actions of CJITs are exactly the same. By this point, the service user will have had an assessment, and agreed to either a follow up assessment / additional appointment for the purposes of agreeing a care plan.

Care planning is a process for setting goals based on the needs identified by the assessment; it also allows interventions to planned to meet those goals. Care planning is a core requirement of structured treatment but may also be used for those not requiring structured interventions, and is an agreement on a plan of action between the service user and the CJIT worker. It is a paper document which is available to the service user and kept on the service user's file. Care plans should document and enable routine review of the service user needs, subsequent goals and progress across four key domains:

- drug and alcohol misuse
- health (physical and psychosocial)
- offending
- social functioning (including housing, employment and relationships

More details on care planning and care plans are available from the Models of Care for Treatment of Adult Drug Misusers (http://www.nta.nhs.uk/) and Care Planning Practice Guide (http://www.nta.nhs.uk/publications/documents/nta_care_planning_practice_guide_2006_cpg1.pdf)

Information specific to Wales, where health is a devolved function of the Welsh Assembly Government, can be found at:
http://wales.gov.uk/topics/housingandcommunity/safety/substancemisuse/treatmentframework/?lang=en

The Home Office attaches particular importance to the role of the care plan. It must be viewed as a dynamic "living" document, agreed with the service user, kept under regular review and updated whenever a significant event that changes the service user's circumstances occurs.

Required actions

Who	Action
CJIT worker	The CJIT worker must agree a care plan with the service user, taking into account the expectations articulated above and relevant guidance from the National Treatment Agency or, as appropriate, the Welsh Assembly Government.
CJIT worker	If the service user accepts the care plan, then proceed to process point Com 2.
CJIT worker	If the service user refuses to engage with the care plan, then the CJIT worker should warn that the service user's non-compliance will be reported to the police.
Partnership	Where a service user refuses to engage with the care plan, then the partnership (including the police) should consider the risk of non-engagement and take appropriate action (such as implementing assertive outreach etc.)

4.11.2 Process point Com 2 – service user is on the DIP caseload

Definition

This is the point where the service user is formally taken on to the DIP caseload. At this stage, the CJIT must allocate a case-manager to the service user. At this point in the process, the case-manager is expected to fulfil as a minimum the following duties:

- the case manager will be the single point of contact for the service user, and will ensure that regular appointments are made and kept with the service user
- the case manager will ensure that, for service users who disengage, clear pathways remain for the service user – for example, nominating the service user for the Prolific and Other Priority Offender Service user (PPO) scheme.
- the case manager will ensure the service user remains on the DIP caseload until the service user is not a Class A drug misusing offender.

Required actions

Who	Action
CJIT Manager	- must allocate a worker as a case-manager for each service user accepted on to the case load,
CJIT worker	- will adopt the role of case-manager, and perform the minimum functions detailed in section 4.1.3 of this Handbook.

4.11.3 Process point Com 3 – service user offered other services

Definition

Once accepted on to the caseload, the case manager will (as the service user's needs necessitate) offer other services in line with the care plan. This is likely to include but not limited to:

- housing
- education, training and employment
- finance
- mentoring
- relationships
- life skills

The case manager must make every effort to engage the service user with the services, in accordance with the care plan. Further guidance on how to manage a service user's engagement with services are outlined in the annexes to this handbook, as follows:

- Housing and Housing support (annex A)
- Establishing Support Networks – Families, Crisis Support and Peer Support (annex B)
- Developing life skills and a route back to employment (annex C)

Where a service user is referred for tier 3 interventions under the *NTA Models of Care* or *Welsh Assembly Government treatment framework modules* then, as a minimum, the case-manager will continue to act as the service user's case manager; performing the functions set out under Process point Com 2.

Required actions

Who	Action
CJIT case manager	- will perform the minimum functions detailed above.
CJIT case manager	The CJIT case manager must monitor whether a service user engages or disengages with DIP. For service users who engage with DIP, the CJIT case manager will broker the service user's access to DIP for treatment and other forms of support. Where a service user starts missing appointments, the CJIT case manager must investigate the reasons why and, as appropriate, help the service user re-engage with DIP. For service users who disengage with DIP and the CJIT case manager is not satisfied that the service user has stopped offending, then the CJIT case manager must ensure that, within 24 hours of the disengagement occurring, a programme of assertive outreach is initiated. The CJIT case manager must also make clear to the service user that their disengagement will be shared with the police and/or partnership agencies (depending on how local services are commissioned).

4.11.4 Process point Com 4 – ongoing case management

Definition

This is the point in the process where the service user will be engaged in on-going case management activities, overseen by the CJIT case-manager.

The CJIT must regularly review their caseload of service users to ensure appropriate service users are receiving the intensive case management and support they need, and that service users who have ceased either offending and/or misusing Class A drugs are referred into generic community drug services. As a minimum, a service user's status on the DIP caseload should be reviewed no later than 16 weeks after admission on the DIP caseload OR whenever a significant event occurs for the service user (which may be before the 16 week milestone). It will be for the case-manager to judge what constitutes a significant event on a case-by-case basis as the service user's needs determine, and an individual may be transferred to a community drugs team at any time before 16 weeks if deemed appropriate. However, this Handbook defines the following non-exhaustive list of "significant events" where a review will take place:

- when a service user engages/disengages in employment, training and/or education;
- when a service user is successfully housed in permanent accommodation or becomes homeless;
- when a service user engages/disengages with his family or other stable relationship;
- when a service user enters prison;
- when a service user disengages from DIP;
- when a service user is arrested;
- when a service user demonstrates a worsening or improvement in health;
- when a service user and case manager agree that the care plan is unrealistic or counter-productive.

