

The Drug Interventions Programme for Children and Young People: early evaluation findings

- This briefing is specifically aimed at those involved in the 10 current pilot site areas and is based upon findings from field research undertaken in the summer of 2004, during the set up and very early operational stages of the Drug Interventions Programme for Children and Young People. In some sites interventions were not fully operational at the time of the field research.
- This briefing draws upon interim findings from the very early stages of the evaluation of the Drug Interventions Programme for Children and Young People.
- The briefing describes the different rationales local sites have developed, within the policy framework set by the Home Office, to explain what they are trying to achieve and how they are trying to achieve it. Developing and maintaining clarity within sites about the objectives being pursued and the precise mechanisms being used to achieve these objectives will help local project leaders maintain a clear focus on achieving the objectives.
- The first two interventions of the Drug Interventions Programme for Children and Young People to become operational, arrest referral schemes and drug testing on charge, were included in the Summer 2004 field research. Early findings and some issues for sites to consider for further development of arrest referral are included for approaches to commissioning, planning arrest referral schemes, recruitment of arrest referral workers and the further embedding of arrest referral within police practice, the precise role of arrest referral workers, information sharing, ways of improving young people's access to services and the role of parents and appropriate adults in the arrest referral process.
- Issues for further consideration by sites in the development of drug testing include the integration of drug testing within police custody procedures, the integration of drug testing and arrest referral and the role of appropriate adults and parents.

What advantage will this briefing give you?

If you are involved in one of the pilot sites for the Drug Interventions Programme for Children and Young People this briefing includes early findings about some key implementation processes involved in establishing arrest referral schemes and drug testing on charge for children and young people. Some specific examples from sites are included, along with information to consider in the ongoing development of the interventions.

Introduction

This is a summary of early findings and implementation issues arising from an 18-month independent evaluation of the Drug Interventions Programme for Children and Young People, taking place between April 2004 and December 2005. The evaluation, commissioned by the Home Office, is being undertaken by Matrix Research and Consultancy, in partnership with the Institute of Criminal Policy Research (ICPR) and a panel of experts, including academics specialising in youth justice and research methodologies, and individuals with policy, practitioner and commissioner experience in relation to young people, offending and substance use.

This report is based on the first wave of field research, which took place during the summer of 2004, when some pilot sites had yet to fully implement arrest referral and drug testing. Other sites were only a few weeks into being fully operational. It is possible to highlight only some of the key findings in this document, including additional comment as to issues for ongoing development of the Drug Interventions Programme for Children and Young People in these areas.

The Drug Interventions Programme for Children and Young People

The Drug Interventions Programme (previously the Criminal Justice Interventions Programme) for Children and Young People was launched in 2003 to pilot:

- arrest referral schemes for children and young people (10-to-17-year-olds) in 10 areas;
- on charge drug testing of 14-to-17-year-olds under Section 5 Criminal Justice Act (CJA) 2003 in 10 pilot sites; and
- Drug Treatment and Testing Requirements to be attached to Action Plan Orders and Supervision Orders under Section 279 / Schedule 22 CJA 2003 (from 1 December 2004 in only five of the 10 pilot sites).

The original aims for the interventions were described as to identify young people at risk of problematic substance misuse and refer them to appropriate programmes of help to:

- reduce substance misuse;
- reduce drug related crime; and
- improve other life factors related to their substance misuse / criminal behaviour.

The Drug Interventions Programme for Children and Young People is not just about extending adult interventions to young people. For example the children and young people's interventions include:

- working with the Youth Justice Board (YJB) to integrate with Youth Offending Team (Yot) Named Substance Misuse workers, treatment in custody and Resettlement and Aftercare Programme (RAP);
- ensuring that all its interventions are child-centred and in line with the requirements of Every Child Matters;
- recognising that patterns of substance misuse in children and young people differ from those of adults. Implementation within each of the pilot areas takes a child / young person-centred and holistic approach, and is part of wider work across Government to reduce the use of Class A drugs, and the frequent use of any drug among young people under the age of 25, especially by the most vulnerable;
- acknowledging that children and young people who go on to develop substance misuse problems often have multiple antecedent and co-occurring mental health, social and education problems;
- recognising that patterns of substance use amongst children and young people differs from that of adults, and that a range of interventions, not centred solely on medical treatment, are required; and
- implementing and evaluating interventions for children and young people that aim to identify evidence-based child-centred interventions.

