SCOTTISH EXECUTIVE

Evaluation of the Arrest Referral Pilot Schemes

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EVALUATION OF THE ARREST REFERRAL PILOT SCHEMES

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The views expressed in this report are those of the researchers and do not necessarily represent those of the Department or Scottish Ministers.

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EXECUTIVE SUMMARY

CHAPTER ONE – BACKGROUND TO ARREST REFERRAL, THE PILOT SCHEMES AND THE EVALUATION

1. Arrest Referral (AR) is one of a range of recent policy initiatives intended to disrupt the link between substance misuse and offending by improving uptake of services among arrestees whose offending is linked to drug or alcohol use. The development of AR was given new impetus in Scotland by the announcement, in 2003, of Scottish Executive funding for a series of pilot projects. The 6 schemes funded were: Edinburgh & Midlothian (EMARS), Tayside, Renfrewshire, East Renfrewshire & Inverclyde, all extended from existing projects and three new schemes in Lanarkshire; Dumfries & Galloway and Glasgow. All were operated by voluntary sector agencies under contract to the Social Work Department, and were multi-site, except Glasgow. The schemes included a mix of police-based and court-based locations and of police-mediated and direct access to arrestees. The Scottish Centre for Social Research (ScotCen) and the Social Work Research Centre at Stirling University (SWRC) were commissioned to conduct a mixed method, process and outcome evaluation with three largest projects providing case-studies (EMARS, Glasgow and Tayside).

CHAPTER TWO – PROCESS ISSUES RELATING TO PLANNING, IMPLEMENTATION AND OPERATION

2. The pilots were at widely different stages of development and therefore the relevance of key issues varied across schemes. Initially the preparation of suitable premises and AR staff recruitment, plus the associated Disclosure Scotland process, proved to be the most problematic areas. Other tasks included assessments of risk within police offices; training of all operational staff involved; final agreement of protocols and procedures including information sharing agreements; and building awareness of the scheme.

3. The location of the AR scheme, within a police office or court setting, clearly affected the way it operated. There were more challenges to overcome in introducing the AR process within the context of a busy police office, open 24 hours a day, with large numbers and high turnover of police staff working changing shifts. AR had to fit alongside the primary task of custody management in an environment with its own strong sense of professional identity. Good working relationships between AR and police staff were developed but took time to build and maintain. Furthermore individual officers varied in their understanding of and commitment to the scheme, and their ability and willingness to promote its benefits to appropriate arrestees. Many issues were common across police settings but there were important variations - whilst the police risk assessment for the new Glasgow scheme precluded direct access by Arrest Referral workers to arrestee in cells, more established schemes, notably at Dundee and earlier at Dalkeith, had negotiated direct access.

4. Direct-access, to prisoners at the cells, appeared more possible in the court setting where office-type hours operate and there is greater continuity of staffing. The custody staff (from Reliance) have a more limited role and found it relatively easy to accommodate the needs of AR. Custody staff, in both settings favoured interview spaces with dividing screens, for safety reasons, but these were often perceived as a barrier by Arrest Referral workers.

5.   Stakeholders thought that: the time in custody offered arrestees an important opportunity for reflection and was an excellent opportunity for supportive intervention.   They also thought arrestees understood that compliance with AR would not affect subsequent prosecution or disposal, although it was also felt that Defence Agents might use it in mitigation and that Sheriffs might be influenced at some level.

CHAPTER THREE – ARRESTEES, THROUGHPUT AND AR ASSESSMENT

6.   Pilot throughput ranged from 100-900 a year with the 3 largest, urban schemes achieving a higher level of AR interviews than expected. Overall, those arrestees accepting referral to AR were predominantly male, white and aged under 40.   The vast majority were not in employment and were repeat offenders. Pilots successfully reached arrestees with substance misuse problems – of arrestees interviewed in the 3 case study areas, only 8% had not used either drugs or alcohol in the 24 hours prior to their arrest and around 1 in 6 had used both. Arrestees interviewed also confirmed that drug or alcohol use contributed to the arrest in at least 52% cases, and 39% of survey arrestees had committed crime in the past 4 weeks to fund their habit.   Many arrestees interviewed also indicated that substance misuse was disrupting their lives through dislocation of relationships with family and friends.

7.   Information on those refusing the offer of AR was only available from the Glasgow police-mediated scheme. Those refusing AR were more likely to be young (aged 16-20), male and to have been arrested in relation to drunken and violent behaviour. Conversely, older arrestees, females and those arrested in relation to court-related offences were relatively more likely to accept the offer.

8.   In all areas, ARWs provided basic harm reduction information, assessment, new referrals on to other agencies or liaison with services which the arrestee was already in contact with. The completion of the baseline assessment (Glasgow) and the Drug Problem Service Assessment (Tayside) was recognised good practice.

CHAPTER FOUR – REFERRING ON, OUTCOMES AND COSTS

9.   The ease of information exchange between AR teams and service agencies affected stakeholders' perceptions of the efficacy of referrals. The Glasgow scheme was unique, in that it was embedded in the local Community Addiction Team (CAT) structure and this – along with its co-location with the CAT and other statutory services – facilitated easy referral on.   Other pilot schemes referred to a multiplicity of service agencies using multiple pathways. Here the establishment of effective referral mechanisms took time and shared commitment, for example the Tayside Drug Prescribing service trained all the ARWs in completing the TDPS assessment and the EMARS team negotiated to hold surgeries at several service agency premises.

10. It appears that around two-thirds of initial AR interviews in Glasgow and 30-40% in Tayside and EMARS were with arrestees not linked to support and treatment services. Most arrestees interviewed were referred on: in Glasgow virtually all to the local CATs who would facilitate further assessment, support and treatment; whilst in Tayside and EMARS, around three-quarters were referred to a variety of specialist drug and alcohol support agencies. Of those referred on to services, a smaller proportion were 'new' services users in EMARS and Tayside (around 40-50%); whilst in Glasgow the Community Addiction Teams

found as many as 69% not previously known to them. Not surprisingly, arrestees offered help in relation to alcohol were less likely to have been offered help or support previously.

11. Pilots had difficulty in establishing robust systems for collecting data on arrestee contact with and retention in services. Small scale tracking exercises suggest that a clear majority of arrestees referred will attend at least one appointment and that of these many will still be in contact with services weeks or months later. Stakeholders identified service waiting times as an issue in Tayside, and Dumfries and Galloway, however incomplete monitoring data prevented examination of the impact of this upon the AR services

12. The vast majority of arrestees interviewed (84%) said they would recommend AR to other people - 45% would do so 'strongly'. Over a quarter (28%) had heard of AR prior to arrest, but awareness was highest at longer established schemes where 45% survey arrestees had previously seen an ARW. The majority of survey arrestees understood the voluntary nature of AR and around half understood that compliance with AR would make no difference to their trial and sentence – however 15% thought it would make a difference and the remaining 32% were not sure. Only 24% (37) survey arrestees were traced for follow-up, they continued to positively endorse AR but there was little reported on its impact on them.

13. The cost of AR varied from around £75 per offer of AR to £340 per achieved initial AR interview (in a police setting). Average costs per AR interview (£150) appeared lowest where a direct-access model in a court setting was followed. The national pilots considered the Scottish Executive (SE) funding essential to underpin the initial multi-agency planning and start-up process and particularly in Tayside, Edinburgh and Glasgow to enable schemes to meet the current high level of demand. Non SE funded schemes were of similar format and experienced similar operational difficulties, were under review or were applying for SE funding.

CHAPTER FIVE – CONCLUSIONS

14. The anticipated level of demand for AR was reached or exceeded by the EMARS, Glasgow and Tayside pilots. The smaller pilots in police settings faced more difficulties in fully establishing schemes and the Lanarkshire and Dumfries and Galloway pilots were moving towards accessing arrestees via courts. Court settings achieved a much higher than expected level of initial AR interviews in the year (Dundee, 545; EMARS, 907 – almost twice as many as projected, largely as a result of gaining direct access at the Sheriff Court).

15. All pilots appeared to be successful in contacting the main target groups - individuals with significant drug and alcohol problems and offending behaviour linked to substance misuse. Schemes targeted at both drug and alcohol users were seeing both target groups but the relative proportions of individuals with drug use, alcohol use and poly-drug use was not clear. Glasgow saw the largest proportion of alcohol users.

16. AR is not a standalone service but part of a range of pathways into treatment and support. For AR to be effective the onward referral routes and care pathways need to be clearly specified and waiting times for treatment and support services need to be as brief as possible.   All stakeholders valued the Glasgow model, where the AR service is fully embedded within the fully integrated community addiction service. In other pilots, specific mechanisms developed, such as use of service agency assessment forms and shared drop-in arrangements, smoothed the referral pathway from AR to services.

17. Professional stakeholders highlighted the potential significance of even relatively limited interventions at the point of arrest. The arrestees interviewed confirmed that the provision of harm reduction information brought immediate benefits in some cases and service information was a catalyst towards contacting services either immediately or at a later date.

18. The evaluation found reasonable grounds for supposing that AR is successfully linking arrestees into services. Most arrestees seen by ARWs were being referred on, almost all in Glasgow's integrated service and around three-quarters from Tayside and Edinburgh. Stakeholders considered the AR advocacy and safeguarding role with 'existing' service users (30-60%) to be as important as the signposting role for 'new' service users (40-69%).

19. Small scale tracking exercises provided some grounds for optimism about longer-term engagement or retention in support and treatment agencies: around three quarters of Edinburgh and Glasgow arrestees referred to agencies had attended at least one appointment and furthermore a substantial proportion were still in contact with the agencies concerned weeks or months later.

20. AR in a police setting faces more structural and organisational challenges than AR in a court setting, where there is less potential for conflict of purpose. The changeover to Reliance for custody transportation was a major factor influencing AR operating hours at police offices and in particular in EMARS' (and Lanarkshire's) decision to operate from court. It is more difficult to maintain a comprehensive and consistent offer of AR via police custody staff whose primary focus is one of custody management. Direct access by ARWs is more possible within the court setting but has also been very successful in the police setting at the longer established Dundee site. ARWs prefer direct-access as they feel better placed to identify need and to 'sell' AR to arrestees.

21. Decisions about the location and operational hours of AR schemes should reflect the chosen target arrestee groups. Police settings are more likely to offer opportunity to capture arrestees at an early stage of their substance-related offending career but the ARW needs to be on site at the right time. AR teams in police settings felt that they were missing a proportion of the following vulnerable groups: young people aged 16-25; vulnerable women; those arrested for minor offences and released early; those too intoxicated to be interviewed at that time.

22. Court-based AR ensures high throughput and is cost effective, while reaching a higher proportion of repeat offenders. Court based ARWs could potentially see all police custodies transferred to court but would miss those released from police custody with an undertaking to appear at court from the community.

23. A key aim of the evaluation had been to obtain data on offending patterns pre- and post-referral to AR, but for a variety of theoretical and logistical reasons, this proved not possible within the short time-scale of this evaluation.

24. The national monitoring framework was not consistently implemented and poor data quality and non comparable information proved a significant constraint on the evaluation. Although monitoring arrangements to record basic throughput were adequate if not consistently maintained, data on referring on, contact with and retention in services was poor.

CHAPTER ONE   BACKGROUND TO ARREST REFERRAL, THE PILOT SCHEMES AND THE EVALUATION

Introduction

1.1   Arrest Referral is one of a growing number of initiatives intended to disrupt the link between substance misuse and offending. It aims to do so by improving the uptake of substance misuse treatment and care services among arrestees whose offending may be related to drug use or drug and alcohol use.

1.2   This report describes the results of an evaluation of a series of 6 pilot Arrest Referral projects (in Edinburgh & Midlothian; Glasgow; Tayside; Lanarkshire; Renfrewshire, East Renfrewshire & Inverclyde; and Dumfries & Galloway) funded by the Scottish Executive Justice Department. The evaluation was carried out by a joint team from the Scottish Centre for Social Research (ScotCen) and the Social Work Research Centre at Stirling University, during the period January 2005 to December 2005. The projects were established in February 2004 with funding due to end on 31 January 2006. The funding has since been extended by a further six months.

Current policy context

1.3   Recent years have seen renewed policy interest in addressing substance misuse and associated criminal behaviour. Although the relationship between substance misuse and offending is complex, the development of criminal justice responses to drug-related offending in Scotland and in the rest of the UK gained impetus following emerging evidence that legally-coerced drug treatment need not be less effective than treatment that is ostensibly voluntary (Hough, 1996). Indeed many people who are 'voluntarily' in treatment are often ambivalent about their drug use and many are coerced into treatment and kept there by pressure from partners, family or employers.

1.4   Drug Treatment and Testing Orders (DTTOs), aimed at providing courts with a further community-based option to deal more effectively with some serious drug misusers who commit crimes to fund their habit, were introduced in the UK via the Crime and Disorder Act 1998. Courts can require an offender to undergo treatment for drug misuse, subject to the offender's consent to such an order being made. DTTOs, of 6 months to 3 years, can 'stand alone' or be made in conjunction with another community-based disposal such as a probation order. They differed from existing provisions in that the courts were given powers to review orders on a regular basis and mandatory drug-testing was an integral component of orders.

1.5   DTTOs aim to effect reductions in drug misuse and associated offending behaviour. Offenders are provided with treatments to aid them in reducing or eliminating their misuse of drugs. The evaluation of the Scottish pilot schemes (introduced in Glasgow in October 1999; Fife in July 2000) suggested that they had been successful in reducing drug use and offending among those who completed their orders. DTTOs have since been rolled-out across the country (Eley et al., 2002, McIvor, 2004).

1.6   The Scottish Executive subsequently funded pilot Drug Courts in Glasgow (2001) and Fife (2002). Drug Courts share many features in common with DTTOs but they also have some important differences. These include: greater emphasis upon team decision-making via pre-court review meetings to discuss individual offender progress prior to court appearance; more opportunity for continuity of monitoring through the use of dedicated sentencers who are able to develop particular expertise; the availability of the option to impose intermediate sanctions (short prison sentences, community service orders) where Orders are not met, without the need for the Order to be revoked. A process evaluation of the Drug Court pilots' implementation suggested that they were in most respects operating well and it was anticipated that they would have a positive impact upon drug misuse and drug-related crime (McIvor et al., 2004).

1.7   Other parallel initiatives have also taken place within the Scottish Prison Service aimed at reducing drug misuse and drug-related deaths. Cranstoun Drug Services (latterly Phoenix House) bring more substance misusing prisoners into contact with prison-based addiction services and link clients to community-based Transitional Care services. Transitional Care aims to link ex-prisoners into services and resources on their release from short-term (less than four years) prison sentences (MacRae et al, 2006). Transitional Care was replaced in July 2005 by a National Throughcare Addictions Service, being taken forward as part of a wider range of throughcare services for priority groups (Scottish Executive, 2002).

1.8   These initiatives represent the 'heavy end' in terms of criminal justice responses to drug-related offending since they are targeted upon those who are already in custody or who are at risk of receiving a sentence of imprisonment. Arrest Referral, by contrast, aims to encourage take-up of treatment services at an earlier point in the criminal justice process.

The development of Arrest Referral

Historical perspective

1.9   The concept of intervening at the point of arrest in order to divert offenders thought to have problems relating to their use of alcohol or other drugs can be traced to the end of the nineteenth century (and the passing of the Inebriates Act, 1879), and the twentieth century saw sporadic initiatives aimed at introducing 'detoxification centres', safer alternatives to police cells for people under the influence and schemes aimed at providing information about services. It is only in the last 20 years, however, that the specific concept of Arrest Referral has been widely adopted in the UK, primarily in relation to drug-related offending.

1.10   The first initiative of this type took the form of a two-year study in Greater Manchester, funded by the Kellogg Company of Great Britain and managed by the Lifeline Project (Kay, 1993). The study, commencing in 1985 aimed to explore the impact of utilising existing police staff to provide local drug service information to arrestees. The study used a simple on/off 'switch' and found significant increases in new referrals to the local drug service during the 'on' periods when information leaflets were being distributed.

1.11   Subsequently, a more proactive study was funded by the Home Office in the Southwark area of London. This study, also a two-year initiative, utilised on-call staff from the Maudsley Hospital to interview and assess arrestees. Barker (1992) found that of those

interviewed, some 40% had never presented for treatment, approximately 75% were not currently in contact with treatment services and 80% subsequently accessed services. Both these early studies noted disappointingly low numbers and difficulties in establishing and maintaining co-operative relationships with police personnel. This is in line with a number of studies which have noted the difficulties which police personnel face in apparently adopting two conflicting roles (Australian Institute of Criminology, 1994; Parker, 2004; Monaghan, 1999).

1.12   A further pilot in Brighton in 1995 was funded by the Home Office Drug Prevention Advisory Service and utilised former drug users as Arrest Referral workers. Turnbull et al. (1996) found that this use of ex-addicts appeared to significantly reduce levels of mistrust and, interestingly, there were less concerns regarding police personnel compliance in this study. As with the Southwark study, Turnbull et al. found significant numbers (55%) subsequently access the treatment services suggested and 64% had had no prior contact with such services.

1.13   All three studies were essentially untargeted. That is, information was provided where possible to all arrestees and not, as with the Treatment Alternatives to Street Crime (TASC) interventions to a specific group of offender types (Australian Institute of Criminology, 1994). This approach appears to have had a significant impact on take-up, with the majority of those contacted having been arrested for property offences and not for offences of illicit drug supply or possession (Barker, 1992; Kay, 1993; Turnbull et al., 1996). A number of schemes have since been piloted, often targeting particular groups such as women offenders (Pitcher and Aris, 2003; May, Harocopos & Turnbull, 2001) and crack-cocaine users (Mason, 2000). Not surprisingly perhaps, targeted initiatives have proved less successful in identifying arrestees not previously known to treatment services or not suspected of being 'in need' (Dorn, 1994; Edmunds et al., 1998a; Edmunds et al., 1998b; Galvin, Crossen-White & Jackson, 1999).

1.14   Subsequent interventions of this kind in the UK have largely been of a proactive nature, using trained drug workers (and occasionally former drug users) to conduct arrestee interviews and not simply relying on police officers to hand out information. Indeed, some authors have discussed the serious problems inherent in such an approach with Monaghan (1999) and Pattinson (1999) noting an apparent conflict with police guidance on interviewing suspects and Parker (2004) observing that Arrest Referral schemes were undermined where they coincided with periods of intense police activity concerning drug or alcohol misuse.

1.15   During this early period, a number of significant studies were published on the nature of the drugs-crime nexus and the efficacy of various treatment interventions within the criminal justice system (Hough, 1996; Edmunds et al., 1998a; Edmunds et al., 1998b). In addition, the option of offering some form of pre-court intervention began to gain momentum across Europe, with the Netherlands and Sweden, in particular establishing near universal provision of such services (Turnbull & Webster, 1997).

1.16   Arrest Referral schemes have been extensively piloted in England and Wales over the past two decades (MacGregor. 2000; Sondhi, O'Shea & Williams, 2001; Sondhi, O'Shea & Powis, 2002; O'Shea & Williams, 2002; Loxley, 2005; Sondhi & Huggins, 2005) and in a more ad-hoc fashion, across Scotland (Lardner, 2003). This has resulted in a wealth of information regarding good practice (Tierney, 2000; O'Shea & Powis, 2003; Holloway,

Bennett & Farrington, 2005) and a series of official guidance documents (Home Office DSD, 1998; Effective Interventions Unit, 2003; Home Office DSD, 2003).

1.17   There are also a growing number of Arrest Referral schemes aimed specifically at offenders with alcohol misuse problems. In South Yorkshire, police routinely hand out leaflets detailing local drug and alcohol agencies although police report that very few offenders take up the offer of alcohol counselling (Alcohol Concern, 2000). In Nottingham, a local alcohol treatment agency offers an arrest referral scheme on a part-time basis in one central custody suite. This stands in stark contrast to the drugs referral initiative operating in the same area in every divisional HQ in the city (Alcohol Concern, 2000). An evaluation of the Dudley and Worcester scheme by the Centre for Criminal Justice Policy and Research, University of Central England concluded that the diversion scheme delivered attendance and retention rates, as good as, and in some cases better than, non-coerced clients (Sharp, 2004).

1.18   The broad consensus of the available literature appears to be that Arrest Referral schemes, adequately funded (Turnbull & Webster, 1997) and with measures in place to ensure independence and perceived confidentiality (McCaughey & Shah, 1998; Parker, 2004), can offer an unrivalled opportunity to effect early intervention with those who have failed to present to treatment up until that time (Townsley 2001; Turnbull & Webster, 1997; Mair, 2002). Most publications note the need for a carefully constructed protocol on multi-disciplinary working which is both transparent and accepted by all players (McCaughey & Shah, 1997; Parker, 2004; Seeling et al., 2005) and cite high levels of service contact as a result of the intervention (Barker, 1992; Turnbull, Webster & Stillwell, 1996; Edmunds et al., 1998b; Oerton et al., 2003). Many of these themes are returned to in the following chapters.

1.19   The National Treatment Outcome Research Study (NTORS), a prospective, longitudinal study based in England since 1995, provides evidence of outcomes for drug misusers following admission to addiction treatment services. The resultant influential body of work has found that: "it was estimated that for every extra £1 spent on drug misuse there is a return of £3 in the cost savings associated with lower levels of victim costs of crime and reduced demands on the criminal justice system" (Gossop et al, 2001); those who remained in treatment for longer periods of time achieved better crime and other outcomes than those who left earlier (Gossop, M., 2005); criminal convictions and convictions for acquisitive offences reduced after admission to treatment (Gossop et al, 2006). Thus there is growing evidence that, if drug-misusing individuals can be successfully introduced to addiction treatment services and they are retained in treatment, there can be significant reductions in their offending levels and associated costs.

1.20   The number of AR schemes has grown rapidly in England and Wales, where most have now been in operation for several years. In Scotland, interest in AR schemes has grown since 2001 and was given new impetus by the Scottish Executive funding for the national programme of pilots.

The AR pilots in Scotland

1.21   Section 71 of the Criminal Justice (Scotland) Act 2003, which received Royal Assent on 26 March 2003, provided for the 100% funding arrangements for criminal justice social work to be extended to cover Arrest Referral schemes. In early April 2003, the Scottish Executive Justice Department, Community Justice Services Division, issued an invitation to

apply for funding. Although various AR schemes had been operating in Scotland in recent years this was the first time that such schemes were to be funded centrally through a pilot programme.

1.22   The new Act provided for funding to be made available for the period whilst the accused is held in custody and for up to 12 months thereafter. The maximum 12 month period was set to ensure a throughput of cases and continuing capacity to deal with new referrals, and to allow sufficient time for completion of the criminal justice process.

1.23   Funding was provided to these schemes on the basis that:

- the services were fully endorsed by their local Drug Action Team (DAT)
- there must be sufficient treatment capacity to meet demand
- there must be commitment from the relevant police authority
- the service structure should promote both the criminal justice and the drugs misuse agenda
- systems must be in place to monitor effectiveness

1.24   The Deputy Justice Minister announced on 29 October 2003 that over £1 million funding was to be distributed over two years to establish pilot AR schemes to run from 1 February 2004 until 31 January 2006.

1.25   It should be emphasised at the outset – as it had significant implications for design of the evaluation - that there was great variation across the six pilot areas funded. For example, 3 of the schemes (in Glasgow, Dumfries & Galloway and Lanarkshire) were completely new, while the others (in Renfrewshire, East Renfrewshire and Inverclyde (RERI); Tayside; and Edinburgh & Midlothian(EMARS)) were extensions of existing arrangements.

1.26   One of the pilot schemes, in Glasgow, had a statutory setting and consisted of a partnership between Strathclyde Police, Glasgow City Council and the Greater Glasgow National Health Service Board (GGNHSB), with the involvement of Greater Glasgow Drug and Alcohol Action Teams. In the remaining five areas, however, the AR service is provided by external organisations under contract to the Social Work Department. These include SACRO (EMARS, Lanarkshire), APEX (Dumfries & Galloway), Turning Point (Renfrewshire) and NCH Action for Children (Tayside). These organisations 'refer on' to a range of statutory and voluntary sector service providers.

1.27   Other key points to note include the following:

- Within the six areas, AR operates from some 17 separate sites (10 police offices and seven courts); indeed, only the Glasgow scheme has been focused on a single site throughout the period covered by Scottish Executive funding. Within the Tayside pilot area, there are effectively 3 mini-schemes, operating in Perth, Dundee and Arbroath.
- At 10 of the sites, access to arrestees is mediated via police custody staff; in other locations, particularly the Sheriff Courts, the AR team have direct access to arrestees in cells.
- Three of the schemes (in Glasgow, Dumfries & Galloway and Tayside) focus on both drug and alcohol users, while the others focus solely on drug misuse.

1.28   An overview of the main features of the six pilot schemes is contained in Table 1.1.

Table 1.1   Key features of the AR pilots

	EMARS	Glasgow	Tayside	RERI	Dumfries & Galloway	Lanarkshire
Based on existing scheme	Yes	No	Yes	Yes	No	No
Single or multi-site	Single (was multi)	Single	Multi	Multi	Multi	Multi
Number of ARWs	1 team leader + 2 ARWs	1 team leader + 3 ARWs	1 team leader + 3 ARWs	1 team leader + 2 ARWs	1 team leader + 2 ARWs	(1 team leader absent) +1 ARW
Type of host organisation	Voluntary	Statutory	Voluntary	Voluntary	Voluntary	Voluntary
Official target group	Drugs	Drugs & Alcohol	Drugs & Alcohol	Drugs	Drugs & Alcohol	Drugs
Where recruitment takes place	Court	Police Office	Police Office & Court	Police Office & Court	Police Office & Court	Police Office (& Court at end of pilot)
Who introduces the scheme to arrestees	AR staff	Police	AR staff & Police	Police	Police	Police
Where AR interview takes place	Court	Police office	Police office	Various locations (see paragraph Appendix 1)	Police office and court	Police office
Launch date for SE pilot element	Feb 2004	Oct 2004	(previous launches Perth 2000 Dundee & Angus 2002)	Proposed March 2004; actual January 2005	March 2004	July 2004

1.29   A more detailed description of each of the 6 pilot schemes, highlighting key features, issues and developments over the course of the funding period, can be found in **Appendix A**. A brief overview of other AR schemes operating in Scotland, and funded from other sources, can be found in **Appendix B**.

The evaluation

1.30   The Scottish Executive identified a need to evaluate the AR pilots and a contract for this work was awarded to a joint team from ScotCen and Stirling University. As ScotCen had already been contracted separately by Greater Glasgow NHS Board to provide a detailed evaluation of the scheme in Glasgow, the national evaluation was deliberately structured to complement rather than duplicate this work.

Methods

1.31   Given the multiple research objectives and the diverse character of the pilots, the evaluation operated at various levels and drew on a range of different methods. An initial orientation and review stage was used to collate information about the development of AR in Scotland and the UK more generally and to identify key lessons from previous evaluations. It was also used to identify 3 of the 6 pilot areas for more detailed case study analysis – or rather to identify 2 further areas for case study in addition to Glasgow, which was already the focus of the study funded by Greater Glasgow NHS Board. The 2 additional areas selected were Edinburgh & Midlothian (EMARS) and Tayside.

Work within all 6 pilot areas

1.32   Within all six pilot areas, the evaluation involved the following elements:

> *Documentary analysis* - Relevant documents were collated and analysed to provide a detailed narrative account of each particular scheme from inception to implementation. These included Strategic Community Care, Criminal Justice and local Drug Action Team plans; specific Arrest Referral planning and implementation documents; commissioning partnership protocols; minutes of Arrest Referral project steering groups; local evaluation plans reports; and local training needs analysis, training course outlines and evaluations.

> *Project Manager interviews* - Representatives of the project management team for each site were interviewed early on and towards the end of the evaluation, with the aim of expanding and clarifying narrative accounts of purpose and process in the individual projects. The later interviews also identified any key developments arising from or impinging upon the projects.

> *Basic monitoring data* - Each of the six pilot projects also had systems in place to collect monitoring data in line with the Scottish Executive national monitoring framework. The evaluation aimed to collate this data and hoped to be able to make some comparisons across pilot areas.

Additional work within the 3 case study areas

1.33   In selecting the additional two case study areas, in consultation with the Scottish Executive Justice Department, a variety of issues were taken into account, including: whether schemes were primarily rural or urban; whether there was a statutory or voluntary service provider agency; whether services were focused on drug or alcohol misuse separately or catering to both; whether it was a new pilot or extended service; and whether the focus was on the individual arrestee or wider family unit (particularly children in the household).

1.34   In addition to the work across all 6 areas, the 3 case studies also involved the following elements.

> *Stakeholder interviews* - Qualitative interviews were conducted with those involved in planning and implementing the schemes (senior managers within police, social work and health and the voluntary sector service provider agencies), those involved in

actually running schemes (custody sergeants and other police officers, Arrest Referral workers or other service provider staff) and those otherwise working with it (staff from treatment services and other agencies to which arrestees may be referred).

In addition, the research team was in regular contact with project managers and other staff throughout the project for the purpose of collecting monitoring data and this also proved to be a source of contextual data.

Arrestee interviews - Previous evaluations have often struggled to include the voices of service users themselves. There are a number of obvious reasons for this, including contact difficulties and high levels of refusal. The research team, therefore, put significant resources into identifying and contacting potential research participants, using face-to-face recruitment and interviewing wherever possible. Key elements in this approach were the use of a small number of specialist interviewers with appropriate knowledge, professional background and experience and the collection of multiple stable contact details at the initial interview.

1.35   In addition to the semi-structured survey interviews described above, we also conducted a small number of qualitative interviews with arrestees at each site. Three of these would be conducted at an early stage, in advance of (and to inform) the survey work, and three towards the end of the project. These would cover similar ground to the survey work, but allow a more detailed exploration of key issues and themes.

Further details about the methods can be found in **Appendix 3**.

Structure of the report

1.36   We have chosen to structure the report around a series of key questions, rather than the methods used. As a result, a range of data sources are drawn upon within each chapter.

- Chapter Two examines the **process** of AR in operation, exploring issues around planning and partnership working and the implications of different physical and organisational settings for the schemes functioned.
- Chapter Three provides data on the the number and characteristics of arrestees offered AR and the work undertaken by the AR team with the arrestees seen.
- Chapter Four outlines the limited information available about the **outcomes** and **costs** associated with the pilots – e.g. the extent to which arrestees were successfully 'referred on' to services, the impact on individual drug use and offending, and views and experiences of professional stakeholders and arrestees themselves.
- Chapter Five offers some **conclusions** about the operation of the pilots, addressing issues such as the implications of different models, the importance of Scottish Executive funding and the overall effectiveness of the schemes.

Note on language, abbreviations and quotations

1.37   The partner agencies involved with Arrest Referral all have different terms for the individuals they work with within their own agencies. The Police and Reliance staff refer to 'prisoners' and 'custodies', social work, addiction services and voluntary agencies tend to

refer to 'arrestees' or 'clients', arrestee is a word more commonly used in formal documentation, 'arrestees' has been used in research reports. In this analysis we refer to 'arrestees' throughout except where reporting about activity within a specific agency domain, though quotations, of course, reflect the terms used by the interviewee.

1.38   The abbreviation AR is used throughout to refer to the general process of Arrest Referral, along with ARW to refer to 'Arrest Referral worker'.

1.39   As several of the pilot sites cover more than one area, it proved cumbersome to always refer to them in full in the text. The acronym 'EMARS' is used to represent the Edinburgh & Midlothian Arrest Referral Scheme. Similarly, the acronym 'RERI' is used to denote 'Renfrewshire, East Renfrewshire and Inverclyde'.

1.40   In keeping with guarantees of confidentiality given to interviewees, all quotations are attributed only to broad professional groupings within areas and have been edited to remove identifying information. Inevitably, this has led to some loss of specificity and meaning, since staff within particular settings often had distinctive views and experiences.

1.41   For quotations the following abbreviations are used for stakeholder interviewee professional groups:
POL   police – custody officer, managers
ARW   Arrest Referral workers and managers
SERV   treatment and service agencies (and a user group in Glasgow)

Summary

- Arrest Referral (AR) is one of a range of recent policy initiatives intended to disrupt the link between substance misuse and offending by improving uptake of services among arrestees whose offending is linked to drug or alcohol use.
- Although there has been growing interest in AR in recent years, it was given new impetus in Scotland by the announcement, in 2003, of Scottish Executive funding for a series of pilot projects.
- The six schemes subsequently funded were in Edinburgh & Midlothian; Glasgow; Tayside; Renfrewshire, East Renfrewshire and Inverclyde; Lanarkshire; and Dumfries & Galloway.
- Three were completely new schemes, while the others were extensions of existing arrangements.
- All but one scheme (in Glasgow) were operated by voluntary sector agencies under contract to the Social Work Department.
- The schemes included a mix of police-based and court-based locations and of direct and police-mediated access to arrestees. All, however, operated on a proactive AR model.
- All but one of the schemes (again, Glasgow) operated from more than one site. Indeed, there were some 17 separate locations for AR across the pilot programme as a whole, greatly complicating the task of evaluation.
- The Scottish Centre for Social Research (ScotCen) and the Social Work Research Centre at Stirling University were commissioned to evaluate the pilot schemes.

CHAPTER TWO   PROCESS ISSUES RELATING TO PLANNING, IMPLEMENTATION AND OPERATION

Introduction

2.1   This chapter uses data from qualitative interviews with professional stakeholders (AR workers and managers, police officers, others involved in the planning and implementation of the pilots) to explore key process issues relating to the planning, implementation and operation of the pilot schemes. Inevitably, given the case study methodology, there is an almost exclusive focus on Glasgow, EMARS and Tayside rather than on the other three schemes, though some read-across is possible. This chapter focuses mainly on the operation of AR up to the point of the initial AR interview – in other words, on decisions and challenges during the planning and early implementation stages, and on the environment, processes and relationships involved in the identification of potential clients and the offer of an AR interview. The AR interview itself, and any subsequent follow-up work or 'referral on' are discussed in more detail in Chapters 3 and 4.

Main issues during planning and start-up phases

2.2   As noted in Chapter 1, the various schemes were all at different stages of development at the point of Scottish Executive funding. Of the 3 case study areas, Glasgow was the only one which was entirely new. Nevertheless, there were a number of important common themes relating to planning and start-up.

Use of existing knowledge

2.3   Despite the very different start points and models of operation, none of the pilots were developed in a vacuum and it is clear that the AR schemes drew upon a range of existing evidence and experience in planning for the Scottish Executive funded work.

2.4   The 3 case study areas, for example, drew upon operational experience of local initiatives in the drug, alcohol and criminal justice fields. In addition, a range of existing single and multi-agency local planning documents provided information on local population needs assessments, prevalence rates and service use statistics - e.g. Drug/Alcohol Action Team Strategy and Corporate Action Plans; Community Care Plans; Health Improvement Plans.

2.5   Pilots also reviewed the existing literature and consulted key publications from the Home Office and the Effective Interventions Unit (EIU). The EIU (2002) outlines the three 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	An ARW offers 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.

AR team leaders or managers from several pilots visited projects in England and Wales and all pilots visited the existing scheme in Dundee, which was seen as having a desirable model. Having considered the 3 main models of information giving above all the schemes decided to adopt the proactive model.

2.6   There was, however, significant variation in terms of the key learning points drawn from this work and it is not clear whether this variation reflects the actual context and needs of each scheme or simply the willingness and capacity of key individuals to learn from elsewhere. For example, EMARS emphasised building good working relationships with police staff because of information suggesting that it was likely to take at least six months for custody staff, police and turnkeys to commit fully to the project. Meanwhile, Glasgow bid for more research resources as a result of a suggestion in the Home Office document that monitoring and evaluation of the individual pilots had not been particularly robust. Glasgow also took note of the suggested dedicated Police Support Officer role.

Decisions about target groups and locations

2.7   The main reason for location of the original Tayside project in Perth was the identification of the high number of illicit substance and alcohol users arrested in the local area. Perth was also seen as a fulcrum for wider drug issues in Scotland because of the volume of drug traffic passing through the city. In developing the Tayside-wide bid the police were the key providers of information, though additional data were also drawn from other sources – e.g. social enquiry reports.