It is possible that, following formal review, a service user may remain on the DIP case-load beyond 16 weeks. The length of time a service user remains on the DIP caseload will be determined by the need of the service user and whether they are misusing specified Class A drugs and offending.

Required actions

Who	Action
CJIT case manager	- will perform the minimum functions detailed above.

4.11.5 Process point Com 5 – case closure or suspension

Definition

This is the point in the process where, following a review of the service user, a decision will need to made on whether to keep the service user on the caseload, to "suspend" the service user from the caseload or to "close" the service user from the caseload.

When considering the factors leading to a decision, case managers should keep in mind the circumstances when it is appropriate to either keep or close a service user on the caseload. The review criteria articulated under section 4.1.3 above should be used.

The process points which follow will help the case-manager decide when it is appropriate to keep, suspend or close a service user on the caseload.

4.11.5a Process point Com 5a – case suspension

Definition

This is the point where the case-manager will make a decision to "suspend" a service user on the caseload. There are two circumstances where it is appropriate to "suspend" a service user.

1) when a service user is in prison (either on remand or sentence) and the length of stay in prison is no more than 1 month;

2) when a service user receives a Community Order with a Drug Rehabilitation Requirement attached.

Required actions

Who	Action
Case-manager	- will "suspend" a service user from the caseload according to the circumstances detailed above.

4.11.5b Process point Com 5b – case closed by CJIT

Definition

This is the point where the case-manager will make a decision to close a service user on the caseload. There are eight circumstances where it is appropriate to close the caseload:

1) after successfully completing the care plan;
2) when a service user is in prison (either on remand or sentence) and the length of stay in prison is greater than 1 month;
3) when following a stay in prison of less than 1 month and having been accordingly "suspended", the service user does not re-engage with the CJIT (despite active action to re-engage the service user);
4) after completing a Drug Rehabilitation Requirement, the service user does not re-engage with the CJIT (despite active action to re-engage the service user, if appropriate);
5) when the service user transfers to another partnership;
6) when the service user has died;
7) when the service user is transferred to other community–based treatment services that focus on Class A drug misuse, because the service user is no longer offending;
8) when the service user is transferred to other locally available intensive intervention and support programmes (e.g. PPO), because the service user is offending but no longer a Class A drug misuser.

Required actions

Who	Action
Case-manager	- will close the caseload according to the circumstances detailed above.

4.11.5c Process point com 5c – case closed by service user

Definition

This is the point where the case-manager will close a case because the service user has decided to disengage with the CJIT.

The Home Office expects that, before this point is reached, the CJIT case manager will have made clear to the service user the expectations required from the service user when engaged in treatment or other forms of support and the consequences of non-compliance with treatment. The CJIT case manager should have made every effort to help the service user engage in treatment and other forms of support.

For service users who disengage with DIP and the CJIT case manager is not satisfied that the service user has stopped offending, then the CJIT case manager must ensure that, within 24 hours of the disengagement occurring, a programme of assertive outreach is initiated. The CJIT case manager must also make clear to the service user that their disengagement will be shared with the police and/or partnership agencies (depending on how local services are commissioned). Where a service user refuses to engage with the care plan, then the partnership (including the police) should consider the risk of non-engagement and take appropriate action (such as implementing assertive outreach etc.)

If a service user persistently refuses to engage then, on closing the case, the CJIT case manager will report the closure to the police and/or partnership agencies.

Who	Action
Case-manager	- will close the caseload in accordance with the points detailed above.

Annex A – Housing and housing support

Why should CJIT teams have a role in this?

Drug users are more likely to relapse and re-offend if they become homeless, do not access housing support or are living in inappropriate accommodation. In a chaotic lifestyle of a problem drug user, housing can often be the only stability there is. Stable accommodation can be the difference between staying in treatment and returning to crime and anti-social behaviour.

Evidence shows that those leaving drug treatment or custody without their housing need being assessed and met are more likely to relapse and re-offend. Even those who are housed are likely to lose accommodation if they do not receive the right support to sustain their tenancy,

A lack of stable housing was cited by 40% of drug users as the main barrier to them achieving their treatment goals. Long- term drug users reported a series of lost tenancies because of their chaotic lifestyle and offending.

CJITs have a key role in helping create a pathway into housing and housing support for service users. A recent review of DIP's current delivery model in June 2009 highlighted that access to suitable housing was the most important issue for its service user but provision was rated as unsatisfactory. The review also identified that practitioners also consistently identified access to housing as a major problem. This annex is not intended to be a comprehensive guide but it should provide some insight into what the key challenges are and help identify possible solutions.

1. There needs to be a joined up approach to service delivery.

- CJITs need to establish strategic links through the DAAT/CSP-SMAT with agencies responsible for preventing homelessness and providing housing support in the local authority along with relevant housing and housing support service providers. CJIT managers should be represented on the commissioning bodies that oversee the funding and development of supported housing and housing related support services to ensure that the needs of service users are represented.

- CJITs to understand how it can feed into and influence via the DAAT/CSP-SMAT the process of ensuring housing options for all drug users are reflected in the strategic planning of services.

- CJITs need to establish a single point of contact within the local authority housing teams and Supporting People leads. It may be helpful for there to be meetings between the teams to understand the structures and issues both teams have to contend/face with.

- Consider whether joint assessments could be undertaken between housing and drug services.

