



Arrest Referral

pathway

A guide to principles and practice

Effective Interventions Unit



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Scottish Executive Effective Interventions Unit

Remit

The Unit was set up in June 2000 to:

- Identify what is effective – and cost effective – practice in prevention, treatment, rehabilitation and availability and in addressing the needs of both the individual and the community.
- Disseminate effective practice based on sound evidence and evaluation to policy makers, DATs and practitioners.
- Support DATs and agencies to deliver effective practice by developing good practice guidelines, evaluation tools, criteria for funding, models of service; and by contributing to the implementation of effective practice through the DAT corporate planning cycle.

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Effective Interventions Unit

ARREST REFERRAL: A GUIDE TO PRINCIPLES AND PRACTICE

WHAT IS IN THIS GUIDE?

- An explanation of the rationale behind Arrest Referral
- Some key principles of Arrest Referral
- Some key questions to consider in setting up an Arrest Referral Scheme
- Outputs from the EIU seminar on Arrest Referral
- Key points from existing learning and evidence gathered by the Home Office in England and Wales.

WHAT IS THE AIM?

To provide information and support to DATs, AATs, partner agencies and voluntary sector organisations planning or considering the establishment of a scheme in their area.

WHO SHOULD USE IT?

Anyone involved in developing, designing, commissioning, implementing or evaluating an Arrest Referral scheme.

WHO WROTE THIS GUIDE?

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FOREWORD

Arrest Referral schemes to improve uptake of services and reduce offending among drug users have been the subject of increasing interest across Scotland in the past 12 months. There are some schemes already in operation in DAT areas and other DATs are actively planning to introduce schemes in their area in the near future. At the moment, schemes are mainly in the very early stages of development. There is a need to provide those involved with good information and support as they seek to design, develop and implement schemes in local areas.

The **Effective Interventions Unit (EIU)** has collaborated with colleagues in the Scottish Executive Justice Department, Scottish Drug Enforcement Agency, CoSLA, Police, Turning Point Scotland, and Drug Action Teams to develop this initial practical guide to setting up an Arrest Referral scheme. **We wish to emphasise that this guide represents a first step towards promoting effective practice in Scotland.**

We have examined the available and emerging evidence from England and Wales, and brought together representatives of DATs, Police, Social Work and the voluntary sector to explore knowledge and experience of Arrest Referral schemes in Scotland. Fifty-six people participated in the Arrest Referral seminar held in Tayside on 25th September which identified the key components likely to lead to a successful scheme.

While this document is primarily focused on schemes which deal with arrestees who have problems with drug use, **we believe that the key principles and key elements of the guide will apply equally to schemes which focus on arrestees with alcohol problems.** Alcohol related schemes may require a different range of support services, and different or additional training for workers and custody officers, but the organisational and process issues will remain substantially similar.

The EIU has now drawn together its findings, and carried out a limited consultation, to produce this guide. As schemes develop, we will collaborate with the Scottish Executive Central Research Unit and DAT colleagues to carry out formative and outcome evaluations. In that way, we can add to the existing and emerging body of knowledge about effective practice and disseminate such knowledge to all the relevant agencies and organisations.

Effective Interventions Unit
March 2002

CHAPTER 1 THE WIDER CONTEXT

There is a **clear link between substance misuse and offending behaviour**. The links between drug misuse and crime are complex, but there is no doubt that a great many of those coming into contact with the criminal justice system are using illegal drugs. Crimes are committed either as a consequence of drug use, or as a means of financing drug use. Drug use and drug markets also have links to a wider range of crimes from driving offences to crimes of violence.

Findings of a Scottish pilot (Scottish Executive CRU 2000) of the Arrestee Drug Abuse Monitoring Methodology (ADAM) showed that 71% of those tested at the two pilot sites had positive urine tests. In the same study:

- 58% arrestees reported obtaining income from shoplifting.
- 46% reported income from selling stolen goods.

The Scottish Drug Misuse Statistics (ISD Scotland, Jan 2002) contain indicative statistics **on drug use on entry to prison**. The statistics are supplied by the Scottish Prison service. A snapshot taken in October 2000 showed that:

- of 364 prisoners tested on admission 75% had a positive urine sample
- 31% tested positive for heroin
- 45% tested positive for benzodiazepines
- poly drug use was common amongst those tested.
- rates varied by location from around 40% to 90%.

Scotland's Drug Strategy "*Tackling Drugs in Scotland: Action in Partnership*" has **two key aims** that are directly relevant to the problem of drugs and crime:

- To enable people with drug problems to overcome them and live healthy and crime free lives.
- To protect our communities from drug related anti-social behaviour.

These key aims are supported by targets. The aim of helping those with drug problems is supported by a **national target** to:

- Increase the number of drug misusers in contact with drug treatment and care services by 10% every year until 2005.

Arrest Referral schemes represent an opportunity to **contribute to the achievement of these aims** and targets, and thereby contribute to a Safer Scotland. Drug Action Teams have the local responsibility, through the Corporate Action Planning Process, for commissioning schemes in their area. For Drug Action Teams, Arrest Referral would be one component of their overall strategy.

Drug using offenders use up large amounts of public resource. They are often **repeatedly arrested** for petty crimes, and the costs in terms of police, social work, courts and prison time is

considerable, without taking into account the cost to the public in terms of lost business, increased prices and other social costs. **Treatment considerably reduces criminal behaviour.** There is evidence that for every £1 spent on treatment for those with a drug problem, £3 is saved on the cost of enforcement (NTORS study, UK Dept of Health 1998). Not all of those arrested will be prosecuted, and those that are may have some time to wait before their cases are disposed of by the courts. During this time many will not seek help with their drug problem and may continue to offend.

