HM Prison & Probation Service

Process Evaluation of the Drug Strategy Lead role in custody settings and the Health and Justice Partnership Co-ordinator/Manager role in community settings

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1. Summary

In 2020 and 2021 Dame Carol Black's independent review of drugs set out the complex issues surrounding drugs in the Criminal Justice System (CJS). In response to this, the Government published the 'From Harm to Hope' report (2021), which detailed the cross-Government approach to reducing drug-related harms, crime, drug related deaths, and use of drugs. As part of this, two roles within His Majesty's Prison and Probation Service (HMPPS) were focused on. The number of Drug Strategy Leads (DSLs) were expanded in prisons, and Health and Justice Practice Coordinators (HJPCs) were bought in to probation. The posts aimed to provide a strategic lead on delivering the aims of the HMPPS Drug Strategy (restricting supply, reducing demand, and building recovery) and to improve substance misuse and health outcomes for people in prison and on probation. The DSLs and HJPCs were funded centrally by the Government but the impact of the roles had not yet been examined. This process evaluation sought to understand the conditions of success for both roles by examining how they operate in practice, the experience of people in the posts, and exploring the benefits and challenges of implementing the roles.

Interviews, focus groups, self-appraisal measures, and observational visits were used to gather information on both roles. A total of 33 individuals took part in 15 one to one interviews and 7 focus groups, 11 people completed self-appraisal forms, and 2 HJPCs were observed, each for a day. The qualitative data gathered from this process was then subject to thematic analysis. The information from the DSLs and HJPCs was analysed separately, but similar themes emerged across both roles. The main limitation of the research was that the research may not be fully representative of all people in these roles. The five themes and related key findings were:

1. **Multifaceted role/role purpose**: Both roles' priorities were to support the delivery of the Drug Strategy, to provide continuity of care, and to reduce substance misuse. Both roles were multifaceted, with a big remit, and focused on bridging gaps between and linking services. DSLs focused on issues of security, developing the prison culture, setting up Incentivised Substance Free Living Wings (ISFLs), overseeing drug testing, and supporting treatment services. HJPCs were involved in mapping pathways, improving partnerships, and community sentence requirements,

and were also focused on wider health outcomes. Postholders in both roles were involved in increasing awareness and understanding around substance use and recovery.

2. **Collaboration and coordination/Relationship building**: A critical component of both roles was the importance of collaboration, coordination and relationship building, and an understanding that addressing substance use requires a whole system approach. The roles both required significant work in identifying the right stakeholders and bringing them together, but there was acknowledgement from research participants that this takes time. Possibly as a consequence of the differences between the roles and being community based, HJPCs tended to demonstrate a greater level of collaboration across the whole system than DSLs.
3. **Support, Training and Guidance**: Both DSLs and HJPCs wanted centrally or nationally coordinated guidance and support. DSLs also wanted more role specific training. Most postholders had good peer and Managerial support, but had had to 'learn on the go' within their role. Regional leads were particularly important for DSLs for strategic oversight and support. HJPCs felt more supported by central teams than DSLs.
4. **Challenges:** The lack of clarity of the role (due in part to the roles varying in practice), the large remit of the role, lack of resources, lack of buy in and understanding from key delivery partners, stakeholders, other staff and peers, and accountability were all challenges raised by DSLs and HJPCs. Difficulties with measuring progress, information sharing, and accessing data were also evident. HJPCs identified some challenges around liaising with DSLs in some prisons, and further raised issues around duplication and sustainability of their roles.
5. **Value:** Both roles were clearly felt to be valuable by those in post, their managers and the Governors of prisons. Postholders generally reported good job satisfaction. HJPCs felt their posts were valuable in supporting probation practitioners, filling gaps in provision, and increasing understanding around substance misuse, health outcomes and services. DSLs felt their progress had been realised in ISFLs, in raising the profile of substance misuse in prisons, and in delivering commissioned services.

This qualitative study provides preliminary evidence around the DSL and HJPC roles, identifies relevant good practice, and provides pointers as to how HMPPS could improve the implementation and development of these roles going forward. Such themes include providing greater levels of support, guidance and clarity about the roles, improving relationships and joined up working between prison and probation (and DSLs and HJPCs), and improving access to data. Many of these good practice pointers align with work already underway by HMPPS.

2. Introduction

2.1 Background

The aim of this research was to understand the conditions of success for two roles within His Majesty's Prison and Probation Service (HMPPS) – Drug Strategy Leads (DSLs) and Health and Justice Partnership Co-ordinators/Managers (HJPC/Ms).

Tackling substance misuse remains a key priority for HMPPS. There is a strong relationship between drug use and crime, as well as drug use and reoffending (May, Sharma & Stewart, 2008; Pierce et al., 2015). As of June 2023, 17% of the prison population had been convicted of drug offences (HMPPS & MoJ, 2023). Research also indicates that prisoners have higher rates of problematic drug use than the general population (Kolind & Duke, 2016). As of June 2021, 49% of those in custody and 35% of those serving a community sentence had an identified drug misuse need (MoJ, 2022). The presence and use of drugs in prisons also causes significant concern. In 2019–20, 10.5% of random mandatory drug tests conducted across all prisons were positive (MoJ, 2023a), and whilst there was a reduction in drug finds in the 12 months to March 2023 (from 17,700 to 14,724) the numbers remain problematic (MoJ, 2023b). Opiate use and illegal use of prescription medication are currently particular concerns in this setting (Office for Health Improvement & Disparities, 2023). Drug-related deaths amongst this population are also high. In 2022–23 there were 88 self-inflicted deaths (which included drug-related deaths) in prison (MoJ, 2023a), and rates of drug-related deaths on release from prison, particularly in the first two weeks, also remain troubling (Graham et al., 2015; MoJ, 2020).

Substance misuse, and the presence and use of drugs across the CJS have significant impacts on the wellbeing of both prisoners and people serving community sentences, and on staff, on prison security, the safety of prisons, rehabilitation efforts across custody and community, and desistance from crime. Drug use in prison is linked to poorer mental health and psychological wellbeing (McKeganey et al., 2016), greater levels of violence (Centre for Social Justice, 2015), greater levels of bullying and debt (Hammill, Ogden & Glorney, 2017), and reduced uptake of rehabilitation

services (Centre for Social Justice, 2015). Evidence suggests that focusing on restricting supply, reducing demand for drugs, and promoting recovery by providing appropriate support services, will provide the best opportunity to reduce substance misuse and its associate problems amongst this population. The provision of treatment to people with substance misuse issues remains a priority. This treatment is most likely to be effective in reducing drug use and reoffending if it teaches skills, confirms to the risk, need and responsivity principles (Andrews & Bonta, 2006), supports recovery, is delivered by qualified staff, is future focused and helps people develop a prosocial identity (Barnett & Fitzalan Howard, 2018; Lowenkamp, Latessa & Smith, 2006). Providing opioid substitution therapy or methadone is effective (Durjava, 2018), as are brief interventions in the community (Kaner et al., 2018), and the provision of mutual aid and peer support (South et al., 2014). Between 2021 and 2022, there were 45,096 adults in alcohol and drug treatment across HMPPS prisons and secure settings, and 32% of those discharged after completing their treatment were free of dependence (Office for Health Improvement & Disparities, 2023). Furthermore, 37% of adults released from English and Welsh prisons successfully started community treatment within three weeks of release in 2021–22. There is a large evidence base on the particular importance of continuity of care for people with substance misuse issues on release from prison (e.g., Advisory Council on the Misuse of Drugs, 2019). Interrelated issues of substance misuse, homelessness and mental health need to be addressed together during this transition. However, there is less research on the practical implementation of continuity of care.

In 2020 and 2021, Dame Carol Black's independent review of drugs (phase 1 and 2) set out the complex issues surrounding drugs and outlined the importance of developing and improving collaboration between prisons and probation and other service providers at both a national and local level in responding to the issues. This work identified significant concerns with people serving short custodial sentences, and with the transition of prisoners to the community, and people's access to treatment and services to support them with their substance misuse and other needs, housing, and gaining employment. The review called for increased funding for drug treatment and wider recovery support. In response, in 2021 the HM Government published the *From Harm to Hope* report, which set out a whole government approach to reducing drug-related harms, crime, deaths, and use of drugs. This

10-year Drugs Strategy committed all relevant parts of government to work together and share responsibility for creating a safer, healthier, and more productive society. National and local partners were organised around delivering three strategic priorities: breaking drug supply chains, delivering a world-class treatment and recovery system, and reducing the demand for drugs.