- Consider co-locating housing and drug services, having seconded local authority housing staff or housing surgeries in CJIT offices

- Find out what housing support and advice treatment providers and voluntary and third sector organisations in the community might be able to provide for service users. For example, the Citizens Advice Bureau can offer advice on finance/debt issues for service users (which might affect them getting a tenancy). Third sector service providers may well be operating floating support/tenancy support services under contract to the local authority and be able to assist service users with maintaining a tenancy. CJIT teams may also be able to help service users' access crisis loans and furniture and move in packs.

- CJIT teams to find out how they might be able to access local rent deposit schemes including considering contributing to funding.

- CJIT teams should consider via DAAT/CSP-SMAT partnerships whether by working alongside housing providers and local authorities, transitional accommodation agreements might be developed to encourage families to offer service users immediate post-release accommodation.

- Consult service users to ascertain what service users needs in relation to housing are. Consider how/whether service user groups are able to offer some additional peer advice for service users housing needs. Recognise that this will still involve training and support from partners.

2. Appropriate sharing of information and data.

- There needs to be accurate data and information relating to the housing needs of drug misusing offenders. This can help when seeking to make an improved case for better consideration of service users' housing needs in a local authority area. Completing information on the DIR form relating to housing may help contribute to this, or collecting specific agreed local information that highlights gaps in accommodation and support provision or makes planning of service delivery better.

- It may be appropriate to use a "case conferencing" model between CJITs, local authorities and other relevant partners in order to help make the most appropriate decisions on service users housing options. For example, by providing a potential housing provider with information on how service users are supported through the DIP programme and any potential risks which might help secure the most appropriate accommodation/floating support to meet the service users needs.

- Consider whether it might be helpful to introduce a partnership sharing protocol.

3. Understanding housing options

- The Private Rented Sector (PRS), how it works and how CJITs can access it on behalf of service users, using only rent deposit or PRS access schemes operated by the local authority or any Third sector provider.

- Hostel accommodation – locations and local referral mechanisms for accessing it on behalf of service users.

- Arrangements for making contact with the local authority street homeless team (if one exists) for service users who are rough sleepers.

- CJITs need to have an awareness of local referral routes into different types of housing and whether they could assist this by providing additional evidence on a service user's suitability.

- CJITs may wish to consider developing links with self referral specialist local social landlords.

- CJITs need to make sure that service users understand that sharing information about the management of their drug use/offending through the DIP programme is in their best interests and will help inform the decision on what housing/housing support is most appropriate. The following information may be beneficial to potential landlord:
  - *What has been their housing history? Do they have the independent living skills they need to sustain a tenancy?*
  - *Is the vacant property appropriate? Considering community support and wider neighbourhood as well as specific accommodation.*
  - *Does the potential tenant have any support needs, and, if so, how will these be met? Will there be support in place from the start of the tenancy, with needs already assessed and services in place?*

4. Additional knowledge and ways of working.

- An understanding of the homelessness legislation and the Homelessness Code of Guidance (see briefing document below) and how they might help inform/support decisions on whether there is a statutory duty for housing advice and assistance.

- Knowing about the appeals process and offering a level of advocacy (or links to an advocacy service).

- There could also be an offer of reciprocal training with local authority housing leads so that CJITs have up-to-date knowledge and a realistic approach to responding to service users request for housing assistance.

- What the continuity of care arrangements between CARATS and CJIT teams are and what are the housing implications for a service user being released from prison into the community?

- Awareness of the Bail and Support Service (BASS) which is a scheme that diverts remands from custody where bail had been previously refused by the courts due to a lack of suitable accommodation and/or support. The scheme also provides suitable accommodation for offenders eligible for release to home detention curfew (HDC) but who are unable to provide an address of their own.

- How to access floating support for those clients who are accommodated but who may need support to maintain that tenancy.

- An awareness of how to help service users' access appropriate "move on" accommodation.

- An awareness of housing support services and how service user's can access them.

- How to enable service users who do not have ID to obtain this to help them secure a tenancy.

- An understanding of housing benefit arrangements and how the Local Housing Allowance operates.

DIRECTORY OF RESOURCES

Drug Interventions Programme (DIP)

Improving Practice in Housing for Drug Users
http://drugs.homeoffice.gov.uk/publication-search/dip/improving-practice-housing/

A Guide to improving practice in Housing Drug Users (16 page summary of above)
http://drugs.homeoffice.gov.uk/publication-search/dip/improving-practice-in-housing?view=Binary

Providing for the Housing Needs of Drug Interventions Programme Service users - A briefing for those involved in the provision of Throughcare and Aftercare services for drugs and housing need
http://drugs.homeoffice.gov.uk/publication-search/dip/housing-briefing?view=Binary

Communities and Local Government

An accommodation self assessment toolkit for the Socially Excluded Adults Public Service Agreement
http://www.communities.gov.uk/publications/housing/accommodationtoolkit

Homelessness prevention and meeting housing need for (ex) offenders – a guide to practice
http://www.communities.gov.uk/publications/housing/homelessnesspreventionguide

Homelessness Code of Guidance for Local Authorities, July 2006
http://www.communities.gov.uk/documents/housing/pdf/152056.pdf

No One Left Out: Communities ending rough sleeping, September 2009
(Good Practice Notes: Developing a strategic response to prevent and tackle rough sleeping)
http://www.communities.gov.uk/publications/housing/developingstrategicresponse

Homeless Link

The Clinks Case Studies report (a 360 degree look at what works in local commissioning) can be found at:
http://www.clinks.org/(S(uodmj33c3nc52455lllh1bun))/downloads/publications/clinkspubs/090218WhatworksinLocalCommissioning.pdf.
There are a number of chapters including ones on housing and offenders.

