



Arrest Referral

A discussion with the community justice network in Scotland

September 2024

# Background

The National Strategy for Community Justice sets out the improvement of support from the point of arrest as a priority action.

*“Improve the identification of underlying needs and the delivery of support following arrest by ensuring the provision of person-centred care within police custody and building upon referral opportunities to services including substance use and mental health services”*

The strategy’s delivery plan tasks Police Scotland to be the lead partner to *“Establish a Working Group that promotes best practice and works to drive an increase in referrals from police custody into support for mental health and wellbeing, addiction and other relevant services. This is with a view to longer term reduction in repeat offending and improved outcomes for individuals.”*

Arrest Referral Services feature in an ecosystem of support. They aim to address the underlying causes of offending behaviour, particularly related to substance use and other social issues. They are designed to provide support to individuals at the point of arrest or soon after.

The purpose of the session was to explore how arrest referral ‘type’ services are being delivered across local authority and sheriffdom areas. Exploring how CJ Partnerships are meeting the national policy and improvement drivers\* and the support that might be needed from national partners.  The session also provided the opportunity for Police Scotland to outline the approach they are taking in relation to referrals from police custody, the issues they are dealing with and their proposed actions, including the creation of a Working Group to progress the Delivery Plan.

This paper seeks to draw out context from discussion about the key difficulties, available resources, progress and ongoing gaps to inform national partners contextually prior to the establishment of the working group.

\*Improvement Drivers

* **National Strategy for Community Justice – Priority Action:**
* Improve the identification of underlying needs and the delivery of support following arrest by ensuring the provision of person-centred care within police custody and building upon referral opportunities to services including substance use and mental health services
* **Community Justice Performance Framework – National Outcome:** More people in police custody receive support to address their needs.
* **Community Justice Improvement Tool – Local Evidence:**
* Effective relationship between Community Justice Partners, ADPs and police custody centre for local population (e.g. information flow, local MAT standards implementation, collaboration and leveraging of resources)
* Referral pathways and support in place from police custody centre for local population in relation to substance use, mental health and other health and social needs - statutory services and third sector

Community Justice Scotland set the scene with an overview of common difficulties in relation to delivering Arrest Referral Services. Then, Police Scotland provided an update on developments from a police perspective and wider participants then reflected upon the difficulties and expanded the picture from their perspective.

# Difficult questions

CJS presented the following set of difficult questions for participants to consider.

1. Police custody suites operate regionally but people at the hard edges tend to engage in services which can support them at a micro-local level. How is this mismatch between regional operating and local practicalities managed? What is in place to ensure that people who live in local authorities which are beyond the boundary of the custody suite, get the same quality of service. What other regional/local disconnects need to be unpacked?
2. Funding for arrest referral services appears to be principally resourced by ADP’s, with some resourcing from local authorities and grant making trusts. Services available at the point of arrest are defined by different names. They also have different scope in different areas. This creates significant inconsistencies which may result in inequality of access, or it may be the result of effective local prioritisation and use of resources. Different partners will have different viewpoints and the following are examples of questions which need unpacked:
3. How well does the service reach people with complex needs beyond substance use problems?
4. How well is the service arranged to address the most immediate problem which is driving the criminal behaviour? E.g. homelessness, hunger, neurodiversity (inc. brain injury), communication problems (inc. not speaking English), poor mental health, debt, gambling, SOC claws (inc. human slavery). i.e. is it delivered with consideration to an individual’s hierarchy of needs.
5. Does the arrest referral service provide an intervention, or does it just refer to other services? Or, is social prescribing a core part where people are rarely signposted to another service, and instead they are supported to initially engage in a community activity such as a Recovery Café or another community group?
6. Does the provider of the Arrest Referral Service unduly favour onward referral to its own services, or are there mechanisms to ensure that the right service in the right place for the individual is prioritised?
7. Peer workers now form a significant part of the service mix for people with complex needs. To what extent are police vetting requirements hindering their ability to access people in Police Custody.
8. Information sharing: Can the right providers get access to the right information, in the right format, at the right time, within processes which are compliant to GDPR?
9. How effective are the working relationships between arrest referral services and other providers in the custody suite, such as appropriate adults and custody healthcare, defence solicitors, victim support and Geoamy? How effective are the relationships between Police Scotland and the providers?
10. What Arrest Referral services are available at court? How well do they operate?
11. Who are arrest referral services targeted towards, and are the right equality considerations and needs profiles applied to this targeting. E,g, sex, age bands, disabilities, ethnicity, people who don’t speak English,  etc.
12. Is there evidence to understand the performance of arrest referral services and ongoing monitoring?
13. Police Scotland operate a 24/7/365 service. How can we optimise the availability of the right services at the right time in order to maximise effective engagement and person centric outcomes?
14. How well are Arrest Referral Services integrated with other services which reach people at the hard edges, so that people are supported to re-engage with services that can help them and with workers that they already trust. e.g. housing services, prison throughcare mentoring, substance support, mental health and defence solicitors.
15. How well does the signposting from Police Scotland to Arrest Referral services work? Do police always signpost when services are available? Are police signposting methods effective? Are police always accurate and engaging when they describe the arrest referral service to people? How do you test this?
16. How good is the internal police communication between the custody division and the local divisional police representatives who attend community justice partnerships? What impact does this make for driving improvement and development after the point of arrest?