2.8   In Edinburgh, a decision was taken to focus on arrestees held overnight, as it was felt that this would represent the most efficient use of a single ARW's time. As a result the pilot was based at the main police offices taking overnight custodies: St Leonard's in Edinburgh and Dalkeith in Midlothian. It was recognised at the outset that arrestees already released would be missed, particularly young people aged 16-25 and those held for minor offences such as shoplifting. While the EMARS pilot did initially consider the possibility of placing the ARW at the Sheriff Court, this was rejected largely because the potential numbers were too great for a single ARW to cope with.

2.9   Perhaps because the Glasgow pilot was relatively newly established, stakeholders discussed the choice of location and target groups in detail. Several factors underpinned the choice of London Road as the location for the pilot. It was an area of high deprivation with a large substance and alcohol misuse problem; had a large number of street sex workers arrested; was the holding station for all females from the subdivision; was a main holding station for males throughout the entire division; and linked to the newly formed East and North Community Addiction Teams.

2.10   The Glasgow pilot carried out a needs assessment based on existing data from Social Work Criminal Justice teams' court report requests, Addiction and Children and Families sections, police information systems and health board information systems. This indicated

high levels of poverty, social exclusion, crime, drug and alcohol-related crime, homelessness and prostitution - the main concerns underpinning the pilot. Substance abuse and offending prevalence rates were felt to be similar across the north east and east of the city and to be among the highest in Scotland. In addition to shaping the choice of location, the needs assessment exercise in Glasgow was used to look in detail at specific issues relating to prostitution and this fed into both the training of the ARWs and to the management structure for the project (the manager of a voluntary organisation working with sex workers was invited onto the pre-implementation group).

2.11   A further factor influencing the location of the Glasgow pilot was the fact that the Community Addiction Team model was developed in the East and North East of the city and therefore, was furthest forward in that area. There was enthusiasm for locating the pilot in these areas so that AR clients would receive the best possible services, and could expect to receive a more even spread of health and social care services than in parts of the city where the new CAT teams were not yet operating.

Building relationships between AR and the police

2.12   It was widely anticipated that it would take some time to build close working relationships between AR and the police, given the very different structural and cultural contexts of the two professional groups. This difference in initial perspectives was captured by one of the ARWs in Tayside:

> *They (the police) saw us as an alternative to custody, or a diversion from*
> *prosecution…their ethos lies more heavily on the victim's side and that these*
> *people are offenders who need to be punished. And we were going in, looking*
> *at it from a completely different angle.*   *TAY 1 ARW*

2.13   As a result, at both management and operational levels, the various AR teams invested a lot of time and energy in developing and maintaining relationships with the police – and this attitude was generally reciprocated on the police side. However, relationships between police and AR staff were by no means static – as the schemes moved from planning to implementation to full operation, the nature and character of those relationships developed.

2.14   The EMARS and Glasgow pilots learnt from the experience of Tayside and other AR projects and ensured close partnership and joint working between the commissioning agency/service provider and the police from the outset. In Edinburgh, this was achieved by the Social Work Department Planning and Commissioning Officer working closely with an Inspector from the community safety department to drive the project forward. Lothian & Borders Police were seen as being very much in favour of the project and the commitment and enthusiasm of the Inspector was seen as a very important factor ('He did go the extra mile', 'he was a really good persuasive influence', EDIN 1 ARW). The same Inspector created the force instruction for all the Lothian AR projects, of which Edinburgh was the first, and continued to work very closely with the ARW in the initial three months of set-up, conducting joint visits to custody teams.

2.15   The Divisional Commander within Strathclyde Police took a keen interest in the project from the outset and was noted by many stakeholders as a key guiding influence. As a result, the police recognised the need for consistent liaison with the AR service from the

outset. There were three elements to this. First, an Inspector from the Safer Communities Department at Police HQ took initial responsibility for liaison. Secondly, a Custody Sergeant was identified to liaise with the Steering and Operational groups and the AR team. Thirdly, funding was provided for the civilian Divisional Assistant Custody Officers (DACOs) to fulfil the Police Support Officer role in escorting prisoners from their cells to the AR suite.

2.16 Because the Tayside projects were well established and operated on the basis of direct access, planning for good police liaison was not a key issue during the set-up phase for Scottish Executive-funded pilot.

Drug Action Team, DPS (Drug Prescribing Services) and service agency involvement

2.17 In this section we illustrate professional stakeholders' views on the extent to which Drug Action Teams, Drug Prescription Services and other service agencies were involved at the planning stage. For EMARS and Glasgow it appeared that there was strong involvement from the DATs and service agencies. However, although Tayside DATs were clearly involved with the AR scheme there seemed to be much more variation in opinion in Tayside about the nature of this involvement.

2.18 The DATs endorsed the EMARs project from the outset and facilitated consultation with local drug service providers; a sub-group of the agency managers' group met to consider AR and aired concerns about potential difficulties in completing assessments with the target group.

2.19 In Glasgow, the Drug Action Team coordinator, the Alcohol Action Team coordinator, other Addiction managers and research staff were involved from the outset. Health, Social Work and Police were seen as the 3 key partner agencies to develop and deliver AR, with that partnership then linking into existing local forums and planning mechanisms of relevance e.g. community safety, services for women and the routes out of prostitution agenda. A manager working with voluntary agencies for female sex workers was invited onto the implementation group at a later stage. The North East and East CAT team were fully involved at all stages.

> *I mean we were involved in all stages of negotiation, and I think any concerns*
> *that we did raise - which I don't think there were that many anyway - were*
> *taken into consideration.*   *GLA 16 SERV*

2.20 Interviewees from other services in Glasgow felt that, although not included in initial consultation, they had very strong links with the CAT teams already and, in that sense, were already being part of the network of services offered via the CATs. That said, there was a minority view among service providers, particularly in relation to alcohol, that they could have been more involved at an earlier stage. All the service providers felt that the East End of Glasgow was the right place to locate the pilot.

2.21 In Tayside the AR service planners felt there had been a lot of contact with the Tayside Alliance (precursor to the 3 Tayside DATs formed in 2003) and subsequently with the DATs. However, they argued that more direct involvement from service agencies at the planning stage might also have been beneficial in order to inform the AR team about appropriate referrals etc.

2.22   Other Tayside stakeholders noted that, at the time of the development of the initial Perth pilot, the entire landscape of planning and service agency involvement was different and, in particular, was relatively informal by comparison with subsequent Scottish Executive commissioning processes. The earlier Dundee DAT was seen as a large and relatively loose grouping of service agency representatives rather than as a more focused strategic planning and commissioning body. In 2003, when the Tayside-wide bid was being developed, the DAT membership and structure was under revision and the 'strategic involvement was less robust than it could have been'.

> *So, at that time, services were being developed without necessarily going through the DAT. In this case, I remember it was discussed at the DAT, but not in any depth, and basically it just went ahead. It was almost like 'tick box', you know, 'OK, the Scottish Executive is funding, just go and do it and see what happens'. So that wouldn't happen now. ...It's not necessarily that the AR scheme would be any better than it is but the sign-up [...] from the DAT would be stronger [with current commissioning processes]*
>
> *TAY 10 SERV*

2.23   Although service agencies in Tayside might not have been involved in the initial planning, they appear to have felt generally involved with on-going developments and kept well informed. One interviewee from a service agency suggested that, because AR in Tayside had started small, it was not on a scale that any agency would have objected to.

> *We were not involved in planning it at the outset, as such, but I think we have been reasonably involved to an extent with the development over time locally*
>
> *TAY 13 SERV*

> *I'm sure [Arrest Referral team leader] who manages the service is very good at communicating with me about things but I don't recall specially that change [to Tayside-wide service]*
>
> *TAY 12 SERV*

2.24   In thinking about how the commissioning process might be different if it happened now, Tayside stakeholders pointed to the recent set-up of the Tayside 'Process of Care Group', following a service re-design event, which is endorsed by all three DATs and contains every direct service dealing with substance misuse in Tayside. Future substance misuse project development would be viewed strategically via that group.

> *I think in Tayside, we're trying to get to that stage and in Dundee, we certainly are, but we're commissioning services with very clear remits and clear expectations but on longer term contracts so they can get themselves in there and do it properly.*   *TAY 12 SERV*

2.25   There was, however, one alterative perspective on the development of AR within Tayside – namely, that the initiative was entirely political in character and that the money would have been better spent in developing services.

> *I personally think AR schemes were created because there was a political drive to do something and there was money to spend. I think if they had spent*

the money on capacity within intervention services, whatever those intervention services were, then you would have found that the problems which people who are in the criminal justice system have in trying to access various interventions would be more likely to be resolved than if those same people who are still shoplifting, because they're still on a waiting list, happen to be in the cells and they're seen by an ARW who says `don't you worry, I'll send another letter to the same service that you're waiting to see anyway'. I don't think that solves the problems (in the way that additional) capacity would have.   *TAY 12 SERV*

2.26   In Glasgow the referral pathway from AR to Drug Prescription Services was clearly set from the outset, via the integrated CAT. In contrast, service providers in both Edinburgh and Tayside felt that it would have been helpful to have had stronger Drug Prescribing Services involvement at the outset.

> *I think in hindsight we maybe could have got the Drug Problem Service more onboard at that time, but then the Drug Problem Service was a different entity 5 years ago from what it is now in that it [...] operated very autonomously, and wasn't really engaging with voluntary sector services.*   *TAY 1 ARW*

Health and safety issues

2.27   Each custody site had to carry out a health and safety risk assessment of the proposed location and procedures for access to arrestees. In general, discussion about health and safety issues appeared to revolve around three main sets of issues: which prisoners the ARWs would be allowed to see; direct access to prisoners; and what materials, if any, could be passed to the arrestee in their cell.

2.28   Although there was a similar level of emphasis on risk assessment across the different areas, there was considerable variation in the conclusions reached by the police about the level of risk involved in 'direct access'. In Glasgow, for example, the police took the view that this posed too great a risk, while in Dundee, ARWs were initially escorted by custody staff in the cell area but, over time, succeeded in negotiating direct access. In Arbroath, ARWs were initially allowed direct access but this was later rescinded.

2.29   In Edinburgh, the situation seemed to vary over time and even between custody shifts.

> *In the police cells we would open/slide across a hatch in order to see into a cell, otherwise it would be closed behind a thick door. [...] During the second phase of the development of the service, from February 2004, the police were just more reluctant to allow us direct access, mainly through concerns about health and safety because they thought if we were the ones opening the hatch, anything could be thrown through it.*   *EDIN 1 ARW*

2.30   In the courts, Reliance took the decision that it was safe to allow ARWs direct access to custody cells at all sites. However, risk assessment and health and safety issues also affected the planning of AR in court settings and protocols were established around issues such as access to violent prisoners.

The only time it won't be able to go ahead is when we have got a lockdown, a problem with a prisoner who is being violent, whatever. [There are situations where] the lawyers are asked to leave, the place is locked down, there is nothing comes in and out of courts, nobody goes to court, nobody goes to a lawyer until the situation is finished. When the situation is finished we just start normal business again.   *EDIN 11 REL*

2.31   As with other health and safety issues, there was wide variation in decision-making about the provision of written materials to arrestees. A key decision as part of the Glasgow police risk assessment was that the custody cell area should be kept 'sterile' at all times – in other words, that no materials of any kind, including cards or leaflets should be passed from the ARW to the prisoner for them to retain in the cell. Any such material was instead to be passed to the custody officer to be placed in the prisoner property bag.

2.32   At Edinburgh Sheriff Court, by contrast, Reliance was content for the ARWs to pass a consent sheet and pen through to the arrestee through the small gap under the dividing screen. The small card and one or two leaflets could also be passed through.

2.33   Prisoners in Tayside were not allowed to have materials to keep with them in the cells; they were handed written information by the ARWs who took it back once they had read it. Arrestees interviewed by the ARWs, in Tayside, had a leaflet placed in their belongings by custody staff, although this method of distribution was not thought particularly effective (the presence of discarded leaflets in bins around the police offices were testament to this). Efforts to spray paint a template message about the scheme on the cell walls in Dundee were discussed but not followed up due to a lack of resources.

Identification and preparation of suitable premises

2.34   The Tayside, Glasgow and Lanarkshire pilots involved the adaptation or construction of AR interview spaces and offices at custody sites. The ways in which the availability, type and proximity of both interview rooms and AR team offices impacted upon day to day activities is highlighted later in this chapter. For the time being, it is sufficient to note that the identification and preparation of suitable premises was a source of significant delay in several of the pilot areas.

2.35   Dundee police office provided an office space for the ARWs within the custody suite. In early 2004, the police also adapted another room into a separate interview room. The ARW also uses interview rooms in the custody suites of the district and sheriff courts. All these were in place at the start of the research period. Angus interviews were originally carried out at Arbroath and Forfar police offices. At that time, arrestees were interviewed in their cells with the door open and a member of custody staff stationed outside. A new interview space was built at Arbroath and was due to open in early June 2005, but did not actually open until several weeks later, causing some delay for both the pilot and the evaluation. The room is located in the custody bar area and is equipped with separate doors, a panic button and dividing screen. The actual ARW office is nearby in Arbroath.

2.36   The Glasgow interview room was adapted from an existing side room off the police reception bar area. There were significant delays in getting this accommodation ready, though it was in place for the launch of the pilot.

2.37   There were also significant delays associated with building preparation in Lanarkshire where the Police Authority had undertaken to provide interview space at Hamilton police office. However this was still not available at the end of the pilot; although the interview space was completed later in 2005 the whole building then became unavailable because of refurbishment.

AR staff recruitment

2.38   Recruitment of staff also proved to be problematic in most of the pilot areas. The main issues here were the length of the recruitment process itself; the time involved in securing Disclosure Scotland clearance; and the difficulty of finding staff with the right kind of experience.

2.39   Stakeholders in Edinburgh noted that the recruitment of a team leader, in the earlier phase of the project, was delayed by a lengthy process of external advertisement and recruitment and also by problems at Disclosure Scotland in the summer of 2002, when all non-teacher applications were delayed by three months. However, at the time of the new Scottish Executive funding for the AR pilots, there were no local recruitment difficulties and the new workers were in post by the start of February 2004.

2.40   In Glasgow, posts were originally advertised in February 2004 with interviews in March. Confirmation of posts was provisional until applicants were cleared via Disclosure Scotland. This was relatively straightforward for applicants who had been through this process before, but two of the appointed ARWs did not have previous clearance. Because of a significant backlog at Disclosure Scotland, the relevant clearance took some time and the staff were not in post until August. As one post had to be re-advertised after the person who had originally accepted the post did not take it up, the last member of the team did not start until February 2005.

2.41   In Tayside, recruitment for the scheme from advertisement of a post to the start date of an employee took a minimum of three months. Although the Project Manager and the Senior ARW managed this process, the police were also involved in the process of recruiting AR staff, attending the interviews and questioning candidates. Some of the stakeholders interviewed in Tayside felt that this helped to strengthen the partnership approach.

> *Another key thing that we had right from the start as well, is that when we recruited staff we involved the police in the recruitment process. So they […] attended the interviews, they still do, they ask their questions at the interviews, and they're actually involved in the recruitment of AR staff. So it's always been a partnership approach.*   *TAY 1 ARW*

2.42   All the pilots sought to recruit staff who understood the purpose and processes of AR and would be comfortable operating in police and court settings. Team workers had a range of experience and qualifications in the drug and alcohol fields. The Tayside scheme benefited from internal staff relocation, the experienced senior ARW moved from the original

Perth site to develop Dundee initially and, later, an ARW moved from Angus to Dundee. In Glasgow, the AR team leader had previously run an earlier project in Paisley and another staff member arriving later came from the Renfrewshire pilot.

Development of consent procedures and information sharing arrangements

2.43   In each area, it was necessary to arrive at a formal set of protocols governing inter-agency working and the operation of the schemes more generally. The most difficult issues here tended to relate to the formulation of consent procedures and the sharing of information with service agencies.

2.44   In Glasgow, for example, it took some time to clarify the legal basis for information exchange and the development of an agreed arrestee consent sheet, monitoring forms and process between police and the AR service. The difficulty was to agree a form of words which was acceptable to all partner agencies legal and data protection departments, covering the consent agreement and the exact personal information that could be passed from the police to the AR team for practice and research purposes. Representatives of Addiction Services felt that it was far more difficult to achieve agreement for the form from the Police legal services than the council legal services.

> *Coincidentally, at the same time, Soham was going on and there was a whole load of stuff about Data Protection. [...] So stuff had to be crystal clear, hence that nightmare of a Consent Form. But that's where that came from. Our original consent form was very easy, one page, tick box.*
>
> *GLA 2 ARW*

2.45   Renfrewshire also faced difficulties in determining how much information could be passed from police to CACTUS staff under data protection regulations.

2.46   Both the Glasgow and Renfrewshire protocols included clear statements that the custody sergeant must satisfy himself/herself that the arrestee is capable of understanding consent. The Glasgow protocol and consent sheet allowed the following details only to be passed across to the AR service: name, date of birth, home address, ethnicity, SCRO (Scottish Criminal Record Office) number, charge(s) libelled against the arrestee and, if applicable, the reason for refusal of service. In addition, the Renfrewshire consent form also had: age, resident in local authority, date/time referred and allocated cell number. The Renfrewshire Consent form also doubled as the fax form sent to the AR team.

2.47   Lothian and Borders Police initially envisaged that AR would only be available to arrested prisoners who were detained in police custody. Police informed suitable arrestees of the scheme using a cue-card. If the arrestee showed interest in seeing a worker then they would be escorted to the ARW. A monitoring form, including reasons for non-referral, was set up which was to be completed in respect of all prisoners arrested and charged. However, this was soon abandoned as police found it unworkable to offer AR to arrestees at the custody bar. The Police Protocol stated that 'The Arrestee Monitoring Forms are for police eyes only and Arrest Referral Workers should not seek access to them'. Any personal information on the arrestee was therefore gathered directly by the ARW from the arrestee. At Edinburgh Sheriff Court, the ARWs approached the prisoner cells directly and so any personal information was passed directly from the arrestee to the ARW.

Training and awareness-raising

2.48   Training was obviously a key consideration during the planning phase of the pilot schemes –both as a means of raising awareness and understanding among police operational staff, and of introducing relevant police and court procedures to the ARWs. The form that this took varied considerably across the different areas.

2.49   The initial EMARS training was relatively informal, delivered by the AR team leader and liaison police Inspector to single custody shifts. The Glasgow project team used a more formal day training event with multi-disciplinary input. Dumfries & Galloway used both informal meetings (2 ARWs to 2 custody staff), followed by formal presentations at all Dumfries police offices. In Tayside, where AR had been around for longer – and where the Perth and Dundee service was not police-mediated – ARWs spoke to new custody staff individually and occasionally addressed Sergeant's meetings. Tayside also explored ways of including briefings on AR in the probationer officers' standard training. All pilots decided there was a need to revisit basic awareness training with police staff on a regular basis – probably around every six months.

2.50   The original Edinburgh project learnt from sister projects in the Lothians that the consistency and visibility of AR staff was a critical success factor and that it was important that the ARW be well-known to the custody staff from the outset. For this reason, the police Inspector and AR team leader developed an hour of awareness training which they delivered to the 5 teams, of 6 or 7 custody staff each, at St Leonard's, during the period of overlap at shift changeover generally used for staff meetings and training. These sessions, which introduced the concept of AR and discussed issues and benefits for cell staff, received a mixed response initially.

> *I mean I suppose the police are resistant to change in lots of areas, and it was quite interesting actually when we did the initial [training]. We had five cell teams operating and, of the 5, we had 3 who were very, very positive. We had one that was lukewarm, and one that really didn't think it was their business .*
> *EDIN 2 POL*

2.51   The Glasgow pilot developed a more formal training model which was delivered by the police training officer and the Addiction Partnership senior officer. The training session was delivered several times during July 2004 and was attended by the custody team, including custody sergeants, constables and support staff, and inspectors and chief inspectors from the management team, plus a small number of detective inspectors. The Health Board was also represented via the CAT and members of the research team attended to emphasise the importance of evaluation and monitoring. The training covered all aspects of AR, including the target group of arrestees, the work and composition of the AR team, links to other stakeholder organisations and service agencies and the intended procedures at London Road.

2.52   A number of factors helped facilitate the training process in Glasgow. The police officer identified to liaise with the AR team was directly involved in developing the program. The police training officer was very enthusiastic and highly thought of by Addiction Services. There was also strong support from senior police management, who also seemed to value the input of senior addictions and social work staff.

Part of it was about hearts and minds, about seeing the big picture and how it was important that senior officers gave that support by saying how important we saw it. Part of it was the nuts and bolts of how the system would actually operate and the hours in which staff would be there, what would be expected of staff. So it was a combination, if you like, of the aspirational and the practical. GLA 3 POL

2.53   The Glasgow trainers found it beneficial to bring in both an ARW and police officer from the Dundee site to talk about real examples of obstacles being overcome. While the ARW team and management would have opted for a more interactive style, of the kind more common in social care agency training, they accepted the more formal, presentational style familiar to the police. In retrospect, some AR representatives felt that this style of training meant they were 'talking at' attendees rather than engaging them in a joint process. Other problems were that it was not possible to introduce all the ARWs, as not all were yet in post, and that it took time to get so many police officers, across all the different shifts, to training sessions.

2.54   In the case study areas, initial resistance to AR from individual officers appeared to have three main elements. First, custody staff were concerned about the amount of time facilitating AR would take. Secondly, there was general apprehension about change and the rate of change ('We're bursting with initiatives', 'there's another course coming up on tagging next week', GLA 5 POL). Thirdly, a small minority expressed the view that trying to help people with substance misuse problems was a waste of time.

2.55   It was notable that Reliance staff in Edinburgh indicated that – unlike police staff – they had not had any specific training about the AR scheme and expressed an interest in learning more about how the scheme worked and having an opportunity to observe AR interviews.

They will come in and take their list and start seeing them. I don't see what they are doing when they have got them in the interview area. You know, it's personal, we can't be there. I think it would be quite interesting for some of us to actually go to [the] offices, or the SACRO offices and find out what actually the process is to give more of an understanding. EDIN 11 REL

Training ARWs on Police and local procedures

2.56   The pilots varied in the emphasis they placed on giving ARWs specific training on police policies and local procedures. In Dumfries & Galloway, ARWs received specific training on the arrest process, the law, criminal justice social work and social enquiry reports. Similar training was not delivered in Glasgow until some time after the launch of the scheme. This training explained the police hierarchy and looked at the nature of different offences and related police actions. It also covered police abbreviations for legislation and offences, which had not always been clear to ARWs. The ARWs found it particularly helpful in enhancing their understanding of police procedures in relation to arrestee access to doctors, medication and complaints and, as a result, felt more able to pass on that information to arrestees.

Because sometimes we were getting a bit annoyed with people not, you know, seeing the doctor and things like that, and we didn't know when the doctor

*was coming - but we weren't aware that the Police didn't have any power
over that. We thought the Police weren't phoning and things like that.*
<div align="right">*GLA 8 ARW*</div>

The impact of setting on the operation of AR

2.57   As noted earlier, some of the AR pilots were located in police offices and others in district or sheriff courts. In this section, we look at how these different settings influenced the establishment of AR schemes and the way that AR operated in practice. We consider the implications of the organisational context and constraints including: high police turnover; Reliance escort duties and impact upon AR operational hours; the practicalities of combining AR with the existing core work of the host agency; the different professional roles of police and Reliance custody staff. AR was also shaped by the decision to follow a police mediated or direct ARW access model and by the interview space available at each location.

Organisational context and constraints

Shift patterns and staff continuity

2.58   The task of implementing AR within the police setting and of building strong working relationships between AR and the police is complicated by structural and organisational factors that act to disrupt continuity in police staffing. First, there is a relatively high rate of turnover within the police service as a whole. Within Strathclyde Police, for example, staff moved around sites and jobs for experience and career development. There was, therefore, significant change in custody staff during the course of the research. Secondly, officers will go off, or come in at very short notice, to cover particular duties, such as the custody bar, or incidents elsewhere such as a major traffic accident or a violent assault. Thirdly, police staff follow shift patterns – for example, there are four shifts at London Road over a 24 hour period, with a complete change of custody staff at each shift. Officers will also swap or change shifts as required.

2.59   This sense of flux in police staffing can make it difficult to ensure continuity of awareness and practice. For example, the data from the Glasgow monitoring sheets indicated that a huge number of officers were involved in offering AR over the research period.

> *Newer teams coming in who maybe weren't involved right from that start,
> maybe weren't so sure of how they should operate so there was maybe a lack
> of information getting passed to the newer teams and the custody sergeants
> who were coming in.*   *GLA 1 ARW*

2.60   In contrast the staffing situation in the courts was, for the most part, more settled and predictable. Because there are only two shifts for Reliance staff – both during the day – the sense of continuity is greater than in a police setting. Moreover, because Reliance staff are not actually responsible for identifying potential clients and making the initial offer, consistency and continuity issues are in any case slightly less important.

Reliance and escort duties

2.61   Reliance experienced more significant staffing issues in relation to escort duties than in relation to the custody function in the courts. In 2004, Reliance took over the contract to escort prisoners from police office to court. This was a key factor affecting the timing of delivery of the AR service at all sites. The new contract included a clause that prisoners were to arrive at Court premises by 9.30 a.m. This changeover has been a major factor affecting the hours the AR teams have been able to access arrestees. At some schemes the AR service chose to operate an early shift to catch arrestees before they were moved. The hours worked at custody sites were also determined by a combination of location, local needs assessment and the AR team staffing levels.

2.62   For example, the Reliance pick-up times affected the Tayside scheme differently at the different sites. At Dundee, the police office and Courts are all within one building and prisoners only have to be moved within it so timing is less of an issue. For Perth and Arbroath police offices, which are not attached to courts, the time Reliance has to collect prisoners is affected by the distance to be travelled to courts such as Forfar or Brechin and also by the number of prisoners to be transported. At the rural Arbroath police office the time Reliance arrives varies daily with different staff being sent by Reliance every day to do the pick up.

> *Some days, you know some days we start duty about quarter to seven, and*
> *sometimes Reliance can be in before half past seven and other days it can be*
> *ten. There's just there's no control or rhyme or reason to that either.*
> *TAY 9 POL*

2.63   To work around this issue, the Arbroath ARW was on site early, usually at the office by 7.30 a.m. and the custody staff could recall only one occasion when prisoners were leaving as she arrived. This meant the AR interview was being carried out at rather unsocial hours for both the arrestee and the ARW. Lanarkshire also opted for early hours at the police offices, 6.30-7 a.m., which is 'an awful time to be seeing arrestees'.

> *They're very early morning, clients don't want to get out their beds 'cause*
> *they're… you know, if they've been kept in overnight, they're not really*
> *feeling up to it in the morning.*   *LAN 1 ARW*

2.64   In contrast, Sunday afternoons at the Belshill police office are more relaxed with good results.

> *That's great because it's in the middle of a Sunday afternoon and, you know,*
> *people are kind of chilled out by that time.*   *LAN 1 ARW*

2.65   In Glasgow, the possibilities for adjustments in Reliance pick-up times were discussed, but with the large numbers of prisoners to be moved and Reliance's short time slot, no real alternative was available and it was decided that the AR team would not work a morning shift. There was concern that the early pick up, in combination with the AR team on-site hours, might mean that particular groups would be missed. The implications of this have yet to be fully resolved. For example, someone picked up for being drunk and disorderly in the late afternoon and not sober enough to be seen before the AR worker finishes in the early evening may be released or moved to court early in the morning.

Because London Road has such a big population, very often they [Reliance] would come to them first thing in the morning. So it would mean that ... for example, if somebody has an alcohol problem and they were going to court the next morning or they were being released very early... it was about how we actually captured that group.   *GLA 2 ARW*

2.66   The Edinburgh & Midlothian pilot scheme was well established at St Leonard's and Dalkeith police offices, but from July 2004, in the run up to the changeover to Reliance, the ARWs began to find that their window of opportunity for seeing clients was compressed. Reliance began arriving at the police offices from 7 a.m. in order to fulfil their contract and get all prisoners to court by 9.30 a.m. Police were busy managing the process of getting arrestees washed, dressed and breakfasted ready to go off to court and did not have capacity to facilitate AR in that time. In response to this change, the AR team initially moved its operations to weekday afternoons and weekends but found referral numbers were dropping.

We didn't see that many people at 3 p.m. because most people hadn't been processed by that stage, but we would also go in at the week-ends as well so it's a lot more then, even though it wasn't so sociable in terms of hours.   *EDIN 1 ARW*

2.67   As a result of the change in AR service hours, due to the above Reliance changes, and the consequent drop in number of referrals to AR, EMARS eventually decided to move the focus of the project to the sheriff court. EMARS ARWs regret the loss of the day-to-day relationships which had been built up with police custody staff but the AR scheme itself still enjoys strong support from police management who are on the advisory group.

Operating AR alongside the business of the police and the courts

2.68   In both a police and a court setting, AR is essentially a secondary function to be fitted around the core business. The first priority in all police offices is for the arrestee to go through the stages of prisoner processing and assessment of vulnerability.

Other issues [...] take precedent over that [AR] - i.e. the legal aspect, offering them their legal rights and looking after their welfare.   *GLA 11 POL*

2.69   At the same time police custody staff are also making a first assessment about whether an arrestee is sufficiently sober, well enough and safe enough to be offered AR and to see the ARW immediately if available. Arrestees who are sober and well and able will be offered the service immediately; otherwise, it may be offered at a later point when the prisoner is in the cell, either by the lead Custody Sergeant or by another member of the shift - often by a custody assistant. On occasion, if the individual was taken to hospital by ambulance they might not be returned to the cells and would be missed. Again, as noted above, the likelihood of all potential clients being offered the service is likely to have varied from one shift to another.

If we get somebody that comes in and has obviously been drinking but are quite coherent and are lucid and reasonably co-operative, we might just do it, we'll put them through. For the former ones [intoxicated] we would go back

and see them at the cell once they've sobered up I've got to say, at times,
some of them slip through the net simply because we're too busy.   GLA 12 POL

2.70   Police custody staff ability to facilitate AR is affected by the sheer volume of business within the police setting and by exceptional demands on custody staff time (short-staffed due to sickness, officers called away to an incident elsewhere).   In these circumstances, facilitating AR and completing the monitoring forms can be seen as a chore by police staff and slip down their list of priorities.

> *Sometimes it just can't be done because there's just not enough time and you*
> *can only just hope that you'll catch them the next time   GLA 4 POL*

2.71   There was also a range of other special circumstances in relation to individual arrestees, or the custody suite more generally, which had potential to delay or prevent ARW access to arrestees.   These included prisoners being ill or injured; a prisoner fighting or violence or other problems in the cell; a major incident like a murder; the presence of politically sensitive or other particular category prisoners; fire, etc.   There was also an agreement that AR would not operate on days of an Old Firm match because the police would be taken up with managing large numbers of arrests from the match.

2.72   Within the courts, too, there were a number of factors which might potentially delay or prevent access to arrestees.   Exceptionally, access might be delayed due to 'lockdown' following prisoner violence or if Reliance were very short staffed, very busy or there were a lot of prisoners out to see their defence agents and other professionals.   Also access was limited at prisoner lunchtimes between 12 and 1.00 p.m.   Another factor at the Sheriff Court was that arrestees could potentially be called into court and an AR interview be interrupted but this did not appear to pose a significant problem to the scheme as interviews were so brief.

2.73   Otherwise, the courts were accessible to AR staff virtually all day.   Each team negotiated the best hours to work locally to fit alongside the workings of the court.   For example, the Dundee ARW worked from 7 a.m. to 3.30 p.m. or later, which allowed her to begin in the police office and then follow through to see people in the Courts.

2.74   In Edinburgh, it appeared that Reliance officers found the facilitation of AR to be generally straightforward and that there had been no need to employ any extra staff or change overall work patterns.

> *As long as we're putting prisoners in [court cells] the ARWs can get as long*
> *as they want. I think they're quite happy with that aspect of it. And as I say,*
> *it's no cost to me - the staff are on post, the prisoners are all there.   EDIN 8 REL*

2.75   In general, there appeared to be less scope for tension between the work of the AR team and the core functions of the court.   Indeed, a key advantage for AR teams working at the Sheriff Court was felt to be the presence of and their interaction with other professionals who work at the court on a regular basis.   These include defence agents, court social workers, bail workers, medical staff.   Teams in the EMARS and Tayside schemes spoke warmly of relationships they were able to build up and the opportunities for picking up information early and also for some advocacy work on behalf of arrestees they saw.

> *I also think it gives me better chance to speak with solicitors or solicitors speaking with me or social workers and that as well, I think the court's setting's a better set up altogether.* *TAY 8 ARW*

Cultural context and professional roles

2.76 There is no doubt that it is initially more challenging for ARWs to establish themselves within a busy police setting than it is in the courts, no doubt because of the very strong sense of professional identity within the police service and the fact that the police office itself is a more closed environment. In Glasgow, for example, members of the AR team indicated that they sometimes felt quite separate from custody staff and, although they appreciated the privacy afforded by the AR room for interviewing, they could also feel 'quite isolated' (GLA 8 ARW). Initially, they did not always feel comfortable going through the custody office area to the station facilities, for example with some shifts there was little social contact (e.g. over coffee).

2.77 Overall, the Glasgow ARWs felt there was still some reluctance on the part of the police to fully recognise their professional role. While there was no doubt that there was a strong and consistent commitment to AR from police management, this did not always translate into a similar level of commitment on custody shifts. For example, the ARWs felt that individual custody officers could take more initiative in terms of identifying which officer the AR team should liaise with each day.

> *I still feel that the police aren't very vocal at identifying themselves as `well, I'm the person who's on for Arrest Referral today'.* *GLA 9 ARW*

2.78 In the courts, by contrast, the Reliance custody staff have a much less dominant professional role and appeared to regard the ARWs as simply one of a range of professionals who require access to arrestees. As a result, working relationships, with court custody staff, appear to have settled down quite quickly

> *We are basically there to look after them[arrestees] in the cells and make sure they are fed, watered, out to the toilets and they get to see people like that, they get to see their lawyer.* *EDIN 11 REL*

> *I mean as I said they come down, and we have also got police coming down and new custodies as well and other things going on so it's just a daily routine for us.* *EDIN 10 REL*

2.79 Overall, it appeared to be slightly easier to operate AR alongside the work of the court than within the police setting. However the extent of any difficulties experienced in the police setting should not be exaggerated: In general, in Glasgow by the later stages of the pilot, both police and AR stakeholders felt that the combination of police and AR functions was operating reasonably well and that good progress that had been made in building links between staff at London Road. The police also felt that the impact of AR upon the police office was manageable.

> *I think there was an inevitable caution from the [police] custody staff [...]. An outside agency coming in to what they see as their environment and they*

deal with the prisoners. The custody management is a difficult enough process at the best of times… and I think I would have been somewhat reticent at taking on some other organisation, coming in and dealing with prisoners who can be problematic quite frankly. Not all of them clearly but a number of them. So once we get over that initial reticence, or scepticism, or cynicism, call it what you will. It appears to have worked reasonably well, I think once you get a trust, you build up that trust. They do what they should do, we do what we should do, and we don't have any problems. That tends to have overcome the initial reticence. GLA 10 POL

They're sort of shifting more towards, well, not necessarily a colleague but you're more than just a visitor to this building now or to this part of the building. GLA 15 ARW

Access to arrestees

2.80 The issue of who identifies potential clients and makes the initial offer of AR is itself clearly shaped by setting. In a court setting, all access is direct by ARWs, whereas in many, though not all, of the police offices (notably Glasgow) the offer of AR is mediated by police staff. In such a context, working relationships with individual police staff take on added significance. The attitude of individual custody sergeants in particular was seen by ARWs as very important in setting tone and practice within shifts. The original custody sergeant designated to facilitate Arrest Referral was very well thought of by the AR team and management.