Financial inclusion (including CAB financial education) can be found at:
http://testdeploy.homelesslink.org.uk/financialinclusion

Debt advice
http://testdeploy.homelesslink.org.uk/debtadvice

A list of resources for where homeless people can find accommodation, including Shelter, Homeless UK:
http://testdeploy.homelesslink.org.uk/advice

Here is an overview of Local authority Advice and Assistance: http://testdeploy.homelesslink.org.uk/local-authority-advice

And here is an overview of the Homelessness Legislation: http://testdeploy.homelesslink.org.uk/legislation

Pages on the Private Rented Sector: http://testdeploy.homelesslink.org.uk/private-rented-sector - which includes the section on bringing staff and service users on board.

Pages on working with Central and Eastern Europeans: http://testdeploy.homelesslink.org.uk/central-eastern-europeans

Street Outreach - outside of London, people should usually contact their Local Authority. Within London, get in touch via Street Rescue:
http://www.thamesreach.org.uk/what-we-do/on-the-street/get-help/

National Housing Federation

The National Housing Federation represents 1,200 not-for-profit housing associations in England and campaigns for better housing and neighbourhoods.

http://www.housing.org.uk/

Citizen Advice Bureau

http://www.adviceguide.org.uk/index.htm

National Treatment Agency

Commissioning for recovery – Drug Treatment, reintegration and recovery in the community and prisons: a guide for drug partnership

http://www.nta.nhs.uk/publications/documents/nta_commissioning_for_recovery_january_2010.pdf

BRIEFING FOR CJITS ON PART 7 OF THE *HOUSING ACT 1996* ("THE HOMELESSNESS LEGISLATION")

Background

Under section 193(2) of the Housing Act 1996 ("the 1996 Act"), local housing authorities in England (and Wales) must secure suitable accommodation for applicants who are eligible for assistance (some persons from abroad are ineligible), homeless through no fault of their own and fall within a priority need group ("the main homelessness duty"). The duty continues until a settled home can be offered. In around 70% of cases, the main duty is brought to an end with an offer of social housing. Lesser duties, principally, to ensure the provision of advice and assistance, are owed to applicants who do not have priority need and/or have become homeless intentionally (as a consequence of their own deliberate behaviour).

A council must consider four factors when determining whether the council has a legal duty under section 193(2) to secure accommodation for a person who has applied to them for accommodation or assistance in obtaining accommodation:

- are they eligible for assistance?
- are they homeless (within the statutory definition)?
- do they fall within a priority need group? (see below)
- are they unintentionally homeless?

For the main homelessness duty to be owed, the council must be satisfied that the answer to **all 4 factors** is yes.

Local connection: Local authorities also have discretion to consider whether applicants have a local connection with their district. If the council are satisfied that the answer to all 4 factors above is yes, but also consider that neither the applicant nor any member of his household has a local connection with their district and does have one somewhere else in Great Britain, the council may seek to refer the case to the council in that other area. However, the council must secure accommodation until the question of referral has been agreed and resolved. Depending on the outcome, either the referring council or the receiving council must accept the s.193(2) duty. Local authorities cannot turn housing applicants away because the applicant does not have a local connection with their district.

Section 189 of the 1996 Act sets out a number of **priority need groups**.
These have been extended by the *Homelessness (Priority Need for Accommodation) (England) Order 2002*. Those defined as having a **priority need** for accommodation are, broadly:

- households with dependent children
- someone who is pregnant (or resides with someone who is pregnant)
- a person aged 16 or 17 years olds (except 'relevant children', i.e. those for whom social services authority has responsibility)
- care-leavers aged 18-20 who are former 'relevant children'
- a person who is homeless as a result of a disaster such as flood or fire

- a person who is **vulnerable** as a result of old age, mental illness, or physical disability, or some other special reason (or a person who resides with such a person)
- a person aged 21 or more who is **vulnerable** as a result of having been looked after, accommodated or fostered
- a person who is **vulnerable** as a result of having been a member of Her Majesty's regular naval, military or air forces
- a person who is **vulnerable** as a result of having served a custodial sentence, having been committed for contempt of court or having been remanded in custody *(this is the most relevant category for DIP service users)*
- a person who is **vulnerable** as a result of ceasing to occupy accommodation because of violence or threats of violence likely to be carried out
- a person who is **vulnerable** for any other special reason.

The vulnerability test: case law has determined that *the critical test of vulnerability for applicants in all these categories is whether, when homeless, the applicant would be* ***less able to fend for himself than an ordinary homeless person, so that he would be likely to suffer injury or detriment, in circumstances where a less vulnerable person would be able to cope without harmful effects.***

There have been a number of legal challenges to councils' decisions about 'vulnerability' in individual cases. In *Crossley v Westminster CC* the Court of Appeal upheld a decision by the county court to quash Westminster CC's decision that a 36 year old recovering drug addict was not vulnerable for the purposes of the homelessness legislation. The court considered that drug addiction alone cannot amount to a special reason for vulnerability but the fact that Mr Crossley, as a recovering addict, was vulnerable to relapse if he had to remain on the streets could amount to a special reason. What the local authority decision maker must consider with great care is whether there are other factors which render the applicant vulnerable for a special reason.