# Police Scotland Update

*Police Scotland relaunched the process for making referrals in 2024, and now refer on the basis of public task. This is following an instruction from the Information Commissioners Office in January 2023 to cease using consent as the basis for referrals due to concerns about a potential power imbalance. Under the new process, Police Scotland will only be able to hold information sharing agreements and make referrals to services who are either funded by or have contractual agreements with Local Authorities or NHS boards. Whilst Police will no longer seek consent of the individual, they will still seek their views and will only refer people who are keen to engage with services.*

*Police Scotland are currently reviewing how they gather and share information about arrest referrals. Currently they only record information on referrals made directly to services by police, however this misses out data on arrest referrals gathered by support workers themselves within custody, signposting to services where direct referral is not available and referrals made by NHS partners within custody. Police Scotland are also exploring ways to be able to safely and legally share this information, along with custody throughput data and information on vulnerabilities reported.*

*There are some concerns about measuring success through simply increasing the number of referrals, as this could overwhelm the system and does not necessarily indicate improved outcomes. This is why the development of a working group to progress ‘no closed door’ approaches and identify what services are required is so vital.*

*Police Scotland has also appointed champions within custody centres. An ongoing programme of training and CPD is being established, including training in Trauma Informed practices and these individuals will promote best practice related to arrest referrals among their colleagues.*

*Service mapping in each area is ongoing, and they have begun exploring the use of the ALISS platform to encourage use of signposting opportunities where an established arrest referral service is either not available or is not equipped to deal with the specific issue or vulnerability of the individual.*

*Additionally, Police Scotland is exploring opportunities to use technology to enhance arrest referral discussions. They are hoping to acquire video brochures, primarily to explain rights in custody, however they also plan to use this to highlight locally specific support services available to individuals.*

*Lastly, work is ongoing to review the vetting process and resolve the issues faced by lived experience workers. It is planned that this will be resolved by restricting access to certain areas and ensuring that support workers are escorted at all times, which would remove the requirement for individuals to undergo vetting.*

# Discussion and next steps

The discussion highlighted several key challenges and considerations around the delivery, funding, and effectiveness of Arrest Referral (AR)services in Scotland:

Funding and Accountability:

AR services are primarily funded through Alcohol and Drug Partnerships (ADPs), which complicates service delivery due to local variations in funding. This funding structure can limit the scope of services.

There is a need for clarity on the scope, expectations and monitoring AR services and how this is shaped by funders priorities rather than the priority needs of the individual.

Referral Process and Effectiveness:

There is a lack of evidence on the effectiveness of  many AR services and challenges exist in setting up consistent referral pathways, especially in consideration to mismatching geographies and gaps in services.

Some coordination will be crucial, but current efforts seem disjointed, leading to gaps in service delivery and data collection.

Barriers to Service Engagement:

Referrals from police to support services are inconsistent, often due to a lack of local custody centres or challenges in engaging individuals at the point of arrest, where immediate needs take precedence over long-term support.

The timing of interventions is critical, with suggestions that custody may not be the best moment to offer comprehensive support, or to identify needs.

Good Practices and Challenges:

The Highland model, which involves custody support officers and focuses on person-centred care, was highlighted as a good practice model. This model has been formally evaluated and shows promise in engaging individuals effectively. However, this has been funded as a pilot and has several advantages such as a well resourced team and co-location inside a police custody centre.

Issues such as local boundaries, low referral rates, and the difficulties in addressing complex needs within the custody setting were discussed as significant barriers.

Next steps

There is a strong call for a national review of AR processes and services to assess their overall effectiveness. This should include monitoring the conversion rates from referrals to sustained engagement in support services, and the timing of the working group is ideal to take this on. Police Scotland is seeking members to participate in this working group.

There is a need for better data collection and sharing across services to improve the tracking of outcomes and support evidence-based decision-making.

Further Research:

The discussion emphasised the need for more research on the experiences of individuals in police custody, particularly utilising those with lived experience of the justice system, to better understand the most effective points for offering support.

Overall, the conversation underscores the complexity of delivering effective AR services and the need for better coordination, evidence, and flexibility in service provision.



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