Evaluation of Drug Interventions Programme pilots for children and young people:

arrest referral, drug testing and Drug Treatment and Testing Requirements

Matrix Research and Consultancy and Institute for Criminal Policy Research, Kings College

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Introduction

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 ten areas;
- on-charge drug testing of 14- to 17-year-olds under Section 5 of the Criminal Justice Act (CJA 2003) in ten areas; and
- Drug Treatment and Testing Requirements (DT(T)Rs) to be attached to Action Plan Orders and Supervision Orders under Section 279/Schedule 24 CJA 2003 (from December 2004 in five areas only).[1]

The aims of the interventions were initially to identify young people at risk of problematic drug use and refer them to appropriate programmes of help to:

- reduce substance misuse, particularly Class A drug use;[2]
- reduce substance misuse-related crime; and
- improve other life factors related to substance misuse/criminal behaviour.

Pilot sites were provided with guidance and support from the Home Office and, within parameters, were also given flexibility to develop their own approaches to implementation within their local context, particularly in relation to arrest referral.

This is the final report of the 18-month evaluation of the programme that began in April 2004. The evaluation was undertaken by Matrix Research and Consultancy (Matrix), in partnership with the Institute of Criminal Policy Research (ICPR) and a panel of experts.

Method

The main objectives of the evaluation were to:

- identify the number and characteristics of young people passing through arrest referral and drug testing, especially those testing positive for Class A drugs, using existing Home Office monitoring data;
- assess the links between arrest referral, drug testing and access to drug treatment and referral services;
- assess and facilitate the partnerships both within the youth justice system and with agencies outside the system;
- assess and attempt to explain the impact of drug testing and arrest referral in terms of reductions in harmful drug misuse, offending and improvements in other social/lifestyle issues; and
- assess the costs and benefits of the different models of the interventions.

The evaluation addressed four high-level questions about the three interventions piloted as part of the Drug Interventions Programme for Children and Young People.

- Should it work?

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[1] This provision allows for the inclusion (where appropriate) of a treatment and testing, or treatment requirement to an order. Testing cannot be attached to an order without an accompanying treatment requirement, although a treatment requirement does not have to be accompanied by a testing requirement.

[2] The Updated National Drug Strategy and the Every Child Matters outcome *Be Healthy* aim both use the term 'drugs' which refers to controlled drugs within the meaning of the Misuse of Drugs Act 1971. Reducing the use of these drugs by children and young people will often include broader education, assessment and intervention covering a range of substances, including alcohol and volatile substances. Early use of these substances is a recognised risk factor for problem drug use in later life.

- Can it work?
- Does it work?
- Is it worth it?

To enable these questions to be answered, the evaluation comprised four key strands: examining the underlying rationale for the programme; process and structure evaluation; impact analysis and a cost-benefit evaluation.

The research took place over ten sites and included stakeholder interviews, interviews with young people, analysis of monitoring data, analysis of Youth Offending Team (Yot) Asset data in pilot and comparator sites and analysis of cost data collected from various sources.

The evaluation comprised two distinct phases of field research. During the first phase, research was undertaken in all ten sites to review the development and early implementation of arrest referral and drug testing.[3] In the second phase, field research focused on the five sites that piloted DT(T)Rs. For the purpose of this report, research is reported only for the five sites involved in all parts of the evaluation. However, monitoring data were collected by the Home Office for all ten sites throughout the pilot; therefore, recommendations on the future of the interventions are considered in the light of data from all sites.

Key findings

Arrest referral

Overview

Across the five sites involved in the second phase of the evaluation, a total of 2,327 young people had contact with arrest referral between November 2003 and September 2005. Approximately eight out of ten of these were male. Almost two-thirds were between 15- and 17-years-old and the majority (61%) described themselves as White British. Many of the young people were not in full-time education; a fifth of 14- and 15-year-olds reported being excluded or truanting from school.

Offending patterns and prevalence of certain offences varied across sites. The young people had been arrested mainly for acquisitive crimes such as theft and burglary, although a minority were arrested for violence against the person/personal offence or for criminal damage. Offences under the Misuse of Drugs Act 1971 formed a low proportion of the arrests.

Young people in contact with arrest referral reported using a range of substances, the most common of which were cannabis (30%), tobacco (30%) and alcohol (23%). By comparison, the reported use of cocaine (4%), crack (1%) and heroin (1%) was low. The frequency of reported use of alcohol, tobacco and cannabis was high; over half of those who reported using each of these substances did so either daily or weekly.

Process

Generally arrest referral identified and addressed a broad range of issues beyond offending and substance misuse. It appeared to have most effect as an early intervention/prevention scheme, rather than solely as a scheme of use to those within the criminal justice system. Arrest referral was most effective in offering referrals for those who were not already in contact with services (that is, who were not 'known' to the system) and also for those who were at an early point in their substance misuse. It was also felt to offer an additional opportunity to increase access to treatment services, although there were variations across the sites.

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[3] Some findings likely to be of particular use to the sites were published after the first phase of field research (Matrix (2005) The Drug Interventions Programme for Children and Young People: early evaluation findings, Matrix: London).

In particular, the evaluation identified a number of key issues relating to the implementation of arrest referral.

- **Accommodation:** the physical location of arrest referral affected the working of schemes. Close physical proximity to other services improved communication and information sharing.
- **Staffing and role of arrest referral workers:** the role of the arrest referral worker included engaging young people, referring them to other services, delivering substance misuse education and performing some case management functions. The role was not always one of face-to-face interaction with the young person, but also included some child protection work.
- **Access to arrest referral:** access to arrest referral was not contingent on a drug test and across all sites a relatively small proportion of arrest referrals came from the drug testing process. The vast majority were from 'cell sweeps' or direct referrals from the police.
- **Screening and assessment:** arrest referral schemes conducted initial screenings and assessment. Different models of assessment were used, but the young person's holistic needs were usually included.
- **Referral:** issues that were felt to assist in making an effective referral included: developing a positive relationship with the young person; taking him or her to new services; emphasising to young people that referrals were not compulsory; not presenting young people with long-term plans too early; and allowing them to go along for an initial visit without committing themselves to a further intervention.
- **Scope of arrest referral:** over time, there was greater consistency of understanding as to the intended remit of arrest referral; however, there were some concerns that arrest referral might become an unofficial 'gap filler' for other services, a possibility that stakeholders did not view positively.
- **Partnerships and joint working:** schemes were generally well-integrated operationally with children's services and some were beginning to consider how they could strategically work in partnership, particularly in relation to the Every Child Matters agenda. Initial challenges experienced in partnership working with Yots (for those arrest referral services that were not provided by a Yot) were resolved once roles were clearly defined.
- **Information flows and communication:** the police, arrest referral services and Yots were the three key agencies that needed to share information. Levels of formality in information sharing differed between sites.
- **Involvement of parents and carers:** the demand for parental and carer support was reported to be apparent and some schemes provided parental and carer support, with one scheme having a dedicated parent /carer worker.
- **Performance management and monitoring:** some schemes developed their own databases and data monitoring systems, and the Drug Action Team (DAT) had a performance management role in nearly all sites. The Home Office also collected monitoring data, and Government Offices also played a performance management role.

Impact

Arrest referral is expected to impact young people's offending through improving their access to relevant support services and reducing their risk of offending. Due to limitations of the research design (see Appendix B for a discussion of the research design) and the availability of data, it is difficult to arrive at conclusions about the change in young people's behaviour after arrest referral. However, the following findings have emerged.

- There was no change in the services young people access after arrest referral.
- Patterns of offending risk and substance misuse in the pilot sample broadly matched that observed in the comparator sample. The only exceptions to this were an

increased risk of offending due to accommodation status and a reduction in alcohol use in the pilot sample.[4]

- No change in offending was identified. However, this would be expected given the short time frame of the evaluation.

Cost

A number of key findings emerged from the analysis of the costs of arrest referral:

- The cost of setting up an arrest referral scheme ranged from about £25,000 to around £225,000. Much of the variance in set-up costs was explained by different investments in premises.
- The cost of the first year of running an arrest referral scheme ranged from around £90,000 to about £450,000. Much of this variance was explained by different premises costs, different throughputs of young people and the different number of sessions undertaken with each young person.
- The cost of each young person contacted varied from about £250 to around £1225.
- The cost of each session undertaken with a young person varied from around £220 to about £600.

Only a small reduction of offences was necessary in order for arrest referral to be beneficial (from 0.29 thefts per person in Site 2 to 1.41 in Site 3).

Drug testing

Overview

Approximately 1,500 individuals were tested 2,000 times between August 2004 and October 2005 across five sites, with the vast majority being tested only once. Eighty-five per cent of those tested were male and 71 per cent were described as being White European. The most common offences that young people were arrested for and that led to drug tests after charge were the trigger offences of theft, burglary and robbery.

Very few of the young people tested after charge were found to have used Class A substances, with approximately five per cent testing positive.[5] A higher proportion of those who tested positive were female and older (10% of 17-year-olds compared to 3% of 14-year-olds).

Process

Early findings suggest that drug testing for 14- to 17-year-olds improved access to substance misuse and other services only when combined with effective arrest referral.

Key issues related to the implementation of drug testing included the following.

- **Drug testing process:** drug testing appeared to become integrated into the police custody procedures during the course of the pilot. Very few young people refused to be tested and those who did were charged with the offence of failing to provide a sample.
- **Child protection:** in cases of immediate risk, child protection procedures were generally similar across schemes, although the processes of balancing the issue of parental notification of test results with potential child protection issues were different across schemes. No evidence was found of any cases where a positive drug test for specified Class A substances had exposed further issues leading to a child protection case.

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[4] The treatment group had a statistically significant greater increase in their risk of offending due to accommodation status (asset accommodation score) relative to the comparator group after the intervention.

[5] When Class A drugs are referred to in this report they are cocaine, crack and opiates unless otherwise stated

- **Information flows and communication:** steering groups were the key to effective communication between partners.
- **Involvement of parent and carers:** some concerns raised at the beginning, such as communicating positive results to parents, had not materialised; however, this may be due to the small number of positive tests.
- **Training:** differing levels of training were provided across sites; however, the core training for police drug testers continued to focus on the 'mechanics' of the testing process rather than on the broader issues of working with young people.
- **Partnership and joint working:** there were limited data with regards to partnership working for drug testing. Across the schemes, there were differing levels of engagement with partners as well as views regarding the extent to which drug testing should be integrated with children's services.
- **Performance management and monitoring:** drug testing was monitored by sites for performance management purposes, which included looking at compliance (the eligible individuals tested), the use of inspector's discretion and the profile of those tested.

Impact

Due to limitations of the research design and the availability of data it was difficult to arrive at conclusions about the change in young people's behaviour after drug testing. Analysis of data from Asset[6] showed that very few young people used Class A drugs in either the pilot or comparator areas, and the drug use patterns after drug testing in the pilot area did not vary significantly from that observed in the comparator areas.

Cost

The following key findings emerged from the analysis of the economic cost of drug testing.

- Set-up ranged from about £7,000 in Site 2 to around £35,000 in Site 3.
- Running costs ranged from around £10,000 in Site 2 to about £44,000 in Site 3.
- The unit cost of a drug test ranged from £57 in Site 3 to £121 in Site 4.
- The unit cost of positive tests ranged from £1,219 in Site 1 to £2,431 in Site 2, reflecting the low proportion of tests that were positive.

Drug Treatment and Testing Requirements

Overview

Drug Treatment and Testing Requirements became an available sentencing option on 1 December 2004. Between December 2004 and November 2005, 11 DT(T)Rs were given across the five sites.

Process

Findings from set-up and very early implementation suggest that local stakeholders perceive DT(T)Rs as a tool to improve access to substance misuse services. The number of DT(T)Rs made was extremely small. This may be partly explained by the newness of the option and the relative lack of awareness or understanding amongst some local stakeholders. It is also the case that not all young people being sentenced require the rigours of an ongoing treatment and testing programme.

Impact

It was not possible to examine the impact of DT(T)R as it was implemented after phase one of the evaluation and the number of DT(T)Rs made was very small.

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[6] Asset is a structured assessment tool used by Yots with all young offenders who come into contact with the Criminal Justice System.

Given that there was little activity on DT(T)Rs, and the fact that the nature of DT(T)Rs varied from case to case, it is difficult to derive any meaningful conclusions from the analysis undertaken. A longer period of DT(T)R activity is required in the sites before meaningful cost and unit cost figures can be produced. In terms of the different agency contributions to the delivery of the DT(T)R in most sites the Yot provided the majority of these resources.

Conclusion and recommendations

On the basis of the evidence in this report, the following recommendations for the future roll-out of each element of the Drug Interventions Programme for Children and Young People were made.

Arrest referral

There is sufficient evidence in this evaluation report to support wider roll-out of arrest referral subject to a number of implementation issues identified during this evaluation being addressed. This evidence is summarised below.

Should it work?	There is a clear rationale underpinning arrest referral, particularly its contribution to early identification of need, referral to substance misuse services and referral to non-substance misuse services.
Can it work?	- Arrest referral has been implemented in a number of sites. - The local stakeholder response to arrest referral has generally been favourable and instances of effective practice relating to different elements of the arrest referral process have been identified, although referral levels across sites have varied widely. - There are at least two models of arrest referral ('referral' and 'case management') and benefits were observed for both models.
Does it work?	- Limitations in the design of the impact analysis have prevented any clear conclusions regarding the effect of arrest referral. - Qualitative interviews with young people receiving services and practitioners delivering services have generally identified positive benefits for young people in contact with arrest referral. While these findings cannot be generalised, the benefits identified have been consistent between sites and across interviews and, generally, these interviews have not identified negative outcomes.
Is it worth it?	The economic costs of a process of contact and an individual meeting with a young person have been identified and the cost difference between a referral model and a case management model highlighted.

Drug testing

There is insufficient evidence in this evaluation report to support wider roll-out of drug testing. The evidence is summarised below.

Should it work?	There is not a strong or consistent rationale to describe how drug testing will achieve outcomes.
Can it work?	- Drug testing has been successfully implemented in ten sites. - There has been a very low proportion of positive tests. - Stakeholder response to drug testing has been mixed. - Drug testing has generally not been well integrated with arrest referral programmes.
Does it work?	Limitations in the design of the impact analysis have prevented any clear conclusions regarding impact.[7]
Is it worth it?	The economic cost of a test has been identified.

DT(T)Rs

Due to the early point at which it has been evaluated there is insufficient evidence in this evaluation report to support wider roll-out of DT(T)Rs. However, the fieldwork suggests that the low throughputs may be partly due to lack of awareness and understanding of DT(T)Rs among some local stakeholders, but also this was in line with expectations based on the predicted number of young people who would require such a rigorous sentencing option to address their substance misuse. This would suggest that the management of the DT(T)Rs needs to be accompanied by a clear communication strategy aimed at addressing weakness in people's understanding of the intervention, and also clarity about the young people who might benefit most from this.

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[7] See Appendix B for a full discussion of the methodology

1. Introduction

Background

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 from 2003 onwards to pilot three interventions, as shown in Table 1.1.

Table 1.1: Summary of the interventions piloted as part of the Drug Interventions Programme for Children and Young People

Intervention	Implementation date	Number of pilot sites
Arrest referral schemes for children and young people (10- to 17-year-olds)	All operational from August 2004, but some were operational in 2003	10
On-charge drug testing of 14- to 17-year-olds under Section 5 Criminal Justice Act (CJA 2003)	All operational from August 2004	10
Drug Treatment and Testing Requirements (DT(T)Rs) to be attached to Action Plan Orders and Supervision Orders under Section 279/Schedule 24 CJA 2003	All operational from December 2004	5

Statutory powers to test young people at the pre-sentence stage and while on licence also exist under the CJA 2003 but were not enacted during the evaluation period.

The aims for the interventions were initially to identify young people at risk of problematic drug use and refer them to appropriate programmes of help to:

- reduce substance misuse, particularly Class A drug use;
- reduce drug-related crime; and
- improve other life factors related to their drug use/criminal behaviour.

Pilot sites were provided with guidance and support from the Home Office but, within parameters, were also given flexibility to develop their own approaches to implementation, particularly in relation to arrest referral.

Context

The Drug Interventions Programme for Children and Young People was conceived and developed against the backdrop of an existing research and policy base.

Research context

Research shows that the relationship between offending and substance misuse amongst young people is complex, and there is little evidence that there is a causal mechanism.

- Very few young people have a physical drug dependency. Therefore, young people may commit crimes to purchase drugs not due to dependence but because drugs are amongst the relatively expensive things they want and cannot easily afford via legitimate means (Hammersley, Marsland & Reid, 2003).
- A high proportion of young people involved in persistent offending have problems related to misuse of more serious drugs (heroin, crack, cocaine and methadone) and alcohol (Flood-Page *et al.*, 2000).

- Conversely, it has been found that use of 'addictive type' drugs (heroin, methadone, crack cocaine and Diazepam) do not drive young people's offending. There is evidence to suggest that more socially acceptable substances (alcohol, cannabis and tobacco) predict offending among young people more than the use of other drugs (Hammersley, Marsland & Reid, 2003).
- Different offences are associated with different profiles of drug use (Flood-Page *et al.*, 2000).

A number of common risk factors underlie both substance misuse and other offending behaviour, including a disrupted family background, low parental supervision, having difficulties at school, a lack of positive coping mechanisms, associating with offending peers, having been in care, having been abused, and high levels of loss (Youth Justice Trust, 2004).

A young person's substance misuse has been found to have profoundly negative affects on the dynamics and functioning of most families. Parents have linked deterioration in their physical and psychological health to the stresses of living with their child's drug problem and the resulting conflict between the family. In addition, research has found an increased likelihood that younger siblings would misuse substances themselves (Joseph Rowntree Foundation, 2005).

Policy context

Children and Young People's agenda

Key policy developments in the Children and Young People agendas, focusing particularly on the agenda for increased integration of children's services, are as follows.

Every Child Matters: Change for Children
The Every Child Matters: Change for Children agenda places increased priority on tackling young people's substance misuse problems and offending, particularly among vulnerable children and young people (Department for Education and Skills, 2004).
Every Child Matters: Change for Children: Young People and Drugs
A joint plan was published to support the integration of young people's substance misuse services and Every Child Matters. The approach has three main objectives: reforming delivery and strengthening accountability; ensuring provision is built around the needs of vulnerable children and young people; and building service and workforce capacity (Department for Education and Skills, 2005a).
Youth Matters: re-shaping services for young people
In July 2005 the Government published the Green Paper *Youth Matters*, building on Every Child Matters in considering the structure of services to be delivered to young people. Under *Youth Matters*, local partners will need to determine the balance between targeted and universal support, with clear roles for the different services that will be working with young people (Department for Education and Skills, 2005b).
Transitions: re-shaping services for young people
In November 2005 the Social Exclusion Unit published a report into the complex needs of young people. The report proposed alterations to services for 16- to 25-year-olds with multiple needs and included 27 action points emphasising the need for 'vertical integration' of adolescent and adult services, and including a 'blurring' of the age boundaries that can determine eligibility for services (Social Exclusion Unit, 2005).

Criminal justice agenda:

Key criminal justice policies or interventions that provide context for the pilots are as follows.