It depends pretty much on who's on shift […] so it's very much how somebody will sell it. [Custody Sergeant] was always committed to it and always quite clear about it and I used to go 'God, the ones that come in on his shift will be so lucky'. GLA 2 ARW

But certainly on my shift I   made the effort to catch up on the previous shifts. Prisoners locked up, who were still there - needing a wee bit of quiet period, I would go back, go back through the whole list and see who'd been offered who hadn't been offered and then offer them it. GLA 11 POL

2.81 Although the attitude of the custody sergeant was seen as especially important, individual officers also varied in terms of their understanding of the purpose of AR and attitude towards the scheme, their potential to recognise the arrestees' needs in terms of alcohol and drug misuse; and their willingness and ability to offer AR and persuade people to take it up. In particular, some ARWs were concerned that custody staff might not always have, or might not seek to obtain, the information necessary to determine whether or not an arrestee actually has a drug or alcohol problem.

It's only a form that they're filling in, so how do they know how severe the issue is for that client I think technically we should be the judge of that, but it's getting them (Police) to accept that. D&G 1 ARW

2.82 Custody staff felt that it might not be possible within the time available to them to do justice to such assessments. Certainly if information systems were not available, it could

prove difficult to make informed decisions about need. However, among police interviewees, too, it was recognised that assessments are not simply about information, but also about possessing the relevant background knowledge and understanding.

> *It may well be that systems have been down in terms of SCRO, PNC, to enable us to provide and get some of that information. But I would think that it would simply be perhaps a lack of the big picture, as I would see it, in somebody's mind*
> *GLA 3 POL*

2.83   This lack of consistency among custody staff in identifying the target group led to a concern in Glasgow that not everyone who should be offered AR was being offered it. As a result, the police apparently moved from targeted to blanket referral – in other words, almost all arrestees were then offered the service. This was an approach that the ARWs were in favour of. However, it also meant they were receiving many more inappropriate referrals. This issue is returned to in the discussion of Glasgow throughput in Chapter 3.

> *As a consequence of that [change of management and scrutiny of throughput numbers], duty officers were urged to ask everybody, without exception, who was brought in the door whether they had a drink or drug problem. [...] So then it turned into a blanket. And as a consequence of that, Arrest Referral workers were coming to me saying, what's happened here, we're all of a sudden getting dozens and dozens of more referrals than we were earlier on. And a lot of them don't seem relevant*
> *GLA 11 POL*

> *I'd like to see everybody being offered the service carte blanche, no matter who or what or why they are there so that they are making their own decision for themselves whether or not they want to see us because I do feel that ..that the police that make some form of judgement call.*
> *GLA 1 ARW*

2.84   H*ow* the offer of AR was made was also important – in other words, the form of words used, the depth of explanation of the service and the willingness and ability of officers to persist with arrestees who seemed uncertain. The Glasgow consent form provided a standard script but custody staff in Glasgow (and elsewhere) began to improvise on this introduction to AR in their own way.

Other schemes experience of police settings and mediated or direct access

2.85   Interviews with stakeholders in areas, other than Glasgow, indicated that many of the same issues had been addressed in earlier stages of those schemes. RERI faced difficulties in terms of ensuring consistency of approach on the police side. In Renfrewshire itself, one officer had been identified from the start to liaise with the AR team. This worked well when she was there and she generated the vast majority of the referrals. However, there were clearly problems with handover to other staff, as when that officer was absent the referrals stopped.

> *It was depending on who was on shift, whether they got told or not*   *RERI 1 ARW.*

2.86   A review of the early Edinburgh AR project based at St Leonard's police office carried out by Lothian & Borders police in August 2004 reached a number of similar conclusions. These included:

- Stand in Custody Sergeants are unlikely to be aware of the scheme and it is therefore likely to be 'missed'
- Sergeants are too busy to ask prisoners the required information prior to the arrival of the AR worker
- Turnkeys often ask prisoners if they wish to participate in a very informal manner – rather than completing any forms
- Some custody officers may feel we are 'going too far' in efforts to help criminals and will therefore be reluctant to fill out any required forms
- A perception that prisoners use any excuse to get out of the cells, even if only for a few minutes and it is seen as an inconvenience to facilitate these meaningless interviews
- A particular problem is that the very people who would be referred are very often in no fit state (through drink or drugs) to complete forms
- As with the majority of form filling exercises within the force, there was short-term compliance only.

<div align="right">[Lothian & Borders Police internal management report, August 2004]</div>

2.87   Some schemes found some important differences from Glasgow's experience. For example, a key decision made by the Edinburgh project was to cease offering AR at the custody bar. This had been tried in the early stages of the project but it was concluded that arrestees were not generally in a fit state to consider the offer of AR properly.

> *We'd looked originally at that point of them coming in to the station, and we recognised very quickly that that didn't work. It just wasn't practical, for a variety of reasons. They were still angry. They were still high on drugs or drink or whatever, so it didn't happen at that point. That was tried out in the early days [...] and it quickly fell away. EDIN 2 POL*

2.88   A key difference of approach in the Tayside project, at the Dundee police office, was that ARWs were given the opportunity for direct access to both the police information systems and to the arrestee. They were able to scan the system to identify who was in the cells and to see who had an alcohol or drug problem. The ARW was then allowed to go to the cell hatch and offer AR directly. There appeared to be 2 factors underpinning this development. First, the scheme had been in place for a lot longer with the result that greater trust had been built up between the police and the AR team. Secondly there was a smaller prisoner population. This difference in context and approach was noted by stakeholders in Glasgow.

> *I think that in … the one in Dundee has a … the one in Tayside has a great opportunity because again it's rural. It's a small population. She just goes in and about and does her stuff*   *GLA 1ARW*

2.89   In Dundee police office, the ARW was seen as impacting relatively little upon the work of the police. At the same time, they were given greater freedom within the office.

> *[The ARWs] are really able to go about their business freely, they're accepted within the custody suites and you know, there isn't a lot of things that they*

can't access. Or things that they require police officers or support staff members to help them with, you know. So they virtually are support staff, although they're not employed by Tayside police. You know, they've been given all the rights of support staff including the data protection. TAY 5 POL

2.90 Arbroath is a rural station and there are far fewer police officers working there. The ARW previously had direct access to the cells but the situation had recently changed and this was no longer the case. The reasons given for this were to cut down the number of people in the custody area and for health and safety. It is now a police officer who will go to the cell hatch to offer AR. Local police felt the health and safety reasons were valid but also that there might be a drop in referrals

Physical environment

2.91 The space available for contact between ARWs and arrestees was shaped both by physical constraints within the two settings and by the health and safety considerations discussed earlier. At some police sites, interviews were carried out within the cell area or in an existing interview space. As we have seen, Glasgow commissioned a purpose-built interview room to provide secure accommodation with dividing screens. In general the police in Glasgow appeared to be quite happy with the AR room and did not consider that any improvements were required.

It's Spartan in the sense it doesn't have soft furnishings but, to be honest, I think it's suitable for the purpose. Certainly no complaints have come to me about it. It's more comfortable seating than they have in the cell. GLA 3 POL

2.92 In both police offices and the courts, there was evidence of some difference of opinion between AR and custody staff, about the need for and impact of screens. From the police point of view the screen was there as a physical separation, 'both for the comfort of the prisoner but, more especially obviously, for the Arrest Referral worker' (GLA 3 POL). It allowed them to be able to see one another, and 'therefore you're able to build up some kind of rapport because you're seeing verbal and non-verbal communication, which is very important'. (GLA 3 POL) The loud speaker system was to ensure prisoner and ARW could communicate properly without the prisoner having to press their face tight to the window which would be 'discomforting'. 'It allows people to engage in conversation almost as if the screen wasn't there. It works reasonably well'. (GLA 3 POL).

2.93 On the other hand, initially, the ARWs had concerns about the dividing screen. Whilst understanding the police concern with risk assessment, they felt that there were already substantial barriers to overcome, in that the interview was located within a police office and the referral was made by custody staff. The screen was seen as creating a further potential barrier, likely to lead to a more formal style of interview - less flowing, with questions and answers having to be repeated. In practice it appears that they largely became accustomed to working with the screen and overall, it did not seem to have a significant detrimental effect.

You maybe just need to work a wee bit harder to answer people's fears or questions you know about 'why am I in this room with this?' [...] It does look

*like a shield between you, [...] I suppose just working a wee bit harder to set
the scene and put people at ease*   *GLA 9 ARW*

2.94   The fact that the Glasgow police required the whole custody area to be a 'sterile
environment' meant that the ARW could not give an arrestee leaflets to read in the police
cell. To ensure that all arrestees were aware of the scheme and knew that they could ask to
see an AR worker, the AR steering group later arranged for brief details about the scheme to
be stencilled on the cell walls.

2.95   Although, as noted earlier, health and safety concerns were generally less prominent
in a court setting than in most of the police offices, similar themes were evident in terms of
the impact of the physical setting on the dynamics of the interaction between ARW and
arrestee.

2.96   In Edinburgh, for example, the ARWs are now seeing clients in the defence agents'
area - a long counter-like structure, partitioned off into six or seven individual interview
sections, with a dividing screen between an arrestee and his/her lawyer. The screen meant
that both parties would have to speak quite loudly to be heard. One end of this counter, with
a dividing screen, nearest to the custody officer desk, was separated off by a door on the
arrestee side and an archway on the lawyer side. The AR team had access to this space.
ARWs views of the way in which this setting affected the interview process paralleled those
in relation to the police office in Glasgow.

*With us being separated from the individual by a screen [...] is not ideal for
confidentiality or building a rapport or having a useful interview in some
respects. Reliance's preference is that we use that room with the screen - our
preference at the moment is certainly that we use the room without the screen,
just because it leads to a much more productive interview in most cases.*
                                                                          EDIN 1 ARW

2.97   In Perth there had been initial difficulties concerning interviewing arrangements. The
ARW preferred to interview at the court (with no barrier) but was willing to move if the
arrestee looked potentially troublesome. However, this had never been an issue and the
ARW values the lack of a barrier between them and the interviewee.

*Certainly in the beginning in Perth we didn't have any interview facilities and
I was escorted around the police cells with a constable, and the door was left
wide open and the constable stood and listened in. And that had a massive
impact*   *TAY 1 ARW*

*I think it's an understanding that we've got that, if there was anyone who
looked too violent or whatever, we could use another site. It's an option for
us, but in three years, I've never felt threatened by any client [...] I honestly
believe that by sitting on the other side of the glass [...] that we might have
seen more aggravation. You wouldn't get the connection, I might find it hard
to hear what people say. They, because of their states, might find it hard, to
repeat the same thing two or three times because of the glass and that. I just
find it far better atmosphere the way we work it*   *TAY 8 ARW*

Perceptions of arrestee motivation to accept the offer of AR

2.98   Most stakeholders felt that arrestees were clearly advised that their compliance with the Arrest Referral scheme would not have any bearing upon their eventual disposal. ARWs, in particular, felt that arrestees were given unequivocal advice on this issue:

> *They're told very quickly that this is only for their benefit, for their personal*
> *benefit. It's no going to benefit them up in court. It's just solely for them to*
> *stop their chaotic lifestyle.*   *TAY 11 ARW*

2.99   Custody staff however, appeared less certain, with both the police and Reliance staff indicating that they were not entirely clear about the process involved. Despite this, most respondents also argued that, realistically, many arrestees would feel that their involvement would have a beneficial impact upon their court disposal:

> *I think a lot of people think that it's like drug treatment and testing orders;*
> *that it's going to have an effect and they'll not get in the jail or whatever.*
>   *GLA 8 ARW*

> *I think, some of them, some of them think that it will help them when decisions*
> *are made about procedural offences. I'm sure a lot of them do.*   *TAY 6 SERV*

2.100   There was general agreement that defence agents would seek to use any positive contact as mitigation. Indeed, the police and other stakeholder treatment providers in particular, argued that in practice, engagement with the treatment process would have a positive impact and that this was, in their view, entirely proper:

> *With somebody that was getting remanded immediately… there might be a*
> *better case to argue for a community disposal - or certainly bail - rather than*
> *a remand, because they're starting to buy into treatment.*   *GLA 15 SERV*

2.101   Some ARWs also acknowledged that this initial engagement might well be seen positively by the bench and that this was consistent with a motivational process aimed at encouraging sustained interaction with treatment services:

> *It could have an impact in the sense that the sheriff will defer sentence to*
> *actually see if that person does access services… it will be incorporated into*
> *the body of any social enquiry report that the person has maybe accessed a*
> *service which might have a knock-on [or] an indirect affect.*   *TAY 1 ARW*

2.102   Perhaps not surprisingly, it was ARWs who most readily acknowledged the fact that arrestees might not be in a position to fully understand the terms of the engagement, when many would be suffering severe withdrawal pains:

> *They're lying in that bloody cell withdrawing... I think what's basically*
> *happened, they're lying there, they're withdrawing... ranging from minimum*
> *to extremes. They know that they have to make changes.*   *TAY 11 ARW*

> *Obviously there is the fact that people, you know, they[…] are rattling.*   *TAY 2 ARW*

2.103   Most respondents recognised that there may be a wide range of reasons for arrestees responding positively to the offer of an initial interview:

> *It could be somebody just in for a chat. It could be somebody who wants you to try and make contact with a relative to let them know where there are. It could be somebody that's ready to do something about it [their drug problem] and needs help. It could be somebody who's quite cheerful and amiable and quite superficial or it could be somebody who is very emotional and very upset and maybe in some kind of physical distress. You know, it sort of covers… a whole range.* 　　　　　　　　　　　　　　　*GLA 1 ARW*

2.104   ARWs, in particular, recognised that a positive response was often simply a way of getting out of a cell – albeit briefly – and of talking to someone other than custody personnel:

> *They just want somebody to chat to and maybe ask for a cigarette or it's an excuse to get out of their cells for 20 minutes, half an hour.* 　　*GLA 1 ARW*

> *I think for some people it can be as simple as, `Oh, I might get a cigarette here' you know or it's a break out, and some people say that to me.   `I just came to see you because I knew I'd get out of my cell for a wee while'* 　*GLA 9 ARW*

2.105   However, all respondents were equally emphatic that an arrest and remand in custody often resulted in a period of reflection which was intensely cathartic for the individual and which it was possible to capitalise upon with a timely intervention:

> *You're getting them on point of impact. They're sitting in here and they're getting a chance to look over their life and reflect on what they're doing. TAY 11 ARW*

> *I think the older guys and the women as well: the women who have been around for a wee while… I think it is an opportunity for them to actually … you know… reflect.* 　　　　　　　　　　　　　　　　　　*GLA 1 ARW*

2.106   There was a general agreement here too, that in such cases, it was vitally important that an empathetic initial interview was available timeously and without unnecessary delay:

> *The crucial thing is getting hold of them when they are feeling motivated.*
> 　　　　　　　　　　　　　　　　　　　　　　　　*EDIN 14 SERV*

> *The early intervention is the key factor. Hopefully, we can engage people when they are motivated, when they are the most motivated. Which is probably when they are at quite a low point.* 　　　　　　*EDIN 4 ARW*

2.107   This view of individual motivation as a fragile – and often short-lived – phenomenon requiring consistent nurturing and rapid response was evident in many of the respondent interviews. ARWs and other stakeholder treatment providers were particularly vocal on this issue, with many noting that AR had allowed them to 'fast-track' those with drug and alcohol problems at a point in their life when they might be most receptive to treatment interventions:

It's a fast track for methadone, it's a fast track service for somebody that's been arrested, they can be on a methadone script within six weeks through point of contact.   *RERI 1 ARW*

And we have had cases where people have been able to very quickly get into a clinic. And when I say quickly, I mean in a matter of days.   *GLA 1 ARW*

Monitoring arrangements

2.108   One of the pre-conditions of funding from the Scottish Executive was that systems should be in place in each area to monitor effectiveness.   Although this condition was recognised by each of the schemes, in practice, it was only partly met because of a gap between what should have been and what was actually recorded in terms of either data quality, consistency or completeness.

National Arrest Referral Monitoring Requirements

2.109   In December 2003, a National Arrest Referral Monitoring Meeting was held to develop a national monitoring framework for AR, examine possible models for national data collection and consider comparability with English systems.   The meeting was attended by representatives from Tayside, Glasgow, RERI, Highland, Lanarkshire, EMARS, NHS Scotland Information Services Directorate and the Scottish Executive.

2.110   A national monitoring framework was considered desirable for the following reasons:

- To describe the number and characteristics of those in contact with Arrest Referral schemes
- To assess whether Arrest Referral schemes identify and get into treatment those with drug (and alcohol) problems
- To assess whether Arrest Referral schemes reduce re-offending in those with drug (and alcohol) problems
- To assist with the national evaluation

2.111   The framework was drawn up after consideration of The Home Office AR form, the EIU guide and the SMR24 form (data collected for the Scottish Drug Misuse Database).   It was considered important to try and keep data requirements as close to those of the SMR24 as possible.   It was agreed that data collection should be by AR workers for each client as soon as possible after the initial contact. Each pilot site then used this specified framework as the basis for deciding its own data collection.   However each site has also interpreted and operationalised the requirement differently.

Routine monitoring arrangements at each site

2.112   The research team discussed the monitoring arrangements with each pilot, collected examples of all monitoring and assessment forms, viewed routine administrative databases and collected standard aggregate reports. Where possible, an administrative data set covering at least one operational year was collected from each pilot in November 2005.

2.113 Some pilots faced difficulties resourcing sufficient administrative time to manage and maintain their databases. At times, the EMARS and Tayside schemes had between a 4 and 6 month backlog of data to be input. Also, Dumfries & Galloway was partially reliant on a volunteer to obtain and input tracking information. Although all pilots were able to muster sufficient resources to meet the basic data gathering requirements for the national evaluation, it was noted that administrative resources at all pilots were generally insufficient.

2.114 EMARS and Lanarkshire were the only schemes able to meet the national monitoring requirements in full. It was found that Glasgow, RERI, Tayside and Dumfries & Galloway coded certain demographic and substance use data items differently. In particular, data from Glasgow and Tayside presented significant difficulties in terms of the offence codings used. Dumfries & Galloway and RERI did not record offence data and Dumfries & Galloway did not record detailed substance use information. Glasgow, Dumfries & Galloway and RERI data enabled comparison between groups in respect of acceptance of the AR service and involvement in assessment. EMARS, Lanarkshire and Tayside show good data quality in respect of completeness of sections, completeness of specific data items. Available items from Dumfries & Galloway were of good quality but important data were missing. Inconsistencies and missing cases were a particular problem in relation to Glasgow and RERI.

2.115 Overall, these problems had significant implications for the evaluation. In particular, the possibilities for tracking clients into service agencies were limited. This issue is returned to in Chapter 4.

Summary

- Because some of the pilots were extensions to existing schemes, while others were new, the schemes were all at different stages of development at the point of Scottish Executive funding.
- Key issues during the planning and start-up phases included assessments of risk within police offices covered by the scheme; recruitment of suitable AR staff and their associated vetting through Disclosure Scotland; training of police and Reliance staff and of ARWs themselves; preparation of premises; final agreement of protocols and procedures; and building awareness of the scheme.
- Of these activities, identification and preparation of suitable premises and AR staff recruitment proved to be the most problematic, with knock-on effects on the launch date for some of the pilots.
- Strong police champions were key to success in establishing the Glasgow police mediated scheme.
- It was important to provide full training for ARWs, at an early stage of the project, on all aspects of police procedures in relation to arrests.
- The setting for the AR schemes clearly shaped the way that they operated. In the context of a busy police office, the most important of these related to the difficulties in introducing AR (and its associated team) into a busy environment, with high turnover of staff and focus on prisoner processing and custody management.
- The custody staff (from Reliance) in a court-based setting found it relatively easy to accommodate the needs of AR. The fact that the courts operate office-type hours and

have greater continuity of staffing was also seen as an advantage, along with the fact that AR staff could have direct access to prisoners at the cells.

- The introduction of the agency Reliance, to transport prisoners, had significant impact upon how AR schemes were able to operate. This was a key factor in EMARS decision to move AR from the police offices to the court setting.
- Although good working relationships are clearly possible between AR and police staff, these can be difficult to build and maintain in the context of large numbers of police staff, high turnover and a shift work-based structure.
- Direct access by ARWs to arrestees was more possible within a court setting than within the police setting, experience of mediated access varied across different pilots and over time. Direct access became possible in the Dundee police office but at Arbroath initial direct access was rescinded.
- In police-mediated AR, the role of the custody sergeant was seen as especially important in setting the tone and practice within individual shifts, though individual officers also varied in terms of their understanding of and commitment to the scheme, and their ability and willingness to promote AR to appropriate arrestees.
- The character of the physical space available to conduct initial AR interviews was a key factor. At both police and court sites, purpose built interview spaces were favoured by custody staff on health and safety grounds but were often perceived as a barrier by ARWs.
- Most stakeholders felt that arrestees understood that compliance with AR would have no bearing on their prosecution or disposal, although it was also felt that defence agents might use it in mitigation and that sheriffs might be influenced at some level.
- While some felt that agreement to an AR interview might simply reflect a desire to get out of the cells, most also felt that the experience of arrest and custody can offer an important opportunity for reflection and represent an excellent opportunity for intervention.
- A national monitoring framework was agreed for AR, there was variation in how effectively this was implemented across the schemes. Issues relating to data quality, comparability and completeness proved a significant constraint on the evaluation.

CHAPTER THREE   ARRESTEES, THROUGHPUT AND AR ASSESSMENT

Introduction

3.1   The overall aim of this chapter is to document the work undertaken by the pilot schemes. We start by giving an overview of the extent to which the pilots had met their original target figures for arrestees in the AR schemes. This is followed by a schematic view of the AR process and potential exit points from the schemes. We note the variation in arrestee populations potentially available to the AR schemes at the police or court setting and how this might be reflected in arrestees accessed by AR. The total number of arrestees offered AR, accepting AR and being seen by the AR teams is described and this is followed by the characteristics of arrestees contacted by schemes with reference to drug and alcohol misuse, current arrest and offences. A brief description is given of the format of schemes initial interview, assessment and follow-up support.

Did the schemes hit their targets in terms of throughput?

3.2   Although the most logical place to start in discussions of throughput might be the total number of arrestees offered AR, this information is only available for one of the six pilot sites. Moreover, the original bid documents appear to have based their targets on numbers of arrestees actually seen by ARWs. Consequently, we take this as our starting point, though return to the issue of the total number of offers below. Table 3.1 shows the projected and actual numbers of arrestees seen in each area and subsequent paragraphs provide some further contextual information on how the development and practice of each pilot may have affected throughput.

EMARS

3.3   The Edinburgh and Midlothian pilot moved from a police-mediated to a direct access, court-based model in January 2005 and, as a result, the number of arrestees contacted has doubled compared with the number of referrals in the first year at police cells (410). The original target was 500 initial AR interviews per year (an average of 42 per month), leading to 180 action plans and 120 referrals on to other services. Arrestees identified in the court setting (over a 9 month period) accounted for 88% (801) of the annual total – an average of around 90 per month of court operation. This would lead to a future projected annual rate of around 1,100 from the court setting.

Table 3.1   Projected and actual initial AR interviews by scheme

Site	AR interviews per year		AR interviews per month		AR interviews
	Estimate*	Actual**	Estimate*	Actual**	Throughput (annual actual/ estimate)
EMARS	500	907	42	76	181%
Glasgow	485	513	40	43	106%
Tayside*	1050	893	88	74	85%
Angus	240	182	20	15	76%
Dundee	460	545	38	45	118%
Perth	350	166	29	14	47%
Dumfries & Galloway	516	272	43	23	53%
Dumfries	300	186	25	16	62%
Stranraer	216	86	18	7	40%
Lanarkshire	1200	133	100	11	11%
East Renfrewshire & Inverclyde**	145	93	12	8	64%
East Renfrewshire	65	13	5	1	20%
Inverclyde	80	80	7	7	100%

Notes to table

Source: Monitoring data/Service Profiles

*Estimates are based on projected throughput figures included in Service Profiles, proposals for Scottish Executive funding etc., and, as such, may be based on the year 2003/4.

**Actual figures are based upon monitoring data submitted for the period 01/10/04 to 30/09/05 (the latest complete year possible to fit the national evaluation timescales), except in Glasgow where the period is 05/10/04 to 04/10/05 (the Glasgow project was not launched until 04/10/05). (Dumfries & Galloway relates to police referrals (not all interviewed immediately)

***Projected figures exclude the peripatetic work estimated in the proposal. Although this did come on stream during the 'actual' period examined, it could not be considered in full operation at any time during that period.

****The SE funding covered the expansion of the CACTUS service into E.Renfrewshire and Inverclyde only therefore monitoring data relates to those sites only. Actual figures for these areas are estimates based on nine months of operation. At the time of writing, 70 individuals had been assessed since the scheme went operational in 01/01/05 to the end of the monitoring period on 30/09/05; 10 of these were from East Renfrewshire and 60 from Inverclyde.

Glasgow

3.4   Following the launch of the scheme in October 2004, the level of referrals was affected by variation in custody staff practice in offering AR and by the fourth worker post being vacant at both the beginning and end of the project. However, the first year's throughput was still greater than expected.

3.5   The original bid estimated that over half of arrestees coming into London Road (in excess of 3,000 per year) would fall within the broad category of 'alcohol/drug related offender'. On that basis, the projected throughput was 970 offers and 485 arrestees to be seen by ARWs per year. In addition it was estimated that ARWs would hold short-term caseloads of around 35 individuals at any one time.

3.6   In fact the custody team offered the service to 2,353 arrestees (70% of the estimated eligible arrestee population), of whom 845 (36%) accepted a referral; an average of 70 people per month (however it must be noted that as the pilot progressed the police moved to 'blanket' offering of AR to almost all arrestees). The numbers actually having an initial interview with ARWs at London Road was 513, a figure slightly greater than the projected annual throughput of 485. In addition, a small number of initial interviews would have taken place with the AR or CAT teams outside London Road.

Tayside

3.7   Referrals in Tayside were affected by 2 main factors in the year. Because of its location, the G8 Summit in July 2005 caused some disruption, and the relocation of Angus custody facilities (July 2005) took longer than expected and entailed the closure of the Forfar cell suite and refurbishment of the Arbroath police office.

3.8   Overall, the level of referrals in Tayside was slightly lower than expected. The original projected annual throughput (for 2003-2004) was 1,050, a monthly average of 88. It had been anticipated that the referrals would be divided across the region as follows: 23% (240) from Angus; 44% (460) from Dundee; and 33% (350) from Perth. In fact, during the year covered by the monitoring, a total of 893 arrestees were interviewed. The number from Angus was slightly lower than projected (182, accounting for 20% of the total); the number from Perth was significantly lower, at less than half the anticipated level (166 or 19%); while the number from Dundee was much higher (545 or 61%) and, as a result, a further part-time ARW was employed from September 2005. This workers remit was to undertake more follow-up work, to try and contact those discharged from Dundee police office with an 'undertaking to appear' at court who had shown an interest in AR and to improve the scheme's response among hard-to-reach groups.

Dumfries & Galloway

3.9   AR was initially piloted in Dumfries & Galloway during 2003, when AR was offered by police custody staff to a sub-set of custodies (those arrested on drug or alcohol related offences) at Dumfries and Stranraer police offices until October 2003. The subsequent feasibility study suggested that 43 arrestees overall (Dumfries 58%, 25; Stranraer 42%, 18) would be willing to be referred to the scheme per month, yielding a projected annual total of 516 (Dumfries 300; Stranraer 216) per year. The full scheme began in October 2003, with all custodies being offered the service, but the actual throughput has proven to be much lower than anticipated, 272 in total (Dumfries 68%, 186; Stranraer 32%, 86). AR staff offered two potential explanations for the scheme operating at only half the projected levels. Firstly, the initial feasibility study may have provided overly optimistic throughput projections. Secondly, local issues at the police offices meant that not all custodies had been consistently offered AR since the scheme commenced. However AR staff felt that the lower than anticipated throughput had proven beneficial in that it had been possible for the AR team to provide an enhanced service for individuals who did engage with the AR service.

Lanarkshire

3.10   The actual number of arrestees seen by the ARW in Lanarkshire (133, or around 11 per month) was significantly lower than expected, at around one tenth of projected throughput of 100 per month or 1200 per year. Of these interviews, around half were conducted with arrestees from Bellshill police office, while the remainder were distributed equally across the other two sites (roughly 3 at each). It is thought that the timing of ARW shifts at police offices effectively held down the level of referrals to the team during most of the pilot period. Access to custodies via Hamilton Sheriff Court was a promising development but at a very early stage at the end of the evaluation period.

RERI

3.11   The original proposals to the Scottish Executive sought funding for extension of the scheme into East Renfrewshire and Inverclyde, a projected total of 200 initial referrals, followed by 145 assessments (approximately 12 per month) in these two areas. (The AR scheme indicated that all new monies were used for the new areas, rather than in extending the existing Renfrewshire element and therefore activity at Renfrewshire itself is not covered in this report). It was further estimated that some 90 arrestees would engage with CACTUS per year, following assessment for continuing support. Projections based on 9 months of the scheme's actual operation, in the 2 new areas, suggested that the scheme would fall short of its original estimates as, over that period, assessments with 93 arrestees were carried out, an average of 8 per month. Interestingly, the Inverclyde element of the scheme was projected to be on target over that period (processing 100% of its annual throughout) while the East Renfrewshire element was projected to have processed only 20% of its intended annual throughput (or 14% of all interviews).

Figure 3.1   Schematic view of the Arrest Referral process and exit points

IDENTIFICATION

Identified as suitable for AR? → No

Yes

OFFER

Offered AR

ACCEPTANCE

Accept AR? → No

Yes

INTERVIEW

Immediate AR interview

Later interview(s)

Attend → No

Yes

REFERRED ON

Referred on? → No

Yes
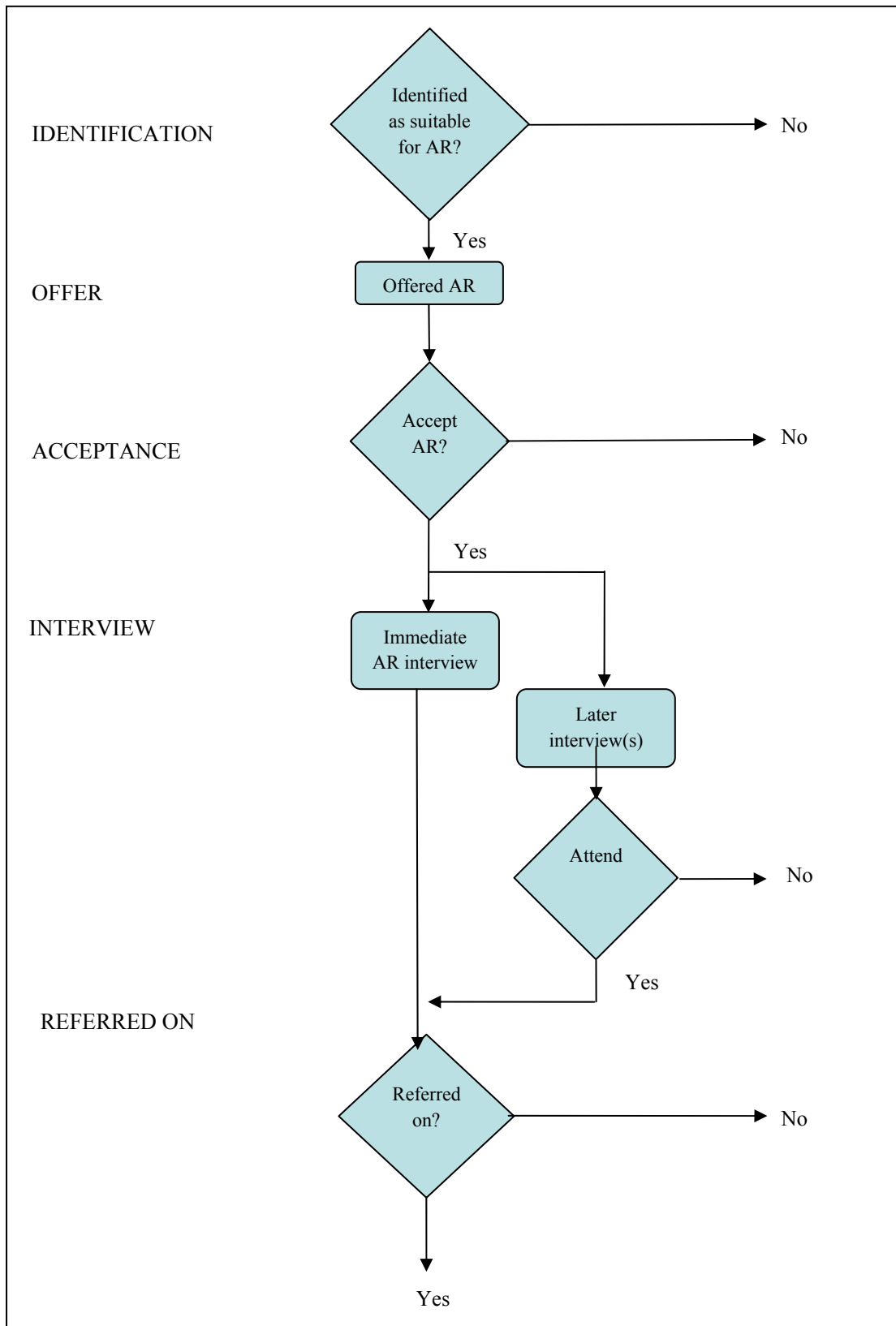
Stages of the AR process and potential attrition in arrestee numbers

3.12   Figure 3.1 provides a schematic view of the initial stages of the AR process, indicating the potential for attrition at each of these steps. Each scheme operated differently, with variation in the steps and timing of the initial stages.   The stages were: initial identification and offer by police in a police mediated scheme or initial contact at cells by ARWs in direct-access court schemes; first interview/initial assessment with ARW – this could take place immediately in the custody setting, be arranged for a later date outside the custody setting or take place even weeks later in response to contact by the arrestee; and subsequent appointments to complete fuller assessment. Tayside's one-stage, direct access scheme completed the initial assessment at the point of first contact and therefore interested arrestees were seen straight away. Only arrestees selecting themselves out would be lost at this stage. Edinburgh operated direct access and same day initial interview but also offered follow-up appointments to complete assessment. They found that a number of arrestees did not keep the subsequent full assessment appointments offered and therefore, although initial referrals to services might have been made they might have missed out on the extra support available to get them there. As well as these structural factors which influenced rates of attrition, the demographic characteristics of individuals and stage they were at (in terms of their offending behaviour and consequent charges or court appearances) may have affected their likelihood to accept AR referral and to subsequently attend appointments.   These elements are discussed below in relation to the phases identified in Figure 3.1.

Impact of setting on profile of arrestees offered AR

3.13   One of the most important differences between the police and court settings is, of course, in terms of the profile of arrestees actually offered AR. At the police office, typical offences for which individuals are brought into custody include shoplifting, breach of the peace, being drunk and disorderly, theft of a motor vehicle, soliciting, etc. Arrestees may be brought in at any time of day and may be detained and released without charge or stay in overnight or over the weekend until transported to court. A difficulty faced by police based schemes is how to capture those arrestees who were released early: in particular young people aged 16-25; vulnerable women; those too intoxicated to be interviewed at that time; those arrested for minor offences or released post a caution.

3.14   Glasgow felt they missed initial face-to-face contact with women involved in prostitution who were released before the weekday AR shift arrived. ARWs were keen to see whether they could get access to the courts to try and catch this group. However the data indicates that they were still seeing significant numbers of women involved in prostitution.

> *We're maybe getting girls on a Sunday that have been held in over the weekend, but a lot of the girls who are prostituting we're not getting to see.*
> *GLA 8 ARW*

3.15   At the longest established scheme, Dundee, ARWs felt that they often missed young people (aged under 18) and women, because they were less likely to be held overnight. The Dundee scheme developed an additional process to try to capture those released and undertaking to appear in court later (UTA). The police custody staff handed out leaflets to this group and a new worker was appointed relatively late on in the project to address this issue specifically. The original Edinburgh police-based pilot had also explicitly realised that,

by focussing on overnight custodies, the ARW would miss young people arrested on minor offences and released early. This does raise the question of the appropriateness of AR in its current format, as a mechanism for making contact with young arrestees at an early stage of substance misuse related offending. As total police site throughput figures were not available to the research team it was not possible to estimate the proportion of young people being missed.

