ISLE OF WIGHT

DRUG INTERVENTIONS PROGRAMME

Guidance and Protocols

September 2007

DIP END TO END INFORMATION, PATHWAYS and PROTOCOLS
INDEX

Protocols:

JARGON BUSTER

AR	**Arrest Referral**
ARW	**Arrest Referral Worker**
BCU	**British Crime Unit**
CARAT	
CJIT	**Criminal Justice Intervention Team**
DIP	**Drug Intervention Programme**
DIR	**Drug Intervention Record**
DRR	**Drug Rehabilitation Requirement**
GOSE	**Government Office South East**
MoC	**Models of Care**
NTA	**National Treatment Agency**
PPO	**Prolific and other Priority Offender**
SPOC	**Single Pont of Contact**
TCAC	**Through Care After Care**
YOT	**Youth Offending Team**

Introduction

The Drug Interventions Programme (DIP) is a large-scale programme, established in April 2003 as a critical part of the Government's Updated Drug Strategy (2002). Its principal focus is to reduce drug related crime by engaging with problematic drug users, moving them into appropriate treatment, retaining them in treatment and supporting them through and after treatment, whether in a custodial or community setting.

It aims to break the cycle of drug misuse, offending behaviour and custody by intervening at every stage of the Criminal Justice System to engage offenders in drug treatment. In order to do so, it has built on the best existing interventions, such as arrest referral, and introduced some new elements (drug testing on arrest for selected acquisitive crime offences in the highest crime DAT areas, etc). Interventions now exist at arrest, in court, during community and custodial sentences and for those finishing sentences or leaving treatment in the community.

DIP is designed to engage with the broad range of drug misusing offenders, who are at different stages in their drug misuse and offending careers. It also engages drug users as they exit treatment. It aims to prevent crime through early interventions as well as reduce crime levels by engaging the most problematic and prolific drug users and offenders. Special measures for young offenders are also being piloted.

All areas across England and Wales have been funded to deliver DIP. Drug Action Teams have received additional resources to build capacity and establish Criminal Justice Integrated Teams (CJIT's) to provide a more intensive response and provide a clear focus in the community for referrals and assessments.

CJIT's in these areas are expected to provide:

- Access to rapid prescribing services.
- A referral assessment and a tier 2 treatment service (including counselling, harm reduction, motivation and preparation for referral).
- A single point of contact on a 24-hour basis by phone, particularly for those leaving custodial establishments and/or treatment.
- A single point of contact for referrals from professionals including criminal justice agencies, CARAT teams and treatment agencies.
- A case management approach to ensure continuity of care.
- Access to DAT commissioned services from local treatment providers at tier 3 and 4 level (in line with NTA models of care), providing clear pathways to suitable drug treatment.
- Partnership with probation and prison healthcare teams/CARAT workers to prepare jointly agreed release plans.

- Partnership with other relevant service providers to broker access to wraparound services such as housing, employment, education, life skills (e.g. finance management), etc. to address the individual's broader range of needs.

DIP's operate a case management approach that uses care planning in line with the National Treatment Agency's models of care. This is subject to the offender's agreement to undergo an assessment and, if appropriate, to be taken onto the CJIT caseload and allocated a specific CJIT worker.

This can happen at any point in the Criminal Justice System or on leaving treatment.

Where an offender has been taken onto the caseload, the CJIT worker will develop a care plan with the offender and link with appropriate interventions.

The case management approach is focused on keeping the individual engaged - missed appointments are followed-up, phone contact is maintained with the client, issues that threaten progress on the care plan are tackled (e.g. housing, employment, etc).

The CJIT case management structures include:

- the development, management and review of documented care plans in collaboration with the offender
- ensuring that drug misusers have access to a comprehensive range of services
- ensuring the co-ordination of care across all agencies involved with the offender
- maximising client retention within the treatment system and minimising the risk of clients losing contact with the treatment and care services
- avoiding duplication of assessments
- preventing the client from falling between services

The objective is to effectively advise, support and manage the offender along the treatment and support pathways.

Arrest Referral

Introduction

Arrest Referral schemes are partnership initiatives between the police, local agencies and Drug Action Teams. They aim to reduce drug-related

crime by encouraging problem drug users out of crime and into treatment.

This process begins in the police custody suite or, increasingly, at court, where an offender is given the opportunity to see a specialist independent drugs worker who is part of an Arrest Referral Team or CJIT. The aim is to provide information and, where appropriate, referral to treatment or other means of assistance. Involvement with the scheme is voluntary and it is not an alternative to prosecution or due process.

Schemes have existed, in a variety of models and with varying degrees of effectiveness, for a number of years. Arrest Referral has been available across all police force areas in England and Wales since April 2002 but, under DIP, good practice is being identified and new elements added to the initiative.

This goes beyond simple assessment and referral and now includes a basic level of treatment (known as "Tier 2") as part of a case management approach. This "bridges the gap" between referral and entry into treatment, one phase at which offenders are at risk of being lost from the system.

Arrest referral is a key gateway into the through care provided by the CJIT's, which may include arrest referral workers.

Aims and Objectives

Arrest Referral Scheme aims to identify problem drug-using offenders and refer them to appropriate treatment to address their drug use and offending. The scheme will be one which:

- Identifies and reaches as many problem drug users as possible.
- Targets and prioritises those who have been arrested for trigger offences.
- Demonstrates a proactive approach to arrest referral.
- Provides appropriate and effective screening and assessment.
- Makes appropriate referrals based on client need as part of an integrated care pathway.
- Minimises attrition at each stage of the process through ongoing advice and support for clients.
- Is delivered by competent staff who are clear about the objectives and protocols, who are adequately resourced and who are appropriately skilled.
- Ensures good inter-agency working between all the involved local stakeholders.

The provider will be able to demonstrate that there are in place clear protocols and agreements:

- Between the scheme and police to clarify working arrangements.
- Between the scheme and treatment services that include eligibility criteria and joint working arrangements.

Identifying and engaging drug users in custody

All detainees should be offered the opportunity to see a drugs worker during their reception in the custody suite. (*See DPAS Guidance –Drug Interventions in the Criminal Justice System*)

The custody officer should make this initial offer. It is not discretionary and all detainees must be given this opportunity. The way this offer is made is also important. It should be made positively and the independence of the scheme explained. All custody officers should receive training from their arrest referral workers so they are in a position to promote the initiative.

Extra focus should be given to those arrested for a trigger offence. The ARW should be available/contacted for immediate intervention following booking in/risk assessment process or could even be present during the process to explain the scheme in more depth.

Each BCU will ensure that the ARW's are allowed to pro-actively engage detainees whilst they are in their respective cells. This is whether the detainee has requested to see them or not. This is not a breach of the Human Rights Act as the scheme remains voluntary and the detainee can refuse to speak to the ARW. ARW's will also be allowed access to custody records, however details from the custody records cannot be recorded unless the worker first obtains the permission of the detainee.

The ARW's must in the first instance target all those offenders arrested for trigger offences prior to pro-active cell sweeps for other potential DIP clients. Therefore systems should be in place to inform the ARW's when a person arrested for a trigger offence arrives in the custody suite.

ARW's will need to be informed when a detainee arrested for a trigger offence is bailed to return to the police station, in order that they may target those individuals at that time.

ARW's should attend morning sessions at local courts where detainees appear, whether in custody or on bail, to capture those arrested and charged for trigger offences but who were not seen at the police station.

The use of the 24/7 client helpline in custody ensures those arrested outside normal working hours can speak directly with a drugs worker. An appointment should be available for the detainee either to see an ARW or a member of the CJIT the following day.

Rapid prescribing services for opiate users

Commissioning rapid prescribing services for DIP clients

Local programmes of rapid assessment and care should be commissioned in DIP areas so drug misusing offenders access substitute prescribing in days (or in less than a week) and be on an adequate (optimal maintenance) methadone dose within one to three weeks.

Adequate assessment of patients is essential in all cases to confirm opiate dependence and to assess risks. In some cases, this may require review over a number of days or longer.

Rapid access will require substantial additional amounts of dedicated medical and drugs worker time and resources to be made available. Some clinical settings will already have good infrastructure in place, such as day service provision, that could help minimise such increased costs.

Some patients may not be considered suitable for such rapid induction and stabilisation. Additional factors (such as co-morbid mental health problems) may require a more prolonged assessment phase before initiating treatment.

Optimal doses of substitute methadone for heroin users can only be safely achieved with a period of assessment, tolerance testing and dose titration up to optimal doses.

Urine or oral fluid testing is needed. Laboratory testing of samples is the most reliable method but can involve 1-2 weeks delay in obtaining results. Immediate on-site testing to confirm recent drug use can be valuable for assessment for rapid induction but is open to challenge.

Whilst adequately high doses of opiate substitute treatment need to be achieved as rapidly as possible – the immediate provision of full therapeutic doses of substitute methadone for heroin users (e.g. 60 to 120mg) is not clinically advised and could result in death through overdose.

Single Point Of Contact (SPOC) for Professionals and 24/7 Client Helpline

SPOC for Professionals

DAT's are required to provide a single point of contact for professionals in the field (such as CARAT workers, probation, prison health care, treatment agencies, etc), to which they can make referrals by phone/fax. The SPOC will be manned only during normal working hours.

24/7 Client helpline

As part of the development of the DIP Through care and Aftercare, DAT's will have to have in place in their area:

- one central phone number for existing and potential clients
- a phone line which is operational on a 24/7 basis

This line will be used for:

- information about drug misuse, including harm reduction
- referrals and appointments to the CJIT
- information and contact details about local health services and local wrap-around services

As a minimum the phone service should have in place:

- a single number for clients to call
- minimal cost to the caller or a free phone number
- 24/7 cover with 'out of office' hours phone cover

The phone line staff should be:

- trained in conducting assessments, emergency overdose advice
- basic listening/counseling/motivational skills
- be part of the CJIT, or have close links with the CJIT

To assist the phone staff there should be:

- a referral system to the CJIT in place
- a directory of local services with relevant contact details which can be passed onto callers
- a system in place to be able to review the service you provide to enable you to focus on key points of your service delivery

Treatment Definitions and Tiers

Tier 1

Non Drug Treatment Specific Services

Tier 1 consists of services offered by a wide range of professionals (e.g. primary care medical services, generic social workers, teachers, community pharmacists, probation officers, housing officers, homeless persons units). Tier 1 services work with a wide range of clients including substance misusers, but their sole purpose is not simply substance misuse.

Tier 1 services may include:

- Access to full range of health, social care, housing and other services.
- Substance misuse screening, assessment and referral mechanisms to substance misuse services from generic, health, social care, housing and criminal justice services.
- Management of substance misusers in generic health, social care and criminal justice settings.
- Health promotion advice and information.
- Hepatitis B vaccination programmes for substance misusers and their families. Alternatively, if investments in vaccinations are made within tier 2, 3 or 4 services, they can be recorded in the relevant grid.

Tier 2

Open Access Services

Services within this tier aim to provide accessible services for a wide range of substance misusers referred from a variety of sources, including self-referrals. The aim of the treatment in this tier is to help substance misusers to engage in treatment without necessarily requiring a high level of commitment to more structured programmes or a complex or lengthy assessment process. Services in this tier include needle exchange programmes and other harm reduction measures, substance misuse advice and information services and ad hoc support not delivered in a structured programme of care.

Advice and Information

Advice and information services provide accurate, appropriate and factual information which is accessible and meaningful (in terms of context, language and comprehensibility) to the recipient. Access to

advice and information should be provided by services in Tier 1, and may be a core component of services in Tier 2. Specific services offering advice and information are characteristic of open access services. However, staff in all treatment tiers should provide the provision of advice and information on substance-related issues.

Harm reduction services (including needle exchange)

Needle and syringe exchange schemes were developed within the wider context of harm minimisation or risk reduction, which refers to the reduction of the various forms of drug-related harm, including social, medical, legal, and financial problems, until the substance misuser is ready and able to come off. They are important for preventing blood-borne diseases, most particularly HIV and hepatitis as well as being important public health measures. The majority of needle exchange schemes are those where sterile needles and syringes are given out and their safe disposal is offered.

Assessment and care management

Assessment and care management should encourage the substance misuser to seek appropriate help and to assist their access to and engagement in treatment, whilst accepting the individual substance misuser's choice as to whether they accept treatment or not.

Care management should facilitate access to a programme of integrated and co-ordinated health and social care and to minimise disengagement ('drop out') from the treatment system. All substance misusers should have access to appropriate and effective assessment and Care Co-ordination. As a distinct service, this has been offered by Community Care teams operated in social service departments. But this should not be the exclusive territory of social workers or local authority care managers. A wide range of professionals need to be able to undertake Care Co-ordination.

Other Tier 2 services may include:

- Other services that minimise the spread of blood-borne disease.
- Services that minimise risk of overdose.
- Outreach services targeting high risk and local priority groups.
- Motivational and brief interventions for drug and alcohol service users.

Tier 3

Structured Community Based Services

This Tier can be defined as providing services solely for substance misusers in a structured programme of care. Services within this Tier include structured cognitive behaviour therapy programmes, structured methadone maintenance programmes, community detoxification, or structured day care (either provided as a drug-free programme or as an adjunct to methadone treatment). Structured community-based aftercare programmes for individuals leaving prisons are also included in Tier 3.

The principal expectation is that the substance misuser attending these services will have agreed to a structured programme of care which places certain requirements on attendance and behaviour (e.g. a certain number of days or hours attendance per week, review of programme is triggered if attendance is irregular).

Community prescribing - Specialist

Community prescribing programmes involve the provision of a medically supervised drug substitute to an illicit drug misuser. The substitute can be used to maintain the individual's tolerance to the drug of misuse or to facilitate withdrawal through a reduction programme. The prescribing programme is the basis for providing medical and psychosocial counselling and support. Community Drug Teams (CDTs) usually deliver specialist services or Drug Dependency Units (DDUs) operated by NHS Trusts.

Community Prescribing/Shared Care - GPs

Community prescribing programmes involve the provision of a medically supervised drug substitute to an illicit substance misuser. The substitute can be used to maintain the individual's tolerance to the drug of misuse or to facilitate withdrawal through a reduction programme. The prescribing programme is the basis for providing medical and psychosocial counselling and support. These services are delivered in general practice but often in liaison with specialist services using shared care protocols.

Structured care-planned counselling

Care-planned counselling is defined as formal structured one-to-one counselling approaches with assessment, clearly defined treatment

plans, treatment goals and regular reviews, as opposed to advice and information, drop-in support and informal key-working.

Structured day programmes

Structured day programmes provide intensive community-based support, treatment and rehabilitation. They should offer clear programmes of defined activities for a fixed period of time with specified attendance criteria - usually four to five days a week.

Tier Three

Aftercare services

There are two distinct activities that could be included under the Aftercare Services heading:

Services that aim to smooth the linkages between drug treatment services in prison and those in the community. Examples include:

- Projects aimed at ensuring the continuation of substitute prescriptions as patients enter and leave the prison system.
- Services aimed at picking up referrals from CARAT teams, and successfully placing them in appropriate community based services on release.

Services that work to help those who have stabilised their lives through treatment, to make progress in employment, training or housing. For example:

- Projects that provide stabilised misusers with volunteered or paid employment opportunities.
- Projects that provide stabilised misusers with supported or subsidised accommodation.