Adult Drug Interventions Programme
The adult Drug Interventions Programme was launched in April 2003 with the explicit aim of "reducing drug-related crime by accessing more drug misusing offenders… getting them into treatment, retaining them in treatment and supporting them through and after treatment and sentences" (Home Office, 2004) through drug testing for those over the age of 18, conditional cautioning, wider use of Drug Treatment and Testing Orders (now Drug Rehabilitation Requirements), restriction on bail pilots, throughcare and aftercare, and criminal justice-integrated teams. There are key differences between the Drug Interventions Programme for adults and that for young people. The Home Office has worked with the Youth Justice Board (YJB) and other partners to ensure that all its interventions are child-centred and in line with Every Child Matters. Further, it is recognised that patterns of substance misuse in children and young people differ from that of adults and this is shown in the implementation and delivery of the pilot.
The Resettlement and Aftercare Programme (RAP)
The Resettlement and Aftercare Programme was established in 58 Yot areas, including the five sites that implemented all three elements of the Drug Intervention Programme for Children and Young People. RAP engages young people while in custody and in the community, provides a high level of support during the community part of their Detention and Training Orders, and provides up to six months' support after their community or custodial sentences (including DT(T)Rs).
Other criminal justice agendas
Other criminal justice policy agendas relevant to the context in which the Drug Interventions Programme for Children and Young People operates include: the 'Prevent and Deter' element of the Prolific and Priority Offenders policy; the imminent Youth Justice Bill and the Police Service youth strategy "It's never too early…it's never too late" (Association of Chief Police Officers, 2001).

Methodology

Evaluation framework

The evaluation took a theory-led approach that addressed four questions (adapted from Haynes, B, 1999).

- **Should it work?** What is the underlying theory of change or rationale that supports the use of drug testing and arrest referral as a means of reducing crime and substance misuse for young offenders and how does this develop as the pilots gain experience of the intervention?
- **Can it work?** How is the intervention implemented in terms of the operational processes employed and the management and partnership structures and does this mediate or mitigate the potential effectiveness of the intervention?
- **Does it work?** What evidence is there that behaviour has changed as a result of the intervention and can this be quantified in a rigorous and unbiased way?
- **Is it worth it?** What do we know about the direct, indirect and levered-in costs of the intervention and how does this compare with funding levels, alternative strategies and, where possible, the effect on the public purse and to wider society of the benefits delivered in terms of reduced offending and substance misuse?

For these questions to be answered, the evaluation comprised four key strands. Each strand is summarised in the box below and then discussed more fully. Additional information about the methodological approach can be found in Appendix B.

Evaluation strand	Research question	Methods
Programme rationale	Should it work?	• Literature review • Interviews with strategic personnel
Process and structure evaluation	Can it work?	• Process and structure interviews • Monitoring data • Interviews with young people
Impact analysis	Does it work?	• Measuring change in substance misuse and risk of offending in pilot and comparator sites • Measuring change in offending and referral to and access of services in pilot sites
Cost benefit evaluation	Is it worth it?	• Cost interviews • Analysis of equipment, funding and analysis costs collected from Home Office and Cozart.[8]

The evaluation comprised two distinct phases of field research. During the first phase (April 2004 to November 2004), research was undertaken in all ten sites to review the development and early implementation of arrest referral and drug testing. In the second phase (December 2004 to November 2005), field research focused on the five sites that piloted DT(T)Rs on the basis that potential learning about the implementation of all elements of the programme would be greatest in these areas.

For the purpose of this report, research is reported only for the five sites involved in all parts of the evaluation. However, monitoring data were collected by the Home Office for all ten sites throughout the pilot; therefore, policy recommendations on the future of the interventions are considered in the light of data from all sites.[9]

Programme rationale

At the start of the evaluation the programme rationale was examined and a number of different rationales were identified through analysis of literature and guidance produced by the Home Office, interviews with strategic personnel involved in the development of the interventions and discussion with the evaluation consortium.

The concept of 'theories of change' was used to examine the programme rationale. These theories of change mean:

- understanding the underlying thinking about how the interventions are expected to work, both nationally and locally;
- understanding the process by which resources (inputs) lead to results (outputs) and affect young people and others (outcomes); and
- unpicking the processes between the intervention and any impact it may have, so one can learn what is needed to replicate the effect elsewhere (or whether the effect is specific to local circumstances).

The researchers used the rationales they developed through the theories of change work to:

- understand what it is that the interventions are expected to change;
- understand the expectations with which interventions are being implemented in practice; and
- identify what must be measured and analysed to evaluate whether the expected changes are taking place (answering the question "does it work?").

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[8] Cozart is the medical diagnostics company that supplied the portable on-site testing devices used for the drug testing on charge pilot.
[9] The Home Office is indebted to all sites for their ongoing data monitoring.

Process and structure

Process and structure interviews

During the first wave of the fieldwork, face-to-face interviews took place in all ten sites with key operational and strategic stakeholders involved in arrest referral and drug testing. A number of organisations were therefore represented, including the Home Office, Government Offices, National Treatment Agency, Drug Action Teams, Youth Offending Teams and voluntary organisations. During the second wave of field research many of these individuals were revisited. In addition, further interviews were undertaken with stakeholders involved in the development and implementation of DT(T)Rs. A total of 147 interviews took place with local stakeholders.

Young people interviews

Thirty-eight young people involved in arrest referral were interviewed at least once across the five sites. Many of the young people were then followed up once or twice throughout the evaluation. In a small number of the interviews, the arrest referral worker or young person's parent was present, which may have encouraged the young person to talk as there was a familiar face present; however, it may also have caused a bias to the answers given.

A few of the young people had been drug tested, which enabled the evaluation team to explore their experiences with this intervention.

Monitoring data

The drug testing monitoring data were collected for the same time frame for all the sites and ran from August 2004 to September 2005. The arrest referral data started at different points depending upon when the sites started seeing clients. For instance, one site started arrest referral in November 2003, before the pilot formally started in August 2004. Some sites provided their first data in August 2004. The data collection for all the sites finished at the end of September 2005.

The Home Office collected monitoring data for both arrest referral and drug testing, all of which were analysed by the evaluation team. This information also contributed to performance management of the pilots. Before analysis occurred, the data were cleaned to ensure data had been entered correctly. For arrest referral data, this was completed by the evaluation team, and for drug testing and DT(T)R data this was conducted by the Home Office.

It is important to recognise that data collected from sites were subject to variable collection practices and must, therefore, be interpreted with caution.

Impact analysis

The analysis of the impact distinguished between the impact of the arrest referral and drug testing interventions. The analysis of the impact of drug testing focused on the change in substance misuse. The analysis of the impact of arrest referral was organised around the causal mechanism through which arrest referral was expected to affect the behaviour of young people. The causal mechanism is:

- arrest referral improves referral to and access of services;
- access to services, reduces the risk of offending and substance misuse; and
- improving the factors that influence a young person's risk of offending will reduce the chances that a young person would reoffend.

Restrictions on the research design and the availability of data meant that several different research designs and combinations of data were used to undertake different elements of the analysis.

- Young people's referral to and access of services was measured by adding questions to the monitoring data in two of the pilot sites. This allowed a before-after measure of the offending risks of young people and their referral to and access of services.
- Risk of offending and substance misuse was measured before and after the drug testing or arrest referral interventions in five pilot sites and five comparator sites using data from the Asset core profile dataset (for more information on Asset see Appendix B).
- Offending was measured using police arrest and charge data collected in the two sites where the monitoring data were enhanced.

A number of key potential biases in the data need to be acknowledged:

- The analysis of service referral, access and offending was based on a before-after research design. In the context of the dynamic lives of the young people receiving arrest referral, a before-after research design was an imperfect measure of the counterfactual (what would have happened in the absence of arrest referral?).
- The use of the Asset dataset potentially introduces a sample bias into the analysis, as it is available only for young people who have already been in contact with the Yot.
- Self-reported service referral and access is susceptible to recall bias.

Cost-benefit evaluation

The purpose of the analysis was to collect a detailed picture of resources used in the Drug Interventions Programme for Children and Young People: arrest referral, drug testing, and DT(T)Rs.[10] The cost data collection focused on the costs incurred directly implementing the Drug Interventions Programme for Children and Young People, due to the difficulty in collecting data on the costs incurred or saved as a result of the intervention by other agencies.

Interviews were undertaken with project managers in ten sites in the first phase (August – September 2004) and five in the second (September–October 2005). The purpose of the interviews was to determine scheme inputs and advise on the time commitments of different staff members. The results of these interviews were validated against the results of interviews with key workers. Data collected from the interviews were supplemented by data from Cozart on the costs of their drug testing equipment and services, and data from the Home Office on the funding the sites received and the cost of Forensic Science Service (FSS) analysis in relation to disputed tests and tests where medication was declared.

Structure of the report

Following this introduction, the report has the following structure:

- Chapter 2:   Programme rationale;
- Chapter 3:   Arrest referral;
- Chapter 4:   Drug testing;
- Chapter 5:   DT(T)R;
- Chapter 6:   Integration of the Children and Young People's Drug Intervention Programme;
- Chapter 7:   Conclusion.

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[10] The economic appraisal set out the revised guidance from H M Treasury (2002).

2.   Programme rationale

Initial rationales

Using the theories of change methodology rationales were developed for all three interventions. From these, the key rationales behind the programme were identified.

Rationale	Definition
Identifying new risks/needs	This rationale intends to capture the role interventions can have in identifying a young person's risks and needs. The added value of the interventions will be their ability to identify those issues that had not previously been picked up by other means, in particular early identification to prevent escalation in risk factors and support needs that are linked to drug use and offending.
Improved access to substance misuse services	This rationale intends to capture the role interventions have in improving young people's access to substance misuse services. The added value will come from young people accessing substance misuse services that they otherwise would not have done at that point in time.
Improved access to other services	This rationale intends to capture the role interventions have in improving young people's access to other services (such as social services, education services, counselling, mental health services, mentoring, housing support) to meet their identified needs. Again, the added value of the interventions will come from young people accessing services that they otherwise would not have done at that point in time.
Deterrence	This rationale hypothesises that the interventions themselves will have a deterrent effect on substance use. This may be directly or through a young person's understanding of how the information could be used in criminal justice proceedings.
Rehabilitative effect	This rationale is based on the idea that the interventions could have an effect on the young person's motivation, goals and sense of self-control towards their substance use, and that they can affect how a young person defines himself or herself in relation to substance use.
Punitive effect	This rationale most directly recognises that an intervention could be experienced as a punishment or have a punitive effect.
Improved case management	This rationale is based on the idea that arrest referral could improve the co-ordination of work with a young person.
Information and intelligence	This rationale is based on the idea that drug testing and arrest referral may be used by the pilot sites to gather information and intelligence regarding substance misuse within their locality.

During the first phase of the field research these rationales were tested for arrest referral and drug testing. From this initial research, it became clear that certain rationales were more dominant than others for each of the interventions. The dominant rationales were therefore explored in greater depth in the second phase of the field research. For DT(T)R, there was only one phase of research, therefore the findings outlined are for all rationales.

Arrest referral

The dominant rationales for arrest referral are listed below.

Rationale	Findings
Identifying new risks/needs	The ability to identify new risks and needs remained one of the strongest rationales for how arrest referral was expected to work. The rationale was expected to identify young people's needs in relation to a wide range of issues, not just substance misuse. During set-up and early implementation the sites believed that arrest referral was targeting young people early enough to be considered an early intervention in relation to their contact with the youth justice system. This view was supported during mainstream implementation of the Programme.
Improved access to substance misuse services	Improving access to substance misuse services was identified as a potential role for arrest referral by all sites, although not as one of the most dominant of the remaining theories. Arrest referral provided an additional structure and opportunity to engage young people in substance misuse services and to increase awareness of services.
Improved access to other services	Improved access to other services continued to be a dominant rationale for arrest referral, with many stakeholders describing the role of arrest referral as looking at young people's lives holistically, not only focusing on substance misuse issues but on seeking to meet a wide range of needs. However, there were variations between the sites in the focus of this rationale in operation.
Rehabilitative effect	The ability of arrest referral to have a rehabilitative effect remained a weaker rationale. Stakeholders described the complexity of young people's needs, combined with the relatively short-term nature and remit of arrest referral intervention, as making it unlikely that the intervention on its own would have a significant rehabilitative effect. However, sites did identify that arrest referral could start young people on a process of rehabilitation.
Information and intelligence	The use of anonymised information and intelligence generated through arrest referral schemes was a weaker rationale during set-up and early implementation and remained so during mainstream implementation. However, there was evidence of anonymised information being used to inform commissioning, identify gaps in service provision and help provide information on incidence and prevalence of behaviours.

Drug testing

The dominant rationales for drug testing were:

Rationale	Finding
Identifying new risks/needs	Overall this was a weak rationale during mainstream implementation for drug testing, with stakeholders highlighting that the young people testing positive were often already known to services.
Improved access to substance misuse services	Generally this rationale was felt to be weak in the second phase due to the small numbers of young people identified through drug testing as using substances. Drug testing was described as providing a formal structure to hand out information to young people but this was through links with arrest referral services.
Improved access to other services	During mainstream implementation there was no firm evidence that drug testing was expected to work by improving young people's access to other services. The only real point of access described was through the testing situation triggering engagement with arrest referral, which could subsequently lead to access to other services.
Information and intelligence	In most sites the view was that drug testing had been useful as evidence to confirm the perceived low levels of Class A drug use among young people. Anonymised drug testing data in some sites were fed into broader information gathering. However, it was recognised that the relatively low numbers of young people tested limited the usefulness of the data.

DT(T)Rs

As outlined below, the two dominant theories and associated rationales for DT(T)Rs appeared to be 'improved access to substance misuse services' and 'rehabilitation'. The findings from the theories of change for DT(T)Rs are shown below.

Rationale	Finding
Identifying new risks/needs	In the main this intervention was not expected to work by identifying new risks and needs. Sites described how Asset assessments or drug testing at charge would identify risks and needs, although it was felt that testing identified additional needs only when accompanied by further assessment. However, the view was expressed that a young person might disclose new issues through the relationship they develop with the worker.
Improved access to substance misuse services	This was a rationale for how DT(T)Rs were expected to work. Stakeholders described expecting improvements in engaging young people in treatment and the more formalised requirement improving their attendance and co-operation. However, it was noted by some stakeholders that local service provision was already accessible and that the intervention would not provide a point of access into services that could not have been found in its absence.
Improved access to other services	Most sites felt that the intervention would not improve access to other services as these needs would be addressed elsewhere, with existing routes into services. However, stakeholders in some sites saw the intervention as addressing broader needs through links to RAP.
Deterrence	There was limited support for the view that the intervention would have a deterrent effect on young people using substances.
Rehabilitative effect	This was a rationale with some weight, with some stakeholders believing that the regular contact and support offered through treatment would be rehabilitative and that the underlying philosophy was rehabilitation. The importance of trusting relationships between workers and the young people was described as central to achieving a rehabilitative effect. This theory was also felt to work by encouraging young people into treatment. However, some stakeholders also perceived that the coercive nature of the intervention (attached to a criminal justice sanction) would limit the rehabilitative effect.
Punitive effect	Views on the experience of the intervention as punishment were mixed. Some felt young people would experience punishment through restrictions on their liberty and the time consumed by attending appointments, whereas others felt that the intervention was purely rehabilitative in its aims.
Improved case management	It was noted that improved case management would be central to the working of the intervention. However, some sites noted that this was an approach to joint working that currently existed.
Alternative to custody[11]	There were mixed views as to whether the intervention would act as an alternative to custody. Some felt this was unlikely as courts would sentence to custody for punitive reasons and to a DT(T)R for rehabilitation. Legal representatives in some sites felt that the intervention was more likely to be used as an alternative to custody if the testing requirement was included.

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[11] For DT(T)R, the theory that it could be an alternative to custody was explored. The theory of 'information and intelligence' was not felt to be an important theory to explore for DT(T)R.

3.   Arrest referral

Overview

The majority of information in this section relates to the five sites that were involved in all stages of the evaluation. The organisational structure of the five sites is shown below.

Site	Organisational location	Physical location	No. of workers
One	Social Services	Multi agency building more centrally located than accommodation during the first wave of the evaluation (since July 2005). Workers meet with young people in various locations, out of the office in the vast majority of cases.	2 arrest referral workers & 1 manager
Two	Yot	Offices based in Yot building, although not the main Yot building as was the case in wave 1. Young people are usually seen at home or sometimes in an informal community setting.	2 arrest referral workers, 1 parent worker & 1 manager
Three	Local Authority Youth Services	As at wave 1, arrest referral is part of larger 'drop in' premises shared with other youth services.	7 arrest referral workers
Four	Non-statutory sector provider	As at wave 1 the scheme shares an office with the adult Drug Interventions Programme. Young people are seen in the police station, at an agency they are referred to, at Connexions offices and occasionally in informal community settings.	2 arrest referral workers and a team leader
Five	Non-statutory sector provider	At wave 1 no premises existed within the area and the provider head office was used (not in area). Premises in the area were available from November 2004, in the same building as the Yot.	4 full time positions

Profile of young people

This section profiles the young people in contact with arrest referral in the five sites that have been the focus of the implementation phase of the evaluation. A contact is defined as '*a meaningful conversation'. This may be face-to-face or by telephone/text. A contact may not necessarily result in the engagement of that child or young person with the arrest referral scheme. If, following a meaningful conversation, the child or young person declines to engage, you should complete as much of the monitoring form as you are able to.*"[12]

Most of the data in this section are drawn from monitoring data gathered by the sites and compiled by the Home Office. Matrix has undertaken subsequent analysis of this data to present the data set out in this section. It is important to note that the data are based on contacts with arrest referral workers, with a new set of data being gathered for every new contact, although not for further interaction between the arrest referral worker and the young person resulting from that contact.

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[12] Home Office (2004) *Completing the Children and Young People's Arrest Referral Monitoring Form: - Supplementary Guidance* (September 04), London: Home Office

Table 3.1 shows that of the 2,327 individuals who had contact with the arrest referral schemes the vast majority (86%) had only one initial contact.

Table 3.1: Number of initial arrest referral contacts per individual

Number of initial contacts	Number of individuals	%
1	2,047	86
2	190	9
3	53	3
4	17	1
5	11	<1
6	4	<1
7	3	<1
8	1	<1
9	-	0
10	1	<1
Total number of contacts	**2,772**	
Total number of individuals	**2,327**	

Note: <1=less than 0.5%

The majority of the young people accessing arrest referral were male (82%) and aged between 14 and 17 years old (78%) (Table 3.2).

Table 3.2: Age and gender of individuals accessing arrest referral

Age	Gender				Total	
	Male		Female			
	No.	%	No.	%	No.	%
9	2	<1	-	0	2	<1
10	15	<1	-	0	15	<1
11	24	1	5	1	29	1
12	80	4	14	3	94	4
13	118	6	34	8	152	7
14	244	13	68	17	312	13
15	335	17	84	21	419	18
16	452	24	94	23	546	23
17	445	23	86	21	531	23
18	203	11	24	6	227	10
Total	**1,918**	**100**	**409**	**100**	**2,327**	**100**

Note: <1=less than 0.5%

Over the five sites, the majority of young people who had contact with arrest referral described themselves as White British (61%). The profile of young people in contact with arrest referral in Site 5 was much more diverse than for the other sites. While this is likely to be partially a reflection of the ethnically diverse nature of the locality in which the site is located, it might also partially reflect that the Service Level Agreement entered into with the arrest referral provider in Site 5 explicitly referred to working with certain Black and Minority Ethnic groups (Table A3.1 in Appendix A).

Across the five sites, the main offences that young people had been arrested for were theft (18%), burglary (12%), violence against the person (11%), criminal damage (11%), and obtaining property illegally/handling stolen goods (10%). This pattern generally held for the individual sites (Table 3.3).

