Partners in Reduction

Chapter 1: Introduction

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1.1 Background and context

1.1.1 The important, and influential, role that families play in the lives of prisoners should not be underestimated. Sometimes they provide a positive, constructive, influence and source of support. In other cases, their influence may be less helpful and even has the potential to undermine the efforts of individuals and agencies to reduce substance related problems and consequent re-offending.

1.1.2 The prison population stands at 76,951 (HMPS 16th. Sept 2005). With c. 55% of those received into custody identified as problematic substance users, and 80% reporting some drug use (HMPS - now NOMS - Drug Strategy Unit Briefing Note, November 25th. 2003), this means approximately 40-60,000 people held within the prison system at any one time have some experience of drug use. For c. 40,000 of them, this will be significant.

1.1.3 A significant number of substance users, and/or those involved in the manufacture and/or supply of illicit substances, spend time in prison. This naturally brings those with a history of drug use and/or drug supply into very close proximity. This potentially intense dynamic sometimes results in a culture of drug related 'taxing', bullying and violence that is hard for individuals to avoid in such a closed environment. Such a culture also impacts negatively on those who are socially or professionally involved with prisoners - e.g. families and staff. This can result in vulnerable individuals being exposed to unacceptable physical and emotional pressure to use, or supply, drugs and/or other contraband.

1.1.4 Major investment has been made in reducing drug supply and demand in prisons. Enhancement of existing security and intelligence procedures (designed to prevent/interrupt drug supply) has been significant - as has development of prison based drug treatment/support aimed at reducing demand and subsequent harm. Relatively little investment has been made in helping families develop a positive, assertive, role within the substance related resettlement process. Consequently, the potential for families to influence and support the engagement and treatment of substance users remains a significant, yet largely untapped, resource.

1.1.5 Strategies employed to detect and deter drug use in prison vary greatly from one establishment to another and often include 'broad brush' approaches that impact on everybody coming into contact with prisons - families and other visitors in particular - whether they are involved in drug activity or not. Using an estimate (based on each prisoner receiving an average of 2 visitors) it is likely that c.150,000 family members are affected - either directly or indirectly - by drug activity in prison at any one time. Given the annual prisoner throughput, and taking repeat offenders into account, it is likely that around 2-300,000 individuals will be affected during the visiting process alone. Many thousands more are affected by the drug activity of a close relative prior to, during and/or after, a period of imprisonment.

1.1.6 Research shows that involving families can improve engagement of users into treatment and can also improve outcomes - not only for the user but the family as a whole. Providing support opportunities for families (affected by substance misuse/activity) in their own right can also bring significant benefits to family and social functioning.

1.1.7 Some prisoners’ families, and other visitors, are viewed as likely to undermine, rather than underpin, efforts to reduce substance related problems in/at prisons. This view is undoubtedly justified in some cases. The challenge, therefore, is to consider the possible reasons for this and respond to the situations, circumstances and personal beliefs that motivate such behaviour. Just as for prisoners involved in substance related activity, a variety of interventions are needed to engage families in a process of positive change.
## 1.1 Background and context

### 1.1.8 NOMS recognises the potential value of appropriately engaging and involving families in the resettlement process. It also views this as an important component in addressing the key strategic themes of its' Drug Strategy. (i.e. reducing substance related: supply; demand; harm.)

### 1.1.9 The rights of families to have their own needs met, as well as having opportunities to be involved in supporting drug users, is also becoming more widely recognised. The Home Office acknowledges this in its' Updated Drug Strategy (Home Office 2002) and the National Treatment Agency (NTA) has established a Carers' Advisory Group to inform its' work developing appropriate treatment interventions for, and with, families affected by substance use.

### 1.1.10 The Drug Interventions Programme (Formerly the Criminal Justice Interventions Programme) seeks to create partnerships that support a seamless progression - from engagement, through treatment and into aftercare - for drug users coming into contact with the Criminal Justice System. It too acknowledges the importance of families as key stakeholders in this process and recognises their potential value in supporting, and sustaining, such progression.