2.2 The DSL and HJPC Roles

A range of initiatives were introduced to support the delivery of the Cross-Government 10 Year Drug Strategy (2021). For example, local Combating Drugs Partnerships (CDPs) were set up to support local delivery and accountability. CDPs aimed to bring together relevant local partners in multi-agency forums, who were accountable for delivering the outcomes of the drugs strategy in local areas. In prison custody, additional Drug Strategy Leads (DSLs) were recruited[1] (primarily to Category C Adult prisons), and, in the community (probation), Health and Justice Partnership Co-ordinators/Managers (HJPC/Ms) were introduced. DSLs (originally conceptualised in 2000 but reintroduced at HMP Holme House as part of the Drug Recovery reroll, and shared with the 10 prisons project,[2] and later also through the Accelerator prisons project)[3] were originally introduced to provide strategic and operational direction within prisons to ultimately reduce substance misuse, by developing relationships between HMPPS, drug and alcohol agencies, and external commissioners. The aim of the more recent HJPC/Ms was to take a strategic lead on strengthening and developing partnerships and pathways to improve substance misuse and health outcomes for people on probation. Although distinctly different roles, there was crossover in their remit, and the intention was that they would work in collaboration with each other. Regional DSLs were also introduced in some regions (but not all) to take a strategic role and to coordinate the work of the DSLs.

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1 Thirty-six additional DSLs were recruited (18 were already in post in some capacity at this time across prisons).

2 The Ten Prisons Project involved an attempt to turn around some of the most difficult prisons through enhanced security, strong leadership and improved standards.

3 The Accelerator Prisons Project works with 16 prisons and seeks to reduce reoffending and improve outcomes for prisoners and prison leavers across four key reducing reoffending pathways – education, health, employment and accommodation.

A previous process evaluation of an investment package to reduce reoffending completed in 2022 included consideration of the DSL and HJPC posts as part of one of the new approaches being trialled (Greevy et al., 2023). This made up a small part of the evaluation and the focus was not on how well the DSL/HJPC/M role had been implemented or what successful implementation looked like for these roles. As the findings were not specific to these roles only, it is difficult to link individual findings to the specific DSL/HJPC roles, rather than to the other approaches considered. No other research has been conducted focusing specifically on roles supporting continuity of care in prison and probation settings.

2.3 Study aims

The additional DSL and new HJPC/M posts were funded centrally to support HMPPS in reducing substance misuse and reducing reoffending. Continued funding for both of these roles is dependent on the demonstrable influence of these roles on partnerships, reduction in substance misuse, and improvements in continuity of care. So far it has not been possible to measure direct impact of these roles on specific indicators of substance misuse or continuity of care, due to complexities in both isolating impact of the roles and identifying robust measures of change. However the present process evaluation sought to examine the implementation of the roles, and to determine best practice and identify learning for the continued use of these posts.

The primary aim of the research was to understand the conditions of success for both the DSL and HJPC roles, and specific research questions were:

1. What do the DSL and HJPC roles look like in practice, and how are they operationalised in practice?
2. What are the perceived benefits of the roles?
3. What are the perceived potential risks/challenges to the success of the roles?
4. How can these roles be best utilised/implemented?

3. Method

3.1 Sample

Participants were recruited from the pool of current HJPCs (total 35) and HJPC Managers (total 9) in community settings, and DSLs (total 20) in custodial settings in mid-2023. Invitations to participate were also extended to Regional DSLs and Governors of prisons where DSLs had been appointed. Potential participants were identified by the Substance Misuse team in HMPPS. The researchers then contacted individuals via email.

3.2 Data collection and analysis

Data were collected between July and August 2023. Interviews (one to one) and focus groups (dependent on availability) were conducted with 12 HJPCs, 8 HJPC Managers, 8 DSLs, 2 Regional DSLs and 3 Prison Governors via Teams (see Table 1). The interviews were semi-structured and used open-ended questions to explore participants' views on what works well and what the barriers were to implementing their roles, and the perceived benefits of such roles. All participants gave informed consent. Focus groups and interviews were recorded and transcribed verbatim by the lead researcher. The transcripts were subjected to thematic analysis (Braun & Clarke, 2013; 2019; 2021) using both inductive and deductive approaches to identify primary themes. The DSL and prison staff data were analysed separately from the HJPCs and community staff data. For each, the research team re-read notes and transcripts for familiarity, and then a series of codes were created which were then clustered first into themes and then into sub-themes. This coding was initially conducted on one of the DSL transcripts by both authors together to establish a rigorous and uniform process, following which the remaining transcripts were coded separately by one of the authors (the transcripts were divided equally between the two researchers). The generation of final themes was conducted by the authors together.

In addition to the interviews and focus groups, all staff in HJPC or DSL roles were contacted and asked to participate in observational visits to provide the researchers with a deeper understanding of the day-to-day activities and challenges faced by

postholders. Two HJPCs in two regions consented. The researchers made detailed notes during the visits. Self-appraisal measures were also hosted on Microsoft Forms and issued to all those in the HJPC and DSL roles via email. These measures utilised Likert scales and free-text boxes to provide both quantitative and qualitative information around the benefits and challenges of the roles. A total of 6 HJPCs and 5 DSLs completed the self-appraisal measures.[4] The additional data obtained from both the self-appraisal forms and from the observations were integrated into this thematic analysis to triangulate all findings.

Table 1 presents the number of participants from each role, and the frequency of data collection methods.

Table 1: Data sources for each role

Role	Number of focus groups	Number of one-to-one interviews	Number of individuals interviewed	Number of self-appraisal forms completed	Observational Data
Health and Justice Partnership Co-ordinators	3	3	12	6	2
Health and Justice Partnership Managers	1	5	8	-	-
Drug Strategy Leads	2	4	8	5	-
Regional Drug Strategy Leads	0	2	2	-	-
Prison Governors	1	1	3	-	-

To protect quality and rigour this research adhered to the criteria proposed by Bauer & Gaskell (2003): that qualitative research should be transparent, should contain thick descriptions (using quotes from interview data, for example), should use a triangulation of evidence, and should adopt a clear and appropriate sampling strategy. In total, there were 243 pages of data (Arial, font size 12).

[4] Unfortunately it was not possible to determine if these were the same participants or different participants to those who took part in interviews and focus groups.

3.3 Limitations

There were several methodological limitations to the study, which should be considered when interpreting the findings. Firstly, the findings cannot be said to be fully representative of all HJPCs, HJPC Managers, DSLs, Regional DSLs, or Prison Governor roles as interviews/focus groups and self-appraisal measures were not conducted with all of those in post. Secondly, it is possible that selection bias may have impacted the findings, as individuals volunteered to take part. The researchers attempted to overcome selection bias by using a range of data collection methods, including the observations and self-appraisal data collection. However unfortunately it was not possible to determine if those who completed the additional self-appraisal forms were not also represented in the interview and focus group participant group. Thirdly, observational methods can be at risk of observer bias and undetected confounding variables. It is possible there was an effect on the behaviour of staff by being observed by the researchers (known as the Hawthorne effect). Although this could not be mitigated entirely, the researchers emphasised to staff during the visit that their presence was purely for research purposes and not to criticise or audit their performance. Additionally, self-appraisal measures may have been influenced by the desirability effect. Again, this effect could not be mitigated entirely, however it was explained to participants that the completion of the measures was to further inform the process evaluation, and not to audit their roles. Five DSLs and six HJPCs completed the self-appraisal form. Due to these very small numbers, it was not possible to draw any firm conclusions from this data and thus the data are not presented separately within the report, but the findings were triangulated within the thematic analyses. Finally, no DSLs accepted the offer of the observational visits, so this part of the data collection was only gathered for HJPCs.

4. Results

4.1 Thematic analysis – Drug Strategy and Regional Leads

Five main themes were identified from the thematic analysis. Table 2 describes these themes and the subthemes contained within.

Table 2: DSL Themes and subthemes

Theme	Subthemes
Multifaceted role	Implementing Drug Strategy (supply, demand, recovery); partner-agency work; culture development; continuity of care; Incentivised Substance Free Living wings (ISFLs) and Drug Recovery Wings (DRWs); Mandatory Drug Testing (MDT); training and communications for staff; strategic oversight of regional DSL role.
Collaboration and co-ordination	Whole prison approach; multidisciplinary working; information sharing; lived experience; building connections.
Training and support	DSL peer support; Governor/Manager support; lack of specific training; learning on the go; regional leads; support from Substance Misuse Group (SMG); other support.
Challenges	Clarity of role; accountability; buy in and understanding; funding and resources; information sharing; embedding changes.
Value	ISFLs; progress; raising profile; collaboration; commissioned services; funding; autonomy/innovation; rewarding.