In the wider UK, Arrest Referral has been **developing rapidly** in the past few years. There are schemes operating in all but two police force areas in England and Wales. Partnership arrangements and joint commissioning is developing in Drug Action Team areas using funding from the UK Crime Reduction Programme. The majority of the schemes have been operational from April 2000. Arrest Referral schemes are monitored by the Home Office, using a common monitoring form. Data are collected via the Regional Drug Misuse Databases.

The information from the first six months data (October 2000 – March 2001) from the Home Office Drug and Alcohol Research Unit has shown some interesting findings:

- Of those who accepted an interview with a referral worker 56% were referred to a specialist drug service. A further 13% were already in treatment
- Over half of those interviewed (51%) had never previously accessed treatment
- Of those taking up referral, initial analysis suggests a treatment take up rate of 15-25%
- Over half reported using heroin in the last 30 days
- The majority of those interviewed (88%) were male
- The average reported expenditure on drugs per week was £328 for women and £255 per week for men
- Interviewees reported their main sources of income as benefits(64%) and shoplifting(38%)
- Interviewees had been arrested for a range of offences including; shoplifting (23%), supply or possession of drugs(16%), burglary (10%), other thefts (10%).

The emerging evidence in England and Wales seems to suggest that Arrest Referral can assist the transition from chaotic lifestyles to treatment by providing a pathway into services from a criminal justice setting. **Repeated studies have shown that entry and retention into treatment has a real impact on reducing offending.** Arrest Referral, therefore, has the potential to be an early intervention which can help prevent continued or escalating chaos and offending.

CHAPTER 2 GETTING STARTED

The Drug Action Team has the responsibility for planning and overseeing the local strategy for tackling drugs misuse and should be well placed to co-ordinate the planning and implementation of an Arrest Referral service.

The first step is to decide whether an Arrest Referral scheme will be a useful addition to the local drug strategy and implementation plan. This requires a needs assessment exercise to establish:

- Number of arrestees
- Percentage who are estimated to have a drug problem
- A profile of drug using offenders and what is known about the extent of their problems
- Number who go to court
- Peak times of arrests
- Geographical factors including **areas** where problem is most acute and **access** issues for workers
- Range of services available for clients
- Possible locations for scheme and facilities

Key issues to be resolved are:

- A common understanding about the purpose of the arrest referral service.
- Agreement on the target group or groups
- A common understanding about drug problems, the way in which drugs treatment services work, the workings of the Criminal Justice system and the range of other problems likely to be experienced by the drug user.
- Liaison arrangements between agencies: e.g. through a workers' forum.
- Management structures for the arrest referral staff.
- Training for arrest referral staff and staff in other agencies who work closely with them, preferably multi-agency training

To achieve effective collaboration and co-operation, there should be partnerships at both **strategic** level and an **operational** level. Such partnerships might usefully work through Steering Groups. These roles are set out below and further discussed in Chapter 6.

The Strategic Steering Group should agree:

- the aims and objectives of an arrest referral service
- the target group(s)
- the range of services that could or should be engaged
- the commissioning and management arrangements
- monitoring and evaluation strategies

An **Operational Steering Group** should work out the practicalities of an arrest referral service in the local area. Some operational challenges to all the partners will arise from the extent and nature of the problems likely to be identified among arrestees and the number of agencies who might potentially offer help. There is some evidence that early schemes encountered clashes of culture and lack of communication between organisations at all levels.

The Operational Steering Group should agree:

- common objectives
- joint training for staff
- agreed working practices
- core and common assessment
- protocols for confidentiality and information sharing.

One of the ideas that came out of the seminar in **September 2001** was that a **Workers Forum** could promote exchange of information, ideas and experiences between Arrest Referral workers and workers in agencies who subsequently provide services. Such a forum could:

- enable discussions about the service within the context of local service provision
- allow mapping of local referral pathways
- allow discussion of eligibility criteria
- discuss accessibility and eligibility criteria

Resources

The level of resources and types of available services will have a direct impact on decisions about the structure of the Arrest Referral service, including the scope for targeting (see Chapter 4). Money is not the only issue. Other issues to address include

- the recruitment of suitably skilled arrest referral workers
- the potential demand on services in the area
- setting up a management structure
- building relationships between agencies and agreeing on key issues such as referral arrangements and information sharing.

Piloting

It may be practical to start small with one or two sites as pilots and to evaluate the service as it develops. The needs assessment exercise should help to identify prospective sites, for example

- police stations or courts where there is a high turnover.
- police stations or courts where there is a low turnover of individuals but with a high rate of repeat arrest.

CHAPTER 3 THE RIGHT SERVICE

What is an Arrest Referral Service?

Arrest Referral is an intervention aimed at people who have been arrested and whose offences may be linked to drug use. It takes place in the police cells or in court premises. The intervention may range from the giving of information to assessment and referral to appropriate services. There are currently 3 main models and details of these are set out later.

Why have an Arrest Referral Service?

The underlying rationale for providing an Arrest Referral service is that arrest and court appearance are crisis times in a drug user's career and that early intervention may help users engage with services. Arrest and appearance in court may act as a catalyst for people to reflect on their drug use. Arrest Referral schemes offer a unique opportunity for an early intervention.