Other Tier 3 services may include:

- Liaison substance misuse services for acute medical and psychiatric sectors.
- Liaison substance misuse services for local social services and social care sectors.
- Specialist structured community based detoxification services.

Tier 4

Residential and Inpatient Services

Services in this tier are aimed at those individuals with a high level of presenting need. Services in this tier include inpatient drug treatment, including detoxification and residential rehabilitation. Tier 4a services usually require a higher level of motivation and commitment from the substance misuser than for services in lower tiers.

Inpatient detoxification

Inpatient substance misuse treatment programmes are specialised units for people with substance misuse disorders or inpatient services delivered in general medical or general psychiatric facilities. Inpatient services also include episodes of detoxification purchased from independent sector units. They provide medically supervised assessment, stabilisation and withdrawal with 24-hour medical cover and a multidisciplinary team.

Residential rehabilitation

Residential rehabilitation services are specialist services offering intensive and structured programmes delivered in controlled residential or hospital environments. These services are mainly available in the independent sector and including therapeutic communities, concept houses, 12 step Minnesota model programmes and general houses including those with a faith-based philosophy.

HAMPSHIRE PROBATION AREA 2006/07 DRR PROTOCOL

HAMPSHIRE PROBATION AREA 2006/07 DRR PROTOCOL

DIP = delivery/arrest/referral & DRR

1. **Scope of this Protocol**

1.1 This protocol sets out the detail of the working agreement between the treatment agencies responsible for the delivery of the Drug Rehabilitation Requirement (DRR) of a court order and the Probation Service. This is not a contractual agreement as the wider DIP service of which DRRs form a part are commissioned and monitored via the local Drug Action Teams. As such the monitoring of performance against this protocol remains the primary concern of the DAT.

1.2 Annex A and B provide an overview of the paperwork and information that needs to be shared and a flow chart of the process of making a DRR.

2. **Roles of DIP Staff and Probation Staff**

2.1 The DRR is jointly delivered by both Hampshire Probation Area (HPA) and the treatment provider agencies.

2.2 The role of the DIP staff is to provide assessment for suitability and the drug treatment as part of the DRR.

2.3 The role of the HPA Case Manager is to liaise with the DIP team and co-ordinate the treatment element as well as any other condition attached to the order. The HPA Offender Manager is responsible for enforcement of the order.

3. **Pre–Report Stage**

3.1 DIP teams may come into contact with potential DRR offenders much earlier in the Criminal Justice System than the Probation Service. Where Arrest Referral have assessed an offender as suitable for treatment that individual, providing they have been charged with an offence that warrants a community order, is a potential DRR offender. It is crucial that DIP workers start talking to offenders and motivating them to agree to a DRR early in their contact with the system.

3.2 DIP workers should complete a paper version of S.8 E OASys as soon as possible. If the score is 4+ and the use is current, the S8 should then be faxed to the local HPA DRR team. This will enable earlier intervention and avoid adjournments. Where pre-court intervention from DRR team takes place, the HPA Court team should be notified to avoid duplication of S.8 paperwork.

3.3 Otherwise when an offender appears in court and a report is ordered, HPA should complete S.8 of E OASys and if the score is 4+ should contact the relevant DIP team to establish if the offender is currently working with the DIP service. If the client is in contact and an assessment has taken place consideration should be given to a Fast Track Report.

3.4 Prolific Persistent Offenders (PPOs) can also be identified pre-report stage via the local CDRPs. The PPOC will have responsibility for identifying potential DRR offenders and requesting the DIP team undertake a treatment assessment. The PPOC will inform the identified Case Administrator of suitable DRR PPOs and will have the responsibility for ensuring the administrator is updated, including informing of court dates. The DIP team will work with the PPOs in the same way as those offenders identified via arrest referral, to motivate the PPO to agree to a DRR and proceed with treatment.

4. Assessment

4.1 The assessment is a two-pronged process that should take account of both the seriousness of the offence and the level of treatment need. The length of the community supervision and additional requirements on an order should reflect the level of seriousness of the offence; the Offender Manager will identify this. The level of contact hours of the Drug Rehabilitation Requirement should reflect the level of treatment need and the treatment provider will identify this. Good communication and negotiation between HPA staff and treatment providers is necessary to determine the length of the DRR required.

4.2 Process of assessment.

- HPA to complete OASys drugs assessment at court and send copy to DIP team & the DRR team to form part of the overall assessment

- It is good practice for Court Officer to offer a 'fixed' appointment with the DRR team within 2-3 working days of the Court appearance when the assessment was ordered. This enables a sifting process to commence that avoids wasting valuable

assessment appointments with treatment providers. It also allows an opportunity for further motivational work.

- When a Standard Delivery Report (SDR) is ordered, Probation Case Administrators will book an appointment for assessment by telephone and should then confirm by sending the required fax

- When a Fast Delivery Report (FDR) is ordered, the Court Officer will book the assessment appointment with the Treatment Provider due to time limitations.

- DIP team to ensure an assessment and treatment plan with offender within 7 working days

- Where the screening process does not identify an offender as a DRR case, the need for an assessment will not be highlighted until the report author has interviewed the offender. In these cases the Case Administrator will contact the provider and request a fast track assessment, to be completed within 5 working days. However, as Court Duty Officers will be completing the OASys drugs screening in court the number of fast track assessments should be minimal.

- The DIP team will complete the assessment and report within 7 working days of notification to HPA with: the assessment; treatment plan; assessment of whether the offender is assessed as a low, medium or high treatment need with clearly stated hours of treatment per week; the offender's agreement to the order; and the time, date and name of the worker who will conduct the first appointment.

- For Fast Track Reports this information should be given to HPA within 3 working days. The Treatment Provider will only state the length (in months) of the DRR requirement when this has been agreed with the HPA report writer.

- HPA should consider non-drug specific options if the hours assessed by the DIP teams do not reflect the seriousness of the offence. In these circumstances

additional requirements that complement the DRR should form part of the supervision element of the order.

5. Seriousness and treatment need

5.1 The purpose of a DRR is to provide drug treatment, based on a thorough assessment, with the overall aim to reduce reoffending.

5.2 The amount of drug treatment delivered under a DRR can be tailored to an individual's treatment needs. DRRs are different from DTTOs as they can form part of a wider community order where additional non drug specific requirements can be made which reflect the seriousness of the offence. The treatment need is set by the drug treatment providers and additional requirements will be considered by the Offender Manager relative to the seriousness of the offence.

5.3 Low DRRs can be made if the seriousness of the offence is assessed as low. In these circumstances there is no need for a prolonged period of supervision. The 6-month low DRR is the only stand-alone order with no supervision requirement. The treatment provider will be informed of a Probation Service Officer who will see the offender once at the onset of the order and once at the conclusion, they will also be responsible for any enforcement action. The provider will need to inform HPA of the appointments offered and achieved, treatment plan, tests and results in the same way as for the medium and high DRRs. Treatment will consist of up to 6 hour packages and 1 test per week for 16 weeks which will then be reviewed with the key worker and a new plan devised if necessary. The low DRR is not subject to court reviews, this needs to be made clear to sentencers in the report proposal.

5.4 Medium and High DRRs will normally be accompanied by a longer supervision element provided by HPA. In these circumstances the treatment provider will be primarily responsible for the treatment element of the order and all other needs will be met by HPA.

5.5 National Standards do not give guidance about levels of contact after the first 16 weeks but leave it to the Offender Manager based on an OASys review. Given that the DRR is about treatment, contact levels with both the Offender Manager and the treatment provider should be based on the offender's treatment need.

5.6 When assessing seriousness and treatment need to following grid should be used[1]

[1] Probation circular : Effective management of the DRR and ATR; P12.

Low Seriousness Likelihood of reconviction : Low-Medium Risk of Harm : Low-Medium Maximum no. of requirements :1 Levels of contact : one contact per week (no minimum hours specified) during first 16 weeks	Short DRR (6 months). No additional requirements A six-month DRR would be appropriate for either a low, medium or high treatment need, as any longer DRR would not be commensurate with the offence. Offenders with medium or high treatment needs but low offence seriousness should be encouraged to continue treatment voluntarily after the 6 month DRR has ended
Medium Seriousness Likelihood of reconviction : Medium -high Risk of Harm : Low-Medium Maximum no. of requirements :3 Levels of contact : Minimum 8 hours per week during first 16 weeks (for total requirements not just DRR)	Supervision + DRR+ accredited programme (or residence or activity) Example depending on treatment need – Low treatment need – 6 month DRR, 12 –18 month supervision, ASRO/OSP or think first/ETS (or possible activity) Medium Treatment need – 6-9 month DRR, 12-18 month supervision, ASRO/OSAP
High Seriousness Likelihood of reconviction : High Risk of Harm : Low-High No. of requirements : 2+ Levels of contact : minimum of 15 hours per week during first 16 weeks (for total requirements not just DRR)	Supervision + DRR + (any of the following requirements, if appropriate – unpaid work (use infrequently) programme, activity, residence, prohibited activity, exclusion, curfew) Examples depending on treatment need Low treatment need – 6 month DRR, 12 month supervision, ASRO/OSAP or Think First/ETS, activity Medium treatment need – 6 - 9 month DRR, 12-36 months

	supervision, ASRO/OSAP, activity High Treatment need – 6-36 months DRR, 12-36 months supervision ASRO/OSAP, activity

High Seriousness/ Intensive Control Likelihood of reconviction : High Risk of Harm : Low - High No. of requirements : 3+ Levels of contact : minimum of 15 hours per week during first 16 weeks (for total requirements not just DRR)	Supervision + DRR + programme + activity (and any of the following requirements if appropriate – unpaid work (use infrequently), mental health treatment, residence, prohibited activity, exclusion, curfew) This is likely to be similar to the package suggested in the high seriousness – see above

5.7 As can be seen from this grid if the treatment need does not match the offence seriousness then alternative conditions should be included in the order.

6. **Post Sentence**

- The Case Administrator will inform the treatment provider on the day of sentencing of the length and requirements of the DRR, and within 2 working days of the name of the Offender Manager, Offender Supervisor, and Case Administrator.

- The treatment provider must see the offender within 2 working days of the order commencing, and inform the Offender Manager of the named key worker within the same time frame.

- HPA will ensure that the completed risk assessment is sent to the DIP team before the first appointment

- The treatment provider will provide the Offender Manager with a copy of the care plan within 4 working days for a PPO, and 10 working days for all other DRR offenders.

- However, should an offender be deemed a probation Tier 4 case due to risk of harm issues the probation service must inform the DIP team so they can ensure a care plan would be prepared within 4 working days; HPA would inform the provider of such cases as early as possible.

- The care plans will inform the sentence plan, which will be sent to the treatment provider on completion by the appointed Probation Offender Manager but within 14 working days of the order being made

7. Definition of Treatment and contact hours

7.1 Treatment hours

7.1.1 The Probation Circular [2] defines treatment as a tier three service such as;

- Structured Day Care
- Care Planning
- Substitute Prescribing and detox
- Residential Rehab*

7.1.2 It is the responsibility of the treatment provider to ensure that this level of treatment is available to all offenders. (* Funding to residential rehab has to be approved by social services).

7.1.3 The following will also be counted within the treatment hours element of a DRR

- Specified drug treatment groupwork activities
- Drug treatment one to one work
- Alternative therapies e.g. acupuncture
- Open access drug treatment services (where this does not conflict with other DRR appointments)
- Appointments for drugs treatment medication
- Pick up of drug treatment medication
- Travel time relating to drug treatment if over ½ hour
- Drug Testing

7.1.4 All elements of the treatment should be specified on both the weekly timetable and the care plan for each individual client. Any changes caused by staffing or other problems must be notified to DRR team at the earliest possible time.

7.2 Total Contact hours

7.2.1 Under the revised National Standards, levels of contact are dependant upon the community sentencing band (high,

[2] Probation circular : Effective management of the DRR and ATR; P14

medium, low) and also on the particular case management tier the offender falls into. If the treatment assessment does not indicate the treatment need as the same as the community sentencing band additional conditions will be needed to compliment the DRR hours to achieve the appropriate sentencing band. The contact levels are total contact required across all the requirements of the community order and not just the DRR requirement[3]. Treatment providers must communicate to the HPA Offender Manager, the level of hours being offered prior to sentencing in order that arrangements are made to cover any shortfall.

7.2.2 As described above in the grid (5.4) Community Orders with a DRR requirement may have extra requirements, other than those that fall under this definition of treatment hours which require the offender to attend non-drug specific activities. It is the responsibility of the HPA Offender Manager to provide and monitor these additional hours and to liaise with the DIP team to ensure that they are aware of the activities and can timetable the DRR work accordingly.

8. Drug Testing

8.1 HPA expects providers to either use mouth swabs, or a combination of urine and mouth swabs. Offenders should not be tested on the same days each week and there should be at least 2 clear days between tests. All tests must be supervised and a full record of all tests (including failures to attend, failures and refusals to produce a sample, and results of confirmation tests) must be kept for the duration of the order. The results of any test must be communicated to the offender manager within 2 working days of the test taking place. Refusals must be notified to DRR team immediately as this constitutes breach and expedited enforcement action has to take place.

8.2 Offenders should usually be tested for drugs which are most closely associated with their offending but there should be capacity to vary the type of drugs tested for if this is appropriate. Probation staff can vary the testing requirement where they are satisfied that the offender has an acceptable explanation for missing a test. Offenders

[3] Probation circular : Effective management of the DRR and ATR; P15

who admit to drug use prior to a test must be offered no less than the minimum number of tests required in an order. They must also be asked to sign a form, along with the person overseeing the test, which must be explained to them and include:

- The date and time of appointment, and a record of those present.
- That they admit to using a specified drug(s) since their last test or sentence.
- That they have been offered a test but have declined in the light of their admission.
- That the form may be placed before the court as evidence of drug use.

8.3 The offender must be required to provide a sample on every occasion where they refuse to sign the form, even if they admitted use. Offenders should only be allowed to sign and not be tested on 2 consecutive occasions before being required to be tested again.

8.4 Hampshire Probation Area staff will not normally be involved in testing offenders, but this may be necessary in some circumstances following discussion with treatment providers. This will remain under review

8.5 Testing must take place according to National Standards regardless of Bank Holidays, annual leave, sickness, away days, training etc.

9. Managing the Order

9.1 The treatment provider will ensure that each DRR case has a nominated key worker who is responsible for preparing the weekly timetable and monitoring the drug treatment. At the end of each week this key worker will ensure that the feedback sheets are sent to the HPA offender manager which will include the hours achieved that week, the drug result sheet and a diary sheet for the following week.

9.2 The treatment provider will give daily feedback re attendance in all cases, so that any enforcement issues are dealt with promptly. Where treatment has been sub-contracted out to another provider, it is still the responsibility of the commissioned treatment provider to provide the daily feedback or arrange for it to be provided

by the sub-contractor, either by fax or phone (this is essential for non – attendees)

9.3 HPA offender manager will inform the DIP team of any other appointments that have been arranged for an offender that may impact on the preparation of the weekly diary sheet. The HPA Offender manager will also ensure that the DIP team have copies of the sentence plan and reviews.