Theme 1: Multifaceted role

It was clear that the role of the DSLs was multifaceted, including many different aspects, but that due to a perceived lack of clarity about the role, DSLs were defining and developing this differently according to local need and their personal experience. Some were also clearly being allocated multiple roles to their post (e.g. Keywork coordinator, Head of Security), which were not always directly related to the aims of the DSL roles.

All participants were clear that the main purpose of the DSL role was implementing and pulling together the three strands of the national Drug Strategy at a local level.

> "I think like I feel like we're quite clear here what we're working towards and what we're trying to achieve, and everyone works off the same 3 principles – restrict supply, reduce demand, build recovery." – DSL

They reported gathering information on all three strands to develop a local action plan. For reducing supply, they recounted, for example, working closely with the Security Department, reviewing incoming intelligence, focusing on security measures, and identifying supply routes and suppliers. For building recovery, many DSLs talked about the individualised support they provided to prisoners and substance users, holding recovery events, ensuring recovery was promoted, ensuring people were accessing the treatment and support services they needed, developing the rehabilitative potential of adjudications[5] for people charged with drug use, understanding peoples' reasons for taking drugs, incentivising people to become drug-free where possible, and helping people to access the services they need. Much of this focus was on providing the right support to prisoners. Reducing demand was the strand, which was least mentioned, and some reported that this aspect of the strategy was the hardest to define and the most difficult to do.

> "I think probably reducing demand is that area which no one properly understands what exactly they'd like us to do with this and how they'd like us to do with it and how we might be able to pull in on that strand. So we talk a lot about building education and getting education to do bits and pieces. But I think it's probably the underexplored one." – Regional DSL

The extent to which different DSLs prioritised the three strands varied. Whilst some certainly acknowledged the importance of all three ('security focus on its own doesn't work' – DSL), others appeared to either prioritise reducing supply, or building recovery. This quite often depended on whether the people in role had an operational or a non-operational background. Those with prior or current operational experience (including the Governors) tended to feel more comfortable with, and lean towards, a focus on reducing supply of drugs, whilst those with a non-operational background or

[5] Adjudications are formal hearings which take place in a prion setting following alleged rule-breaking. If found guilty, prisoners can be issues with sanctions.

previous experience in delivering interventions or working in health-related roles, were more likely to focus on building recovery and supporting prisoners (with the assumption that Security Departments would be focusing on reducing supply).

One of the main duties for DSLs related to managing the Incentivised Substance Free Living wings (ISFLs) and Drug Recovery Wings (DRWs) in their prisons. Many spoke of these taking up a lot of their time and energy (either managing them or setting them up). A key priority for a few of the DSLs was focusing on continuity of care, including working with Approved Premises, conducting prerelease work with individuals, working with the HJPCs, and supporting the transition to the community. A large part of their role seemed also to be on upskilling and training prison staff about substance use and recovery, by conducting staff briefings and training events, and providing clear information and communications. Building staff awareness and knowledge was seen as critical to increase buy-in to a more constructive (vs. punitive) approach to substance misuse within the prisons, and to improve much needed multi-disciplinary collaboration. Additionally, some DSLs spoke about developing the local culture in order for the prison to be more able to support people with their substance use, including a focus on building motivation and hope, and building a more rehabilitative and supportive environment. Other day-to-day work included chairing Drug Strategy meetings, managing the Mandatory Drug Testing (MDT) process, dealing with the medication and prescribing processes including Opioid Substitution Therapy (OST) and medication queue supervision, monitoring drugs data, and overseeing the contracts for the health and commissioned services (e.g. healthcare, psychosocial treatment provision, supporting and engaging with providers, and managing contracts for substance misuse services), and partner-agency work.

The Regional DSLs were predominantly focused on providing strategic oversight for the prisons within their regions, with a particular focus on the higher-level priorities such as reducing drug-related deaths, providing continuity of care, and realising the ambitions of the *Harm to Hope* paper. They were also responsible for reporting to the Prison Group Directors (PGDs). They felt that their specific role duties included setting the direction for DSLs, supporting the DSLs in their project work, as well as providing initial training to them. Regional DSLs also had a role in ensuring

consistency of services across their regions, as well as building connections and networking (with partner agencies, health, treatment providers etc.). Some regional DSLs were also involved in conducting thematic reviews to develop and share learning.

> "I think the purpose of it is, is to act as a bit of an overview to ensure that all these establishments are up to speed on what the most recent research is, what we should be doing, some changes coming in. So, for example, we've had drug detection machines which have come in. We've had the ISFLs coming in. So, making sure that everyone up to speed and on board with what those are. And so, I think the purpose is to sort of like hold the strings and gently implement and pull." – Regional DSL

Theme 2: Collaboration and co-ordination

Collaboration, multidisciplinary working, and co-ordination were regarded as essential ways of working for DSLs. Information sharing between departments within a prison, but also between prisons, and between prison and community settings, was particularly important. Some spoke about the importance of networking and building connections with other teams and external agencies too.

Overall, it was clear that DSLs, Governors, and Regional DSLs believed that dealing with substance misuse within prisons required a whole prison approach ("there's not a person within the prison that isn't on my radar and because actually the only way you're going to crack this is if we take a whole prison approach" – DSL). The DSLs believed that they were providing the overview, and essentially bringing all the work on drugs together in a coordinated way:

> "So, I would say I'm kind of an orchestrator really. I think that's just how I imagine it. So, in the orchestra there's so many different parts that play that all piece together to make the music. And I think that's where the Drug Strategy lead plays its main role." – DSL

Multidisciplinary working was seen as particularly important for a whole prison approach, and was felt to be one of the desired outcomes from the DSL roles. This

predominantly included collaboration between teams and departments within the prisons (e.g., Security, the Offender Management Unit, Healthcare, and Safety particularly), but also included working closely with families, probation colleagues, external partners/providers, partnership agencies, healthcare providers, police, SMS services, crime commissioners, local authorities, and the HJPCs. Working in a collaborate way was deemed to streamline services and ensure different services were all working towards the same outcome. However, this collaborate working was not always straightforward (see below, and also theme 4 – Challenges). One further aspect of the DSL work which was stressed by some was the importance of involving those with lived experience. In particular, the value of those with lived experience providing peer mentoring was noted (although was currently undeveloped in some prisons).

Information from the self-appraisal data on stakeholder liaison for the DSLs suggested that they have most contact with the functional heads in their prisons, followed by the Regional DSLs, and little contact with HJPCs and service providers in the community. Most DSLs had an internal focus, liaising with onsite stakeholders (e.g., SMS team, Mental Health team, Healthcare team, service users, prison service providers) to a much greater extent that external stakeholders (community teams, resettlement providers, community teams). Suggestions for improving liaison with stakeholders (external to the prison) included the use of regional forums and joint events to enable networking, developing a wider awareness of the DSL role, and having more resources available.

Theme 3: Training and support

Overall, most of the DSLs (both via interviews and the self-appraisal forms) felt that they would benefit from a greater level of centrally or nationally coordinated support and training. The DSLs described a lack of training when they first started, and many felt that a more established training process (which, at the time of the research, was about to be offered), and shadowing was needed for when people took up the roles, or at least some form of induction (again due to be implemented). Most of the DSLs had had to figure the role out for themselves or had to rely on others to support and guide them. One described feeling as if they were expected to be “an expert on day 1” with very little understanding of substance misuse or what their responsibilities

were. Regional DSLs too felt that they had had very little direction, support, or training when they first took up their positions. Most have simply had to “learn on the job”, with many describing how their workload and direction had developed organically over time. Some described themselves to be “still finding their feet in the role”, whereas others felt more confident.