Table 3.3: Offences for which young people are arrested by site

	Offence	Site 1		Site 2		Site 3		Site 4		Site 5		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Trigger offence	**Theft**	43	10	92	24	80	14	196	24	128	16	**539**	**18**
	Robbery	28	6	5	1	56	9	35	4	130	16	**254**	**8**
	Burglary	91	21	30	8	90	15	92	11	72	9	**375**	**12**
	Obtaining property illegally or handling stolen goods	57	13	27	7	42	7	111	14	74	9	**311**	**10**
	Going equipped	4	<1	2	<1	12	2	10	1	17	2	**45**	**1**
	Production and supply of controlled drug	-	0	-	0	-	0	3	<1	3	<1	**6**	**<1**
	Possession of controlled drug	8	2	12	3	9	2	18	2	28	4	**75**	**2**
	Possession of controlled drug with intent to supply	2	<1	1	<1	6	<1	5	<1	12	2	**26**	**1**
	Begging/Public Order	28	6	18	5	17	3	30	4	15	2	**108**	**4**
Non-trigger offence	**Violence against person/personal offence**	55	13	48	13	73	12	57	7	86	11	**319**	**11**
	Criminal damage	44	10	74	19	61	10	84	10	61	8	**324**	**11**
	Anti-social behaviour	3	<1	3	<1	3	<1	2	<1	1	<1	**12**	**<1**
	Arson	1	<1	3	<1	15	3	7	<1	6	<1	**32**	**1**
	Not arrested	3	<1	46	12	-	0	20	2	1	<1	**70**	**2**
	Other	67	15	21	5	126	21	136	17	157	20	**507**	**17**
	Unknown	-	0	-	0	-	0	-	0	-	0	**0**	**0**
	Total	**434**	**100**	**382**	**100**	**590**	**100**	**806**	**100**	**791**	**100**	**3,003**	**100**

Note: <1=less than 0.5%

The young people in contact with arrest referral reported using a range of substances (Table 3.4). The vast majority of substance misuse reported by young people to their arrest referral officers involved cannabis (30%), tobacco (30%) and alcohol (23%). By comparison, the reported use of cocaine (4%), crack (1%) and heroin (1%) was much lower. The frequency of reported use of alcohol, tobacco and cannabis was high, with over half of those reporting use of each of these substances either daily or weekly. This was also the case for heroin users, with 15 of the 31 reporting daily use.

Table 3.4: Frequency of substance use by the number of substances recorded

Type of substance	Frequency					Total
	Daily	Weekly	Monthly	Less frequently than monthly	Unknown	
Alcohol	61	220	52	109	71	513
Tobacco	481	35	6	33	97	652
Cannabis	268	164	29	98	91	650
Ecstasy	1	16	10	48	23	98
Cocaine	10	16	5	31	27	89
Crack	3	4	1	17	2	27
Heroin	15	7	-	6	3	31
Methadone	3	1	-	1	-	5
Amphetamines	1	8	8	30	6	53
Poppers	-	2	1	20	6	29
GHB	-	0	-	4	-	4
Hallucinogenics	1	0	3	19	2	25
Tranquillisers	-	1	-	-	-	1
Volatile substances	2	1	-	4	3	10
Other	1	2	-	1	2	6
Total	**847**	**477**	**115**	**421**	**333**	**2,193**

Age of first substance use was also asked about and found that generally the reported age of first use for alcohol, tobacco and cannabis was younger than for other substances (Table A3.2)

A relatively high number of the young people in contact with arrest referral were not in full-time (FT) education. Overall, around a fifth of 14 and 15 year olds reported being excluded or truanting from school or pupil referral units (PRUs) (Table 3.5).

Table 3.5: Education status by age per contact

Education status	Age									Total
	9	10	11	12	13	14	15	16	17	
In FT education (no.)	2	18	43	91	150	215	247	168	87	1021
In FT education (%)	100	67	80	64	58	50	41	24	15	37
In FT education but excluded or truanting (no.)	-	1	2	18	34	76	104	50	16	301
In FT education but excluded or truanting (%)	0	4	4	13	13	18	17	7	3	11
In PRU (no.)	-	1	-	6	17	24	22	8	1	79
In PRU (%)	0	4	0	4	7	6	4	1	<1	3
In PRU but excluded or truanting (no.)	-	-	1	2	7	12	21	12	3	58
In PRU but excluded or truanting (%)	0	0	2	1	3	3	3	2	<1	2
In other secondary education (no.)	-	-	1	-	1	2	4	1	-	9

In other secondary education (%)	0	0	2	0	<1	<1	<1	<1	0	**<1**
Training or volunteering	-	-	1	4	5	9	28	41	31	**119**
Training or volunteering (%)	0	0	2	3	2	2	5	6	5	**4**
In FT work	-	-	-	-	-	1	3	17	27	**48**
In FT work (%)	0	0	0	0	0	<1	<1	2	5	**2**
In PT work	-	-	-	-	-	-	-	13	20	**33**
In PT work (%)	0	0	0	0	0	0	0	2	4	**1**
Unemployed	-	-	-	1	-	2	17	163	212	**395**
Unemployed (%)	0	0	0	<1	0	<1	3	24	37	**14**
Other	-	3	-	4	10	15	32	31	18	**113**
Other (%)	0	11	0	3	4	4	5	4	3	**4**
Unknown	-	4	6	17	36	71	124	187	151	**596**
Unknown (%)	0	15	11	12	14	17	21	27	27	**22**
Total	**2**	**27**	**54**	**143**	**260**	**427**	**602**	**691**	**566**	**2,772**

Note: <1=less than 0.5%

In relation to living arrangements the majority of young people were living with their parents (58%) in family accommodation (65%) (Tables A3.3 and A3.4). However, it should be noted that the high proportion of young people falling into the 'unknown' category means that generalisations across the five sites are difficult to make for educational and living accommodation status.

Young people in contact with arrest referral were asked about other professional services that they had been in touch with. These results are set out in Table 3.6 but should be treated with caution as it is likely that young people struggled to identify all services that they had been in contact with, and some figures in particular appear unlikely to be accurate (for example, no young people said they had registered with a general practitioner in Site 1). However, if accurate, the proportion of young people who had been in previous contact with the Yot is of interest because Site 2, which reported a much lower proportion of young people (four per cent) having had previous contact than the other sites, did have a direct policy of targeting young people not previously in contact with the Yot.

Table 3.6: Services ever in contact with young people

Service contacts		Site 1	Site 2	Site 3	Site 4	Site 5	Total
Social Services	No.	79	106	97	103	59	**444**
	%	17	19	12	18	9	**14**
Child and Adolescent Mental Health Service	No.	10	32	9	22	7	**80**
	%	2	6	1	4	1	**3**
Registered with GP	No.	-	72	203	120	16	**411**
	%	0	13	25	21	2	**13**
Youth Offending Team	No.	156	24	127	116	186	**609**
	%	34	4	16	20	28	**20**
Connexions	No.	18	6	55	83	26	**188**
	%	4	1	7	14	4	**6**
Benefits Agency	No.	10	23	7	9	5	**54**
	%	2	4	<1	2	<1	**2**
Housing	No.	9	14	12	14	4	**53**
	%	2	3	1	2	<1	**2%**
Youth Service	No.	7	6	77	2	25	**117**
	%	2	1	9	<1	4	**4**
PAYP	No.	1	4	18	5	-	**28**
	%	<1	<1	2	<1	0	**<1**
YIPS	No.	1	5	13	8	2	**29**
	%	<1	<1	2	1	<1	**1**
Positive Futures	No.	2	1	4	-	-	**7**
	%	<1	<1	<1	0	0	**<1**
Educational welfare	No.	7	62	63	27	66	**225**
	%	2	11	8	5	10	**7**
Educational psychologist	No.	2	14	14	4	4	**38**
	%	<1	3	2	<1	<1	**1**
Substance Misuse Agency/Service	No.	4	7	16	37	6	**70**
	%	<1	1	2	6	<1	**2**
Other	No.	42	1	16	8	49	**116**
	%	9	<1	2	1	7	**4**
None	No.	116	181	80	22	203	**602**
	%	25	32	10	4	31	**20**
Total		**464**	**558**	**811**	**580**	**658**	**3,071**

Note: <1=less than 0.5%

Characteristics of young people interviewed

Key themes arising from the background information gathered from all young people who participated in in-depth interviews (*n*=28) have been summarised below. They show the degree to which young people reflect a variety of backgrounds.

Offending history
Collectively, the young people reported that they had committed a broad range of crimes, the majority of which they had not been arrested for. When they had been arrested it was most often for criminal damage. However, burglary, drunk and disorderly, shoplifting, breach of peace, and assault were other common offences for which they had been arrested. Other offences included street robbery, sexual assault and attempted stabbing. The young people reported having received a variety of warnings, reprimands and sentences. Two had received custodial sentences.
Substance misuse history
The young people reported that they had taken a broad range of substances; however, there was a core use of alcohol, tobacco and cannabis. All young people interviewed smoked cigarettes and the vast majority smoked cannabis and drank alcohol. They reported a substantial amount of experimental drug use including Class A drugs. About half had taken ecstasy either experimentally or on a regular basis and a smaller proportion had taken cocaine once or twice. Cannabis and ecstasy were the two main drugs mentioned by the young people when asked what their favourite substance was. The overwhelming majority said that they used cannabis for relaxation purposes.
Living arrangements
The majority of the young people lived with their parent/s; however, many described unstable living conditions and parental separation. A small number of the young people interviewed were currently living in residential care homes and had been for differing lengths of time. A few had slept on the streets for a period of time.
Education, training and employment
Over half of the interviewees were not in school, either because they had been excluded or because they chose not to go. These young people often mentioned having been engaged in a variety of other educational services or activities such as attending the pupil referral unit, youth clubs, mentoring projects, police-run football clubs, city farms, library education and basic skills classes at the YMCA. Of the remaining young people, two did attend school (however, this was on a part-time basis or was following a period of exclusion), and the remainder were in college or were undertaking apprenticeships.
Health
The majority of the young people either did not mention health problems or reported that they did not have any health problems. One described suffering withdrawal effects from alcohol, while another said that their health was a reason for giving up taking certain substances.
Mental health
Mental health issues mentioned by the young people included anger, suicidal thoughts, suicide attempts and low self-esteem. Severe episodes of parental depression and parents in hospital with mental illness were also described.
Sexual health
A few young people reported that they had been involved in prostitution and that they were currently attending a service for teenagers at risk of or involved in prostitution.
Finance
Some of the young people reported having financial difficulties. These included catalogue debt, having no money and having to shoplift to provide income.
Family substance misuse
About half of the young people reported having family members that used or formerly used illegal substances. Sibling use of cannabis was the most common family substance misuse reported; however, two of the young people reported that their mothers currently or previously used heroin.

Process (Can it work?)

This section of the report examines whether and how arrest referral was implemented in terms of the operational processes employed and the management and partnership structures created. For processes and structures identified the researchers examine whether these mediate or mitigate the potential effectiveness of arrest referral.

Accommodation

Key finding during set-up and early implementation
Many sites experienced difficulties in finding suitable accommodation, normally due to a lack of suitable space. This included lack of space for services based within police stations. Venues for meeting with young people included borrowing rooms, informal community settings and young people's homes.

Key findings during mainstream implementation
Overall, accommodation for schemes improved between set-up and early implementation and mainstream implementation. The physical location of arrest referral affected the working of schemes. Close physical proximity to other services improved communication and information sharing. Further, a central location was important as it helped workers to have easy access to all areas of the locality and enabled young people to access the service easily.

Accommodation of the scheme within police station was reported by Site 4 to assist in adopting a referral model:

> *Our aim is to refer people into services that can provide interventions to meet their needs…. What you don't want is a group of young people to realise that you have an office base in the community and you just -- it ends up again being a drop-in service.* (Arrest referral manager)

However, an arrest referral worker in the same site also noted that being in a police station can make young people feel coerced into engaging with the scheme:

> *I don't think they see this as a punishment. Sometimes they feel…you know, if we go downstairs and say, 'Do you want to come up and have a chat with me?' they'll think, 'Well, I've got to. I'm in a police station. I've got to do what I'm told'.* (Arrest referral worker)

One site reported that they rarely met young people in the home due to the possibility of young people not being open about issues of substance misuse if their parents were present.

Staffing and role of arrest referral workers

Key findings during set-up and early implementation
Recruitment was one of the key logistical challenges in setting up arrest referral, and some sites saw this as the main reason for delays in starting delivery. Many sites recruited personnel with a background of working with young people rather than a background working with a substance misuse service.

Key findings during mainstream implementation
The role of arrest referral workers included engaging young people, referring them to other services, delivering substance misuse prevention education and performing some case management functions. Skills and experience engaging with young people were described as important to the arrest referral worker role and this reflects the decision of sites to recruit personnel with a background working with young people.

Young people's descriptions of the role of arrest referral workers included:

> *[She] listens to me, tells me how you can change your life.*
> *[He] made me realise things and look at things another way.*
> *[She] is young and she knows about everything. She helped me out, opened my eyes to talents that I have.*

Case study

Donna (aged 17) enjoyed a very positive relationship with her arrest referral worker, who had since left her post. Donna really missed the arrest referral worker and said that she used to "help me with all sorts really". The arrest referral referred her to a hairdressing course but Donna did not stay engaged with this course. However, once fraught with problems, Donna said her relationship with her mother was "going great", and she attributed this to the work that her arrest referral worker did with her. In the last six months, she continued to have no contact with police and had not been involved in any offending. She stopped using cannabis and smoking cigarettes, and doesn't drink. Donna believed that she had managed to stay out of trouble through spending more time with her mother rather than with other young people.

Case study

Christina (aged 16) became involved in arrest referral after being arrested for being a passenger in a stolen vehicle. At the time, Christina was not attending school. The arrest referral worker met Christina regularly in a café, which she reported to have enjoyed greatly. The arrest referral worker undertook motivational work during the sessions, encouraging Christina to go back to school and teaching her how to recognise the skills that she had.

The arrest referral worker did not refer Christina onto other agencies but simply took on the role of mentor to her. Christina returned to school and became enthusiastic about her studies. She commented, "[the arrest referral worker] is keeping me on track, she gives me targets." Christina also recounted that she began to get "excited about my future" upon meeting the arrest referral worker for the first time.

Sites described providing training and support on substance misuse issues and, in one site, on criminal justice issues. There was some evidence that the implications of Common Core Skills under the Every Child Matters agenda were starting to be considered at strategic and managerial levels.

Issues with staff retention were raised. Inability to offer permanent positions and uncertainties about long-term funding contributed to retention difficulties in some sites.

Targeting

Key findings during set-up and early implementation
There were differences between sites as to which young people the arrest referral services targeted. In some cases, it was not clear whether the focus of arrest referral was on substance misuse issues or young people's needs more widely.

Key findings during mainstream implementation
There was increased clarity across sites as to the focus of the arrest referral schemes on the holistic needs of young people. Table 3.7 summarises the approaches sites used to target young people.

Table 3.7: Approach to targeting young people

Site	Approach to targeting young people
One	All arrestees. There had been specific groups targeted or considered for targeting: • younger age group of 10- to 13-year-olds; • discussion as to working with young people identified by the police as involved in anti-social behaviour; and • discussion on working with young people who have been reprimanded. **Change from wave one:** no longer focused on substance misuse needs in isolation, a holistic focus on young peoples needs.
Two	Largely young people who had been reprimanded by the police. Young people who test positive were also a focus along with preventative/early intervention for young people who were not involved in the youth justice system. In practice the focus also included young people whose needs were not being met by other services, for example who were on waiting lists for a service for those at risk of offending and substance misuse. **Change from wave one:** no longer contacting young people released with 'No Further Action'.
Three	All arrestees, including young people subject to Anti Social Behaviour Orders (ASBOs) through to those that were involved in serious offending. No specific targeting although the police marked files to identify a young person as a persistent offender. Will try and engage young people prior to arrest. The only priority group were those aged under 16 who test positive.
Four	All arrestees, with priority to attend drug tests and work with young people who tested positive. **Change from wave one:** increased focus on attendance at drug tests and working with those who test positive.
Five	All arrestees; focus was on young people not yet subject to court orders and a priority for young people who test positive. The SLA identified different ethnic groups to target. **Change from wave one**: increased focus was on young people who were not Yot clients.

Specific targeting beyond the general cohort of young people who had been arrested varied between sites with an overall shift towards earlier intervention. A consistent message from all five sites was that arrest referral was relevant to a wide range of issues in young people's lives, not only substance misuse needs.

A second consistent message was that, regardless of local approaches to targeting, arrest referral was perceived as likely to be most effective as an early intervention, prior to a young person becoming further involved with the youth justice system.

Engagement

Key findings during set-up and early implementation
Arrest referral schemes attempted to engage with young people in numerous ways. This varied by means of contact, location and role of the person making the offer. The role of the police was important in schemes where the predominant form of engagement was through custody. It appeared that arrest referral was not fully embedded in police practices in many cases, despite this being the original policy intention. The way in which arrest referral was offered could affect the likelihood of young people accepting it.

Key findings during mainstream implementation
Accessing young people via custody continued to be the method for the majority of engagements throughout the lifetime of the Programme in most sites.

Case study

Karl (now aged 17) had been living with his mother when he was asked to leave at the age of 16. He then got into trouble with the police and was arrested. About meeting his arrest referral worker for the first time, he said: "She chatted to me when I was in the cell, she said if I need her help I should call her. When I checked out, I called her. I was thinking where am I going now?"

Following his release, Karl lived at a friend's house for one week. He was at risk of becoming homeless so the arrest referral worker accompanied him to the local Housing Association to help secure some living accommodation. In addition to helping secure an independent living arrangement for Karl, the arrest referral worker also helped him apply for and receive a £400 living grant with which to furnish his new flat. Karl described the impact of the arrest referral worker on his life in the following way: "without [arrest referral worker], I don't know what I would have done…Without her, I would be living on the streets." He described her as "kind, thoughtful, gentle, has time for you, she does what is right for you".

Twelve months on from his initial arrest, Karl was doing very well. He still lived independently and was enrolled on a BTEC. He attended the course four days a week. His previously problematic relationship with his mother had improved over time and she said she was pleased with his progress. He called his arrest referral worker every two months or so and said that when he reached the age of 18, he would call her to seek information on Jobseeker's Allowance.

The majority of referrals to arrest referral were via arrest referral workers using 'cell sweeps' (58%) or referrals from the police (33%) as seen in Table 3.8. However, there were striking differences across the sites as to sources of referrals, which reflected the different approaches.

Table 3.8: Routes into arrest referral per initial contacts

	Site 1		Site 2		Site 3		Site 4		Site 5		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Police	12	3	272	73	379	69	3	<1	255	36	**921**	**33**
Appropriate adult[13]	3	<1	2	<1	6	1	2	<1	-	0	**13**	**<1**
Adult arrest referral worker	1	<1	2	<1	-	0	3	<1	1	<1	**7**	**<1**
Cold calling cell sweep	369	90	1	<1	153	28	662	92	433	61	**1,618**	**58**
Drug testing	6	1	47	13	1	<1	30	4	-	0	**84**	**3**
Other	20	5	50	13	13	2	21	3	-	0	**104**	**4**
Unknown	-	0	-	0	-	0	1	<1	24	3	**25**	**<1**
Total	**411**	**100**	**374**	**100**	**552**	**100**	**722**	**100**	**713**	**100**	**2,772**	**100**

Note: <1=less than 0.5%

Relationships with police staff remained important in securing access to young people. All sites reported improved relationships with police since set-up and early implementation. Methods of achieving this included:

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[13] Either a parent, a trained volunteer or another adult

- the police partnership manager being present on the arrest referral committee and working with the arrest referral manager, including writing a policy to allow individual contact;
- having the names of young people in custody being passed on from adult Drug Interventions Programme workers, allowing arrest referral workers to request to see a specific young person on his/her arrival; and
- extensive training with the police, including when the police introduced the scheme to young people prior to the worker arriving.