An Arrest Referral service capitalises on this opportunity to help drug users engage with services, reducing the likelihood of involvement in criminal behaviour in the future. Overall, research shows that treatment reduces levels of drug use, reduces levels of injecting, improves health, improves social functioning, **reduces involvement in criminal behaviour** and improves employment outcomes. Arrest Referral, therefore, has the potential to make a real impact on those who take up treatment. This opportunity may be short-lived, and speed of response is important to an effective scheme.

Aims and Objectives

Before establishing an Arrest Referral scheme, DATs and partner agencies **must clarify the aims and objectives**. This is a necessary stage in planning and designing a successful scheme. It should also lead to an agreement about the outcomes that will be the focus for the monitoring and evaluation process.

We know from our seminar and subsequent consultations that are differences of emphasis between agencies about the objectives of Arrest Referral. However, having reviewed the available evidence on Arrest Referral and the body of evidence on treatment and care, we suggest that the aim of Arrest Referral could be set out as follows:

The purpose of an arrest referral service is to offer an opportunity to drug users who have been arrested to engage with drug treatment and/or other appropriate services with a view to reducing their offending behaviour.

What is the link between Arrest Referral and the Criminal justice process?

Arrest Referral is not a diversion scheme or a community disposal. It is **a pathway into services** from a criminal justice setting. There is no formal link to the due process of law.

Drug use may help to explain someone's criminal behaviour, but it does not absolve them from criminal responsibility. In the course of developing this guide, we have looked at experience in England and Wales and taken the views of professional in the statutory and voluntary sectors. The consensus is that Arrest Referral is **separate from the criminal justice process and should remain so.**

Having said that, there are some potential links that it is important to recognise and these issues should be discussed at local level:

- If someone **chooses** to accept a referral and then engages with a service, this may – with the individual's agreement - help to **inform** the decisions reached by Procurators Fiscal on diversions from prosecution or social workers on court disposals.
- **But** it is vital that a person who does not accept the referral is not **disadvantaged**.
- It is also important to ensure that arrestees do not opt for a referral **solely for the purpose of achieving a favourable outcome** from the criminal justice system.

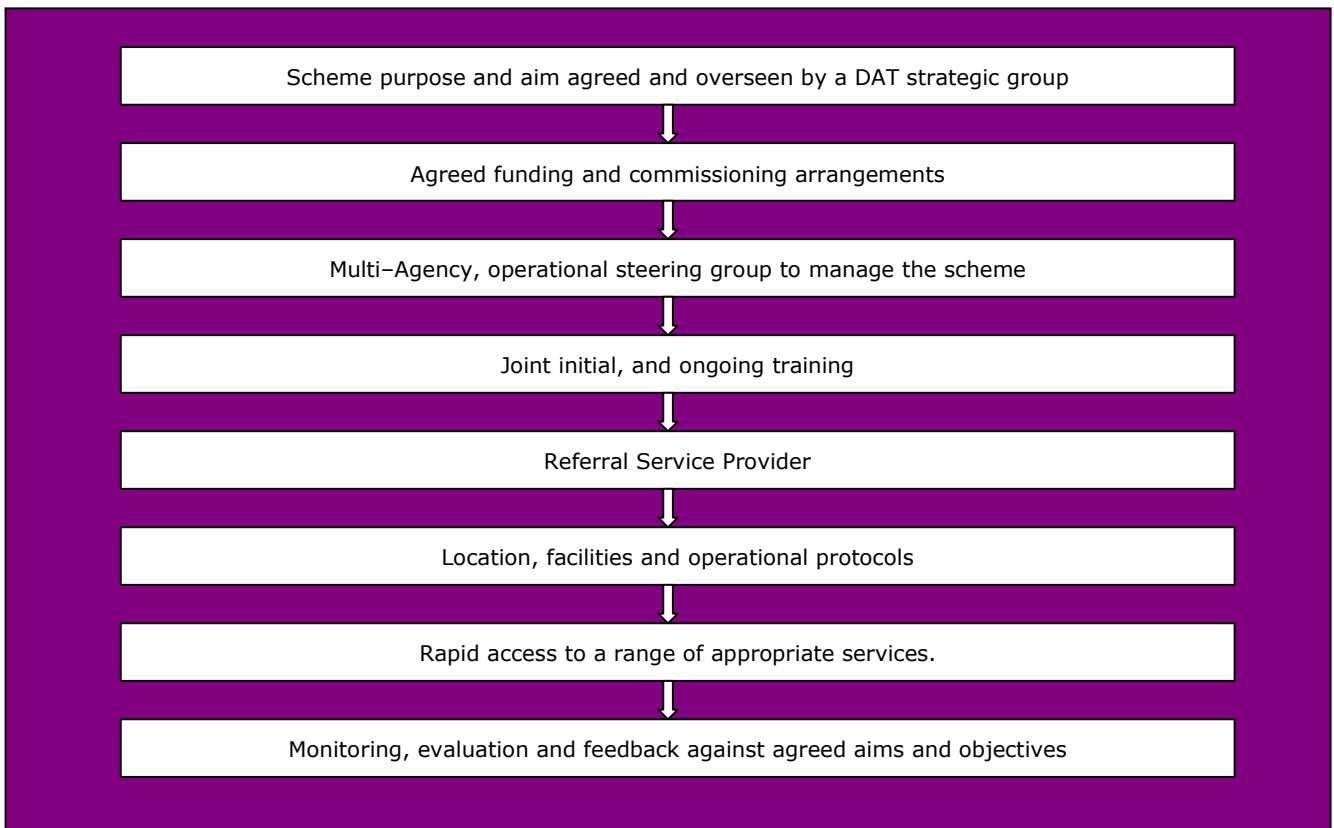
Three Models of Arrest Referral

There are 3 recognised models for an arrest referral service:

- | | |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Information Giving: | Police or court officials give arrestees information about services in the local area. There is no advice, counselling or follow-up. |
| Proactive: | A trained arrest referral worker will offer advice and help with a view to referring the arrestee to a service. If the person agrees, the worker will carry out an assessment of the person's needs and arrange a contact with an appropriate service. Agreement to talk to the worker is voluntary. Schemes can be operated in a variety of locations on an on site or on call basis. |
| Coercive: | Is formally linked to diversion from prosecution, or other disposal, so while still voluntary there is an element of coercion or incentive. |

The evidence from England and Wales to date suggests that the **Proactive model** is the most effective, although a model which combines elements of **Information Giving** and **Proactive** approaches can widen the number of clients reached by the service. Information Giving approaches may also be a useful brief intervention. At this time there seems to be little or no support in Scotland for the use of a **Coercive or Incentive** approach.

The figure below illustrates an outline for a proactive arrest referral service:



CHAPTER 4 THE RIGHT PEOPLE

Who Needs to be Involved?

In Chapter 2 we identified the need for the DAT and partner agencies to collaborate on key strategic and operational aspects. At a practical level, the setting up and running of an arrest referral service requires collaboration and co-operation between a number of agencies:

Police:	At planning level, there will have to be agreement on the use of police stations, access to custody suite or cells, interview space, privacy and security. At operational level, police officers in stations will have to facilitate contact, provide time and space and other support e.g. supervision for interviews
Procurator Fiscal	Police Forces investigate crime on behalf of, and send reports to, the Procurator Fiscal. Fiscals should be consulted with and made aware of schemes operating in Police custody suites.
Court Officers:	If Arrest Referral workers are operating in court premises, there will have to be agreement at planning and operational level about time, space etc as above.
Referral Service Providers	Carrying out referrals from agreed location in line with agreed protocols. May simply provide a referral service, or may take on a keyworking role for clients until they fully engage with other services.
Treatment Services	Accepting referrals and giving access to a range of services. These could include GP, primary care, NHS specialist services (residential, rehabilitation, detoxification), services in the community, social care, voluntary sector providers.
Other Services	Given the range of problems likely to be identified for an individual, the role of training providers, employment service, benefits agency, housing department and debt counselling services should also be taken into account

Who are the Target Group(s)?

There are 2 main approaches:

1. Offer all those who have been arrested the opportunity to speak to the Arrest Referral worker. Research shows that the majority of those arrested will have some level of substance or drug misuse problem. This approach will cover the greatest number of people and offers equity of access to the service, regardless of reason for arrest or likely future disposal.

The initial offer should be made by the police or court staff using an agreed form of words. Those who wish to take up the offer meet with the referral worker. There will be self-selection at each stage:

- before speaking to the worker
- agreeing to an assessment
- accepting a referral
- engaging with services

2. Target specific groups. Such groups could include:

- those with a history of drug related crime (rather than first offenders)
- those arrested for particular types of offence e.g. drug offences, sex work, property crime
- those who show evidence of multiple substance abuse
- groups with specific needs e.g. women, who will have particular needs, such as pregnancy, abuse problems and concerns about children
- young people, particularly those who are coming out of the care system and require more structured programmes, mentoring, access to peer group support.

Targeting a scheme at particular groups is a more complex approach to establish and manage. It does not offer equity of access to the service, and it may be more difficult to ensure consistent support from stakeholders. There is a strong argument against targeting specific groups if there are no appropriate services available: for example, where there are no services geared towards treatment and care for young people or services for psychostimulant users.

DATs and partner agencies will wish to consider their preferred approach in the light of the needs assessment exercise and the range of services available to meet the needs of specific groups.

TIP

In England and Wales, arrest referral is offered to all arrested persons regardless of offence, age, culture or gender. There is no evidence that a targeted approach is any more effective than a blanket approach.

CHAPTER 5 THE RIGHT PLACE

Where to Locate the Service?

There are 2 possible locations: in a police station or in a court. There is also an option whether to have an on call service or an on site service.

In a Police Station?

The advantages are the immediate contact with the person in the time of crisis when the opportunities to offer change are maximised and that workers have access to all arrested persons. The disadvantage is that clients may be intoxicated and be incapable of undergoing an interview or assessment. If the client is then released without being referred to the court, the contact may be lost.

In Court Premises?

The advantage is that the client is less likely to be intoxicated. The client's focus will still be on their offending and drug use because they have had to come to the court. The disadvantage is that a significant number of those arrested will not be sent to court, so the opportunity will have been lost.

On Site?

The advantage is that on site offers a more proactive service that is immediately accessible. The disadvantage is that the worker may spend several hours in the location but see few clients.

On Call?

The advantage is that time is not wasted. The disadvantage is that it is a more reactive approach, lacking immediacy, **but** for sites where numbers are small and particularly in rural areas, an on call service may be more practical and more cost-effective. (There may not be sufficient numbers of police or workers in a rural location to offer an on site service.)

