



S t r a t e g i c N e e d s a n d S t r e n g t h s A s s e s s m e n t

A r r e s t R e f e r r a l

T e m p l a t e f o r C o m p l e t i o n b y
C o m m u n i t y J u s t i c e P a r t n e r s h i p s

About this Template

Strategic needs and strengths assessment (SNSA) is the foundation on which an area can understand the needs of their population and the services and interventions that are in place locally. SNSA will facilitate evidence-led planning to effectively address the needs of individuals in a local area. A full SNSA should provide a comprehensive overview of community justice in that locality and the needs, issues and strengths specific to that area. [Guidance](#) supporting the production of a full SNSA was issued by CJS in February 2020.

In March 2020 the COVID-19 pandemic struck and had, and continues to have, a significant impact on every part of life including the justice system. Community justice-based agencies have toiled to maintain delivery of essential services against a backdrop of changing priorities and varying degrees of intermittent lockdowns. Throughout the period of the pandemic people and partners have sought innovative and creative ways to support the most vulnerable in our communities and sustain critical activity around public protection whilst recognising that workers are also struggling with health, care and self-isolation issues.

The impact of this on activities such as strategic planning has been considerable, particularly on key tasks such as the development of local SNSAs and Community Justice Outcome Improvement Plans (CJOIPs). Following a meeting with the Community Justice Network in September 2020, and three CJS-led briefing sessions with CJP chairs, it was agreed that providing some guidance as to how strategic planning for community justice might be best approached during lockdown and into recovery would be of some benefit.

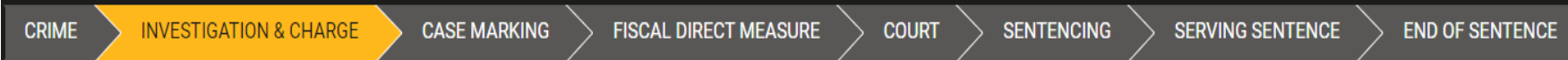
The CJS (and legislative) position is that every area should have an up-to-date CJOIP, populated through the process outlined in the SNSA guidance. Where this is not possible, CJS have set out a minimum expectation that local areas focus on three specific areas of activity to produce targeted SNSA reports:

- Arrest Referral
- Diversion
- Bail Support and Supervision

This template builds on the SNSA guidance and provides more detail about how to produce a targeted SNSA report in respect of arrest referral. The template contains an overview of arrest referral, nationally, including key principles and key roles. National and local data sources which will help to develop demographic, need and service profiles are outlined and examples are included of how data might be presented using narrative and visual descriptions. Guidance is included in how to approach horizon scanning, the analysis of the data and the development of recommendations and priorities.

The national data within this template can be used by every area in Scotland but it is essential that it is supplemented with local data and information. Only by doing this will CJPs understand the local needs of their population and the services and interventions that are in place locally. Guidance on the methods and considerations for collating local data and information are signified throughout this template by a signpost icon.

The primary purpose of this template is to assist CJPs to begin to, where they have not previously, engage in a measured and supported way with the SNSA process as a means of creating, revising or developing their local CJOIP. The completion of targeted SNSA reports will begin the process towards a full SNSA and will provide assurance to CJPs (and to CJS when local areas, as is legally required, consult with us about new CJOIPs) that local outcomes and priorities are robustly evidence-based.

<p>Overview</p>	<p>What is arrest referral?</p> <p>Traditionally, arrest referral services have focused exclusively on addressing issues related to drug use. However, the underlying rationale for providing an arrest referral service is that arrest and court appearance are crisis points in a person's life and early intervention may help people to engage with a range of services and achieve positive outcomes. If possible, CJPs should consider a range of presenting issues when considering their local arrest referral provision (for example alcohol use, mental health, housing and financial difficulties). However, this is resource intensive and it will take some time for CJPs to build up a complete picture across all presenting needs. Therefore, for simplicity, this template concentrates on the provision of arrest referral linked to drug use. The principles can be applied to other presenting needs as CJPs continue to build upon their SNSA activity.</p> <p>For many individuals experiencing the justice system, drug use is the leading cause of their offending behaviour. The links between drug use and crime are complex and include experience of poverty, trauma and disadvantage. Many offences are committed either as a consequence of drug use, or as a means of financing drug use.</p> <p>Arrest referral is an intervention aimed at people who have been arrested and whose offences may be linked to drug use. The scheme capitalises on the opportunity to help people engage with drug use treatment services, reducing the likelihood of involvement in offending behaviour in the future. It takes place in the police cells or in court premises. The intervention may range from the giving of information to assessment and referral to appropriate services.</p> <p>Overall, research shows that treatment offered as part of arrest referral reduces levels of drug use, reduces levels of injecting, improves health, improves social functioning, reduces involvement in offending behaviour and improves employment outcomes. This therefore has the potential to make a real impact on those who take up treatment. This opportunity may be short-lived, and speed of response is important as part of an effective scheme.</p> <p>The Scottish Justice Map</p>  <pre> graph LR A[CRIME] --> B[INVESTIGATION & CHARGE] B --> C[CASE MARKING] C --> D[FISCAL DIRECT MEASURE] D --> E[COURT] E --> F[SENTENCING] F --> G[SERVING SENTENCE] G --> H[END OF SENTENCE] style B fill:#FFD700 </pre> <p>Arrest referral is an intervention that should be offered within the “investigation and charge” section of Scotland’s justice system. It is important to note that arrest referral is not a diversion scheme or a community disposal. It is a pathway into services from a criminal justice setting. There is no formal link to the due process of law.</p>
-----------------	--