### 1.1.11 Every Child Matters: Changes for Children in the Criminal Justice System (Dept. for Education and Skills, 2004) and Hidden Harm (Advisory Council on the Misuse of Drugs, 2003) highlight the particular problems and issues affecting the welfare of children and place obligations on the Criminal Justice System to address these. Such obligations naturally extend beyond the care of children held in custody to those who are resident in Mother and Baby Units or visiting relatives in prisons and who may be directly, or indirectly, affected by substance related issues.

### 1.1.12 NOMS does not have a specific remit for providing support services aimed solely at meeting the needs of families affected by substance use and related issues. However, it recognises it has a duty to provide, and help maintain, both the structures and environment that are: safe; decent; humane; and conducive to engaging and involving families in reducing substance related problems. (Its' major involvement to date has been in the field of prisoners' family ties - e.g. visits and general communications)

### 1.1.13 It is the intention of NOMS, where resources permit, to help mirror levels of activity in the community (where family support currently plays a increasing role in complementing: prevention; treatment; and support services for substance users), by encouraging the development and delivery of effective, multi-disciplinary, prisoners family focussed interventions throughout England and Wales.
1.2 About the toolkit

1.2.1 This Toolkit has been designed as a practical guidance and support resource to help underpin the development of good quality services aimed at engaging and involving families in supporting the delivery of the NOMS Drug Strategy. It was developed following widespread consultation with stakeholders and a review of international literature relating to work with families affected by substance misuse. (A full report of the Consultation and Review can be found at Appendix 1)

1.2.2 Though mainly intended for use by prison staff, and other prison based service providers, the Toolkit is also appropriate to support development of services for prisoners’ families within a community setting. It will provide a useful guide for those commissioning, or funding, services designed to meet the needs of prisoners/families in relation to substance misuse.

1.2.3 There are natural overlaps between this area of work and several others. Every effort has been made to ensure that advice given in the Toolkit is consistent with other relevant Good Practice recommendations and operational requirements. (Please use the Comments & Suggestions Form to highlight any inconsistencies you feel there may be.)

1.2.4 The Toolkit is a ‘living’ document that will be updated as further evidence of Good Practice emerges. (‘Comments & Suggestions’ and ‘New Practice Notification’ Forms are available in the Appendix - 7.3.4 and 7.3.5).
Using the toolkit

1.3.1 A range of practical approaches that could be used in response to key issues and considerations is suggested in each Chapter. Activities detailed in shaded areas are defined as 'core'. (i.e. immediate implementation is considered desirable.) Activities detailed in un-shaded areas are considered more 'aspirational'. (i.e. To be aimed for, and implemented only when circumstances/conditions make it both appropriate and possible.) Some activities feature in more than one Chapter, as they are applicable to more than one provider.

1.3.2 Chapters 2, 3, and 4 of the Toolkit detail approaches and activities that are appropriate to each of the three individual key service provider groups. (i.e. Prisons, Drug Treatment and Support Services, Family Support Services) These offer the provider a straightforward means of assessing and developing practices aimed at engaging, involving and supporting families in work that is appropriate to their overall aims and objectives.

1.3.3 Chapters 1, 5, 6 and 7 are relevant to development and delivery of activities, interventions and services by all provider groups.

1.3.4 Chapter 2, 3 or 4 (as appropriate) should be used in conjunction with Chapters 5, 6 and 7 (that include useful information and resources to support development and implementation of Good Practice.)

1.3.5 The Toolkit will provide a useful tool with which to conduct an annual 'health check' of an establishment/agency's work in this area.

1.3.6 Permission to use or adapt templates is given on the understanding that this Toolkit is referenced as the original development source.

1.3.7 Any part of this Toolkit may be photocopied for use in a work context.