Assessment

Key findings during set-up and early implementation
Most arrest referral schemes conducted an initial screening with young people, followed by a fuller assessment when required. The content of assessments varied between sites. Assessments took place in a variety of locations, and a lack of suitable accommodation for assessments was reported in nearly all sites during the set-up phase.[14]

Key findings during mainstream implementation
Arrest referral schemes continued to conduct an initial screening and assessment. There were different models of assessment but the young person's holistic needs were usually included. The lack of suitable accommodation for assessments reported during early implementation was not found during mainstream implementation. Locations used for assessments included arrest referral premises, agency rooms, community settings, custody suites and young people's homes. Most sites described how a parent being present could make assessments less effective in relation to how much a young person was prepared to disclose. It was common practice to ask for a short period without the parent present.

Most sites described a degree of duplication in assessments of young people, in particular as different organisations had their own requirements in relation to assessment tools. At a strategic level there was some consideration, but no detailed planning of the implication of Common Assessment Frameworks (CAFs) under the Every Child Matters agenda.

> *I think it's a bit early days for that because we haven't even started to, you know, pilot or put together our CAF…but certainly I would see them being part of that.* (Arrest referral strategic lead)

Referral

Key findings during set-up and early implementation
Referral to other services was in its early stages during set-up and implementation so findings from this phase of the Programme were limited.

Key findings during mainstream implementation
Referral practices reflected the intention of schemes to assist with a wide range of needs, although the complexity of needs was greater than workers had envisaged. Relationship building was important in improving referral routes for a number of agencies.

Tables 3.9 to Table 3.11 summarise the monitoring data for referrals.[15] These show that:

- there were wide variations in the proportions of referrals across sites;
- in terms of substance misuse services the vast majority of young people were referred to tier one and two services[16]; and

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[14] The Home Office report that funding was made available for accommodation.
[15] For the purpose of this evaluation 'referral' means that a referral to another service was made by the arrest referral worker, not necessarily that the young person attended.
[16] Definitions of tiers of services vary locally; the definition used here is as follows: tier one services are universal children's services (for example, schools, youth workers), tier two services are youth oriented services offered by practitioners with some drug and alcohol experience and youth specialist knowledge (for example, Connexions, Yot),

- most referrals were to non-substance misuse services.

Table 3.9: Percentage of contacts referred on to other agencies by site

	Site 1		Site 2		Site 3		Site 4		Site 5	
	No.	% referred	No.	% referred	No.	% referred	No.	% referred	No.	% referred
Total/average	411	12	374	43	552	60	722	32	713	32

Table 3.10: Tier of intervention offered to contacts by site

	Site 1		Site 2		Site 3		Site 4		Site 5		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Tier 1	24	55	89	54	133	53	73	58	102	29	**421**	**45**
Tier 2	15	34	74	45	93	37	28	22	218	61	**428**	**45**
Tier 3	5	11	2	1	24	10	25	20	18	5	**74**	**8**
Tier 4	-	0	-	0	1	<1	-	0	17	5	**18**	**2**
Total	44	100	165	100	251	100	126	100	355	100	**941**	**100**

Note: <1=less than 0.5%

Table 3.11: Number of contacts referred to substance misuse services vs. other services

Site	Destination of referral					
	Substance misuse services No.	Substance misuse services %	Other services No.	Other services %	Total No.	Total %
Site 1	10	23	34	77	**44**	**100**
Site 2	2	1	163	99	**165**	**100**
Site 3	19	8	232	92	**251**	**100**
Site 4	36	29	90	71	**126**	**100**
Site 5	9	3	346	97	**355**	**100**
Total	**76**	**8**	**865**	**92**	**941**	**-**

Sites highlighted a number of issues key to making effective referrals, including developing a positive relationship with the young person, taking them to new services, emphasising that referrals were not compulsory, not presenting young people with long-terms plans too early and allowing them to go along for an initial visit without committing themselves to further interventions. Information sharing and relationship building between professionals was also highlighted as important.

> *Yeah, relationships is a big one, but again I think it's when you are making referrals just kind of give as much information as you can and be clear in the information that you're giving.* (Arrest referral worker)

Ensuring all agencies are clear with regards to areas of responsibility was also important.

> *I think that one of the big lessons was learnt around referring is who takes the responsibility for that? Who takes the onus for that case management role?* (Arrest referral manager)

However, stakeholders in two sites believed that changes under the Every Child Matters agenda would assist with this issue.

Two sites commented on the need to keep up to date with what services are available in the area and that this can be difficult knowledge to maintain.

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tier three services are provided by specialist teams (for example, specialist young people's drug and alcohol services), and tier four services are very specialist services (for example, forensic child and adolescent psychiatry).

… I mean, certainly around the diversionary tier 2 activities, I think there are stacks of things going on out there but I don't think anybody is talking to anybody else and I don't think there's a central database that says, 'This is what's going on. These are the eligibility criteria. These are the referral routes and this is how you're discharged from a service'. (Arrest referral strategic lead)

Case study

Pascal (aged 14) first met his arrest referral worker in the police station when he was arrested for suspicion of burglary from a commercial building. Prior to that, he was excluded from school for threatening a teacher. He now attends a mentoring class, a football club three days per week and a lyric writing class. His comment on the mentoring scheme that he was referred to by the arrest referral worker was, "mentoring is better than being at home, there are people there who are worse than me, it makes you look at yourself." He also added, *"I used to think that getting excluded [from school] meant that I was missing out on things. I am at this thing now and I see how other people act and that makes me want to change."*

Scope of arrest referral

Key findings during set-up and early implementation

Generally the specific remit for arrest referral was not clearly articulated by stakeholders at different levels within the sites, particularly in relation to the extent of follow-up with young people. In some sites there appeared to be the beginnings of a case management role for arrest referral workers but there was little specific guidance and clarity as to the extent of this role. This was intentional, as the Home Office wished sites to have flexibility to test different approaches. Additionally, concerns were expressed as to the effective management of disengaging from work with a young person.

Key findings during mainstream implementation

Overall, a much greater consistency of understanding as to the intended remit of arrest referral schemes was expressed. The basic focus of the schemes was seen to be screening, assessment, delivery and referral, with a more limited focus on delivery that was occasionally expanded due to a number of pressures, usually the lack of available service provision in the area. The main difference between sites in the models of arrest referral was the extent of case management work undertaken. In most sites there were no definite boundaries described as to the extent of the delivery or case management role, and the case management component developed differently in each site. Monitoring data reveals that the average number of sessions across sites ranged from 1.1 to 2. However, the variation in the maximum number of sessions is wide from 4 to 39.

Two sites showed specific shifts away from a case management to a referral model. This shift had implications for job satisfaction, particularly for workers with a youth work background.

> *At the beginning we were kind of carrying young people for like months and months and months. Because we were getting to a dead end, because we were still trying to understand what our role was. It's like, well, what more can we do? And most of the workers in there, most of the youth support workers have come from a youth work background anyway. So we've been used to working with young people for long periods of time. It was kind of difficult for us to grasp that, well, no, we're actually arrest referral so we'll meet a young person, assess them and pass them on. Even though it sounds harsh that kind of help has ended up going...* (Arrest referral worker)

There was also variation as to the amount of ongoing contact with a young person.

Site	Ongoing contact
One	Average described as two visits in two weeks, longest example given was eighteen weeks.
Two	Not specified, one worker handles longer term cases and another focuses on referring on. Ongoing support can be three to four weeks work, phone calls or young people returning with issues once a trusting relationship had been established.
Three	Varies by case from a ten minute appointment to ongoing case work.
Four	Emphasis on referring on and identifying the lead professional under the Every Child Matters model. There is an approximately four week cut off point if the young person does not engage.
Five	No specific details on the length or regularity of contact but reviews are made at two, four and ten weeks.

The duplication with other services appeared to have been reduced since set-up and early implementation; however, some sites expressed concern that arrest referral might begin to be seen as an unofficial 'gap filler' for other services.

Partnerships and joint working

Key findings during mainstream implementation

Partnership working developed across the schemes as they became more embedded. Initial challenges experienced with Yots and social services improved once roles were more clearly defined. Further, there was an increase across some schemes in partnership working both operationally and strategically with police. For example, some schemes reported working with the police in relation to interventions such as Anti-Social Behaviour Orders, Prolific and Priority Offenders, and Tactical Information meetings. This was in addition to the improved integration between arrest referral and drug testing.

Schemes were generally well integrated operationally with children's services and, as highlighted in earlier sections, some were beginning to consider at a strategic level what the implications of the Every Child Matters agenda would be on joint working.

Information flows and communication

Since set-up and early implementation, field research has suggested that there has been modest improvement in information-sharing processes with partners. However, it was unclear whether all schemes had produced the information-sharing protocols reported to have been developed. Some sites referred to protocols but not to the details of how they worked in practice. One arrest referral manager described how the scheme received many information requests from an increasingly wide range of agencies and that, in retrospect, it would have been useful to define within the protocol exactly who would and would not receive information. Face-to-face contact between professionals, for example through awareness-raising presentations, often led to improved relationships and better information sharing.

> *…with social services it's in the protocol there that we will communicate to them when we've assessed a young person so that they're aware of their arrest. There's been occasions where the social worker has been seeing a young person, we've been seeing a young person and because the information hasn't been passed on-although we've emailed lists to them and we've made telephone calls, the information hasn't got from whoever the contact was at social services through to the social worker themselves, the social worker was unaware of any sort of criminal behaviour, until one day we actually got to speak to that social worker in person and they were like, "Oh, I didn't know about that". So, that's been tightened up as well.* (Arrest referral manager).

The police were still one of the key agencies from which arrest referral received information. Generally, there did not appear to be much change in the way information was shared;

however, one scheme reported using a different mechanism with which to find out whether there were any young people in custody. This involved phoning the adult arrest referral team daily and the process was viewed positively by staff involved.

Communication with the Home Office was generally reported to be positive with staff being approachable and helpful in terms of their guidance and ongoing support since early implementation. Challenges relating to guidance described in the field research during early implementation appeared to have been specific to set-up. Schemes reported that the key way in which communication could have been improved was through additional visits from the Home Office to the schemes.

Involvement of parents and carers

Key findings during set-up and early implementation
There appeared to be some confusion across the sites as to whether an appropriate adult needed to be present for assessments, and schemes highlighted concerns that the presence of a parent or other appropriate adult could potentially affect engagement and the extent to which a young person disclosed information, for instance, a young person might be unwilling to disclose his/her substance misuse if a parent was present. Some sites offered parental support.

Key findings during mainstream implementation
There was little change in parental involvement within the schemes from set-up and early implementation. Some schemes provided some form of parental support; however, only one site continued to have a dedicated parent support worker. This work was seen as an essential part of their model:

> *I cannot emphasise strongly enough how having a parenting worker with the arrest referral team is of benefit to the young people and their parents/carers and other members of their families.* (Arrest referral personnel)

This site, along with others sites continued to report that demand for such work outstripped what was available:

> *Often parents we have come into contact [with] have tried other agencies before and have not been offered a service because it may be assessed as not a crisis situation. It is often the case that when our service contacts them they are willing and often relieved that support is offered.* (Arrest referral personnel)

Work with corporate parents[17] was described as unproblematic by most sites. However, one site reported:

> *…I find it quite difficult to work with, not the actual looked-after young person, it's more the children's homes themselves….and the key workers and they're just not very forthcoming at all.* (Arrest referral personnel)

Concerns regarding the extent to which young people would disclose information with parents and appropriate adults present during assessment were confirmed, particularly with regards to substance misuse.

Performance management and monitoring

Key findings during set-up and early implementation
Some sites developed their own databases and data monitoring system to provide information. The DAT had a performance management role in nearly all sites, and in Yot-

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[17] For children in the 'looked after' system sites might be in contact with foster parents, or the social worker if the young person was in care.

based schemes the Yots were also involved. Most sites had a multi-agency group to monitor the pilot.

Little change occurred in performance management across the schemes after early implementation. Reported changes included local targets and the amount of monitoring data collected.

> *Since the drug testing started, it's become more and more of a focus for the Arrest Referral Service. So, we have targets to hit. We have to attend mandatory drug tests. We have to try and engage with those young people who test positive.* (Arrest referral worker)

Some schemes highlighted that the Home Office monitoring data process had frequently changed and was time-consuming but some also described how the data was being used for a variety of purposes including identifying gaps in service, monitoring diversity where referrals were made and determining the geographical areas most young people come from.

> *And what it helps to do is sort of identify trends…the number of people coming through the custody suite and, you know, does that fluctuate at any time or is it a constant problem?* (Arrest referral manager)

A strategic lead at one site, however, emphasised the importance of performance management not distracting from the role of the scheme.

> *…I would be slightly worried if I went to monitor a service and most of them were sticking rigorously to that because I would start to wonder, 'Is this client focused? Or I s this more to do with, you know, alerting us to the fact that we are sticking rigorously to the rules?* (Arrest referral strategic level)

The influence of the Every Child Matters agenda was apparent in the comments of a strategic lead in one site, who called for a Government Office-level Children's Group to monitor the scheme, including links with Social Services which do not yet exist in some areas at this level. This lead expected the scheme to move from the substance misuse commissioning group to the responsibility of the young people's commissioning group and expected monitoring data in the future to inform the planning of young people's services.

Impact (Does it work?)

Summary: Does arrest referral work?

Arrest referral was expected to impact young people's offending through improving young people's access to services and reducing their risk of offending. The analysis found:

- There was no change in which services young people access after arrest referral.
- As would be expected amongst the young people eligible for arrest referral, and whose rate of offending is on an upward trajectory, their risk of offending increased over the period of the evaluation in both the pilot and comparator areas.
- Very few young people used Class A drugs in either the pilot or comparator areas. Young people in both areas saw similar reductions in tobacco and cannabis use. However, young people in the pilot area experienced a reduction in alcohol use greater than that in the comparator sample.
- No statistically significant change in offending was identified after arrest referral. This would be expected, given the short time frame of the evaluation.
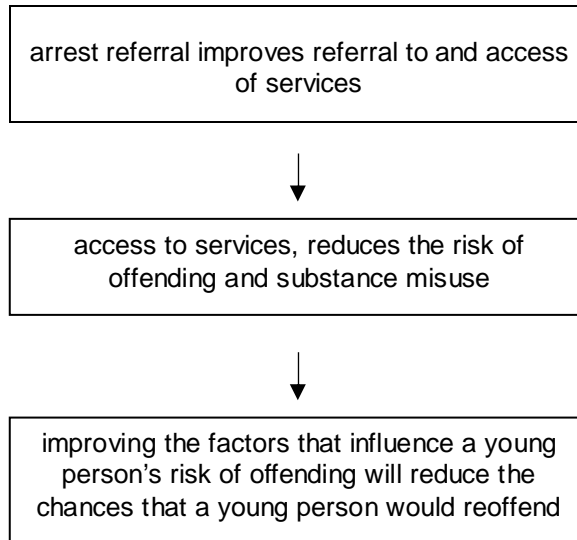
However, this does not mean that there was not a change in behaviour simply that the limitations in the research and available data meant that it could not be identified. Interviews with local stakeholders and young offenders provide evidence that changes did occur.

For information about the methods used in these analyses, see Appendix B.

Introduction

This section reviews evidence of the change in young people's behaviour after arrest referral. The analysis of the impact of the arrest referral was organised around the following causal mechanism through which arrest referral was expected to impact on young people's offending, (see Chapter 2 for further details of the theory underlying arrest referral).

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┌─────────────────────────────────────────┐
│   arrest referral improves referral to    │
│          and access of services           │
└─────────────────────────────────────────┘
                      │
                      ▼
┌─────────────────────────────────────────┐
│    access to services, reduces the risk   │
│      of offending and substance misuse     │
└─────────────────────────────────────────┘
                      │
                      ▼
┌─────────────────────────────────────────┐
│  improving the factors that influence a    │
│  young person's risk of offending will      │
│  reduce the chances that a young person     │
│               would reoffend                │
└─────────────────────────────────────────┘
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Service referral and access

Arrest referral was expected to reduce young people's offending through improved access to the appropriate services and reducing a young person's risk of offending.

The analysis considered the appropriateness of the referrals by looking at whether the needs of young people in contact with arrest referral were reflected in the services to which they were referred. This was measured by adding questions to the monitoring data forms (EMD) in two of the pilot sites and using scores from the Asset assessment tool.[18]
Tables A3.5 and A3.6 in Appendix A show the range of services accessed by the young people following a referral from an arrest referral intervention in the two pilot sites and Figures A3.1 to A3.8 the access to services before and after the intervention (note that the figures should not be used to analyse change in the numbers of young people accessing services, as the samples vary before and after the intervention).

However, the evaluation was unable to determine whether there had been a change in which services young people were referred to after arrest referral largely as the available data did not record whether the young people were already in contact with a service before contact with the arrest referral team. This made it impossible to conclude whether arrest referral had failed to refer young people appropriately or whether the young people were already in contact with appropriate services and therefore did not require a referral. It was also the case that difficulties collecting data on referral and service access meant that the sample for whom data were available was small. It is recommended that data in this area are improved so that it is possible to track an individual over time.

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[18] The Asset data are collected when young people come into contact with the Yot. It comprises a list of questions (both quantitative and qualitative) intended to facilitate the assessment of the needs of the young person. The assessments are used to determine the risk of offending faced by a young person due to a particular element of their lifestyle. For instance, a score of '0' on the accommodation scale suggests that the young person exhibited no risk of offending due to their accommodation status, while a score of '4' suggests that their accommodation status results in them having a high risk of offending. The ratings are undertaken by Yot staff, in accordance with detailed guidance. Lifestyle risks are defined in the Asset data form to include lack of age-appropriate friendships, associating with predominantly pro-criminal peers, lack of non-criminal friends, participants in reckless activity and inadequate legitimate personal income. For further details of the definition of the offending risks used in the Asset data form see **www.youth-justice-board.gov.uk.**

Risk of offending

Risk of offending was measured before and after arrest referral in five pilot sites and five comparator sites using data from the Asset core profile dataset. It is important to note that the use of the Asset dataset potentially introduces a sample bias into the analysis, as it is only available for young people who have already been in contact with the Yot.

The analysis focused on the relative change in risk of offending in pilot and comparator areas as a result of young people's accommodation status, their educational status, their emotional health and their lifestyles as well as their overall risk of offending.[19] As might be expected for the cohort of young people for whom Asset data are available, their risk of offending in the pilot areas generally increased after arrest referral, but this trend was not different from that observed in the comparator areas on any of the measures. The exception was the risk of offending due to accommodation status, which increased in the pilot areas more than in the comparator areas[20] (Figures A3.9 & A3.10). After the intervention their accommodation status was judged to be causing them to have a significantly higher risk then before.