The following flowchart sets out the various steps in establishing a proactive arrest referral service:



1

<https://www2.gov.scot/Publications/2002/05/14526/2751#~:text=Arrest%20Referral%20is%20an%20intervention%20aimed%20at%20people.and%20details%20of%20these%200are%20set%20out%20later>

Key Partners and Principles

In 2018 the Scottish Government published its vision to address drug harms which set out a series of outcomes and priority actions for Scotland:

Vision				
Scotland is a country where "we live long, healthy and active lives regardless of where we come from" and where individuals, families and communities:				
<ul style="list-style-type: none"> • have the right to health and life - free from the harms of alcohol and drugs; • are treated with dignity and respect; and • are fully supported within communities to find their own type of recovery. 				
Prevention and Early Intervention	Developing Recovery Oriented Systems of Care	Getting it Right for Children, Young People, and Families	Public Health Approach in Justice	Alcohol Framework 2018
Fewer people develop problem drug use	People access and benefit from effective, integrated Person centred support to achieve their recovery	Children and families affected by alcohol and drug use will be safe, healthy, included and supported	Vulnerable people are diverted from the justice system wherever possible, and those in the system are fully supported	A Scotland where less harm is caused by alcohol

2

There are 31 **Alcohol and Drug Partnerships** (ADPs) across Scotland which bring together local partners including health boards, local authorities, police and voluntary agencies. They are responsible for commissioning and developing local strategies for tackling problem alcohol and drug use and promoting recovery, based on an assessment of local needs. The local ADP may be represented on local CJPs and will play a key role in the delivery of a Local Outcome Improvement Plan (LOIP).

Through the development and delivery of local strategy the ADP should identify where there are shared outcomes and priorities with other local strategic partnerships. In these cases they should develop shared arrangements to support delivery. Scottish Government guidance sets out that a minimum agreement to the strategic plan and arrangements for delivering should come from the local:

- Community Justice Partnership
- Children's Partnership
- Integration Authority

² <https://www.gov.scot/publications/partnership-delivery-framework-reduce-use-harm-alcohol-drugs/pages/2/>

Community Planning Partnerships (CPPs) bring together local public sector bodies and work together with community bodies, to improve outcomes on themes they determine are local priorities for collective action. Where, for example, reducing the use of and harms from drugs feature in these priorities, local Community Planning partners should consider how co-operation with ADPs can support delivery.

Arrest referral services in Scotland are encouraged to operate within a proactive model where trained arrest referral workers will offer advice and help with a view to referring the individual to a service as quickly as possible. 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. The service can be operated in a variety of locations on an on-site or on call basis.

As mentioned in the overview section of this template, people who are found to have issues with drug use are likely to have a range of problems. These may include problematic alcohol consumption, debt, lack of qualifications, unemployment, difficult family, social and economic circumstances and mental health problems. Any individual may need a combination of interventions which extend beyond medical treatment. It is important that arrest referral services try to assess the needs of people holistically as this will achieve the best outcomes.



Your data collection throughout this template should help to answer questions about whether or not your area is operating an arrest referral service and, if so, how effective the arrest referral service is. The template should also help CJPs to fully understand how the service operates. This work will be done in close collaboration with the local ADP and CPP. It is therefore important to have these questions in mind when collecting information about demographics, needs and services locally. If you want to explicitly agree these questions with partners before completing this template there is further guidance on how to do this within the Strategic Needs and Strengths Assessment (SNSA) [guidance](#) under the headings "Data Collection Plan". Any local evaluation of arrest referral provision will be particularly helpful when considering the key principles locally.

If your area does not have an arrest referral service then this should be discussed with partners (including ADP and CPP) and the reasons and rationale documented. The completion of aspects of this template, such as demographic data and needs, will be extremely useful within that discussion. The CJPs strategic response to identifying and addressing needs at the earliest opportunity (in this case, on arrest) needs to be clearly defined and understood with or without the provision of a specific arrest referral service.