If people are homeless but **do not** have priority need, or if they are considered to have brought homelessness on themselves (intentionally homeless), the housing authority must ensure that they get advice and assistance to help them to find accommodation. In these circumstances, the housing authority does not have to ensure that accommodation actually becomes available to these people. **Housing authorities cannot adopt a blanket policy of assuming that homelessness will be intentional or unintentional in any given circumstances.** The housing authority can either provide advice and assistance itself or arrange for another agency to do so. The housing authority must ensure that this includes a proper assessment of each applicant's housing needs, together with information about where they are likely to find suitable accommodation. It is important that this advice and assistance is effective and up to date if the housing authority's strategic aim of preventing homelessness is to be achieved.

Where people have a priority need but have made themselves homeless intentionally, the housing authority must also ensure they have suitable accommodation available for a period that will give them a reasonable chance of finding their own accommodation. Sometimes, this arrangement may only be for 28 days.

What guidance is already available?

The *Homelessness Code of Guidance for Local Authorities*, published in July 2006 by CLG, DH and the then DfES, provides comprehensive **statutory** guidance to local authorities and social services' statutory functions in respect of people who are homeless or at risk of homelessness. Paragraphs 10.24 to 10.27 of the Code provide guidance specifically in respect of applicants who may be vulnerable as a result of having been in custody of detention. Paragraph 10.25 states, among other things, that a housing authority may wish to take account of whether the applicant is receiving supervision from a criminal justice agency such as a Drug Intervention Programme Team. It also states that housing authorities should have regard to any advice from agency staff regarding their view of vulnerability but the final decision on the question of vulnerability for the purposes of the homelessness legislation will rest with the authority.

Appeals/enforcement

Under s.182 of the 1996 Act, local authorities must have regard to the guidance issued by the Secretary of State but are not obliged to follow it in all cases. Communities and Local Government advise that neither ministers not officials can intervene in individual cases, and that the Secretary of State has no powers to intervene if a local authority decides not to follow the Code of Guidance. However, under the homelessness legislation, individual applicants have the right to request a review of the council's decision in their case and, if dissatisfied with the review decision, have the right to appeal to the county court on a point of law.

Annex B – Establishing Support Networks (Families, Crisis Support, Peer Support)

SECTION A: FAMILY/USER SUPPORT

Having appropriate networks in place from families and peers is crucial to help support drug misusers during their treatment journey. Although CJITs may not feel that this have a role in this area and are not usually service providers of this service, they have a crucial role in brokerage. The Drug Strategy 2008 highlights the importance of support using a whole family approach utilising families to assist development of relapse prevention support. Funding has been made available since 2004 to all partnerships in England through the DIP Main Grant for development and implementation of throughcare and aftercare. This annex is not intended to be a comprehensive guide but it should provide some insight into what the key challenges are and help identify possible solutions.

DIP recognised that there were likely to be issue specifically affecting its service users and their families. Consequently, DIP established `Around Arrest Beyond Release` - a project aimed at identifying problems more clearly and driving forward practice to help address these.

1. Shared understanding between partners

- It may be beneficial to have shared definitions across the DAAT/CSP on key terminology. The definitions below may be used as a starting point.

Definitions

Family Any person who is significant in the life of the drug user, irrespective of the biological, social or legal status of the relationship.
Social network The extended group of family and friends who have social links to a drug user (or their family) and play an indirect role in their social welfare.
Family/carer support A service or intervention designed to consider/meet the needs of any individual who is affected by the drug-related activity of another family member/a person of whom they are a carer.
Peer support occurs when people provide emotional or practical help to each other. It commonly refers to a support initiatiative helping individuals deal with a specific issue or problem. It can also refer to self help organisations which meet as equals to give each other support on a reciprocal basis. *Peer* in this case is taken to imply that each person has no more expertise as a supporter than the other and the relationship is one of equality.

2. Find out what support is available for DIP service users and their families and how to facilitate access to these

- CJITs need to establish links through the DAAT/CSP with organisations offering support for drug users and their families both during and after completion of treatment, including whether “at the gate” support can be provided for drug misusers leaving prison.

- Find out what drug specialist services user and carer organisations are able to offer service users and their families – some offer practical advice (housing and benefits), emotional support and social activities (such as Saturday clubs for service users). Consider whether establishing referral protocols between these organisations and CJIT teams may be beneficial.

- Find out what generic services (including those from the voluntary and community sector) are available for service users and their families are available. If might be worthwhile the DAAT/CSP exploring if generic carer services can offer support for families of service users if no specialist provision is in place.

- Consider establishing links with the local Family Intervention Project to see how CJITs can work with other partners to help support the most chaotic families.

3. Service user/family involvement is key to ensuring provision meets the needs of DIP service users and their families

- Most DAATs/CSPs will have both User and Carer representatives who can help CJITs establish better links with support groups.

- Encourage service users and their families to be involved in service user consultations taking place happening within the DAAT/CSP to ensure that criminal justice issues are properly considered.
- Subject to service user agreement, allow family members to provide support to service users attending appointments. Ensure that CJITs are able to provide/have access to generic information on the criminal justice/treatment process to provide to families who ask for it.

- Ensure that DIP awareness is included in any DAAT/CSP wide training sessions for user/carers.

- Workers should have an awareness of issues for families of service users particularly around arrest and beyond release. For example, workers can have a role in encouraging service users to disclose information to their family about drugs and/or paraphernalia left in the home.