That said, DSLs found peer support valuable. One region had established a DSL network, which enabled sharing information and good practice. Others talked about the significant support they had received from their Prison Governor and/or the Prison Management, which was deemed to be essential for postholders:

> “The number one Governor’s always supported me. Yeah, I can’t sing his praises enough if I’m being honest with you. Yeah, he supported all the stuff of Drug Strategy, you know, give me the freedom to, you know, set the wing up and run with it.” – DSL

Some also talked about other ways they had upskilled themselves including garnering support from service providers, and other specialist staff, and from reading, observing groups and sourcing specific training for themselves. The self-appraisal data indicated that overall DSLs felt very supported by their line manager, and reasonably well supported regionally. There was also general agreement in the need for Regional DSLs. Those who worked in regions where dedicated Regional DSLs were in post talked about the benefits of this, whereas those who didn’t talked about how helpful it would be, as did the Governors. For most, the Regional DSLs had provided essential direction, support, and training, although for a few the Regional DSLs had acted more as a provision of general oversight. In either case, the presence of a Regional DSL was deemed beneficial as was exemplified in the following quote by a DSL without a Regional Lead but whom had had contact with one from another area:

> “I went to [a Regional Lead from another Region].… Absolutely brilliant. One of the best people that in my professional life that I’ve encountered, knew absolutely everything that there was to know and never made you feel that, if you were asking a question, that it was a wrong question to

> ask. And I left there feeling quite inspired to be honest. Um and myself and the [other local Drug Strategy Lead] we both went there and we said, this is what we're missing. We're missing the person who says 'the pattern that I'm noticing from XY&Z is this, These are our performance indicators.' It was just a working together approach." – DSL

Finally, the DSLs wanted more access to up to date information and guidance. For example, they indicated that they would benefit from more information on data and trends of substance use, uptake of treatment services and medication levels (and so on) at a national level to gain a more holistic view, and in order to be better prepared for potential changes in drugs and drug use. All participants (DSLs, regional DSLs, and Governors) wanted more direction and feedback from Substance Misuse Group (SMG) to inform the development of their local strategies and to determine priorities for the postholder. Some simply wanted to know whether they were moving in the right direction or focusing on the right things. Some suggested that a directory of services, systems, and contacts or an information pool would be helpful for those starting out in these roles so that they knew how to find information or who to connect to, and others commented how support visits from the central team would have been helpful.

Theme 4: Challenges

The greatest challenge identified was the lack of clarity in the DSL role. The job description and role definition were perceived to be vague and "woolly", the remit and priorities of the role were unclear, and there was a dearth of guidance, support and documentation for postholders: "Maybe there's a bit of work in being clear to everyone, that is the role, this is what it should include, this is what you're responsible for" – DSL. This lack of clarity led to different prisons adopting alternate models for the DSL role, with expectations set locally, rather than nationally. Regional DSLs wanted more direction from central teams, feedback for development, and guidance on measuring change (with one suggesting some sort of audit process might help). Greater standardisation in the role and approach, and in reporting, so that progress could be tracked, was deemed necessary:

> “Yeah, I think just as some more information about, you know, like a standardised approach… Actually to know that we are all working in the same way because we’re given our Drug Strategy, which is a national and we’ve adapted that and put our own words or fill in the blanks if you like and then put the date and our establishment name on the front of it. But you know, we are doing it in a lot of different ways or actually probably feels like we are, because we don’t get that interaction as much as you kind of sometimes require cause you’re a bit of a one man band, but you know, just give us more things, tools to use, give us that information, cause it comes from a lot of different places. But pull it all into one.” – DSL

Another key challenge related to resourcing and funding. It was clear that being a DSL should be a full-time role rather than ‘bolted on’ to another core job, or being combined with other roles, such as Head of Security or Keywork coordinator. Most DSLs talked about the need for more money and more resource to be effective in their roles. Some wanted greater autonomy in funding decisions and described the difficulties in not having access to their own budget which resulted in them constantly trying to find funding. Generally, participants felt that it was a challenge that they didn’t have their own team, and consequently had to rely on the good will of colleagues, as it is difficult “for one person to affect real change” – DSL. Challenges with vetting, recruitment, and retention led to issues with consistency in staffing and an under skilled workforce across prisons. This, alongside resource shortages, in related teams also had an impact on the DSLs; for example, when treatment delivery teams were unable to deliver at the volume needed meaning that those with substance use issues were not receiving the services they needed.

Getting buy-in and understanding about the DSL role and substance use more generally across prisons was perceived to need improvement. In particular, this was felt lacking in relation to middle management and operational staff at some prisons (compared to SLT and non-operational staff), reflected in their lack of understanding about recovery and substance misuse, as well as prevalent myths about abstinence and OST, which made the DSL role harder. The culture of prisons also featured in DSLs experiences, with participants indicating that more rehabilitative prison cultures were more supportive of the work of DSLs and recovery work in general. One DSL

suggested that the Custodial Manager (CM) was the “culture carrier” so getting their support was critical to success. Accountability posed a further challenge; getting other departments and teams to listen, see the bigger picture, take action, and take on responsibility for certain aspects of the Drug Strategy was difficult. When there was a predominant blame culture (and lack of learning culture), defensiveness from departments at some prisons and/or external stakeholders, and departments having their own agendas, this type of whole prison approach became more difficult. Where it was working better, teams were collaborating and working closely towards the same agenda.

Collaboration and information sharing was key to the DSL role (see theme 2) but remained a challenge for some participants. For example, participants talked about the challenges of commissioning arrangements and contracts, the lack of relationships between key stakeholders, silo working, fear of repercussions or reputational damage, difficulties with IT and accessing the right information, knowing who to connect with, the need to better share success stories and good practice, and recognise the efforts of staff. There were also issues in sustaining and embedding changes, due in part to lack of resources and silo working, but also to the changing drug landscape (including new routes of entry into prisons, different substances being brought in, and involvement of organised crime groups), changing population, and population pressures which meant that priorities for DSLs were fluid.

There was debate amongst participants about the best person to take on a DSL role. Those with operational experience generally felt that this was critical as it afforded them greater influence and credibility with colleagues: “being in an operational role… I have the influence to make things happen… it’s easier in operational role” (DSL). They also felt that their understanding of the workings of prison was essential. Two of the three Governors spoken with believed that operational staff would be best suited to the role (“wouldn’t work as a non-operational role”). Some of those with non-operational experience agreed that they were treated differently from operational staff and perhaps had less influence and respect (“I’ve had comments towards me as a non-operational member of staff. So I think the buy-in is lower” – DSL), but they also felt that not being pulled into operational duties provided them with more time to focus on the role, and in some ways gave them more freedom and autonomy to try

out new things (“more open to new ways of doing things” – DSL). As stated previously (see theme 1) non-operational staff who were in DSL roles also tended to focus less on the security aspect and more on recovery and reducing demand. Non-operational staff were clear that coming into the role without any prison experience would be difficult though.

Whilst there were clearly advantages and disadvantages of people with operational and non-operational experience holding the DSL post, the predominant view was that regardless of previous role, getting the right person into the role was the important factor. The right person was deemed to be someone who was motivated to learn, had the right knowledge, had an open approach, was adaptable, and was able to network and build positive relationships with others. The role also required persistence (as one DSL stated: “It’s a long journey”) and some level of creativity. Some also indicated that having an understanding of how health and commissioning of services works, having previous experience in drug and rehabilitation service provision, having previous prison or probation experience, and having previous clinical experience may also be helpful for postholders.

Theme 5: Value

Whilst there were numerous challenges to fulfilling the DSL role, participants also identified numerous benefits that the role was bringing, in terms of reducing the availability of drugs, reducing self-inflicted deaths, and people transferring to the community safely. One Regional DSL described the work of the DSLs as “immeasurable”, and another DSL suggested that the role is “absolutely bringing value, it has got to be a positive thing”. Although some participants were unsure whether any achievements had been made during their time in post, the majority of DSLs felt that there had been some progress in the right direction, albeit slowly: “Small wins make a big difference”. Some of the benefits included positive changes amongst prisoners, decreasing rates of incidents, self-harm and violence, and a more efficient and safe process for dispensing medication. Most DSLs felt that one of the indicators of success of the DSL role was the development of the ISFLs. Most reported that their ISFLs were doing well, and “seemed to be working”. The support that ISFLs could provide to individuals was stressed, as was the national and political interest surrounding the units. A few DSLs felt that the connections they had made

with external providers, the wider community, across prisons and in the community was a major benefit that the role had generated. In some prisons the DSLs had a standalone budget (which was locally determined), which appeared to be working well (particularly for the ISFLs).