Key Roles

As identified above, the local ADP should collaborate with the CJP, under the strategic direction of the CPP and LOIP priorities, on key strategic and operational aspects of arrest referral provision. At a practical level, the setting up and running of an arrest referral service requires collaboration and co-operation between a number of agencies:

Police. At a strategic level, there will have to be agreement on the use of police stations, access to custody suite or cells, interview space, privacy and security. At an operational level, police officers in stations will have to facilitate contact, provide time and space and other support e.g. supervision for interviews.



Who, within the Police, is the local partner in this process? Some important questions to ask them might be:

- *How aware are officers of the arrest referral scheme?*
- *Is there any locally accessible training regarding arrest referral and how regularly do officers receive it?*
- *Does the arrest referral scheme target any specific groups (such as those with a history of drug related crime, those arrested for particular offences, young people) or is the service offered to everyone?*
- *How easy is it to refer an individual to arrest referral?*
- *Is the service on site or on call?*
- *Are there established procedures in place to gain informed consent for referral?*
- *Are there established procedures in place to share information following referral?*
- *Is any information shared with the Procurator Fiscal in Police reports about engagement with an arrest referral worker?*
- *Are there established risk assessment protocols in place to facilitate the referral?*
- *How are arrangements made for the arrest referral worker to speak to the individual and are there any practical difficulties in facilitating this?*

Include a summary of any identified local strengths or issues within this section.

Procurator Fiscal. There is no particular requirement for the Procurator Fiscal to be made aware of schemes operating in Police custody suites but it is important that any information sharing requirements are discussed locally to ensure maximum effectiveness of the arrest referral provision.



Who is the local contact for the Procurator Fiscal? Some important questions to ask them might be:

- *Are PFs aware of the arrest referral scheme locally?*
- *Is any information shared with the Procurator Fiscal in Police reports about engagement with an arrest referral worker?*
- *If yes, how is the information used?*

Include a summary of any identified local strengths or issues within this section.

Court Officers. If arrest referral workers are operating in court premises, there will be agreement in place at planning and operational levels on time, space, methods of engagement etc.



Who, within the court setting, oversees arrest referral? Some important questions to ask them might be:

- *How aware are court officers of the arrest referral scheme?*
- *Is there any locally accessible training regarding arrest referral and how regularly do court officers receive it?*
- *Does the arrest referral scheme target any specific groups (such as those with a history of drug related crime, those arrested for particular offences, young people) or is the service offered to everyone?*
- *How easy is it to refer an individual to arrest referral?*
- *Is the service on site or on call?*
- *Are there established procedures in place to gain informed consent for referral?*
- *Are there established procedures in place to share information following referral?*
- *Are there established risk assessment protocols in place to facilitate the referral?*
- *How are arrangements made for the arrest referral worker to speak to the individual and are there any practical difficulties in facilitating this?*

Include a summary of any identified local strengths or issues within this section.

Referral Service Provider(s). The referral service providers will carry out referrals from agreed locations in line with agreed protocols. They may simply provide a referral service, or they may take a role in working with an individual until they are able to engage with other services.



Who, locally, delivers arrest referral? Some important questions to ask them might be:

- *How are they commissioned and funded?*
- *Do they receive regular referrals from Police and Court officers for arrest referral and are referrals appropriate for the service?*
- *Are the facilities provided within custody suites and courts fit for purpose?*
- *Are they always able to see the person following referral?*
- *How easy is it to share information with treatment providers?*
- *Are the referral routes and care pathways clearly specified? Are these done on a direct or 'fast track' basis?*
- *How long are people waiting to access services?*
- *Do they understand why some people do not take up the service?*
- *Are they expected / able to report to ADPs and CJPs on referral outcomes? How regularly is this requested / provided?*

Treatment Services. Once a referral has been accepted, treatment services will be able to give access to a range of services including GP, primary care, NHS specialist services (residential, rehabilitation, detoxification), services in the community, social care and voluntary sector providers.



Who, locally, oversees the treatment services that people might be referred to through arrest referral? Some important questions to ask them might be (consider consulting services in collaboration with ADP colleagues):

- *Do they receive regular referrals from the arrest referral service?*
- *Are they always able to see the person following referral?*
- *How easy is the information exchange between them and the arrest referral workers?*
- *Are they expected / able to report to ADPs and CJPs on treatment outcomes? How regularly is this requested / provided?*



Consider whether, time permitting, it would be feasible to set up a local arrest referral focus group with representation from ADP, Police, Court, local arrest referral service providers and treatment services. This will give partners the opportunity to talk through each of their key roles and to explore the strengths and potential barriers in delivering arrest referral. Sometimes it is the links between individual agencies within a whole system where the opportunities for improvement action lie.