4. Improved communication and promotion of services

- Consider how CJITs can feed into the development of joint leaflets to promote services for service users and their families. CJITs need also to put forward suggestions on how these might be best promoted for those involved in the criminal justice system. For example, perhaps explore whether police caring out a drugs raid could provide families present with leaflets for family support organisations.

- Consider using opportunities to promote DIP by supporting local events by users and carer groups.

- Consider establishing a named contact in the organisations you signpost service users and their families to and look for innovative ways to promote services.

SECTION B: CRISIS INTERVENTION

Crisis intervention refers to the methods used to offer immediate, short-term help to individuals who experience an event that produces emotional, mental, physical, and behavioral distress or problems. It is a requirement for funding from the DIP Main Grant that there is provision for service users to access crisis support out of office hours. This is intended to be an enhancement of the day-to-day service offered by CJITs and is essential to maximising the engagement and retention of the service user group in treatment or a programme of support to those released from prison, e.g. late on Friday and who are unable to access other support over the weekend and at risk of relapse and/or a drug overdose.

Many partnerships in England and local partners in Wales choose to operate a local phone line service for existing or potential service users, particularly targeting those who have left prison and/or treatment. Phone lines operate within minimum standards and guidance and are provided 24 hours a day, seven days a week.

1. Assess what service might be appropriate to meet the crisis support needs of service users.

- Look at what similar specialist services are provided in the partnership area which might be able to meet the needs of service users rather than commissioning a new service.

- Based on likely demands for the service, look at whether is provided in house by CJIT staff rather than commissioning a separate service to provide this cover .

- If commissioning a separate service, look at whether provision can be shared. For example, some areas choose to share a phone line for users and carers, others choose to share provision across areas and some share the service with the professional SPOC service.

- Consult user representatives (with experience of DIP) on what might be the most suitable provision for service users.

2. Service delivery and promotion

- If the service is provided by an external provider, ensure that staff have a full understanding of DIP and the process.

- Training needs of those running the service need to be assessed and regularly reviewed.

- There needs to be good links established with local A&E departments and ambulance services and other wraparound services.

- The service needs to be widely promoted to service users, for example, including a phone number on appointment cards and wider promotion amongst key partners, hostels, probation service, courts, prisons, GP surgeries.

DIRECTORY OF RESOURCES

Drug Interventions Programme

Around Arrest Beyond Release – the experiences and needs of families in relation to the arrest and release of drug using offenders – August 2007
http://drugs.homeoffice.gov.uk/drug-interventions-programme/guidance/throughcare-aftercare/families-and-drugs/around-arrest-beyond-release/index.html

Around arrest beyond release 2, moving forward – February 2009
http://drugs.homeoffice.gov.uk/drug-interventions-programme/guidance/throughcare-aftercare/families-and-drugs/around-arrest-beyond-release/index.html

Around arrest beyond release 3, one year on – recognising change and re-inforcing positive practice in drug related family support – December 2009
http://drugs.homeoffice.gov.uk/drug-interventions-programme/guidance/throughcare-aftercare/families-and-drugs/around-arrest-beyond-release/index.html

Fact Sheet
(http://drugs.homeoffice.gov.uk/publication-search/dip/dip-meeting-family-needs?view=Standard&pubID=629500)

Developing peer-led support for individuals leaving substance misuse treatment - April 2005

http://drugs.homeoffice.gov.uk/publication-search/dip/peer-led-support/emerging-themes?view=Binary

Peer-led approaches for ex-drug users to meet diverse needs – October 2006
http://drugs.homeoffice.gov.uk/publication-search/dip/peer-led-support/practice-guide?view=Binary

24/7 service user phone line guidance
http://drugs.homeoffice.gov.uk/drug-interventions-programme/guidance/247_SPOC_guide/

National Treatment Agency

Commissioning for recovery – Drug Treatment, reintegration and recovery in the community and prisons: a guide for drug partnership

http://www.nta.nhs.uk/publications/documents/nta_commissioning_for_recovery_january_2010.pdf

Annex C – Developing life skills and a route back to employment

Developing live skills is the most important issue for service users (after housing) to assist with their reintegration. Drug misusers need the right support to improve their life skills to enable them to access housing and then sustain their tenancy. Research has shown that further development of life skills often halts once drug use becomes problematic.

Although not usually providers of this service, the CJIT has a crucial role in brokering this by considering their role in development of relapse prevention support, including access to life skills and other support to help service users back to employment and training. Funding has been made available since 2004 to all partnerships in England through the DIP Main Grant for development and implementation of throughcare and aftercare.

1. Find out what services might be able to help develop life skills/route back to employment

- CJITs need to establish links through the DAAT/CSP with organisations offering these services for drug users.

- Explore whether there are any generic services (including those from the voluntary and community sector) which might be able to provide life skills training/support for service users with stable housing.

- CJITs need to establish relationships with local organisations which might help/advise service users to sort out a number of practical issues such as arranging for ID (if this has been lost), arranging a bank account, claiming benefits and registering with a GP.

- Many service users will not be ready to return to work immediately. Explore what opportunities for both formal and informal training and activities (Gym, art groups, etc) might be available for service users with both specialist drug agencies and generic services for them to access. This will help them achieve a sense of purpose, add some structure to their day which could help them prepare for a return to employment.

- Through the DAAT/CSP establish links with the regional Drugs Co-ordinator who will be able to improve awareness of DIP amongst Job Centre Plus Personal Advisers. For service users who are ready for employment but need to get some work experience, explore whether there are appropriate volunteer opportunities within or outside the drugs sector.