The location of the service is a key element of success. Where a new service is being developed, there may be scope for testing the relative effectiveness of a police station or court premises.

TIP

Depending upon local need and resource, the service can be offered in both custody suites and court buildings. This may optimise the coverage of arrestees.

Key Factors in Deciding the Location

From the assessment **of local needs and circumstances**:

- numbers of arrestees
- percentage of arrestees who are estimated to have drug problems
- the numbers who go to court
- the physical features of the premises (space, privacy, scope for supervision)
- geographical factors.

Agreements on the **hours of attendance** by arrest referral workers in a police station:

- peak times
- available facilities (e.g. interview rooms, telephones)
- available staff (police officers to supervise interviews and maintain safety and security)

Agreement with court officers about **time and resource** for interviews, facilities etc.

Other Factors

Safety of Workers In a police station there will be a responsibility for police officers to ensure the safety of the arrest referral workers. It may not be appropriate to interview someone in a cell. There should be a safe interview space with police supervision, although not within hearing distance.

Security Issues In either location the scheme's organisation and working practices need to take account of risks to security.

Space Arrest referral workers will need space to write reports, keep records, use IT etc. This should be separate from police and court premises and would have to be organised and funded by one of the agencies involved.

CHAPTER 6 THE RIGHT STRUCTURES

How to Support Agencies Working Together?

Successful partnership working is vital to the establishment and success of an Arrest Referral service. The partnerships need to function well at all levels to ensure ongoing co-operation. One important component of such success is the availability of adequate resources and, in particular, the availability of adequate treatment and support services.

In this Chapter we set out more detail on how the Strategic and Operational partnerships identified in Chapter 2 might work.

At strategic level, the Drug Action Team and its partner agencies should agree:

- the commitment to an arrest referral service;
- the resources to be contributed by each stakeholder;
- how the project is to be funded and managed;
- who will be responsible for employing the workers;
- the overall strategic framework;
- the scheme's overall aims and objectives and its contribution to DAT strategy.

The Operational Steering Group should work more closely with managers of services and practitioners to put in place the necessary protocols and agreements. The Steering Group should pay particular attention to the threat posed to the scheme's success by **organisational culture clashes, and potential role conflict and misunderstanding**. Police officers and drug workers may have widely differing views about what is appropriate, safe and secure practice in a custody suite. It is **imperative** that agreed working practices and training initiatives pay attention to this issue. Steering Groups should seek to foster close working relationships, and good feedback mechanisms for those working at the "sharp end".

Key Considerations

A. Role of Drug Action Team and Strategic Group

The Drug Action Team should bring together the key agencies to decide whether an Arrest Referral service would offer a worthwhile addition to the local drugs strategy. This is likely to require a **needs assessment exercise**, including a profile of drug using offenders and what is known about the extent of their problems.

If the decision is to go ahead with an Arrest Referral service, **the key factors of success** are:

joint planning: agreeing common objectives and priorities; accountability arrangements

building relationships: promoting mutual respect and understanding of the roles and main concerns of the partner agencies

funding arrangements: agreeing how the budget for the arrest referral service is to be drawn together and managed

human resources: who will manage the service and, importantly, the workers; agree training requirements; provide good support and supervision for workers

multi-agency training: to promote mutual understanding and respect between agencies both at managerial and at practitioner level will be crucial to the success of the arrest referral service. The DAT should take the lead in promoting and developing a structure for this training in conjunction with STRADA, the national training organisation for services that provide for, or are in contact with, people with drugs and alcohol problems.

gaining commitment from other service providers: Arrest Referral will work best if it is part of the overall DAT strategy. The Strategic Group should ensure that other service providers are aware of and understand the rationale behind arrest referral in order to avoid perceptions that criminal justice referrals are queue-jumping.

B. Role of the Operational Steering Group

The Operational Steering Group should be drawn from the main agencies likely to be involved. This could include police, court officials, health professionals (GP, primary care, specialist services), voluntary sector services, employment service/benefits agency, housing and social work (including criminal justice social work). The remit of the Steering Group should be tightly focused on the operational issues:

- agreeing on the short and long-term objectives and ensuring that they are compatible with the objectives of the partner agencies; and specifically, agreeing expected outputs (e.g. numbers referred) and outcomes (reduction in drug use and offending);
- level of qualifications and experience required in the arrest referral workers
- location(s) of service
- numbers of workers and expected numbers of contacts/referrals/caseload?

- common or core assessment process that allows consistency across the arrest referral service and compatibility with the processes used by other services
- protocols for confidentiality and information sharing. Protocols should not entirely prohibit some experimentation with new approaches which can then be fed back into the development of the service
- referral pathways
- protocols for security and safety issues
- staff management arrangements
- monitoring and review
- evaluation
- feedback and reporting mechanisms.

CHAPTER 7 THE REFERRAL WORKER

What is the role of the Arrest Referral worker?

The seminar in September and further consultations raised questions about the extent of the role of the Arrest Referral worker. There are a number of options but the main point of debate is whether there is a case for the Arrest Referral worker continuing to work with the individual in some capacity, thus building up a caseload.

The main options are:

- (a) To offer information, assessment and referral (depending on how far the individual wants to engage) and no further contact
- (b) To offer information, assessment and referral but retain contact with the client until the referral/ contact with another service is established
- (c) As above in (b) but continuing to provide support to the client as part of a caseload

There is also the possibility of offering both referral and caseworking within an Arrest Referral service but provided by different workers.