It would be helpful to seek feedback from individuals about their experience of arrest referral and the outcomes. Some key questions to ask them might be:

- Was it made clear to them that arrest referral is voluntary and not part of the justice process?*
- Did they receive any information that helped them to decide whether or not to use the service?*
- Were they able to have contact with the service at an appropriate time and place?*
- Did they feel the arrest referral worker had a good knowledge and understanding of drug issues and problems?*
- Were other needs, alongside drug use, discussed as part of the referral process?*
- How long did it take to be contacted by treatment services and were they accepted into treatment?*
- Did they remain engaged with services after the referral?*

Include a summary of any identified local strengths or issues within this section.

Demographic profile

This section should provide a local data profile about people who might benefit from an arrest referral service. It will be important to gather information on the characteristics of people with problem drug use in the local area. The majority of ADP strategies and delivery plans have been informed by a strategic needs assessment of both current and future needs which should help to establish the demographic information required within this section. Data such as population estimates and drug related mortality statistics can be found from the [National Records of Scotland](#) website.

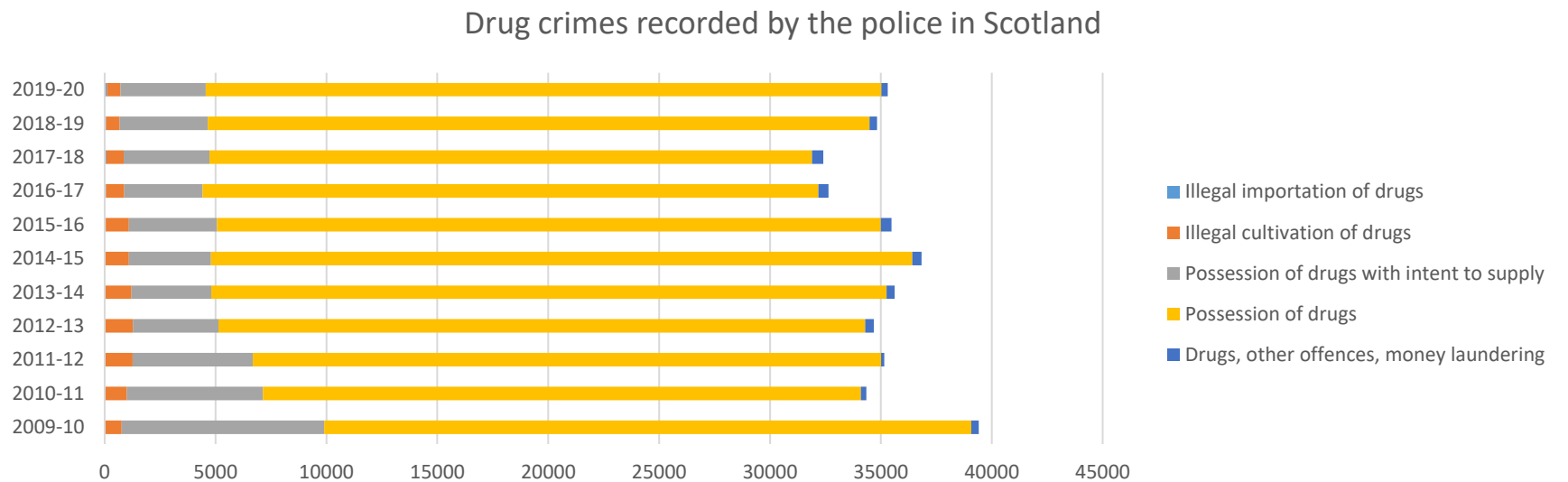


Work with your local ADP and CPP to establish what data is available about people in the local area and their drug use. This should be coupled with information specifically about people being arrested or those using the arrest referral service, locally. Is the data broken down by age, employment status, crime type etc? Provide a narrative as well as a visual description of the data. Identify any data gaps that might exist. Provide details of any trends in relation to the characteristics of people with problematic drug use locally.