Many felt that having a dedicated DSL role within prisons (rather than the duties being a bolt on to another role/function) was raising the profile of drugs and the importance of the Drug Strategy for the effective running of prisons. The new strategy had raised the prominence of substance misuse amongst staff, and in turn had ensured that an effective response to drugs was central to the good running of the prison:

> “So I went about it slightly differently because if you want it to be a whole prison approach and you’re really serious, you can’t just bolt drug strategy on as another function, you’ve got to make it your thing and you can after a few years when it becomes business as usual, like it is for me now, it’s becoming business as usual, then you can slow down and you can concentrate on other priorities.” – Governor

Whilst most wanted more guidance and structure around the role (see theme 4), some had welcomed the autonomy and innovation that the lack of a prescribed structure had afforded them. They reported structuring the posts to best meet their, and their prison’s needs, and “being brave to make decisions and try new things”. And finally, whilst a few had mixed feelings towards the job, the majority of the participants were invested and committed to their role, were passionate about it and found it rewarding. Some enjoyed the networking aspect of the role, whilst others were particularly enjoying the opportunity to learn and build their knowledge in new areas.

4.2 Thematic analysis – Health and Justice Partnership Co-ordinators and Managers

Five main themes were also identified from the thematic analysis of the HJPCs and Manager HJPCs. Table 3 shows these themes and the subthemes contained within.

Table 3: HJPC Themes and subthemes

Theme	Subthemes
Role purpose	Drug Strategy; priorities; linking services; pathways; increasing understanding; managers leading and scoping.
Relationship building	Awareness of roles; barriers and enablers; reception to relationships; time to build relationships.
Support and guidance	Training; experience; learning on the job; induction; clarity of role; autonomy; national support; managerial support.
Challenges	Large remit of role; workload; progress monitoring; geographical area; lack of frontline resource; awareness of strategy; authority; duplication; data issues; sustainability.
Value	Job satisfaction; alleviating practitioner workload; filling gaps in provision; benefit to People on Probation (POPs); engagement; measurable outcomes; time to see difference; increasing understanding; multiagency working; positive feedback.

Theme 1: Role purpose

Several participants described their roles as strategic and being integral to embedding the HMPPS Drug Strategy and the recommendations from *Harm to Hope* across prison and probation settings by improving partnerships. More specific priorities identified included supporting the use of community sentence treatment requirements (CSTRs), specifically drug rehabilitation requirements (DRRs) and alcohol treatment requirements (ATRs), as well as supporting the rollout of mental health treatment requirements (MHTRs). HJPCs reported using engagement with a wide range of stakeholders and agencies (probation, prison, commissioners, service providers, and charities) to improve continuity of care, develop and improve access to health and resettlement pathways, reduce drug-related deaths, reduce health inequalities, and reduce reoffending. Information obtained both from the

interviews/focus groups and the self-appraisal data indicated that the HJPC priorities were primarily on substance misuse and continuity of care, but also extended into wider but related areas of health, such as adult social care, mental health, and neurodiversity. Moreover, it was felt that in addition to the wider national priorities, local needs often arose from their regional community integration team or local probation delivery units (PDUs) which the HJPCs were able to attend to.

Participants talked about being a link between services, bridging between the agencies of prison, probation and service providers and connecting these different organisations to improve outcomes for people on probation. Participants also spoke about needing to understand and thread together the agendas of all organisations to be cohesive. It was felt that this linking is what enables effective continuity of care for people on probation and leads to greater engagement with services.

> "We're kind of the bridging gap between probation, prisons and the community providers. Just about developing the pathways and making sure that there's consistency from people who are in custody or on license getting that the support that they need" – HJPC

Participants identified a core part of their work to be mapping and understanding the current pathways available to people on probation in their area, as well as identifying and smoothing any issues that might arise with these. They recognised the need for consistency and clear guidance for practitioners (including creating a directory of providers for them), in order for people on probation to access the right support, engage, and remain in treatment. The provision of 'wrap around' support for individuals was emphasised, and following people up once they were referred to the services. HJPCs felt part of their role entailed gaining a deeper understanding of the existing landscape and keeping up to date with any changes in order to effectively communicate this to practitioners and help them to navigate a complex area. An example of this was provided around understanding the CSTRs in order to be in a position to increase judicial confidence in the sentences and raise awareness of the treatment and support available.. Further, participants talked about increasing understanding and awareness, both for themselves, and for colleagues in prison,

probation and community providers (such as about specific processes and systems, treatment requirements, and commissioning).

HJPC Managers reported supporting the HJPCs by establishing themselves and their team, gathering existing data to identify gaps in provision, agreeing clear remits, and identifying boards and networks to join, and networking and building relationships at multiple levels. Further, they enabled and supported HJPCs by providing regular supervision and guidance, keeping focus on the overarching strategic priorities, and providing regional performance oversight.

Theme 2: Relationship building

A key aspect of the role discussed by all participants was building relationships with colleagues in several organisations, and liaising with different stakeholders across a variety of areas and specialisations. This included prison staff, particularly those in DSL or Reducing Reoffending roles, probation practitioners and PDU heads, courts, and service providers. Observation of a day's work for two HJPCs demonstrated the variety of different stakeholders that this role involved liaising with, which included local problem-solving courts forums, meetings with local prisons and other stakeholders, practice support groups, and meetings with experts on gambling and the Reconnect Initiative.[6] For more information about the different types of meetings the observed HJPCs were involved in please refer to Appendix A.

One HJPC described how important it was to not "go in blazing or push the door if it's closed" but instead to "identify an ally, create space, know what's relevant to them, and to develop an open working culture" (HJPC), and to build a reciprocal relationship with others. Almost all the participants felt that initially few others understood the role of a HJPC. Several HJPCs described conducting a "marketing campaign" where they had 'sold' the role, what the purpose was, and promoted themselves as a valuable resource. This was particularly prominent in PDUs, where staff (including probation practitioners and PDU heads) were described as being unaware entirely of the roles, sceptical as to their value, and having a lack of understanding as to where the role fitted with existing work. Participants reflected

[6] This service aims to connect people with health needs leaving custody with community services.

that more could have been done perhaps by central teams to communicate with colleagues about the new roles before they were introduced by HMPPS, and that some terminology used may not be entirely helpful or accurate (e.g., terms such as ‘partnership’ and ‘coordinator’ could be confusing for frontline practitioners, plus their roles had now evolved past only developing partnerships).

Although there had been mixed responses to HJPCs in different regions, for the most part they felt the relationships being built were positive, and that they had had a good reception from stakeholders. Most commonly, participants had found building a relationship with external providers (such as charities and service providers) to have been easier than with HMPPS colleagues in probation and prisons. They believed this was due to the openness of providers to engage, collaborate and share information, especially as they had not had a relationship with anyone in the Probation Service previously.

> “I’ve built strong relationships with key stakeholders and in the main, I’d say these are effective, especially in respect of the work we’ve done around drug treatment and testing. I’d say at this point, I have good working relationships with about 65–75% of the people I need to have a good relationship with, and am working on the remainder” – HJPC

Information from the self-appraisal forms and observational work indicated that most HJPCs had a high level of liaison with service providers, a reasonable amount of liaison with PDUs, and courts, and some with local authorities, police and local women’s services. In general, they had less contact with local prisons and local charities. Third sector organisations were viewed as being more able to innovate and work collaboratively together, perhaps as they were not tied to processes and procedures as much as internal stakeholders might have been. Whilst some HJPCs had found their experience working in probation previously enabled the forging of relationships with PDU staff, a few had been surprised by how challenging this had been. For the most part, the difficult experiences were understood to be a consequence of PDU colleagues facing considerable workload pressures and coupled with a lack of understanding of the HJPC role, which led to collaboration being deprioritised. Opportunities that involved interacting with PDU staff in person,

and where possible offering support on their existing workload, helped to overcome barriers and for the HJPCs to demonstrate their 'value'.