What are local sites trying to achieve?

While the Home Office intention was to encourage local flexibility in how the sites implemented the arrest referral schemes and the model they adopted for local delivery, there was encouragement not to develop local rationales for the interventions that differed from aims for the Drug Interventions Programme for Children and Young people outlined above. However, during the first wave of field research, pilot site personnel with strategic, management and operational perspectives identified five different rationales that applied to their local implementation of the pilot interventions. The evaluation team is using these rationales, which are presented in the box below, to make sure that the evaluation measures what local sites tell us they intend to achieve through the interventions, rather than what we believe they are trying to achieve.

Being clear about the objectives that sites are pursuing and the precise mechanisms they are using to achieve these will also help local project leaders maintain a clear focus on achieving the objectives. Clarity as to the aims for the interventions and processes for achieving them will also need to be owned by all levels of staff involved if the underlying rationales are to be facilitated and sustained through the interventions.

Rationale	Definition
Identifying new risks / needs	The interventions may help identify a young person's risks and needs at an earlier point than might otherwise be the case. They may also identify risks or needs that had not previously been picked up by other interventions or service involvement.
Improved access to substance misuse services (SMS)	The interventions may help improve a young person's access to SMS to meet their identified needs. The added value of the interventions will come from young people accessing SMS that they otherwise may not have done at that point in time.
Improved access to other services	The interventions may help improve a young person's access to other services (eg Social Services, education services, counselling, mental health services, mentoring, housing support etc) to meet their identified needs. Again the added value of the interventions will come from young people accessing services that they otherwise may not have done at that point in time.
Rehabilitative effect (applies to arrest referral only)	The interaction with an arrest referral worker could have an effect on a young person's motivation, goals and sense of self-efficacy towards their substance use, leading to changes in the young person's substance-using behaviour.
Information and intelligence	The interventions may be used by the pilot sites to gather disaggregated and anonymised information and intelligence regarding substance misuse and its treatment.

Figure 1: Rationales

Setting up and implementing arrest referral

Commissioning approach

Three broad approaches to commissioning arrest referral service providers were adopted across the sites, including:

- locating the arrest referral scheme within a local agency, the Yot or Social Services;
- taking a single-action tender approach to an existing provider of adult arrest referral; and
- taking an open-tender approach to establish a totally new service, including funding from additional sources.

A number of issues were highlighted as important in decisions on commissioning, including pragmatic factors such as time constraints, strong stakeholder views on where the services should be located and wanting only one provider within custody suites. These factors were influential in the first two approaches to commissioning being followed. Where there was an open tendering of the service, the specification was for a holistic approach to the needs of young people and the treatment provider's previous experience of running drug

services for young people or working within criminal justice settings was important in the decision-making.

It will be important for arrest referral services to be embedded within current and future developments in providing generic children's services provision, to meet the requirements of central and local government agendas for integrated children's services.

Planning

Across all but one site, the arrest referral planning was led by the Drug Action Team (DAT), usually the Young Persons' Substance Misuse Commissioning manager. In the remaining site, the DAT's role was increasing as the scheme evolved. In all sites the planning lead was supported by a multi-agency group involved in key decision-making, for example the development of processes, the remit of schemes and the development or adaptation of local guidelines and protocols. In a majority of sites the key agencies involved were the Yot, Social Services, Young People's Services, DAT and police. In two sites this group was much wider, as shown in Figure 2. Some felt this assisted problem solving and making actions happen, although it was also suggested that it caused delays in the set-up process.

Site	Parent organisation	Agencies involved in the set-up groups										
		Yot	Social Services	Primary Care Trust (PCT)	DAT	Police	Arrest Referral Provider	Prescribing Service	Adult Drug Intervention Programme	Connexions	Government Office	Treatment Provider
1	Social Services	X	X		X	X						
2	Yot	X			X							
3	Yot	See paragraph below*										
4	Non-statutory sector provider				X	X	X					
5	Non- statutory sector provider				X	X	X					
6	Local Authority Youth Service	X			X	X	X					
7	Non-statutory sector provider	X			X	X	X	X		X		X
8	Non- statutory sector provider				X	X	X					
9	Yot	X	X		X	X	X	X	X	X	X	X
10	Non-statutory sector provider	X	X	X	X							

Figure 2: agencies involved in arrest referral set up groups

*In site 3 the structure of arrest referral differed from other sites as it included link workers who were based in a number of statutory and voluntary partner agencies. All the link agencies were involved in the steering group to implement the pilot, as well as the Yot, DAT, Social Services and a local young people's SMS.