9.4 Regular case meetings must take place between the HPA offender managers and the treatment agency key workers. If this proves impossible due to staffing issues regular telephone conferencing can be substituted

10. Reviews

10.1 The review process will apply to medium and high DRRs and all DTTOs. It is envisaged that medium DRRs will be paper reviews, although the offender is expected to attend the first review. The frequency will be monthly for the first 16 weeks and thereafter bi-monthly to the 12-month period and subsequently quarterly to the end of the order. High DRRs will be review hearings where the offender attends with the offender manager, and they will be held at the same frequency as medium DRR reviews.

10.2 The reviews will include the level of testing and treatment hours required and consideration will be given to reducing both if progress has been satisfactory. Satisfactory improvement should include stabilisation on medication or significant reduction in use, as well as level of engagement and motivation. Satisfactory progress is not restricted to achieving abstinence. A contribution from the treatment agency should form part of the review.

10.3 Treatment staff are not required to attend court; however pre-review meetings should be held with the offender manager, offender and the key worker. The treatment provider will be supplied with a copy of each review, which will be written by the offender manager, and any comments made by the Magistrate or Judge at the review that relate to treatment.

11. Resolving Issues

11.1 It is anticipated that most issues can be resolved locally between the HPA offender manager and the treatment provider key worker. If this is not possible then concerns should be raised via the respective line managers for further discussion.

11.2 A regular treatment managers meeting will take place involving the SPOs and treatment provider managers. This forum should be used to discuss, agree and resolve non-case specific issues.

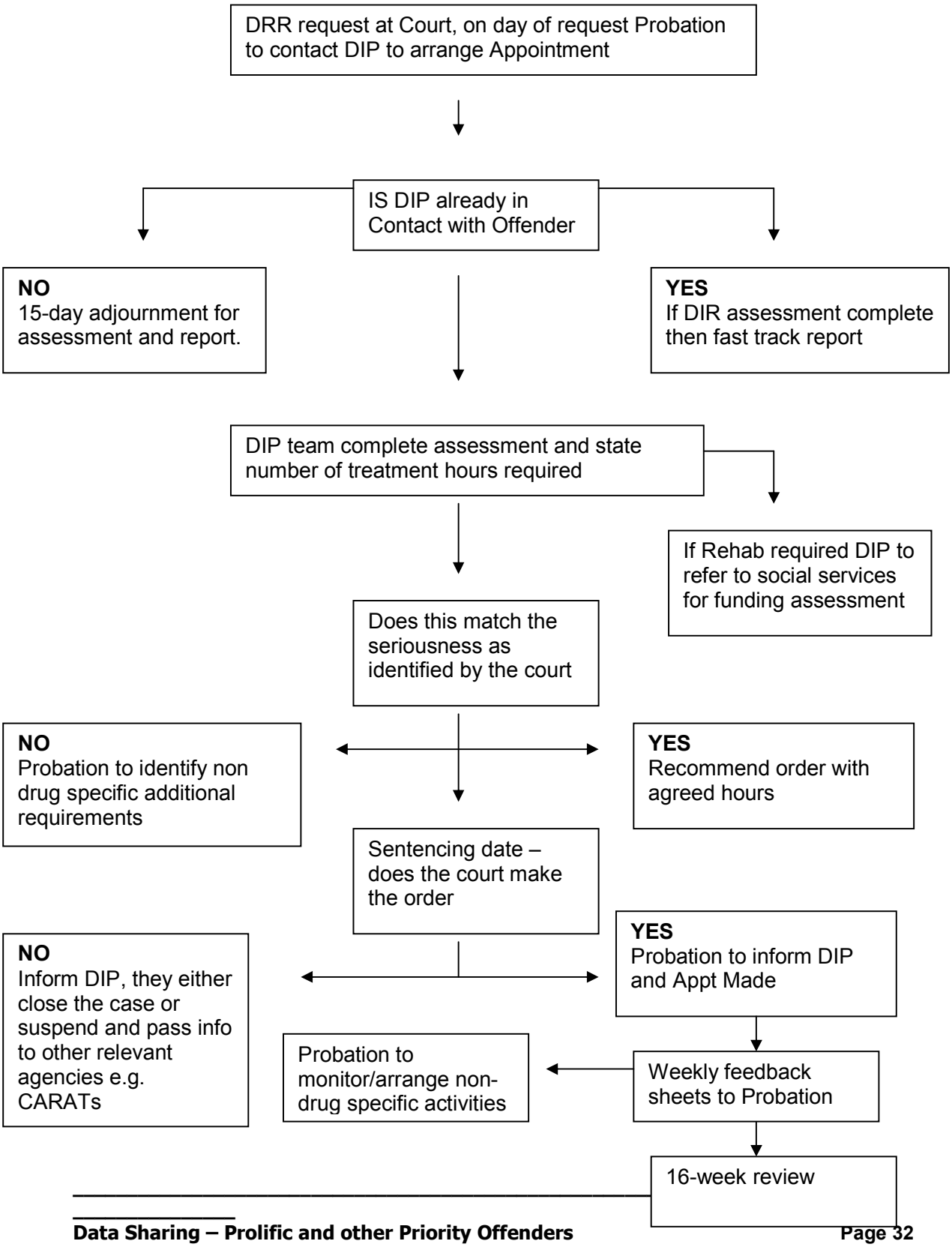
11.3 If it is not possible to resolve issues of concern via these routes and the concerns are of a contractual nature then these will have to be raised by the senior management of HPA with the relevant DAAT commissioners.

ANNEX A

INFORMATION THAT SHOULD BE SHARED

HAMPSHIRE PROBATION AREA	TREATMENT PROVIDERS
Pre – Assessment	
• OASys Drug Assessment to be sent indicating 4+ • Contact made to arrange appointment and fax assessment request form	
Assessment	
	• Provide written assessment report
Post Assessment	
• Inform DIP of outcome	
Within first week of order	
• Send Risk assessment to DIP	• Send Confirmation of engagement • Diary sheet for following week • Care Plan
Ongoing Contact	
• Completed Sentence Plan • Details of other appointments • 16 week review outcome and ongoing review feedback	• Daily feedback sheets • Weekly feedback sheets • Drug Testing sheet • Weekly diary sheet • Feedback for reviews

ANNEX B
FLOW CHART FOR DRRs



PROTOCOL
BETWEEN THE
ISLE OF WIGHT PRISONS
CARAT TEAM
&
THE ISLE OF WIGHT DIP
TEAM

With thanks to HMP Winchester Drug Services

Title: PROTOCOL BETWEEN THE ISLE OF WIGHT PRISONS CARAT TEAM & THE ISLE OF WIGHT DIP TEAM

Related Documents:	**PSO 3630 CARATS** **CARAT SPECIFICATION** **DELIVERY of the DRUG INTERVENTIONS PROGRAMME –** **GUIDANCE FOR PRISONS** **PROLIFIC AND OTHER PRIORITY OFFENDERS – INFORMATION FOR PRISON DRUG STRATEGY STAFF,** **POLICY & PRACTICE DOCUMENT** **Insert related DIP service documents**
Relevant staff:	**CARAT WORKERS** **DIP WORKERS**
Operational Responsibility:	**CARAT CLUSTER MANAGER** **DIP SERVICE MANAGER**

OBJECTIVE:

The Drug Intervention Programme's aim is to break the cycle of drug misuse, offending behaviour and custody by intervening at every stage of the Criminal Justice System to engage offenders in drug treatment. It is designed to engage with a broad range of drug misusing offenders, who are at different stages in their drug misuse and offending careers. It aims to prevent crime through early interventions as well as reduce crime levels by engaging the most problematic and prolific offenders. In the community the Drug Intervention Programme (DIP) is overseen and case managed by Criminal Justice Intervention Teams (CJITs). In prisons the DIP is case managed by CARATs.

This protocol has been developed to ensure the continued delivery of the Drug Intervention Programme to offenders during their time in custody and after release from custody and outlines the responsibilities of those involved in delivering the Drug Intervention Programme.

PROCEDURE:

CARAT Team responsibilities

Take the lead for the case management of drug treatment needs of offenders whilst they are in custody.

CARATs will promote the Drug Intervention Programme to all Isle of Wight resident CARAT clients.

Where the CARAT team identify a client who consents to referral to the DIP team, the CARAT worker will fax the DIR, Care Plan and Consent Form to the DIP team on the Single Point of Contact fax number, within three working days. The DIP team will also be made aware of any client that is a Prolific & Priority Offender.

The CARAT team will ensure any changes in circumstances, if known, and up to date information is communicated to the DIP team, whilst the client is in custody; e.g. additional court dates, Home Detention Curfew dates, possibility of bail and early release dates. The CARAT team will also check LIDS/NOMIS for the 'Discharge List' of the previous day to ensure that no prisoners have been transferred or released without notification to the CARAT team.

The CARAT team will inform the DIP team if the client has been transferred to another prison, in order to assist with tracking of clients.

When referring clients back to the community the CARAT worker will liaise with the DIP team and will begin to review the Care Plan for the client. The client's Release Plan will commence at the point of initial assessment for remand clients and six weeks before release for sentenced clients, where the sentence permits. The DIP team will be made aware of any referrals that the client wishes to be made in the community. The CARAT worker will also ensure that release planning is carried out in partnership with Offender Supervisors and others involved in resettlement within the establishment.

During release planning should a client wish to be referred to a residential rehab on release liaison will take place with the DIP

team. The CARAT team will facilitate any assessments either via telephone or in person as required.

If the client wishes to be released on a Naltrexone prescription and he has at least 21 days left to serve in custody, the CARAT worker will initiate the process within the establishment once confirmation that IDAS or client's GP can continue with the prescribing. The CARAT team, in conjunction with the Substance Misuse Nurse will ensure that liver function tests and urine tests are completed and that the required information is passed to the DIP team for onward communication to IDAS/GP.

If a client is on a maintenance prescription whilst in custody and there is a requirement for this to be continued on release, the CARAT team will liaise with the DIP team to ensure continuity of care.

The CARAT team will fax the Release Plan to the DIP team prior to release. This will ensure a seamless transition of information regarding the client's throughcare and aftercare.

The CARAT team will facilitate any appointments between the DIP worker and client for release planning purposes upon request from the DIP worker.

DIP Team responsibilities

Take the lead for the case management of drug treatment needs of offenders whilst they are in the community.

The DIP team will make all initial referrals to the CARAT team on the Single Point of Contact fax number at HMP Parkhurst, for remand prisoners. The DIP worker should include the DIR assessment together with the signed Consent and Continuity of Care form. The DIR should highlight any areas of concern. If the DIP worker has been unable to complete a DIR then any other form of referral will be accepted. The DIP team should fax the referral/DIR as soon as they are aware that their client has entered custody or within the next working day.

If a client requires a detox or ongoing prescribing the DIP worker should state this on the DIR and provide as much information as

possible about any clinical care provided prior to the client entering custody. All remand prisoners are screened by Healthcare on reception at HMP Parkhurst and any urgent information may be passed via the CARAT team to reception. When the fax referral/DIR is received it will be made available immediately to clinical staff.

The DIP worker will state on the DIR form whether they wish to re-engage the client on their release. This will ensure that once allocated to a CARAT worker they will be able to liaise with the DIP team to arrange the client's throughcare provision.

The DIP worker will visit HMP Parkhurst every Wednesday to check on the remands and discuss throughcare needs with both clients and CARAT workers. Visits to HMP Albany and Camp Hill to see clients prior to their release will be arranged with the respective CARAT team.

The DIP worker may contact the CARAT team in all three prisons at any time in order to check on clients' progress and their engagement with the CARAT team.

If a remanded prisoner is being prescribed whilst in custody and is released prior to appropriate arrangements being made, the DIP team will ensure that their client has access to IDAS for continued prescribing as soon as possible.

If a client wishes to be released with medication e.g. Naltrexone, the DIP team must ensure that they provide the necessary information to the CARAT team regarding prescribing arrangements for the client once in the community. This will ensure a smooth transition of prescribing and aftercare.

Where a client requests residential rehab on release the DIP team will take responsibility for making arrangements for appropriate funding and assessments. Funding still continues to be accessed through community care arrangements.

All DIP workers wishing to bring visitors in with them to the establishment must inform the CARAT Manager or CARAT Senior Practitioner in advance.

Whilst in the establishment DIP workers will adhere to prison rules and health and safety requirements. They must also familiarise themselves with fire evacuation orders.

DIP workers and their visitors must dress appropriately for the prison environment which at the very least will should mean no flip flops, short skirts or vest tops.

Protocol agreed by:

CARAT Manager……...
Date:

DIP Service Manager…….
Date:

Review

ISLE OF WIGHT
Safer Communities Partnership

PROLIFIC AND OTHER PRIORITY OFFENDER SCHEME

Contents

Forward

The Prolific and Other Priority Offender Scheme (PPO) is a single, coherent initiative in three complementary strands to reduce crime by targeting those who offend most or otherwise cause most harm to their communities.

The three strands are Prevent and Deter, Catch and Convict and Rehabilitate and Resettle.

This scheme primarily relates to the Catch and Convict strand of the Strategy, although there is a significant overlap with the Rehabilitate and Resettle work.

This scheme aims to avoid a prescriptive approach wherever possible, limiting the essential requirements to those necessary to establish a coherent approach. The aim of this scheme is to accommodate existing work on prolific offenders, while providing support for areas under development.

This scheme will be offered on a case-by-case basis, with interventions being both proportionate and lawful.

Supplementary information relating to roles and responsibilities, relationships with existing schemes and case studies of existing schemes are on the PPO website at www.crimereduction.gov.uk/ppo.

ISLE OF WIGHT
PROLIFIC AND OTHER PRIORITY OFFENDER SCHEME

TERMS OF REFERENCE

To identify and manage Prolific and Priority Offenders on the Isle of Wight who impact upon the community by way of:

1. The nature and volume of their crimes
   OR
2. The nature and volume of harm they cause to the Isle of Wight community
   OR
3. The adverse impact they cause to the Isle of Wight community by their anti-social activity.

The Scheme will effectively identify suitable targets for partnership action and case manage those individuals through to a successful outcome, reporting back via their representative on this Scheme.

The Scheme will consist of the following agencies:

- Police (lead officer and ACPO officer)
- Probation
- Prison
- YOT
- CPS
- CJIP (where applicable)
- Health
- Education
- Social Services
- Housing
- Employment/Jobcentre Plus
- Voluntary organisations

Key Elements

The key elements of the Prolific and Other Priority Offender Scheme (PPO) are:

- Police, Probation, Safer Communities Partnership and Prisons partnership at the heart of every scheme.
- A CJS Premium Service agreed at LCJB level to be applied to support all local schemes within the area.
- Use of existing structures and services to provide interventions and support, e.g. Youth Offending Teams for juvenile offenders, existing partnership arrangements with DAT and related CJITs being used for problematic drug users.
- Fast tracking of offenders through the courts (as part of the CJS Premium Service).
- Agreement with the Early Release and Recall Section (ERRS) for fast recall for bail/prison licence breaches.
- Careful use of intelligence, with no confidentiality barriers between Probation, Prisons, Safer Communities Partnership and Police, giving a clear message to offenders.
- Referral from any source and at any stage but mainly Police NIM Level 1 targets.
- Use of a selection/scoring matrix to prioritise PPO's.
- Wherever possible, the number of young people entering the CJS should be minimised, and the approach taken should be preventative.
- Intensive case management of offenders during community sentence.
- Prioritisation of offenders in custody to receive prison interventions as part of sentence plans. Shared information through OASys to keep PPO schemes abreast of progress whilst in custody.
- Use of Intelligence, Surveillance, Enforcement and Rehabilitation techniques as part of a "carrot and stick" approach, e.g. access to drugs treatment, employment and education advice and support, etc. as "carrots". Effective "sticks" would result in non-compliance or breaches being dealt with by swift and purposeful action using a dedicated police team to support the PPO team and enforce community sentences and licence conditions with the ERRS.
- Use of existing accredited programmes (through Probation or Prison).
- Information sharing between partner agencies about targeted individuals, with the Safer Communities Partnership and Police leading in the establishment of data sharing protocols.