Substance misuse

Recent substance misuse was also measured before and after arrest referral in five pilot sites and five comparator sites using data from the Asset core profile dataset.[21]

Figure 3.5 shows that none of the young people receiving arrest referral had recently taken either heroin or cocaine before the intervention, but that 13 per cent had recently taken crack. The most common substances used were tobacco (70%), alcohol (66%) and cannabis (66%). Just over 30 per cent had used ecstasy. A greater range of substances was used by the comparator sample than the pilot sample before the arrest referral intervention (Figure 3.6). Again, tobacco, alcohol and cannabis were the more commonly used substances. However, the young people also used cocaine, crack, heroin, solvents, ecstasy and amphetamines.

After the intervention, the percentage of young people using each of the commonly used substances was reduced in the pilot sites: tobacco (65%), alcohol (60%), cannabis (61%) and ecstasy (23%). However, these reductions were not statistically significant. Furthermore, the pattern of uses in the pilot area was not significantly different from the pattern observed in the comparator area, except in the case of alcohol use. The reduction in alcohol use in the pilot areas was significantly greater than that observed in the comparator areas.[22]

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[19] The overall risk of offending score is an aggregation of the twelve individual asset scores. A young person with a low score has a low risk of offending and a young person with a high score has a high risk of offending.
[20] This difference was statistically significant at the 95% level. The mean change in the pilot area was an increase Asset rating of 0.23. This compared with a mean increase in the comparator area of 0.07.
[21] Recent substance misuse is defined as either (i) in the six months before the arrest referral intervention, or (ii) in the period between receiving arrest referral and the data collection.

[22] This difference is statistically significant at a 95% confidence level.

Figure 3.1: Recent substance use before and after arrest referral in the pilot area, n=151, (source: Asset)
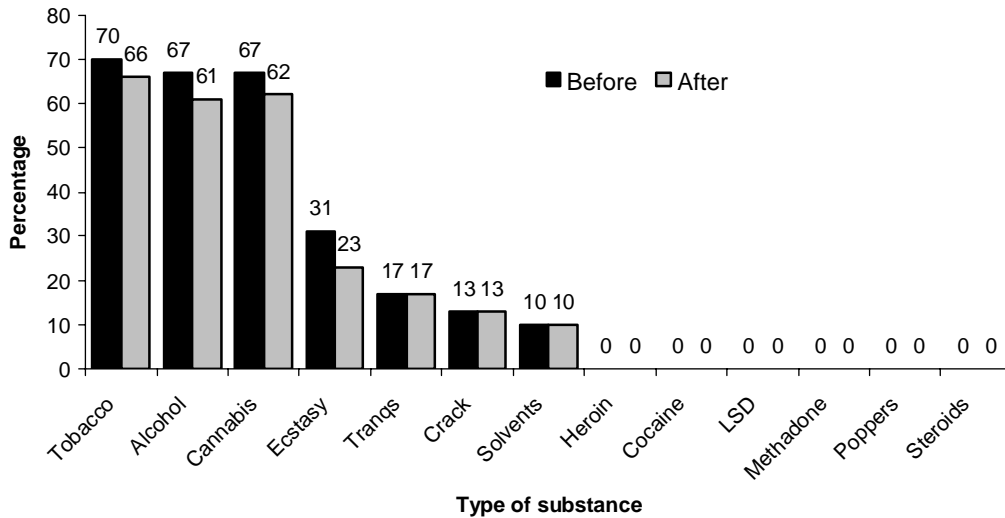
Figure 3.2: Recent substance use before and after arrest referral in comparator areas, n=1360, (source: Asset)
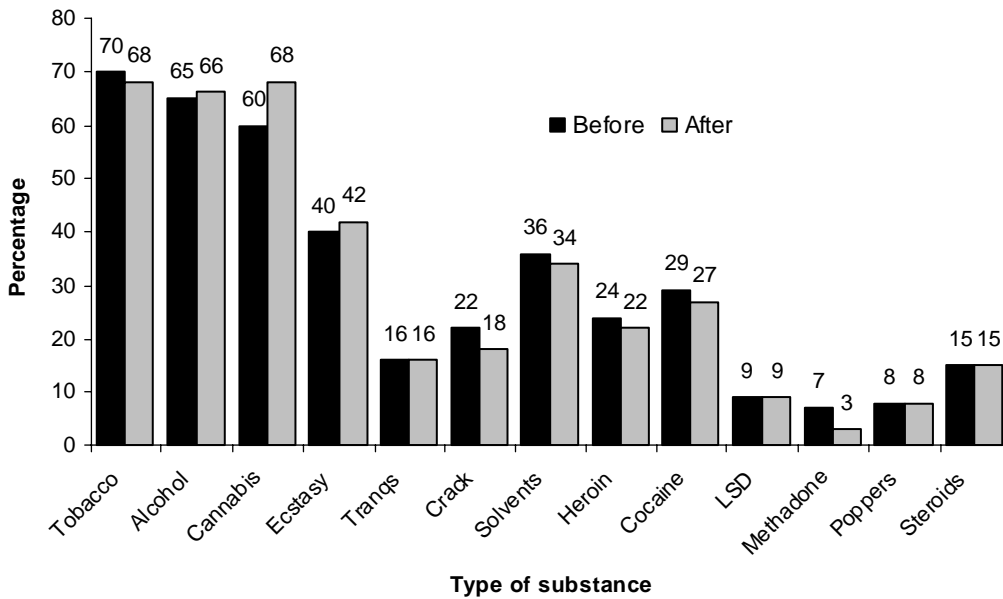
Offending

Offending was measured using police arrest and charge data collected in the same two sites where the monitoring data were enhanced. The analysis found no evidence of a change in the offending behaviour of the young people after arrest referral (Figures A3.11 & A3.12). However, this is to be expected given the time frame over which the data were available – offending data were available for only three months after the intervention. Whilst the theory underlying arrest referral suggests that it should reduce offending, it does so through improved service referral and access, and through reduced offending risk factors and substance misuse. It is reasonable to expect that this process would take more than the three months measured by the data.

Cost (Is it worth it?)

Key findings

A number of key findings emerged from the analysis of the costs of arrest referral.

- The cost of setting up an arrest referral scheme ranged from around £25,000 to about £225,000. Much of the variance in set-up costs was explained by different investments in premises.
- The cost of the first year of running an arrest referral scheme ranged from about £90,000 to around £450,000. Much of this variance was explained by different premises cost, different throughputs of young people and the different number of sessions undertaken with each young person seen
- The cost of each young person contacted varied from around £250 to about £1225.
- The cost of each session undertaken with a young person varied from about £220 to around £600.

How do arrest referral costs vary between sites?

Table 3.12 shows the set-up cost and running costs for the five sites for which cost data were collected. The set-up period is specific to individual sites, while the running costs are measured for the first year after the sites started implementing arrest referral. It is important to note that, for the purposes of analysing set-up and running costs, any capital investment has not been amortised. Therefore, the figures presented below reflect the actual costs.

Table 3.12: Arrest referral set-up and running costs

	Site 1 £	Site 2 £	Site 3 £	Site 4 £	Site 5 £
Set-up total	66,926	75,596	222,554	29,183	52,654
Running costs total	86,979	152,183	461,938	95,581	172,058

Table 3.13 shows a breakdown of set-up costs. It demonstrates a number of variations in the resources used to set-up arrest referral in the sites.

- Premises costs explain a large proportion of the variance in set-up costs between the sites.
  - Site 3 had the highest set-up costs (around £225,000). A large part of these costs is account for by extremely high premises cost in Site 3, as it was the only site to build its own arrest referral premises.
  - Site 4 had the lowest set-up costs, which is partly explained by it having no premises costs, as the arrest referral team had no dedicated space and were hot-desking.[23]
- Site 3 also varied from the other sites in that it had several satellite sites. The refurbishment of these sites accounts for Site 3's high overhead costs.
- With the exception of Site 3 (due to its high premises and overhead costs cost), personnel costs made up between 58 and 69 per cent of set-up costs.
- Other variations in set-up costs include:
  - Site 2 had very high training costs because it held 33 events principally for the arrest referral workers.
  - Site 5 had high equipment costs due to the installation of a new phone system and computer network.

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[23] While it is possible that hot-desking does have an economic value, the nature of hot-desking makes it difficult to measure this opportunity cost. However, it is also likely that the marginal cost of hot-desking is smaller than having a dedicated space for the arrest referral team.

Table 3.13: Breakdown of arrest referral set-up costs

	Site 1 £	Site 2 £	Site 3 £	Site 4 £	Site 5 £
Personnel	46,020 (69%)	44,088 (58%)	70,493 (32%)	20,351 (69%)	35,978 (68%)
Training	7,923 (12%)	14,401 (19%)	8,217 (4%)	4,317 (15%)	653 (1%)
Premises	4,274 (6%)	299 (1%)	103,362 (46%)	0	1,208 (2%)
Overheads	4,396 (7%)	9,779 (13%)	21,515 (10%)	3,239 (11%)	1,935 (4%)
Equipment	4,313 (6%)	7,030 (9%)	18,968 (9%)	1,276 (4%)	12,880 (24%)
Total	**66,926**	**75,596**	**222,554**	**29,183**	**52,654**
Months	7	5	9	4	7

Table 3.14 shows the breakdown of the first year's running costs for the five sites. It demonstrates the following.

- Personnel costs make up a large proportion of running costs, varying from 61 per cent in Site 3 to 90 per cent in Site 4.
- Site 3 has the highest running costs (around £460,000), but a significantly smaller proportion of its running cost is made up of personnel cost. This is explained by Site 3's high premises and overheads costs due to their large, purpose-built facilities.

Table 3.14: Breakdown of arrest referral running costs

	Site 1 £	Site 2 £	Site 3 £	Site 4 £	Site 5 £
Personnel	60,733 (70%)	132,499 (87%)	283,792 (61%)	86,148 (90%)	141,592 (82%)
Training	6,433 (7%)	4,671 (3%)	2,315 (1%)	2,725 (3%)	6,413 (4%)
Premises	7,586 (9%)	1,803 (1%)	117,908 (26%)	3,861 (4%)	13,125 (8%)
Overheads	11,684 (13%)	13,211 (9%)	55,402 (12%)	2,737 (3%)	8,827 (5%)
Equipment	543 (1%)	0	2,521 (1%)	109 (1%)	2,102 (1%)
Total	**86,979**	**152,183**	**461,938**	**95,581**	**172,058**

Much of the variation in running costs, especially personnel costs (which form a large proportion of running costs), is explained by the size of the site and its throughput of young people.

Table 3.15 shows the unit cost of each young person contacted and the unit cost of each session undertaken for the sites.[24] It demonstrates that the cost of each young person contacted varies from around £250 in Site 1 to about £1225 in Site 3. Thus, whilst Site 3 has the highest running costs, much of this accounted for by the number of young people it contacts. It is of interest in this context to compare Sites 3 and 4. Both have a similar cost per young person contacted. However, their running costs over the first year vary significantly (about £96,000 for Site 4 and around £462,000 for Site 3).

Table 3.15: Arrest referral unit costs (per session and per young person contacted)

	Site 1 £	Site 2 £	Site 3 £	Site 4 £	Site 5 £
Cost per session	221	323	584	460	270
Cost per initial contact	250	578	1,226	1,212	287

The variation in unit cost is reduced further if the cost of each session undertaken with a young person is considered. Site 1 still has the lowest unit cost (around £220) and Site 3 still has the highest (about £600). However, the difference is significantly less than the cost per young person contacted. The difference in the cost per young person contacted and the cost

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[24] The number of sessions undertaken and the number of young people contacted will vary according to the number of sessions undertaken with each young person seen.

per session reflects the different models of implementation in the sites. On average, Site 1 and Site 5 had approximately one session per young person contacted, while Site 3 had two. Table 3.16 shows unit cost estimates for the first year as well as for the entire period for which running cost data are available. It demonstrates that unit costs are fairly constant. The exception to this is Site 4, where unit costs fall dramatically when one considers the entire data period. It is difficult to explain why Site 4 experienced such a dramatic reduction in unit costs after the first year. One possible explanation is that the site experienced a shift from a case management model of arrest referral to a referral model of arrest referral, thus reducing the amount of time arrest referral workers spent with the young people before referring them to other services.

Table 3.16: Arrest referral unit costs over different time periods

		Site 1 £	Site 2 £	Site 3 £	Site 4 £	Site 5 £
Cost per session	**First 12 months**	221	323	584	460	270
	Entire data period	212	339	592	178	279
Cost per contact	**First 12 months**	250	578	1226	1212	287
	Entire data period	248	581	1187	277	295

It is difficult to conclude whether any economies of scale exist in the delivery of arrest referral through a comparison of the costs and unit costs of the sites. This is because the approach to arrest referral varied between the sites and because the pilot was structured in a way that did not prescribe a definitive model, and sites were allowed to develop different models of arrest referral. Furthermore, the sites all started implementing arrest referral at different times and were, therefore, at different stages of development.

It is not possible to conclude whether the different models of arrest referral have different cost profiles.

- It is difficult to define the models adopted in each site, as each site had an element of both case management and referral to other services in their model as they stressed the need to be able to respond to the needs of individual young people.
- The schemes had to develop their models of arrest referral and the costs data available cover this period of development. That is, none of the sites could be considered to have implemented a particular arrest referral model for the entire period for which cost data are available.

What do different agencies contribute to the delivery of arrest referral?

Table 3.17 shows the contribution of different agencies to delivering arrest referral. It demonstrates that, while a number of agencies contribute to the delivery of arrest referral, in each site the majority of the resources come from one agency. Furthermore, the agency delivering arrest referral is different for each site, including the Yot, social services, voluntary sector provider and the city council.

Table 3.17: Agency contributions to delivering arrest referral

	Site 1 %	Site 2 %	Site 3 %	Site 4 %	Site 5 %
Yot	6	90		1	
Police	4	1	1	9	
DAT		8		1	
Social Services	90				
Other	1	1		3	
Treatment partner				1	
Non-statutory service				85	
City council			98		
Drug project					100

How does arrest referral funding and economic cost vary?

Table 3.18 shows the difference between the level of funding received from the Home Office and the economic costs of arrest referral between 2003 and 2005. It demonstrates that in most sites the economic cost of arrest referral is marginally higher than the funding received. That is, sites draw on the resources of other agencies (amounting to between two and 13 per cent of Home Office funding). The exception to this rule is Site 3, where the economic cost of the intervention is 11 per cent lower than the Home Office funding received.[25] Site 3 was able to do this because it drew on a number of funding sources and used premises and staff (for instance, administrative support) who were funded through regeneration resources.

Table 3.18: Comparison of arrest referral funding and economic cost

	Home Office funding 2003-2005 £	Calculated cost 2003-2005 £
Site 1	100,849	115,148
Site 2	183,485	210,969
Site 3	665,222	598,037
Site 4	156,101	168,867
Site 5	241,545	247,272

Breakeven analysis

The objective of breakeven analysis (BEA) is to determine the outcome from an intervention necessary to justify the cost of the intervention. In the context of the Drug Interventions Programme for Children and Young People, the ultimate objective is to reduce crime rates. As the most common offence committed by the young people in the intervention was theft, the BEA determines the number of thefts that will have to be avoided as a result of the intervention for it to be cost-beneficial.[26]

Table 3.19 shows the results of the breakeven analysis for arrest referral. It demonstrates that, for arrest referral to be cost-beneficial, the average number of thefts avoided for each young person participating in the interventions varies from 0.29 thefts per person in Site 2 to 1.41 in Site 3.

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[25] The Home Office report that the underspend was subsequently returned.

[26] The economic cost of a theft is taken as £844 (Dubourg and Hamed, 2005).

Table 3.19: Thefts that need to be avoided per young person participating to make arrest referral worthwhile

	Cost of arrest referral per contact £	Thefts avoided per person to break even
Site 1	581	0.69
Site 2	248	0.29
Site 3	277	0.33
Site 4	1,187	1.41
Site 5	295	0.35

It is worth pointing out that the numbers of thefts that need to be reduced for the arrest referral intervention to be worthwhile are relatively small, especially when compared to the average number of offences committed by young people participating in the intervention (over a three-month period, the average number of offences committed per young person ranged from 1.2 in Site 4 to 2.0 in Site 2).

Whilst no significant change in offending was identified after the intervention and there are strong caveats against attributing any change to the intervention, the programme rationales identified and the data from the interviews with young people would suggest that reductions in offending are feasible.

4.   Drug testing

Overview

Profile of young people tested

This section profiles young people that have been in contact with the drug testing process in the five sites that have been the focus of the implementation phase of the evaluation. Information is provided here in summary format, with more detailed tables available in Appendix A.

Overall 1,488 individuals were tested a total of 1,987 times (Table 4.1). Of these the vast majority (79 per cent: 1,172 individuals) were only tested once. Of the remainder, 14 per cent (203 individuals) were tested twice and four per cent (65 individuals) three times. A small number of young people (48 individuals) were tested between four and six times.

Table 4.1: Number of tests per individual

No. of times tested	No. of individuals	%
1	1,172	79
2	203	14
3	65	4
4	30	2
5	14	<1
6	4	<1
Total no. of individuals	1,488	100
Total no. of tests	1,987	

Note: <1=less than 0.5%

Of the 1,488 individuals tested, 85 per cent were male (1,268 individuals). Forty-one per cent (616 individuals) were aged from 14 to 15 and 59 per cent (872 individuals) were from aged 16 to 17 (Table A4.1 in Appendix A).

Ethnicity data for drug testing are based on a standard criminal justice classification of ethnicity used by the sites. This classification differs from the census-based, self-reported categories used for arrest referral. Over the five sites the majority of young people who were drug tested were described as White European (71%). Those of Afro-Caribbean appearance accounted for 15 per cent and of Asian appearance for nine per cent. The profile of young people drug tested in Site 5 is much more diverse than for the other sites. This is likely to be partially a reflection of the greater ethnic diversity of the population in that site. It is difficult to draw any conclusions about ethnicity due to the numbers of young people in some ethnic categories being extremely low, making any generalisation unwise (Table A4.2).

Table 4.2 presents the proportions of young people arrested for different offence types by site. The most common offences that young people were arrested for and that led to drug tests were the trigger offences of theft, burglary and robbery.[27]

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[27] Trigger offences specified under the following provisions of the Theft Act 1968: section 1 (theft); section 8 (robbery); section 9 (burglary); section 10 (aggravated burglary); section 12 (taking motor vehicle or other conveyance without authority); section 12A (aggravated vehicle-taking); section 15 (obtaining property by deception); section 25 (going equipped for stealing, etc.). In addition, offences under the following provisions of the Misuse of Drugs Act 1971 are trigger offences if committed in respect of a specified Class A drug: section 4 (restriction on the production and supply of controlled drugs); section 5(2) (possession of controlled drug) and section 5(3) (possession of controlled drug with intent to supply).