Young people were involved in various aspects of the set-up of the scheme in some sites, such as choosing the scheme name, sitting on the recruitment panel of the arrest referral worker interviews and designing promotional materials.

Recruitment

Many sites experienced difficulties in getting applicants with the required skills and experience to apply for posts. Most sites recruited arrest referral workers with a youth work background who had the skills to engage with young people and provided training and support on substance misuse once in post. For example, in one site, arrest referral workers, who were recruited

for their experience in working with young people, were supported in their substance misuse work by clinical supervision from a local young person's substance misuse service.

Delays in the set-up of arrest referral are attributed by many sites to the length of time taken for Criminal Records Bureau (CRB) checks to be completed, indicating that any future implementation will require longer timescales for CRB checks to be built into planning.

Introducing arrest referral to young people

Stakeholders perceived that the way in which arrest referral is offered can affect the likelihood of young people accepting arrest referral. At the time of the field research there were numerous ways in which arrest referral schemes attempted to engage with young people (see Figure 3) and this varied by means of contact, location and role of the person who made the offer.

Site	Initial engagement with young people											
	Letter	Custody staff	Phone	Worker at custody suite	Youth court	Via adult scheme cover	Self referral	Police station other	Assertive outreach	Leaving YOIs	Local drug service referral	Social Services referral
1		x		x								
2	x		x									x
3		x			x							
4	x	x		x								
5	x	x		x								
6	x	x	x	x				x	x			
7	x	x		x		x						
8	x	x	x	x							x	
9		x		x								
10				x	x			x	x	x	x	

Figure 3: Methods of initial arrest referral engagement with young people

Furthermore, the number and type of young people engaged may impact the ability of pilots to achieve their stated aims. Issues to consider may include whether the capacity of a scheme to fulfil its intended role depends on working with a limited number of young people and whether the young people schemes engage are the intended target for the intervention.

The role of the police was important in schemes where the predominant form of engagement was through the custody suite; nevertheless it appeared that arrest referral was not fully embedded in police practices in many cases and this may be an area of development that projects wish to focus on. At the time of field research:

- One site facilitated this process by providing training on drug testing and arrest referral for young people for over 100 custody staff over a two-month period. Training was delivered by the two police officers coordinating the young people's drug testing programme and the team leader of the arrest referral scheme.
- Another site developed plans for a multi-agency training day for detention officers, which was due to take place after the field research period.

- In one site the police lead ordered radios for arrest referral workers to improve the communication channels between the police custody and arrest referral staff. These were going to be provided as a means of easing the communication between custody staff and arrest referral workers about young people brought into custody.

Current knowledge on the spread and sustainability of service improvements in other parts of the public sector highlights that an important consideration is how programmes are launched and marketed, as this affects staff perceptions.¹

The role of arrest referral workers²

Often, arrest referral workers accompanied young people to at least their first appointment when they were referred to new services, although whether they were also accompanied to subsequent appointments varied on a case-by-case basis. There was a lack of clarity about the remit and scope of arrest referral in some sites, particularly in relation to the extent of follow-up with young people. For example in some sites there appeared to be the beginnings of a case management role for arrest referral workers.

Young people reported having positive relationships with arrest referral workers:

"[the arrest referral worker is] down to earth ... She's one of them people who'll tell you if you're right or your wrong. And most of all she listens to you as well...if I ever need to talk, she says to me "do you need to talk about anything?" ... so she's always there for me"

Donna (16)

"It's just, someone to talk [to] and you just get it all off your chest, and it does feel better."

John (14)

The development of case management roles is an issue for sites to consider, including how a case management role through an arrest referral scheme co-ordinates with other agencies that have case management roles, such as Yots and Social Services. Current knowledge on what contributes to the spread and sustainability of change in services identifies the need for new programmes to integrate with other areas if they are to become fully embedded practices³.