Principals of Selection

The diagrams below show the basic principles of selection that form the basis of the PPO schemes' identification scheme:

- Figure 1 is a flow diagram showing the process in simplified form.
- Figure 2 shows how the PPO group should include high risk offenders who are causing harm in types of crime and disorder considered to be local priorities.
- Figure 3 is a detailed PPO assessment and prioritisation form, which is shown as an example for illustrative rather than prescriptive purposes. We expect schemes to devise their own forms relevant to local circumstances.

Figure 1: Identification process

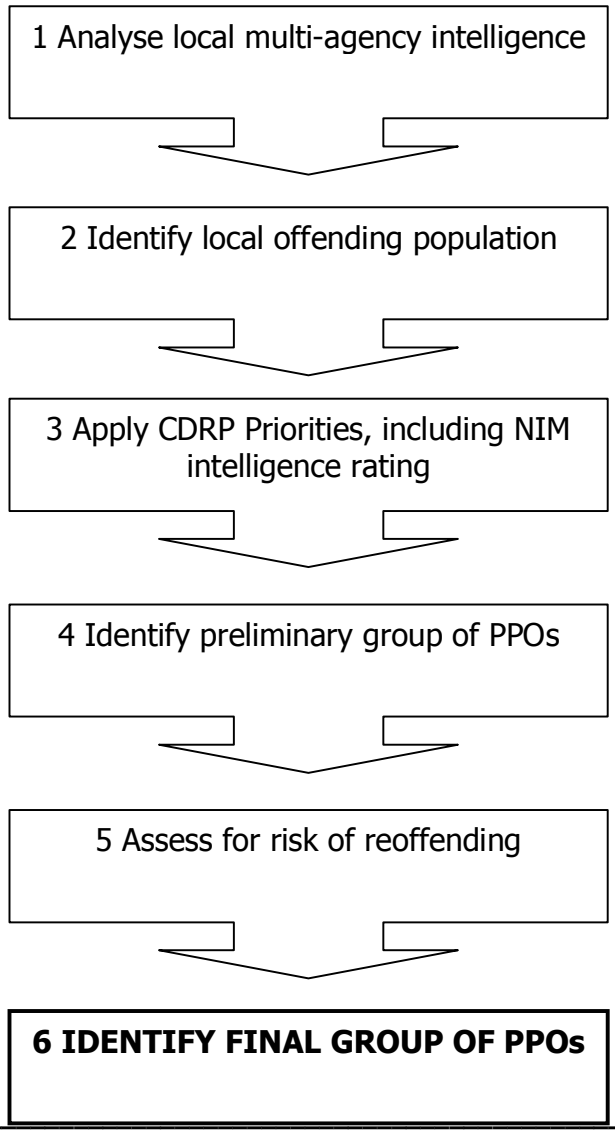


Figure 2: PPOs shown as high risk offenders, cross-referenced with locally-defined high priority crime and disorder types

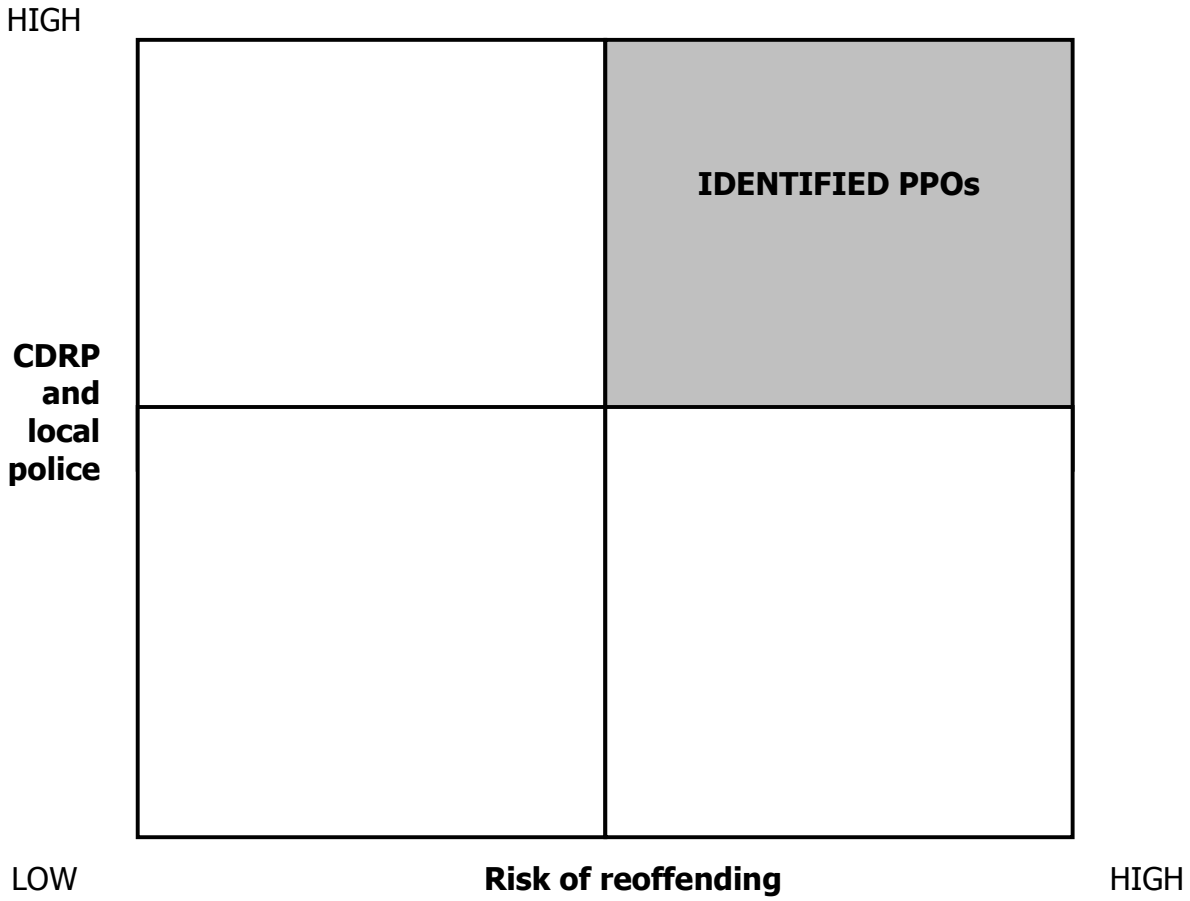


Figure 3: Example form

CONFIDENTIAL

Prolific Offender Prioritisation

Date:

SCORE

PNC MARKER: YES/NO

Subject information:

Target name / D.O.B:
Address:
CRO:
LRN:

Crime Categories	*Points*	*Convicted*	*Admitted*	*Suspected*	*Score*
Burglary					
Burglary dwelling	**5**				
Burglary dwelling	**4**				
Burglary other	**4**				
Burglary other	**3**				
Handling stolen goods	**3**				
Auto Crime					
Theft of motor vehicle	**3**				
Theft from motor vehicle	**3**				
TWOC	**3**				
Theft					
Shoplifting	**2**				
Theft other	**1**				
Fraud					
Credit Card/ Cheques Fraud (Series)	**2**				
Criminal Damage					
Arson	**3**				
Criminal Damage	**2**				
Violence					
Robbery	**5**				
Sexual Offences	**5**				
Assaults	**3**				
Anti Social Behaviour					
Public Order	**3**				
Begging	**3**				

Criminal Damage	**2**				
Drunkeness	**2**				
Victims					
Elderley	**5**				
Racial	**5**				
OASYS/OGR	**5**				
CDRP Priority	**5**				

Intelligence Evaluation:

Current Intelligence	***Points***	***Score***
Intelligence up to 4 weeks	**5**	
Intelligence 4 to 8 weeks	**3**	
Intelligence over 8 weeks	**1**	

Serial Offender:

Number of offences	***Points***	***Score***
7+ offences	**5**	
2 to 6 offences	**3**	

Impact on Public:

Impact	***Points***	***Score***
Serious	**5**	
Moderate	**3**	
Slight/None	**1**	

Other Factors:

Factors	***Points***	***Score***
Crime Dependant	**5**	
Drug Dependant CJIP MDT	**5**	
Drug Dependant self reported	**3**	
Arrest in previous 12 months	**3 per arrest**	
Alcohol Dependant	**3**	

Current Circumstances: Settled relationship Yes/No

Employed Yes/No

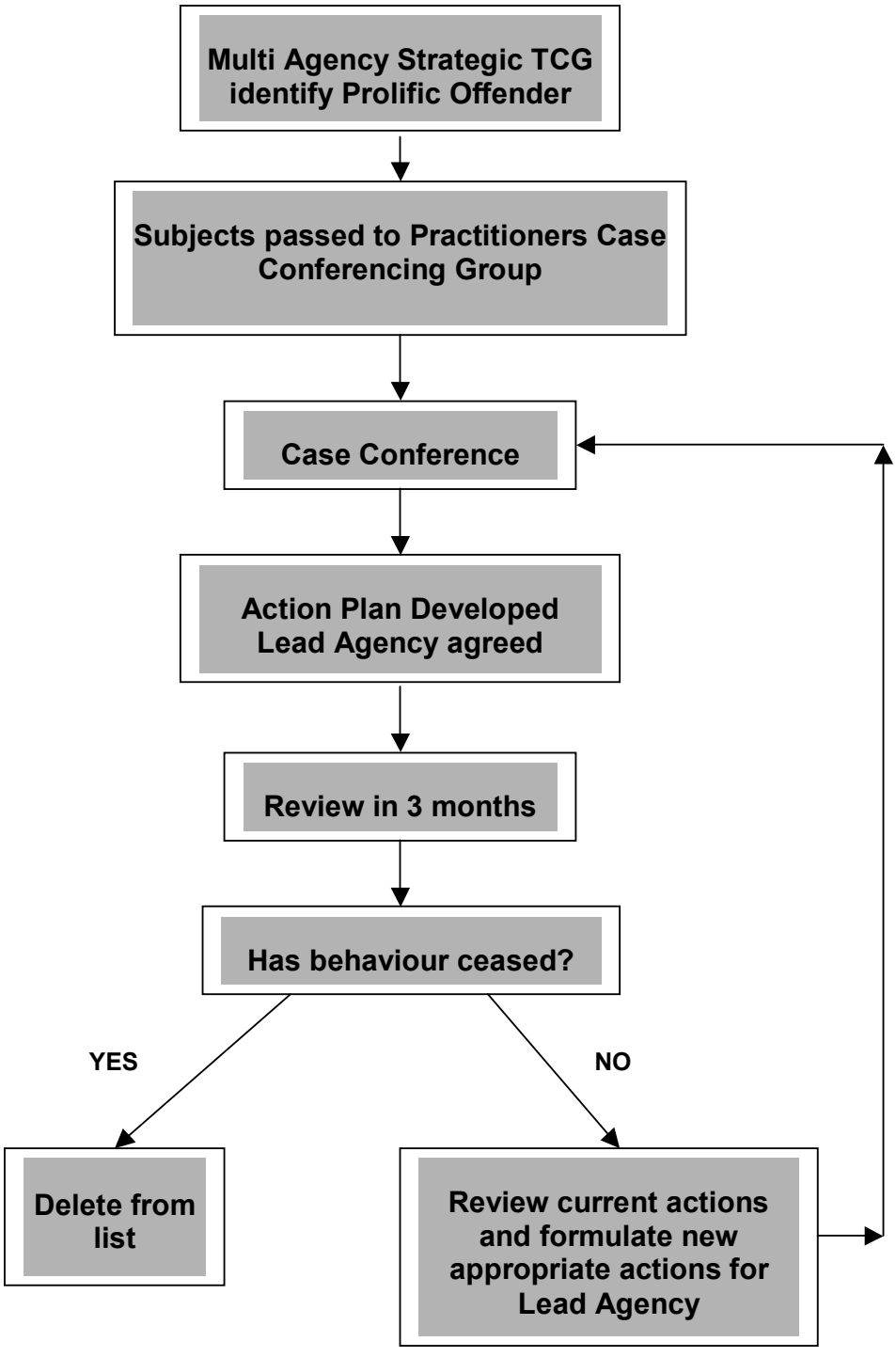
MAIN CRIME CATEGORY		
PRIORITY CRIME CATEGORY WEIGHTING	**DWELLING BURGLARY** **NON DWELL. BURGLARY** **AUTOCRIME** **SHOPLIFTING/THEFT** **VIOLENCE** **ANTI-SOCIAL BEHAVIOUR**	
TOTAL SCORE		

Case Summary

Managers Comments & Instructions

OIC: **Review intelligence in respect of target.** **Review past offending behaviour** **Review current crime investigations** **Enquiries to bridge the gaps between intelligence and evidence.** **Crime Analyst to review burglary/auto-crime/drug property markets re target.** **Surveillance measures** **Arrest and process target at earliest opportunity.** **Arrange section tasking – proactive intelligence gathering, stop search/check, etc.**

Prolific and Other Priority Offender Process



Please Note:

All breaches of conditions are to be notified to the Lead Agency

Information Sharing

Section 115 of the Crime and Disorder Act 1998 provides that any person (whether a private individual or a member of a public body) can "lawfully disclose information where necessary or expedient for the purposes of any provision of the Act to a relevant authority or a person acting on behalf of such an authority even if he or she would not otherwise have this power".

Under the Act, the "relevant authority" means the chief officer of police, the police authority, the local authority, the probation committee or the health authority.

The Data Protection Act 1998 exempts from its normal restrictions the disclosure of personal information for the purpose of prevention or detection of crime or the apprehension/prosecution of offenders where failure to disclose would be likely to prejudice those objectives in a particular case. The Crime and Disorder Information Sharing Protocol for the Isle of Wight is signed by a number of partner agencies and is the effective protocol for sharing information.

All agencies **MUST** take steps to ensure their staff maintain accurate records of any evidence of criminal behaviour or intelligence regarding a PPO. These records should include details of the alleged perpetrator (name, address, date of birth), information about incidents including description of what happened, the exact location, time and dates and any details of complainants/victims or witnesses and whether they would be prepared to make a statement.

The purpose of this Protocol is to facilitate the exchange of information pursuant to the power contained in Section 115 of the Crime and Disorder Act 1998. Where certain conditions are satisfied, Section 115 enables any person to disclose information for the purposes of any provision of the Crime and Disorder Act 1998 to a relevant authority [see glossary], or to a person acting on behalf of such an authority.