Table 4.2: Offences for which young people arrested by site

Offence	Site 1		Site 2		Site 3		Site 4		Site 5		Total
	No.	%	No.	%	No.	%	No.	%	No.	%	
Theft	134	32	50	39	376	39	91	46	61	24	712
Robbery	54	13	5	4	138	14	15	8	74	29	286
Burglary	94	22	43	33	241	25	30	15	55	21	463
Aggravated burglary	1	<1	-	0	3	<1	-	0	1	<1	5
TWOC	65	15	19	15	63	7	17	9	15	6	179
Aggravated vehicle-taking	24	6	4	3	45	5	19	10	16	6	108
Deception	2	<1	-	0	9	<1	2	1	2	<1	15
Attempted burglary	2	<1	1	<1	7	<1	2	1	1	<1	13
Attempted robbery	8	2	1	<1	14	1	1	<1	14	5	38
Production of a specified Class A	-	0	-	0	-	0	-	0	-	0	0
Attempted deception	-	0	-	0	1	<1	-	0	-	0	1
Going equipped	3	<1	1	<1	18	2	5	3	3	1	30
Handling stolen goods	6	1	1	<1	26	3	4	2	8	3	45
Supply of specified Class A	7	2	-	0	-	0	1	<1	-	0	8
Possession of specified Class A	3	<1	-	0	7	<1	3	2	2	<1	15
Possession w/i to supply Class A	7	2	-	0	5	<1	4	2	-	0	16
Attempted handling stolen goods	-	0	-	0	-	0	2	1	-	0	2
Attempted theft	7	2	-	0	20	2	-	0	-	0	27
Non-trigger offence	7	2	4	3	3	<1	1	<1	8	3	23
Begging	-	0	1	<1	-	0	-	0	-	0	1
Total	424	100	130	100	976	100	197	100	260	100	1,987

Note: <1=less than 0.5%

The test result data are set out in Table 4.4. These must be viewed in the context of test outcomes (whether the test was completed, aborted or refused) presented in Table 4.3. Table 4.3 shows that a high proportion (97 %) of tests were completed, suggesting that the data on testing outcomes are unlikely to have been significantly skewed by aborted or refused tests. The outcome data show that 95 per cent of tests were negative. Of all tests, one per cent (20 tests) were positive for opiates, three per cent (53 tests) were positive for cocaine and two per cent (33 tests) were positive for both cocaine and opiates – a total of 106 positive tests.

Table 4.3: Test outcomes

Site name	Test completed		Test aborted (equipment failure)		Test refused		Test aborted (other)		Total
	No.	%	No.	%	No.	%	No.	%	
Site 1	417	98	2	<1	5	1	-	0	424
Site 2	129	99	-	0	-	0	1	<1	130
Site 3	929	95	8	<1	8	<1	31	3	976
Site 4	194	99	1	<1	2	1	-	0	197
Site 5	257	99	1	<1	2	<1	-	0	260
Total	1,926	97	12	<1	17	<1	32	2	1,987

Note: <1=less than 0.5%

Table 4.4: Test results

Site Name	Both (cocaine & opiates)		Cocaine		Opiates		Negative		Total
	No.	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	
Site 1	8	2	10	2	5	1	394	95	**417**
Site 2	5	4	-	0	2	2	122	95	**129**
Site 3	9	1	26	3	4	<1	890	96	**929**
Site 4	3	2	12	6	5	3	174	90	**194**
Site 5	8	3	5	2	4	2	240	93	**257**
Total	**33**	**2**	**53**	**3**	**20**	**1**	**1,820**	**95**	**1,926**

Note: <1=less than 0.5%

The following Tables provide more detailed information on the 106 young people who received a positive test.

Table 4.5: Gender of those who tested positive vs. gender of those who tested negative

Gender	Positive tests		Negative tests		Total
	No.	**%**	**No.**	**%**	
Male	87	5	1,582	95	**1,669**
Female	19	7	238	93	**257**
Total	**106**	**6**	**1,820**	**95**	**1,926**

Table 4.6: Age of those who tested positive vs. age of those who tested negative

Age	Positive tests		Negative tests		Total
	No.	**%**	**No.**	**%**	
14	10	3	333	97	**343**
15	19	4	453	96	**472**
16	23	4	528	96	**551**
17	54	10	506	91	**560**
Total	**106**	**6**	**1,820**	**95**	**1,926**

If a test result was disputed by the young person, or medication had been taken in the preceding 24 hours it was sent to the Forensic Science Service to be analysed. In addition, two per cent of all tests were automatically sent to FSS for quality control purposes. Across the five sites, four per cent of tests were sent to FSS to be analysed (83 out of 1,926), of which 57 per cent of cases (47 tests) were due to the original test being disputed by the young person, Table A4.4 and Table A4.5.

Stakeholders views of drug testing

Views of drug testing do not appear to have changed significantly over the course of the pilot. Negative views of drug testing were generally focused on the low number of positive tests.

- Stakeholders questioned the underlying rationale for the pilot, such as whether there is a link between Class A drug use and offending in young people, why the pilot tests for heroin and cocaine rather than other substances that are felt to be more prevalent in young people, and why the pilot tests at charge rather than arrest:

    It's always been looked upon as rather the black sheep; that it's a bit pointless and nobody really knows why it's there in the first place. (Police strategic perspective)

- They also questioned the justification for the resource investment involved:

> *I saw it as being a very intense way of trying to throw money at an issue with very little result. I suppose, at the end of the day, I saw it as more of a political issue than one of using money as sort of a practical and focused way… I think the staff who are involved at the police levels now see it as very work intensive and they sort of question whether it is all going to be worth it in the end.* (Managerial perspective)

Process (Can it work?)

This section of the report examines whether and how drug testing was implemented in terms of the operational processes employed and the management and partnership structures created. For processes and structures identified the authors examine whether these mediate or mitigate the potential effectiveness of drug testing.

The drug testing process

Key findings during set-up and early implementation
The drug testing process is set out in a process map (Figure 4.1) developed during the set-up and early implementation of the drug testing process. The process described was found to be largely consistent across all sites.

The drug testing process was the same for young people as for adults with the exception that young people were treated as vulnerable people. Home Office guidance on the particular considerations for testing 14- to –17-year-olds was issued. Sites set compliance rates locally at levels that were the same as or similar to adult levels, rather than encouraging staff to use discretion whether to test due to exceptional circumstances. Very few tests were carried out using Inspector's discretion to test young people charged with a non-trigger offence. Drug testing was one of many competing processes and priorities within custody suites. However, the way in which drug testing was integrated into police custody procedures was seen as important to the likelihood of theories of change being implemented, particularly in relation to promoting arrest referral, where the manner in which drug testing information and offers of arrest referral were delivered varied between detention officers and did not appear to be monitored.

Key findings during mainstream implementation
The use of Inspector's discretion for testing for non-trigger offences remained extremely low (1%) (Table 4.7), the main reasons being lack of relevant grounds for a test and workload pressures on custody staff.

During the programme very few young people refused to be tested (<1%). All those who did refuse were charged with the offence of failing to provide a sample. However, personnel were unclear of the outcome of any such charges. There was one case reported where a young person agreed to be tested but the parent refused. In this instance, custody staff called in a social services appropriate adult instead who authorised the test, in accordance with guidance to follow the young person's decision and to avoid charging the young person.

Table 4.7   Non-trigger offence tests attempted

Site name	Trigger offence		Non-trigger offence		Total	Total
	No.	%	No.	%	%	No.
Site 1	417	98	7	2	100	424
Site 2	126	97	4	3	100	130
Site 3	973	100	3	<1	100	976
Site 4	196	100	1	<1	100	197
Site 5	252	97	8	3	100	260
Total	1,964	99	23	1	100	1,987

Note: <1=less than 0.5%

Figure 4.1: Drug testing process

The flowchart shows the drug testing process:

- Young Person (YP) aged 14-17 yrs arrested
- YP processed at police station → Offer of arrest referral (AR)
- YP not charged
- Time lag (1 – 90 days)
- YP charged → Offer of AR
- Police decision on bail → YP charged with trigger offence
- YP not charged with trigger offence → Offer of AR
- Suspicion that class A contributed to crime
  - Test not undertaken
  - Inspector tests at discretion
- YP requested to provide sample for drug test → Offer of AR
- YP in drug testing situation
  - YP agrees to be tested
    - YP provides sample
    - YP fails to provide sample → Test re-tried → Test aborted
    - Equipment fails → Test aborted
    - Sample test with Cozart
      - Positive result
      - Negative result → Offer of AR
    - YP asked if agree with result
      - Agree with result → Results communicated to CPS
      - Disputes test or on medication or quality control sample → Test sent to FSS → Test returned from FSS → Local variation: result may be communicated to → Parents, AR, Child protection unit, Yot
    - If YP is in immediate risk on release from custody suite police invoke duty of care powers
  - Parent/appropriate adult refuses for YP to provide sample
    - YP's view ordinarily prevails
    - Discretion used not to charge YP with failing to provide sample (normally the case)
    - YP charged with failing to provide (unusual)
  - YP refuses to provide sample → YP charged with failing to provide (unusual)

Child protection issues

Key findings during set-up and early implementation

Child protection procedures for cases of immediate risk appeared similar across sites, with the processes of balancing the issue of parental notification of test results with potential child protection issues being different across sites.

Key findings during mainstream implementation

Drug testing personnel reported no major changes to policies or procedures relating to child protection in the drug testing process. No evidence was found of any cases where drug testing, or more specifically a positive test result, had led to a child protection case.

Whilst child protection had not been a significant problem, there was some evidence to suggest that awareness of this issue appeared relatively low amongst operational staff such as drug testers and custody sergeants, in spite of the issuing of formal guidance. There was also some evidence of awareness of and concern about this issue from other local practitioners. For instance a representative from a substance misuse team had concerns over this issue:

> *I still have a concern about drug testers in that I'm still not sure whether they are totally, totally up to scratch with the guidance around child protection. And that's my concern, but I might be wrong and I hope that I am so.* (Substance misuse strategy leads)

Information flows and communication

Key findings during set-up and early implementation

Information sharing protocols or procedures between police and arrest referral were in place in some sites. Some testers felt they would like information fed back about what happened to young people they referred on.

Key findings during mainstream implementation

There has been some progress in further developing information sharing protocols or procedures. In three sites (Sites 1, 2 and 4), work was underway to tie information sharing flows into wider arrangements for adult and young people's Drug Interventions Programme as a whole system, as well as other relevant policies (PPO and RAP). Whilst three sites were developing formal information sharing protocols, one site reported that their processes were informal but had improved significantly. Steering groups were key to effective communication between partners.

Ongoing communication between pilots and the Home Office is reported as working effectively, with the Home Office being reported as approachable and supportive in this respect. One site expressed concern over difficulties reporting information that was required by the Home Office but was not available to local information systems. Sites suggested the following improvements to Home Office procedures:

- faster response to queries;
- ensuring information is provided to the correct organisation (for example, police or DAT);
- feedback on the monthly reports from Government Offices to enable sites to learn good practice from other sites; and
- more visits to pilot schemes.

Involvement of parents and carers

Key findings during set-up and early implementation

It appeared that appropriate adults were not present at all tests, despite this being mandatory. A number of operational issues were raised in relation to parents and appropriate adults,

including communicating positive test results to parents, providing parental support and considering the potential effects of a parent being involved in the test. Sites took different action to respond to positive drug tests.

Monitoring data presented in Table 4.8 show that, for the whole pilot, an appropriate adult was present for only about three-quarters of the tests (72%). However, as shown in Table 4.9 the rates of absence of an appropriate adult were much lower for those aged from 14 to 16 (two to four per cent). The Home Office reported that they followed up every case where adults were not present following the monthly receipt of data from sites and were advised that this was due to data entry error in most cases.

Table 4.8: Presence and absence of appropriate adult at drug tests

Site name	Appropriate adult						Total
	Present		Absent		Unknown		
	No.	%	No.	%	No.	%	
Site 1	291	69	124	29	9	3	**424**
Site 2	97	75	30	23	3	1	**130**
Site 3	729	75	246	25	1	2	**976**
Site 4	119	60	71	36	7	3	**197**
Site 5	189	73	71	27	-	0	**260**
Total	**1,425**	**72**	**542**	**27**	**0**	**3**	**1,987**

Table 4.9: Presence and absence of appropriate adult at drug tests by age of person drug tested

Age	Appropriate adult						Total
	Present		Absent		Unknown		
	No.	%	No.	%	No.	%	
14	340	98	8	2	-	0	348
15	475	96	19	4	-	0	494
16	549	96	25	4	-	0	574
17	61	11	490	86	20	3	571
Total	**1,425**	72	**542**	27	**20**	1	**1,987**

There were not any major changes to the processes of involvement of parents or carers in the drug testing pilot after set-up and early implementation. This was thought to be due to the small numbers of positive tests that had taken place.

> *The number of times that somebody's tested positive is so infrequent that it's probably been a different person testing them every time anyway. So, there wouldn't have been much of a chance to change [action on positive tests].* (Strategic police perspective)

Any variations in the ways that different appropriate adults were involved in the process were due not to embedded procedures but rather to individual practice.

Training

The same custody staff were involved in drug testing young people as adults. In all but one site, no specific training had yet been provided on drug testing young people, beyond sending out instructions on procedural changes.

Key findings during mainstream implementation

The level and content of training still varied widely between sites. The core training for police drug testers continued to focus on the 'mechanics' of the testing process, rather than broader issues of working with young people. Most sites had delivered either informal or formal training about the arrest referral scheme, but there was evidence at the operational level that drug testers would like a better understanding of this. When drug testers had a better understanding, stakeholders noted benefits for referrals into the scheme. Site 3 invested large sums into training, which included engaging with young people (undertaken by partner agencies) and arrest referral.

Partnership and joint working

Key findings during mainstream implementation

The research identified limited data with regards to partnership working for drug testing. Across the schemes, there were differing levels of engagement with partners. One scheme said that partnership working had been effective and that it increased information flows amongst agencies as a whole as well as between themselves:

> *I think it's been very, very effective in that way [partnership involvement], because it's helped identify, I think, probably a lot of other working factors which weren't particularly effective… and obviously it is really helped to open up a lot of discussion and a lot of -- you know, identifying more protocols and things, and hopefully more exchange of information.* (Police drug testing personnel)

There was limited evidence of partnership working between children's services and drug testing. In one scheme, a strategic representative from the police reported that drug testing was not integrated with children's services and that they had not intended for it to be:

> *Well, because drug testing is seen as rather distinct from the other intervention services and what-have-you. Arrest referral services is integrated with young people's things… but the drug testing is a function of the police.* (Strategic police representative)

However, in another scheme, the children and families directorate had started a process with partners to think about a whole-system approach for children's services and drug testing along with arrest referral.

Performance management and monitoring

Key findings during set-up and early implementation

Drug testing was monitored by sites for performance management purposes, including looking at compliance (the percentage of eligible individuals tested), the use of Inspector's discretion and the profile of those tested.

Key findings during mainstream implementation

There did not appear to be any major changes to the performance management and monitoring of schemes since early implementation. One site monitored the link between drug testing and arrest referral by implementing a local target to have arrest referral workers present in 100 per cent of tests. Another site changed their monitoring process so that young people's data were incorporated into analysis of adult testing data to generate strategic intelligence information.

> *We've done quite a lot of analysis of the drugs tests results for adults … concerning where the usage, the ethnicity, the general breakdown of the drug test cohort and the young people stuff was incorporated into that although it was of limited value because the numbers were so small it's difficult to make generalisations.* (Strategic drug testing personnel)

There was some suggestion that the adult drug testing scheme, with targets, was more performance driven than the young person's scheme. However, the Home Office reported that it preferred a less performance-driven approach to young peoples' drug testing to ensure that the rights and best interests of a young person were paramount.

Impact (Does it work?)

Summary: Does drug testing work?

The limitations to the research design and the availability of data mean that it is difficult to arrive at a conclusion about the change in young people's behaviour after drug testing. In summary:

- very few young people used Class A drugs in either the pilot or comparator areas; and
- drug use patterns in the pilot area did not vary significantly from that observed in the comparator areas.

Results

Substance misuse was measured before and after drug testing in five pilot sites and five comparator sites using data from the Asset core profile dataset. It is important to note that the use of the Asset dataset potentially introduces a sample bias into the analysis, as it is only available for young people who have already been in contact with the Yot. A more detailed summary of the research designs, methods and data used in the analysis is available in Appendix B.

Figures 4.2 and Figure 4.3 illustrate the recent substance use of young people before and after the drug testing intervention in the pilot and comparator areas and show that in the pilot area none of the young people had recently taken heroin, but that 12 per cent had recently taken cocaine and 11 per cent had recently taken crack. The most common substances used are alcohol (86%), tobacco (62%) and cannabis (57%). A sizeable minority of young people also used amphetamines and ecstasy. A greater range of substances were used by the comparator sample than the pilot sample before the drug testing intervention. Again, tobacco, alcohol and cannabis were the more commonly used. However, use of Class A and Class B substances was higher than in the pilot areas.

Figure 4.2 and 4.3 also demonstrate that after the drug testing intervention, the percentage of young people using each of these commonly used substances was reduced slightly: alcohol (86% to 77%) tobacco (62% to 58%), and cannabis (57% to 50%). The use of Class A and Class B substances did not change after the intervention except for ecstasy use, which doubled (10% to 20%). Although none of these changes were significant it is more important to note that the change in substance misuse in the pilot area did not differ significantly from that observed in the comparator area.

Figure 4.2: Recent substance use before and after drug testing in pilot area, n=55, (source: Asset)
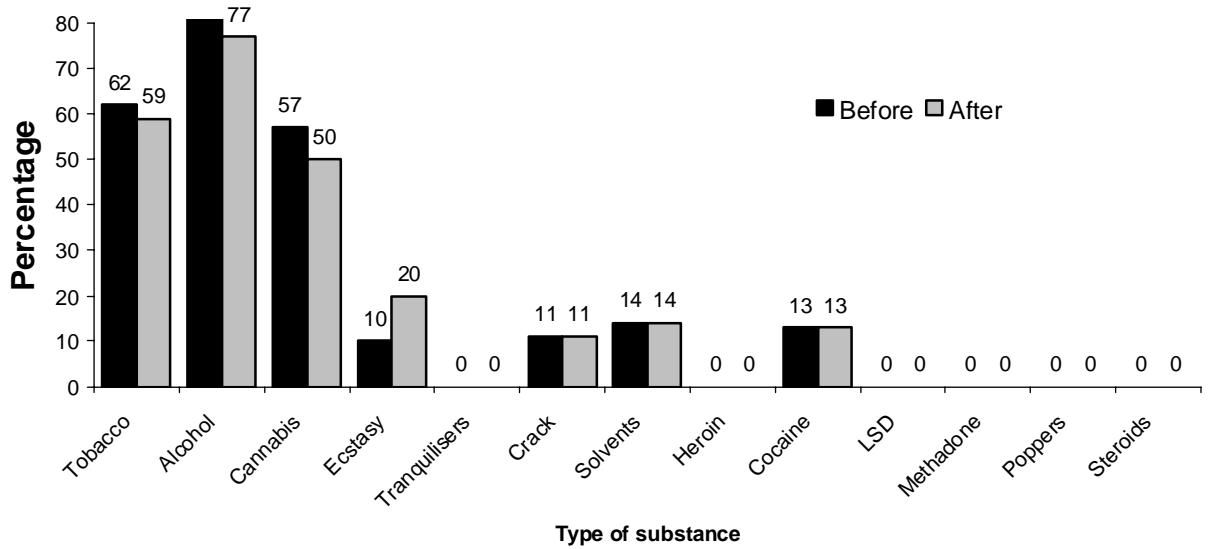
Figure 4.3: Recent substance use before and after drug testing in comparator area, n=1360, (source: Asset)
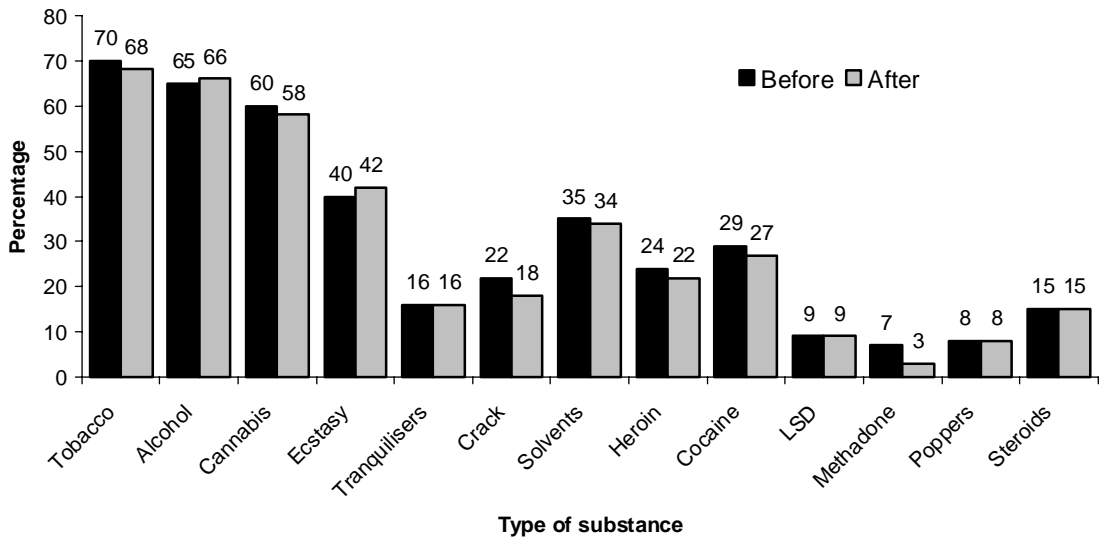
Cost (Is it worth it?)