- Through the DAAT/CSP, establish links with the business community. It might to encourage DAATs/CSPs to consider developing guidance on drug use/offending/criminal records to try to break down barriers for employers. Explore potential job swaps between statutory organisations and larger businesses. For example, a member of staff at John Lewis in Brent Cross spent 6 months working at Cricklewood Homeless Concern as part of their commitment to community volunteering. Staff at John Lewis also volunteer and provide training sessions at the centre.

2. Service user involvement is key to ensuring provision meets the needs of DIP service users

- Consider via the DAAT/CSP consulting service users on what the current gaps are in provision.
- Explore whether service user groups may be willing/able to provide elements of these services using peer advisers with additional support and training.
- Explore through the DAAT/CSP whether there might be opportunities for service users to be involved in advising on current/planned services provision.

3. Knowledge and ways of working

- CJITs need to understand what life skills support can be provided by both the housing and drug treatment providers and how service users can access this. If there are still gaps in this area, this needs be raised at the DAAT/CSP.

- CJITs should have a general understanding of the benefits system and feel able to support service user enquiries. Explore whether CAB and other voluntary and community sector organisation may be able to provide some training and support on this.
- Establishing a named contact in each Job Centre Plus office to raise any specific issues on behalf of service users may be beneficial

- Establish links with local volunteer bureaus and consider how shadowing/volunteer opportunities for service users might be included in the DAAT/CSP/DIP. Links with organisations such as the St Giles Trust and the Princes' Trust could also be explored for service users.

DIRECTORY OF RESOURCES

Drug Interventions Programme

Unlocking Potential webpage - promotes and shares some of the positive results achieved through using innovative approaches. These were developed or adopted by local partnerships and projects working in conjunction with service users and their families, through art and sport for example.

http://drugs.homeoffice.gov.uk/drug-interventions-programme/guidance/throughcare-aftercare/UnlockingPotential/

Ministry of Justice

Volunteering in the CJS guidance

Working with employers to reduce re-offending – a practitioners' toolkit - 2007
Employers attitudes to employing individuals with an offending/drug using past can be negative. This toolkit includes a number of case studies about how partnerships in Yorkshire and Humberside forged relationships with local employers to help change attitudes.

http://noms.justice.gov.uk/news-publications-events/publications/guidance/working-with-employers-toolkit?view=Binary

CIPD

CIPD guidance issued with CRB in 2004 – on employing ex-offenders
http://www.cipd.co.uk/subjects/dvsequl/exoffenders/empexoffendguide.htm

Citizens Advice Bureau

http://www.adviceguide.org.uk/index.htm

St Giles Trust

http://www.stgilestrust.org.uk/

Princes Trust (14-30 yr olds)

http://www.princes-trust.org.uk/

Job Centre Plus

http://www.jobcentreplus.gov.uk/JCP/index.html

Cricklewood Homeless Concern (CHC)

http://www.chc.org.uk/

National Treatment Agency

Commissioning for recovery – Drug Treatment, reintegration and recovery in the community and prisons: a guide for drug partnership

http://www.nta.nhs.uk/publications/documents/nta_commissioning_for_recovery_january_2010.pdf

Annex D – DIP Funding Model overview

Overview

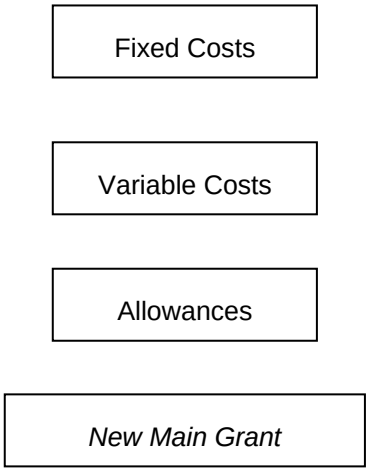
The model has been developed to provide a new mechanism for allocating the DIP Main Grant to areas and replaces the historic formula based allocations which have been in use since 2003. The new model also encompasses and supports the introduction of the new DIP Operational Model. The purpose of the model is to review the relative funding across partnerships. It is not intended to re-run the model each year with revised caseload figures. Instead, this overview gives a description of the core determinants of and relative distribution of funding for a partnership.

The funding model is designed to (a) provide a zero based estimate of the total funding requirement needed to deliver DIP and (b) provide an allocation mechanism which indicates each area's share of resources.

How it works

Areas are assessed as to their resource requirement on the basis of fixed costs, variable costs, and a core set of additional allowances to meet particular needs. These elements are pooled together in a total Main Grant allocation. This total allocation will be allocated as one pot of funding to a partnership. Once allocated, each area will have the flexibility to deploy its resources to deliver the optimum DIP service to meet local needs.

Funding Model



Fixed Costs

The model allows for a core management resource for all areas to fund the leadership and oversight of delivery of DIP. Management costs are the main fixed costs in the model, alongside a non-pay allocation.

Variable Costs

Variable costs are those that vary in relation to the size of an operation, and include resource for drugs workers, administrators, and partnership support. ***Criminal Justice Drugs Workers*** carry out the central activity of the CJIT and the large majority of resource awarded to areas is therefore accounted for by this element. The formula used for calculating the number of clients to drugs worker incorporates the widely accepted ratio of 1 drug worker to 25 clients to enable effective case management across the range of clients within a DIP service. The funding model allocates variable costs to areas based on each area's caseload and crime levels.