Relevant provisions of the Crime and Disorder Act 1998, include:

- Section 5, Section 17 and Section 115
- The Crime and Disorder Act 1998 is the primary legislative tool, common to all crime reduction Protocols. It does not override existing legal safeguards on personal information.

By signing this protocol, the partners declare their commitment to the procedures it sets out. The manner in which information can be exchanged takes into account the following legislation;

- The Data Protection Act 1998, for the processing of personal information
- The Human Rights Act 1998, for the rights of the individual's privacy

The following legislation will also be relevant to the partners: -

- Common Law Duty of Confidence [social services, medical profession patient confidentiality, police]
- The Freedom of Information Act 2000
- The Housing Act 1996 [for RSLs]
- The Mental Health Act 1983 [for health sector]
- Health & Social Care Act 2001 [for health/social services]
- Education Act 1996
- Children Act 1989
- NHS and Community Care Act 1990
- Sex Offenders Act 1997
- Any other relevant Legislation. [e.g. section 37 & 39 of CDA, for YJS]

The scope of this Protocol is to clarify as far as is possible, under which circumstances information can be exchanged. The intention is that a single, joint approach to exchanging information is a highly efficient mechanism for dealing with PPO's, reducing crime and disorder.

It is the purpose of this Protocol, to clarify the understanding between the signatories on each party's responsibilities and duties towards each other. All are fully aware of the process for information exchange and will comply with any legal requirements.

All technical terms and abbreviations are defined in the extensive Glossary. Descriptions of all relevant legislation and other material are set-out in detail.

This Protocol should be published and made available to the general public, for clarity of purpose. Any partner may withdraw from this Protocol upon giving written notice to the other signatories. Data which is no longer relevant should be destroyed or returned. The partner must continue to comply with the terms of this Protocol in respect of any data that the partner has obtained through being a signatory.

No exchange of information, especially personal information, should take place until each and every party to the exchange has signed up to this Protocol.

The partners signed-up to this Protocol recognise the importance of sharing information with each-other, in line with the aims of the Crime and Disorder Act 1998, for the purpose of reducing crime and disorder; specifically for targeted PPO's by the partnership.

Partners will undertake to co-operate fully with each-other, within the parameters of the Data Protection Act 1998, the Human Rights Act 1998 and the Crime and Disorder Act 1998, and in accordance with the Home Office guidance associated with these Acts;

- Common Law Duty of Confidence
- The Freedom of Information Act 2000
- The Housing Act 1996
- The Mental Health Act 1983
- Health & Social Care Act 2001]
- Education Act 1996
- Children Act 1989
- NHS and Community Care Act 1990
- Sex Offenders Act 1997

Partners pledge to periodically and at least annually to consult with each-other upon matters of policy and strategy.

Partner agencies undertake in this Protocol that where possible and appropriate, information requested in the correct manner (see process section), is given within a time limit of **Ten working days**; this may vary depending on the nature, volume of requests and operational need.

Each partner pledges that all personal data remains the property of the disclosing agency, and is the responsibility of the data controller as defined by the Data Protection Act 1998. The partner receiving the data will not normally use it for any purpose other than that set-out in this Protocol, nor share it with any other party, without the disclosing partner's written permission.

Each party to the signed agreement undertakes to ensure that it complies with all relevant legislation, this Protocol, and its internal policies on disclosure. Parties are recommended to seek their own legal advice, wherever necessary.

Partners agree to disclose information to designated officers of signatories to this agreement who are relevant authorities or who are acting on behalf of a relevant authority for the purposes of the Crime and Disorder Act 1998. Where the recipient is acting on behalf of a relevant authority, this means in their capacity as persons selected by the relevant authority to act on their behalf to manage PPO's.

NB: Education establishments carrying out research and analysis on behalf of the partner members and evaluation and monitoring of initiatives, i.e. burglary reduction.

Further disclosure of the same data to persons/agencies outside this Protocol would be regarded as "Secondary Disclosure" and would not normally be allowed, unless that body was brought into this information-sharing Protocol, in the proper manner.

Each party pledges to check its data notification to ensure that it is appropriately registered for sharing and receiving personal information for the purpose of crime reduction. Each party also pledges to ensure that the data it holds is as accurate and up to date as possible.

Media
When handling the Media partners will be fair to our fellow partners, and maintain their integrity when providing information to the public, to do so honestly and fairly. Statements must reflect the multi-agency decision process, with consent of the data owner sought prior to release to the media. Where practical, individual data subjects will be consulted, if the media coverage was such that it may identify the individual. Circumstances may exist that make this impractical, such as where the current whereabouts of the data subject is unknown, or the purpose of the media coverage is to identify the individual data subject.

Non-personal data
Non-personal data constitutes data that has never referred to individuals. Non-personal data is more often than not aggregate data. (see glossary). It is non-personal data (never has referred to an individual) or aggregated data (derived from personal, non-personal and de-personal data), that is normally used for crime-mapping. We can use this non-personal data for crime-mapping purposes, within the remit of the Crime & Disorder Act 1998.

Non-personal information held by partners on PPO's may be subject to the provisions of the Freedom of Information act 2000. Partners have the legal duty to provide non-personal data to a third party, if a formal request is made.

All partners will disclose non-personal data for the purpose of profiling local areas for crime activity, and to calculate the cost, scope and scale of proposed crime reduction interventions by our partnership.

Depersonalised data
Partners accept that depersonalised data is used in the vast majority of Crime Audit activity, as management teams and consultants do not require personal data. Depersonalised data is excellent for profiling local areas, and in calculating the scale, scope and cost of proposed crime reduction interventions.

Depersonalised data encompasses any information that does not and cannot be used to establish the identity of a living individual, and has had all personal identifiers removed. Partners note that the Information Commission has stated that even a post-code or address can give away the identity of an individual, if there is only one person living there.

Partners accept there are no legal restrictions on the exchange within this Protocol of depersonalised data, although a duty of confidence may apply in certain situations, or a copyright, contractual or other legal restriction may prevent the information being disclosed to partners.

If several sets of depersonalised data were merged or compared to each-other, there is a risk that an individual could be identified. Partners will always hold depersonalised data securely and destroy it securely, when no longer required.

It is good practice where possible to give subjects information about how anonymised data about them may be used (particularly for sample healthcare patients).

Personal data

Personal data is information, which relates to a living individual who can be identified from the data; this data will be clearly marked as personal data and kept securely within a pass-worded computer system or otherwise physically secure with appropriate levels of staff access. Partners undertake to destroy all personal information when no longer required for the purpose for which it was provided.

Partners undertake to formally record all grounds for disclosure of personal information and will process information fairly and objectively for each case. Partners will only disclose sufficient information to enable our partners to carry out the relevant purpose for which the data is intended. This will be determined on a case-by-case basis, as a PPO is identified via the National Intelligence Model (NIM) process.

Personal information should only be shared in a particular case when the disclosing partner, is satisfied that;

a) Any partner is legally empowered to do so. The conditions of schedule 3 of the Data Protection Act 1998 must be satisfied
b) The proposed disclosure of personal information can be done in accordance with the principles of the Data Protection Act 1998.
c) Any partner can disclose personal information reflecting the common law of confidentiality and the principles of the Human Rights Act 1998.

Section 115 of the Crime and Disorder Act 1998 provides a lawful power for disclosure where this is for the purpose of implementing the provisions of the Act. However, although the Act creates a situation where the disclosure of information may be lawful, the presumption of confidentiality will still apply.

Partners will only disclose personal data relating to a victim, informant or witness with the consent of the data subject, (unless there is an overriding public interest in disclosure). This will be to [name] staff or posts to enable them to carry out their duties in the exercise of a public function. Medical practitioners who are bound to be registered with the General Medical Council are expected to take into account the guidance of confidentiality by the latter.

Partners can also disclose on a case-by-case basis (identified PPO), for the following reasons (provided there is a lawful basis for disclosure, where there is a substantial chance that one of the following purposes would be prejudiced);

- To prevent or detect crime
- To apprehend or prosecute offenders

When disclosure is required, partners will ensure that;

- the information is being processed lawfully: the information is being processed fairly
- the public interest is of sufficient weight to over-ride the presumption of confidentiality and to justify any interference with the right to privacy etc in Article 8 of the European Convention of Human Rights
- a disclosure is necessary to support action under the Crime and Disorder Act
- any disclosure must have regard to specific statutory restrictions on disclosure.

Partners understand the Public Interest criteria, to include;

- the administration of justice
- maintaining public safety
- the apprehension of offenders
- the prevention of crime and disorder
- the detection of crime
- the protection of vulnerable members of the community.

Non-disclosure exemptions

Partners agree any request for information by a partner must specify as clearly as possible, how failure to disclose the information would jeopardise the crime reduction objective, as set-out in section 29 (3) of the Data Protection Act 1998. It must be stated why the case might fail without this information, and what the assumed effect of the successful case might be, following successful disclosure.

Human rights act 1998

Article 8 of the Human Rights Act 1998 states that everyone has the right to respect for his private and family life, home, and his correspondence and that there shall be no interference by a public authority with this right except as in accordance with the law and is necessary in a democratic society in the interests of;

- National Security
- Public Safety
- Economic well being of the country
- The prevention of crime and disorder
- The protection of health or morals
- The protection of the rights or freedoms of others.

Proportionality

If the disclosure of information will in some way restrict the rights of the data subject, partners will consider the rule of proportionality. This is to ensure that

a fair balance must be achieved between the protection of the individual's rights, with the general interests of society.

Confidentiality
Partners undertake that information will only be used for the purpose for which it was requested, and will securely store it and destroy it when no longer required. Outside agencies wishing to be part of the information sharing process, will upon signing this protocol; be bound to comply with its terms.

Cautions & convictions
Partners agree that details of Cautions (or reprimands/ warnings issued under the Crime and Disorder Act) which relate to an adult will not generally be disclosed as the Cautioning procedure creates an expectation that the offence has been dealt with and that no further action will be taken. Normally, the only exception will be the vetting of applicants for unitary authority and health authority/trust posts that involve contact with children and young persons, where the vetting is part of implementing a strategy for the reduction of crime and disorder pursuant to section 6 of the Crime and Disorder act 1998. Partners recognise the restrictions outlined by The Rehabilitation of Offenders Act 1974 and will only shared conviction data recorded during and after a person has been identified as being as a PPO.

The exchange of personal information post conviction will be subject to the same presumption of confidentiality. However, the prevention of crime and administration of justice, as provided for in the Crime and Disorder Act 1998, are obviously in the public interest and may provide the grounds upon which a disclosure can be justified.

Details of convictions recorded on the Police National Computer, or retained on file by partners, can be released to another designated officer where this is justified in the public interest, to support proceedings under the Crime and Disorder Act 1998. Partners recognise that they must exercise care in the disclosure of conviction data and a designated officer must ensure that information is accurate and relevant to an enquiry before it is released.

Fixed Penalty Notices for Disorder (FPN's)
As for cautions and convictions, data regarding any FPN's issued to a PPO will only be exchange when issued only during and after a PPO has been identified as being prolific/persistent would be relevant

Youth offending teams
It is permissible for information to be disclosed to the members of a youth offending team (or local youth justice team) for the purpose of any provision of the Crime and Disorder Act 1998 and managing PPO's. Following the initial referral, designated officers attached to the team will be responsible for the further disclosure of relevant personal information and conviction data.

There may be occasions when it is necessary for members of the youth offending team to disclose personal information to another agency. In such circumstances the following guidelines must be followed;

- A secondary disclosure of personal information must generally be authorised by the original data owner.
- The disclosure must support action under the Crime and Disorder Act 1998.
- The public interest must outweigh any duty of confidentiality and must justify any interference with the right to privacy under Article 8 of the European Convention of Human Rights 1998.
- The information must be processed fairly.

The youth offending team manager will be responsible for ensuring that personal information provided to the team is stored in a secure place and destroyed when it is no longer required.

Sensitive data

Partners will always consider whether they are processing sensitive personal data, which is data that falls into the following categories;

- racial or ethnic origin
- sexual preference
- physical or mental health
- membership of a trade union
- political or religious beliefs
- criminal offences and proceedings

Partners will ensure that where they process the above sensitive data, they will satisfy the requirements of schedule 2 and schedule 3 of the Data Protection Act 1998. (See appendix for schedules)

Consent

Where appropriate and possible, explicit consent should be obtained from the data subject for the disclosure to take place, in accordance with the Data Protection Act 1998. This consent must be freely given, after the consequences are made clear to the person from whom permission is being sought. (See glossary for definitions of consent)

For our purposes, partners may process sensitive information lawfully using section 115 of the Crime and Disorder Act 1998. However, partners need to be aware of other legal obligations such as the common law duty of confidence.

If partners must disclose sensitive data held under a duty of confidence, they will consider whether they can obtain the data subject's consent. If they cannot, then they must consider the grounds on which they can over-ride the consent issue. They will still be able to disclose sensitive information if this is in the defined category of public interest.

Public interest

Partners must decide after consent has been refused or withheld, if there is an over-riding public interest to justify the disclosure considering the following;

- Is the intended disclosure proportionate to the intended aim?
- What is the vulnerability of those who are at risk?
- What is the impact of disclosure likely to be on the offender?
- Is there another equally effective means of achieving the same aim?
- Is the disclosure necessary to prevent or detect crime and uphold the rights and freedoms of the public?
- Is it necessary to disclose the information, to protect other vulnerable people?

Any disclosure of sensitive information by the partner, should be restricted to the minimum necessary to achieve the purpose and be as generalised as possible.

Designated officers

Each partner must appoint a Primary Designated Officer (PDO see glossary), who will be a Manager of sufficient standing, and have a co-ordinating and authorising role. We may also appoint further Designated Officers (DO's) within the same body; these staff are listed in the named officer list.

Only the DO's and PDO's of each body can make the formal requests and document agreements for the sharing of personal information. We can decide (on a case by case basis,) why a disclosure is necessary to support action under the Crime and Disorder Act 1998. We will also decide why and when the public interest overrides the presumption of confidentiality.

It is each agency's responsibility to ensure that processing of the personal data held, is in keeping with the principles of the Data Protection Act 1998, namely;

- It is obtained, processed and disclosed fairly and lawfully.
- Kept securely.
- Processed in accordance with the rights of the data subjects.
- Accurate, relevant and held no longer than necessary.
- Disclosed only for a specified related purpose.
- Disclosed without the subject's knowledge and/or agreement only where failure to do so would prejudice the objective.

The partnership will create a project folder or file to ensure ease of administration, covering all aspects and documentation of the information sharing process for all PPO management. This folder or file will be managed by the PDO or DO's, to ensure that it is accurate and up to date. The information held will be reviewed with our partners by arrangement at least quarterly.

The folder or file must include;

a) Record of data disclosed
b) Project chronology
c) Project access list

d) Notes of meetings with our partners, and recent correspondence and phone calls.

The PDO or DO are the data owners for each partner agency. As such, any final decision on whether to share sensitive information rests with the partnership.

Process

Each partner will define the requirement, outline the nature of the risk, identify the information holders and agree future disclosure procedures. It is this initial contact between partners whether by meeting, correspondence or telephone, that is fundamental to the drawing-up of this Protocol. This process may involve meetings, but the process must be documented in writing. This is to provide a paper trail for any audit and for clarity purposes.