More difficult generally had been relationship building with colleagues in prisons. Again, it was felt that high workloads and poor staff retention contributed to this, and made it difficult to identify the right people to liaise with, let alone developing good partnership working. However, culturally it was felt that it is often difficult for probation staff to engage with prisons, perhaps due to hierarchical governance (and sometimes rigidity) in this setting, greater levels of bureaucracy, different immediate priorities, and isolation/lack of pre-existing ways of working with partner agencies and stakeholders. The difficulties of building relationships with prisons and DSLs was demonstrated in the following quote (which also identifies the aforementioned discussion of people in DSL roles with differing backgrounds, e.g. operational vs non-operational):

> 'I'm aware that I need to develop my relationships with those working in prisons. I've struggled to engage with the DSL (in a local prison) who doesn't appear to appreciate the world outside the prison. There seems to be a real cultural difference between the custodial and community environments that I didn't really appreciate until I took on this role. I thought those working in custody would have a greater understanding of the need to get people into treatment in order to close the revolving door, but the emphasis seems to be on custodial security with scant regard paid to actual treatment and the world outside the walls, even though effective treatment is a core aim of the establishment's written Drug Strategy document.' – HJPC

The main suggestions for improving collaborative working and liaison included having more face-to-face meetings/workshops (rather than reliance on Teams or emails), and upskilling DSLs on the importance and need for collaboration. A general consensus amongst the HJPCs was that they were still in the process of establishing meaningful collaborative partnerships with stakeholders, that this takes time, and that it takes even longer for the fruits of these efforts to be realised, but is worth the effort/investment:

> “It might take six months before you actually do a joint piece of work together, and it might just be chatting on teams or in person, it’ll be a mix, but it’ll probably be a good chunk of time before you see anything tangible and you can say yes, that’s a partnership that I’ve created or that I’ve established or I’m maintaining” – HJPC

Theme 3: Support and guidance

On the whole, HJCPs indicated that performing the role well required time and exposure and ‘on the job’ learning rather than specific additional formal training (which may, in fact, feel overwhelming and therefore be counterproductive). Given the new nature of this role, and how much information colleagues needed to get to grips with, several participants spoke of the value of less formal activities, such as shadowing each other, and also a desire for greater ‘induction’ activity in relation to the local and central teams they were joining. A few suggestions for additional formal training were made, specifically around understanding health and justice, mental health, commissioning, project management and IT training, and softer skills such as effective communication and partnership development. Neurodiversity was a particular area that staff wanted more guidance on. HJPCs who did not have a probation background felt they would benefit from additional understanding of the probation structures, and processes; these individuals had sought help and support from their colleagues who had previously worked in probation.

There was recognition that due to the roles being new, there was little direction in the beginning as to the expectations, objectives, and priorities of the health and justice roles.

> ‘At the beginning I was working in a silo, with no direction. I’ve had to shape the role which has been difficult’ – HJPC

This had led to some confusion and frustration because of the lack of clarity around what HJPCs should focus on and the boundaries of their roles. The lack of strategy from the beginning meant that many teams developed their own strategies initially, determining where their focus of work would be, based on local needs. The guidance on priorities by central HMPPS teams was now felt to be much clearer, especially

following a strategy ‘away day’, however it was felt that structures of the central support team (e.g. HMPPS Substance Misuse Group) and remit of the roles could still be more clearly defined. Despite this, several participants appreciated the level of local autonomy they had in the role, and they wanted to sustain a good balance of regional autonomy and national overview and structure.

> “That autonomy and being able to be really innovative about things, I love about the role. So that’s been nice actually cause we have got that scope to say, you know what, we’ll kind of make the decision on what fits well for our region.” – HJPC

HJPCs also felt that communication from central teams could be improved. For example, there had been some mixed and inconsistent messaging around the naloxone treatment rollout. Some HJPCs felt that improved early and consistent communication would support better relationships and reduce frustration.

Overall, support from the national team was well appreciated by participants; the team was described as approachable and helpful. Several areas of support were identified as beneficial, such as the Teams channel, visits from central team contacts, national forums, practice forums, and whole health and justice team meet ups. Similarly, the whole team gathering at the strategy day was seen as useful for information sharing and it was suggested this could occur more often. Coordinators also mentioned the benefit of having good managerial support for supervision and regional oversight, and the HJPC managers themselves spoke about the importance of managerial support from their Head of Community Integration. Several teams also discussed seeking out support and collaboration from across other regions to share information and good practice. This was felt to both reduce duplication in work and to provide reassurance around priority projects.

Theme 4: Challenges

The challenge most often reported was that the remit of the role was very large (“one person to meet the targets is madness” – HJPC), and that despite there being key priorities communicated to them, these still felt vague. In fact, the majority of participants feel they were simply unable to cover everything they wanted to and felt

other important work was not being done due to lack of resource. The large geographical areas that some were responsible for added another challenge. Bringing together a geographically dispersed team in person, to forge relationships, necessitated considerable travel for some, which there was sometimes insufficient time for. Due to a combination of a large remit and large geographical area to cover, both HJPCs and managers reported a potential to feel quite overwhelmed by the workload, adding that the role could easily become unmanageable ("There's more and more ask of you all of the time and actually you're spread really quite thin" – HJPC). As a result, the HJPC Managers talked about prioritising, helping to manage the expectations of their team as to what they could achieve, and streamlining the number of meetings they attend. It was felt by some that additional resource for their area would help to ease some of the pressures, particularly in those regions where they were not yet fully staffed (i.e. not all posts filled). It was frequently suggested that it would be beneficial for teams to have some level of additional administrative support as it was felt that having to do their own admin tasks adds to their workload and pressures on their capacity.

Another challenge participants discussed was the general lack of resource across the frontline, which HJPCs felt was hindering their ability to not only form relationships with colleagues but also impeding the performance of the services people were being signposted to. HJPCs explained that chronic understaffing across the whole sector was adding pressure, creating backlogs, and limiting the delivery of services.

> "I think so much of the role would be made easier if everyone was fully staffed. So if we had the perfect complement of staff across all services, our job of trying to smooth out those pathways and communicate and connect all that together would be so much better because every service would work better and would perform to a better standard." – HJPC

Information obtained from the self-appraisal forms indicated that, at times, HJPCs were being asked to help with work outside of their role. For example, one HJPC had been asked to provide two months of operational cover for an absent SPO alongside their HJPC work, and another had been asked to take on the lead for neurodiversity across their region. Additionally, HJPCs recognised that it could be difficult to achieve

buy in from frontline colleagues when they were overwhelmed themselves. They gave an example of increasing drug testing, which still had low delivery numbers in several areas despite their work to provide guidance to frontline practitioners, due to competing workload pressures.

> "I feel like more resourcing should go to the frontline because part of our performance will be impacted on how well they do their jobs" – HJPC

An additional challenge discussed by participants was the lack of awareness around the national Drug Strategy and the importance of health in the justice sector. They believed that clearer understanding of this by colleagues, including on issues such as health inequality and the comorbidity between substance misuse and mental health, would enable the HJPCs to work more effectively, gain better buy in from senior staff, and garner colleagues' understanding of how work in this area was partly their responsibility also. Further, HJPCs spoke about needing to influence prisons to focus on continuity of care and drug treatment, but that the prevailing culture of security and control in prisons could impede this.

> "There was a massive culture of prevention monitoring, you know, they're trying to stop the drugs coming into prison and it was very much around security and control, even though continuity of care and treatment was written as a factor in the actual strategy, it did not come out in the meeting" – HJPC

Problems with data and information sharing were also consistently raised by participants. HJPCs were unable to access pertinent information (e.g., directly from the National Drug Treatment Monitoring System), it was unclear who held responsibility for data gathered, and even when data was available, HJPCs expressed concerns about its accuracy and reliability. This undermined the usefulness of data for setting and achieving targets.

> "It all relies on the people in the prison side updating the national data system with the correct data. That is out of our control really, we can only do so much." – HJPC Manager

Some HJPCs also explained they had had difficulty with navigating information sharing agreements, with some practitioners and prisons being wary of sharing information. This was felt to hinder partnership working.

Some HJPCMs believed it would be beneficial for them to have responsibility for some budget to commission services, and thus enabling greater ownership and autonomy over their work. Having a dedicated budget could empower HJPCs to resolve issues directly, commission services to fill provision gaps effectively, and allow for the hosting of events to increase partnership working. Finally, participants felt another challenge was related to the short-term contracts of the roles they were in. Both HJPCs and managers felt that the roles were continuing to evolve and develop, but that they needed to be an ongoing role for the partnerships being built to be sustained. There was concern that if the roles were to be discontinued much of the good work already done by HJPCs would disappear, and the roles would only be valuable if made permanent.

Theme 5: Value

Participants reported high levels of job satisfaction, feeling that their work was valuable, relevant, appreciated, and enjoyable. All participants recalled receiving positive feedback from various stakeholders as to the value their roles brought. This was evidenced through increased engagement from, and multidisciplinary working between, practitioners and stakeholders, and by colleagues increasingly contacting HJPCs for help and support around treatment pathways and specific caseloads. Participants provided examples of making a difference, including alleviating pressure and workload from probation practitioners, and resolving some of the issues and frustrations practitioners had around treatment pathways, referrals, and CSTRs. Almost all participants felt that the role was addressing a gap in provision for people on probation, specifically around healthcare and continuity of care. Several HJPCs suggested that the role was valuable if it makes even a small difference to the outcomes of people on probation, and that it encouraged conversations to consider the whole picture around the individual, not just from a risk management perspective.