Some examples of narrative observations from Scotland wide data are:

- In 2019/20 there were over 35,000 drug offences recorded by the Police in Scotland.³
- The estimated number of individuals with problem drug use in Scotland is 57,300 – almost 1 in 60 of our population between 15 and 64.⁴
- There were 1,187 drug-related deaths in 2018, 253 (27%) more than in 2017. This is the largest number ever recorded, and was 613 (107%) more than in 2008, which was 574.⁵
- The latest estimate (in 2009) of total economic and social costs of illicit drug use in Scotland is estimated at around £3.5bn a year.⁶
- In 2016/17, there were 8,546 general acute hospital stays with a diagnosis of drug misuse. 54% were new patients.⁷
- The cost of an initial arrest referral interview is around £150 at direct-access court based settings and around £340 in a police-based setting.⁸

An example of a visual description of data using Scotland wide figures is:



³ <https://www.gov.scot/publications/recorded-crime-scotland-2018-19/pages/19/>

⁴ <http://www.healthscotland.scot/health-topics/drugs/drugs-overview>

⁵ <http://www.healthscotland.scot/health-topics/drugs/drugs-overview>

⁶ <http://www.healthscotland.scot/health-topics/drugs/drugs-overview>

⁷ <http://www.healthscotland.scot/health-topics/drugs/drugs-overview>

⁸ <https://dspace.stir.ac.uk/bitstream/1893/13072/1/arrest%20referral.pdf>

Needs profile

The local ADP and CPP are likely to have a detailed understanding of the prevalence of drug use across local areas. Public Health Information for Scotland (ScotPHO) provides a range of [drug data](#), split by the following four areas:

- Availability and prevalence – including information from drug offences and court proceedings, drug misuse in prisons, survey results and estimates of a study into prevalence of problem drug use.
- Social harm – including drug-related crime, child protection cases and survey results.
- Health harm – this includes information on hospital stays and deaths resulting from drug misuse, maternity and neonatal discharges, blood-borne viruses and primary care consultations relating to drug misuse.
- Treatment for drug misuse – information on access to services.

Useful sources of information that may provide contextual information regarding drug use, and other needs, include:

- [Scottish Prisoner Survey](#) (national data only). Data covers various topics, including custodial history, sentence length, atmosphere and relationships, health, disability and long-term illness, mental health and wellbeing, drugs use, new psychoactive substances, drugs services, alcohol use, smoking, visits and contact with family and friends, family issues and support, prisoners' children, in care as a child, adverse childhood experiences, hygiene and fitness, cleanliness, good and canteen, knife crime, domestic violence, safety, bullying, accommodation, literacy and numeracy, learning centre, beliefs, programmes/intervention, prison rules, preparations for release.
- [Scottish Health Survey](#) (national data only). Data covers various topics, including mental wellbeing, general health, cardiovascular diseases and caring, alcohol, smoking, diet, physical activity, obesity and respiratory health.
- [Scottish Crime and Justice Survey](#) (national data only). Data provides self-reported answers to several questions relating to drug use in Scotland.
- [Drug and Alcohol Waiting Times](#). Data is available quarterly and aggregated to yearly. Data is broken down by NHS Board and ADP. Data is also available for prisons.
- [Estimated Prevalence of Problem Drug use in Scotland](#). Data is available broken down by local authority area, NHS Board and regional planning area.
- [Naloxone Monitoring](#). Data is available for both community outlet statistics and prison statistics. Community prescription statistics are available, broken down by NHS Board.
- [Drug-related Deaths](#). Data is broken down to NHS Board and Local Authority levels.
- [Drug Deaths Following Police/Prison Custody](#) (national data only). It should be noted that this is not an official statistics publication but rather a descriptive account of a cohort of deaths where further information was available.
- [SIMD Health](#). Data is available broken down by data zone, intermediate zone and Local Authority. Specific indicators relating to drugs include hospital stays related to drug misuse. A caveat on this information states that suspected but unconfirmed drug misuse cases are not always recorded by hospitals.

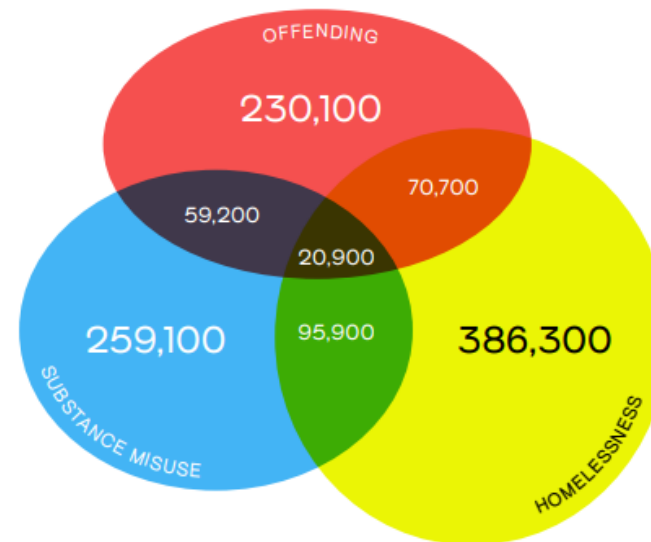
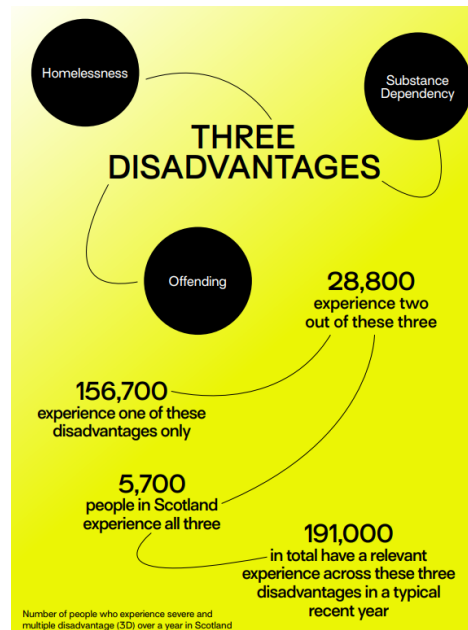