Agreed disclosure procedures will generally require making a request in writing. The reply to this request will normally be made within **ten working days**. As the disclosing partner, it is my responsibility to make the assessment and consider the nature of the formal request, replying within the agreed ten-day period.

Access to personal information by staff other Designated Officers, should be limited to employees whose work is directly related to the project and those working within the crime reduction program or field.

The data subject is legally entitled to request their records from the receiving agency unless an exemption under the Data Protection Act 1998 applies. If the subject requests access to their records, we should immediately contact the disclosing agency, to determine whether the latter wishes to claim exemption. From this stage, the procedure should be fully documented in writing and stored on file.

Partners must agree the criteria for the review and weeding of data in accordance with existing policies and codes of practice. This should cover variations of data held by us and we should agree a maximum retention period for each item of data. Partners will agree when a PPO no longer needs their attention due to their improved behaviour.

Security & data management

It is the responsibility of signatories to this Protocol, to ensure that partners have adequate security arrangements in place, in order to protect the integrity and confidentiality of the information we hold.

Partners agree that personal information disclosed must;

- Not be emailed over unsecured internet links, where this is practical.
- Be protected by back-up rules.
- When stored on a computer system, it must be password protected and we agree this password will be revised regularly.
- When manual, be stored in a secure filing cabinet when not in use.
- Be located in a geographically secure environment.
- Not be inputted/accessed without industry standard security devices as defined by BS7666.

All data held by us is subject to a "shelf-life." All personal data disclosed to partners will be held until it is no longer needed, as the PPO is no longer a target.

Partners understand that all these measures need to be taken to ensure the security of our partners and to protect the general public.

All partners are aware that only the minimum amount of information should be disclosed, in order to get the job done and for the purpose for which it was intended. All information retained by any partner should be kept securely and for not longer than is strictly necessary.

Audit

Audit of Data: Partners to this agreement undertake to ensure that they will collect, process, store and disclose all data held by us, within the terms of this Protocol and the relevant legislation. Partners will ensure that all information held by us, is accurate, relevant and fit for the purpose for which it is intended.

Audit of Security: Partners agree to store all held data securely as per the terms of the Security and Data Management section. Partners will dispose securely of all data held. We also pledge to conduct six-monthly audits of our security arrangements, to ensure they are effective.

Audit of Protocol: Partners will undertake to conduct regular audits of this Protocol at yearly fixed periods, in order to amend it and ensure it remains fully effective.

Monitoring of this agreement

This Protocol will be reviewed annually to ensure that all partners are adhering to the principles upon which they have agreed.

Information Sharing Guidelines

Sharing personalised information need not be frightening, but partners must stick to these guidelines to ensure that we are exchanging it safely.

Forms

A form must be completed to ensure that the process of information exchange can be carefully monitored, this will essentially track the different steps outlined above. This form is to be completed if the request is from a partner agency;

- which is a signatory to the ISP, requesting personalised information about a data subject.
- or from the data subject him/herself, for access to, or correction of, information held about the data subject.

Exchanging Information Securely

It is important that partners exchange information safely. Each partner will have to ensure that they are only exchanging information with those people they think they are! Data can be exchanged in a variety of ways and there are advantages and disadvantages to each method. Ways in which partners may choose to exchange information are:

- **Fax** - is only secure if the recipient is waiting at the machine to receive the document immediately. Do not assume this will always be the case. (Brent fax is the only secure method of sending faxes)
- **E-mail** - This is only completely secure if the message is encrypted.
- **Paper copies** - These are only secure when kept under lock and key.
- **Post** - This is only secure if using a tamper-evident envelope preferably inside another envelope.
- **Verbal exchange** - This is only secure if it is not repeated to unauthorised personnel.

Partners should always choose the most secure and confidential route of exchange available to partner.

Keeping Information Securely

Once partners have exchanged the information, they have to be careful how it is stored. Information can be stored in three ways:

- Manually (paperwork)
- Electronically (documents created on a computer, e-mail)
- Verbally (nothing in writing)
- We need to ensure that certain checks are made depending on how the information is stored.
- Manual (non-electronic) Data

In order to comply with the various statutory instruments, each partner agency will:

- regularly review the need for keeping the data
- keep it secure (preferably locked)

- keep it out of sight
- keep it organised
- mark it 'confidential'
- dispose of it wisely
- take responsibility for it

For Electronic Data each partner agency will:

- regularly review the need for keeping the data
- use a password-protected screen-saver – activate it when you leave your desk
- use document passwords – but make sure you remember what they are!
- take responsibility for it

This means that we must ensure that we are balancing individual rights against the general interests of the community. Information can, therefore, be exchanged, but we must be careful that our intervention is only proportional to the scale of the problem.

The Data Protection Act 1998 exists to regulate the use of personal data with the purpose of protecting the rights and freedoms of the individual.

Sharing personalised information within these guidelines

In order to comply with guidelines each agency will need to be able to tick every one of the following boxes before sharing personalised information.

1. There are valid reasons for needing the data ☐

2. The exchange represents a "pressing social need" i.e. the threat to public is sufficient to warrant interference in the subject's rights ☐

3. The data will only be used for these reasons and not for an unrelated purpose ☐

4. The data is all relevant, appropriate and useful ☐

5. The data is accurate and up-to-date ☐

6. The data will not be kept for longer than necessary ☐

7. The data is kept safe and confidential ☐

8. The data is shared between the correct agencies ☐

9. The data will be kept within the geographical area governed by these or similar rules for data protection ☐

It is the responsibility of each partner agency to ensure they are fully compliant with the Data Protection Act 1998. This involves registration under purpose PO58 (Data Protection Act 1984) or "for the purposes of crime prevention and prosecution of offenders" (Data Protection Act 1998). For further guidance please refer to the "Notification Handbook – a complete guide to notification", issued by the Data Protection Commissioner's Office (www.dataprotection.gov.uk).

It will be for each partnership to establish what information is required to effectively identify and manage PPO's under national guidelines and this protocol.

European Convention on Human Rights

The Human Rights Task Force Core Guidance for Public Authorities, attached, offers a common sense approach to the issues and suggests a logical series of questions authorities need to ask in trying to identify if they may be interfering with a Convention right.

Articles 6, 7, 8, 10 and 14 are most likely to impact on the ASBO process and need to be assessed prior to any action being taken. The text of each of these Articles is shown below:

Article 6
In the determination of his civil rights and obligations or of any criminal charge against him, everyone is entitled to a fair and public hearing within a reasonable time by an independent and impartial tribunal established by law. Judgement shall be pronounced publicly but the press and public may be excluded from all or part of the trial in the interest of morals, public order or national security in a democratic society, where the interests of juveniles or the protection of the private life of the parties so require, or to the extent strictly necessary in the opinion of the court in special circumstances where publicity would prejudice the interests of justice.

Everyone charged with a criminal offence shall be presumed innocent until proved guilty according to law.

Everyone charged with a criminal offence has the following minimum rights;

- to be informed promptly, in a language which he understands and in detail, of the nature and cause of the accusation against him;
- to have adequate time and facilities for the preparation of his defence;

- to defend himself in person or through legal assistance of his own choosing or, if he has not sufficient means to pay for legal assistance, to be given it free when the interests of justice so require;
- to examine or have examined witnesses against him and to obtain the attendance and examination of witnesses on his behalf under the same conditions as witnesses against him;
- to have the free assistance of an interpreter if he cannot understand or speak the language used in court.

Article 7
No one shall be held guilty of any criminal offence on account of any act or omission, which did not constitute a criminal offence under national or international law at the time when it was committed. Nor shall a heavier penalty be imposed than the one that was applicable at the time the criminal offence was committed.

This Article shall not prejudice the trial and punishment of any person for any act or omission, which at the time when it was committed, was criminal according to the general principles of law recognised by civilised nations.

Article 8
Everyone has the right to respect for his private and family life, his home and his correspondence.

There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.

Article 10
Everyone has the right to freedom of expression. This right shall include freedom to hold opinions and to receive and impart information and ideas without interference by public authority and regardless of frontiers. This Article shall not prevent States from requiring the licensing of broadcasting television and cinema enterprises.

The exercise of these freedoms, since it carries with it duties and responsibilities, may be subject to such formalities, conditions, restrictions or penalties as are prescribed by law and are necessary in a democratic society, in the interests of national security, territorial integrity or public safety, for the prevention of disorder or crime, for the protection of health or morals, for the protection of the reputation or rights of others, for preventing the disclosure of information received in confidence, or for maintaining the authority and impartiality of the judiciary.

Article 14
The enjoyment of the rights and freedoms set forth in this Convention shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.

Convention Checklist
- ✓ Does information sharing interfere with a Convention right?
- ✓ The Human Rights Act makes it unlawful for a public authority to act or fail to act in a way which is incompatible with the Convention rights.
- ✓ Everyone working in a public authority needs to make sure that everything they do reflects a response for human rights and is compatible with the Convention rights.
- ✓ It will not always be easy to tell if this is the case. The need for early and appropriate legal advice cannot be over-emphasised. However, we all need to take responsibility for our own actions, and we must get into the habit of thinking for ourselves about the human rights implications of our work.
- ✓ There is a logical series of questions you can ask yourself in trying to identify if you may be interfering with a Convention right by following the steps outlined below, you should be able to carry out at least an initial assessment of the compatibility of your work.
- ✓ Could what you are doing touch on one of the Convention rights?
- ✓ You need to know enough about the Convention rights to tell when they might come into play. For example, if your policy or procedure affects someone's ability to carry on a trade, Article 1 of Protocol 1 could be relevant.
- ✓ Is there a victim?
- ✓ Could someone argue that they have suffered, or might do, as a result of what you are doing? For example, if your tribunal or decision-making body is not independent and there is no right of appeal to an independent body, someone might be able to show a reasonable likelihood that their Article 6 right to a fair trial had been infringed.
- ✓ Are there circumstances where the right can legitimately be limited or interfered with?

Convention rights are formulated in three broad ways:

Some, such as the right to freedom from torture (Article 3), are **absolute**.

Some are subject to **express exceptions**. These are constructed with a protected right (in the first paragraph) followed by permitted exceptions (in the second). For example, the right to liberty and security (Article 5) clearly defines the six circumstances when it is acceptable for someone to be detained.

Others are subject to **implied exceptions**. These usually follow general principles established in the Strasbourg case law. For example, the right to respect for private and family life (Article 8) can be interfered with, but only in

a way that is in accordance with the law and necessary in a democratic society in certain interests, such as national security.

Each agency need to show that:

The action is prescribed by law. This does not just mean that it must be lawful. You also need to think about the clarity, accessibility and forseeability of the law. The law must be expressed in a way that people understand.

It pursues a legitimate aim. Look at the wording of the individual rights to find out what might be a legitimate reason for interfering with them. These differ from Article to Article. In the case of Article 8, for example, legitimate grounds for interference with the right to privacy include acts done in the interests of national security or for the prevention of disorder or crime. No restriction is ever justified if it impairs ' the very essence of a right'. For example, the Strasbourg Court has held that a temporary ban on re-marriage following divorce was disproportionate on the grounds that it impaired the very essence of the right to marry under Article 12.

It is necessary in a democratic society. There are three aspects to this:

- Does it pursue a pressing social need?
- Is your policy, procedure or action proportionate to the aims you are pursuing? Are you using a sledgehammer to crack a nut?
- Do you have relevant and sufficient reasons for the interference?

By following these basic steps partners should at least be able to tell if a particular policy or procedure has Convention implications, and if so, what they may be. Legal advice may be needed to ensure that what you are doing is compatible with the Convention rights.

If a partner believes that any data sharing is incompatible with the Convention, there are a number of steps that should be taken:

- Alert line management, explaining why an incompatibility arises.
- Take legal advice as soon as possible.
- Agree on a course of action for addressing any compatibility. This could involve changing a procedure, or finding a way to interpret a law compatibly with the Convention rights.
- Alert any colleagues who deal with similar issues and who could also be affected.
- Through line management, or departmental Human Rights Act point of contact, make sure that the issue is reported in any corporate monitoring or reporting of Convention issues being done by each partner agency.

Suggested Partners

- Police (lead officer and ACPO officer)
- Probation
- Prison
- YOT
- CPS
- CJIP (where applicable)
- Health
- Education
- Social Services
- Housing
- Employment/Jobcentre Plus
- Voluntary organisations

Glossary to the protocol

Access list
A register specific to a project where personal information is shared logging the authorised access to the information.

Agencies
Those signatories party to this protocol which for the time being are prescribed by order of the secretary of state under a duty to formulate and implement crime and disorder strategies in compliance with the crime and disorder act 1998.

Aggregate data
Data that consists of statistics of events forming a trend or pattern but from which it is not possible to identify individuals.

Audit trail
A process of collating data for the purpose of identifying and refining internal procedures of partner agencies, by means of examination of all documentation kept on the information exchange.

Bulk transfer
The disclosure of a quantity/set of identifiable personal data, for the purpose of a criminal investigation/ crime and disorder initiative.

Common law
The principle underlying all criminal-related work is the common law duty of confidentiality owed to the public. This requires that personal information given for one purpose cannot be used for another, and places restrictions on the disclosure of that information. This duty can only be broken if the public interest requires it. Statutory provisions on disclosure override common law provisions.

Community safety management group
A multi-agency group that manages the practical development and implementation of the crime & disorder strategy.

Consent
Agreement, either expressed or implied, to an action based on knowledge of what that action involves, its likely consequences and the option of saying no.

Express consent
Consent which is expressed orally, or in writing, (except where patients cannot write or speak, when other forms of communication may be sufficient.)

Crime

Any act, default, or conduct prejudicial to the community, the commission of which by law, renders the person responsible liable to punishment by fine, imprisonment or other penalty.

Crime and disorder act 1998
The purpose of the act is to tackle crime and disorder and help create safer communities. It requires the police and local authorities in partnership with the community, to establish a local partnership to cut crime. This partnership must conduct an audit to identify the types of crime in the area and develop a strategy for tackling them.

Crime audit
A process of collating statistical data from lawful sources to identify trends or patterns in crime and disorder in order to formulate strategies and projects to disrupt and negate criminal and anti-social behaviour.

Crime mapping
This is the process of combining data resources and the use of different types of data, to create a more accurate or clear picture of what is going on in the area.

Data
Essentially the same as "information," but tends to be information recorded in a form, which can be processed by equipment automatically (usually electronically), in response to specific instructions.

Data in the public domain
Any information which is publicly available, whether it relates to a living individual or not. For example, information found on the Internet, television or local authority records.

Data owner
This is the individual or partner who is responsible for complying with the eight data protection principles, as set-out in the data protection act 1998. It is the owner's responsibility to ensure that the data is securely stored.

Data processing
This term is used to describe the collecting, handling, sanitising, transferring and storing of all types of data.

Data protection act 1998
A major piece of legislation, governing who can store data and share it and under which circumstances. It embodies the eight basic principles of data processing, and gives guidance on data sharing.

Data sharing (exchange)

The physical exchange of data between one or more individuals or agencies; this is data recorded in an electronic or processing form. For example, this usually involves the transfer of a data set to a partner agency.

