



The transitional experience of prisoners with alcohol problems in the Leicestershire and Rutland Probation Trust area

This summary presents the main findings from an independent study which sought to identify ways to improve end to end practice across Leicestershire and Rutland Probation Trust (LRPT) and the transition of alcohol misusing offenders between prison and the community, and between the different screening, referral and treatment systems they encountered. The research revealed that:

- There is a dearth of British research specifically assessing the effectiveness of alcohol interventions delivered within a criminal justice setting in reducing both alcohol misuse and subsequent rates of re-offending.
- For just over one in five cases (22%) across LRPT during 2007/08 had the objectives relating to alcohol that had been set out in the sentence plan been fully achieved upon completion of a period of supervision.
- Information sharing and communication regarding screening and assessment processes were perceived to have been greatly facilitated by having the Criminal Justice Drugs Team (CJDT) fully integrated within LRPT structures and with full access to its case management systems.
- The general consensus among respondents across the board was that the level of support and intervention being delivered to prisoners around their use of alcohol, both pre- and post-release, was largely inadequate.
- There also appeared to be no structured or ongoing programme of training for prison staff specifically around alcohol issues. This situation is compounded by ongoing uncertainty about roles and responsibilities for addressing alcohol-related need across the prison estate.
- Average weekly consumption among a sample of interviewed prisoners fell from a median of 147 units in the month prior to imprisonment to 18 units in the month before post-release interview – a reduction of 88 per cent.
- A service model is proposed and potential funding sources identified in order to address the needs of two priority groups of alcohol misusing offenders across LRPT.

Background

Leicestershire and Rutland Probation Trust (LRPT) was successful in its bid for funding to commission an independent research study as part of the National Offender Management Service (NOMS) alcohol best practice initiative, which sought to improve end to end practice and the transition of offenders between prison and the community, and between the different screening, referral and treatment systems they encountered. This summary presents the key findings from this independent study undertaken by the Institute for Criminal Policy Research, King's College London.

The key research objectives set out in original specification were to:

- Identify screening methods for alcohol misuse and how findings are communicated.
- Identify what information is made available to prisoners on admission and release.
- Assess the suitability and availability of the training provision available to non-medical frontline prison and probation staff.
- Develop a service model, suitable for mainstreaming and replication, identifying best practice care pathways and associated referral and case management procedures that can be implemented locally.

Research methods

The study made use of a range of data sources, including:

- A review of the relevant literature (including local strategies and policies).
- Collating existing data sources (e.g. the Offender Assessment System (OASys), and Local Alcohol Profiles for England (LAPE)).
- In-depth interviews with probation, prison and alcohol treatment staff (N=24).
- Semi-structured interviews with a cohort of alcohol misusing offenders (N=25).

The evidence base

The evidence base demonstrating the effectiveness - and cost-effectiveness - of different interventions aimed at reducing levels of alcohol misuse is considered to be strong for a range of different treatment approaches. However, we found no peer-reviewed British research specifically assessing the effectiveness of alcohol interventions delivered within a criminal justice setting in reducing both alcohol misuse and subsequent rates of reoffending.

Existing data sources

OASys data for 2007/08 indicated that 41 per cent of offenders across LRPT for whom an assessment was completed upon termination of community supervision had been identified as having an alcohol misuse need. Half of them (52%) had an alcohol intervention incorporated within their sentence plan. This rate of intervention was lower than both regional and national figures during this period. For just over one in five cases (22%) had the objectives relating to alcohol that had been set out in the sentence plan been fully achieved upon completion of a period of supervision. By contrast, in 30 per cent of cases these alcohol-related interventions were recorded as either having not started or the sentence plan objectives had not been met. These figures are broadly consistent with regional and national performance during this period.

Screening and assessment processes

OASys is the main means of identifying offenders whose crime is linked to their alcohol use by LRPT staff. However, a full OASys assessment is not undertaken with all offenders (e.g. Tier 1 cases under the Offender Management Model (OMM) only have an Offender Group Reconviction Scale (OGRS) score and risk of serious harm screening; a full Risk of Serious Harm analysis should only be completed if the screening raises serious issues). It was though reportedly standard practice for offenders to be routinely screened for harmful and/or hazardous drinking patterns. The AUDIT scale was the primary instrument used for this purpose. Once screened the general aim was then to intervene, signpost and refer on as appropriate. There were though

some concerns raised about the accuracy and usefulness of AUDIT in categorising levels of alcohol-related need. Information sharing and communication regarding screening and assessment processes were perceived to have been greatly facilitated by having the Criminal Justice Drugs Team (CJDT) fully integrated within LRPT structures and with full access to its case management systems.

Information provided to prisoners

Respondents from two of the three establishments participating in the study described how some fairly comprehensive systems and structures were in place to ensure that not only were alcohol-related needs identified, but that appropriate information, advice and support was then offered. This account contrasted starkly with that offered by a respondent from another establishment within the LRPT area.

The general consensus among respondents across the board was that the level of support and intervention being delivered to prisoners around their use of alcohol, both pre- and post-release, was largely inadequate. The lack of support and provision available for prisoners on release – including those on licence - was a pressing area of concern consistently raised during the research.

These problems were largely attributed to limited capacity, provision and funding. Prisoner 'churn' also made delivering interventions and ensuring continuity difficult.

Suggested improvements to current work with alcohol misusing offenders in prisons included:

- A dedicated alcohol CARAT worker to manage caseloads and ensure links with community alcohol services or, better still, a dedicated alcohol unit.
- An increase in both the amount of one-to-one support being offered and the level of continued support throughout the length of a prison sentence.
- More input from specialist community agencies.
- Better communication between agencies within prisons.