Use the information available nationally and locally to provide a narrative as well as a visual description of the data. The [data manuals](#) that accompany the SNSA guidance will be particularly helpful. Use data that describes the needs of people across the whole population. Supplement this with more specific data relating to people being arrested, locally, if it is available.

For specific information about the needs of people within the justice system, the local Criminal Justice Service may be able to provide a breakdown of needs data from the Level of Supervision / Case Management Inventory (LS/CMI) system. This system captures whether a person has ever had, or currently has, a drug problem and assesses, where the problem is current, its relevance in terms of law violations, marital/family situation, effect on work/education and any medical or other clinical indicators.

Include a summary of any identified local strengths or issues within this section.

Graphical representation of data can be a powerful way of representing needs data. For example, the [Hard Edges Scotland](#) report uses the following illustration to show the number of people who experience severe and multiple deprivation in Scotland:



Services profile



Establish who delivers arrest referral locally. Who commissions and funds the service and who delivers it? Have any recent evaluations of services been completed? Work with your local service provider to establish what services are relevant in onward referral locally, both in terms of drug treatment services and other needs identified (for example housing, financial inclusion and mental health). Are there any established fast-track pathways into treatment or support services?



You may consider the development of a questionnaire to inform your service map locally. This could include information about:

- *Organisation Details - Name, composition, nature of engagement with CJP*
- *Service Details – Name, purpose, eligibility criteria, engagement period, whether voluntary or statutory, needs addressed, referral pathway*
- *Service Delivery – Stage(s) of the justice process, current delivery, potential delivery*
- *Demographic Data – Number of people, gender, age range, employment status*
- *Outcomes Data –Link to national community justice outcomes, link to local CJOIP outcomes, outcomes data held, process for recording outcome data*
- *Funding – Funder(s), funding cycle, tendering process, funding trends, decommissioned services.*

Once you have information about services it may be helpful to use an index to further understand the provision locally. For example, the following table shows how services involved in the delivery of arrest referral might be mapped against the needs that they aim to address:

Service	Substance Misuse	Financial Difficulties	Employment	Mental Health	Housing	Relationships
Service 1						
Service 2						
Service 3						
Service 4						

This will be particularly helpful to establish how the services compare / map against the needs identified. Include a summary of any identified local strengths or issues within this section.

<p>Horizon Scanning</p>	<p>Horizon scanning techniques will be particularly helpful and are explained in more detail in the SNSA guidance. Horizon scanning is an overarching term for identifying and then analysing future impacts on the topic/theme for a SNSA, to allow policy makers to consider how these effect delivery and practice. A properly executed horizon scanning exercise can be hugely beneficial to a proactive partnership to enable it to maximise opportunities for change or mitigate risks, rather than merely react.</p> <p>As provided within the SNSA guidance, horizon scanning can be achieved effectively by considering issues under headings covered by the PESTELO acronym. It is also helpful to conduct a SWOT analysis as part of a horizon scan to support analysis of how issues will affect your partnership and what might need to be actioned against these.</p> <p>An example of an emerging issue to consider as part of a horizon scanning exercise is the COVID-19 pandemic. This crosscuts all themes included in PESTELO, as this will have a range of implications for local partnerships in the delivery of arrest referral, particularly in relation to meeting with people face to face.</p>  <p><i>Work with all relevant partners in a workshop capacity to complete a horizon scan and related SWOT analysis against arrest referral. Where this is not possible, completed matrices should be shared with partners for their comment and inclusion of specific impacts. The impact of the pandemic to your partners and referral pathways should also be understood on as part of this analysis. Priority themes emerging from a horizon scan can be either included throughout a SNSA or attached as an appendix to that. These will need considered when forming outcomes and action as part of the subsequent plan where appropriate.</i></p> <p><i>Include a summary of any identified local strengths or issues within this section.</i></p>
<p>Other information</p>	 <p><i>It is helpful here for CJPs to consider how outcomes for people, relevant to the presenting needs of people within arrest referral, are being achieved within other strategic landscapes. This might include the ADP delivery plans, local outcome improvement plan for the area, the health and social care (integration joint board) strategic plans, drug deaths task force delivery plans and local health improvement plans. Exploring priority outcomes may identify common actions which can be shared and developed in partnership.</i></p> <p><i>Include a summary of all additional information within this section.</i></p>