Data subject
An individual who is the subject of personal data, being data from which a living individual can be identified.

De-personalised data
This is information where any reference to or means of identifying a living individual has been removed or "sanitised."

Designated officer
A person nominated by the agency of sufficient standing, to process or initiate requests for personal information and data. [Health authority representatives may refer to them as "caldicott guardians"].

Primary designated officer
As designated officer, only the most senior member of the information sharing party in the partnership.

Disorder
Refers to the level or pattern of anti-social behaviour within a certain area.

Education action zone
Geographical area identified as being beneficiary of government funding, providing local businesses contribute a set amount for precise education needs

Formal request
A written request by the designated officer for personal information made to the information holder.

Health action zone
Geographic area identified as being beneficiaries of government funding to address significant health inequalities.

Hot spot areas
These are geographic areas of focus, where there is a disproportionately above average incidence of criminal activity.

Human rights act 1998
This act requires the compliance to article 8 of the European convention on human rights. This allows interference with the right to respect for private and family life only when it is in accordance with the law, and pursues a legitimate public interest in a proportionate manner.

Indemnity

Parties may seek to indemnify themselves against eventual legal action or litigation for compensation for damage or distress under the relevant legislation.

Individual
A person not being covered by the definition of an agency, but who has assumed or has been invited by the agencies to assume a role in the project which is the object of this protocol.

Information
This is essentially the passing of knowledge from one party to another in this protocol.

Information obtained for national statistics
Refers to administrative and survey data. Used within the ns framework.

Information sharing (exchange)
Involves a physical exchange of data between one or more individuals or agencies.

Intelligence
This is the end product of a process by which that information is checked and compared with other information and is then used to inform decision-making.

Local policing unit
An area covered by one police station.

Mainstreaming
To provide services as part of the usual business of an organisation, rather than as a short-term project or initiative.

Memorandum of understanding
Essentially, another term for protocol.

Meta-data
This is essentially data about data. This is a process of making the finding of a resource more efficient, by providing a structure of defined elements that describe or catalogue the resource. It should also provide details as to how the elements are used.

Non-domestic burglary
All burglary that does not occur in a residential property. Includes burglary against sheds and garages, public buildings, commercial property.

Non-personal information
Any information which does not or cannot be used to establish the identity of a living individual.

Performance indicator
Tool to measure the success/failure of an objective

Personal information
Information which relates to a living individual who can be identified from the data or any other information which is in the possession of the data holder. This is the most restricted type of information and should only be used where there is no reasonable alternative.

Personal information request form (pirf)
A form requiring the disclosure of personal information from the information holder.

Project
A planned and co-operative activity undertaken by agencies and individuals to disrupt and negate criminal and antisocial behaviour according to the precepts of the crime and disorder act 1998.

Project chronology
A register specific to a project where each agency logs its involvement in the information sharing process and the security arrangements.

Project file
A file to be kept by each partner agency containing all the personal information and documentation relevant to the information sharing process for the project.

Project group
Individuals and agency representatives formed into a group to manage a project.

Project meeting
Meeting of the project group, to discuss the project.

Protocol co-ordination folder
To be held by each partner agency giving an overview of its information sharing arrangements and all projects in which it is involved.

Public domain
Information is judged to be in the public domain when it is so generally accessible that it can no longer be regarded as confidential.

Recorded objectives
The objectives formulated, outlined and agreed in an initiation document by the agencies as the beginning of a project under this protocol.

Relevant authorities
Any of these bodies or persons referred to in section 115 (2) of the crime and disorder act 1998, and described in detail in section 5 (1), (2), and (3).

Review
Periodic review of data exchanged for the purposes of the project including review of the scope, relevance and accuracy of disclosed data; a review process which shall be defined at the time of the project initiation.

Risk assessment
Carried out to establish whether the subject is likely to commit serious, physical, psychological harm to others.

Risk management
A plan to reduce, manage or eliminate the risk. The components may include treatment, supervision, incapacitation, disclosure.

Risk screening
The initial process of confirming information. The degree of likelihood and gravity of consequences of future behaviour.

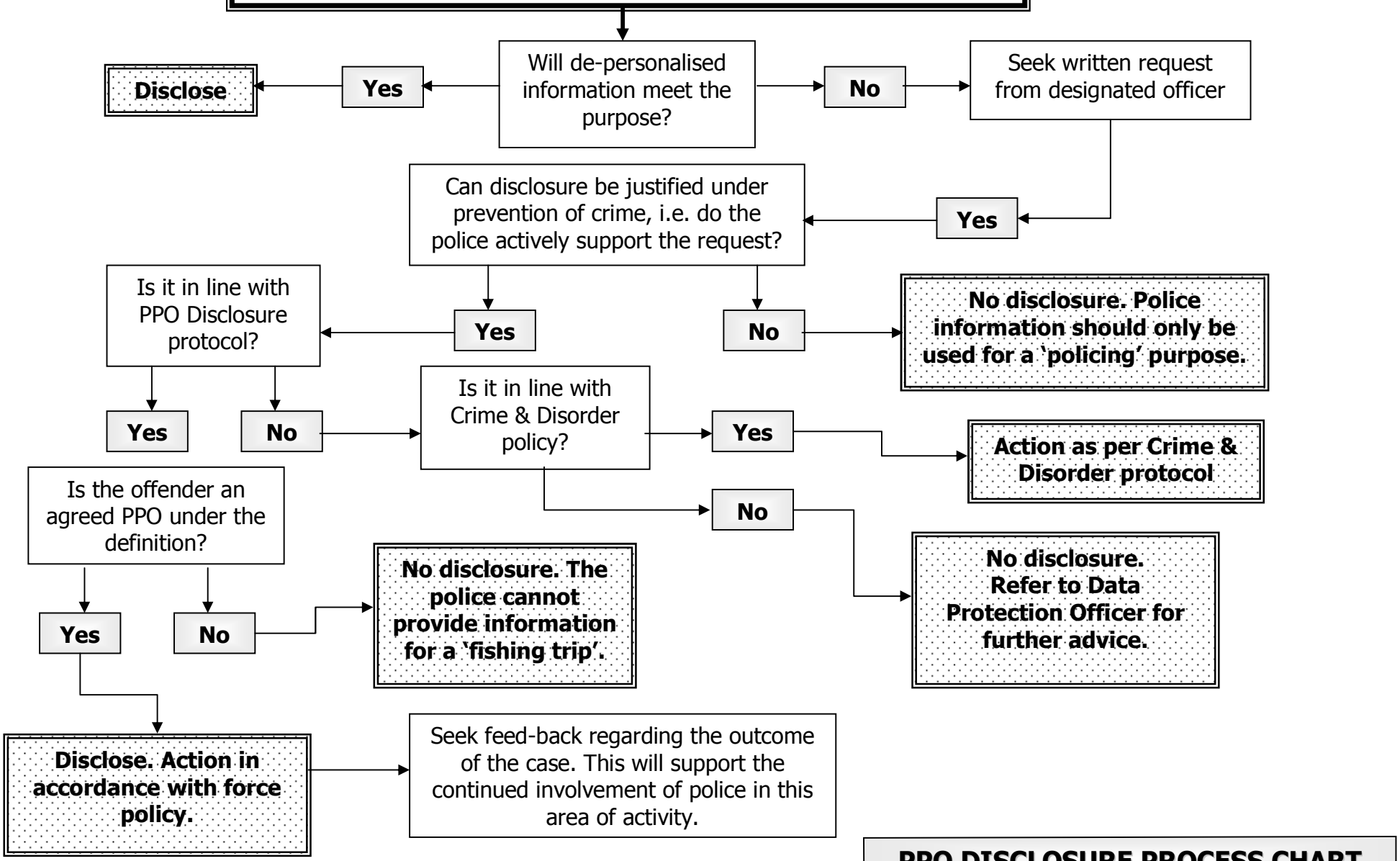
Smart
Specific, measurable, achievable, realistic with a timetable.

Scoping
Liaison between partner agencies, before a formal request is made, to define the problem and identify information holders.

Trigger event
Information received by an agency that indicates an individual may constitute a risk of harm. Or which viewed together with other information, leads to that view.

APPENDIX A

Request for information received from Protocol Partner or their legal representative.



PPO DISCLOSURE PROCESS CHART

HAMPSHIRE AND IOW DRUG INTERVENTION PROGRAMME (DIP)/ POLICE DRUG INTELLIGENCE OFFICER (DIO) – INFORMATION SHARING PROTOCOL

HAMPSHIRE AND IOW DRUG INTERVENTION RPROGRAMME (DIP)/POLICE DRUG INTELLIGENCE OFFICER (DIO) - INFORMATION SHARING

PROTOCOL

1. Principles.

- Sharing information is required to ensure the effective delivery of the Drug Intervention Programme (DIP)
- The sharing of information should be based on a need to know basis and take account of the Caldicott principles
- Client confidentiality is of paramount importance and information on individuals should only take place with their consent or if there are substantial concerns (see *person specific disclosure*)
- Decisions to share information should be supported by the appropriate line manager
- Information sharing is a two way process and allows the DIP service and the Police to work more closely in partnership
- Client's acceptance to commence DRR orders is based on an agreement to accept treatment and cease crime. Failure to comply with this contract compromises their ability to engage in treatment and may jeopardise the treatment of others.

2. Levels of Information Sharing

To ensure the effective management of DIP and ensure a clear working relationship with the Police there needs to be a clear working protocol for the sharing of information. Cranstoun has clear confidentiality policy and this protocol should be read in conjunction with this policy.

There are two distinct types of information sharing,

a) Person specific information
b) Trends and Statistics

3. **Person specific disclosure**

3.1 When DIP is considering sharing client specific information the Caldicott principles should be applied. These state that information should only be shared:

a) If the purpose can be justified
b) The client identity should only be used when absolutely necessary
c) The minimum client identifiable information should be shared

d) Access to client identifiable information should be on a strict need to know basis
e) Everyone should be aware of their responsibilities
f) The sharing of information should be lawful.

In practice, in day to day circumstances, this means that when sharing client specific information the client must give their permission for this information to be shared, the amount of information shared should be limited to the minimum required for the other agency to complete their task and the information shared should be limited to those people that need to know.

3.1.1 There are exceptions to these guidelines where it would be appropriate for detailed information to be shared without the client's permission. These are:

a) If the staff member judges there is a risk of harm to the client
b) If the staff member judges there to be a significant risk of harm to another person
c) If there is significant concern that a serious crime has been committed.*
d) If the staff member has concerns about the safety of a child or if there is evidence that abuse or harm to a child has occurred. NB In these instances, current Child Protection Procedures should be followed
e) Where, in the opinion of a staff member, there is a mental health problem that makes it difficult for a client to give informed consent.

* in the context of this protocol "serious crime" is identified as including continued and organised drug dealing, and could include violence and intimidation and continued involvement in burglary, fraud and crimes against the person. It may be more appropriate for non-dealing criminal activity disclosures to be made via mainstream crime reduction team routes.

3.1.2 In all circumstances any breach of confidentiality should be discussed with the client prior to the information being shared unless

a) the staff member feels that staff or clients would be at risk if such discussion took place or

b) where such discussion would adversely effect the course of current criminal investigation and/or law enforcement

c) if there is an urgent need to breach confidentiality and there is not the time to discuss with the client.

3.1.3 When breaching client confidentiality it must be discussed and agreed with the line manager and noted in the case record prior to the breach of confidentiality taking place

3.1.4 For DIP clients attending under court order or via Prolific or other Priority Offender routes, there should be confidentiality waiver agreements in place that would automatically allow appropriate information to be shared with the Police. These should be fully explained to the client at the time when they give their written consent. Where these exist the agreements should specify the type and amount of information that will be shared and clearly explain the rational for the information to be shared.

3.1.5 Any legal action arising from this information, however remains the responsibility of the Police/Probation service as enforcement agencies.

3.2 Sharing information on 3rd parties

3.2.1 The DIP service hold no confidentiality responsibilities when sharing received information on 3rd parties (non Cranstoun clients).

3.2.2 It is, however critical that the confidentiality, safety and consent of the disclosing client(s) (and staff) are considered paramount when considering the sharing of information.

3.2.3 Information received directly by DIP staff from an identified Cranstoun client regarding 3rd parties is considered confidential to the disclosing client and subject to the principles and procedures described here.

4. Information handling-Police

4.1 In all cases of information sharing, Police procedures for the safe, sensitive and ethical use of information should be followed. This may include discussion and agreement with DIP around the intension to take action but should not include detailed disclosure around the nature of such action.

4.2 All information received should be handled via Police “sterile corridor” information handling procedures and should thereby minimise risk of accidental disclosure of source to third party.

5. Police Sharing -Person specific

5.1 The police should share information on specific clients where that information would be useful for the DIP team to be aware of. Examples would include:

a) Levels of risk and specific risks posed by an individual, especially Prolific and Persistent Offenders (PoPOs)
b) Information on recent arrests or contact with police particularly for DRR/PoPO
c) Intelligence concerning DIP client contacts with other known offenders

5.2 Information shared by the police with the DIP team should be used to inform the treatment plan with individuals and to monitor progress and engagement.

6. Trends and Statistics

6.1 In the course of the DIP activity the team will collect a range of information regarding levels of drug use, types of substances available and geographical drugs "hot spots". This type of information that is not client specific can be shared with the police and it is expected that the police can share similar types of information, trends and statistics with the DIP team.

6.2 By sharing this type of information it is anticipated that both agencies can obtain a clearer understanding of the extent of drug use within the area and match responses to the changing patterns of use.

6.3 At a locality level there should be regular contact between the relevant DIP team leaders in Hampshire (and service manager for the Isle of Wight) with the local Drugs Intelligence Officers to share information on local trends.

7. Purity/contamination and risk

7.1 All information received by DIP and Police regarding Purity contamination and risk regarding locally available drugs should be shared immediately via the central drugs desk in order to trigger the immediate dissemination of risk information to the drug using population via all available links.

7.2 NB: Any such sharing should not supersede any other central processes for risk information sharing led by the Drug and Alcohol Action Team or other lead agency.

8. The process of sharing Information.

8.1 All information sharing between DIP staff and DIOs should be handled in accordance to this protocol

8.2 Individual DIP staff will not provide *ad hoc* information to DIOs or other Police personnel unless instructed to by their line managers. Unauthorised disclosure by DIP staff will constitute breach of contract and treated as a disciplinary matter.

8.3 Any person specific disclosure will be handled locally either in person or by telephone via the DIP team Leader through their local DIO contact (listed below). Written disclosure should only be considered following discussion with the Service Manager.

8.4 In all cases of person specific disclosure the Service Manger will be informed and a written record of information disclosed, rationale, time, date, persons involved and details of disclosure will be retained.

9. Strategic relationship

Within the DIP team and Hampshire Constabulary there will be a single named point of contact at a senior level. The primary role of this Officer, with the DIP Service Manager will be to:

- Discuss and review the information sharing protocol
- Discuss the trends, statistics and information at a county wide level
- Maintain a point of contact to discuss areas of concerns and resolve issues.