There is also a need to clarify the remit of the case management role for arrest referral workers, for example the length of time of contact, regularity of contact and points for ending contact, in order to be able to plan for and manage the capacity of arrest referral schemes.

Access to services

It appeared that there were variations between sites in the range of services young people were referred to. Some schemes had access to established networks of services, whilst others developed links themselves. Methods for setting up links for referral in one site included:

- Undertaking substantial work liaising with local agencies whilst setting up the scheme to develop a local service directory. This directory was a useful resource for arrest referral workers when deciding where to refer young people to address their needs.
- Building service networks was also facilitated through a workshop organised by an independent consultant with local services in the area to inform them about the pilot.
- Extensive networking on the part of an arrest referral worker in a month prior to the service going live.

In another site, the arrest referral scheme funded link workers based in numerous local agencies, so referral agencies were an integral part of the arrest referral model. Often services and

agencies that would be involved in referrals were involved in steering groups. Some sites had broad attendance from various local agencies on their steering groups, and many sites noted that representatives from local substance misuse services for young people sat on implementation or steering groups.

The role of parents and appropriate adults

There appeared to be some confusion across the sites as to whether an appropriate adult needed to be present for assessments, despite Home Office guidance⁴ stating that, with the young person's consent, there is no requirement under the Police and Criminal Evidence Act (PACE) for anyone else to be present for the arrest referral worker to conduct an interview. (The Home Office guidance does recommend that the arrest referral worker consider the advantages and disadvantages of involving the appropriate adult, who will usually be a parent/carer.)

Some sites offered parental support of some nature, and where this was offered sites were positive about its benefits. Examples include:

- A parent support worker was part of the arrest referral scheme in one site. This worker's role is to refer parents to social services and other organisations, such as counselling services. In addition to setting up meetings, the parenting support worker may also attend them, including attending meetings with parents at their child's school. The team felt that the help they were able to provide to parents was invaluable and greatly needed.
- In other schemes arrest referral workers were talking to parents, and if required, referring them to a service such as a family and drugs service or a Yot parenting programme.

Information sharing and performance management

In the planning stages most sites had a multi-agency group to manage and monitor the pilot, as highlighted previously in Figure 2.

At the time of the field research, very few sites had existing information-sharing protocols and communication channels in place, although most sites were in the process of developing them. The key agencies that stakeholders perceived as necessary for information sharing with arrest referral schemes were the police and Yots. Examples of methods of information sharing included:

- Systems had been set up for forwarding lists of young people coming into custody each day to the arrest referral team. In one site, the team did not go into custody to access young people. Police faxed a list of young people to the

team each day, and arrest referral workers used this list in seeking engagement with young people. As there was a low throughput of young people coming into custody in this area, workers felt that this process was more time-efficient than waiting in police custody. They also felt that young people would be more likely to trust them by meeting them outside the custody setting.

- In another site, the arrest referral team already had information-sharing systems in place with the Yot and other agencies, whereby the scheme would email a list of young people seen by arrest referral to social services, the Yot, the Youth Inclusion Programme (YIP) and the Local Education Authority (LEA).

Some sites developed their own databases and data-monitoring systems to provide information.

Setting-up and implementing drug testing

Drug testing 14-to-17-year-olds on charge followed the same procedure as for adult drug testing, with the important legal distinction that, in line with PACE Code of Practice C, it is mandatory for an appropriate adult to be present for 14-to-16-year-olds and for 17-year-olds who are considered vulnerable. Another key distinction includes the statutory duty on local authority partners to safeguard children's welfare, for example requiring the follow up of positive tests regardless of whether the young person accepts arrest referral support.

Integrating drug testing in police custody procedures

The way in which drug testing for young people is integrated into the police custody procedures (for example, how young people are communicated with and how arrest referral is offered) will contribute to sites realising their stated aims for the interventions. It is therefore important to embed interventions at the level of police custody staff, ensuring they are aware of the aims and rationale both of drug testing and arrest referral. Examples from the sites included formal training, informal contact between personnel and 'roadshows'.