Prisoners on remand or sentenced to imprisonment

3.16   An important factor affecting attrition rates at the pilot schemes was the relative proportions of arrestees who were remanded or sentenced to imprisonment

3.17   In the case study Glasgow police office setting *all* arrestees fitting the target group criteria were offered AR by the police irrespective of the likelihood of them going on to be remanded or to receive a prison sentence. All those agreeing to AR and still in police custody were then interviewed by ARWs at the police office. Arrestees who had already been discharged from the police office to the community were sent a letter giving contact details and drop-in times for the AR scheme. One group of arrestees might be missed by both police-based and court-based AR projects. This group comprised arrestees released early from the police office with an undertaking to appear in court at a future date. They were missed by ARWs at the police setting. They would also be missed by ARWs at a court-setting because they would not be in custody at the point of coming to court. Some arrestees would go from police custody to court from where they could be freed, bailed, placed on remand or receive a custodial sentence or non-custodial sentence. At court–based schemes ARWs could potentially see all police custodies transferred to court.

3.18   At the court based schemes, there was potential to encounter three different groups passing through the court custody areas:

   a) Those arrestees transported from police offices to court
   b) Those remand prisoners brought to appear before the court who may be taken back to prison or released after appearance before the court
   c) Those who have been remanded or sentenced by the court and were waiting in the court cells for transport to prison

3.19   Those from police custody constituted the target group of all the AR schemes. In Edinburgh, female remand prisoners were not held separately from police custodies – a handful only were seen by ARWs. At the Tayside court-based sites (Dundee and Perth), there was also contact with groups b) and c). In Tayside, remand prisoners were physically separated from police custodies in Dundee but not in Perth. At both sites, remand prisoners and those awaiting transport could ask to see the ARW, who was well known among court users. Though offering assistance to these groups was not a core task, limited *ad hoc* contact did occur, consisting mainly of liaison with treatment agencies on their behalf - these contacts were not recorded in the database. Therefore, the numbers interviewed by ARWs at court-based schemes were not artificially inflated by those on remand or awaiting transport to prison.

3.20   In terms of total throughput, information on the numbers of arrestees offered AR in police settings, or interviewed by ARWs at police or court settings, who subsequently went

into custody was not available from any scheme. Some arrestees anticipating going into custody would refuse an AR-related offer from the police or ARWs, but we have no means of quantifying the numbers involved. Data from Glasgow on arrestees refusing AR may include some who selected themselves out in this manner, but further analysis of this is not possible. In both police and court based schemes there was no active screening out, by the police or by the AR team, of those who were likely to be imprisoned.

3.21   Those arrestees who were interviewed by ARWs but were placed in custody following their court appearance (remand or sentenced) were essentially lost from the AR process at this time as unless arrestees spent a very short time in prison, contact with arrestees generally ceased. In general it was difficult for AR teams to obtain full, timeous information as to the outcome of the court process which could be used to inform onward referral decisions, although Tayside (the scheme established for the longest period) had arranged to receive daily feedback on outcomes at its court-based sites. At Tayside and Edinburgh court-based schemes, information about arrestees was logged on the database following first ARW interview, regardless of subsequent court outcome.

3.22   All schemes had good links with prison based service providers (Cranstoun at the beginning of the pilot period, Phoenix House towards the end) and ARWs highlighted key information about individual arrestees to these prison services when appropriate. If more than 31 days was spent in custody, in-house drug services were automatically provided by the relevant prison-based service providers. The Edinburgh AR team provided a useful signposting/referral service for arrestees who were interviewed by ARWs but anticipated being imprisoned; the ARW would refer to drug agencies with link workers who carried out prison visits (e.g. NEDAC, WEST, MELD, Simpson House, HYPE)

Offers, acceptances and refusals

3.23   Although overall throughput data was available for all schemes, it was not possible (excepting Glasgow), to fully identify the number and characteristics of arrestees involved at each stage of the process (those being offered, those accepting or refusing AR and those attending subsequent appointments).

3.24   At the Glasgow pilot, relevant data was available for 1,935 of the initial offers of AR made by police. In 791 (or 40%) of these cases, the arrestee agreed to the referral and in at least 513 cases (or 27% of the original offers made) the arrestee was actually seen by an ARW at the custody suite. In assessing the significance of these findings, it needs to be remembered that, unlike other areas, Glasgow moved towards a policy of offering AR to almost all arrestees. This is likely to have skewed the data in some ways - for example, by increasing the proportion of refusals and drawing in larger numbers of some types of offenders (particularly those arrested in relation to public order offences) into the base data. This makes the data on total offers unsuitable for comparison with other schemes which maintained a more closely targeted focus.

3.25   Nevertheless, it is interesting to note that two-thirds of offers were to males, while roughly half were to people aged 30 or over, with a large proportion (around 30%) of age 31-40 years. The demographic profile of all arrestees was not available and therefore it was not possible to say whether particular groups were disproportionately likely to have been *offered* the service. From Table 3.3, however, it can be concluded that female arrestees were more

likely than males to accept the offer. Age data was not available for some 30% of those offered AR (mainly those refusing AR) so the pattern for age is less clear. It does appear, however, that the age group *least* likely to accept the offer of AR are those aged between 16 and 20.

Table 3.2   Gender, age group and mean age of arrestees offered AR, agreeing to the referral and seeing an ARW in Glasgow

	Offered AR by custody-staff	Agreeing to referral	Seen by ARW at custody suite
Total	1935	791	513
Gender	**%**	**%**	**%**
Male	67	63	65
Female	33	37	35
n=	*1882*	*780*	*505*
Age group	**%**	**%**	**%**
16 to 20	14	10	11
21 to 25	19	21	21
26 to 30	20	22	22
31-40	29	33	30
41+	18	15	16
*n=**	*1339*	*758*	*491*

Notes to table

Source: AR monitoring data (Glasgow)

Variations in base size reflect different levels of completeness by data item (Gender 1882; Age at AR offer 1339) 30% of individuals offered AR had no date of birth recorded. The majority of missing data related to those refusing AR.

Figures may sum to more than 100% because of rounding.

Table 3.3   Refusal or acceptance of offer of AR by gender and age group in Glasgow

	Gender		**Age group**				
	Female	Male	16-20	21-25	26-30	31-40	41+
	%	%	%	%	%	%	%
Refuse AR	53	61	62	38	38	37	51
Accept AR	47	39	38	62	62	63	49
Total	100	100	100	100	100	100	100
*n=**	*613*	*1269*	*191*	*257*	*265*	*388*	*238*

Notes to table

Source: AR monitoring data (Glasgow)

*Variations in base size reflect different levels of completeness by data item (Gender 1882; Age at AR offer 1339). 30% of individuals offered AR had no date of birth recorded. The majority of missing date of birth data related to those refusing AR.

3.26   Those arrested for breach of the peace (38%) were less likely than those arrested in relation to warrants (58%) or prostitution (77%) to accept the offer of AR. Overall, then, the youngest arrestees (particularly males) and those arrested in relation to drunken and violent behaviour were relatively less likely to accept the offer of AR in Glasgow. In contrast, older individuals, particularly females (a target group for the scheme) and those arrested in relation to court-related offences (often indicating prior involvement with the criminal justice system

e.g. Breach of Probation) are among the groups more likely to accept help from an ARW in Glasgow[1]. The Glasgow pilot also targeted homeless people and at least 3% (55) of arrestees offered AR were identified as of No Fixed Abode. This group was more likely to accept AR (58%) than refuse (42%).

3.27   Glasgow was also the only pilot to record any information about reasons for refusal. Again, these data need to be seen in the context of a practice of 'blanket referral' in which large numbers of 'unsuitable' arrestees may have been offered the service. The monitoring form facilitated recording of up to six overlapping reasons for refusal. However in the vast majority of cases only one reason was recorded which suggests that police custody staff recorded the first or primary reason only and therefore the following figures should be viewed cautiously. Of those who refused AR and gave a reason for doing so (n=870), 53% said they simply did not want help; 30% that they did not consider that they had a problem with alcohol; 8% that they were already in contact with another service; and 1% that they did not consider that they had a problem with drugs. The numbers refusing because they did not want help with alcohol problems or did not want help at all steadily increased over the year, reflecting the move towards offering the service to a wider range of arrestees.

3.28   A key point about the Glasgow pilot is that, for all arrestees eligible for AR, the police custody staff would place an AR information leaflet in the prisoner's property bag. Information about the scheme was therefore being very widely distributed and may well be consulted by some arrestees at a later date, even if they did not see an ARW at that time in the custody suite.

Data on those accepting the offer but not actually seeing an ARW

3.29   Some limited data is also available from Dumfries & Galloway, Glasgow and RERI on those who accepted the offer of AR but did not actually see an ARW. In Dumfries & Galloway, only half of the arrestees (50%, 137) referred to the scheme in the period examined were actually seen by an ARW. The main reason given for not being seen was failure to attend 3 scheduled appointments and at least 12 cases were closed because the arrestee had been imprisoned. In both Glasgow and RERI a higher percentage (65%) of arrestees accepting referral were seen.

3.30   When looking across schemes there was no consistent pattern of age or gender related attrition in the proportion of those accepting AR but not being seen by an ARW (Figure 3.1). In Glasgow those age 16-20 were most likely to attend an interview with an ARW (72% of those agreeing to be referred to AR) whereas in RERI this group were least likely to attend an interview (60%). In RERI the group most likely to attend were 21-25 year olds (77%) however this age-group was least likely to attend in Dumfries & Galloway (39%). In Dumfries and Galloway those aged 30+ were most likely to attend (60%). In terms of gender, in Glasgow it appeared that, of those accepting referral to an ARW, a slightly lower proportion of women (61%) than men (67%) would see an ARW. However we also know that the Glasgow AR team would make particular efforts to follow-up vulnerable women missed at the police office and would interview them later if possible. In Dumfries and

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[1] It should be noted that as the Glasgow scheme was in its infancy, those seen in connection with court related offences (e.g. bail offences, breach of probation) may have sought help at the time of the original offence had the scheme been operational at that time.

Galloway the proportions of men and women seen by ARWs were roughly the same but in RERI a higher proportion of women (85%) than men (63%) were interviewed by an ARW.

Were the pilot schemes reaching their target groups?

Key demographic characteristics

3.31   Table 3.4 indicates the variation across sites in terms of key demographic characteristics of AR clients. The majority of those accepting the offer of AR were male. RERI had the highest proportion of males (at 84%) while Lanarkshire and Glasgow had the lowest (60% and 63%, respectively). This probably reflects the latter schemes' efforts to reach more female arrestees, through the inclusion of Bellshill (which has a female-only custody suite) and the focus upon prostitution in the East End of Glasgow.

3.32   In terms of age, the pilots in Glasgow, Lanarkshire and RERI appear to be involving a slightly older set of offenders than the remaining sites. While around 1 in 5 clients at the other sites are under 21 years, the comparable figure at these schemes is around 1 in 10. A high proportion of clients involved with these schemes were aged between 26 and 40. When mean age is examined, clients in Glasgow and Dumfries & Galloway were, on average, older than those at any of the remaining sites.

3.33   In terms of ethnicity, Arrest Referral clients were overwhelmingly homogenous: at all sites, 97% or more were white and only in EMARS were more than 1% of clients from an another ethnic group, representing 3% of the total there.

3.34   Where provided, information about employment status clearly shows that most individuals who accepted AR were unemployed or not seeking work[2]. In Glasgow and Lanarkshire, around 1 in 5 stated that they were employed, although the low base sizes for responses from these sites reduce the reliability of these figures. Glasgow was reaching one of its target groups in that 7% (all female) arrestees said prostitution provided their main income.

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[2] 'Unemployed' was used as a category by Lanarkshire, Edinburgh, Tayside and Glasgow, while 'not seeking work' was also used as a distinct heading by Lanarkshire and Tayside asked further questions regarding past employment.   While some effort to differentiate non-employed persons was evident in Lanarkshire and Tayside, the only other category aside from 'Employed' used in Edinburgh and Glasgow was 'Unemployed'. Due to the limitations and inconsistencies of the data it was decided to merge all non-employment categories across all schemes, thereby encompassing unemployment, disability, benefits etc.   As it was not possible to distinguish those not seeking employment from those temporarily unemployed in two of the schemes (Edinburgh and Glasgow), disaggregation of this category was not attempted.

Table 3.4   Arrestees accepting AR – key demographic characteristics by scheme

	D&G	EMARS	Glasgow	Lanarkshire	RERI	Tayside
Gender	%	%	%	%	%	%
Male	78	78	63	60	84	76
Female	22	22	37	40	16	24
n=	*136*	*907*	*780*	*133*	*70*	*893*
Age group**	%	%	%	%	%	%
16 to 20	21	18	10	7	9	20
21 to 25	19	31	21	26	19	32
26 to 30	19	25	22	34	36	20
31 to 40	21	21	33	29	29	18
41+	20	6	15	5	9	10
n=	*129*	*907*	*758*	*133*	*70*	*889*
Age	%	%	%	%	%	%
Minimum	16	16	16	17	17	16
Maximum	67	63	65	52	46	70
Mean	31.2	27.4	31.4	29.1	29.5	27.8
Base	*129*	*907*	*758*	*133*	*70*	*889*
Ethnicity	%	%	%	%	%	%
White	99	97	99	99	100	99
Other	1	3	1	1	0	1
n=	*137*	*904*	*766*	*90*	*70*	*834*
Employment Status	%	%	%	%	%	%
Unemployed /Not seeking work	Not available	94	82	73	(n=4)	89
Employed		6	18	20	0	10
In Full-time education		0	0	7	0	1
n=*		*902*	*244*	*82*	*4*	*687*

Notes to table

Source: AR monitoring data

*All data for period 01/10/04 to 30/09/05 (except Glasgow 05/10/04 to 04/10/05)

** Percentages may sum to more than 100% because of rounding.

Use of drugs or alcohol

3.35   Some monitoring data on the nature of arrestees' substance misuse behaviour was available from all pilot sites, though RERI and Tayside did not clearly distinguish between problems associated with drug and alcohol use.

Table 3.5   Arrestees seen by ARWs - substance use across four schemes

	D&G	EMARS	Glasgow	Lanarkshire
	%	%	%	%
Drug issues	28	80	59	74
Alcohol issues	36	7	18	4
Both	37	13	23	23
n=	*104*	*907*	*308*	*133*

Notes to table
Source: Monitoring data
Figures may sum to more than 100% because of rounding.
Drug focus only – Lanarkshire, EMARS; Drug and alcohol focus – D&G, Glasgow,

3.36   Significant differences emerged across the sites for which information on drug or alcohol issues was available – not unexpectedly, since some of the schemes explicitly focused on drug and alcohol problems, while others were concerned only with the former.   The majority of arrestees reported drug issues at all sites, though the proportion (including those using drug and alcohol) doing so ranged from 82% in Glasgow to 93% in EMARS.   Around three-quarters of clients in Dumfries & Galloway reported alcohol (including alcohol plus drug) issues – significantly more than in the other three areas.   Clients in Dumfries & Galloway were also more likely to report both drug and alcohol issues than at the other sites examined.

3.37   Table 3.6 shows that heroin, methadone, alcohol and benzodiazepines were the main substances used by those who saw an ARW.   Where recent substance use was reported, heroin was the most frequently cited drug at all sites.   In Glasgow alcohol use (defined on monitoring forms as 'to intoxication') was reported as frequently as heroin use.   Alcohol, benzodiazepines and methadone were the other main substances used by clients, although several schemes reported apparently anomalous levels of use in respect of these (e.g. 4% were Methadone users in Tayside and no alcohol users in RERI).   Although such anomalies could conceivably be due to differing levels of drug use, it is likely that differential recording of licit and illicit substance use between sites and the exclusion of those with alcohol issues from certain schemes are more relevant as explanatory factors in these cases.   In general, it is worth noting the obviously high level of poly-drug use and, in particular, the combination of alcohol and drug use.

Table 3.6   Arrestees seen by ARWs – specific substances used by scheme

Substance use*	D&G	EMARS	Glasgow	Lanarkshire	RERI	Tayside
	%	%	%	%	%	%
Alcohol	Not available	23 (208)	41 (126)	30 (23)		31 (253)
Benzos***		54 (489)	24 (73)	37 (29)	44 (10)	23 (189)
Cannabis		16 (142)	14 (43)	10 (8)	44 (10)	14 (118)
Cocaine		9 (82)	20 (61)	13 (10)	17 (4)	4 (35)
Other opiate		14 (129)		4 (3)		13 (104)
Heroin		60 (543)	40 (122)	67 (52)	52 (12)	62 (508)
Methadone***		39 (346)	34 (104)	36 (28)	(7)	4 (30)
n=**		*899*	*308*	*78*	*23*	*822*

Notes to table

Source: Monitoring data

Figures may sum to more than 100 because of the possibility of multiple responses

*Ecstasy, Amphetamines, Other drugs, Psychedelics and Solvents are excluded from the above figures on substance use due to the small numbers involved.

**Much of the data on substance use was missing from the data collated at some sites. In order to counteract the effect of this and variations in reporting across sites, all cases where no affirmative indication of substance use was apparent were excluded from the analysis. The differences between the total numbers of clients and the base numbers reveal the extent of such exclusions.

***Aggregate figures for benzodiazepines and methadone were provided by most schemes and are reported above. Glasgow also provided separate figures for prescribed and illicit methadone (33% prescribed & 1% illicit) and benzodiazepines (8% prescribed, 16% illicit).

Link between substance misuse and offending

3.38   As part of the arrestees' survey in the 3 case study areas, respondents were asked whether they had used drugs or alcohol in the 24 hours prior to their arrest. Overall, around a fifth of survey participants said they had used alcohol in the 24 hours prior to their arrest and over half said they had used drugs during the same period. (Participants in Glasgow were slightly more likely than those in EMARS and Tayside to mention alcohol use and slightly less likely to mention drug use.) Looked at another way, only 8% of all those interviewed indicated that they had used neither drugs nor alcohol during the previous 24 hours.

Table 3.7   Use of drugs/alcohol in 24 hours prior to arrest

	Glasgow	EMARS	Tayside	Total
	%	**%**	**%**	**%**
Yes-alcohol	23	15	18	19
Yes-drugs	46	65	60	56
Yes-both	21	18	13	17
No	10	3	10	8
n=	*52*	*40*	*40*	*132*

Notes to table

Source: Survey of arrestees

Figures may not sum to exactly 100 as a result of rounding

3.39   Over half, 52% (69, base 132) of all survey participants felt that drugs and/or alcohol had contributed to their arrest, though this proportion was slightly larger in EMARS, 73% (29, base 40) and smaller in Glasgow 40% (21, base 52), perhaps because almost three-quarters of arrests in the latter scheme were warrant related (see below).

3.40   There was evidence of a particularly strong link between drug use and offending. Participants in the arrestee survey who used drugs were asked about how they had financed their dug use. Paying with cash and using stolen goods were the most frequently used methods and, overall, 39% (51, base 132) of arrestees admitted to committing a crime in the previous four weeks to finance their habit.

Table 3.8   Method of payment for drugs

Method of payment for drugs	Glasgow	EMARS	Tayside	Total
	%	%	%	%
Given drugs for free	38	38	31	42
Paid cash*	97	86	91	86
Paid with stolen goods	36	59	3	57
Paid with sex	21	-	3	10
Other ways**	5	27	31	28
n=	*39*	*37*	*35*	*111*

Notes to table
Source: Survey of arrestees
*   Source of cash (legitimate or non-legitimate sources) not stated
**'Other ways' include dealing drugs; fraud, burglary, odd jobs, stealing drugs
Figures may not sum to 100 as a result of multiple responses

3.41   The following excerpts from the qualitative data illustrate the ways in which survey participants felt that drugs or alcohol had contributed to their arrest:

> *'I committed the offence when under the influence; if I was sober I wouldn't be in this position.'*

> *'Definitely – [it was] shoplifting to feed my habit.'*

> *'I get worse when I drink. I shout at people and pick fights.'*

> *'Without a doubt. If I wasn't taking drugs I wouldn't be out stealing - simple as that.'*

> *'Because I was off my head and would not have done it otherwise.'*

Broader impact of substance misuse on arrestees

3.42   The interviews with arrestees also provided evidence of the extent to which the pilots were reaching individuals whose lives were being disrupted in other ways by issues relating to substance misuse. Overall, the vast majority of all survey participants, 86% (114, base 132) felt that their alcohol and/or drug use affected their relationships with family and friends. Three-quarters, 77%, (102, base 132) said they wanted help with their alcohol use and nearly 90%, (119, base 132) wanted help with their drug habit.

3.43   The following examples from the qualitative data are illustrative of how survey participants' relationships had been affected by substance misuse.

> *'Mum is threatening to disown me. She feels like packing up and moving away. My girlfriend is threatening to leave if I do not get help and also take my son away.'*

'It upsets people. They all worry about you and think the worst of you and look down on you – 'disgrace'. But I spoke to my mum and dad and they realise that I wasn't just a junkie - I had a problem.'

'I've fallen out with my family because of it. My mum doesn't like it - nobody in the family likes it. My relationship broke up because of drugs and prison.'

'My family and friends are angry when I get out of control with alcohol and drugs.

'My girlfriend doesn't like it. It causes rows between us.'

3.44   Over half of all participants in the arrestee survey, 56% (66, base 117) who said they used drugs felt that their drug use was often or always out of control, again suggesting a reasonable basis for intervention and that the schemes (at least in the 3 case study areas covered by the survey) were reaching appropriate clients.

Type of offence and previous involvement with the criminal justice system

3.45   There was wide variation in the types of offences committed by clients seen by the AR teams (Table 3.9). In Glasgow 50% (365, base 730) and Lanarkshire 40% (53, base 133) of individuals were charged in relation to warrants (further details of the originating offence was not available either because it was unknown or not recorded fully). In contrast, at the Edinburgh court setting, the AR team noted more detail about the originating offence and therefore a much smaller proportion of individuals were recorded as having been arrested in relation to a warrant 11% (100, base 907). Warrants are shown separately in the following table and are not included in the detailed offence breakdown.

3.46   Among the cases where more detailed offence data were available it was apparent that many were arrested in relation to 'other' offences of which a sizeable proportion were accounted for by breach of the peace (1 in 5 of all arrestees in Tayside). Violence and shoplifting were also widely reported reasons for arrest, as were, to a lesser extent, drug offences and prostitution. However, there were particularities at certain sites: drug offences and shoplifting were extremely common and theft and housebreaking very rare in Lanarkshire (although base sizes here are problematic); motor vehicle theft and prostitution were high in Glasgow (sex workers were specifically targeted here) while a much lower level of shoplifting and drug offences were recorded.

Table 3.9   Arrestees seen by ARWs – offending behaviour

	D&G	EMARS	Glasgow	Lanarkshire	RERI	Tayside*
Offence type**	%	%	%	%	%	%
Violence	Not available	16	14	20	Not available	11
*Robbery****		2	1	2		-
Serious/petty assault		15	13	17		-
Theft/housebreaking		34	9	37		34
Shoplifting		19	8	34		18
Housebreaking		6	4	2		-
Motor Vehicle theft		1	1	-		-
Theft from Motor Vehicle		0		-		-
Other theft		8	4	-		-
Drug offences		11	10	29		9
Fraud		3	1	2		-
Reset		5	-	-		-
Prostitution		0	11	-		-
Other***		44	50	20		58
Breach of the Peace		11	30	15		16
N (excl. warrants & no offending data)=*****		781	365	41		754
		%	%	%		%
Warrants (%) ****		11	50	40		14
No offending data (%) *****		3	-	49		2
n=	137	907	730	133	119	893

Notes to table

Source: Monitoring data. (Glasgow figures relate to arrestees accepting an AR referral)

*Tayside data total more than 100 per cent as the scheme recorded multiple charging offences.

**Substantial sections of offending data were missing from the information collated at some sites. In order to counteract the effect of these large sections of missing data, variations in reporting across sites and the substitution of details about the type of offence with the simple assertion that arrest was in relation to a warrant at some sites, all cases where no affirmative indication of offending of a specific type was apparent were excluded from the analysis.

***Where reported, italicised categories are the constituent elements of categories highlighted in bold.

****Aside from Breach of the Peace, the 'Other' category contains offences such as fire raising/malicious/reckless damage, road traffic offences, Breaches of curfew, Probation Order or Bail (all reported separately in Tayside) along with other offences not represented in the remaining categories presented above.

*****These numbers are the base for the offence categories (total - no offending data - warrants).

******Information from Glasgow often reported merely that arrest occurred in relation to a warrant. In order to account for this variation, warrant-related cases are excluded from the main analysis across all sites. For clarity, the figure reported here relates to warrant arrests as a proportion of the total after the exclusion of cases where no offending was reported.

******* A large number of cases in Lanarkshire provided no offending data, probably because of monitoring/recording issues. In order to account for this anomaly, only cases where there was a positive indication of recent offending were included in the analysis. The figure reported here relates to the number and proportion of total cases excluded as a result of this criterion.

3.47   Information about previous involvement with the criminal justice system was available in various forms from the schemes. While data completeness and comparability are major issues in relation to these figures, they do appear to indicate that clients seen by the

schemes are generally unlikely to be first-time offenders. For example, in Tayside, 32% (284, base 893) of clients stated that they had previously been imprisoned. Ninety-three per cent of Glasgow clients seen by an ARW (199, base 214) stated that they had previous convictions while 56% (112, base 201) indicated that they had charges pending. A high proportion of clients seen in Lanarkshire (96%, n= 72) and EMARS (97%, n=798) also had previous convictions; indeed more than half (56%, n=42) in Lanarkshire and two-thirds in EMARS (68%, n=559) had more than ten previous convictions.

3.48   In Glasgow, Lanarkshire and EMARS the majority of arrestees appear to be prolific offenders or, at least, to exhibit well-established offending patterns. Information from the other sites is more tenuous but the criteria of current involvement or past incarceration used inevitably underestimate the extent of previous involvement with the criminal justice system as a whole.

3.49   The arrestee survey suggested that the majority of arrestees seen by ARWs are mainly repeat offenders. Virtually all survey interviewees 99% (129, base 130) said they had been arrested previously, and 81% that they had been arrested at least once in the previous 12 months. A significant minority of those who took part in the survey 21% (27, base 130) said they had been arrested more than 6 times during that period.

Table 3.10   Arrests in previous 12 months

% of times arrestees arrested in previous 12 months	Glasgow	EMARS	Tayside	*Total*
	%	**%**	**%**	*%*
Not in last 12 months	21	20	8	17
1-5	51	58	72	59
6-10	20	8	10	13
Over 10	8	15	5	9
Don't know	-	-	5	2
n=	*51*	*40*	*39*	*130*

Notes to table

Source: Survey of arrestees

Percentages do not all add up to 100 due to rounding.

3.50   It must be borne in mind that the above monitoring and arrestee survey data do not provide details of the specific forms of previous criminal involvement; in particular, it is not possible to determine whether previous offences were drug-related (e.g. acquisitive crimes, prostitution) or not. Therefore, it is not possible to ascertain whether, in agreeing to see an ARW, arrestees were seeking help for an emerging substance use problem or were at a later 'stage' in the cycle of change (Prochaska & DiClemente, 1983) where a point of crisis triggered a desire to end an established pattern of drug use. Neither can the data offer insights into the degree to which 'new' and 'experienced' drug users were 'targeted' by individual custody staff or ARWs, or the extent of reactivity/proactivity among these actors.

Extent to which the pilot schemes are reaching 'new' service users

3.51   We have seen that the vast majority of interviewees had been arrested before and that most had been using drugs or alcohol within 24 hours of their arrest. To what extent, then, does Arrest Referral seem to be reaching individuals who are not already in contact with

support and treatment services? It is not possible to answer this precisely because of gaps in the chain of monitoring data. However some information on 'referring on' and proportions of new service users examined in the next chapter allows us to make some broad estimates. We do not know how many of Glasgow offers of AR by police were to existing service users but around two-thirds of arrestees interviewed by ARWs in the custody area were new to services.   For Edinburgh and Tayside the estimated proportion of new service users interviewed by ARWs is lower, around 38-53% (based upon onward referral data).

3.52   The arrestee survey interviews of arrestees in the 3 case study areas, asked participants whether they had previously been offered help, support or treatment.   Not surprisingly, there was a difference here between drugs and alcohol. Around half (44%) of those interviewed who drank alcohol indicated that they had not previously been offered help, support or treatment in relation to alcohol problems and a smaller number - around a quarter (27%) of those who were using drugs – that they had not previously been offered help for drug problems. We are unable to say how many of those who had previously been offered support were in contact with service agencies at the point that they were offered AR.

3.53   Qualitative interviews with stakeholders in Glasgow suggested that many of that scheme's new referrals related to alcohol, and this was seen as one of the successes of the project.

> *I think it's been very beneficial for the older guys who drink, who don't know how to access services. [...] They've never had any help in their life before because they're not people who go and access services. They're maybe men that have worked for years, worked all their lives, drank all that time, and then it's now become a problem. So I think it's been really good for the drinkers in the East End.*   *GLA 8 ARW*

Level of support or input from ARWs

3.54   So far, we have considered the work of the schemes in terms of the number and characteristics of arrestees who accepted the offer of AR. We now turn to a consideration of the nature and extent of the work that was carried out with this group.

The length and format of the initial interview

3.55   Although there were differences across the 3 case study sites in terms of the format and content, style and delivery of the initial interview, essentially each site conducted a brief interview and mini assessment. In Glasgow and EMARS, the interviews generally lasted around 15-20 minutes and were conducted in a conversational rather than highly-structured style. When it was not too busy and the arrestee was interested, the ARWs might spend longer with an individual but this was more likely within the privacy afforded by the Glasgow interview space than in the Edinburgh Sheriff Court defence agent area. Each site had its own initial referral/monitoring form as a prompt to gather basic details and core information for monitoring. For example, EMARS has a short semi-structured topic guide and Glasgow has a one page pro-forma asking more structured information. Glasgow AR staff noted that there was a conflict between the need for obtaining monitoring information and the need to approach the arrestee in an empathetic manner.

*If somebody's really upset, I probably wouldn't expect them to take much
more than a basic name and address and a wee bit about them. I would
expect them to sit and spend that time trying to reassure somebody.   GLA 2 ARW*

3.56   In Tayside, the interview was generally longer, lasting 20 to 30 minutes. The local
assessment form also enables the completion of the SMR 24 (Scottish Drug Misuse Database
Form returned to NHS Information and Statistics Division). Tayside was also unique in that
the ARWs had undergone training from the Tayside Drug Problem Service to conduct a
TDPS assessment in order to speed access to treatment. This was a very specific structured
assessment to be used for individuals with problem drug misuse who wished to be referred on
and took longer to complete (around 40 minutes).

Type of support offered

3.57   All AR schemes provided basic harm reduction information, initial support and
signposting to other services. The ARWs generally only had very brief intervention with
arrestees who were outwith the target group. For example, in EMARS, individuals
presenting with an alcohol problem only were signposted to services and given relevant
leaflets. Arrestees resident outwith the AR funding area received similar minimal assistance.

3.58   EMARS had a very clear statement of the various pathways the AR service facilitated
for the target group of arrestees:

- Providing information, advice and brief intervention support - one off basis
- Providing information, advice and brief intervention support - multiple times until the
  time the individual is ready to accept a follow-up interview
- AR interview is the first ever contact towards a treatment service – small number
- Re-start a lapse of contact with a treatment agency – larger number
- New referrals to a new or different agency but with previous experience of treatment
- Safeguarding contacts e.g. place on waiting list for a prescription – quite a large part of
  the AR team work
- Enhancing contacts with existing services

3.59   An important aspect of all the AR teams work was taking on an advocacy role with
other agencies. Glasgow found that around a third of their referrals – especially in relation to
drug use – were, people already known to the Community Addiction Teams and the ARWs
liaised with existing workers and services to maintain or enhance existing contact.

3.60   We have already noted the variation in the written materials provided by the ARWs in
the different schemes at the initial interview. A particularly useful format was the business
card provided in EMARS which had contact details on one side and on the other the ARW
wrote the next appointment time, if agreed, and also any key action points.

Follow-up

3.61   The pilot sites varied in terms of the amount of follow-up offered. In Tayside, the
main focus of the ARWs' work was the initial interview, though some follow-up work was
undertaken. In Glasgow, there was a commitment to follow up clients for up to 6 weeks to

enable the completion of the baseline assessment (the first part of the Single Shared Assessment used by the CAT teams). In EMARS, the resourcing of follow-up work was affected by the increase in numbers of initial referrals following the move to the Sheriff Court. In Glasgow, too, resource issues affected the number of home visits that were possible.

3.62   One of the greatest difficulties faced by the ARWs in EMARS and Glasgow was ensuring arrestee attendance at follow-up interviews. While offering set appointments after initial contact at the police office or at sheriff court worked for a very small number of highly motivated arrestees, in general, it was not a very successful approach. One of the reasons for this – apart from the often chaotic nature of arrestees' lives – was that it was often unclear at the initial interview whether the person would be available for a specific follow-up interview time. In Glasgow, this was exacerbated by communication problems between the ARWs and the court in relation to information about disposals for particular individuals.

3.63   As a result, Glasgow began to offer a drop-in service at the Newlands Centre, the East CAT team base. Glasgow has the particular advantage of being part of the wider CAT team and the duty staff will ensure arrestees who drop in outside the AR team hours are seen.

3.64   EMARS offers follow-up appointments at the SACRO office and has more recently developed afternoon drop-in sessions at two separate support agencies. The idea is that they can inform the arrestee they will be at the service on a particular afternoon. If the arrestee attends, the ARW can smooth the transition to the service worker.

3.65   In Lanarkshire, Edinburgh and Dumfries and Galloway the ARWs would sometimes also accompany arrestees to a first appointment at another agency - e.g. the housing office, community drug problem service, etc. In Lanarkshire, ARWs found that because of the low number of referrals they were able to put quite a bit of time into this; in EMARS, by contrast, the volume of referrals meant that this element of their work had to be dropped. In Dumfries and Galloway the ARWs had on occasion helped arrestees in outlying districts get to and keep a first appointment with a service. It was specifically the remit of the new Dundee ARW to keep arrestees contacted motivated and to attend agency appointments with them if required initially.

On-going casework by ARWs

3.66   The AR teams did not plan for, or carry, much of a caseload - 10 per ARW was the maximum mentioned. Glasgow ARWs spoke of having up to 26 at a time to try and contact or chase up but would not actually meet with that many. The Angus ARW previously carried cases and now had none. ARW contact might be continued until, in Glasgow, a CAT worker picked up the allocation, or in Perth and Dundee until first service assessment. Dumfries & Galloway aimed for three follow-up appointments but a number of arrestees remained in contact for longer - some being seen once a week e.g. in relation to support to abstain from alcohol.

> *Some are more demanding than others. We do try and move them on, but they*
> *have to be ready to move on rather than go back and that is ultimately relapse*
> *prevention – it's keeping that person motivated and keeping them going and*
> *providing that support.*   *D&G 1 ARW*

3.67   Reasons given for not holding cases included the fear of creating a bottleneck or dependency by arrestees on ARWs. However despite anxieties about workload, managers and ARWs noted the importance of carrying some on-going caseload because one-off and short-term contact can be frustrating for workers and lead to burnout.

> *I think we would have a high turnover of staff because it would be a matter of just sitting in the custody area, interviewing people, referring them on. And it would burn people out. They have to have that other aspect to the work as well.*   *TAY 1 ARW*

Intensity of ARW contacts

3.68   In terms of overall throughput, 24% EMARS arrestees were referred to the AR team on more than one occasion, compared with 18% in Tayside, 9% in Glasgow and only 7% in Lanarkshire. The monitoring data (Table 3.11) indicated that there was a high proportion of repeat offenders in arrestees seen by ARWs. As might be expected the EMARS and Tayside repeat referral figures reflected this but as yet Glasgow was seeing a lower rate of repeat referrals. Given that 28% (14, base 51) of the Glasgow survey arrestees indicated repeat offences it was expected that the repeat referral throughput percentage would rise as the scheme became more established.