Key findings

The following key findings emerged from the analysis of the economic cost of drug testing:

- Set-up ranged from around £7,000 in Site 2 to about £35,000 in Site 3.
- Running costs ranged from about £10,000 in Site 2 to around £44,000 in Site 3.
- The unit cost of a drug test ranged from £57 in Site 3 to £121 in Site 4.
- The unit cost of positive tests ranged from £1,219 in Site 1 to £2,431 in Site 2, reflecting the low proportion of tests that were positive.

How do drug testing costs vary between sites?

Table 4.10 shows the set-up and running costs for the five sites for which cost data were collected. The set-up period is specific to individual sites, while the running costs are measured for the period August 2004 to July 2005. It is important to note that, for the purposes of analysing set-up and running costs, any capital investment has not been amortised. Therefore, the figures presented reflect the actual spend. Table 4.10 shows that:

- Site 4 has the highest set-up (around £35,000) and running costs (about £45,000); and
- Site 2 has the lowest set-up costs (about £7,000) and running cost (around £10,000).

Table 4.10: Drug testing set-up and running costs

	Site 1 £	Site 2 £	Site 3 £	Site 4 £	Site 5 £
Set-up cost	14,601	7,060	13,734	31,777	5,725
Total running cost	21,934	9,725	20,826	45,258	23,816

Table 4.11 shows a breakdown of set-up costs. It demonstrates a number of variations in the resources used to set-up drug testing in the sites. For instance, Site 3, decided to invest heavily in training in order to develop a sense of ownership and to highlight the importance of the police's 'duty to care' towards young people generally.

Table 4.11: Drug testing set-up costs

	Site 1 £	Site 2 £	Site 3 £	Site 4 £	Site 5 £
Personnel	5,230 (35%)	2,823 (39%)	12,463 (35%)	9,055 (64%)	5,725 (82%)
Training	6,124 (41%)	2,188 (30%)	19,314 (54%)	1,019 (7%)	0
Overheads	3,247 (26%)	2,049 (28%)	0	3,660 (26%)	0
Equipment	499 (2%)	248 (4%)	3,685 (10%)[28]	318 (2%)	1,179 (17%)
Total	**15,101**	**7,307**	**35,462**	**14,052**	**6,905**
Months set-up	7	7	9	7	7

Table 4.12 shows a breakdown of the drug testing running costs. It demonstrates that:

- the most significant cost associated with drug testing is human capital (personnel, and training);
- overheads include the cost of drug testing cartridge kits and would therefore be expected to vary with the throughput of young people; and
- Sites 1 and 2 have low premises costs, as they spend only a small proportion of time testing young people and they use a smaller room than other sites.[29]

Table 4.12: Drug testing running costs

	Site 1 £	Site 2 £	Site 3 £	Site 4 £	Site 5 £
Personnel	13,227 (61%)	4,554 (47%)	21,700 (49%)	17,435 (84%)	19,869 (84%)
Training	2,650 (12%)	2,242 (23%)	9,068 (20%)	503 (2%)	0
Premises	58 (1%)	58 (1%)	2,180 (5%)	414 (2%)	872 (4%)
Overheads	5,874 (27%)	2,824 (29%)	11,541 (26%)	2,407 (12%)	2,829 (12%)
Equipment	0	0	0	0	0
Total	**21,810**	**9,679**	**44,490**	**20,760**	**23,570**

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[28] Equipment costs are relatively higher in Sites 3 and 5, which partly reflects the assumption that machines purchased for adult testing were also used for young people. That is, the analysis assumed that the proportion of equipment attributable to young people in Site 3 is 25 per cent and in Site 5 20 per cent
[29] This is based on information about the cost of a room in a custody suite (same for all sites) divided by the proportion of time used for drug testing for young people.

Much of the variation in running costs, especially personnel costs that formed a large proportion of running costs, is explained by the size of the site and its throughput of young people. Table 4.13 shows the unit cost of each successful drug test and each positive drug test. It demonstrates that the cost of each drug test varies from £57 in Site 3 to £121 in Site 4. Thus, whilst Site 3 had the highest running cost, much of this cost was accounted for by the number of drug tests it conducted. This may be a reflection of the local performance target that Site 3 adopted.

Site 4's high unit cost of a drug test (£121) reflects their target of having an arrest referral worker present at every drug test. This also explains the high proportion of drug testing costs accounted for by personnel costs in Site 4.

Table 4.13: Unit costs of drug testing

	Site 1	Site 2	Site 3	Site 4	Site 5
Running cost	£21,934	£9,725	£45,258	£20,826	£23,816
Drug tests	353	97	790	172	206
Positive tests	18	4	35	17	15
Cost per test	**£62**	**£100**	**£57**	**£121**	**£116**
Cost per positive test	**£1,219**	**£2,431**	**£1,293**	**£1,225**	**£1,588**

Table 4.13 also demonstrates that the unit cost of positive tests is significantly higher than the unit costs of tests, ranging from £1,219 in Site 1 to £2,431 in Site 2, reflecting the low proportion of tests that are positive.

What do different agencies contribute to the delivery of drug testing?

Table 4.14 shows the contribution of other agencies to delivering drug testing. As expected, drug testing tends to be delivered using police resources. The proportion of resources provided by the police is over 90 per cent in all sites except Site 4, where 19 per cent of drug testing resources come from other agencies, such as the Government Office regional advisor, the treatment agency manager and appropriate adults.

Table 4.14: Agency contributions to delivering drug testing

	Site 1 %	Site 2 %	Site 3 %	Site 4 %	Site 5 %
Police	97	96	94	81	100
CPS		2			
YOT				4	
Other	3	2	6	16	

Breakeven analysis

Table 4.15 shows the results of the breakeven analysis for arrest referral and demonstrates that, for drug testing to be cost-beneficial, the average number of thefts avoided for each young person participating in the interventions varies from 0.07 thefts per person in Sites 1 and 3 to 0.14 thefts per person in Sites 4 and 5. However, if it is assumed that the impact of drug testing results from positive tests, then the number of thefts that have to be avoided increases, ranging from 1.44 thefts per person receiving a positive test in Site 1 to 2.88 thefts per person receiving a positive test in Site 2.

Table 4.15: Thefts that need to be avoided per young person participating to make drug testing worthwhile

	Unit cost of drug testing		Thefts avoided per person to break even	
	per test £	per positive test £	per test	per positive test
Site 1	100	2,431	0.12	2.88
Site 2	62	1,219	0.07	1.44
Site 3	121	1,225	0.14	1.45
Site 4	57	1,293	0.07	1.53
Site 5	116	1,588	0.14	1.88

It is worth pointing out that the numbers of thefts that need to be reduced for the drug testing intervention to be worthwhile are relatively small, especially when compared to the average number of offences committed by young people participating in the intervention (over a three-month period, the average number of offences committed per young person ranged from 1.2 in Site 4 to 2.0 in Site 2).

Whilst no significant change in offending was identified after the intervention and there are strong caveats against attributing any change to the intervention, the theories of change that have been identified and the data from the young people interviews would suggest that reductions in offending are feasible.

5. Drug Treatment and Testing Requirements

Overview

Drug Treatment and Testing Requirements became available as a sentencing option from 1 December 2004. DT(T)Rs target young offenders who have developed or are at risk of developing drug problems and who may benefit from an intervention as part of their community sentence.

A breakdown of the number of DT(T)Rs by case study site is included in Table 5.1. It is important to note that a number of these DT(T)Rs commenced after the field research had been completed in August 2005.

Table 5.1: Commencement data for DT(T)Rs

	No. of DT(T)Rs	Dates DT(T)Rs commenced
Site 1	4	June, August, September and October 2005
Site 2	0	None had been made by November 2005
Site 3	1	October 2005
Site 4	1	September 2005
Site 5	5	April, May (x2), June (x2) 2005

Due to DT(T)Rs coming on-stream later than the other interventions they were still at an early stage when the field research was undertaken. As a result, at the time of field research many professionals' understanding of DT(T)Rs was based on their experiences of the adult Drug Treatment and Testing Order, although it should be noted that specific guidance was issued. Therefore findings should be treated with caution.

As is highlighted in the methodology section, different stakeholders were included in the field research including Yot personnel and Court staff, including legal advisers and magistrates.

Understanding and attitudes to DT(T)Rs

Stakeholders generally viewed the overall aims of the pilot to be reduction of substance misuse and therefore drug-related offending. Most stakeholders from all levels described getting young people into treatment as a key purpose of the pilot, and many referred to it as being for those with 'chaotic lifestyles'. Examples of stakeholder feedback included responses included:

> *[DT(T)R] expand the toolkit that youth justice services have and youth offending teams have at their disposal to provide a little extra emphasis and focus to motivating young people.*(Yot manager)

> *We were all very pleased about it [introduction of DT(T)R]. We thought it was a very valuable thing to do because we know that there were the services for adults, but no one was too clear about what arrangements there were for the youths.* (Legal advisor at a Magistrates Court)

Outlined in the Process sections below is the background to the intervention and the key stages in its local implementation.

Process (Can it work?)

Stakeholders across different sites commented to the research team that they were building on existing processes and relationships in setting up local DT(T)Rs. This was felt to have led to relatively few issues or obstacles needing to be overcome. One site highlighted that the

only issue had been not knowing how many DT(T)Rs to expect. Agencies involved in DT(T)R set-up included:

- Yot (5)[30]
- Arrest referral provider (2)
- Youth Support Service (1)
- Government Office (1)

- Treatment provider (4)
- Courts (1)
- DAT (1)

Staffing

No significant issues were raised regarding recruitment or retention of staff during the early stage of the pilot. All sites described a key role for staff as engaging in co-ordinated care planning between the Yot case manager and treatment provider. This began at the Pre-Sentence Report stage, with some sites describing treatment provider involvement in assessing, care planning and commenting on appropriateness of referrals. Ongoing liaison between treatment providers and case managers was felt to be important.

In one site, where no DT(T)Rs had been made at the time of field research, stakeholders highlighted that having no dedicated Yot worker or allocated space for DT(T)Rs had been an issue. By contrast, in another site there was a Yot-based specialist RAP and DT(T)R team, including a dedicated substance misuse worker, sessional workers and a support officer, managed by the operational manager for resettlement. In this site there was a structured plan for ongoing support of young people at the end of DT(T)Rs. Six months' aftercare was provided by the team, using an advocate to support the young person or, if the young person was more vulnerable, referral to the Intensive Supervision and Surveillance Programme (ISSP) panel.

Joint working

Effective existing relationships with partner agencies were seen as important in aiding the introduction of DT(T)Rs. One site described a very clear process of referral with age-specific assessments being passed to the treatment provider, who then got back in touch with the Yot if there were any issues to discuss. In another site, where a treatment provider worker was based in the Yot, information was passed on by case managers and the worker was able to access the Care Works systems for information. One Yot manager captured the feelings generally found by the research team.

> …as I said, we have very good relationships with our partnership with our young persons' treatment provider so… and the fact that we have already gone through some of those information-sharing protocols prior to DT(T)Rs [meant] we'd already had a framework in place to share that information when DT(T)Rs came in. (Yot manager)

No significant issues were raised in relation to joint working between the Yot and treatment providers, with established relationships having been in place prior to the introduction of DT(T)Rs.

Commissioning

In none of the sites did the introduction of DT(T)Rs involve commissioning a new service provider. Sites described amending agreements with existing providers providing Yot-based services, or referring young people to existing substance misuse services in the area. Table 5.2 describes the DT(T)R provider for each site.

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[30] Figures in brackets indicate number of local sites where involvement identified.

Table 5.2:   Providers of DT(T)Rs

	Provider
Site 1	Local drug treatment provider with Yot staff undertaking drug testing.
Site 2	Local substance misuse services.
Site 3	Local drug treatment provider providing all treatment and testing.
Site 4	Local drug treatment provider with an addictions nurse based at the Yot.
Site 5	Provision of some services by the Yot but with access to tier 2 and tier 3 treatment services.

Assessing suitability for the intervention

For Yot workers, treatment providers and court staff, the key issue when assessing suitability for a DT(T)R was the level of motivation a young person was assessed to have for addressing substance misuse issues and engaging with the requirement. Suitability was often described as being report-led (Pre-Sentence Reports), and sites described how treatment providers contributed to the assessment of young people at this stage, for example by providing an addendum to the report. Legal advisers in some sites described how there were different consent requirements depending on the age of the young person, with younger individuals requiring parental consent in addition to their own.

Activity and throughputs

During set-up and early implementation, the throughput of DT(T)Rs was low. This was in line with expectations based on the predicted numbers of young people who would require such a rigorous sentencing option to address their substance misuse.

Treatment and testing

The components of treatment included in a DT(T)R largely depended on the assessed need of the young person. Elements to be decided for each requirement included the type of intervention (for example, detoxification, medication or cognitive behavioural interventions), the length of the requirement, the regularity of appointments and what would constitute a breach of the care plan. If testing was to be included the DT(T)R also had to specify what will be tested for, how, how often and over what time frame. In the main there was a positive reaction from most stakeholders to testing, and it was felt to be something young people liked to have to prove their success.

> *No one seems to have any aversion to me doing a drug test, you know, and once people get that first negative in they're over the moon and it actually aids their recovery.* (Treatment provider)

Sites described different approaches to the testing that would take place. In one site an interviewee emphasised that this would be decided by the treatment provider, while in another interviewees also stated that substances tested for would depend on the individual young person, with a focus on substances that presented the most risk. Here, as in another site, they did not test for cannabis, the rationale being that young people would readily discuss their cannabis use.

Cost (Is it worth it?)

As described above because of the low levels of activity within the research time frame and the fact that the nature of DT(T)Rs vary from case to case, it proved difficult to derive meaningful conclusions from the analysis of this particular intervention. As a result the information presented below is more summary than for the other interventions and needs to be interpreted with caution.

Variation in costs

A number of variations in the cost profile of delivering DT(T)Rs was identified across the sites (Table 5.3):

- in four sites, personnel costs made up a large proportion of the costs of delivering DT(T)Rs;
- Site 1 invested heavily in training that involved magistrates, treatment providers and the Yot; and
- those sites with the highest equipment costs (Sites 1 and 5) are those with the highest throughput of young people.

Table 5.3: Breakdown of DT(T)R costs

	Site 1 £	Site 2 £	Site 3 £	Site 4 £	Site 5 £
Personnel	4,825	2,319	3,146	17,419	69,809
Training	16,132	1,954	712	4,396	2,423
Premises	1,166	300	487	241	1,457
Overheads	560	74	161	117	1,179
Equipment	3,731	0	151	71	3,195
Total	**26,414**	**4,648**	**4,656**	**22,243**	**78,062**

The study shows that implementation of DT(T)Rs is likely to be very resource-intensive. Total costs will, therefore, vary with the number of young people receiving DT(T)Rs in each area. Table 5.4 shows DT(T)R unit costs per case across the five sites. As can be seen below, the low cost of delivering DT(T)Rs in Sites 2 and 3 is the result of them having had no cases of DT(T)Rs. At this stage the limited activity makes these no more than indicative estimates and a longer period is required before meaningful unit cost figures can be estimated.

Table 5.4; Unit costs of DT(T)Rs

	Site 1 £	Site 2 £	Site 3 £	Site 4 £	Site 5 £
Total cost	23,299	4,648	4,529	22,184	£75,343
Cases	2 cases	0 cases	0 cases	1 cases	4 cases
Cost by case	11,650	-	-	22,184	£18,836

What do different agencies contribute to the delivery of DT(T)Rs?

Table 5.5 below shows the different agency contributions to the delivery of DT(T)Rs. This shows that, with the exception of Site 3, the majority of the resources required for the delivery of DT(T)Rs come directly from the Yot. In Site 3, both the Yot and the treatment agency deliver DT(T)Rs.

Table 5.5: Agency contributions to the delivery of DT(T)Rs

	Site 1 %	Site 2 %	Site 3 %	Site 4 %	Site 5 %
Yot	90	71	41	79	100
Courts	5	11	5	9	-
Treatment agency	5	18	50	12	-
Other	-	-	4	-	-

6.   Integration of the Drug Interventions Programme for Children and Young People

Key findings

Integration between arrest referral and on-charge testing has generally been poor, with monitoring data suggesting that relatively few young people who are drug tested are offered arrest referral and fewer take up this offer, and relatively few arrest referral contacts originate from the drug testing process. However, stakeholders at several sites described a reasonable level of integration. Where integration was reported to be successful, effective partnership working at strategic and operation level was important.

At the early stage of its implementation there was little evidence of the integration of DT(T)Rs into the wider Drug Interventions Programme for Children and Young people.

Integration between arrest referral and on-charge drug testing

Monitoring data suggest that there has been only limited integration between arrest referral and drug testing. Just over half of young people who were drug tested were offered arrest referral and the vast majority refused.

Table 6.1: Offer of arrest referral to those tested and the result of offer

Site name	Offered				Not Offered		Total
	Accepted		Refused				
	No.	%	No.	%	No.	%	
Site 1	22	5	153	36	249	59	424
Site 2	6	5	78	60	46	35	130
Site 3	48	5	580	59	348	36	976
Site 4	58	29	27	14	112	57	197
Site 5	9	3	238	92	13	5	260
Total	143	7	1,076	54	768	39	1,987

This is borne out by monitoring data from the arrest referral process showing that a very small per cent of the referrals for arrest referral came from the drug testing process (see Table 3.8).[31]

However, despite the lack of evidence of integration from the monitoring data, in several sites stakeholders suggested that drug testing and arrest referral were seen very much as a joint, integrated pilot that was a positive way of providing an opportunity for agencies to work together. For instance, in Site 4 the Children and Young People's Drug Interventions Programme, together with the site being a High Focus Area, was seen as providing an opportunity to ensure that addressing young people's substance misuse was an important element of the Every Child Matters agenda

The levels of existing partnership working, the enthusiasm of key individuals and organisational culture all played a part in how favourably the Programme was seen and the extent to which agencies sought to develop an integrated Programme. For instance in Site 3 police welcomed the opportunity the Children and Young People's Drug Intervention Programme provided for them to be able to play a positive role in communicating with young people rather than simply detaining them. However, in Site 5 the police seemed less

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[31] It is worth noting that the number of referrals identified by arrest referral as originating with the drug testing process (n= 69) is lower than the number of young people who accepted an offer of arrest referral during the drug testing process (n= 143).

enthusiastic seeing the Programme and particularly drug testing as work-intensive and expensive.

