

Paul Townsley

Confined opportunity

Arrest referral

Setting up an arrest referral service raises practical problems of staff recruitment and development and working closely with a hierarchal organisation which also commissions the service.

Westminster Drug Project (WDP) is an independent charity with 34 staff and has been established for 10 years. WDP began to promote the concept of arrest referral to the police in 1995.

Until the major expansion of arrest referral by the Metropolitan Police in 2000, Westminster Drug Project (WDP) delivered half a post to three police stations in Westminster, and Kensington and Chelsea. In January 2000 we won the contracts for 6.5 full-time workers in Westminster, and 1.5 in Kensington and Chelsea. In February 2001 we were awarded the contract for the City of London.

Arrest referral has three basic tasks: to contact arrestees and assist them with issues they have about drug use, to assess arrestees who ask to see an arrest referral worker, then refer interested clients to appropriate treatment.

WDP pursued arrest referral knowing there is a large number of drug users not in contact with drugs services but who, when confined in a police station, are prepared to see a drugs worker. All arrest referral schemes find that users are not aware of the services available.

Arrest referral is an opportunity to dispel users' assumptions about drugs workers and contribute to deeper understanding of the issues. Research has proven that, given the right intervention, drug users are motivated to get treatment when arrested.

Time pressure

One of the biggest influences on service delivery has been the pressure of time. Effective interventions take time to develop.

When we tendered for the arrest referral service our strategy was to pay highly competitive salaries, to attract experienced drug workers and staff from other disciplines

Most treatment services have had about 10 years to develop all their services; some have been established

for 20 or 30 years. Arrest referral schemes have been created and functional within a year. Therefore it is important that there is open and constructive debate to move the process along and ensure arrest referral becomes an integral part of localised treatment provision for drug users.

Setting up

In March 2000 we had two months to recruit 8 workers and set up the service specification. In partnership with some highly motivated police officers and other police officers that knew little about arrest referral we set out to convince drugs workers and each police station that arrest referral is a good idea.

A positive for our organisation is that WDP is able to implement schemes quickly. Recruitment and implementation of the scheme was the quickest in London and the figures for the first year reflect this.

We invested heavily in human resources. In the short term this could be one way to address the 'recruitment crisis' in the drugs field. When we tendered for the arrest referral service our strategy was to pay highly competitive salaries, to attract



Paul Townsley is the Chief Executive of Westminster Drug Project (WDP) and has worked in the drugs field for 10 years.

experienced drug workers and staff from other disciplines with transferable skills.

Our experience of partnership work has shown this pattern again and again. Like a group forming we start off full of good intentions. When problems arise (inevitably) processes are then tested out to find appropriate ways to build up honest and constructive communication.

Two cultures

In arrest referral we depend on the performance of our service commissioners (the police) as much as we rely on our staff. It is important to explore the relationship between the two work cultures.

The management cultures of drug agencies and the police are quite different. The police are hierarchical and decision-making is top-down. WDP is hierarchical but focuses on empowerment and consensus decision-making.

For the police as a whole there are three major negatives to work with:

- The arrest referral scheme occupies space in often already very cramped conditions.
- Funding is directly from the Metropolitan Police budget and the Home Office, when the police are clamouring for and not getting increased numbers of officers.
- Arrest referral requires an extra task of Custody Sergeants who are already over-burdened.

It is a credit to the Met as a whole that they have worked with arrest referral with such enthusiasm and good humour overall.

In such a large organisation it is unsurprising that we found support for change mixed at senior and lower levels in the police. Top-down management in the police means we found official support for arrest referral, but also resistance, which can be difficult to express and therefore work with in formal settings.

It is possible to think of every police officer as a service commissioner for arrest referral. It is unusual for commissioning to be so close to service delivery. As an organisation and as a team we have had to recognise the opportunities for careful communication and the importance

of diplomacy. Police at different levels asks each worker their view on how arrest referral is going on a daily basis.

Arrest referral workers

One of the continuing problems for the scheme is enriching the role of individual workers so they feel they are learning and developing while meeting the tight specification set out by the police.

The role requires very specific skills but offers little on-going client involvement. However it is not an entry-level post because workers need to do the complete task immediately and have excellent consensus building skills.

Arrest Referral is a very distinct role within drugs work. It will not suit everyone.

It is very important that these differences are highlighted and not downplayed during the recruitment process. The worker has to survive in a pressurised environment where they have to fit in.

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We give arrest referral workers relatively high financial rewards and recently looked at ways to make the job more rewarding. We have become more outcome focused rather than looking at maximum levels of cover and staffing. To maintain staff development and improve outcomes of the scheme we need to ensure staff get:

- quality training
- opportunities for individual and group supervision.

Staff working out of the office in isolation often identify with the police service rather than WDP. This provides potential for them to become disaffected from WDP and vice versa.

We have learnt that a team model, which maximises the potential for support from other workers and emphasises the link with WDP is essential.