> “the health aspect in probation has been something that’s always been there but never had that focus… it’s crucially important,… health has a

very key role in that and looking at root causes and treatment rather than just trying to reduce reoffending and risk." – HJPC

Despite recognising this, some HJPCs did say that as a strategic role they felt somewhat removed from the direct impact for people on probation, which they found difficult, especially if they had previously worked as frontline practitioners. It was suggested that lived experience could be utilised more by the roles and that people on probation should be asked about their experience of treatment pathways and barriers to them being effective as part of the remit of the HJPCs.

Several HJPCs pointed out the value of increasing overall understanding of stakeholders, for example around treatment pathways, processes for DRRs and ATRs, guidance on the rollout of MHTRs, and how to make referrals for services. HJPCs in one region had looked at themes arising from deaths under supervision to provide more strategic oversight in their area. In another region, one team had been refreshing memorandums of understanding between treatment providers and probation colleagues to increase clarity between services. Several regions were also working to develop training around naloxone treatment and drug testing to help colleagues gain further understanding of the changes being brought in. One coordinator also spoke about how building a relationship with one stakeholder had led to them finding some unused funding to support through the gate services, which would not have been utilised without the role being in place.

"...just through meeting them I established they had a £20,000 pot of money from the Police and Crime Commissioner that they were supposed to be using to deliver a through the gate role at [name] prison and it's none of it was happening. So you just think if it wasn't for me, we wouldn't know" – HJPC

There was frustration from the majority of participants regarding the measurable outcomes of the role; increasing DRRs and ATRs, increasing continuity of care, and reducing health inequalities. While participants recognised that increases of DRRs and ATRs were a specific measurable outcome, they highlighted that the number of DRR/ATR sentences given was not directly within probation's control as sentencing

is an independent judicial function. Additionally, participants noted that increased issuing would not necessarily equate to better quality sentences, something which is less directly measurable. With regards to increasing continuity of care and reducing health inequalities, these targets were felt to be vague and difficult to measure. Consequently, with such challenges in quantitatively evidencing hard impact, they needed to look for softer indications of change:

> “they’ve actually fed back and said that they have a much better relationship now. So maybe it’s just thinking about those small wins, isn’t it? I guess maybe the kind of, you know, the bits you can influence to some extent and then you have to kind of take that as an overall win.” – HJPC

Overall participants recognised that the nature of role meant that seeing changes and impacts in outcomes would take time to see, and therefore given the infancy of the roles, it is likely to be too soon to see any real tangible outcomes at this stage. Initially embedding the roles, establishing relationships, and finding new ways of partnership working were required before any noticeable higher-level impact of the roles could be seen.

5. Discussion

5.1 Summary of findings

The findings from this research indicated that both the DSL and HJPC roles were complex and multifaceted, but most postholders understood their role to be predominantly focused on embedding the Drug Strategy across prison and probation settings, by improving partnerships and bridging connections between prison departments, between custody and community settings, and improving continuity of care. In part due to the lack of clarity about the roles, but also variable local need, postholders had defined and developed their roles autonomously, meaning that (particularly for DSLs) some looked quite different from others across prisons/regions. Some in DSL posts were holding multiple roles in addition to the DSL remit which caused some difficulty in progressing the DSL agenda. HJPCs and DSLs were also having to pick up additional work due to staff shortages and resource pressures. A critical component of both roles was the importance of collaboration, coordination, and relationship building. The roles required significant work to identify the right stakeholders and bring them together. The HJPC role in particular involved linking services (e.g., probation, public prisons, private prisons, local authorities etc.) but also tailoring this across different areas and probation offices. Success in this was somewhat dependant on the individuals in other parts of the service, and their capacity and desire to engage with the HJPCs. Both roles required good relationship building and influencing skills, as well as taking initiative. These should be factors for consideration when identifying suitable people for the roles.

The roles were deemed to have many benefits including: raising the profile of drugs in prisons, setting up and delivering ISFLs, supporting people on release from prison and in the community, supporting probation practitioners, raising awareness and understanding of treatment pathways, DRRs, ATRs, MHTRs, and being the conduit for bridging services. Additionally, most postholders generally found the role fulfilling and rewarding. However, there were numerous challenges to the success of the roles. In particular, large remit, the large geographical area to cover (for HJPCs), and lack of protected resources; these influenced how able many postholders were to fulfil their roles and embed change. There were difficulties in raising awareness and

buy in for the importance of substance misuse and the Drug Strategy, and issues of accountability for actions/directions. Data issues, sharing information, duplication of work, and lack of authority to make decisions or direct others to make changes were also cited as challenges. The posts were still relatively new and evolving though, and postholders were hopeful that in time progress would be made, should the funding for the roles continue. The difficulty in evidencing outcomes was clear, firstly because of a lack of specific set targets, and secondly because whilst there are specific measurable outcomes than can be measured (e.g., increases in DRRs, ATRs, or number of people accessing treatment), these don't automatically represent better quality of services (for example, numbers attending treatment could increase without necessarily improving outcomes). Further, softer but equally important outcomes, such as improving relationships, building connections, and improving continuity of care are more difficult to measure and evidence.

This research has identified areas where implementation of the new roles seems to be working well. This included DSLs having a Regional DSL in post, having good managerial support, creating a network of DSLs/HJPCs to share information and good practice and to offer peer support, and creating learning opportunities for those new in post (e.g., via shadowing). However, the majority of those who took part in this research wanted greater clarity and guidance from the centre about the roles, about priorities, where to access information (including local data and national trends). More centrally or nationally coordinated information, guidance, support, and training was also wanted particularly by DSLs. Some insight into who best takes on these new roles has also been identified. Whilst the DSL post could be taken fulfilled by staff with both operational or non-operational experience, the person's background seemed to influence what direction they took, and where they made most progress. Recruiting people who capable of networking, who want to learn, and who have some background/experience related to substance misuse recovery seems beneficial. Whilst there was certainly advantage in the flexibility of the roles, this had also resulted in the work being done by postholders looking different across regions/prisons. As such, some greater clarity and structure would be advisable.

Whilst overall the same key themes describe the experience of colleagues in both of the roles, there were some differences. In terms of training, the DSLs generally felt

more in need of additional training around substance misuse, recovery, and continuity of care/services in the community. HJPCs engaged in greater liaison with stakeholders than DSLs, who tended to be involved in less liaison particularly with colleagues outside of their prison.

5.2 Good Practice

This research has identified that the DSL and HJPC roles have the capacity to support the delivery of the HMPPS Drug Strategy. Some elements of good practice were highlighted. These included:

- Proactively enabling and facilitating co-working between services, by for example setting up forums and bringing together people in joint meetings from different settings to work together towards the same aim. Doing this in person, rather than on Teams seemed to be preferred and was seen to support better relationship building.
- Mapping out regional partnerships and stakeholders could also make it easier to understand what services exist and to forge connections with them.
- Refreshing memorandums of understanding between providers and probation colleagues could improve the clarity between services.
- Creating peer networks to share good practice and learning, share success stories, and to provide peer support.
- Shadowing others when newly recruited into a DSL or HJPC role could be helpful as it enables people to develop a better understanding of the role and its remit, and helped people identify where relationships were needed to be built.

5.3 Implications for Practice

Based on the results of the current research, a number of pointers for consideration are made in relation to the future progression of the DSL and HJPC roles, in priority order. It should be noted that at the time of writing this report, many of these suggestions have been picked up centrally by HMPPS and significant progress has been made in a number of these areas already.

1. The **priorities, strategy, and aims** of both roles need to be tightened, clarified, and communicated from the centre. The remit of the roles needs

to be more specific and reviewed periodically. This should be done in **collaboration with the current DSLs and HJPCS** as they have done significant work and gained important operational insight to-date. The DSL roles need to be about more than just security and should focus equally on building recovery, reducing demand and supporting continuity of care. The posts should not be combined with other roles, thereby not reducing the capacity of postholders to fulfil the requirements of the post.