3.69   EMARs also had the most intensive relationship with some of its clients, 7% (45) were referred on 3 or more occasions compared to 4% (26) of Tayside clients, 2% (10) of Glasgow clients and 1% (1) of Lanarkshire clients. In both Edinburgh and Tayside, clients referred on more than one occasion were significantly more likely to have previous convictions or have previously spent time in prison than those referred just once, indicating a direct relationship between offending behaviour and likelihood of contact with an ARW. No such relationship was evident in Lanarkshire. Despite the scheme there seeing the lowest proportion of multiple referrals, clients in Lanarkshire received the most intensive support (in terms of the total number of contacts and the time spent on clients) among the sites where data was available. Perhaps because of the low number of clients seen, more time was available to conduct follow-up work, which in turn reduced the need for multiple referrals to the team.

3.70   In EMARS, 2,036 separate tasks or contacts were recorded in connection with the 905 arrestees seen. Of these, 44% (898) were categorised as initial contacts, mostly taking place at the police or court cells, and 56% (1131) as subsequent contacts (70% telephone contact, 12% contacting an agency on behalf of client, 11% letters sent). The average referral involved 3 of these contacts with the maximum recorded as 51 contacts.

3.71   In Lanarkshire, 643 contacts were recorded in respect of the 133 referrals made to the scheme (an average of 5 per arrestee), 20% (130) of which were initial contacts and the remainder (80%, 512) were subsequent contacts. Of the initial contacts (50%, 65) took place in an 'other' location, while 47% (61) took place in the police or court cells. Forty-five per cent of initial contacts (59) were as a result of faxed referrals. Of subsequent contacts 36% (185) were made via letter; 30% (153) involved a phone call, 16% (84) involved an agency contact and 10% (49) a home visit. The high proportion of letters among subsequent contacts may be indicative of the relatively high intensity of case work in Lanarkshire, thought to be due to the low volume of referrals.

Table 3.11   Arrestees seen at four sites – multiple contacts

Site	Lanarkshire	EMARS	Glasgow	Tayside
No. individuals	**123**	**672**	**709**	**734**
Total no. referrals per individual				
Minimum	1	1	1	1
Maximum	3	7	5	5
Mean	1.08	1.35	1.11	1.22
Total no. tasks/contacts per individual*				
Minimum	1	1	Not available	Not available
Maximum	26	51		
Mean	5.24	3.04		
Estimated time recorded per individual (hh:mm))**				
Minimum	00:05	00:02	Not available	Not available
Maximum	10:25	15:25		
Mean	01:37	00:48		

Notes to table

Source: Monitoring data

*SACRO schemes in EMARS and Lanarkshire recorded data for the tasks undertaken and contacts made in association with individual referrals. The type of task or contact was recorded (e.g. meeting, phone call, letter), along with which worker conducted the activity, the object of the activity and whether it was an initial or subsequent activity.

** Alongside other information, SACRO schemes in EMARS and Lanarkshire recorded how long each on task or contact took to complete.

Summary

- In terms of throughput, there was great variation across the schemes in terms of absolute numbers, ranging from around 800-900 initial contacts per year with arrestees in Edinburgh and Tayside, to around 100 in Lanarkshire and RERI.
- There was also great variation in terms of the relationship between projected and actual numbers. Edinburgh, for example, recorded almost twice as many initial contacts as originally projected (largely as a result of the move to the Sheriff Court), while Lanarkshire recorded only around a tenth of the number expected.
- Overall, those arrestees in contact with the schemes were predominantly male, white and aged between 21 and 40. The vast majority were unemployed or not seeking work and had previous convictions and/or charges pending.
- There was some evidence that police-based AR schemes were likely to miss a proportion of young people and women who were released early from the police office.
- Information on the characteristics of those who declined the offer of AR was only available from Glasgow and suggested that refusers were more likely to be young (aged 16-20), to be male and to be arrested in relation to drunken and violent behaviour. Conversely, older arrestees, females and those arrested in relation to court-related offences were relatively more likely to accept the offer.
- The schemes certainly appear to be successfully targeting arrestees with substance misuse problems – though it is noticeable that alcohol issues are present among arrestees even in those schemes which focus primarily on drug use. Among survey participants in the three

case study areas, only 8% had not used either drugs or alcohol in the 24 hours prior to their arrest and around 1 in 6 had used both.

- The survey interviews also suggested that AR is reaching individuals whose lives are being disrupted by substance misuse in broader ways – e.g. through dislocation of relationships with family and friends, reported by the vast majority of survey participants.
- Data from both the survey of arrestees and monitoring sources also confirm that the vast majority of those seen by ARWs are repeat offenders, often with experience of incarceration.
- Around two-thirds of AR interviews in Glasgow and 40-50% in Edinburgh and Tayside were not existing users of support and treatment services. Not surprisingly, arrestees offered help in relation to alcohol were less likely to have been offered help or support previously.
- The length and format of the initial AR interview varied significantly across the various schemes. In all areas, ARWs provided a range of different kinds of help and support, including basic harm reduction information, new referrals on to other agencies or liaison with services which the arrestee was already in contact with. There is some evidence that the intensity of contact was greater in areas with lower overall throughput.
- The training of Tayside ARWs in the use of the Tayside Drug Problem Service assessment was seen as particularly good practice.

CHAPTER FOUR   REFERRING ON, OUTCOMES AND COSTS

Introduction

4.1   A central function of Arrest Referral is to link arrestees with appropriate support and treatment services. We begin this chapter by illustrating a selection of relationships between the AR teams and the key services, particularly within the case study areas. We note stakeholders' concerns about the exchange of information between AR teams and services and consequent perceptions of the efficacy of referrals, and of arrestee contact with, and retention in, services. Particular concerns about service availability and waiting times, in some areas, are identified.

4.2   The chapter goes on to consider the evidence from the evaluation about the outcomes of AR in the six pilot schemes. First, we consider to what extent arrestees were 'referred on'; the type of agencies referred to and the proportions who were 'new service users'. We also report the results from some of the pilots' limited tracking exercises illustrating levels of success in retaining arrestees in services. Secondly, we draw on professional stakeholders and the survey of arrestees to explore perceptions and assessments of how successful AR has been to date. Thirdly, we explored possibilities for data collection relating to the impact on individual substance misuse and offending. Fourthly, we provide a brief overview of the widely differing costs incurred by the schemes, and relate these – with appropriate caveats – to information about throughput. Finally, we relate professional stakeholder views on the role of Scottish Executive funding for the pilots and describe some features of schemes, in other areas, developed without this funding.

Relationship between AR teams and service providers

4.3   The Glasgow AR team was in the unique position of being a sub-team of the newly formed, joint East Community Addiction Team (CAT) and, perhaps as a result, Glasgow stakeholders were able to give a more coherent overview of the full range of treatment services available. (Stakeholders in other areas were more likely to focus on their own particular service or a specific area of treatment). The primary route of referral for the AR team in Glasgow was to the CAT teams, integrated teams of statutory health and social work services. The fact that the AR team was co-located with the CAT – as well as with a range of other statutory care services – undoubtedly contributed to close working relationships.

4.4   The CATs have been designed to provide a full assessment, using the Single Shared Assessment instrument.   This includes 9 very detailed, linked sections covering: physical/sexual health; comprehensive drug and alcohol assessment; employment, training, education and finance; severity of dependence; legal/criminal justice; FAST alcohol screening test; general practitioner's summary report; Maudsley addiction profile (MAP); psychological functioning; social profile.   The CATs also provided much longer term services, for up to 3 years or more, including counselling and support, access to health and medical services, community rehabilitation service, access to residential rehabilitation services, support for partners and family, practical advice on housing, welfare rights, education and employment training opportunities.

4.5   A number of stakeholders in other areas saw the Community Addiction Teams in Glasgow as a desirable model. Midlothian, for example, had already begun the process of integrating health and social work into a single substance misuse team. Although each of the voluntary agencies running AR in the other pilot areas had its own strengths in supporting clients (e.g. APEX in relation to employment, NCH in child and family work, SACRO in relation to offenders and substance misuse) their main role was as a signposting service to a multiplicity of statutory and non-statutory drug, alcohol and other support agencies

4.6   Multiple referral routes had to be negotiated with the multiplicity of services. Several stakeholders made reference to the fact that, within a non-integrated system, arrestees referred by the ARWs could find themselves following different pathways depending upon where the referral first landed. For example, if the referral was made via the GP the arrestee might follow the health services route, whereas if the referral was made to a voluntary support agency it would follow a different route. This was not considered to be a desirable state of affairs. One EMARS stakeholder spoke of the 'postcode lottery' of services and the need to understand both the formal and informal impact of local geographical boundaries. Many local projects grew out of their own local community and arrestees were seen as reluctant to go outwith the bounds of familiar or comfortable territory. As one ARW in EMARS put it, 'clients won't cross the dual carriageway to go into one area from the next'. In Tayside, a multiplicity of services existed to which the scheme referred arrestees. Here there was recognition that a closer integration with services would be helpful and, as noted above (para. 2.24), services were being re-designed along such lines by the 'Process of Care Group' of the local DAT.

4.7   The level of integration between AR teams and service providers and the range and comprehensiveness of the potential care pathways in place could impact considerably upon arrestee outcomes. The relative importance of this and other factors (information flows, service availability and waiting times) that could influence onward referral and retention in treatment are illustrated below.

Information flows between AR and the service agencies at the referral stage

4.8   The AR teams and service agencies identified the accuracy and timeliness of referral information as key factors which either hindered or aided the referring on process. Where information was incomplete or inaccurate services might not be able to contact clients to offer an appointment or there might be insufficient information for an appropriate appointment to be offered.

4.9   Some stakeholders noted that, in some cases, the initial, brief interview in the 'unnatural' custodial setting, with an arrestee who might be 'nervous, anxious, slightly withdrawn' might obtain inaccurate or exaggerated information.

> *People often just tell you what they think you want to hear or tell you what*
> *they think is going to get them what they want, rather than what they actually*
> *do.*   *EDIN 12 SERV*

4.10   Difficulties with information systems made it harder for ARWs to obtain up to date information on an arrestee's whereabouts or other worker involvement with a case. In some police settings ARWs faced delays in obtaining information from courts on the outcome of

the court disposal. In this case an ARW might make a referral regarding an arrestee who had in fact, not returned to the community but had entered prison custody; subsequently the referral agency might waste time trying to locate this client. In Glasgow, the large statutory information system was not always up to date and therefore ARWs might not be fully informed as to whether an individual already had an named worker from another addictions or social work service or not. Service agencies sometimes found it necessary to double check via telephone.

4.11   Service agencies varied in their willingness to receive telephone rather than written referrals. Some services had sufficient trust in AR teams to accept telephone referrals; others were so busy that there would be no one available to take a telephone referrals.   Some agencies were quite clear they wanted only minimal information because they preferred to gather the information from the client themselves.

4.12   Where strong links had been developed with agencies referrals worked well. Edinburgh and Tayside Drug Prescribing Services noted that, in the early phase of the AR pilots, the kind of general referral they received, which was sufficient for non-statutory agencies was not precise enough for them. As noted in the previous chapter, in the pilot's later phase, the Tayside ARWs completed the DPS' own assessment form to both improve the quality of referrals and to speed up the referral process. Edinburgh CDPS also noted that, since introducing its own form to ARWs the standard of information passed across had improved.

> *I mean I used to bounce referrals from Arrest Referral, I would get a referral*
> *and I would have to write back to them and say `you've sent us this, I don't*
> *know what you mean, I don't know what you want, we need more information'*
> *or `this is clearly an inappropriate referral', I haven't done that in six months*
> *probably, so the quality of referrals is now high, depending on the workers,*
> *we see some workers who send extremely good quality referrals, which are as*
> *good as anything that we get. So [...], that process has been achieved and is*
> *efficient and works well.*   *TAY 12 SERV*

4.13   As noted, the Glasgow AR team had very close links with its parent CAT team and also with other CAT teams across the city and these, in the vast majority of cases, were the first point of onward referral. The AR and CAT teams used the same basic documentation and the quality of information passed across was not mentioned as an issue in Glasgow. In fact, Glasgow Addiction Services medical personnel were highly complimentary about the standard of baseline assessments completed by the ARWs and their role in securing compliance with prescription and retention in services. The medical staff saw it as 'a near foolproof one-stop shop, under the same building,' and would fast-track such referrals; as a result, their overall view was extremely positive.

> *So it's focused, it's using the same paperwork and it's done to an incredibly*
> *high standard. If you then add all the other benefits that aren't so obvious,*
> *the creative outreach [   ]. And they retain them in the service and they work*
> *really, really hard to make certain that the appointments are kept, that*
> *medications are complied with. [   ] A lot of information will be given to the*
> *Arrest Referral workers that may not be volunteered [in healthcare settings]. GLA 13 SERV*

Information flows between AR and the service agencies about retention and outcomes

4.14   It was not always possible for the AR teams to know how successful they had been in linking arrestees into services. They received some informal feedback from service agencies but it was difficult to obtain the full picture for a number of reasons. First, an agency may be reluctant to provide contact and retention information in a climate of competition for funding. Secondly, when self-referring to an agency a client may or may not choose to identify themselves as an AR referral. These two factors were particular issues in Edinburgh.

> *Agencies in social care are not used to easily sharing and transferring information. Particularly when you have a climate of competition for funding and resources.....people are quite guarded about what their service is, what it provides, what their outcomes are, what their outputs are.*   *EDIN 3 ARW*

> *[Because AR has a high profile] with clients, lots of them will come in and say they've met the Arrest Referral Workers who referred them.*
> *EDIN 17 SERV*

4.15   Thirdly, problems with statutory service information systems could make it difficult to track clients. For example, in Glasgow, there was no arrangement for nursing staff to record information on CareFirst, which is primarily a social work information system. While the ARWs could obtain incidental feedback, the formal information system was incomplete.

> *You feel like Miss Marple sometimes, trying to track people down.*   *GLA 8 ARW*

4.16   Fourthly, it could be difficult to obtain feedback about the AR team referrals because agencies did not distinguish the AR team from its host agency – e.g. the Glasgow AR team was seen as part of the CAT team and EMARS ARWs were not differentiated from other SACRO services.

Service availability and waiting times

4.17   AR's role within the context of drug and alcohol services is to act as a signposting and linking mechanism. In order for it to contribute towards any positive outcomes, the services it refers to must respond swiftly and effectively to appropriate referrals. All stakeholders agreed that it was important to try and get individuals linked into services as quickly as possible, while motivation was high.

> *I mean, if there's a waiting list, they'll make that phone call, which takes an awful lot to make the phone call and say look I need help. And if there's a waiting list, it's gone, the motivation's gone, because things have calmed down, things are ok and they just think, 'oh I wont bother'.*   *GLA 21 SERV*

4.18   The Tayside AR service acknowledged that waiting times for access to services were problematic across Tayside. The Tayside Drug Problem Service (TDPS) is the main body to which individuals are referred. After referral, individuals are assessed within 28 days but often encountered problems with access to workers and waiting lists. One stakeholder noted that waiting lists for treatment could be up to two and a half years. It was also suggested that there were few day-access places available in voluntary services across Tayside; that a

funding gap between alcohol and drug services existed to the detriment of the former; and that there were large differences in the waiting times for distinct groups of service users (access to treatment for pregnant intravenous drug users was prioritised, while male heroin smokers might have to wait for over six months). Angus is largely rural with 4 or 5 towns and services were unequally concentrated, being mostly in Arbroath. Arrestees faced difficulties with transport and therefore access to treatment.

4.19   The Glasgow AR team is effectively an outpost of the East Community Addiction Team and ARWs completed the baseline assessment or else referred arrestees to the CAT to finish the baseline assessment. Clients could also attend the AR team or wider CAT team drop-in sessions. The CATs provided direct access for service users, usually in crisis, and there was no waiting list, with little or no delay in a CAT worker being allocated and the full assessment (SSA) being started. The CAT worker would go on to arrange further input and there were perceptions that some of these elements might take longer.

> *It doesn't take a long time because the [CAT] worker's there. But when it's for things like Methadone and for detoxes and things like that, it's taking that wee bit longer. Because I know the alcohol nurses are bogged down. They are so busy. So I think that's maybe about more money to get more staff. GLA 8 ARW*

4.20   A problem identified in Edinburgh was that many GPs had opted out of treating drug users. As a result, the CDPS (Community Drug Prescribing Services) was very busy and there was little space for the ARWs to refer directly to the CDPS and no fast track system. The Midlothian services were stretched and there was a waiting list of several months for Midlothian Drug Prescribing Services.

4.21   Dumfries & Galloway reported that part of their remit was to look at their clients' needs and to identify gaps in services. They identified many gaps including lack of housing; psychological services, particularly forensic care; anger management training; counselling services; and GPs not engaging with shared care. Waiting times were a problem, particularly for Cameron House, the only drug prescribing service (apart from a couple of GPs). A major problem was that many chemists had reached their maximum capacity for prescribing. In areas where chemists were full, this meant an arrestee would have to travel to find a chemist able to prescribe. For example a homeless person from Dumfries might have to move to temporary accommodation in Stranraer because of a lack of housing in Dumfries. However, if there was no chemist able to prescribe methadone in Stranraer, the individual would have to travel 75 miles back across country to Dumfries on a daily basis to attend a chemist.

4.22   The AR team in Lanarkshire reported waiting lists for counselling, prescribing and alcohol services of four to six weeks. ARWs in Renfrewshire reported a nine month waiting list for Renfrewshire Drugs Service but it was hoped this situation would be alleviated as Renfrewshire GPs began to implement the Shared Care scheme. There was a small waiting list for services in East Renfrewshire and most arrestees from Inverclyde were already in services.

4.23   All the pilots called for more specialist detoxification and residential rehabilitation facilities, for example there were consistently long waiting lists for Cameron House (Dumfries & Galloway).

Referral on and retention in services: quantitative indicators

4.24   In this section, we consider the quantitative evidence from the various schemes about the process of referral to and subsequent retention in services. Unfortunately, the data chains in relation to these questions are very weak and it is not possible to make robust comparisons across areas. Moreover, the available data becomes less and less useful the further one gets from the original AR interview. In other words, it is extremely difficult to examine issues relating to long-term retention in the services referred to.

What proportions of arrestees seen by ARWs were subsequently referred on to other services?

4.25   Information from Glasgow suggests that virtually all of those who were actually seen by an ARW were referred on to the local Community Addiction Teams or other services. The data suggest that 517 referrals were made to the CATs during the period covered by the evaluation, which exceeds the best estimate of the number of arrestees actually seen by ARWs during the same period (513). Although the *actual* number seen is likely to have been slightly higher, it still appears that the vast majority of arrestees seen were referred on.

4.26   Data from Tayside suggests that around three-quarters (74%) of arrestees seen by ARWs were subsequently referred on to another agency, while data from EMARS (for the calendar year 2005) indicates that some 761 'referral routes' were established in connection with 1,114 initial AR interviews during the same period. A small-scale tracking exercise conducted in Dumfries & Galloway (see below) suggested that referrals to external service providers were made in 92% (n=68) of all cases examined (n=78) in which the arrestee completed a full assessment.

4.27   Overall, then, there is reasonable evidence to suggest that ARWs – at least in these areas – are making referrals in connections with most of the arrestees seen. Moreover, the above results do, to some degree, suggest that referral onwards appeared to reflect the degree of integration with services and development of care pathways. Glasgow referred almost all arrestees into support and treatment, whereas Tayside and Edinburgh referred on around three quarters of those seen. While the Dumfries & Galloway referral rate appears high, it must be noted that this a small sample and relates to a smaller proportion of eligible arrestees (i.e. those motivated enough to attend initial assessment appointments outside the custody suite).

What kinds of agencies are being referred on to and what proportion of referrals relate to 'new' clients?

4.28   In most areas for which referral data was available, a relatively small number of agencies accounted for a significant proportion of all referrals. In Glasgow, as would be expected, almost all referrals were to the local CATs. In Edinburgh, key referral agencies included West Edinburgh Support Team (WEST), the Community Drug Prescribing Service, North Edinburgh Drug Advice Centre (NEDAC) and Mid and East Lothian Drugs (MELD). In Tayside, the Tayside Drug Problem Service was by far the most important of the specialist drug treatment agencies referred to, while Tayside Alcohol Problem Service and Tayside Council on Alcohol received most of the alcohol-related referrals. For   the   remaining

schemes, data about destination agencies was either unavailable (RERI) or based on very small numbers of cases (Lanarkshire and Dumfries & Galloway).

Table 4.1   Type of referrals made – Tayside and EMARS

	Edinburgh		Tayside	
Referral type	n=	%	n=	%
GP/GP Liaison or Primary Care	54	7	27	4
Mental Health service	26	3	7	1
Other	121	16	120	17
Continuing alcohol treatment referral	17	2	7	1
Continuing drug treatment referral	252	33	161	23
New alcohol treatment referral	29	4	127	18
New drug treatment referral	262	34	241	35
N=	761	100	669	100

Notes to table

More than one referral may be made in relation to each individual seen.

4.29   The above table summarises for EMARS and Tayside the main referral routes over a 12 month period. Apart from indicating the relative balance of service types (which, not surprisingly, varies because of the fact that EMARS does not focus explicitly on alcohol, while Tayside does), this suggests that around two-fifths (EMARS) to a half (Tayside) of onward referrals are new ones – at least new in relation to that specific service, as clients may have had previous service contact of other kinds.

4.30   Although comparable data was not available for Glasgow, some analysis of referrals to the CATs was possible using the main Addiction Services database, CareFirst.   This indicated a much higher level of new referrals. Of the cases recorded as referred by the AR team, 69% (368, base 533) were new clients for the CATs while 31% (165) were previously known.

4.31   All AR teams saw, without prejudice, clients who did and did not have previous experience of, and involvement with, treatment services.   Stakeholders emphasised the importance of contact with both these groups. A higher proportion of Glasgow referrals (69%) compared to Edinburgh and Tayside referrals (around 40 to 50%) were new clients for the CATs; this reflects the newness of the AR scheme in Glasgow and it's success in providing a contact point for drug and alcohol users not already known to Addiction Services. Stakeholders valued equally the AR teams role in enhancing or re-initiating contacts for those already known to services – such contacts constituted between 30% (Glasgow) to 35% (Edinburgh) and 50% (Tayside) of onward referrals.

What proportion of arrestees referred on is retained in services?

4.32   It goes without saying that referral, in itself, is not a useful indicator of the effectiveness of AR, since arrestees may not take up the referral, or fail to stay in contact with services. Again, the information here is extremely sketchy and is based on limited tracking exercises carried out by some (though not all) of the schemes.

4.33   EMARS, for example, obtained tracking information from service agencies; one exercise was in relation to clients seen between January and March 2005. Of this group, 75% (74, base 99) were successfully referred to treatment services by ARWs and made subsequent contact with the agency concerned. EMARS also recorded limited outcome and contact information on their database and this data source suggested that three quarters had initial contact with services (74% (87, base 118) attended at least one agency appointment).

4.34   A limited outcome exercise was also undertaken in Glasgow and obtained follow-up information for 48 of the 52 arrestees who had taken part in the survey element of the evaluation. Of this group, 79% (38, base 48) appeared to attend at least one follow up appointment with a Community Addiction Team. At the point the exercise was carried out (in early October 2005), 71% (34, base 48) still had ongoing contact with the CAT teams; 19% (9, base 48) had ceased contact in an unplanned way, 4% (n=2) were in prison or hospital and 4% (n=2) had never engaged.

4.35   Among the sub-group who were already service users with the CAT or other teams, at least 85% (23, base 27) attended a follow up appointment. Among those who were new clients, 71% (15, base 21) attended a follow up appointment. In October 2005 (7 weeks to 3 months after the initial AR interview), between 85% (23, base 27) of existing clients and 52% (11, base 21) of new clients were still in contact with the CAT teams.

4.36   A similar tracking exercise was conducted in Lanarkshire, again based on very small numbers of clients (n=57) who were referred to other agencies between the introduction of the AR scheme and the end of November 2005. This indicated that 49% (28, base 57) attended first appointments and that, of these, virtually all (96% (27, base 28) attended subsequent appointments. Of those who attended at least one appointment, 72% (18, base 27) were still in contact with the service at the end of the tracking period. This represents 32% (18, base 57) of those considered in the tracking exercise.

4.37   Finally, limited outcome data was provided by the scheme in Dumfries & Galloway in respect of 86 'referral episodes' relating to a small number of those who were referred to the service (during the 6 month period October 2004 to March 2005) and who saw an ARW (n=76 – data was supplied for multiple referral episodes per individual). Among this group, initial attendance was very high – 97% (83, base 86) of first appointments with agencies were attended by clients and in 92% of these cases (76, base 83), clients made further appointments with the agencies concerned, the vast majority of which (93% (71), base 76) were also kept. Some eight months or more later (end November 2005), three quarters of those clients who had engaged with services 75% (53, base 71) were still in contact or had terminated contact consensually, indicating that their needs had changed or had been (or were in the process of being) addressed by the agencies referred to. This can be seen as 58% (53, base 86) of 'referral episodes' fully engaging with services.

4.38   The tracking exercise indicated that around three quarters of Edinburgh and Glasgow arrestees referred to agencies had attended at least one appointment and that substantial proportions were still in contact with the agencies concerned. Therefore, it appears that there are some grounds for optimism about longer-term engagement or retention in support and treatment agencies. This also confirms stakeholders's perceptions that referrals made by the AR teams were largely appropriate. It is unfortunate that more complete information was not available on outcomes as this may have helped to clarify the impact of waiting times on retention and access to services, particularly in Tayside.

The AR teams' and other stakeholder assessments of pilot achievements

4.39   In this section we examine views from the AR teams and from the professional stakeholders on the success of the AR pilots. This builds, of course, on the perceptions of specific aspects of the AR schemes and process discussed earlier in this report.

What success criteria were identified?

4.40   The AR teams and representatives from all the other professional groups identified success criteria, which included a range of managerial performance indicators and softer quality of life considerations. Understandably, the ARWs - who are in closer contact with the arrestees – tended to place greater emphasis on the latter. The range of possible indicators of success mentioned by interviewees is listed below.

- More contacts with the AR team
- More contacts with particular vulnerable groups – e.g. women, young people
- More contact with those at early stages of their substance misuse related offending careers
- More contacts with those just starting to use drugs in a dangerous way
- Fewer missed contacts
- More follow up contacts
- Appropriate referrals to services
- More contact with services and wider range of services
- More retention in services
- Reduction in waiting times for services
- Improvement in arrestee health
- Reduction in individual substance misuse and offending behaviour
- Reduction of crime overall

4.41   Not surprisingly, there was some variation across professional groups. Some custody staff, for example, set their criteria for success very high, expecting the arrestees to become drug and alcohol free.

> *I suppose if they got a hold of somebody and managed to take them away from it, you know direct them from taking drugs or alcohol and cured them basically you know so that they weren't offending again…I couldn't say a figure on it but I think there would have to be a noticeable difference I think for it to have been a success.*   *TAY 9 POL*

4.42   Other stakeholders, particularly the ARWs, outlined the various elements which might constitute success for arrestees at different stages of the pathway to recovery. They saw the AR process as recognition that arrestees are individuals facing problems in their lives and noted that the AR interview can be a crucial first step in making individuals feel good enough about themselves to be able to contact the ARWs or other services in future. In this context, simply informing arrestees about services could be considered a step towards success in its own right since, even if they did not act on that information immediately, they might do so in due course. It was felt that this might be particularly true for alcohol users.

4.43   ARWs also emphasised the process of recovery from substance misuse does not happen overnight and that expecting individuals to become quickly 'drug-free' was unrealistic. Improvements in broader quality of life should also be seen as indicators of success: for example, a more regular lifestyle; being able to support oneself; maintaining connection with family and friends; developing or maintaining positive extended networks. It was recognised, though, that it can be extremely difficult for the AR team to obtain feedback about changes of this kind – indeed, as clients start to put their lives in order, their contact with services (which is the main feedback channel) is likely to reduce.

> *Too many people think that success is that you're stopped, you've got a job, you've got a family, you've got money in your pocket   It doesn't work that way with the clients that we deal with. [. . .]   Somebody who is taking five bags a day is now only taking one bag now.*   TAY 8 ARW

Overall perceptions of whether the pilots were meeting their aims

4.44   The AR teams from the 3 case-study pilots, in EMARS, Glasgow and Tayside, were largely very positive about the projects' achievements in moving towards meeting their aims. They also noted that these pilots have received a good deal of external recognition.

> *Generally speaking, I think it's a good model, it's working extremely well, it seems to me.*   EDIN 3 ARW

4.45   The Dundee site in particular was widely regarded as a good working model and within the Tayside scheme more generally there was a strong sense of success.

> *I think that was recognised by the very fact that NCH were asked to speak at ACPOS recently at their drugs conference. I mean that was in recognition of the fact that we provide such ...an excellent service   ... An excellent service that is recognised by the police and therefore they wanted that to be shared with other forces throughout Scotland at the drugs conference.*   TAY 1 ARW

4.46   In Dumfries & Galloway and RERI, the AR team leaders felt that, although they were not achieving such a high rate of referrals, their schemes were nevertheless meeting their aims.

> *Well we have definitely got people in services and [...] the results of the re-offending investigation [show a] 65 percent reduction in offending, so I would say we've hit the score in all points to be honest.*   D&G 1 ARW

> *I think [the aims are] being met 100 percent, that it's doing what it's there for It's getting the right type of people, [...] it's working, clients in the area are definitely aware that the service is there and they'll ask for it if they're not offered it.*   RERI 1 ARW

4.47   Lanarkshire found that police-mediated access generated insufficient referrals, "that model didn't work" (LAN 1 ARW). However the delay in securing access to Hamilton police office was also a major factor. They are now focussing attention towards the new development with Reliance at Hamilton Sheriff Court. However, as noted earlier, ARWs in

Lanarkshire did feel, that 'because of the level of referrals, we can do a bit more with those that we see.'

> *The focus of most of the work that we've been doing has been to try and increase the number of referrals... because the actual work that's being done on the ground with the referrals that we get, in my mind, is actually quite good - but it's the number of referrals that's just really disappointing.* LAN 1 ARW

Perceptions of what AR does well

4.48   Other professional stakeholders largely shared the AR teams' positive view of the AR pilot's progress and achievements. They were positive about many aspects and stages of the process, and did not focus simply on the end result in terms of 'referral on' or eventual impact on substance misuse or offending. Many commented on the benefits of the initial interview in its own right, rather than as a signposting exercise. They felt that AR interviews often met a need for warm human interaction, general information giving and providing arrestees with opportunities for choice.

> *When [an ARW] speaks to them, it gives them hope for the future that they can see a way out of the mess that they've got themselves into and the situation that they're in. It's valuable in that they've got these people who will give information to them and that they will see that they have a choice at least - they're getting more chance* EDIN 12 SERV

4.49   Stakeholders noted that, as ARWs are on the spot, they can be responsive and treat arrestees humanely at a time of crisis. They can provide quick solutions such as passing on information for people about to go to prison.

> *I think probably the people who are very chaotic and who find it difficult to access ... to actually just get things together enough to go and access agencies would be a particular group that may benefit most.* EDIN 13 SERV

> *a person having information that they find useful, whether they use it now or they use it later And that they have been treated well and as a human being. So from our agency, it wouldn't necessarily be that they come in and use us but they can do and they feel able to. So that would really be success, not just somebody managing to even cut down or reduce what they're doing or stop what they're using, but people in any way managing to feel any better emotionally or physically* TAY 13 SERV

4.50   In relation to its gateway function, almost all the stakeholders interviewed felt that AR is reaching arrestees who have not previously been or would not otherwise be in contact with services. This was felt to be especially significant in relation to individuals with alcohol problems.

> *It definitely does [add value]. Because the people we have had referred have been people who are not currently in touch with us. It's not people we have seen year in and year out already. There is a new, a different audience that have not come through the doors [through] another route.* TAY 13 SERV

They're people who it's been very good for, because they're seeing people for the first time. They've never had any help in their life before because they're not people who go and access services. They're maybe men that have worked for years, worked all their lives, drank all that time, and then it's now become a problem. So I think it's been really good for the drinkers in the East End

GLA 8 ARW

4.51 But it was also felt to play an important role in re-linking people into services and in fast-tracking people into particular services.

I mean we've picked up a lot of clients that are just sitting on databases and waiting lists and things [...] That wee lassie in G___, [...] she was just in the system if you like, she hadn't been reviewed for ages so we come along and it's like regenerated again. *D&G 1 ARW*

4.52 Service agency stakeholders and the AR teams reported a range of positive feedback from clients.

I think there was one guy who said that that was the point he really needed help and he was glad they were there, because he had no benefits, nowhere to stay and he had a drug problem. So without their help, where would he have started? *EDIN 17 SERV*

People do find that interaction positive, as far as I can tell, and talk positively to me and my staff about it. *TAY 12 SERV*

Well, I think the best way of looking at this is to look at the comments on the clients on the satisfaction survey's and also on the tracking that we get back and I think in all the ... we've had one negative comment, all the rest have been very positive so I think it has been fairly helpful. *D&G 1 ARW*

4.53 Stakeholders from other agencies also offered many positive comments about individual ARWs, their skills, experience and approach.

The fact that she was well known and was already known to have skills and so on, made the working [relationship] successful. I think similarly with the Perth end of the operation, the fact the Arrest Referral worker is [...] someone who makes himself known, makes contact with people, is known in the Alcohol Forum, and so on and so forth, is a big element that worked well. *TAY 7 SERV*

Perceptions of what AR does less well

4.54 There were, however, some aspects which stakeholders felt worked less well. Police staff, in particular, were more likely to express scepticism about the schemes and to withhold judgement about whether or not AR was being successful. This was sometimes framed in terms of the lack of evidence about eventual outcomes.

Without knowing just exactly how many people we have actually had a real influence on and changed their way of life, or affected their way of life in a positive manner... I think there is a positive and progressive way of dealing with people in the custody process. But providing them with the opportunity to speak to someone from Arrest Referral and offer them what is available via Arrest Referral is entirely different from actually making it happen.

GLA 10 POL

I don't know, I don't know whether it's going to work or not, [...] I just would like to see what people term as a success rate.   *GLA 12 POL*

4.55   There were also some specific concerns in particular areas about the extent to which AR is actually integrated with broader service agencies.

I have never met the [Arrest] Referral Worker in Angus and [...] my impression is of turnover of staff there. I don't really feel the Arrest Referral Scheme is as well integrated with other services, at least as it is in the rest of Tayside.   *TAY 7 SERV*

Awareness, understanding and perceptions of the scheme among arrestees

4.56   In this last part of the chapter, we consider arrestees' levels of awareness and understanding of AR as outcomes in their own right, alongside their overall assessments of the schemes.

Level of awareness of Arrest Referral

4.57   From the survey of arrestees in the 3 case study areas, it is clear that there was a reasonable level of awareness of AR among interviewees, even prior to arrest – roughly a quarter of all interviewees (28%) said they had heard of AR before they came into the police or sheriff court cells and even higher levels of existing awareness in Tayside (56%). Tayside also had the highest proportion of arrestees who said they had seen an Arrest Referral worker before their current arrest (45%). Interviews with staff in Tayside confirmed that they knew many of the arrestees coming in and reflect the fact that the service was already well-established before the current pilot. Similarly, the fact that only 6% of interviewees in Glasgow had seen the Arrest Referral worker before is consistent with the fact that this was a new service with relatively smaller numbers of repeat referrals and without a significant word-of-mouth reputation in the area.

Table 4.2   Heard of AR or seen ARW worker before current arrest

	Glasgow	EMARS	Tayside	Total
	%	%	%	%
Heard of AR before current arrest				
Yes	6	30	55	28
No	94	70	46	72
Not sure				
Seen an ARW before current arrest				
Yes	4	25	45	23
No	96	73	55	77
Not sure	-	3	-	1
n=	52	40	40	132

Notes to table

Source: Survey of arrestees

Percentages do not all add up to 100 due to rounding

4.58   One of the key features of Arrest Referral is that it is unrelated to the trial and sentencing process. A key question is the extent to which this was understood by arrestees. Of those interviewed, only around half (53%) understood that seeing an Arrest Referral worker would make no difference to their prosecution or sentence. Around a third (32%) were not sure whether it would make a difference or not, and the remaining 15% thought it *would* make a difference to either their prosecution or sentence from the court.

4.59   The arrestee survey also asked whether arrestees understood that the AR interviews (and the research interviews) were voluntary. Across the 3 case study areas as a whole, the majority 73% (96, base 132) understood that their participation in both AR (and the research) was voluntary. In Tayside, 75% understood that participation in AR was voluntary but 25% appeared not to understand the voluntary character of participation in AR (despite understanding that the research was voluntary).