Integrating drug testing and arrest referral

At this early stage of the programme there was evidence from both fieldwork and monitoring data that suggested that, on an operational level, arrest referral and drug testing do not appear to be embedded as an integrated scheme despite Home Office guidance having intended to ensure that they should be. For example:

- Field research suggested that the manner in which drug testing information and offers of arrest referral were

delivered varied between detention officers. Sites might wish to consider providing specific training for police staff involved in the drug testing process on how to interact with young people during the drug testing process and when offering arrest referral.

- Some testers felt they would like information fed back about what happened to young people they referred on.

Current knowledge on the spread and sustainability of service improvements from other parts of the public sector highlights the importance of demonstrating to participants the benefits to service users arising from the programme⁵. However it has also been highlighted that sufficient time is required for new practices to be fully integrated into current practice, and this may be a particular consideration for these findings given the early stage at which the field research was undertaken.

The role of parents and appropriate adults in drug testing

There is early evidence to suggest that appropriate adults were not present at all tests, despite Home Office guidance and the requirements of PACE. A number of operational issues were raised in relation to parents and appropriate adults, including communication of positive test results to parents, parental support and the potential effects of a parent being involved in the test.

Sites took different actions to respond to the role for parents when there had been a positive drug test. Examples include:

- Positive tests were recorded onto a police force-wide database used for missing persons, those who go missing from care or young people who come to the attention of the police. It was planned that, as positive tests are seen as a means of identifying young people at risk, they will be entered onto this database and this will automatically send messages to the Child Protection Team, who will check messages daily. The team would send the details onto Social Services, and the Yot would also be informed through the database. However, in this site if the parents were not present, the police would not inform them of the test result, and it was expected that the arrest referral team would take responsibility for this.
- In another site, the drug tester had to complete a form for the child protection unit for each positive test documenting whether they thought it constituted a child protection risk, through a series of questions. If, on receiving the form, the child protection unit felt it was appropriate, they would visit the parents/carers at home to inform them of the positive test result.

Notes

- 1 Modernisation Agency (2003) Spread and sustainability of service improvements: factors identified by staff leading modernisation programmes Research into Practice Report No. 4 Modernisation Agency: Leicester
- 2 The names of young people quoted in this section have been changed to maintain confidentiality.
- 3 Modernisation Agency (2003) Spread and sustainability of service improvements: factors identified by staff leading modernisation programmes Research into Practice Report No. 4 Modernisation Agency: Leicester
- 4 Home Office (2003) Guidance for Adult Arrest Referral Schemes: Responding to Children and Young People, p62
- 5 Modernisation Agency (2003) Spread and sustainability of service improvements: factors identified by staff leading modernisation programmes Research into Practice Report No. 4 Modernisation Agency: Leicester

Concluding comments

This briefing has identified some issues for sites to consider in the ongoing development of the Drug Interventions Programme for Children and Young People, and these issues are presented in the following box. It is recognised that these points are drawn from evidence from field research undertaken in the summer of 2004 and that there is likely to have been ongoing development within sites since that time.

Issues for consideration for the ongoing development of Drug Interventions Programme for Children and Young People

- Being clear about the **objectives being pursued** and exactly how they are expected to be achieved will help maintain a clear focus on achieving those objectives. Clarity as to the aims for the interventions and processes for achieving them need to be owned by all levels of staff involved.
- Sites will need to consider whether the **capacity** of an arrest referral scheme to fulfil their intended role depends on working with only a certain number of young people and whether the young people schemes engage are the **intended target** for the intervention.
- The **development of case management roles** for arrest referral workers requires consideration of how an arrest referral scheme will co-ordinate with other agencies that have case management roles, such as Yots and Social Services. It is important to clarify the remit of the case management role for arrest referral workers, for example the length of time of contact, regularity of contact and points for ending contact, in order to effectively plan and manage the capacity of arrest referral schemes.
- It is important to **embed interventions in the practice of police custody staff**, ensuring they are aware of the aims and rationale of both drug testing and arrest referral. Examples from the sites included formal training, informal contact between personnel and 'roadshows'.
- Sites should ensure that all stakeholders are clear as to the legal requirements under PACE and Home Office guidance on the role for **parents/carers and other appropriate adults** in drug testing and arrest referral contacts in police custody.

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Knowledge informing improvement

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