2. Improved **training, upskilling and information provision** is required for those people in DSL and HJPC roles. HJPCs require probation training if they haven't had probation experience previously, and new recruits should be offered **inductions** and **shadowing** as an option. DSLs required more training around substance misuse, recovery, and continuity of care. A 'skills tracker' and **needs analysis** would be beneficial before training is developed for DSLs.
3. Ongoing **support** is needed for both roles. For DSLs this includes the benefits and need for **Regional DSLs**, and for HJPCs, a **managerial lead**. This support should include more in-person meetings to share timely and **procedurally just communication** and information, and encourage networking, practice forums and information sessions, support visits from the central team, as well as information about services, partnerships, and stakeholders, and data. There should be a regional and national support package for both DSLs and HJPCs which links them to other regions so that they can access **peer support** and **share good practice**.
4. The **relationships** and **joined up working** between prison and probation, and between DSLs and HJPCs, and other stakeholders, needs improvement. The **continuity of care** aspect of the DSL role in particular needs strengthening. Better linking between both DSL and HJPC roles and stakeholders will enable greater effectiveness. This liaison could be improved with the use of face-to-face regional forums, MS Teams channels to share information, joint events, and encouragement of processes which facilitate liaison. A directory of services, systems, and contacts, or an information pool, would be helpful for those in both roles so that they know how to find information and who to connect with.

5. Continue to work on **improving understanding and awareness of the Drug Strategy** and the DSL and HJPC roles to improve wider buy-in, particularly when the roles are first introduced into a region. Making improvements in this area requires a **whole system approach**. Being specific about how teams/departments/roles need to work together (such as probation staff working with HJPCs, and security working closely with DSLs) should help.
6. Consider the **resourcing and budgetary responsibilities** of the roles, including providing administrative support and wider resource for DSLs and HJPCs. Without all posts filled it will be difficult to determine the sustainability of the posts and any impact they have had or may have. Timely information about the continuation (or not) of the posts is needed for current postholders.
7. Improve **access to and accuracy of data**¸ and other information, as well as **identify quantifiable outcomes** for DSLs. Both HJPCs and DSLs should also be encouraged to record and report on non-data outcomes, and to share good news stories and best practice. This would support wider buy-in, and reporting on softer and interim desired outcomes.
8. Suitability for the DSL role should not be determined by whether someone is operational or non-operational, but by their **skills, experience, and capabilities**. Whether an operational or non-operational staff member is better suited to a DSL position may also depend on the prison. If an operational member of staff is recruited, however, every effort should be made to ensure that they are not redirected into other operational duties.
9. Consider the benefits of, and ways to, incorporate the views of those with **lived experience** to shape the roles, to measure impact, and to help deliver aspects of the role as peer support for people with substance use issues in prison and serving community sentences.

5.4 Conclusions

The current study aimed to provide some early learning around the implementation of the DSL and HJPC roles. Interviews, focus groups, observations, and self-appraisal methods were used to gather views and perspectives. The findings indicated that both roles have a large remit and require substantial collaboration and relationship-building. The roles have largely developed organically and autonomously, dependent on local need and experience of the postholders. Greater collaboration is required, particularly amongst DSLs, and between DSLs and HJPCs. Both roles were deemed to have inherent benefit, but also came with significant challenges. Postholders wanted the roles to have greater structure, clearer feedback loops, and more training and support from central teams. The roles are currently both in their infancy, and time is required for them to embed and for any impact to become measurable.

The current research has only sought perspectives from staff working in these roles and their managers. As such, future research could seek to gain the perspective of the external stakeholders who the DSLs and HJPCs are liaising with. This would provide a fuller picture of the roles, how they are working, and how they could be improved. Further, it would be beneficial for additional research to be conducted once the DSL and HJPC roles are more fully embedded in order to gain understanding of how the roles have progressed and developed over time.

This was a process evaluation and was therefore not intended to ascertain a causal link between these roles, their impact and value for money. However future research should attempt to determine the direct impact of the HJPC/M and DSL roles on specific outcomes, such as reduction in drug finds, and more people being directed into treatment, and explore value for money. Future research is also required to explore the protected characteristics of people holding these roles.

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Appendix A
Example HJPC Meetings and Initiatives

From the observational visits with HJPC it was clear that people in these roles are involved in a whole series of different sorts of meetings and liaison with a wide variety of stakeholders. In order to provide a flavour of some of this work, some of the meetings observed in two regions with two different HJPCs on two separate days are detailed below as well as a new initiative being developed.

A monthly Practice Support Group

This support group is delivered monthly and is co delivered with Changing Futures. There were 7 attendees, including social care, probation and a Changing Futures manager. Practitioners are invited to attend, to discuss cases, and to develop, identify and share good practices. The space is for information sharing and raising awareness as well as developing networks. The multi-disciplinary team collaboration at this group allows new working relationships to be developed, to identify what is working well, and to identify where progress is needed.

A Gambling Harms Campaign launch meeting

There were 28 attendees at this meeting, and the aim of the meeting was to talk through a new strategy with regards to raising awareness of gambling harms (what it is/where you go and get advice and support) to reduce health inequality. The strategy had been co-produced, and involved working relationships between public health, East Midlands NHS and the local authority. The strategy was approaching gambling harm through a Cognitive Behavioural Therapy (CBT) framework, and there was a dedicated number for people to ring for support, contact made with individuals within 72 hours of referrals, and 450 places available. The service aims to provide a clinical formulation, meaning each person is triaged into the most appropriate service. It is a full wrap around service with three clinical pathways – preparation (motivation to change), stimulus and control, and recovery and planning for the future. The HJPC attending this meeting intends to link the strategy to prisons to identify where people can find the support for gambling that they might need.

A Gambling Harms Prison Meeting

A meeting attended by the Reducing Reoffending Prison Governor, the DSL, the HJPC, a Gam Care representative, the Safer Custody CM, the Senior Probation Officer, and the Offender Manager. Gam Care is going to offer an in-cell work book, as well as gambling harm information and training for staff. On release from prison, people can access phone led, clinical support via Gam Care. And the prison aims to create a gambling policy framework. At this meeting, the Safer Custody CM spoke about data which had recently been collected via a digital platform which had provided some insights into gambling. The gambling culture in the prison was discussed as well as the co-morbidity between gambling and substance misuse suggesting a need to raise awareness of addictive behaviours (extending into health and substance misuse). There was also some discussion around staff and their need for support with gambling concerns. Other prisons have also worked with Gam Care and as such some lessons have been learnt about how to do this in the best way.

HJPC/Manager Team Meeting

This meeting was attended by 3 HJCPs and an HJPC Manager. There was discussion about how HJPCs are working with Probation Practitioners, harm reduction and naloxone training, how HJPCs are working with local treatment providers to deliver training across regions, and learning was shared from a post release lesson learnt training day. At this event, an HJPC attended the workshop and presented to over 100 stakeholders about what HJPCs can offer. The team also discussed a new role at a local prison and how the role is taking shape and the referral process from this prison. They are also organising PQIP mop up sessions and providing a series of training events across regions to upskill practitioners, following which they intend to deliver once every 6 months. The meeting was focused on identifying local need but linking up regionally to provide continuity.

Local problem-solving courts forum

This meeting involved the HJPC meeting with a local problem-solving courts forum where members gave updates of outcomes of attendees and requirements imposed.

Local NHS Meeting

A local NHS meeting which provided data and updates on health issues and measures being rolled out in the community.

HJPC Forum

An HJPC forum with a presentation from the NHS on the Reconnect initiative being rolled out, which connects people with health needs leaving custody with their community services. This forum is a space for sharing good practice and providing support to HJPCs.

Stakeholder meeting between prison and community

A meeting with local prisons and a variety of drug stakeholders to discuss issues being encountered in prison or on release to the community, and necessary drug history documentation.

Stakeholder meeting between Drug, MH and Neurodiversity services

An in-person meeting that the HJPC had set up to get drug, neurodiversity, and mental health services working more closely, especially for required treatment orders. This is a forum initiated independently by the HJPC, and it aims to build clear pathways between these services and reduce duplication. Attendees seemed really appreciative of the ability to work more closely together and get to know the different services better.

Initiative to commission a mobile testing unit

An interesting initiative which one of the HJPCs who was observed for a day was involved in, was work to commission the NHS's mobile HEP-C testing unit. This had involved forging connections with NHS colleagues, and arranging the testing a unit to come to the probation office to make it easier for people to use and take up. There were plans to organise the unit to come to prisons too for those leaving custody. A good example here of collaborative work and bringing services to the people and making it as easy as possible for people to take up the services.