Table 4.3   Understanding of participation

	Glasgow	EMARS	Tayside	Total
Do you think you had a choice about taking part in AR or the research?	%	%	%	%
Yes – understood it was voluntary – AR only	8	15	30	17
Yes – understood it was voluntary – research only	0	0	25	8
Yes – understood it was voluntary – both	85	85	45	73
No –no choice for either	4	0	0	2
Can't remember /not sure	4	0	0	2
n=	52	40	40	132

Notes to table

Source: Survey of arrestees

Percentages do not all add up to 100 due to rounding

Arrestees' attitude towards AR

4.60   The survey suggests that most arrestees found their experience of AR positive. Overall, 9 out of 10 (92%) said they found seeing an ARW useful and 83% felt that the ARW was interested in what they had to say. None thought that the ARW was not very or not at all interested in what they had to say. These results were broadly consistent across all 3 sites.

Table 4.4   Usefulness of ARW and perceived ARW interest in arrestee

	Glasgow	EMARS	Tayside	Total
	%	**%**	**%**	**%**
How useful was it seeing the ARW?				
Very useful	62	63	61	62
Fairly useful	31	30	29	30
Not very useful	6	-	5	4
Not at all useful	2	3	3	2
Not sure/can't remember	-	5	3	2
How interested do you think the ARW was in what you had to say?				
Very interested	83	80	87	83
Fairly interested	17	18	13	16
Not very interested	-	-	-	-
Not at all interested	-	-	-	-
Not sure/can't remember	-	3	-	1
n=	*52*	*40*	*38*	*130*

Notes to table

Source: Survey of arrestees

4.61   Interviewees were most likely to say that they liked knowing that help was available from a ARW who would facilitate referral to support services (mentioned by 35%); that the ARW listened to them (23%) and was caring and friendly (21%). Very few interviewees (4%) said there was anything that they disliked about seeing the ARW and any additional comments were not related to the ARW or the AR process and focused on comfort (e.g. not being able to have a cigarette during the interview). The following comments, drawn from the qualitative data, are illustrative of arrestees' views of AR.

> *'I didn't feel that I was spoken down to and was judging me.'*
>
> *'Gave me inspiration. He knows all the organisations and people and will contact the courts. It was a blessing in disguise meeting [xxx] today.'*
>
> *'I felt a lot better after talking to her. You just sit and worry otherwise.'*
>
> *'I trust [AR worker]. I tell her stuff no-one else knows. I know she will do her best for me.'*
>
> *'People that care about you. Really helpful. They didn't treat me differently but like a human being.'*

4.62   Encouragingly, around 9 out of 10 (89%) interviewees said they wanted to see an ARW again (a finding that was broadly consistent across all three areas). Of those who did want to see an ARW again, virtually all were happy to see the same ARW again.

Table 4.5   Whether arrestee would want to see the ARW again

Do you want to see the ARW again?	Glasgow	EMARS	Tayside	*Total*
	%	%	%	*%*
Yes	87	90	92	*89*
No	6	3	8	*5*
Not sure	8	8	-	*5*
n=	*52*	*40*	*38*	*130*

Notes to table

Source: Survey of arrestees

Percentages do not all add to 100 due to rounding

4.63   The vast majority of those interviewed (84%) said they would recommend AR to other people, and nearly half (45%) said that they would recommend it strongly. It is worth noting that, in Edinburgh, a quarter of those interviewed (25%) said they were not sure whether they would recommend AR, compared with 12% from Glasgow and 5% from Tayside.

Table 4.6   Whether arrestee would recommend AR to other people

Would you recommend AR to other people?	Glasgow	EMARS	Tayside	*Total*
	%	%	%	*%*
Yes strongly	48	45	42	*45*
Yes	39	30	47	*39*
Not sure/maybe	12	25	5	*14*
No	2	-	5	*2*
n=	*52*	*40*	*38*	*130*

Notes to table

Source: Survey of arrestees

Percentages do not all add to 100 due to rounding

4.64   A third of arrestees gave additional positive comments about AR and importantly 76% thought it could not be improved in any way

> *'It's a good system and hopefully it can keep running. There's no-one else down here helping us out.'*

> *'Really, really helpful. It's given me a different outlook.'*

Arrestee attitude at the follow-up interview

4.65   Only 24% (37) of the original 132 arrestees in the survey respondents were traced and agreed to a follow-up interview. It must be borne in mind that some of these interviews were just a few weeks after the initial interview and before any supports provided could be expected to have had much impact. The low numbers make it very difficult to draw out any particular themes. The clearest was that there was continued positive endorsement of AR, with 4 out of 5 respondents (29) saying they strongly agreed or agreed that AR should continue as it was, with only 8 saying they did not think it should continue as it was or were

not sure. When asked why they felt AR should continue as it was, comments received focused on the help, support and advice AR gives people. Again half (18) of respondents at follow-up said they could not think of any changes that should be made to AR.

4.66   When asked what was the most useful thing that AR did for them, open-ended responses included the following:

> *'She treated me like a human being. I just think that everybody should be given a chance and everybody should take it, even that first appointment because it can do so much for you. [ARW] was great at building self confidence. If it was stopped, it would be a shame, a loss.'*

> *'[ARW] was always there for me, willing to talk through problems.'*

> *'She took the time to listen, then she sent me a letter with numbers to contact, [though] I didn't bother because I don't think I need help.'*

Longer-term impact on substance misuse and offending

4.67   The objective of getting arrestees into service agencies and retaining them there is, of course, only a means to an end – namely, reducing individual substance misuse and offending – and, ideally, it would be in relation to evidence of such an effect that the overall effectiveness of AR would be judged. Certainly, this was one of the Scottish Executive's original aims for the evaluation and was a view echoed by stakeholders from the various pilot sites. In practice, however, the task of accurately measuring change in offending and substance misuse and attributing any observed to AR proved beyond the scope of the evaluation.

4.68   The research team and representatives from the Scottish Executive did meet with the Tayside Senior ARW and key police managers and information management staff from the 3 case study areas in order to explore the theoretical and practical issues involved in gathering, analysing, reporting and interpreting data on re-offending. The Tayside pilot had already conducted 3 exercises to obtain indicative data and their experience was particularly helpful in clarifying the practical steps to be considered.

4.69   For a variety of theoretical and logistical reasons, however, it was decided that it would not be possible to conduct a meaningful research exercise within the timescale of the present evaluation. The principal theoretical issues related to the identification of suitable control groups and the logistical issues related to the difficulty of linking the various necessary information systems. In order to provide a comprehensive picture of offending activity, pre and post arrest, data from all these information sources may need to be retrieved and linked: local police prisoner processing system; reports to the Procurator Fiscal, Scottish Criminal Records Office (SCRO); Police National Computer; prison based systems, court information. It is worth noting, however, that the Tayside and Dumfries & Galloway pilots have each conducted limited exercises to examine re-offending rates for small numbers of arrestees and that they have found the results to be encouraging.

The cost of the pilots

4.70   Information on projected costs for the schemes was obtained from the breakdowns submitted as part of the original applications for Scottish Executive funding.   The pilot schemes were asked to submit actual expenditure figures to the research team using a spreadsheet with comprehensive expenditure headings and allowing for the analysis of costs by financial year.   With the exception of Renfrewshire, all projects submitted revised costs within the evaluation's timescales.

4.71   Making comparisons between the schemes on the basis of the projected and actual costs data submitted is extremely problematic.   Not only were the schemes highly differentiated in terms of their contexts, but their structures, staffing levels and methods of provision also varied enormously.   Most crucially, outputs differed markedly between schemes and there was a qualitative difference between them in the depth of service provision offered which means that schemes cannot easily be compared.

4.72   Some limited conclusions can, however, be drawn on the basis of the information available. Table 4.8 shows the total funding and actual costs of the pilot schemes, illustrating that most have managed to stay within their budgets.   None of the schemes drastically overspent during the pilot period and some under spent.   Dumfries & Galloway and Renfrewshire appear to have processed referrals at a higher cost than expected.   The late introduction of the scheme in East Renfrewshire & Inverclyde inflated referral costs in that area and Lanarkshire itself, after estimating a high throughput at the inception of the scheme, experienced an extremely low volume of demand and a consequent opportunity to provide depth of service per referral.

4. 73   Glasgow processed AR interviews at about the cost anticipated of £343.   The Edinburgh scheme provided a service to a significantly higher than anticipated volume of referrals while staying within its budget, thereby driving down the average cost of each initial AR interview to £148. The actual cost of achieving an initial AR interview ranged from £142 to £343 in 5 of the 6 areas; only RERI provided a more costly service at the much higher figure of £519. It may also be noted that, in absolute terms, actual costs per referral were significantly lower in those schemes which were based on a direct access model and operated in court locations (Edinburgh £148 and Tayside £142), although prior establishment of the schemes and high throughput may also be explanatory variables here.

Table 4.7   Comparison of funding and referral figures across pilot sites

Scheme	Total funding*	Actual cost**	Projected cost per referral***	Actual cost per referral****
	£	£	£	£
D&G	163,000	172,703	164	313
Edinburgh	255,500	213,772	246	148
Glasgow	457,979	351,776	348	343
Lanarkshire	128,000	107,828	52	339
Renfrewshire	90,800	63,856	332	519
Tayside	232,879	192,871	197	142

Notes to table
*This includes Scottish Executive plus other funding but excludes any resources received in kind and any extra funding received during the pilot in order to meet deficits etc.
**Projected actual costs for the entire pilot period are included if available.
***Based on projected expenditure and throughput over 12 months.
**** Based on actual expenditure and throughput over 12 months. (D&G relates to referrals).

Stakeholder views on Scottish Executive funding

4. 74   Stakeholders from all of the schemes valued the Scottish Executive funding and saw it as an important recognition that the development phase of new projects alone requires significant time, money and energy. They also saw it as a welcome recognition that existing services could not absorb any further costs. In Tayside and Glasgow, stakeholders noted the huge amount of planning and co-ordination effort involved in setting up a new cross-agency multi-disciplinary project and that extra funding was required to facilitate management time to kick-start such work.

4. 75   All of the AR stakeholders also thought that it would be necessary to reduce, tailor or discontinue the service if the funding did not continue. In Glasgow, for example, this might involve discontinuation of the AR team, a move away from a comprehensive proactive approach, and relying solely on police introduction or leaving leaflets. The Tayside-wide schemes would be likely to revert to individual single authority projects and, as it had been very difficult to find and coordinate all the initial individual funding streams, it was felt that some schemes might founder. The Edinburgh pilot has already applied for additional Scottish Executive funding to meet current levels of demand.

4. 76   Whatever the funding source, it does appear that AR teams may need to reach (and maintain) a certain size before they start to operate consistently and most effectively. This is partly to do with the problems of small teams (lack of sickness or holiday cover, gaps in attendance, reduced hours of availability, custody staff not knowing if a worker would be there, less depth of service, more time taken up in travel, lack of peer support etc.) but it also reflects the need for a critical mass if AR is to establish itself as a clear presence within its host professional setting.

Other non Scottish Executive funded pilots

4. 77   The research team also gained a very brief overview of other Arrest Referral schemes operating in Scotland in Highland, Grampian, Central Scotland, Clackmannanshire and the

Borders (see Appendix 2). Of these, only Highland, Grampian and Borders were operational when information was gathered (September 2005). Central Scotland was due to start in November 2005 and was seeking more funding from the Scottish Executive at the time of writing while Clackmannanshire had ceased operations in early 2005. In brief, all of these schemes were police-mediated drug and alcohol-oriented schemes which involved an ARW visiting the police office on request to interview suitable arrestees identified by custody staff. All were joint ventures, or incorporated a significant degree of co-operation, between service providers (e.g. Turning Point Scotland), local DATs and the police. All but one of these sites targeted adult arrestees in a similar manner to Scottish Executive sites – Highland also provided a service to young people aged twelve and upwards referred from the Children's Reporter.

4. 78   In terms of their efficacy, like EMARS and Lanarkshire, the Highland scheme was negatively affected by the changeover to Reliance for prisoner transportation and was seeking access to Inverness Sheriff Court as part of a wider re-appraisal of the scheme's operation. The Borders scheme was also in the midst of a review process at the time of writing and, due to the erratic nature of referrals, was investigating the possibility of direct access to police or court cells in Hawick. Finally, Grampian was said to be working quite effectively although the number of referrals to the scheme had recently declined.

4. 79   On the basis of the limited evidence available the health of these non-SE funded schemes appears no better or worse than that of the national AR pilots. Two of the non-SE funded schemes were reviewing their services and all were experiencing issues associated with either referral volume or operation and were adapting to accommodate changing demands at the time of writing. However, each of them clearly worked within a context of inter-agency co-operation which facilitated constructive adaptation as a response to perceived ineffectiveness. On the basis of the evidence available it is difficult to reach a conclusion as to whether these schemes were disadvantaged by the absence of Scottish Executive funding. The national pilots in Lanarkshire and Edinburgh had also experienced similar operational problems, while Lanarkshire and Dumfries & Galloway encountered similar low referral volumes.

4. 80   However, size also matters; all of the non-SE funded schemes, currently operating, were small scale operations located in rural or relatively low demand areas (e.g. Inverness). We have already noted the high initial costs incurred by a large project such as Glasgow and it is difficult to envisage any other project of similar scale being initiated without SE funding. Indeed the forthcoming Central Scotland scheme, to operate at two urban sites, had sought additional Scottish Executive funding in order to realize the project.

Summary

- The Glasgow scheme was unique in that it was embedded in the local CAT structure and this – along with its co-location with the CAT and other statutory services – facilitated easy referral on. Other pilots referred to a multiplicity of service agencies using multiple care pathways.
- There were issues, particularly in Edinburgh and Tayside, in the early stages of projects, relating to the quality of referral information. One response to this, from Tayside Drug Problem Service, was to train ARWs in completion of their own assessment form which improved accuracy and completeness of information. It appeared relatively difficult to

obtain good feedback from service agencies on arrestee contact and retention in services. Dumfries and Galloway were concerned about lack of service availability and Tayside was concerned about service waiting times.

- There is reasonable evidence to suggest that ARWs are making referrals in connection with most of the arrestees seen. In Glasgow, for example, it appears that virtually all AR clients were referred on to the local CATs, while in Tayside and Edinburgh; around three-quarters were referred to another agency.

- In Edinburgh and Tayside, it appears that between two-fifths and a half of referrals may be 'new service users' whilst in Glasgow it appears that as many as 7 in 10 of clients referred to the CATs are not previously known to them.

- Only very limited data is available in relation to retention in services, but it suggests that a clear majority of arrestees referred will attend at least one appointment and that there are some grounds for optimism about longer-term engagement.

- However, most stakeholders were of the view that the schemes had been successful in identifying appropriate arrestees and getting them into services. They also highlighted the potential significance of even relatively limited interventions at the point of arrest.

- Feedback from arrestees about the schemes was largely positive. Among arrestees who took part in the survey, there was a reasonable level of awareness of AR prior to arrest (28% having heard of it before). Not surprisingly, this was higher in areas, like Tayside, where the pilot involved an extension to an existing service. Tayside also had the highest proportion of arrestees who had seen an AR worker on a previous occasion (45%).

- Around half of survey participants understood that compliance with ARW would make no difference to their trial and sentence, and the majority understood that their participation in AR and the research was voluntary. Around a third (32%) were not sure whether participation in AR would make a difference and the remaining 15% were under the impression that it *would*.

- Most found the experience of AR positive – 92% said they found it useful and 83% that the ARW was interested in what they had to say. Nine out of ten (89%) said they would like to see an ARW again and virtually all were happy to see the same one.

- The vast majority of those interviewed (84%) said they would recommend AR to other people, and nearly half (45%) said that they would recommend it strongly.

- It was not possible, within this study, to measure the long-term effectiveness of AR in reducing offending and substance misuse.

- The cost of achieved initial AR interview ranged from around £150 at direct-access court settings to around £340 at police mediated settings.

- The national pilots considered the Scottish Executive funding essential to underpin planning and to maintain the quality of operations. Non SE funded schemes were of similar format and experienced similar operational issues as the national pilots.

CHAPTER FIVE   CONCLUSIONS

5.1   In this final chapter, we summarise a number of the key themes arising from the evaluation.

How successful have the schemes been in reaching their target numbers and groups?

5.2   In terms of the overall number of arrestees seeing an ARW, as shown in chapter 3, 3 of the pilots (Edinburgh, Glasgow and Tayside) reached or exceeded the throughput projected in their original bids for funding. This suggests that the anticipated demand for AR is a largely realistic one. It is notable, however, that the schemes that generated the highest level of throughput were also the 3 largest of the pilot projects (in terms of size and funding) and that 2 of them were building on pre-existing schemes.

5.3   The 3 smaller pilots, (Dumfries and Galloway, Lanarkshire and RERI) achieved a much lower level of initial contact with arrestees than expected. Indeed, Lanarkshire received only one tenth of expected referrals from police offices.

5.4   Evidence from the various data sources also appears to confirm that the schemes have been generating appropriate referrals – individuals with significant drug and alcohol problems linked to offending behaviour – and, for the most part, reaching their target groups. From the limited data available, it appears that a significant proportion of referrals are new referrals to the AR teams, though it is less clear whether this constitutes success in terms of 'early intervention'. All the case-study pilots emphasized the important role of AR in keeping an open door to arrestees who might either require several AR contacts before taking the step towards services or needed encouragement to return to services when contact had lapsed.

How successful have the schemes been in getting people into services and keeping them there?

5.5   The original funding criteria for the AR pilots specified that: schemes should be fully endorsed by the local Drug Action Team; there should be demonstrable treatment capacity for the demand arising as a result of the scheme and rapid access to treatment facilities should be available. AR is not a standalone service but part of a range of pathways into treatment and support. For AR to be effective the onward referral routes and care pathways need to be clearly specified and waiting times for treatment and support services need to be as brief as possible. The local DAT also needs to be made aware of and to address any access or waiting time difficulties.

5.6   All stakeholders recognised the benefits of the Glasgow model, where the AR service is embedded within the fully integrated community addiction service. In Glasgow referrals to addiction workers for full assessment were speedily progressed, the addiction services provided a range of health and social care services directly themselves and in addition had well developed pathways for onward referral to community based services. In Tayside, strong links with treatment and support services have been built over time. This is best demonstrated by the Tayside Drug Problem Service's trust in the ARWs to complete the

TDPS assessment form, thereby smoothing the path of referrals to this agency. EMARS had developed very strong referral routes into some services and had for example developed new 'drop in' type surgeries in those services, but experienced some difficulties in establishing good feedback from other services as to whether arrestees had made contact. At the time of the evaluation both Tayside and Edinburgh DATs were in the process of reviewing the full range of drug treatment services in the area. Tayside was developing a 'Process of Care' model and examining AR's role in it.

5.7   Although the data (outlined in Chapter 4) are very sketchy – and become ever less reliable the further one gets from the initial contact between ARW and arrestee – there are reasonable grounds for supposing that AR is making a difference in terms of linking arrestees into services.

5.8   First of all, there is reasonable evidence to suggest that ARWs are making referrals in connections with most of the arrestees seen. However, there was some evidence that referral onwards appeared to reflect the degree of integration with services and development of care pathways. Glasgow referred on almost all arrestees, who were interviewed by an ARW, for further assessment and treatment, whereas Tayside and Edinburgh referred on three quarters of those seen.

5.9   Secondly, there is evidence that significant numbers of those referred on are 'new' clients. AR schemes provided an access point for new entrants to services; a high proportion of Glasgow referrals (69%) and Edinburgh and Tayside referrals (around 40 to 50%) were new clients. However, the role of AR teams in relation to both new clients and existing service users was equally valued by stakeholders. The AR teams' role in enhancing or re-initiating contacts (between 30 to 60% of onward referrals) for those already known to services was also very important.

5.10   It should perhaps also be emphasised that data about referrals will not fully capture the impact of AR on individual service access and use. From interviews with both professional stakeholders and arrestees, it was clear that, if well-timed, even brief and limited interventions by ARWs (such as phone calls or provision of harm reduction information) could have significant benefits for individual arrestees at a point of potential crisis in their lives. The Glasgow scheme in particular distributed AR information leaflets to a very wide range of arrestees, some of whom might choose to access services at a later date.

5.11   The NTORS study (Gossop et al, 2001) and subsequent research, indicates that when substance misusers are successfully engaged with treatment services there are clear benefits in terms of reduced levels of substance misuse and also reduced levels of offending. This evaluation reports the results of some small scale tracking exercises carried out by pilots. There is evidence that a majority of those who are referred to services actually engage with those agencies. The tracking exercise indicated that around three quarters of Edinburgh and Glasgow arrestees referred to agencies had attended at least one appointment and that a substantial proportion were still in contact with the agencies concerned weeks or months later. Therefore, it appears that there are some grounds for optimism about longer-term engagement or retention in support and treatment agencies. This also confirms stakeholders' perceptions that referrals made by the AR teams were largely appropriate. It is unfortunate that more complete information was not available on outcomes as this may have helped to clarify the impact of waiting times on retention and access to services, particularly in Tayside. Although there are clearly problems associated with waiting times for some types

of service (notably specialist detoxification and residential rehabilitation services), it does not appear that AR is generating a high volume of referrals with nowhere to go.

What has been the impact of AR on levels of substance misuse and offending?

5.12 Although detailed discussions were held about the possibility of obtaining data on offending patterns pre- and post-referral, for a variety of theoretical and logistical reasons, this proved impossible. The difficulties here are, to some extent, obvious ones and familiar from many other projects. First of all, it is extremely difficult to measure accurately individual substance misuse and offending – indeed, even if it had proved possible to access arrest records, this would have shown only offending which brought individuals into contact with the criminal justice system. Secondly, there is the difficulty of adequately controlling for factors other than the intervention in question that may have led to any observed change. Finally, there are the time and resource issues associated with the tracking of individuals across a variety of separate administrative datasets. The very limited tracking exercises undertaken by two of the pilot schemes do give some grounds for optimism, though even for the very small numbers of cases studied, it would be impossible to separate out the effects of the AR intervention from all other factors. Ultimately, of course, the long-term impact of AR on both substance misuse and offending is entirely tied up with the availability and effectiveness of service agencies that lie outside its control and it may be fairer to judge AR in terms of its ability to link arrestees into those services rather than the longer-term benefits that may result.

How do the different models shape the way that AR operates?

5.13 The findings of this evaluation suggest that there are some disadvantages to locating AR within a police office – especially if that office has a high volume of custodies and large numbers of staff. In such a setting, the process of identifying potential clients and offering AR will, of necessity, have to fit around the process of prisoner processing and custody management, and in the context of high workload or staff change, the profile of AR will be difficult to maintain. That is not to say that individual police staff are not committed to the idea and practice of AR – many of them clearly are, at both management and operational levels and it is clear that good working relationships have been built up between police and AR staff in all areas. It is simply that it is more difficult to dovetail the structure, hours and environment of a busy police office with the needs of a civilian-run service oriented around a treatment agenda. In smaller, more rural police settings these issues are likely to be less important as turnover of both police staff and arrestees is much lower.

5.14 The court setting, by contrast, is home to a range of professional groups, and the custody staff (now employed by Reliance) have a more limited and less dominant role. Although AR clearly has to fit around the business of the court, there is perhaps less potential for conflict of purpose. Moreover, there may be certain advantages in distancing ARWs from the police and from the immediate experience of arrest. From the ARW's point of view, the court also offers a consistently larger volume of arrestees to be seen on a daily basis. Although there may be large numbers of arrestees within a busy police office, numbers fluctuate significantly, and in smaller police offices (such as Arbroath) numbers are low and it is more difficult to make effective use of an ARW's time.

5.15   Furthermore, the changeover to Reliance in 2004 for custody transportation, impacted significantly upon AR schemes based in a police office setting. As Reliance was contracted to transport all custodies to court by 9.30am, the morning window of opportunity for ARW to access to arrestees was much reduced. Whilst some, smaller schemes could work around this, by ARWs going in very early, this was not an answer for larger schemes where it was not possible to 'catch' all arrestees before they were moved to court. The changeover to Reliance was a major factor in EMARS' move from police office to sheriff court and in Glasgow's decision not to operate AR shifts in the mornings.

5.16   The question of setting is also linked to that of direct versus mediated access since, in general, ARWs have been granted more direct access within the courts than in police offices. The advantages of direct access to arrestees are relatively clear: the ARWs are better placed and trained to identify need, to 'sell' the benefits of participation and to overcome resistance and suspicion on the part of arrestees. Again, this is not to suggest that police officers in general are incapable of doing this or that many are not already doing it very well: it is simply that, as a professional group, they have particular responsibilities, a specific set of skills, and a particular relationship to the arrestee. For AR to work at its optimum level, arguably, the police are required to add something extra to those responsibilities, skills and relationships and to take on qualities more readily associated with caring professionals. As noted above, that can be difficult to do consistently across entire groups of staff. It should also be noted that there is some evidence that, in many cases, it is not appropriate to offer AR at the arrestee's first point of entrance into the custody suite, particularly if the individual is intoxicated.

5.17   That does not necessarily mean, however, that AR should be court-based, since direct access is also possible in a police setting. In Dundee and Dalkeith, for example, the teams were able to negotiate direct access within the police custody areas. While the AR team in Lanarkshire feels that the pilot has been restricted by the police setting and would like to move towards a court-based approach, the team in Renfrewshire indicated that they would rather have more staff and to be able to do some out of hours service and see people directly at the police office.

5.18   AR in the police setting is clearly closest to the original point of arrest and therefore closest to the original aims of the new provisions in S.71 Criminal Justice (Scotland) Act 2003. AR in the police setting has potentially more opportunity to reach arrestees charged with relatively minor offences and at a stage, for repeat offenders of minor offences, before a court hearing becomes appropriate. It also has potential to reach particularly vulnerable groups, such as women, prostitutes and young people. There was evidence that the Glasgow pilot was reaching at least one of these groups, prostitutes. There was also clear indication from stakeholders that a good proportion of these vulnerable groups and on arrestees charged with minor offences were being missed as they were released prior to the ARW being on site. In the absence of overall throughput figures for the police office as a whole (not made available to the research team) it is not possible to say exactly what proportions of each vulnerable group were being missed. In particular, the operation of AR in police settings may need to be more finely tuned if it is to be effective in reaching young people. Young people, on minor offences, are one of the key groups missed by ARWs and there is also some evidence (in Glasgow) to suggest that young people aged 16-20 years are more likely to refuse the offer of AR. Police based AR schemes may well need to consider operating evening and or night time shifts in order to capture some of these vulnerable groups more fully.

5.19   It can be questioned whether AR in a court setting can be properly considered as *Arrest Referral* at all, since it is, by definition, offered only to those who appear at court. This is not simply a question of semantics: there are very likely to be important groups who are under-represented in that setting. While it is reasonable to assume that most persistent offenders with substance misuse problems will appear at court, early intervention is also a key aim of AR and those released without charge will, by definition, be missed. Those released early, on an undertaking to appear at court, will also be missed by court based ARWs as the individuals will not be in the court custody cells at the time of attending court. On the other hand, the hours of the court make it possible for ARWs to see other groups (such as those arrested at certain times of day) whom they may find difficult to catch within a police setting. An anxiety that court based AR throughput figures might be inflated by seeing prisoners on remand or awaiting transport to prison was found to be unfounded as the AR teams have very little contact with these two prisoner groups.

5.20   Overall, there is a need to be aware of the advantages and disadvantages of each setting and the characteristics of arrestees likely to be contacted there. The choice is not necessarily between one setting or the other – decisions about setting need to reflect more closely decisions about priorities and target groups.

What are the implications of the different models for the costs associated with AR?

5.21   For a variety of reasons (detailed in Chapter 4), comparisons between the schemes on the basis of the projected and actual costs data submitted are extremely problematic. It is clear, however, that none of the schemes drastically overspent during the pilot period and some under spent. Not surprisingly, costs per referral were highest in those areas with lowest achieved throughput relative to original projections and were lowest in the larger schemes with high levels of throughput. The lowest unit cost per *offer* of AR made was in Glasgow, as a result of the combination of a high level of turnover at London Road police with the extension of the offer of AR to almost all arrestees there. However, the lowest costs per AR interview were found in Edinburgh and Tayside, probably as a result of the combination of a direct access model and a court-based setting. It should be noted, however, that these were also both pre-existing schemes and that will also have helped to bring average costs down.

Does AR work differently for arrestees with alcohol problems?

5.22   Three of the 6 pilot schemes (EMARS, RERI and Lanarkshire) focused solely on problems associated with drug misuse, while the others (Glasgow, Tayside and Dumfries & Galloway) also covered alcohol. The 3 teams covering alcohol use reported clear recognition of the differing problems and service needs faced by the 2 groups. There was also clear identification of high rates of poly-drug use. Unfortunately overall recording of substance use was not complete or consistent within or across pilot sites and it was not possible to obtain a full picture of the relative numbers using individual or multiple drugs, alcohol alone or alcohol plus drugs.

5.23   It is clear from the experience of the pilot in Glasgow, however, that alcohol-related offending is associated with a higher level of refusal of the offer of AR. In fact, around a third of all those who refused AR indicated that they had done so because they did not consider themselves to have a problem with alcohol. As the offer of AR was extended to

almost all arrestees in Glasgow, more offers were made to individuals with issues relating to alcohol. However those actually accepting and seeing an ARW remained more likely to have problems relating to drug misuse. That said, in Glasgow as in other areas, it is also clear that there is a very high level of poly-drug use among the latter group – in other words, individuals presenting with drug misuse problems also often abuse alcohol. It should also be noted that there is a perception among AR staff in Glasgow that the alcohol-only users who do accept the referral are significantly more likely to be new to services.

5.24   Two further points are worth making about alcohol and AR at this point. The first is that there is a widespread perception of under-funding of services for alcohol users relative to services for drug users. Secondly, it may not always be easy for AR schemes to add alcohol to their portfolio, as their staff may be seen primarily as 'drug workers' who have less well-developed skills and experience in field of alcohol.

What are the implications for monitoring and evaluation?

5.25   The evaluation was able to establish a much fuller picture of how the initial arrestee contact with the AR service worked than of how arrestees moved from AR into services. The schemes collected reasonably full information about throughput and the characteristics of those arrestees seen. However data collection on contact with, engagement and retention in services and longer term outcomes was patchy and much less successful. We need to know what proportion of arrestees make contact with services and how many are there after 12 weeks. As we have seen, research evidence suggests that once an arrestee is fully in treatment the rate of offending is seen to drop. Therefore in order to monitor their effectiveness the pilots need to strengthen data collection about the later stages of the AR process and set up formal mechanisms to obtain feedback on client outcomes.

5.26   It would also be helpful to have much clearer data about the proportions of arrestees who have an initial AR interview but are subsequently remanded. Both Edinburgh and Tayside had established formal mechanisms of feedback from the court clerks as to arrestee disposals post court hearing; however in Edinburgh at least the length of the remand period was not specified

5.27   In particular, individual schemes need to recognise that the process of monitoring is not simply about agreeing a data collection instrument, but about designing a data collection *process* which ensures that links between paper and electronic records are thoroughly explicit, that data-items can be matched across systems, that sufficient administrative resources are available to input and manage data, and that information is recorded – and recorded consistently - for all clients and all data items. In general, it might be better for schemes to record fewer data items with a higher level of accuracy and completeness and to test out more thoroughly the interface between different administrative systems. It may also be that the Scottish Executive, or other funding bodies, need to make this an even more explicit condition of funding.

5.28   An obvious though important finding of the evaluation was simply how diverse the pilot schemes were in terms of setting, structure and operation. We did not always find consistency of approach even within individual schemes, let alone across them and even where schemes had superficial similarities – e.g. being located within a police office – different procedures and ways of working were arrived at. This had important consequences

for a research design that was already relatively thinly-stretched across six areas. Although the aim of this report has been to draw out the main themes across the programme of pilots as a whole, it has been difficult to do justice to the evaluation of the individual schemes.

Does AR need to be funded by the Scottish Executive?

5.29   Although AR schemes existed elsewhere in Scotland before the launch of the pilot projects, it seems unlikely that the biggest and apparently most successful of these would have existed in their current form without the funding from the Scottish Executive. Stakeholders from all of the national pilots strongly valued the SE funding and saw it as essential to underpin the initial multi-agency planning and start-up phases which could not easily be absorbed by any of the partner agencies. All of the AR pilot stakeholders also thought that it would be necessary to reduce, tailor or discontinue the existing AR services if the funding did not continue. The Edinburgh pilot has already applied for additional Scottish Executive funding to meet current raised levels of demand.

4. 81   The experience of the non SE funded schemes appears to indicate that they have been able to make a start but not been able to fully develop without SE funding, all schemes were under review. Whatever the funding source, it does appear that AR teams may need to reach (and maintain) a certain size before they start to operate effectively. Singleton workers and very small teams will find it very difficult to deliver a consistent but flexible service and to be a well known professional presence in a host custodial agency. However, for voluntary sector host organizations in particular, SE funding is essential to afford security and breathing space to allow time to explore scheme developments rather than engaging in an ongoing struggle to secure funding. The planners of the Central Scotland scheme, designed to operate from two urban sites, clearly felt it necessary to seek central funding for a large, complex project just as Glasgow had.

APPENDIX 1   DESCRIPTION OF THE PILOT SCHEMES

Introduction

In this appendix we provide a brief overview of each of the six areas, highlighting key features, issues and developments and summarise points of convergence and divergence across the pilot programme as a whole.

Edinburgh and Midlothian

The Edinburgh & Midlothian Arrest Referral Scheme (EMARS) is operated by the Scottish Association for the Care and Resettlement of Offenders (SACRO) and grew out of an earlier Arrest Referral project funded by the City of Edinburgh Council and Lothian & Border Police.

The original scheme operated from January 2003 to the end of January 2004 in St Leonard's police cells, Edinburgh, with just the one worker. The advisory group for the project then put forward a bid to the Scottish Executive to expand the scheme to include Midlothian, introducing the Dalkeith police office cells and the geographical area of Midlothian Council.

EMARS is based on a proactive model of Arrest Referral and targets arrestees aged 16 and over with drug problems. For clients with alcohol problems the ARWs pass on information and advice about services but do not follow up. Initially, the scheme operated at the police cells at Dalkeith and St Leonard's police office but was subsequently expanded to include Edinburgh Sheriff Court.

Following the launch of the pilot in February 2004, one worker at a time, on a rotational basis, provided a service to St Leonard's and Dalkeith between 7.30 a.m. and 3.30 p.m., Monday to Friday. The scheme at St Leonard's was fully police-mediated. At Dalkeith the scheme had an opportunity to trial direct ARW access to arrestees, via the cell door hatch whilst an officer stood nearby.

In autumn 2004, Reliance took over the contract to transport prisoners from police offices to court. Prisoners were to be delivered by 9.30 a.m. and this left only a brief window for ARWs to access arrestees in the mornings. As a result, referral numbers were dropping and the scheme was, therefore, moved to Edinburgh Sheriff Court where easier direct access by ARWs was possible.

From January 2005, the team began to attend Edinburgh Sheriff Court in the mornings and kept a watching brief, with week-end and afternoon visits to the two police offices. Attendance at the Sheriff Court brought a large increase in numbers of referrals and at the same time, from 31 March 2005, the team leader became half-time AR team leader and half-time bail officer. The visits to the police offices were therefore replaced by phone calls and finally stopped in Spring 2005.

In March 2005, a bid was submitted to expand the service in recognition of the large increase in throughput following the inclusion of the Sheriff Court. The proposal was for one team leader plus 4 ARWs. In 2005, SACRO began a new parallel service for street sex workers called the 'Another Way Service'. They are also exploring the possibility of providing a service to alcohol misusers.

The AR pilot is project managed by SACRO. It reports to a Service Advisory Group, chaired by Midlothian Criminal Justice Social Work with membership from the Edinburgh DAAT, SACRO, Lothian & Borders Police, Criminal Justice Social Work, voluntary sector, CDPS and Procurator Fiscals office.