Data analysis and inference development

The following statements are taken from a range of reports analysing Scotland wide data. Containing a mixture of inferences and premises, they are examples of how authors of national reports describe what the data and information collected is telling them:

- “The single biggest structural driver of problem drug use is poverty and deprivation. Problem drug use is more prevalent among people from more deprived areas and from less advantaged backgrounds. Drug use disorders are 17 times more prevalent in Scotland’s most deprived areas, compared with the least deprived. It is not necessarily the case that poverty in itself is a direct driver of problematic drug use, however those in poverty are more likely to be exposed to additional risk factors such as unstable home life, unemployment, and adverse childhood experiences which increase the likelihood of a person being predisposed towards problematic substance use.”⁹
- “The Hard Edges Scotland report found that there are three main routes to addiction in adulthood; the first was linked initially to prescription drugs, the second a substance dependency prompted by a specific traumatic event, and the third was trauma in early life. There is often then a vicious cycle between substance dependency and involvement in the criminal justice system.”¹⁰
- “It is more challenging for people who experience problem drug use if they are criminalised in the criminal justice system to manage to pull out the recovery capital or the social resources to try to mitigate some of the harms. In short, criminal justice interventions can lead to exposure to drugs in prison, loss of housing and employment, sever family and social support networks, and create barriers to future education and employment. The experience of incarceration can also be—in its own right—a traumatising experience, which individuals can attempt to treat through self-medication.”¹¹




By collating all of the information in this template, what can you say (either conclusively or hypothetically) about arrest referral in your local area? It is important to consider all conclusions based on your assessment of evidence. Where you identify good practice consider how this can be scaled up, replicated or shared. Where you can only hypothesise shows where there are gaps in your evidence picture which will require to be addressed with more information. Filling those gaps can be improvement activity in itself.

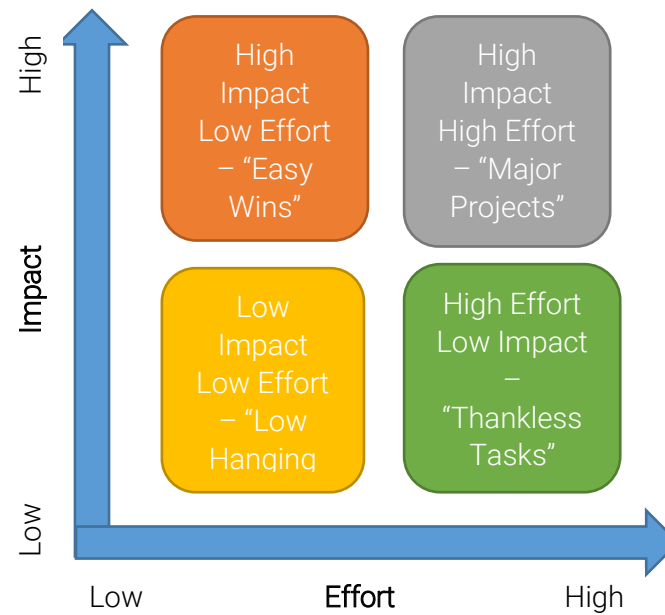
⁹ <https://publications.parliament.uk/pa/cm201919/cmselect/cmsscotaf/44/4405.htm#footnote-371>

¹⁰ <https://lankellychase.org.uk/wp-content/uploads/2019/06/Hard-Edges-Scotland-full-report-June-2019.pdf>

¹¹ <https://publications.parliament.uk/pa/cm201919/cmselect/cmsscotaf/44/4405.htm#footnote-342>