It will be the responsibility of the Strategic Steering Group, in collaboration with the Operational Steering Group, to define the extent of the service and, therefore, the role of the Arrest Referral worker in their area.

The **key factors** influencing the decision will include:

- The nature and scope of available services and the likely speed of response
- The number of workers and their levels of qualification, skill and expertise
- The (perceived) benefits of the Arrest Referral worker building on the initial relationship with the client, at least for a period
- The “burn-out” factor which can appear in 2 ways: there may be little satisfaction for the worker who never knows what happens to the clients or heavy caseloads building up on top of referral work.

What makes an effective Arrest Referral worker?

Another key component of success in an Arrest Referral service is the knowledge, skills and abilities of the referral workers. It is also important that the support systems provided for staff are effective.

At the seminar in September 2001, delegates felt the following "menu items" would provide a useful starting point for agencies to consider when writing job descriptions for referral workers:

Skills and Knowledge

- Knowledge and understanding of drugs issues and problems
- Knowledge about available services - not just "medical"
- Knowledge of Criminal Justice System
- Ability to listen - basic counselling skills
- Skills in assessment
- Ability to communicate and network with police, social work, voluntary agencies etc.
- Must be qualified at an appropriate level
- Knowledge of monitoring and evaluation

The role includes:

- Promoting/ explaining the scheme to arrestees
- Assessment
- Onward referral
- Development work with police, courts, service providers
- Training/ inducting police or court workers and service providers
- Liaison with other workers in Criminal Justice settings who may be a point of contact
- Collection and monitoring of information to feed back to key stakeholders

And could include

- An element of follow-up and/ or caseworking

An arrest referral worker needs:

- Good induction
- Training, both for the job and to participate in multi-agency training
- Good management
- Good support and supervision
- Clear objectives and reporting mechanisms.

CHAPTER 8 THE RIGHT RESPONSE

What services should be available?

Arrestees who are found to have problems with drug use are likely to have a range of problems. These may include debt, lack of qualifications, unemployment, difficult family, social and economic circumstances and mental health problems. Any individual may need a combination of interventions which extend beyond "medical" treatment. In some cases, a brief intervention may be sufficient, e.g. the provision of information about training opportunities or housing. In other cases, the client might need longer term counselling or substitute prescribing combined with other support.

The possible list of services could include:

- Harm Reduction Information
- Primary Care/GP
- Counselling - one to one or group work
- Needle Exchange
- Prescribing
- Detoxification
- Residential Rehabilitation
- Community Programmes
- Housing Benefits advice
- Education, Training and Employment opportunities
- Child Care
- Mental Health Team
- Debt Counselling
- Lawyers
- Citizens' Advice Bureau
- Women's Aid
- Rape Crisis.

Clients should be given information about how drug services operate: for example, what to expect in terms of a contract, behaviour and the expectations of the service. They should also be given information about voluntary agencies and social work support.

There is a need for **consistency of care** which in turn means that there is a need for sharing of assessment information between agencies and good referral pathways. The assessment should be **person-centred** and take into account the whole range of needs of the individual. The overall assessment, planning and delivery of care process should also take account of families and communities.

Key considerations in deciding referral pathways.

- The range of services should offer opportunities for alternative life-styles
- Services should be appropriate to age. It may not be appropriate for young people to be referred to adults drug services.
- Individuals should be able to see progression which, in turn, means that services need to carry out ongoing assessment and action planning
- There are specific issues for women who may require abuse counselling, specialist maternity services, employability, attention to health needs, assertiveness and/or anger management.
- Specific support for young people who are leaving care e.g. after-care and mentoring. This group may require more structured programmes and access to peer groups.
- Specialist support networks for ethnic minorities.
- Specialist support for sex workers who may require particular advice on health, debt, housing, and routes out of prostitution,.
- People with mental health problems may need to be put in touch with primary or secondary mental health services.
- There is increasing concern about the need for services to support cocaine users: e.g. in prescribing or other types of therapy including acupuncture, cognitive behavioural therapy etc.

CHAPTER 9 MONITORING, REVIEWING AND EVALUATING

Throughout this guide, references have been made to the need for monitoring, reviewing and evaluating. The Effective Interventions Unit has issued a **series of evaluation guides** www.drugmisuse.isdscotland.org/eiu which provide advice on definitions and concepts; planning, designing and implementing an evaluation; and reporting on and disseminating results. The guides also provide advice on carrying out an economic analysis of costs and benefits. The Central Research Unit has also published two useful guides on the processes of implementation, management, monitoring and evaluation. To assist in the process of evaluating arrest referral schemes, the EIU propose to produce a guide to evaluating arrest referral schemes later in 2002.

The merits of establishing a sound monitoring, reviewing and evaluation mechanism and process should not be under-estimated. Such a system will be necessary both in terms of efficient and effective management and in terms of wider requirements for accountability and establishing longer term viability. In practical terms, therefore, the starting point should be the development of an effective and viable management information system. It will also be important, however, to reach agreement with partner organisations on the core information which will be required and how it is to be shared.

This guide to setting up arrest referral schemes has emphasised the importance of agreeing on their main aims and objectives and identifying the target groups and resources required. It will be essential to be able to **collect, collate and analyse core information**. This should include the number and nature of referrals, client needs and characteristics, and services offered and taken up, so that regular assessments can be made, or reviews carried out, about how well the scheme is meeting its aims and objectives. Core information will also be valuable when assessing partnership working; for example, how well client needs are being matched to the availability and location of treatment and other resources. This guide emphasises the need for a **consistency of client care**.