The AR team currently attends Edinburgh Sheriff Court between 10am and 1pm. Often, two ARWs attend together in order to deal with the high volume of prisoners and to get the paperwork completed quickly. They walk round the prisoner cell areas, go up to the cell bars and ask if anyone would like help with an alcohol or drug problem. Prisoners may respond affirmatively and in this case the worker simply takes their name, or they may come up to the bars to discuss the scheme. The ARW gives the Reliance custody staff a list of names, and the arrestees are brought through one-by-one to see them.

The ARW interviews the arrestees in the same area that the defence agents use to see their clients. There is a long row of windows (like old fashioned bank cashier windows) but the AR team has negotiated to use an end-space which is more private and somewhat screened from the defence agents. The interview takes about 15-20 minutes and is conducted in a conversational style using a form with open-ended responses rather than tick boxes. The ARW gives harm reduction information and collects information about key areas: personal details; offence; drug use and harm reduction; health and GP registration; housing and living arrangements, children; employability; benefits. The ARW discusses confidentiality and sharing information with other agencies and ends with 3 customer feedback questions. A business card is handed over to the arrestee which has contact details and the date of the follow-up appointment. A note of key actions agreed is written on the back. EMARS offers follow-up appointments within the next few days at the SACRO office.

There are 6 main pathways to treatment agencies via EMARS:
- For a small number, AR is the first contact with a treatment agency
- Re-start following a lapse of contact with a treatment agency
- New referrals to a different agency
- Safeguarding contacts e.g. keeping place on waiting list for methadone, DTTO requirements
- Enhancing existing agency contacts e.g. with new information on re-lapse of drug use
- Provide information, advice, brief intervention in interview (it may take several meetings like this before arrestee becomes engaged)

EMARS refers on to a range of drug or alcohol services and to local geographically based services. It is working with service agencies to establish additional ways of linking arrestees into services - e.g. holding a drop-in for follow-up appointments at NEDAC (North Edinburgh Drug Advice Centre).

Glasgow

The Arrest Referral pilot in Glasgow is a joint initiative involving Greater Glasgow NHS Board, City of Glasgow Council and Strathclyde Police and covering both drugs and alcohol. The ARWs themselves (1 team leader and 3 support workers) are employed by the social work department and the AR team is part of the Community Addiction Team which is a service run jointly by health and social work.

AR in Glasgow is based on a proactive model with the target group defined as any arrestee whose offending appears to be alcohol or drugs-related and is over 16 years and who falls within any of the following categories:

1. Those detained under the Misuse of Drugs Act (1971) - especially those arrested for offences of possession and/or possession with intent to supply and who appear to have, or are known to have, problems associated with their addiction
2. Those detained in relation to drug related acquisitive offending - especially, but not exclusively, shoplifting/burglary/theft
3. Those who are arrested as a result of involvement in prostitution (e.g. soliciting) and where there is a known or perceived substance misuse related issue
4. Those detained as a result of alcohol or drug-related disorder including breach of the peace
5. Those with a history of homelessness, as there is a high correlation between homelessness, substance misuse and related offending

In practice, however, there have been periods when the AR service in Glasgow has effectively been offered to all arrestees, regardless of whether or not they meet the above criteria.

The scheme was launched officially on 4 October 2004 and operates out of Strathclyde Police E Division headquarters at London Road police office. A special AR suite has been constructed near the front reception desk which consists of two independent rooms, separated by a special screen through which the ARW and arrestee can speak. The ARW has a desk and administrative facilities, and a computer with access to the CareFirst database (the main social work department information system).

The scheme is entirely police-mediated with the custody sergeant informing the arrestee of the AR service, at the point of entry to the custody bar. The arrestee is asked to sign a consent sheet and the police page of the monitoring form is completed. For all arrestees offered AR, the place an Arrest Referral information sheet into the prisoner's property bag for later reference.

The ARWs attend London Road between 2 and 6pm, Monday to Friday and between 10 and 4p.m. on Sundays (no attendance on Saturdays). Sunday is the busiest day with referrals from Friday and Saturday seen then too. There are usually 3-4 referrals on weekdays and up to 8 or more on Sundays. The ARW collects consent sheets from a folder left at the custody sergeant's desk. After checking CareFirst (to see if there are any open workers or services from addictions or any other social work section) they give the forms back to the custody sergeant who then has the prisoners brought through one at a time to the AR suite. The ARW conducts an initial interview, lasting usually 15 but up to 40 minutes, checking consents, introducing the service and the associated research, providing information about services, and making phone calls to solicitors, practitioners, solicitors as requested by the arrestee. A basic monitoring form is completed to gather core data as specified by the Scottish Executive.

The AR team then aim to see the arrestee at the Newlands Centre again within a day or 2 of discharge from London Road. They send out several letters to chase up arrestees and will do joint home visits to those they interviewed at London Road. They write to and will visit remanded prisoners.

Initially, follow-up appointment letters were sent to arrestees who had been missed at London Road. Follow up appointment times were also offered directly to arrestees interviewed by ARWs. However, arrestees did not keep specific appointments. Therefore the AR team moved towards offerring a new drop-in service (initially open 1-4pm on Monday and Wednesday only, but later open four days Monday to Thursday).

The AR team keep arrestees on their books for 4-6 weeks, completing the baseline assessment of the single shared assessment before they are allocated to the two Community Addiction Teams (CATs) in Parkhead and Easterhouse. The AR team make some direct referrals to services, including voluntary sector alcohol counselling (Glasgow Council on Alcohol, GEAP) or where the arrestee does not want be referred to social work. A CAT worker will generally see the arrestee within 10-20 days, but as all nursing staff of the CAT are very busy, there is often a wait of a few months for detox, and of six-weeks or so for a methadone clinic. There are long waiting lists for residential rehabilitation. It is the CAT team rather than the AR team which links with service agencies. The AR team can ask for individual feedback on arrestee progress from CAT team members. They can also consult CareFirst though the information available is of varying quality and completeness.

The AR pilot is managed by two multi-agency groups, a strategic steering group which meets bi-monthly and an operational steering group which meets monthly. The strategic group includes the police Divisional Commander, police office managers, custody shift leader, police Training officer, two CAT managers, GGNHSB manager, pharmacy, Addiction Services manager and AR team manager. The operational group consists of the whole AR team, police office manager and a custody staff representative, CAT team managers, criminal justice representative and voluntary sector representatives.

Tayside

The Tayside AR pilot is operated by National Children's Homes (NCH) Scotland across 3 sites; Perth, Dundee and Arbroath. Again, the pilot involved the extension of an existing scheme, operating in Perth since July 2000 and across Tayside as a whole from September 2002.

The scheme follows a pro-active model, using the point of crisis (arrest) to provide the accused with the opportunity of accessing assessment and treatment. Involvement in the scheme is entirely voluntary and it is not a criminal justice process in itself nor is it a part of the criminal justice system. Detainees are not rewarded for co-operation nor disadvantaged for non-participation in the scheme

Each of the AR sites aims to provide a service for drug/alcohol users at the point of arrest and to assist the individual in accessing a range of possible interventions dependent on their assessed needs. As the scheme is administered by NCH Scotland, there is a particular focus on service provision for young people (aged 16-25). In practice, however, no arrestees are considered unsuitable for referral via the scheme since most have young children, are part of a family or may, through their substance use, impact on the lives of young people and so be considered to fall within the broad remit of the organisation. The AR scheme does not provide service to arrestees accused of domestic violence offences. These individuals are seen by a dedicated police officer and a service is offered to the perpetrators via the local authority Social Work Dept in Dundee and Angus.

The Tayside AR pilot employs 4 ARWs (2 full-time, 2 part-time) and 1 Senior ARW. It operates from police offices at Dundee and Arbroath and mainly from Sheriff Court cells at Perth. However, referral to the scheme operates independently of the police except in 2 instances. These instances of police mediation relate to:

- the small number of arrestees who are placed in custody in Perth but who do not appear in the Sheriff Court (these arrestees are interviewed at the police office before being released) - the custody sergeant speaks to arrestees who they perceive to be suitable about the scheme, asks them if they would like to see someone about drug or alcohol issues and notifies the ARW about individuals who request assistance; and,
- the Angus custody suite where the ARWs consult with custody sergeants as to the number of suitable arrestees in custody before arriving at the police office.

In general, everyone in custody (barring those who are excluded because of their age or offence type) is offered help by the ARWs. In each location, workers have access to the details of those held in custody and go around the cells, asking arrestees if they require any help with drug or alcohol issues. If they respond positively, the workers provide some basic information about the scheme, ask them a few short questions and arrange for them to be taken to an appropriate interviewing area. If an arrestee lives outwith the Tayside area, the same process can take place but generally only if the arrestee is currently working with Social Work, Health etc. so that information regarding referral can be passed on to the relevant person.

The interview generally takes around 20 to 30 minutes. The assessment form used in the interview has developed (and grown) according to the needs of NCH Scotland, the Scottish Executive and service providers (information is collected to enable the completion of an SMR 24 Drug Use Assessment Form during the interview). Following the interview, consents are taken from the arrestee and they are informed that a copy of the scheme's information leaflet and a monitoring form (this instrument, asking arrestees about their satisfaction with aspects of the interview, was put in place voluntarily by the scheme) will be placed in their belongings for when they are released from custody. When the outcomes of court appearances etc. are known by the ARW, individual details from the assessment forms are transferred onto the relevant forms for service providers etc. and, if appropriate, referrals are initiated.

The degree of follow-up work conducted with arrestees varies according to the needs of the individual and the location of the assessment. Some arrestees may need to be accompanied to appointments or may require other forms of assistance or representation, while others may require counselling, etc., which can be provided by ARWs. Location affects such follow-up work in so far as workers in Dundee and Angus are less likely to be able to provide such assistance because of the volume of arrestees seen and the number of hours worked respectively. A part-time worker has recently been appointed in Dundee to provide further opportunities for such work and to provide a service for arrestees (often from vulnerable groups) released from police custody after a short time and undertaken to appear at court.

Renfrewshire, East Renfrewshire and Inverclyde (RERI)

The pilot Arrest Referral project in Renfrewshire, East Renfrewshire and Inverclyde (RERI) is operated by Turning Point Scotland's CACTUS project (Creating Alternatives to Custody Through Understanding and Support). This voluntary sector project offers a variety of support services to people with problems relating to their drug use and who are involved with criminal justice services, including one-to-one support, group work, goal setting, alternative therapies, and referrals to other agencies.

CACTUS first started an Arrest Referral service in 2002, with initial funding from the Tudor Trust and the New Opportunities Fund, which covered Renfrewshire only. The subsequent funding from the Scottish Executive allowed its extension to East Renfrewshire and Inverclyde. AR in Renfrewshire itself has two unusual features. First, CACTUS not only provides Arrest Referral – it is also the main drug treatment support service in the three Local Authority areas, so AR workers often refer clients on to other aspects of CACTUS' services for further treatment and support. Second, the Renfrewshire Arrest Referral pilot receives referrals from Criminal Justice Social Work and self-referrals, as well as referrals from the police.

The target group for the scheme as a whole is clients 16 or over, who are experiencing problematic drug use, live in 1 of the 3 local authority areas and have a current link with criminal justice services.

In Renfrewshire, Arrest Referral is offered to arrestees by a police officer in Mill Street police office, Paisley. However, because there are no facilities to conduct the interview there, the first Arrest Referral assessment takes place in Paisley Sheriff Court. Once an arrestee agrees to see an Arrest Referral worker the police officer faxes a one page form to CACTUS (usually by 9.30 a.m.) and a worker then goes to the Sheriff Court to conduct an initial assessment. This usually takes place on Monday to Friday between 11 a.m. and 1 p.m. and lasts approximately 15 minutes. Facilities to conduct the assessment in the sheriff court are good with a two-way interview room. After the initial assessment an appointment is made for the client to come back to see the Arrest Referral worker (who is a member of the CACTUS team and therefore a service provider as well as an AR worker) and a full assessment is made which lasts approximately one to one and half hours.

In East Renfrewshire, referrals are received by CACTUS staff either by fax from Helen Street police office, Govan, or by fax for arrestees who have been charged on the street but not detained in a police cell. Regardless of how the referral is received, the initial interview is not conducted in the police cells as there is nowhere suitable to do so. Therefore, up to three letters are sent to arrestees who have agreed to see an Arrest Referral worker and the onus is on the potential client to make contact with CACTUS staff, where they will make arrangements for an initial assessment to take place.

In Inverclyde, Arrest Referral is offered to arrestees by a police officer in Greenock police office and CACTUS are notified of potential clients by fax. Initial assessments are not conducted in the police cells but in Greenock Sheriff Court, between 10 a.m. and 12.30 p.m. Further full assessments are conducted at CACTUS' premises in West Black Hall Street every Monday all day and Tuesday morning.

In addition CACTUS have rooms in St. Andrews House, Social Work Head Quarters in East Renfrewshire; Johnstone Social Work Department and a shop front in Renfrew High Street where full assessments of clients from any of the three Local Authorities can take place. This form of outreach work enables clients to see a CACTUS worker in a venue which is convenient to them.

Key partners involved in either the planning or delivery of Arrest Referral in RERI are shown below.

- Renfrewshire Council Social Work Department
- Criminal Justice Social Work Team in Paisley, Johnstone and Renfrew
- Paisley Sheriff Court
- DDTO staff
- The Wise Group
- APEX
- Renfrewshire Addiction Forum
- The Scottish Executive
- Argyll and Clyde ADAT (which is due to be re-configured shortly)
- Inverclyde Drug Team

- East Renfrewshire Social Work Department.

- The medical, social work and nursing staff at Renfrewshire Drug Services
- Strathclyde Police 'K' Division

- The Community Alternatives Unit
- CSO
- SACRO
- Positive Steps
- STRADA
- The Tudor Trust
- Moving On project in Inverclyde

- East Renfrewshire substance misuse team

Arrest Referral within CACTUS has a Service Manager; a Project Administrator; five Project Workers; and one sessional team member. Turning Point has their own training that all CACTUS staff have access to but this is not specific Arrest Referral training. CACTUS staff are Arrest Referral trained through work shadowing with colleagues

The main bodies CACTUS report to are Renfrewshire, East Renfrewshire and Inverclyde councils with whom they meet every six weeks. There is also an Arrest Referral Forum which brings together staff from Arrest Referral sites all over Scotland. The forum meets quarterly. Annual reports are also submitted to, and a meeting held with, the New Opportunities Fund.

Dumfries & Galloway

The Dumfries & Galloway scheme is operated by APEX Scotland, a voluntary organisation focusing on the employability needs of offenders, ex-offenders and young people at risk. Although new, the scheme followed an earlier decision, to fund AR work, by a partnership involving Dumfries & Galloway Constabulary, the Treatment Subgroup of the Alcohol and Drugs Action Team (ADAT) and the Holywood Trust.

Originally tendered in August 2003, the scheme was launched in March 2004, and referrals were taken from 1 April 2004.

The pilot follows an enhanced, proactive model and targets anyone over the age of 16, with drug or alcohol related offending, arrested on minor offences, persistent offending or warrants, resident in Dumfries and Galloway. Individuals may have been referred before and may be already in treatment.

The AR scheme is based at the two main police offices at Dumfries and Stranraer, both open 24 hours a day and the only ones to take custodies. All the other thirteen police offices in the area hold information posters, leaflets and triplicate referral books and fax referrals to the main stations. Arrestees are also seen at APEX offices in Dumfries and Stranraer. From January 2005 the ARW also began attending the Stranraer Sheriff Court. From the outset, APEX had a team leader mostly based at Dumfries, plus an ARW at each site. The ARWs are also on call but are very rarely contacted.

At Dumfries police office, the ARW shares a desk (hot desks) with the Victim Support Officer, which is behind the police public reception bar, alongside police clerical staff and is therefore not private. The ARW also has use of an interview room near the cells, adjacent to the custody bar, with no dividing screen. In practice the AR service has preferred to use the APEX office interview room, a few yards down the street. The ARW is available Monday-Friday and Sunday, the busiest day. Outreach work is also undertaken from the APEX building

In Stranraer interviews are now carried out at both the police office and Sheriff Court interview rooms. The sites are five minutes walk from the APEX office in the town centre and in close proximity to several of the drug service agencies. In Stranraer the ARW is available every day except Wednesday and Saturday and attends two days at Court (excluding Mondays which are busy Court days). Reliance takes custodies to Court by 9.30-10 a.m. and also escorts custodies within Court to the interview room. Custodies are seen on Sundays at the police office prior to Monday appearance at Court.

At Dumfries and Stranraer police offices a poster behind the custody bar advertises the AR service. The Custody officer reads from a prepared script to inform the arrestee of AR at booking in. The custody is referred directly to an ARW if available on site or a Triplicate Referral Book slip is completed and left in the ARW pigeonhole. These and other stations' paper referrals form the bulk of the AR work. If no interview takes place an AR card is placed in the arrestee's property bag.

At the initial 10-15 minute interview, at the police office or APEX office, the ARW explains the service and completes a personal information sheet and an Arrest Referral form. The arrestee signs a confidentiality statement and is given an AR card with contact details and next appointment. At the first or subsequent interview an Action Plan is completed and a follow up appointment is made for full assessment as soon as possible.

If not on site, the ARW later collects the referral slip and offers an appointment by phone or mostly by letter. Appointments are made at sites to suit the Arrestee e.g. Apex offices; Annan job centre; a drug support agency in Castle Douglas; Sanquhar job centre; social services department; community centres; GP surgeries. Home visits are not generally undertaken but if they are they are done in pairs.

Referral to services is usually made by telephone or letter. The local service agencies generally copy the initial appointment letter to the AR team and the ARWs provide intermediate care if the waiting time is long. The AR team refers to drug treatment services for relapse prevention and also to residential rehabilitation, plus to a range of other services. A major problem is the difficulties and gaps in services provision locally. These include: waiting times for housing; a lack of forensic psychology, anger management, or counselling services; waiting times for the area's only prescribing service (Cameron House) and gaps in shared care; chemists being full to capacity for methadone dispensing and therefore arrestees having to travel long distances to alternative chemists.

The pilot reports to a monthly Steering Group chaired by the local ADAT (currently chaired by the Chief Constable). It includes representatives from the Hollywood Trust; the ADAT; Criminal Justice Social Work; Dumfries & Galloway Constabulary (a custody sergeant and the substance misuse coordinator); APEX Scotland and the AR Team Leader. There was no current Health Board representation. Members also sit on other groups e.g. the Local Treatment sub group, the Forensic Care Forum. The Stranraer ARW attends a monthly drug forum which facilitates communication with local service agencies.

Dumfries & Galloway is currently piloting a new police database for the whole of Scotland. There is planned to be a section on Arrest Referral and there is ongoing discussion about accessing custody records. This is in the process of being finalised.

Lanarkshire

The Lanarkshire AR scheme started in July 2004 following the receipt of Scottish Executive funding. No AR scheme was in place prior to the establishment of the current arrangements although the scheme effectively built upon Lanarkshire's Transitional Care service. The scheme operates at three sites in Bellshill, Cumbernauld and Hamilton and is managed from the SACRO office in Motherwell.

The proposal for Scottish Executive funding was formulated (May/June 2004) jointly by SACRO, Lanarkshire ADAT, police drugs awareness officers and superintendents from the stations at which the service would operate. The service was targeted upon certain police offices rather than providing an 'across-the-board' service; Lanark police office was therefore excluded from the scheme due to the its relatively low throughput while Bellshill was included as it provides facilities specifically for female arrestees, who are brought there from throughout Lanarkshire. The scheme provides a voluntary service for adult (16 and over) drug users resident in Lanarkshire. It aims to intervene at the point of crisis (arrest) when motivation to address substance use problems may be greatest. Individuals are provided with assistance on the basis of their immediate needs and may be referred to a range of services following assessment. Due to the lack of such services in Lanarkshire those suffering solely from alcohol problems were not targeted by the scheme.

Since January 2005, problems with staffing (the absence of the Team Leader) reportedly had an adverse effect on service provision and the effectiveness of the scheme. For most of the pilot period, the scheme was administered by one full-time ARW (later joined by one worker on a sessional basis) who divided their time between the locations. There were significant delays in providing a service at Hamilton police office; referrals did not commence until November 2004 and interview facilities were not provided at any time during the pilot.

Instead, towards the end of the pilot, the scheme began operating from Hamilton Sheriff Court, utilising Reliance staff to mediate contact with arrestees. It was hoped that this location would eventually provide the majority of referrals to the scheme.

When operating from the police offices, the Lanarkshire AR scheme was police-mediated and therefore dependent upon the knowledge and co-operation of staff at each of the sites. Custody Sergeants operating at the stations were generally well informed about the scheme, but problems arose when officers from outwith the locale provided cover. Relations between Reliance staff and the worker were seen as cordial and those Reliance staff who participated were reported to be proactive in approaching detainees with information about the scheme.

Custody staff (police or Reliance) ask arrestees they perceive as having a substance use problem if they would like to speak to someone about these issues. Details of the scheme and the referrals it can make are provided and, if consent is provided the team are contacted. Details of consenting arrestees (name, sex, date of birth, address, phone number) are faxed or provided to the worker upon arrival at the police office/court. In most cases, arrestees are then identified and taken to the relevant area to be interviewed (at present, Hamilton police office arrestees are contacted by mail regarding appointments). The initial interview lasts around 10 minutes and gathers basic information on drug use, personal needs and a basic care plan is formulated. Following the interview, consents are taken from the arrestee and they are informed that a copy of the scheme's information leaflet will be placed in their belongings. Information about the outcome of individual cases is passed to the ARW and informs decisions about whether referrals to service providers are be made.

In order to facilitate referrals, a further appointment is scheduled to take place at the SACRO office in Motherwell or at a Social Work Office near their home within five days of their release from custody. This interview collects more detailed information, allowing a care plan to be formulated. Details from the assessment form are then transferred onto the scheme's database and referrals are initiated. The degree of follow-up work conducted with arrestees varies on the basis of individual need (some arrestees required accompaniment when attending appointments or other forms of assistance or representation; others required the worker to provide counselling etc.).

Problems associated with the administration of the AR scheme at the police offices chiefly concerned the timing and location of interviews. Initial interviews with arrestees must be completed before 7 a.m. to enable shift changes and the transport of arrestees to court. Also, at neither of the operational police sites did the AR staff have exclusive use of an interview space. The worker had to compete with solicitors and medical staff for use of the available space and, due to the pressure on facilities, was not permitted to interview on Monday mornings when the highest throughput was experienced. No CCTV or physical separation of worker and arrestee was evident in these interview settings; staff stationed nearby provided supervision Interviews at Hamilton Sheriff Court were carried out in a portioned area in the cells which was not regarded as being particularly private. Reliance staff at the court were not provided with training about drug issues or AR; the scheme was in the process of remedying these problems during the early stages of its operation at that site.

Service provision in respect of drug use across Lanarkshire is reported to be very good. Waiting times for access to services are not regarded as problematic –a maximum of 4-6 weeks. Services are distributed fairly equally across the area and relationships between the AR scheme and local service providers are reported to be good. The main agencies referred

to are the Community Addiction Team and Lanarkshire Drug Services in cases where a substitute prescription is required and the Substance Misuse Team in instances where counseling is needed. The ARW is able to devote some time to escorting vulnerable clients to appointments (which may help maximise the take-up of referrals to outside agencies) although few require such assistance.

A steering group responsible for the service met up until the end of 2004. Reportedly, this operated very well but stopped convening due to the ill health of one of its members. Informal meetings with the drugs awareness officers continue on a fairly regular basis. The steering group had representatives from: Criminal Justice Manager, North Lanarkshire Council; Social Work, Addictions; Health; Service Manager, SACRO; Drug Awareness Officers, Strathclyde Police (North Lanarkshire and South Lanarkshire Division).

APPENDIX 2   EXAMPLES OF OTHER (NON-SCOTTISH EXECUTIVE FUNDED) AR SCHEMES IN SCOTLAND

Introduction

At the start of the national evaluation the research team contacted other Arrest Referral projects in Scotland which were not receiving funding under the Scottish Executive AR pilot scheme. A very brief overview of location, providing agency and method of service delivery was obtained. This was not systematic and schemes may have developed or closed or new schemes may have been opened in the last year.

Highland

An Arrest Referral scheme was run by the Northern Constabulary in conjunction with NCH Scotland, operating from January 2002. It had two referral routes:

1. the ARW attended the main holding police office at Burnett Road police office, Inverness (which also covers Nairn) in the mornings and approaches arrestees direct in the cells and screens in people with substance misuse issues (either drug, alcohol or both). There could be up to 26-30 custodies in the cells on a Monday morning.
2. the ARW also sees young people age 12 up referred from the Reporter where there is a substance misuse problem concerning the child, parents or family.

Some 450 -520 individuals were being assessed per year. This number had dropped by some 50% since the change over to Reliance who now take prisoners out of the station by 8.30 a.m. In consequence the ARW was negotiating for access to the Sheriff Court. The scheme was under review because at that point there were issues about how well it was working and there were concerns that the scheme may have difficulty in meeting its aims. There was no sickness or holiday cover for the sole ARW. The project had put a bid in to the Scottish Executive, via DAT treatment and rehabilitation monies, for expansion including an increase in staff capacity and a proposal to expand also to move into Ross-shire.

Grampian

An Arrest Referral Scheme has operated from Peterhead police office for some time. The scheme operates on a police-mediated basis. Custody Sergeants ask all arrestees if they have a drug or alcohol problem that they would like help with or otherwise, ask them selectively on the basis of appearance or drug markers that appear on the Police National Computer or SCRO computer (approaches differed between individuals). In the event that an arrestee requests assistance, staff at Turning Point Scotland (known locally as Northern Horizons) are called (the Custody Sergeant has an office number and a mobile number) and attend the police office. Four workers regularly attend the police office on a shift basis. The drug problem is Peterhead and Fraserburgh is seen as quite bad – the main drugs of choice are Heroin, cocaine, ecstasy and cannabis. Around 30% of Peterhead arrestees are referred to the scheme, although the number of referrals has declined recently.

Central Scotland

Two proposals for funding for a Central Scotland Arrest Referral scheme had been submitted to the Scottish Executive by the Central Scotland Police and the Substance Action Team (Forth Valley-wide DAT). One was submitted in January 2005 when new drug monies were available; a second was submitted in May 2005 when alcohol treatment funding was available. Funding (for two years from 2005 to 2007) has recently been allocated to the scheme via the Substance Action Team. The majority of these monies are from alcohol treatment funding, while the drug treatment funding accounts for relatively little. Overall, the scheme has been allocated around £50,000 per annum, a lower than expected figure given that the proposals to the Scottish Executive applied for nearly £100,000. No service agencies have yet been brought onboard; in the light of the funding provided Central Scotland Police and the Substance Action Team are in process of preparing an appropriate service profile in relation to which agencies will be invited to tender.

The scheme was to operate initially from Falkirk police office (November to December 2005, though the scale of required refurbishments has not yet been established), then from Stirling police office (this is being refurbished at the moment and the scheme will not operate from there until December 2005, but more likely January or February 2006). Both alcohol and drug users will be targeted by the scheme – everyone coming into custody displaying such problems or presenting under the influence will be asked if they want to be seen by a worker and there will be no discrimination on the basis of the offence committed. It is anticipated that the majority of referrals will be for those with alcohol problems, though the drug problem in the Forth Valley is regarded as fairly significant. No decision has yet been made about whether the scheme will be offered by Police custody staff or independently by Arrest Referral workers. It is thought that Arrest Referral workers will operate mainly at weekends when the volume of drug and alcohol related arrests is at its highest. The service agencies available locally are Alcohol Link, Counselling and Support for Alcohol and Drugs (CSAD), Signpost Forth Valley (treatment for substance use problems) and Community Alcohol and Drugs Service (CADS; mainly a prescribing agency for drug users). A thorough scooping of waiting times has yet to be conducted although it is though that they are fairly low for Signpost and Alcohol Link, whereas CADS has a fairly long waiting list for substitute prescriptions (this agency is currently under review, partly as a consequence of this).

Clackmannanshire

At point of contact, early 2005, this scheme had ceased to operate.

East & West Lothian

The East Lothian has very close links to the EMARS scheme, as does the West Lothian scheme. The West Lothian scheme has been subject to a previous external evaluation (Lardner, 2003).

Borders

The AR service has been in place since December 2004. It operates under the management of The Big River Project, a Turning Point Scotland initiative and is funded by the local DAT. It is currently being reviewed and the possibilities for direct visits to police cells or to courts are being investigated. The part-time ARW (22 hours) is stand-alone and works from home. Each morning at 6.30 a.m. he rings Borders police office in Hawick. The custody officer establishes if there are any people who wish to be seen and if so the ARW travels over to do a brief initial assessment before the prisoner is moved out by Reliance by 8 a.m. On Sunday's he phones early Sunday evening. Currently referrals are very erratic, e.g. six on Monday and none other days. He then arranges a second meeting for further assessment or refers on to the core Big River project or to other alcohol/drug services. He holds a very small caseload.

The Big River project has several interrelated projects.

- The core project is community based working with people whose lives are affected by alcohol and drug use, may be current or ex substance misusers or others affected by use. It offers one-to-one, needle exchange, alternative therapies etc or refers on.
- There are two parenting workers working with parents who are drug users.
- SORTID (illicit drugs) works with Criminal Justice Social Work, with individuals with drug related offending, and this is winding down and likely to be replaced with
- Workers with substance misuse for DTTO from June 05

APPENDIX 3   METHODS

Overview

In this appendix we provide some further detail on the data gathering methods used within the evaluation. The methods used were:

All sites   Documentary analysis
                     Project manager interviews
                     Basic monitoring data
Case study sites   Stakeholder interviews
                     Arrestee survey and in-depth qualitative interviews
                     Extended monitoring and outcome data

Documentary analysis

An initial list of likely relevant documentation was drawn up by the research team. Further documentation was identified during initial project manager interviews. Further sources were collected throughout the evaluation and were cross-checked across pilot sites. Using a framework approach key timelines, structures and issues were drawn out and analysed across pilots.

Project manager and professional stakeholder interviews

The AR Team Leader from each of the six pilot sites was interviewed twice, once at the start of the research April/May 2004 and again in October 2004. A further 51 interviews were conducted to obtain the views of 54 other stakeholders. These included 10 ARWs and 7 managers from the parent statutory or voluntary bodies; 5 Police managers and 5 Police custody staff; 2 Reliance managers and 6 Reliance custody staff.

Stakeholders from a range of external agencies of key relevance to the work of the AR teams were also consulted. These included two representatives from Drug and Alcohol Action Teams; 5 representatives from NHS alcohol (APS) or drug prescribing (DPS) services and 12 agency representatives (including community addiction teams and specialist drug, alcohol, homeless or youth support agencies) receiving direct or indirect referrals from the AR services.

We endeavoured to obtain an equitable spread of stakeholder roles across the 3 case study sites taking into account variations in the structure of pilots and the constraints of the research brief and timetable. As the separate Glasgow evaluation had a longer time scale, interviews were more widely spaced and it was, therefore, possible to gain a clearer perspective on changes over time.

The main aim of the initial AR team leader interviews was to develop a narrative account of the purpose and process of each of the AR projects. The later interview sought to identify any key developments arising from or impinging upon the projects. In addition, the other stakeholder interviews provided perspectives on the planning and development of the schemes, implementation and results.

Interviews lasted between 10 and 90 minutes. Each stakeholder was given an information sheet about the evaluation, confidentiality was discussed and the stakeholder signed a consent sheet. The interviews were tape-recorded for accuracy and completeness. The interviews were transcribed and analysed using N6, a qualitative analysis package. For reasons of space, the analysis presented here is not exhaustive but presents the major issues identified by stakeholders.

Two points concerning the stakeholder views presented should be noted. Firstly, as noted elsewhere, the six pilot schemes were very varied in character and were all at different stages of development. Not surprisingly, it was easier to obtain detailed accounts of the planning and start-up phases of those projects established relatively recently. The origins of those established longer ago were more difficult to probe, in part because many of the key individuals had moved posts.

Secondly, the analysis is generally oriented around the 3 case study areas, where the evaluation team had the opportunity to develop the fullest picture of how AR was developed and operated. Examples and experiences from the remaining 3 pilot areas (where interviews were conducted only with AR team leaders) are, however, also drawn on where these provide additional insight or evidence that appears to counter that emerging from the case study areas.

The Arrest Referral workers forum

The ARWs, including team leaders, have a networking meeting every couple of months or so. These meetings are a forum for exchange of practice experience, dissemination of new information from other projects and conferences, discussion of everyday issues, frustrations and for support. The research team attended 3 of these meetings and key issues arising at these meetings are included here.

Arrestee survey and in-depth qualitative interviews

The arrestee survey consisted of semi-structured interviews conducted with an availability sample of arrestees in the 3 case study areas of Glasgow, Edinburgh and Tayside. For logistical reasons, it was not possible to implement a systematic probability design – there was, of course, no pre-existing sample frame of arrestees who had been offered Arrest Referral and it was not possible to have interviewers in attendance at all times in order to create one. The approach was, therefore, to place interviewers in Arrest Referral suites at times when arrestees were likely to be offered the service.

A total of 132 initial interviews were completed in the 3 case study areas: 52 in Glasgow (between March and June 2005); 40 in Edinburgh (between June and September 2005) and 40 in Tayside (between July and November 2005).

The research was introduced by the AR worker to the arrestee at all three sites. In Edinburgh and Tayside, the research team was able to obtain signed consent from the interviewee for interview, follow up interview and access to service agency information. In Glasgow, at London Road police office we obtained verbal consent for interview and follow-up as the screen prevented the exchange of pens and written documents.

At the first interview arrestees provided stable contact information, the names and addresses of friends, family or other individuals who we might approach to help us trace them. We also asked for explicit consent to use information from the Arrest Referral team and links to other agencies in order to trace arrestees for follow up interviews. The vast majority of arrestees interviewed gave consent for us to do this with only five refusing (Edinburgh 3, Glasgow 1, Tayside 1).

Given the short time-scale for the evaluation the time period for follow-up interviews was compressed. In Glasgow interviews were carried out over a 9 week period from late August to early November 2005 whereas for Edinburgh and Tayside interviews took place over a six week period.

Interviews lasted between 20 and 60 minutes and were conducted by experienced field interviewers who recorded answers. Where possible, interviews were tape-recorded for data quality purposes, though in some circumstances (e.g. where there was a screen or in prisons), this was not possible. For safety reasons, some home visits were conducted by paired interviewers.

The quantitative analysis was based upon a small sample and should, therefore, be read very cautiously. Nevertheless, the results are likely to be broadly indicative of the wider population from which the sample was drawn and, when placed alongside other indicators, to contribute to our understanding of Arrest Referral as a whole.

Sources of monitoring information

Edinburgh and Lanarkshire

Edinburgh and Lanarkshire share the same specific Arrest Referral database set up by SACRO. This is fully comprehensive, with clear specification and recording of all the fields and codings outlined in the National Monitoring Framework. The database also includes extensive service referral and liaison information and limited outcome information on agency appointment attended and reason for non-attendance.

Basic information is collected during the short initial interview with arrestees, with much of the more detailed information (e.g. in relation to criminogenic factors, information is sought on alcohol and drug use, anger and aggression, relationship difficulties and gambling) necessary to complete this monitoring tool gathered during subsequent interviews. In both cases the monitoring information was obtained without difficulty and constituted an excellent source of data. However, no comparison of groups refusing or accepting referral to the scheme was possible.

Glasgow

Glasgow provided 3 sources of monitoring data, which overlapped and provided an opportunity for cross-checking, but overall had major deficits in completeness and quality. The data recorded were generally in line with the National Monitoring Guidelines, though there were notable problems with differential codings used in relation to offending and

substance use. Glasgow was the only scheme to provide information on those who refused to accept a referral to the service.

The AR paper monitoring forms were completed at the custody bar by custody officers for all arrestees offered referral to the AR team (where the arrestee refused consent to take part in the research personal information was blanked out prior to copying). A further sheet was completed if the arrestee saw an ARW at London Road. The forms were copied to the research team who undertook to collate and analyse the data.

A basic tracking spreadsheet had been maintained by the AR team since the start of the project. This spreadsheet collected a sub-set of data from the monitoring forms such as personal information, details of contact with AR team, details of intervention or referral and offence information.