- Closer links with LRPT in the community.

Training for prison and probation staff

There was generally felt to be a good standard and range of training options available for probation staff in the LRPT area. This level of training and support supplements existing national (the Alcohol Information Pack) and local toolkits (the Alcohol Self-Help Guide) which are available to all LRPT staff working with alcohol misusing offenders. Despite aspects of existing substance misuse training provision being considered as having some utility, the benefits had inevitably not filtered down to all offender managers and practitioners. There also appeared to be no structured or ongoing programme of training for prison staff specifically around alcohol issues. This situation is compounded by ongoing uncertainty about roles and responsibilities for addressing alcohol-related need across the prison estate.

Offender experiences and perspectives

A total of 16 semi-structured interviews were completed by ICPR with probationers supervised by LRPT in the community on licence and a smaller number of prisoners (6) due for imminent release. They were mostly male (21), predominantly white (19) with an average age of 27 years.

Most (19) of the 22 cases reported that alcohol was a factor in this most recent offence and having previously been supervised by the probation service (20). This group had previous convictions for alcohol-related violence and public order offences.

Half (11) had received help, advice or support around their use of alcohol prior to entering prison, but had done so from a diverse range of sources. There were mixed feelings about the benefit derived from this support.

Alcohol consumption prior to imprisonment

All of the respondents reported consuming alcohol during an average week in the month before entering prison. Consumption ranged from 2 to 770 units, with an average (median) of 147 units per week – 7 times the weekly 21 units recommended for men. Ten had AUDIT scores

between 8 and 20, indicating the likelihood of hazardous or harmful drinking which, in the community, should also trigger an assessment for accredited programmes like LIAP or OSAP. Nine had a score of 20 or more, suggesting that there was a level of alcohol dependency meriting an assessment of suitability for an ATR (although these are not available for offenders on licence).

Support received in custody

Sixteen recalled having spoken with someone about their use of alcohol during their most recent period of imprisonment. All but one of these interactions involved receiving information and advice from a CARAT worker on a one-to-one basis shortly after reception. In rating the support received around alcohol use whilst in prison, nine felt this had helped “to some extent” in addressing their needs around alcohol issues and seven thought the support offered had not been helpful.

Suggestions for improving the support offered to inmates included:

- increasing the level of support offered when entering prison;
- making attendance at some alcohol support sessions compulsory;
- broadening the range of one-to-one work and group sessions on offer;
- more education and awareness;
- intensive alcohol courses/ programmes for inmates during their sentence;
- enhanced levels of support in preparation for release (including assistance with housing).

Post-release support

The majority (13 out of the 22) stated that, prior to their release from prison, they had spoken with someone about the kind of alcohol support/services that might be available to them after their release.

When compared with the period leading up to imprisonment there was a marked reduction in levels of self-reported alcohol use post-release. Average weekly consumption fell from a median of 147 units in the month prior to imprisonment to 18 units in the month before post-release interview – a reduction of 88 per cent. The experiences of being in prison and not wanting to

go back and a desire to resolve issues regarding access to children were the most frequently cited reasons for a reduction in drinking, though a range of other reasons were given too. Only one respondent attributed the change in his alcohol consumption specifically to the support/treatment he had received.

The community-based interviewees (16) were specifically asked whether they had received any support around their use of alcohol since leaving prison. Most (9) had not. Those that had tended to seek support from criminal justice agencies, having received advice from offender managers, CJDT and Addaction staff.

Employment (8), education and training (5), housing (6) and benefits (2) were the main areas both probationers/prisoners would have liked help with in order to ease the transition for them after their release from prison.

Most of the 16 community-based interviewees rated the standard of general post-release help, advice and support they had received from LRPT as good (10) or excellent (3). When asked how they thought probation could improve the support offered to people around their use of alcohol, more than half (9) stated that, in their view, LRPT does all it can in this area.

A proposed service model

The findings from this study enable us to outline a proposed service model and suggest potential funding sources in order to address the needs of two priority groups of alcohol misusing offenders:

- short-term prisoners who currently receive no supervision or support from LRPT; and
- longer term prisoners who relapse on release and commit serious alcohol-related offences.

In designing a response for these groups, there are a number of positive factors to build on:

- LRPT’s CJDT is well established, functions effectively and already contains an integrated alcohol sub-team.

- The prison Integrated Drug Treatment System (IDTS) and Alcohol Arrest Referral Scheme (AAR) both provide excellent care pathways and interventions which can be built on.
- The development of the integrated offender management approach also provides opportunities for enhancing alcohol work with offenders.
- The establishment of the local Total Place project with its drugs and alcohol theme may also create partnership and funding opportunities.

However, we feel there are at least three critical components to designing an effective response aimed at these groups:

- Consistently and accurately identifying alcohol misusers within these two cohorts;
- Effectively engaging with them and providing brief interventions and specialist groupwork; and
- Expanding the capacity of alcohol treatment locally for those in need of tier 3/structured interventions (perhaps negotiating priority access to treatment for members of this high risk group upon release on the basis of protecting the public from the risk of violent assault).

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How to get further information

McSweeney, T., Bhardwa, B. and Webster, R. (2009) *The transitional experience of offenders with alcohol problems in the Leicestershire and Rutland probation area*. London: ICPR.

A copy of the full report can be obtained from Tim McSweeney on 0207 848 1757 or tim.mcsweeney@kcl.ac.uk

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