The nature of the core information will, of course, be determined in part by the nature of the service being offered. Information requirements of an information giving service will differ from those of proactive services.

Monitoring and reviewing are, therefore, important aspects of an efficient management process. How well is the organisation doing? Should changes be made? How can the service be improved in terms of quality, efficiency, costs and benefits to clients, local communities and society more generally?

The collection and collation of monitoring information will, however, also have an importance beyond the immediate day to day management of a scheme. The investment of resources in a scheme will require a process of open accountability which should facilitate the evaluation of its relative merits. This might imply a necessity to be able to assess where costs fall, how effectively they are being used and how performance might be improved. There is, therefore, a duty on

those who run schemes to be able to carry out self evaluation, both to assess how well their own visions are being met and to be accountable to those who provide the resources.

Any thorough assessment of the merits of arrest referral schemes would require the ability to compare the performances of different models of service and their delivery. The Scottish Executive has recognised the potential benefits of arrest referral and will be exploring the possibility of conducting a national evaluation of schemes in Scotland.

As this guide has indicated, the concept of Arrest Referral is a fairly simple one, but as with most simple concepts, the challenge is transforming the idea into a practical, effectively functioning reality.

Based on available evidence and experience of setting up an Arrest Referral Schemes, we have compiled a list of **key questions** to ask when planning , designing and delivering a new scheme. It is not an exhaustive list and it may not be possible to resolve all of the issues before starting the scheme, but by giving them full consideration before starting the scheme the process should become easier.

KEY QUESTIONS

- ***What is the extent of local need for such a service?***
- ***Do all agencies agree that an arrest referral will add value to the DAT strategy?***
- ***Do agencies have a shared view of the purpose of arrest referral?***
- ***Do we have arrangements for joint commissioning?***
- ***Do we have arrangements for joint training initiatives?***
- ***How much resource is needed to operate the scheme successfully?***
- ***Which agency will have lead responsibility?***
- ***Which sector will provide the referral service –voluntary or statutory?***
- ***Where will the service be based?***
- ***What is the role of the arrest referral worker(s)?***
- ***What range of services are potential clients likely to need?***
- ***What range of services is available to accept referrals?***
- ***Do we have capacity in our treatment services to cope with increased demand?***
- ***How will the scheme be monitored, reviewed and evaluated?***

APPENDIX 1.

REQUIREMENTS FOR AN ARREST REFERRAL SERVICE

Partnerships between Agencies:	Strategic level group led by the Drug Action Team and operational level group. Agreement on objectives and priorities. Agreement about the resources and who will manage those resources including who will employ and manage the arrest referral workers
Proactive Approach:	The arrest referral worker meets all arrestees who express an interest
Skilled and Competent Arrest Referral Workers:	Knowledgeable about drugs and drug problems; knowledgeable about local treatment and support services counselling skills; assessment skills. Has access to supervision and ongoing development.
Comprehensive Common Assessment:	The arrest referral worker assesses the range of needs of the individual to ensure appropriate referrals to drug treatment services or to other agencies.
Range of Services Available and Committed:	Drug services (NHS, social care, voluntary sector - prescribing, detox, rehabilitation), housing, employment and training, debt counselling.
Clear Management Structures:	One agency to employ the arrest referral worker and provide management.
Monitoring and Evaluation Arrangements:	Shared information and evaluation strategy.
Operational Requirements:	Time, space and staff resource.
Agreed Terminology and Definitions:	Common understanding between agencies.
Agreed Locations:	Police stations or courts or both: on site or on call. Agreement on space for the arrest referral workers and on safety and on supervision arrangements.
Operational Roles Clearly Set Out:	How it works, who does what, does and don'ts for arrest referral workers and custody officers.
Protocols:	On confidentiality and sharing of information, on security and safety, on referrals, on tracking of clients.
Agreed hours of cover:	On site or on call.

APPENDIX 2 FURTHER READING

Although the evidence base for Arrest Referral is not extensive, there are some publications and websites that provide useful information on the subject.

Get it While You Can: an evaluation of an early intervention project for arrestees with alcohol and drug problems.

Turnbull, Webster and Stillwell (1996), ISBN 1 85893 544 X, available at:
<http://www.homeoffice.gov.uk/dpas/getit.htm>

Arrest Referral: Emerging Lessons from Research.

Edmunds, May, Hearnden and Hough (1998) ISBN 1-84082-057-8, available at:
<http://www.homeoffice.gov.uk/dpas/cdpur23.pdf>

Doing Justice to Treatment: Referring Offenders to Drug Services.

Edmunds, Hough, Turnbull and May (1999) ISBN 1-84082 -337-2, available at:
<http://www.homeoffice.gov.uk/dpas/treatrep.pdf>

Selling Sex in the City: an assessment of an arrest referral scheme for sex workers in King's cross
May, Harocopos and Turnbull (2001). The abstract is available at:

<http://www.homeoffice.gov.uk/dpas/bp13.pdf>

The full report is available at:

<http://www.sbu.ac.uk/cpru>

Drugs Interventions In the Criminal Justice System: Guidance Manual
DPAS (1999)

Only available at:

<http://www.homeoffice.gov.uk/dpas/cjsint.pdf>

Arrest Referral Statistical Updates

Sondhi, O'Shea and Williams. Home Office Drug and Alcohol Research Unit.