Pleasing everybody

A very positive part of arrest referral is the involvement of many different agencies in making it a success.

We have learnt that it is important to establish who all the relevant stakeholders are, what they want to know and when and how they evaluate whether you are any good. Then devise the simplest way of collating this data to inform your service.

A major improvement has been a move away from a large variety of information requests from a number of different sources to a predictable calendar of review, which makes more use of the centrally collated Met information.

An essential development in the drugs field is greater focus on 'what works', backed up by statistical analysis. Managers of arrest referral must communicate the importance of this on a day-to-day basis. This has become easier as examples of information being used to improve and develop service provision start feeding through the system.

We have had to develop effective reviews of performance with the police and internally to ensure our arrest referral team meets targets.

Barriers to delivery

The jury on arrest referral is still out. A distinctive feature of Central London schemes is that they see clients from a wide and diverse area – not simply from the patch that is covered. There is a need for a Pan London approach to ensure access, linkage and follow through to treatment.

Arrest referral does not exist in isolation and is not an intervention that you stick into the system and it fixes everything. Rather it needs to link in at all levels of the criminal justice system – courts, prison acting as a bridge, link and a gatekeeper for services.

Arrest referral works best where there are close, often personal, links between the referrer and the provider. This cannot always be the case in London, therefore the overall perception of arrest referral is very important.

Workers have sometimes experienced refusal to give appointments to arrest referral clients. A cycle can be

created where agencies do not offer appointments 'because they don't turn up' so they don't turn up. Where agencies have been prepared to personally engage the client, to offer a named worker and time, outcomes have been as good as any other referral source.

It sometimes feels like we are caught in the wider debate about developing a strategy to reduce the problems caused by substance use. Nationally, the government strategy wants arrest referral to reduce crime – contacting individuals who primarily offend to fund drug use and getting them into treatment *quickly*. However for some in the drugs field there is an underlying suspicion of and, dare I say it, philosophical opposition to this strategy.

This is an important and difficult debate. Locally many organisations in both the statutory and voluntary sector have given us considerable support in developing services that are more immediately responsive to arrest referral clients. But there is an ongoing issue about how this debate is progressed and coordinated across London.

Arrest referral should provide a service that clients think invaluable, which helps to reduce their drug use and ultimately their levels of offending.

If we do this then arrest referral is a success.

Police and statutory funders are happy because their money pays for something that reduces crime and the problems drug use causes locally. Voters are happy because their community is safer and the harm from drug use is reduced. The drug user is happy because they get treatment which helps break the cycle of drug use and offending.

For arrest referral to reduce illicit drug use and offending we need to see drug users as customers. They will only use arrest referral schemes if they see intrinsic and extrinsic rewards in them – the worker needs to offer something to hook the client in. The arrest referral scheme needs to offer incentives to treatment intervention.

The motivation to change can be precarious in all of us; it does not help if a client's motivation is treated with suspicion because it comes from

an arrest referral context.

Overcoming barriers

We are trying the following incentives to make arrest referral attractive as a successful intervention:

- Quick access to medical treatment (within two weeks).
- Quick access to counselling interventions.
- Quick access to interventions for stimulant use.
- For arrestees with low tariff offences the arrest referral scheme can present engagement with treatment as a way of reducing their sentence at court.

The Metropolitan Police Service gave each borough an allocation of money towards treatment. Kensington and Chelsea, and Westminster have used it to set up a Criminal Justice Outreach Team at WDP, to link arrest referral and treatment services with staff to provide quick access to counselling.

In the next few months we are going to be pressing for the following changes:

- Arrest referral workers to become a part of custody teams.
- The workers able to offer offenders quick access to appropriate medical and therapeutic treatment they cannot access anywhere else.
- The workers have a link to courts and custody and other criminal justice orders such as DTTOs.
- Arrest referral aimed at

offenders such as shoplifters who are linked to drug use and to special police operations.

- For lower tariff offences incentives to access treatment offered at arrest referral and at court.

Working with the police to deliver arrest referral is an exciting challenge. There have been significant and highly valuable improvements in the understanding of these two cultures.

It is my view that any organisation that sets out to reduce the harm caused by illicit drug use in Britain must see this process as an important part of the solution.

As well as wanting to improve the scheme by making the changes described we learnt the following over the last year:

- Be clear that the service you deliver can meet the targets and outcomes expected.
- Invest in staff but ensure management and administration systems are sound, and ensure staff feel valued in the organisation and maximise job enrichment.
- Focus the service to meet the needs of arrestees – without their engagement the service is doomed.
- Make data collection as simple as possible to meet the needs of all stakeholders wherever possible.
- Make it clear that arrest referral is not a quick fix; it needs a fair opportunity to break the cycle of drug use and offending, and time to develop effective systems ■

Drugs Arrest Referral worker Liz Hamer and P.C. James Hart of Belgravia Police in the custody suite at Charing Cross Police Station