All referrals to the AR team were also identified on the Addiction Services information system (CareFirst). Although social work employees record information on CareFirst, health employees do not, so health follow-up information was not available. A standard CareFirst report was set up to show referrals to the AR team which remain 'open', along with respective workers and services. It was not possible to match all cases with the monitoring sheets due to missing or differently recorded information and therefore some 180 cases recorded on CareFirst were not available. The local social work department information officer pursued an exercise to improve completeness and quality of data recorded for AR clients on both the spreadsheet and on CareFirst.

Tayside

The scheme has developed its own assessment form for use in initial AR interviews and to collect data required for the SMR 24 (for the Scottish Drugs Misuse database). A database logging this information has been operational since April 2005 and contains data in respect of all arrestees interviewed. Although this database was provided by the scheme in full, a substantial proportion of records were originally held in hard copy only. Considerable delays occurred when seeking to obtain the data in an electronic format due to problems experienced by the scheme in inputting the backlog of data.

The data recorded were generally in line with the National Monitoring Guidelines and contained extensive demographic and service referral information. However there were notable problems with differential codings used in relation to offending (charges pertaining to arrestees are indicated on assessment forms by ticking a box corresponding to a broad offence category (e.g. dishonesty) with more specific information being entered alongside) and substance use. The scheme could not provide information to enable a comparison of groups refusing or accepting referral to the scheme.

Dumfries and Galloway

The AR team used an Excel spreadsheet from the outset to log arrestee demographics, AR service contact, types of information given to arrestees and referral agencies. APEX, the parent organisation also has a national database recording basic monitoring data which now includes a section for Arrest Referral. Dumfries & Galloway are using both systems to monitor their clients. The database provides information in respect of most of the national monitoring framework requirements and details of up to 3 agencies that individuals may be

referred on to. It also enables comparison between those referred and not assessed and those who were successfully assessed. However, no information on the type of offence the individual was charged with, their substance use or their employment status was available from records provided by Dumfries and Galloway.

Renfrewshire

Police officers complete a 1-page sheet on arrestees interested in seeing an ARW which is then faxed to CACTUS. At the initial 15-minute assessment the ARW completes a two-page form containing basic demographics, current and previous drug use, physical/mental health, current agency involvement, and current legal situation.

After the initial contact, if the client wants to engage with services offered by CACTUS, another appointment is made for a full assessment to be carried out lasting up to one and half hours. This assessment gathers more detailed information such as criminal justice involvement, family support, child care needs housing, financial problems and employment, education and training experience. Action and objectives are also identified in relation to such issues, clinical paper work is completed and a confidentiality agreement waiver and code of conduct agreement is signed.

Assessment details are entered onto an Access database and logged in a paper notebook. The main source of monitoring information is the database e.g. name, age, health and criminal justice history. Data from the RERI schemes was problematic with missing cases (demographics, substance use, social circumstances) and lack of coding consistency. No information on offences, service provision or continuing involvement with arrestees was available. However, the data enabled basic comparison between those referred and not assessed and those who were successfully assessed.

APPENDIX 4   COSTS OF THE AR PILOTS

Introduction

Information on projected costs was generally obtained from the breakdowns submitted by the schemes as part of the applications for Scottish Executive funding. Although they had been provided with some guidance as to how such costs were to be submitted, there was some variation in the format of submissions which is reflected in the data presented below. The pilot schemes were asked to submit actual expenditure figures to the research team in June 2005 and by September 2005 all except RERI had done so. An analysis conducted at that time revealed wide divergences in the expenditure headings and analysis periods used, along with deficiencies in the information provided about funding. In order to overcome these problems it was decided in late November to attempt to impose a structure on the reporting of actual costs (revisiting the projected cost submissions was not considered worthwhile). To this end, a spreadsheet taking account some of the headings used in the submissions already made was formulated and sent to project managers. All projects submitted revised costs, however it should be borne in mind that the formulation of such figures may be problematic for projects and that no means of independently verifying the authenticity of the figures presented here was available to the research team.

Projected cost per referral has been calculated by projected annual expenditure divided by projected number of referrals/cases. It is acknowledged that the costs of processing each referral could vary dramatically according to the specific interventions and contacts involved. The figure provided is intended only as an illustrative average and does not take into account variation in the level or content of service provision by the scheme.

DUMFRIES & GALLOWAY ARREST REFERRAL SCHEME

Projected costs

The figures presented in Tables 1 and 2 were included in the proposal for Scottish Executive funding in an attempt to identify the costs likely to be incurred by APEX Scotland in the provision of an Arrest Referral scheme in Dumfries and Galloway. The service was designed mainly to link people into relevant drug agencies. However, should these not be available, clients would access existing APEX services and some provision for premises etc. was therefore included.

Table 1 - Projected Funding Sources over pilot period – Dumfries & Galloway

Funding source	Amount
	£
Community Safety Partnership	18,000
Holywood Trust	18,000
New Opportunity Fund	27,000
Scottish Executive	100,000 (over 2 years)
Dumfries & Galloway Police	7,230(in kind)
Total (minus resources in kind)	**163,000**
Total	**170,230**

Table 2 - - Projected expenditure over pilot period (to Feb 2006) – Dumfries & Galloway

Expenditure Head	March 04	April 04 - March 05	April 05 – Feb 06	Total
	£	£	£	£
Staff salaries	5,046	62,968	60,753	**128,767**
Staff recruitment	1,200	1,200	1,200	**3,600**
Staff training	1,035	2,250	1,545	**4,830**
Motor costs	442	8,600	8,600	**17,642**
Premises	81	997	941	**2019**
Operating costs	49	608	574	**1231**
Promotions/publications	750	250	250	**1250**
Management fee	860	7,687	7,386	**15,933**
Equipment – start up	4000	0	0	**4,000**
Total	*13,463*	*84,560*	*81,249*	*179,272*

Projected costs were based on 516 clients per year over 2 years. Therefore, based on the projected full year costs (04-05), the estimated cost per referral was approximately £164. Costs were based on one Team leader and 2 Arrest Referral Workers (one based in Dumfries police office and one based in Stranraer police office).

Actual funding and costs
Information provided by the scheme shows that the projected funding sources identified above did successfully materialise. Therefore, funding for the scheme totalled £163,000; marginally below the projected expenditure identified above (This figure is based on projected funding minus resources in kind). Actual expenditure since Scottish Executive funding came on stream is detailed in Table 3. Expenditure appeared to be within the projections originally provided. When compared to projected costs, a slight under spend in 2003/4 was balanced by a slight overspend in the following year. Furthermore, based on 2005/6 expenditure to date, the total actual cost for the entire pilot period should be £172,703, £6,569 below the projected costs. However, on the basis of either set of costs, the scheme has already exceeded the amount of funding received at the start of the pilot. Further information from the scheme has revealed that the Holywood Trust contributed a further £5,000 to the scheme in October 2005 and the Local DAT made up the remaining budget deficit (£29,272 based on the projections above).

Annual expenditure for financial year 2004/5 was £85,066 while throughput over a 12-month period from 01/10/04 to 30/09/05 was 272 referrals. Therefore, the actual cost of processing each referral to the project was £313 per client, almost twice what had been anticipated.

Table 3 - Actual costs over pilot period (to November 2005) – Dumfries & Galloway

| Expenditure Category | Financial Year | | | Total |
| | Apr 2003-March 2004 | Apr 2004-March 2005 | Apr 2005-March 2006 | |
	£	£	£	£
Property Costs	117	919	406	**1,442**
Supplies & Services	1,857	9,543	5,080	**16,480**
Travel/subsistence	742	6,678	5,549	**12,969**
Staff Recruitment	3,506	-	14	**3,520**
Staff Training	339	638	407	**1,384**
Staff Salaries	4,622	57,686	35,443	**97,751**
Admin support costs	-	-	-	-
Management Fee/ Operational support costs	1,338	9,602	5,682	**16,622**
Start-up costs	-		-	-
Total	*12,521*	*85,066*	*52,581*	*150,168*

EDINBURGH & MIDLOTHIAN ARREST REFERRAL SCHEME

Projected costs

Phase One Pilot (from 8 March 2002)
The City of Edinburgh Council disbursed the amounts specified in Table 4 to SACRO in order to develop and deliver the service in accordance with the service specification set by the social work department. This first phase included an initial three-month period of orientation and negotiation. One worker was employed by the scheme from October 2002 and operations commenced in January 2003.

Table 4 - Phase One Funding - Edinburgh

| Funding source | Amount |
	£
Lothian and Borders Police	15,000
City of Edinburgh Council (community care drugs rehabilitation monies)	15,000
Scottish Executive	30,000
Total	*60,000*

Current phase (from 2 February 2004)
The projected level and sources of funding for the 2-year period following the introduction of Scottish Executive funding are shown in Table 5. During this period, the scheme was expanded to include Midlothian and employed three workers (one at 0.5 FTE). In addition, SACRO identified 1 hour per week of a Senior Manager's time, 5 hours per week of a Service Manager's time and 8 hours per week of an administrator's time as being necessary to deliver the service. No detailed projected costs were available from the project but on the basis of the funding figures in Table 5 (£246,000 for a two year period: average annual funding £123,000) and a projected throughput of 500 cases, the average cost of processing each interview would be £246.

Table 5 - Phase Two Funding - Edinburgh

Funding source	Amount
	£
City of Edinburgh Council/Scottish Executive	180,000
Midlothian DAAT	24,000
Edinburgh DAAT	42,000
Sub Total	*246,000*
Edinburgh DAAT additional funding pre pilot start up (2003-2004)	8,500
Total	*254,500*

Actual funding and costs

The phase 2 funding of £246,000 provided annual funding of approximately £123,000. In addition to this £8,500 was provided by the Edinburgh DAAT to cover the earlier period 2003-2004 resulting in total funding of £254,500. The scheme also received resources in kind from 3 organisations.

- Lothian & Borders Police (St Leonards & Dalkeith) – Staff time - 3 hours per day 5 days per week (04/05)
- North Edinburgh Drug and Alcohol - Accommodation - 1 room for 1 afternoon per wk (05/06)
- City of Edinburgh Housing Office - Accommodation - 1 room for 1 afternoon per wk (05/06)

The scheme's actual expenditure since Scottish Executive funding came on stream is detailed in Table 6: Expenditure appeared to be on target with a slight under spend in the financial year 2004/5. Taking two year's expenditure (£122,994+£70.294=£193,288) and throughput 1307 (approx 400 when at police cells +907 second phase when moved to court), the actual cost of processing each referral (i.e. initial interview at court) was approximately £148. On annual expenditure for Apr 2005- Mar 2006 (£70,294) and taking projected annual court referrals of 1000 the cost is even lower at around £70 per referral.

Table 6 - Actual costs over pilot period (to October 2005) – Edinburgh & Midlothian

	Financial Year			
	Apr 2003-March 2004	**Apr 2004-March 2005**	**Apr 2005-March 2006**	**Total**
	£	**£**	**£**	**£**
Property Costs	47	10,788	674	**11,509**
Supplies & Services (inclusive of)	958	3,318	3,940	**8,216**
Printing /publications	*26*	*217*	*174*	*417*
Telephones	*82*	*657*	*922*	*1,661*
Rent	*798*	*1,750*	*2,145*	*4,693*
Fuels	*45*	*153*	*151*	*349*
Cleaning	*7*	*60*	*98*	*165*
IT Maintenance	*-*	*354*	*450*	*804*
Miscellaneous	*-*	*127*	*0*	*127*
Travel/subsistence	423	2,720	880	**4,023**
Staff Recruitment	1,102	-	-	**1,102**
Staff Training	6,000	2,720	379	**9,099**
Staff Salaries	10,669	89,804	57,593	**158,065**
Admin support costs	349	2,389	673	**3,411**
Management Fee/ Operational	909	10,874	5,982	**17,765.51**
Professional/financial costs	27	381	173	**581**
	-			-
Total	*20,484*	*122,994*	*70,294*	*213,772*

GLASGOW ARREST REFERRAL SCHEME

Projected costs and funding

Glasgow City Council, Social Work Services have invested over £90,000 in the establishment of specialist addiction criminal justice services in the pilot area within the last 2 years. These posts will form a critical network of casework and support for the immediate AR pilot. Over £1.2m has been invested by Greater Glasgow NHS Board and Social Work Services in the pilot area in establishing joint Health and Social Work Community Addiction Teams, including a doubling of Addiction Nursing capacity. Further investment of £200,000 for new Community Rehabilitation Services is proposed for the pilot area as part of the joint NHS/City Council Review of Purchased Services. All of the above funding sources, which are invested in the alcohol and drug related provision on which the AR scheme will be further developed, are long-term funding commitments from the NHS Board and City Council.

Projected start up costs for the AR scheme are summarised in Table 7 while the projected annual costs are shown in Table 8. A further contribution of £28,450 for property and infrastructure costs was requested from the Scottish Executive.

Table 7 - Projected Start up costs - Glasgow

Purpose	Amount
	£
Capital Work	30,000
Furniture/Fittings	9,000
Equipment	2,500
Total	*41,500*

Table 8 - Projected full year expenditure – Glasgow

Expenditure category	Amount
Staffing Costs	**£**
Senior Arrest Referral Worker (1)	33,195
Arrest Referral Worker (3)	76,143
Police Support Officer (1)	30,000
Admin support costs	15,000
Research Costs	35,000
Total Staffing costs	*189,338**
Non Staffing Costs	
Travel and Subsistence	4,479
Client programme costs	8,000
Training	5,500
Printing /publications	3,500
Needle exchange supplies/equipment	15,000
Miscellaneous	4,000
Total non staffing	*40,479*
Sub Total (staffing and non staffing)	*229,817*
Management Costs (7.5%)	17,236
Total Funding sought	*247,053*
Additional Costs (local sources)	
Telephones	3,500
Rent	13,000
Fuels	3,000
Cleaning	1,750
IT Maintenance	7,200
Total	*28,450*

*Includes irregular hours costs and employer costs (NI/Superannuation)

The scheme requested part year funding of £61,763 for 2003/4 plus full-year funding for 2004-2005 of £247,053 (total £308,816). With additional start up (£41,500) and other costs (£28,450) the total requested came to £378,766. Excluding start-up, the projected cost overall was £337, 266 for two years (average £168,633 per annum) and with a projected throughput of 970 per year, the projected processing cost per referral (excluding start-up costs) was approximately £174, at a projected 485 interviews per year it was £348 per initial interview.

Actual funding and costs

The Scottish Executive awarded the scheme the sum of £457,979 over two years, exceeding the requested funds by approximately £80,000. Actual costs since the beginning of the scheme are shown in Table 9, indicating that operating costs were lower than anticipated, mainly due to delay in start up. Based on this information, at the end of the pilot period the Glasgow Arrest Referral scheme will have under spent by around £106,000. However some £15,000 of this is accounted for by the new needle replacement scheme which is only just getting underway. There are also a number of items, including various associated office costs at London Road and the Newlands Centre, which have yet to be recharged to the AR service.

Table 9 – Actual costs over pilot period – Glasgow

	Financial Year			
	Apr 2003-March 2004	Apr 2004-March 2005	Apr 2005-March 2006	Total
	£	£	£	£
Property Costs	-	19,545	501	**20,046**
Supplies & Services	-	1,770	4,592	**6,362**
Travel/subsistence	-	62	2,143	**2,205**
Staff Recruitment	-	800	400	**1,200**
Staff Training	-	0	1,940	**1,940**
Staff Salaries	-	135,735	141,338	**277,073**
Admin support costs	-	11,250	15,000	**26,250**
Management Fee/Operational support costs	-	7,054	9,646	**16,700**
Start-up costs	-			-
Total	*-*	*176,216*	*175,560*	*351,776*

Taking account of the average expenditure per year £175,888 and the actual number of referrals (845) over the period 05/10/04 to 04/10/05, the average cost of each referral to AR was £208. At 2353 offers made the cost per offer was £75 and at 512 interviews achieved the cost per interview was £343

LANARKSHIRE ARREST REFERRAL SCHEME

Projected costs

Projected start up and operational costs, included in the proposal for Scottish Executive funding, are identified in Tables 10 and 11. These represent the anticipated costs likely to be incurred by SACRO in the provision of the AR scheme. The service was designed to refer clients on to relevant drug agencies. It employed one ARW (35 hours per week) and utilised the time of one Team Leader (22.5 hours per week) and one Service Manager (5 hours per week).

Table 10 - Projected Start up costs - Lanarkshire

Purpose	Amount
	£
Recruitment	1,000
Equipment	1,000
IT purchases	1,000
Police Training	330
Development & Provision of Briefing, Information and Protocols	1,000
Total	*4,330*

Table 11 - Projected expenditure over pilot period – Lanarkshire

	2003/04	2004/05
Expenditure Category	**£**	**£**
Staff Costs	46,634	46,634
Property Costs	-	-
Supplies & Services	4,730	4,730
Transport Costs	6,244	6,244
Sub Total	57,608	57,608
Operational Support Cost (9%)	5,184	5,184
Total Recurring Additional Expenditure	*62,792*	*62,792*
Part year funding for 2003/4 at 50%	*31,396*	

£35,726 was sought for financial year 2003/4 (including start up costs) and £62,792 was sought for financial year 2004/5, totalling £98,518 over two years. Projected costs were based on the expectation of 100 cases per month (or 1200 per year) and average projected annual expenditure of £62,792 resulting in a projected cost per referral of £52.

Actual funding and costs

Funding provided by the Scottish Executive amounted to £128,000 over the two years of the pilot. The scheme also received resources in kind from two organisations, which are detailed in Table 12.

Table 12 - Actual resources in kind over pilot period – Lanarkshire

	Financial Year (£)				
Organisation:	Apr 2003-March 2004	Apr 2004-March 2005	Apr 2005-March 2006	Total	Description of resources
SACRO		1,500	400	1,900	Rent free
Strathclyde Police		4,680	6,240	10,920	Staff time

The scheme's actual expenditure since Scottish Executive funding came on stream is summarised in Table 13 which indicates that the scheme appears to be heading towards an under spend of around £20,000. With expenditure for financial year 2004/5 at approximately £45,020 and throughput over the 12-month period from 01/10/04 to 30/09/05 at 133 cases, the actual cost of processing each referral to the project was approximately £339.

Table 13 - Actual expenditure over pilot period – Lanarkshire

	Financial Year (£)			
	Apr 2003-March 2004	Apr 2004-March 2005	Projected Apr 2005-Mar 2006	Total (Projected)
Property Costs		1,376	1,030	**2,406**
Supplies & Services (inclusive of)	249	1,448	2,766	**4,463**
Printing /publications		*633*	*84*	*717*
Telephones	*249*	*543*	*1,000*	*1,792*
Rent		*20*	*1,000*	*1,020*
Fuels		*32*	*250*	*282*
Cleaning		*10*	*13*	*23*
IT Maintenance		*154*	*369*	*523*
Miscellaneous		*56*	*50*	*106*
Travel/subsistence	35	2,419	5,386	**7,840**
Staff Recruitment	2,072	234	13.	**2,319**
Staff Training	205	786	500	**1,491**
Staff Salaries		32,832	45,000	**77,832**
Admin support costs		229	530	**759**
Management Fee/ Operational support costs		5,284	4,741	**10,025**
Professional/financial costs		412	281	**693**
Start-up costs	-	-	-	-
Total (£)	*2,561*	*45,020*	*60,247*	*107,828*

RENFREWSHIRE, EAST RENFREWSHIRE AND INVERCLYDE ARREST REFERRAL SCHEME

Projected funding and costs

The AR service is closely integrated with the whole CACTUS service and different funding sources covered different time periods. Therefore precise annual figures relating to the AR element alone were not available. The original Arrest Referral scheme in Renfrewshire was supported by 3 funding sources: the Tudor Trust provided £80,000 (£40,000 per annum for 2 years) to develop Arrest Referral; the New Opportunities 'Better Off' fund provided £117,000 over 3 years, from August 2003, to CACTUS to develop its services in the Johnstone and Renfrew areas of Renfrewshire; the Scottish Executive had provided £80,000 per annum, to end September 2003, to establish a Criminal Justice Social Work resource to support individuals on court orders to address their drug use (Table 14).

Table 14 - Funding Sources in place prior to pilot period – (Renfrewshire only)

Funding source	Amount
	£
Tudor Trust (Arrest Referral Service)	80,000 (2 years May 2002 to June 2004)
Scottish Executive (Criminal Justice Social Work resource)	80,000 (per annum to end September 2003)
New Opportunities 'Better Off' Fund (extend CACTUS service)	177, 000 (over 3 years from August 2003)

Scottish Executive funding was applied for in order to fund an expansion of the project in the East Renfrewshire & Inverclyde areas. The projected start-up (£5,800) and operating costs for this element of the service (£85,000) - which was designed mainly to provide support for users in their attempt to reduce their drug use and offending - are shown in Table 15. Projected costs were based on an expectation of 145 cases per year. Using projected costs for the full financial year 2004/5 of £48,200 (which excludes start up costs), the estimated cost per referral was £332.

Table 15 - Projected Start up costs - East Renfrewshire & Inverclyde

Purpose	Amount
	£
Recruitment	2,500
Equipment	2,500
Literature	800
Total	*5,800*

Table 16 - Projected expenditure over pilot period – East Renfrewshire & Inverclyde

Expenditure Head	2003-2004	2004-2005	Total
	£	**£**	**£**
Staff salaries	30,000	40,000	**70,000**
Training	800	1,000	**1,800**
Travel	1,500	1,900	**3,400**
Admin Costs	1,500	1,800	**3,300**
Support Costs	3,000	3,500	**6,500**
Total	*36,800*	*48,200*	*85,000*

Actual funding and costs

In total, the scheme requested and received £90,800 from the Scottish Executive over 2 years. This facilitated the employment of 2 additional staff members plus support from the existing team leader based in Renfrew. Table 17 shows actual project costs for the East Renfrewshire & Inverclyde element of the project. As the project has only been operational since January 2005, expenditure has been projected to the end of the current funding period (i.e. end January 2006). It is apparent that by the end of period the scheme will have amassed a significant under spend of £26,944. This is thought to be due to the scheme commencing operations behind schedule in January 2005.

Based on the actual throughput of 70 individuals assessed during the period 01/01/05 to 30/09/05, annual throughput can be estimated at 93 cases per year. Using the available 10 calendar months expenditure 2005/6 a projected annual expenditure of £48,300 was calculated. The estimated cost per assessment was therefore approximately £519.

Table 17 - Actual expenditure over pilot period – East Renfrewshire & Inverclyde

	Financial Year (£)		
	Apr 2004-March 2005	Apr 2005-January 2006 (10 months)	Total
Property Costs	-	-	-
Supplies & Services (inclusive of)	237	834	**1071**
Client programme costs	*43*	*150*	*193*
Printing /publications	*44*	*150*	*194*
Telephones	*120*	*417*	*537*
IT Maintenance	*30*	*117*	*147*
Travel/subsistence	345	1,183	**1,528**
Staff Recruitment	-	-	-
Staff Training	150	600	**750**
Staff Salaries	10,750	35,833	**46,583**
Admin support costs	412	1,417	**1,829**
Management Fee/Operational support costs	-	-	-
Professional/financial costs	112	383	**495**
Start-up costs	5,800	-	**5,800**
Equipment	2,500	-	**2,500**
Recruitment	2,500	-	**2,500**
Literature	800	-	**800**
Total	*23,606*	*40,250*	*63,856*

TAYSIDE ARREST REFERRAL SCHEME

Projected funding and costs

Prior to receiving Scottish Executive funding, each of the individual schemes that constitute the Tayside pilot (Angus, Dundee and Perth) received funding from the local authority social work departments and a variety of other sources such as Tayside Police and local Drug and Alcohol Teams. The provision of Scottish Executive pilot funding was contingent upon some matched local funding. Table 18 provides information on projected funding from other sources over the pilot period while Table 19 provides details of funding sought from the Scottish Executive. Additional in-kind resources included: line management and administrative support from the NCH Intensive Probation Project in Dundee; office accommodation (£12,000) and start up costs from Tayside police in 2002/2003; accommodation, interview facilities and some administrative support for Arrest Referral workers from Angus, Dundee and Perth Local Authorities.

Table 18 - Projected Funding Sources over pilot period – Tayside

Source	Duration of Funding	2003/04 £	2004/05 £
Angus DAAT	To 31st March 2005	29,000	16,000
Perth & Kinross SMAT	To 31st March 2005	5,000	5,000
Dundee City Council Community Safety Fund	To 31st March 2005	23,516	23,516
Scottish Executive Criminal Justice Grant		6,199	6,385
Police held over from 2002/3	To 31st March 2004	35,000	0
Total Existing Funding Sources		**£98,715**	**£50,901**
Costs of the core project		119,759	119,759
Shortfall		**21,044**	**68,858**

Table 19 - Total funding sought - Tayside

Cost	2003/04	2004/05
	£	£
Start up Costs for expansion	23,000	0
On-going funding for expansion	42,134	87,439
Supplement to current core funding	21,044	68,858
Total	*86,178*	*£156,297*

The service was designed for referrals to relevant drug and alcohol agencies and built upon provisions already in place there. It proposed to employ one senior ARW (35 hours per week), 2 full-time ARWs (35 hours per week) and one part-time ARW (17.5 hours per week) and to utilise the time of one project manager (7 hours per week). The projected non-recurrent costs associated with expansion of the existing service are presented in Table 20 while the funding sought for projected recurrent costs is summarised in Table 21.

Table 20 - Intended service expansions - Tayside

Purpose	Amount
	£
To bring the Arrest Referral accommodation in Angus up to standard	12,000
Office supplies including lap top computers for new workers	8,000
Advertising for new staff	3,000
Total	*23,000*

Table 21 - Projected costs - Tayside

	2003/04	2004/05
Expenditure Category	£	£
Staff Costs	66,406	69,062
Property Costs	200	200
Supplies & Services	9,170	9,400
Transport Costs	2,250	2,300
Sub Total	*78,026*	*80,962*
Admin Fee 8%	6,242	6,477
Total Recurring Additional Expenditure	*84,268*	*87,439*
Part year funding for 2003/4 at 50%	*42,134*	

Projected annual costs for 2004-2005 including expansion were £207,198 (existing funding £50,901+£156,297) while projected annual throughput was 1050 clients. Therefore, the projected cost per referral was £197.

Actual funding and costs

Despite having applied for Scottish Executive funding totalling £242,475, Table 22 shows that the grant awarded was considerably lower. Indeed, the scheme had to attract other monies in order to cover the basic project costs. The overall funding expected for the project was £232,879. Despite this shortfall, the projected funding and actual expenditure figures presented in Table 23 suggest that the scheme was likely to be in surplus at the end of the pilot period by some £40,000.

Table 22 - Projected actual funding over pilot period - Tayside

	Financial Year (£)			
Source of Funding:	**Apr 2003-March 2004**	**Apr 2004-March 2005**	**Apr 2005-March 2006**	***Total***
Scottish Executive	11,333	68,000	58,084	***137,417***
LA	8,102	37,463	20,730	***66,295***
Police			29,167	***29,167***
Total	*19,435*	*105,463*	*107,981*	*232,879*

Table 23 - Actual expenditure over pilot period - Tayside

	Financial Year (£)			
	Apr 2003-March 2004	**Apr 2004-March 2005**	**Apr 2005-March 2006**	***Total***
Property Costs	45	354	1,677	**2,076**
Supplies & Services (inclusive of)	269	2,569	1,141	**3,979**
Telephones	*201*	*931*	*573*	*1,705*
IT Maintenance	*26*	*89*	*-*	*115*
Miscellaneous	*42*	*1,549*	*568*	*2,159*
Travel/subsistence	60	2,366	1,133	**3,559**
Staff Recruitment	-	1,199	813	**2,012**
Staff Training	442	3,454	1,983	**5,879**
Staff Salaries	11,073	87,129	59,861	**158,063**
Admin support costs	52	579	272	**903**
Management Fee/ Operational support costs	-	10,650	5,750	**16,400**
Start-up costs	-			**-**
Total	*11,941*	*108,300*	*72,630*	*192,871*

One thousand nine hundred and seventeen clients have been interviewed in the Tayside area in the period from the scheme's inception to the end of the 2004/5 financial year. In 2004/5 (actual costs £108,300) 761 clients were interviewed (Angus 121, Dundee 411, Perth 229) at an average cost per referral of £142.

APPENDIX 5　　　　　GLOSSARY

AR   Arrest Referral
ARW   Arrest Referral worker
CAT   Community addiction team
DAT   Drug Action Team

EIU   Effective Interventions Unit
EMARS   Edinburgh and Midlothian Arrest Referral Service
NTORS   National Treatment Outcome Research Study (DOH)
RERI   Renfrewshire, East Renfrewshire and Inverclyde
ScotCen   Scottish Centre for Social Research

SWRC   Social Work Research Centre, Stirling University

TDPS   Tayside Drug Problem Service

For quotations:

EDIN   Edinburgh and Midlothian AR pilot
D&G   Dumfries and Galloway AR pilot
GLA   Glasgow AR pilot
LAN   Lanarkshire AR pilot
RERI   Renfrewshire, East Renfrewshire and Inverclyde AR pilot
TAY   Tayside AR pilot
ARW   interviewee from AR service, ARW or manager
POL   interviewee from Police, custody staff or manager
REL   interviewee from Reliance, custody staff or manager
SERV   interviewee from a service or treatment agency or user group

REFERENCES

Alcohol Concern (2000) Arrest Referral Schemes: the place for alcohol. London: Alcohol Concern.

Australian Institute of Criminology (1994), Legislative Options for Cannabis Use in Australia, Melbourne: National Drug Strategy Committee.

Barker, J. (1992), 'A positive bust: arrest referral in Southwark', in Druglink, 7 (4), pp. 15 - 16.

Dorn, N. (1994), 'Three faces of police referral: welfare, justice and business perspectives on multi-agency work with drug arrestees' in Policing and Society, 4 (1), pp. 13 - 34.

Edmunds, M., May, T., Hearnden, I. and Hough, M. (1998a), Arrest Referral: Emerging lessons from research, London: Home Office Drug Prevention Initiative.

Edmunds, M., Hough, M., Turnbull, P. and May, T. (1998b), Doing Justice to Treatment: Referring offenders to drug services, London: Home Office Drug Prevention Advisory Service.

Effective Interventions Unit (2002), Arrest Referral: A guide to principles and practice, Edinburgh: Scottish Executive Effective Interventions Unit.

Effective Interventions Unit (2003), Evaluating Arrest Referral Schemes: evaluation guide 11, Edinburgh: Scottish Executive Effective Interventions Unit.

Eley S Gallop K McIvor G Morgan K Yates R (2002) Drug Treatment and Testing Orders: Evaluation of the Scottish Pilots. Scottish Executive Social Research.

Galvin, K., Crossen-White, H. and Jackson, D. (1999), An evaluation of the Second Chance arrest referral scheme, Poole: Institute of Health and Community Studies.

Holloway, K., Bennett, T. and Farrington, D. (2005), The effectiveness of criminal justice and treatment programmes in reducing drug-related crime: a systematic review, London: Home Office Research Development and Statistics Directorate Team.

Home Office Drug Strategy Directorate (2003), Guidance for Adult Arrest Referral Schemes: Responding to children and young people, London: Home Office Drug Strategy Directorate.

Home Office Research and Statistics Directorate (1998), Arrest Referral: Guidance for completing the national arrest referral monitoring form, London: Home Office Research Development and Statistics Directorate Team.

Hough, M. (1996), Drug Misuse and the Criminal Justice System: A review of the literature, London: Home Office Drug Prevention Initiative.

Kay, J. (1993), Problem Drug Users in Custody: Information, advice and treatment, Manchester: Lifeline Project Ltd.

Lardner, C. (2003), Evaluation of the West Lothian Arrest Referral Scheme, Edinburgh: Clarity.

Loxley, W. (2005), 'Interventions for illicit drug users within the criminal justice system: a review of some programmes in Australia, the United Kingdom and the United States', in T. Stockwell, P. J. Gruenewald, J. W. Toumbourou and W. Loxley (eds.), Preventing harmful substance use: the evidence base for policy and practice, London: Wiley, pp.279-289.

McCaughey, J. and Shah, K. (1998), Drugline arrest referral report 1998, Preston: Lancashire Drug Action Team.

MacGregor, S. (2000) 'Editorial: The drugs-crime nexus', in Drugs: Education, Prevention and Policy, 7 (4), pp. 311-316.

McIvor, G., October 2004, Reconviction following Drug Treatment and Testing Orders, Edinburgh: Scottish Executive Social Research

Mair, G. (2002), 'Arrest referral schemes: first port of call for drug users in the criminal justice process', in Criminal Justice Matters, Spring (47), pp. 16-17.

Mason, G. (2000), 'Arrested development', in Police Review, September (8), pp. 17-20.

May, T., Harocopos, A. and Turnbull, P.J. (2001). Selling Sex in the City: An evaluation of a targeted arrest referral scheme for sex workers in Kings Cross. Faculty of Humanities and Social Science Research Paper No 14, South Bank University, London.

Monaghan, G. (1999), 'Legal problems for arrest referral?', in Druglink, 14 (3), p. 9.

MacRae, R., McIvor, G., Malloch, M., Barry, B., and Murray, L. (2006) Evaluation of the Scottish Prison Service Transitional Care Initiative. Scottish Executive: Substance Misuse Research Team

Oerton, J., Hunter, G., Hickman, M., Morgan, D., Turnbull, P., Kothari, G. and Marsden, J. (2003), 'Arrest referral in London police stations: characteristics of the first year: a key point of intervention for drug users?' in Drugs: Education, Prevention and Policy, 10 (1), pp. 73-85.

O'Shea, J. and Powis, B. (2002), Statistics from the Arrest Referral Monitoring Programme from October 2000 to September 2002, London: Home Office Research Development and Statistics Directorate.

O'Shea, J. and Powis, B. (2003), Drug arrest referral schemes: a case study of good practice, London: Home Office Research Development and Statistics Directorate.

Parker, H. (2004), 'The new drugs interventions industry: what outcomes can drugs/ criminal justice treatment programmes realistically deliver?', in Policing and Society, 51 (4), pp. 379 - 386.

Pattinson, M. (1999), 'Legal problems for arrest referral', in Druglink, 14 (5), p. 8.

Pitcher, J. and Aris, R. (2003), Women and Street Sex Work: Issues arising from an evaluation of an arrest referral scheme, London: NACRO.

Prochaska, J. O., & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. Journal of Consulting and Clinical Psychology, 51, 390-395.

Seeling, C., King, C., Metcalfe, E., Tober, G. and Bates, S. (2005), 'Arrest Referral- a proactive multi-agency approach', in Drugs: Education, Prevention and Policy, 8 (4), pp. 327-333.

Sharp, D. (2004) Brief Motivational Interventions in Alcohol Related Offending: An evaluation of the alcohol arrest referral schemes in Dudley and Worcester. Birmingham: Aquarius.

Sondhi, A., O'Shea, J. and Williams, T. (2001), Arrest Referral Statistical Update: Statistics from the Arrest Referral Monitoring Programme for October 2000 to March 2001, London: Home Office Research Development and Statistics Directorate.

Sondhi, A., O'Shea, J. and Williams, T. (2002), Arrest Referral: Emerging findings from the national monitoring and evaluation programme – DPAS Briefing Paper 18, London: Home Office Drug Prevention Advisory Service.

Sondhi, A. and Huggins, R. (2005), 'Towards an effective social care model for arrest referral: implications for criminal justice interventions for problem drug users', in Drugs: Education, Prevention and Policy, 12 (3), pp. 189-195.

Tierney, J. (2000), 'Does it work?: arrest referral and drug use: a case study', in Youth and Policy, (67), pp. 16-25.

Townsley, P. (2001), 'Confined opportunity: arrest referral', in Druglink, 16 (6), pp. 23-25.

Turnbull, P., Webster, R. and Stillwell, G. (1996), Get it While You Can: An evaluation of an early intervention project for arrestees with alcohol and drug problems' London: Home Office Drug Prevention Initiative.

Turnbull, P. and Webster, R. (1997), Demand Reduction Activities in the Criminal Justice System in the European Union, Lisbon: European Monitoring Centre on Drugs and Drug Addiction (EMCDDA).

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