Available at:

http://www.homeoffice.gov.uk/dpas/arrest_referral_statistics.pdf

National Treatment Outcomes Research Study (NTORs)

This website provides the latest results from the NTORs study in a series of helpful bulletins.

<http://www.ntors.org.uk/>

Arrest Referral Forum

This website provides useful information on practice and policy matters relating to Arrest Referral.

<http://www.drugreferral.org/index.htm>

Evaluation publications

Effective Interventions Unit (EIU) Evaluation Guides. Available from EIU@scotland.gsi.gov.uk or at www.drugmisuse.isdscotland.org/eiu/eiu.htm

Using Your Initiative": A Guide to Setting up, Developing and Managing Crime Prevention Initiatives. Available from The Scottish Office Central Research Unit.

"Measure for Measure": A Guide to Monitoring and Evaluation of Crime Prevention Initiatives
Available from The Scottish Office Central Research Unit.

APPENDIX 3

PARTICIPANTS AT SEMINAR ON 25 SEPTEMBER 2001

Facilitators

Workshop 1: Marion Logan	Forth Valley SAT
Workshop 2: Vered Hopkins	Fife DAAT
Workshop 3: Nicola Richards	Scottish Executive Effective Interventions Unit
Workshop 4: Justine Walker	CoSLA
Workshop 5: Susan Somerville	Perth & Kinross Drug Action Team
Raymond Alexander	Renfrewshire Council
Andrew Allan	Audit Scotland
Clive Anderson	Angus Council
Grace Ball	Grampian Health Board
Joy Barlow	STRADA
Dave Barrie	Community Drugs Team
Janice Bennett	RSAR
Yvonne Buist	Tayside Primary Care Trust
Darren Burgess	Scottish Executive
Paul Carberry	NCH
Brian Cole	Scottish Executive
Paul Connell	Perth & Kinross Council
Eric Corstorphine	Fife DAAT
Dr. Joe Curran	Scottish Executive
Sergeant Caird Forsyth	Central Scotland Police
John Glenday	Tayside Drug Problems Service
Christine Griffiths	Turning Point Scotland
Det. Superintendent Matt Hamilton	SDEA
Andrew Horne	Turning Point Scotland
Inspector Les Johnston	Grampian Police
Jennifer Lee	Dumfries & Galloway Drug Action Team
Sergeant Terry Love	Dumfries & Galloway Police
Stevie Lydon	Argyll & Clyde ADAT
Sergeant Richard MacAulay	Northern Constabulary
Tom Macintosh	Turning Point Scotland
Netta MacIver	Turning Point Scotland
Mike McCarron	Greater Glasgow Health Board
Mark McEwan	Aberdeenshire Council
Roy McGregor	Fife Council
Duncan McLennan	Dundee Alternatives to Custody
Brian Muir	Scottish Drugs Forum
John Muirhead	Glasgow City Council
John Munro	Aberdeenshire Council
Mark O'Donnell	West Lothian DAT
Sergeant Annette Pederson	Lothian and Borders Police
Yvonne Robson	Clackmannanshire Council
Stan Smith	Aberdeen City Council
Austin Smith	Scottish Drugs Forum
Paul Stroner	Information Statistics Division
Steven Wallace	Turning Point Scotland
Dr. John Waterhouse	Dumfries & Galloway Primary Care NHS Trust
Inspector Chris White	Tayside Police
Dr. Hugh Whyte	Scottish Executive
Gordon Wood	Dundee City Council
Sophia Young	Turning Point Scotland

Home Office

Shereen Sadiq
Arun Sondhi

Effective Interventions Unit

Patricia Russell
Paul Davidson
Chris Rich
Sandra Muir

Scottish Executive Effective Interventions Unit Dissemination Policy

- 1.** We will aim to disseminate the right material, to the right audience, in the right format, at the right time.
- 2.** The unit will have an active dissemination style. It will be outward looking and interactive. Documents published or sent out by the unit will be easily accessible and written in plain language.
- 3.** All materials produced by the unit will be free of charge.
- 4.** Material to be disseminated includes:
 - Research and its findings
 - Reports
 - Project descriptions and evaluations
 - Models of services
 - Evaluation tools and frameworks for practitioners, managers and commissioners.
- 5.** Dissemination methods will be varied, and will be selected to reflect the required message, and the needs of the target audience.

These methods are:

- Web-based – using the ISD website ‘Drug misuse in Scotland’ which can be found at: <http://www.drugmisuse.isdscotland.org/eiu/eiu.htm>
 - Published documents – which will be written in plain language, and designed to turn policy into practice.
 - Drug Action Team channels – recognising the central role of Drug Action Teams in developing effective practice.
 - Events – recognising that face-to-face communication can help develop effective practice.
 - Indirect dissemination – recognising that the Unit may not always be best placed to communicate directly with some sections of its audience.
- 6.** This initial policy statement will be evaluated at six-monthly intervals to ensure that the Unit is reaching its key audiences and that its output continues to be relevant and to add value to the work of those in the field.

Further copies are available from:
Effective Interventions Unit
Substance Misuse Division
Scottish Executive
St Andrew's House
Edinburgh EH1 3DG
Tel: 0131 244 5117 Fax: 0131 244 2689
EIU@scotland.gsi.gov.uk
<http://www.drugmisuse.isdscotland.org/eiu/eiu.htm>

We welcome feedback on this report.

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