	<p><i>What are the needs that people face and their potential causes, and what action can be taken to address these? Where are the strengths in service delivery and where are the gaps or opportunities for improvement?</i></p> <p><i>Your service provider, Police and ADP partners may be able to provide a further breakdown of locally-specific data. This might provide further insight into trends in crimes committed and the needs that have been identified in relation to arrest referral. Is there any available data that might provide an insight into whether arrest referral has any impact in terms of reducing offending?</i></p> <p><i>Are referrals, including and in addition to drug use, aligned effectively to needs identified? What does the Local Outcome Improvement Plan set out in response to drug use and other related needs in the areas identified? Can arrest referral pathways activity link to existing provision to address deprivation in these areas, where this is not already achieved?</i></p> <p><i>CJS are due to deliver an on-line inference development session by the end of December 2020 which may help in determining what your data and information is telling you about arrest referral locally.</i></p> <p><i>Benchmarking can be a useful tool to make comparisons, set goals and measure performance. For example, local data on arrest referral could be displayed alongside other local authorities or against Scotland wide data to see whether trends are comparable.</i></p>
<p>Recommendations and priority setting</p>	 <p><i>You should now have a range of quantitative and qualitative data and information available to you about the provision of arrest referral in your local area. Using the data analysis and inference development section as a basis, list the items that you have identified as strengths alongside the items that require improvement (referred to as improvement activity).</i></p> <p><i>Improvement activity should now be prioritised. This doesn't mean that improvement activity that doesn't reach the top of the list will never get done; it might get done at a later time, it might be that it cannot be completed until something else is done or it might mean that resource needs to be freed up at a later date. The CJP can use this SNSA template, once complete, as an audit trail of decision making and to ensure that improvement activity that isn't prioritised doesn't get forgotten.</i></p>

An impact versus effort matrix is a simple tool that can help to generate conversation and aid partners in their decisions making regarding prioritisation:



CJPs can set the axes on the above matrix according to what will be the most helpful to make an informed choice regarding prioritisation. As well as impact and effort, as shown in the example, CJPs might consider changing the axes to importance versus urgency, cost versus benefit or risk versus reward.

Placing the identified improvement activity on the matrix is best done collaboratively as a group activity as it will probably take some conversation and debate before reaching an agreed position for each.

Developing a scoring criteria is another method that can be helpful in prioritising activity. You might ask partners to assign a score across a range of criteria. For example:

Improvement Activity	Critical to Meeting Standards	Strategic Value	Ease	Benefit to the Individual	Cost	Resource Impact	Overall Priority
Imp Activity 1	4	1	3	3	5	2	3
Imp Activity 2	5	2	4	4	4	5	4
Imp Activity 3	1	1	5	1	3	4	2.5

For this table, you could set the following priority ratings:

Critical to meeting standards?	Is the improvement activity crucial to ensure effective arrest referral provision?	1 = Critical	5 = Not critical
Strategic Value?	Is the improvement activity important to your overall strategy?	1 = Highly important	5 = Not important
Ease?	Will the improvement activity be fairly easy to complete?	1 = Very easy	5 = Very difficult
Benefit to the individual?	Will the improvement activity likely yield significant benefit to the individual?	1 = Highly likely	5 = Not likely
Cost?	Will the improvement activity likely cost a lot?	1 = Low cost	5 = High cost
Resource impact?	Will the improvement activity have a great impact on CJP resource?	1 = Low impact	5 = High impact
Overall priority:	Average score of all five criteria		
Note: In this example, the lower the score the higher the improvement activity's priority			

It is important to remember that this template is one of a number that will make up a whole SNSA for the local area. Therefore, this technique should also be considered to prioritise all improvement activity being considered for inclusion in the area's CJOIP.

Developing
outcome
improvement
actions



Once the CJP have decided on the priority improvement activity for the provision of arrest referral in the area, consideration needs to be given to how this will be expressed within the CJOIP.

A good way to approach this is to write an objective which describes what the CJP are trying to achieve. Use the SMART acronym to define how the CJP are going to know if the improvement activity is successful:

***Specific** – outline in a clear statement precisely what is required*

***Measurable** – include a measure that will enable the CJP to monitor progress and to know when the objective has been achieved*

***Achievable** – ensure there is commitment and capacity to carry out the necessary activity*

***Realistic** – ensure there are no factors which would make the achievement of the objective impossible or unlikely*

***Time-bound** – agree the date by which the activity must be completed*

The CJP should now be able to answer the following questions about arrest referral in the local area:

- *Is there an arrest referral service in the local area?*
- *Who commissions and funds the service and against what criteria?*
- *Who delivers arrest referral?*
- *What are the characteristics of the people accessing arrest referral?*
- *What are the primary needs, alongside drug use, that people are seeking help with through arrest referral?*
- *What recommendations can you make to improve the arrest referral provision in the local area?*
- *Who do the recommendations impact on in terms of action and delivery?*
- *What is the intended impact of the improvement activity?*
- *What are the priority areas for action arising from the SNSA for arrest referral in the area?*
- *How does the improvement activity link to ADP and CPP strategic plans?*



First published December 2020

Community Justice Scotland, R1 Spur Saughton House, Edinburgh, EH11 3DX

Tel: 0300 244 8420

www.communityjustice.scot