A detailed investigation of caseload partnership has been undertaken, and it has been decided that a two-year average of an area's new entrants onto the caseload will be used. This mitigates partnership quality risks associated with selecting caseload from a particular period and from too narrow a timeframe, and avoids excessive local variations in case closures. An analysis of the correlation between various caseload statistics has been carried out. We are confident that the measure selected is representative of both the activity required to manage new service users onto the caseload and for on-going management of service users.

Allowances

The funding model includes additional allowances to reflect areas' particular needs and to support specific activity.

Six allowances for additional needs are included in an area's allocation. These are for custody suites, courts, prisons, spatial dispersion, re-integration and levels of acquisitive crime. Below is a brief description of how each allowance is calculated.

Custody Suites

Drug testing is a key means of assessing and including service users onto the DIP caseload. CJITs are awarded additional resources to provide custody suite coverage, according to the number of positive tests they have carried out on average over a two year period. This provision does not represent total allocation of funds to cover this activity but is an uplift to reflect additional activity including Required Assessments.

Court Coverage

In addition to the resources areas receive for drugs workers, an extra allowance is awarded to fund court coverage when Restriction on Bail may be considered. This additional allowance is provided to areas according to the average volume of positive tests they have over a two year period. In recognition of the importance of court coverage for ROB, a minimum resource is provided to areas for this activity.

Prisons

Working with prisons, and providing continuity of care for drug-misusers released into the community, is an important part of the work that areas do. Areas with prisons in their vicinity will be resourced to provide continuity of care for Class A drug misusing offenders released from those prisons. In addition, whenever a service user requests support on release (for example, to be met at the prison gate) and where, due to the distance involved, it is not possible for the service user's CJIT of residence to undertake this, the local CJIT is required to fulfil this role – see p17.

Spatial Dispersion

The DIP Review recognised that areas that cover a large geographical area may incur additional costs. A formula has been used whereby areas receive a share of an agreed pot of funding, depending on the square kilometres an area covers.

Differential costs for areas are reflected in the formula on the basis of salary costs in London and in areas outside London. This accounts for drug worker salaries, which are the most substantial part of the model.

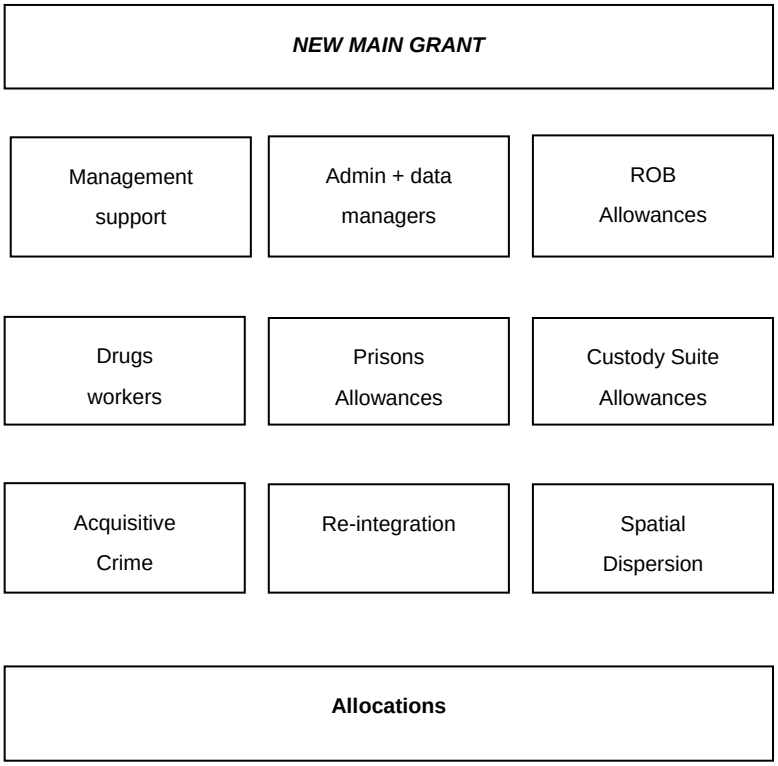
Re-integration Allowance

Areas receive additional resources for the funding of interventions directly related to the reintegration of drug-misusing offenders. This allocation is made to areas in relation to the size of their caseload.

Levels of Acquisitive Crime

Areas will receive an additional allowance reflecting the level of acquisitive crime in their area. This has been calculated using an acquisitive crime index which puts areas on a scale of their crime levels in relation to each other. The allowance is in addition to the resources areas receive for drugs workers.

New DIP Funding Model



Annex E – Criteria to assist the identification of specified Class A drug misusing offenders

The following three criteria should be used to assist the identification of individuals who misuse specified Class A drugs:

- **Criterion 1 – Information volunteered from individual**

- **Criterion 2 – Inferred evidence**
  - *Presence of paraphernalia*
  - *Behaviour (consistent with drug use)*
  - *Appearance (e.g. needle marks on arms)*
  - *Information from arresting officer*
  - *Intelligence*
  - *Request to see a doctor for drug withdrawal symptoms*

- **Criterion 3 - Indirect evidence**
  (needs to be supported by inferred evidence)
  - *Previous drug misuse*
  - *Previous drug test history*

Decreasing reliability of information on possible recent drug misuse

If a police officer or, as appropriate, CJIT worker believe that an individual demonstrates specified Class A drug misuse according to these three criteria, then every effort must be made for an appointment to be set up so that the CJIT worker can conduct an **assessment** and, as appropriate, **case managed** – further detail on this requirement is set out in Section 4.