10. Contacts

CRANSTOUN DIP

South West Sector Team (Eastleigh) – **16 Station Hill, Southampton Road, Eastleigh, SO50 9FJ. Tel: 02380 650 308. Fax: 02380 650 260**

John Slater - Service Manager Mobile: 07971 227372

Louise Cameron - Team Leader Mobile: 07817 019722

South East Sector Team (Havant) – 35 Market Parade, Havant, Hants, PO9 1PY, Tel: 02392 471268 Fax: 02392 471246

John Christopher - Team Leader Mobile: 07817 019642

Northern Sector Team (Basingstoke) – Hartland House, 26 Winchester Street, Basingstoke, RG21 7DZ. Tel: 01256 818 552. Fax: 01256 843413

Beverley Alder - Team Leader Mobile: 07817 019669

IOW – 17 Melville Street, Ryde, Isle of Wight PO33 2AF Tel: 01983 812755 Fax: 01983 617804

John Rae - Team Leader Mobile : 07813 076888

POLICE

Signed

Name:

Date:

CRANSTOUN DRUG SERVICES

Signed

Name

Date:

HAMPSHIRE POLICE

ISLE OF WIGHT

PROTOCOL FOR THE ADMINISTRATION OF DIP CONDITIONAL CAUTIONS

Contents **Page**

1. Defining Conditional Cautioning

1.1 Conditional cautioning was introduced by the Criminal Justice Act 2003.

1.2 A conditional caution is an alternative to charge. It is aimed at cases where the public interest would be met more effectively by the offender carrying out specific conditions (which can include a requirement to attend a drug rehabilitative programme) rather than being prosecuted. Failure to comply with condition(s) may result in the offender being charged with the original offence.

1.3 Conditional cautions are for adult offenders only (18 or over).

1.4 The conditional caution does not replace the non-statutory police caution, which continues to be available as an alternative to prosecution in suitable cases. The conditional caution provides a new alternative to charging, enabling offenders to be given a suitable disposal whilst diverting them from court.

1.5 All conditions must also be proportionate, appropriate and achievable

1.6 The Director's Guidance on Conditional Cautioning should be consulted for a more detailed overview of the scheme (updated version to be available as from 1 October 2007).

2. Drug Intervention Programme

2.1 A DIP condition is classified as a rehabilitative condition.

2.2 DIP provider for the Isle of Wight:

Cranstoun Drug Services,
17 Melville Street,
Ryde,
Isle of Wight PO33 2AF

2.3 Aimed at low level drug using offenders likely to be new to the Criminal Justice System and arrested for low-level acquisitive crime linked with drug use e.g. shoplifting.

2.4 Offences which may attract a drug intervention condition:

- Acquisitive crime associated with class A, B and C misuse
- Possession of class A, B and C drug (personal use only)
- Criminal Damage
- Loitering/Soliciting for the purpose of Prostitution

2.5 Offences not suitable:

- Possession with intent to supply class A, B and C drugs **should not** be considered as suitable for a Conditional Caution
- **Conditional Cautioning is not suitable for the highly problematic user or more serious offender.**
- Offenders currently in drug treatment **would not be** suitable for a conditional caution.
- Offenders whom it is anticipated would attract a custodial sentence at court **should not be** considered suitable candidates (CARATs or DTTO/DRR would be more appropriate options).

2.6 Selection of suitable offenders:

- Offenders new to the treatment process or who have fallen out of or completed previous treatment regimes shall be considered suitable for the Conditional Caution process
- Offenders whom it is anticipated would attract a fine at Court (a fine may lead to an increase in acquisitive crime and failure to initiate treatment at this stage does not address the root cause of the problem)

3. Benefits of DIP Conditional Cautions

3.1 To move drug-misusing offenders into treatment and out of crime, at the point of police disposal.

3.2 To reduce crime that is a consequence of, contributes to or is caused by personal drug use.

3.3 To engage drug misuses in treatment who are not yet known to drug services and the criminal Justice System.

3.4 To help re-engage drug misusers who have fallen out of drug treatment.

3.5 and To retain in treatment those who are already accessing treatment services but still offending and at risk of disengagement.

The Consultation Process

4. The Police will:

4.1 Identify whether the offender is suitable for a DIP Conditional Caution to be administered.

4.2 Identify as to whether the offender is willing to engage in a DIP caution.

4.3 Custody staff will consult with their colleagues in the Prosecution Support Team (PST) who will make contact with Cranstoun Drug Services to undertake an initial assessment to confirm the offender's suitability for a DIP.

4.7 The offender will then be bailed for a maximum period of 7 working days – enabling a full assessment of suitability to be completed.

4.8 If the offender is identified as being suitable for a DIP Conditional Caution the matter will be referred to the CPS to decide whether a conditional caution is the most suitable disposal.

5. Cranstoun Drug Services will:

5.1 Make contact with the offender to arrange an initial assessment, confirming the suitability of the offender joining a DIP

5.2 Initial assessment to be undertaken within 2 working days of the referral being made by the police.

5.3 Completed assessment, using form xxx, to be faxed to **01983 538502**, for the attention of PST at Newport Police Station.

5.4 In appropriate cases provide facilities for offenders who are given drugs referral conditions, to attend a drugs intervention programme (see section 6).

5.5 DIP to be provided / completed within a 1 – 3 month timeframe of the conditional caution being administered.

5.6 Provide notification to the Police Prosecution Support Team (contact details at 5.3 above) on comp

5.7 Provide notification to the Police Prosecution Support Team (contact details at 5.3 above) on non

6. Cranstoun Drug Services Interventions Programme:

Session 1 1-1 session with a Drug worker completion of DIR and Advice and Information regarding the Conditional Cautioning

Session 2 Group Work covering Substance misuse and offending ,Harm Minimisation and impact regarding Physical , Social , Psychological and Legal aspects of Substance misuse

Session 3 Review of any previous sessions and relapse prevention work the option to stay engaged with the service.

7. Crown Prosecution Service will:

7.1 The CPS will consider as to whether the case is suitable for a condition caution prior to it being administered.

7.2 If the conditions are not met by the offender the CPS will consider whether the original offence should be prosecuted.

8. Non compliance

8.1 Cranstoun Drug Services will provide notification to the Police Prosecution Support Team (con

8.2 Cranstoun Drug Services will give the offender 3 opportunities to re-engage and re-schedule appo

8.3 The police, on notification of the offender failing to comply with the DIP condition, will refer the matter to the CPS for consideration as to whether the original offence should be prosecuted.

8.4 Hampshire Constabulary will be responsible for considering reasons for non compliance that have been identified by Cranstoun Drug Services as a failure of the offender to engage with the specified treatment programme.

9. Monitoring the agreement

9.1 The agreement will be reviewed annually, or as required by nominated representatives from the signatory agencies.

9.2 Performance and processes will initially be reviewed quarterly and then annually from the signatory agencies.

10. CONTACT POINTS

Hampshire Constabulary single point of contact (SPOC) for this protocol will be
Sergeant Liz Barton
Telephone Number:
Email:

Cranstoun Drug Services single point of contact (SPOC) for this protocol will be
Chris Mills
01983 812755
cmills@cranstoun .org.uk

Crown Prosecution Service single point of contact (SPOC) for this protocol will be
Steve Price
Telephone Number:
Email:

11. SIGNATORIES TO THE AGREEMENT

David Connor
SRO
Hampshire & IOW Crown Prosecution Service

Date

Sgt Liz Barton
Hampshire Constabulary

Date

Chris Mills
Service Manager, Isle of Wight CDA
Cranstoun Drug Services

Date

THE ISLE OF WIGHT

EARLY DRUG INTERVENTION INITIATIVE

EDII

Bronze Actions Crime Disruption Flow Chart Guidance

Introduction:

A bronze action is the lowest level of police intervention regarding a persons offending behaviour which is linked to their misuse of substances. It facilitates access to treatment and creates opportunities for people to have an alternative to entering the criminal justice system.

This is a partnership initiative with substance misuse treatment providers on the Isle of Wight who have developed a positive working relationship with the police. However, all agencies still adhere to their confidentiality policies and will only share information on a need to know basis.

Process:

1. Drug intelligence is received from a number of sources:
    i. Police informant
    ii. Treatment services
    iii. Concerned family member/ friends
    iv. Prisons
    v. Probation
    vi. Other community sources

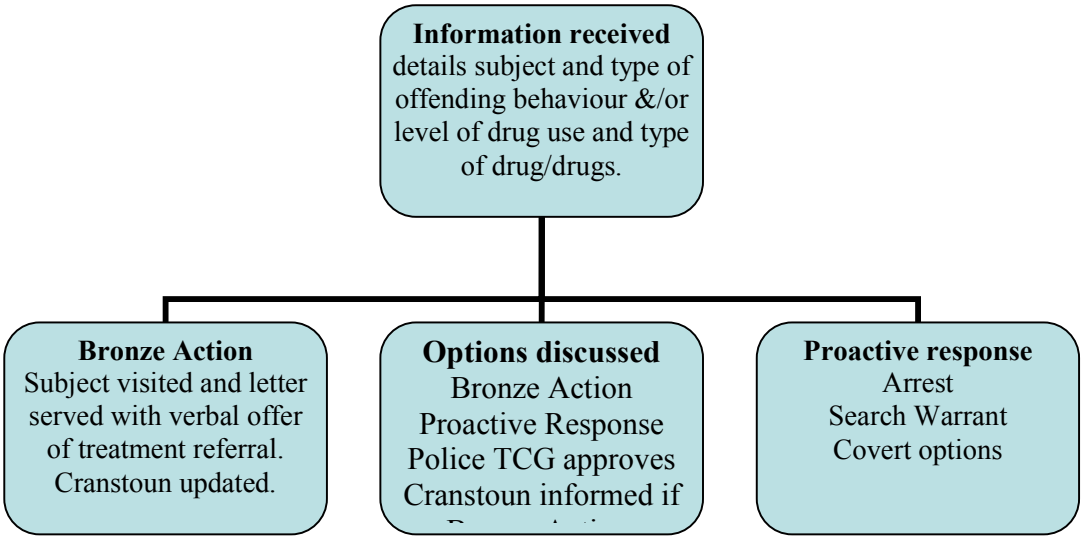
2. 5 by 5 by 5 system applied and information scored against this matrix. If information deemed valid further research is conducted through blue boxes agencies.
3. The European Convention of Human Rights (ECHR) criteria is also applied in these circumstances to ensure that any action taken is:
    i. Justifiable
    ii. Authorised
    iii. Proportionate
    iv. Auditable
    v. Necessary
4. If information does not meet criteria for a bronze action further options are considered.
5. If information following research meets criteria for a bronze action the authorisation for a letter is granted by the superintendent.

6. Where there is information that the person may have committed an offence, the bronze action letter includes:
    i. Brief of which offence the person may be committing
    ii. Brief of any previous convictions for a like offence
    iii. Invite into treatment

7. Where the person has not committed any offence other than that relating to drug misuse, the bronze action letter will include:
    i. Information on drugs being used
    ii. That their drug misuse maybe becoming problematic
    iii. Invite into treatment

8. If offer of treatment is accepted retention in treatment will be monitored monthly.
9. If offer of treatment is declined or person is not retained in treatment the record of the bronze action is retained by the police on the Police Record management System (RMS).
10. If further information relating to any individual who has received a bronze action is received then further action may well be taken which may result in arrest / conviction.

Bronze Action Flow Chart



- Once Bronze letter served and subject agrees to enter treatment they can be tracked to assess there offending behaviour and drug use this can be done by:

  No further information on offending
  Attendance at treatment centre
  Engagement at treatment centre

- If subject drops away from treatment then partners to be made aware so full risk assessment can be compiled around:

  Offending Behaviour
  Drug/Drugs of choice
  Level of substance abuse
  Level of criminality.

MISSION STATEMENT

“Early Drugs Intelligence Intervention (EDDI) is a shared initiative between relevant agencies aimed at reducing the harm of substance misuse within the wider community.”

Our AIMS:

To reduce drug related crime and increase support and help for people who drug misuse through early police intervention and rapid access to help.

To improve the way in which drug intelligence is used for the benefit of individuals and the community.

To provide education to the public around drugs and crime and basic drug awareness. Emphasising how it can be detected and what early intervention provides improved outcomes.

WHAT WE PROVIDE

■ Education

1. Access to Drug services Information
2. Drugs awareness training for schools, parents and teachers (youth groups)
3. Drugs availability and law input for schools, parents and teachers (youth groups)
4. Warrant follow-up letters

■ Treatment

1. Rapid access to Drug services
2. Effective communication with agencies for improved outcomes for individuals
3. Drug Intervention programme

■ Intervention

1. Bronze Actions
2. Crack House Closures
3. Police Enforcement
4. Drug Agency: Warrant follow-up
5. Probation: Drug Rehabilitation Referral (DRR)/Drug Treatment and Testing Orders (DTTO)
6. Police support for a safer IOW Festival/Bestival

■ Information

1. Media Services
2. Local Press
3. Regional News
4. Local Television
5. Internet
6. Leaflet drops
7. Shared inter-agency media officer

Should you want to make a referral please contact Matt Lockyer

on

01983 538656

or

e-mail
matthew.lockyer@hampshire.pnn.police.uk

Useful Contact Numbers:

Young people drug services

Get Sorted:
17, Melville Street, Ryde, Isle of Wight, PO33 2AF
Tel: 01983 617660

FRANK helpline :
0800 77 66 00
frank@talktofrank.com

Adult drug services

Cranstoun Drug Service:
17, Melville Street, Ryde,
PO33 2AF
Tel: 01983 812755

Island Drug and Alcohol Service (IDAS)

Cranstoun drug service

ISLE of WIGHT COUNCIL

What can we do for you?
Your questions answered

INFORMATION LEAFLET

Early Drug Intelligence Intervention

102 Carisbrooke Road, Newport, Isle of Wight, PO30 0AB
Tel: 01983 526654

(EDII)

Parent's and Teachers Basic Drugs Awareness Session

We offer evening education sessions for parents and teachers to have basic knowledge of drug misuse.

These sessions are delivered

Parent's and Teachers Basic Drugs Awareness Session

There are several topics that can be covered in a 2 hour Basic Drugs Awareness Session.

These sessions have been designed with Parents and

<u>Topics covered.</u>

1. Drugs & the Law.
2. What is a druggy (stereotyping).
3. Why do people take drugs.
4. Signs and symptoms of

FREE as a partnership service under the banner of:

The Early Drug Intelligence Intervention (**EDII)** initiative.

Teachers needs in mind.

And It is aimed that over the two hours a basic knowledge of substance misuse will be imparted to the teachers / parents for onward dissemination to the young persons.

The evenings are hoped to be an informal but informative event**.**

drugs misuse. (including paraphernalia)

5. Treatment for substance misuse.
6. Stages of drugs misuse (Experimental. Recreational & Dependant).
7. Drugs Quiz (Local trends, Slang terms, Law amongst other subjects).

Should your school be interested in one of these sessions then please contact Matt Lockyer

on

01983 538656

or

e-mail
matthew.lockyer@hampshire.pnn.police.uk

These sessions are run alongside substance misuse workers.

Useful Contact Numbers:

Young people drug services

Get Sorted:
17, Melville Street, Ryde, Isle of Wight, PO33 2AF
Tel: 01983 617660

FRANK helpline :
0800 77 66 00
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Cranstoun
drug service

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Your questions answered

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Sessions

An EDII initiative