Where integration was successful practical measures that appeared to have helped included:

- a strong steering group providing regular communication and encouraging joint working to integrate drug testing and arrest referral at strategic, managerial and operational levels;
- personnel at all levels of the pilot recognising that arrest referral was a key element of the drug testing pilot;
- arrest referral workers giving introductory talks to new drug testing staff about their role; and
- police recognising the benefits of having arrest referral workers available in custody suites to provide support on tasks such as collecting methadone and diffusing confrontational situations by working with difficult individuals.

Factors that resulted in practical obstacles to integration included the following.

- An ad hoc system for communicating the results of drug tests to other agencies. For instance in Site 1 police faxed the test results through to the Yot a week in arrears. However, if they had a positive result they would telephone the Yot, who would then alert the arrest referral pilot. This resulted in arrest referral being informed only of positive test results (a very small proportion of tests as set out in Section 4).
- No attempt to provide feedback to custody staff about success stories of young people who had been helped by arrest referral.
- A lack of specific training for drug testers on how to communicate with young people to offer arrest referral.
- A lack of police training on arrest referral in some sites, with police being unclear about either the role and remit of arrest referral or how it differed from adult arrest referral.

Integration between arrest referral, on-charge drug testing and DT(T)R pilots

At the early stage of the DT(T)R pilot during which fieldwork was undertaken, there was little evidence of integration of DT(T)Rs into the wider Drug Interventions Programme for Children and Young People. There was relatively little awareness of DT(T)Rs outside of the Yots and curts, and the small numbers of DT(T)Rs meant that many agencies had yet to work with a young person subject to a DT(T)R.

7. Conclusion

This section sets out key recommendations for the future roll-out of each element of the Children and Young People's Drug Interventions Programme.

Arrest referral

Recommendation 1: There is sufficient evidence in this evaluation report to support the roll-ut of arrest referral

While no single stream of evidence is sufficient to draw a conclusive verdict about arrest referral, the combination of different evidence strands is sufficient to support the roll out of arrest referral. This evidence is summarised below.

Should it work?	There is a clear rationale underpinning arrest referral, particularly its contribution to early identification of need, referral to substance misuse services and referral to non-substance misuse services.
Can it work?	• Arrest referral has been implemented in a number of sites. • The local stakeholder response to arrest referral has generally been favourable and instances of effective practice relating to different elements of the arrest referral process have been identified, although referral levels across sites have varied widely. • There are at least two models of arrest referral ('referral' and 'case management') and benefits were observed for both models.
Does it work?	• Limitations in the design of the impact analysis have prevented any clear conclusions regarding impact emerging from the quantitative analysis of impact. • Qualitative interviews with young people receiving services and practitioners delivering services have identified positive benefits for young people in contact with arrest referral. While these findings cannot be generalised to the whole programme the benefits identified have been consistent between sites and across interviews. Generally, these interviews have not identified negative outcomes.
Is it worth it?	The economic costs of a process of contact and an individual meeting with a young person have been identified and the cost difference between a referral model and a case management model highlighted.

Arrest referral provides an intervention to a potentially vulnerable population of young people at a point when there is no other specific service input. The unique selling point of arrest referral is as an intervention to engage with young people at an event – arrest – that may act as a trigger for change, when no other service input is available.

However, this recommendation for rolling out arrest referral schemes is predicated on a number of key issues identified during the evaluation being addressed as part of an ongoing programme of development. For most of these issues, the experience of the pilot sites provides examples of solutions to these issues.

The evaluation identified the following five issues for consideration to allow arrest referral schemes to maximise the effect of their unique position. For each of the five issues a recommendation as to the preferred direction for development has been made, along with the strategic and operational considerations for local areas.

Consideration 1.1: Arrest referral needs to have a clear and specific focus as an early intervention/prevention scheme

Ongoing development should focus on arrest referral specifically as an early intervention / prevention scheme, as opposed to a general criminal justice scheme. Key process messages indicate that this is where the schemes have the most effect. Further the impact analysis provided little indication of effectiveness with young people who were already engaged in the youth justice system to a sufficient extent that an Asset assessment has already been undertaken.

Strategically, it will be important to have local level strategic leadership from an early interventions/preventions perspective and to have co-ordination with anti-social behaviour, prevent and deter, and other early interventions. Further, close planning and partnership working with local Yots to ensure strategic fit will be needed. This could be through physical location within the Yot, management by the Yot or through YJB recognition of the role for arrest referral schemes. It is through this close partnership working that arrest referral schemes will have a permanent, clear and credible role in relation to the Yot. Consideration will also need to be given to how effectiveness will be measured.

Any redefining of the focus of arrest referral schemes will have to be clearly communicated to key operational stakeholders. Partnership working, information sharing and communications between arrest referral schemes and local prevention and early intervention schemes will be important.

Consideration 1.2: Arrest referral should clearly be defined as focusing on the holistic needs of young people

Ongoing development should define arrest referral as an intervention concerned with young people's holistic needs, with no specific priority around substance misuse. Messages from the process and structure interviews and from the monitoring data indicate that schemes are predominantly addressing a wide range of young people's needs, with substance misuse issues being one small element. Neither is there any evidence to suggest that arrest referral as currently configured is strongly linked to drug testing.

Strategically, further planning is required to define more clearly the pathways between arrest referral and a wide range of diverse services. It will also be important to ensure that the organisation location of the scheme is appropriate for addressing holistic needs. Operationally, it will be important to establish effective joint working and communications with a wide range of services and ensure partners are clear about the role of arrest referral throughout services.

A potential challenge of arrest referral being defined in such a way may be the loss of support from criminal justice agencies, in particular the Yot and police, as the service may be perceived to be less aligned with their objectives. It will therefore be important to consider how relationships currently formed can be maintained.

Consideration 1.3: The scope of arrest referral should be more clearly defined and emphasis placed on a referral model

There is a choice between a referral model and a case management model. The referral model was the intended direction for arrest referral, but external pressures such as service capacity, and internal drivers such as workers' perspectives as to their roles have led to the emergence of a case management model in some sites. The cost analysis in this evaluation has highlighted the significant cost implications of implementing a case management, as opposed to a referral, model. The referral model should be better defined and promoted.

It will be important to have clear:

- guidance and eligibility criteria as to the level of input arrest referral will provide to different client groups;
- processes and responsibilities to address the unmet needs of vulnerable young people;
- handover processes and exit strategies from arrest referral and the development of agreed referral pathways balanced with local flexibility;
- definition of the role of arrest referral workers and a set of criteria created against which proposed new roles could be assessed with regards to different arrest referral models.

Consideration 1.4: Arrest referral should be designed to contribute to evidence on local need and provision for children and young people

Arrest referral schemes were a source of evidence on a broad range of young people's needs and the appropriateness of local services to meet those needs. This information could be collated to inform evidenced-based commissioning of children and young people's services. This may be important in ensuring the ongoing development of services to meet local needs, thereby allowing for more effective models of referral to be implemented by schemes that feel under pressure to deliver services themselves when they are not available locally.

Strategically, it will be necessary to develop local systems and processes to inform evidence-based commissioning that includes processes for gathering, collating and disseminating information from arrest referral. Operationally, awareness raising and implementation of processes will be important to ensure available data are collected systematically.

Consideration 1.5: There should be central direction on the ongoing development of arrest referral schemes

The final option for consideration is whether schemes should be allowed continued flexibility in their ongoing development, as has been the case to date. The advantage of a more organic, 'bottom-up' approach to development is that schemes are well-placed to develop arrest referral so as to meet the requirements of local service planning agendas. However, without some central direction as to the scope, definition and role for arrest referral there is a risk of schemes not developing a clear enough strategic role, tending to drift into case management roles as a response to short-term local objectives or shortage of capacity in other services.

It is recommended that ongoing local performance monitoring and evaluation against key outcomes occurs.

Every Child Matters

For each of these considerations, there are key thoughts with regards to the Every Child Matters agenda:

Consideration	Every Child Matters considerations
1.1	• Strategic responsibility for schemes will fall under the new integrated children's services arrangements and a lead will need to be identified. • More proactive identification with the children and young people's agendas may be required within some areas.
1.2	• Ensuring that there are horizontal links to services for older young people who may be in transition to young adult or adult services will be important. • Ensuring schemes are included in planning and roll-out of changes relating to integrated children's services will be important. • Ensuring performance management systems reflect the broader outcomes required under Every Child Matters will be required.
1.3	• A proactive approach to demonstrating 'fit' between arrest referral and other services will be required to ensure a role for arrest referral within integrated children's services. The Youth Matters agenda will also require that this demonstrates consideration of horizontal fit to young adult and adult services. • Guidance needs to be provided for lead professional model.
1.4	• Linking information into local commissioning processes, including needs assessment, service mapping and contract management systems will be necessary.
1.5	• Central government direction needs to be cross-departmental to clearly locate arrest referral within the broader strategic landscape.

Drug testing

Recommendation 2: There is insufficient evidence in this evaluation report to support wider roll-out of drug testing.

While no single stream of evidence is sufficient to draw a conclusive verdict about drug testing, the combination of different evidence strands is insufficient to support the roll out of drug testing. This evidence is summarised below:

Should it work?	There is not a strong or consistent rationale to describe how drug testing will achieve outcomes.
Can it work?	• Drug testing has been successfully implemented in a number of sites. • There has been a very low proportion of positive tests. • Stakeholder response to drug testing has been mixed. • Drug testing has generally not been well integrated with the wider Drug Interventions Programme for Children and Young People.
Does it work?	Limitations in the design of the impact analysis have prevented any clear conclusions regarding impact.
Is it worth it?	The economic cost of a test has been identified.

None of the evidence streams provides clear support for the roll-out of drug testing. This is in contrast to the findings on arrest referral, where, although the impact study was inconclusive, there was strong support for the intervention both in terms of the underlying rationale and the views of a range of different local stakeholders across the sites. This is not the case for drug testing where a strong rationale has not been identified, the stakeholder response has been mixed and monitoring data have shown that there are a very low proportion of positive tests.

There is also some limited evidence in this report to suggest that testing at the point of arrest might provide more timely information, perhaps facilitating more effective integration of drug testing and arrest referral. This is also a view that has been put forward by some stakeholders in local sites. However, the rationale for this is not clear and such a measure would require a change of legislation.

DT(T)R

Due to the early point at which it was evaluated there is insufficient evidence in this evaluation report to support wider roll-out of DT(T)Rs.

Should it work?	A clear theory of change to underpin DT(T)Rs was described by local stakeholders and focused on improved access to substance misuse services.
Can it work?	Due to the early stage of implementation, findings are only applicable to project set-up and very early implementation. The numbers of DT(T)Rs made to date is extremely small and this may be partly explained by a lack of knowledge and understanding of DT(T)Rs among local stakeholders.
Does it work?	No impact data were gathered or analysed during this evaluation.
Is it worth it?	Cost data were gathered but the small throughputs to date make it impossible to generalise from this data.

Due to the limited evidence base described above, it is not possible to make robust recommendations at this stage. However, the fieldwork on DT(T)Rs has highlighted that the low throughputs observed to date may be partly due to lack of knowledge and understanding of DT(T)Rs among local stakeholders. This would suggest that the management of the DT(T)Rs needs to be accompanied by a clear communication strategy aimed at addressing weakness in people's understanding of the intervention.

Appendix A. Additional tables and figures

Arrest referral monitoring tables

Table A3.1: Ethnicity of young people by site

Site	Site 1		Site 2		Site 3		Site 4		Site 5		Total
	No.	%	No.	%	No.	%	No.	%	No.	%	
White British	247	72	310	89	305	63	424	84	136	21	1,422
White Irish	2	<1	1	<1	9	2	2	<1	6	<1	20
White Other	1	<1	-	0	1	<1	-	0	62	10	64
White/Black Caribbean	8	2	4	1	32	7	4	<1	49	8	97
White/Black African	1	<1	-	0	-	0	-	0	5	<1	6
White/Asian	8	2	2	<1	2	<1	5	1	1	<1	18
Mixed Other	4	1	-	0	5	1	4	<1	22	3	35
Black Caribbean	8	2	-	0	28	6	1	<1	112	18	149
Black African	-	0	2	<1	5	1	-	0	97	15	104
Black Other	-	0	-	0	2	<1	1	<1	9	1	12
Indian	3	<1	-	0	1	<1	-	0	10	2	14
Pakistani	53	15	9	3	5	1	1	<1	10	2	78
Bangladeshi	2	<1	-	0	6	1	2	<1	21	3	31
Asian Other	1	<1	3	<1	2	<1	2	<1	73	11	81
Chinese	-	0	1	<1	-	0	-	0	-	0	1
Other	2	<1	2	<1	2	<1	-	0	15	2	21
Unknown	5	1	11	3	40	8	60	12	9	1	125
Not stated	-	0	5	1	24	5	-	0	-	0	29
Black British	-	0	-	0	17	3	-	0	3	<1	20
Total	345	100	350	100	486	100	506	100	640	100	2,327

Note: <1=less than 0.5%

Table A3.2: Substance use profile by age at first use

Age at first use	Type of substance															Total
	Alcohol	Tobacco	Cannabis	Ecstasy	Cocaine	Crack	Heroin	Methadone	Amphetamines	Poppers	GHB	Hallucinogenics	Tranquillisers	Volatile substances	Other	
6	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	4
7	1	8	2	-	-	-	-	-	-	-	-	-	-	-	-	11
8	5	12	4	-	-	-	-	-	-	-	-	-	-	-	-	21
9	5	25	11	-	-	-	-	-	1	-	-	-	-	-	-	42
10	17	52	26	-	-	-	-	-	-	2	-	-	-	-	-	97
11	33	71	36	2	1	-	1	-	1	-	-	-	-	1	-	146
12	83	90	80	2	3	-	-	-	2	4	-	-	-	3	1	268
13	77	109	96	19	8	1	1	-	12	4	-	7	-	1	-	335
14	90	85	137	12	13	2	4	-	16	4	-	3	-	-	-	366
15	58	30	79	26	17	8	13	-	9	8	-	7	-	1	2	258
16	19	13	20	19	22	11	10	3	8	3	-	3	-	1	2	134

17	2	1	6	1	8	-	-	-	1	-	-	1	-	-	-	**20**
Not known	121	154	153	17	17	5	2	2	3	4	-	4	1	3	1	**487**
Total	**513**	**652**	**650**	**98**	**89**	**27**	**31**	**5**	**53**	**29**	**-**	**25**	**1**	**10**	**6**	**2,189**
Total (%)	**23**	**30**	**30**	**4**	**4**	**1**	**1**	**<1**	**2**	**1**	**0**	**1**	**<1**	**<1**	**<1**	**100**

Note: <1=less than 0.5%

Table A3.3: Living arrangements by contact per site

	Site 1	Site 2	Site 3	Site 4	Site 5	Total
With parent(s) (no.)	247	316	352	225	473	**1,613**
%	60	84	64	31	66	**58**
Other carers (no.)	8	6	7	5	15	**41**
%	2	2	1	<1	2	**1**
Other family members (no.)	24	8	30	22	29	**113**
%	6	2	5	3	4	**4**
Children's home(no.)	24	10	31	16	13	**94**
%	6	3	6	2	2	**3**
Independent living (no.)	20	3	1	21	18	**63**
%	5	<1	<1	3	3	**2**
Other (no.)	32	5	22	15	62	**136**
%	8	1	4	2	9	**5**
Unknown (no.)	56	26	109	418	103	**712**
%	14	7	20	58	14	**26**
Total	**411**	**374**	**552**	**722**	**713**	**2,772**

Note: <1=less than 0.5%

Table A3.4: Accommodation status by contacts per site

	Site 1	Site 2	Site 3	Site 4	Site 5	Total
Family accommodation (no.)	284	326	406	259	521	**1,796**
%	69	87	74	36	73	**65**
Self rented accommodation (no.)	13	2	2	5	9	**31**
%	3	<1	<1	<1	1	**1**
Hostel/B&B(no.)	13	2	9	14	14	**52**
%	3	<1	2	2	2	**2**
Foster care (no.)	3	5	4	5	11	**28**
%	1	1	<1	<1	2	**1**
No fixed abode(no.)	3	2	8	6	9	**28**
%	<1	<1	1	<1	1	**1**
Looked after young person (no.)	25	6	32	16	18	**97**
%	6	2	6	2	3	**3**
Residential (no.)	-	4	-	5	1	**10**
%	0	1	0	1	<1	**<1**
Other (no.)	20	1	5	9	35	**70**
%	5	<1	<1	1	5	**3**
Unknown (no.)	50	26	86	403	95	**660**
%	12	7	16	56	13	**24**
Total	**411**	**374**	**552**	**722**	**713**	**2,772**

Note: <1=less than 0.5%

Arrest referral impact tables and figures

Service referral and access

Table A3.5: Type of services young people were referred to by attendance, Site four, (n=253) (source EMD)

Type of service	No. referred	No. accessed	No. not accessed
Tier 1 – Accommodation	1	0	1
Tier 1 – Connexions	1	1	0
Tier 1 – Education/school	3	1	2
Tier 1 – Other	1	1	0
Tier 1 – Child protection	2	1	1
Tier 2 – Connexions PA	1	0	1
Tier 2 - Other	5	1	4
Tier 3- Young persons substance misuse service	9	8	1
Tier 3 – Young persons prescribing service	1	0	1
Total	**24**	**13**	**11**

Table A3.6: Type of services young people were referred to by attendance, Site two, (n=95) (source EMD)

Type of service	No. referred	No. accessed	No. not accessed
Tier 1 – Accommodation	1	1	0
Tier 1 – Connexions	1	1	0
Tier 1 – Diversionary	7	2	5
Tier 2 – Connexions PA	2	2	0
Tier 2 – Positive Futures	1	1	0
Tier 2 – Social Services	1	1	0
Tier 2 - Youth Offending Team	27	15	12
Tier 3- CAMHS	1	1	0
Tier 3 – Family work	1	1	0
Tier 3 – Social Services	1	1	0
Total	**43**	**26**	**17**

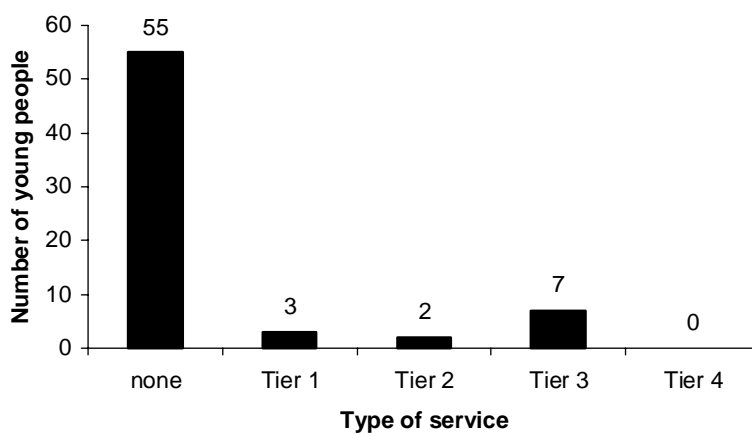*Figure A3.1: Total Asset score before arrest referral, Site four (n=99, source: Asset)*
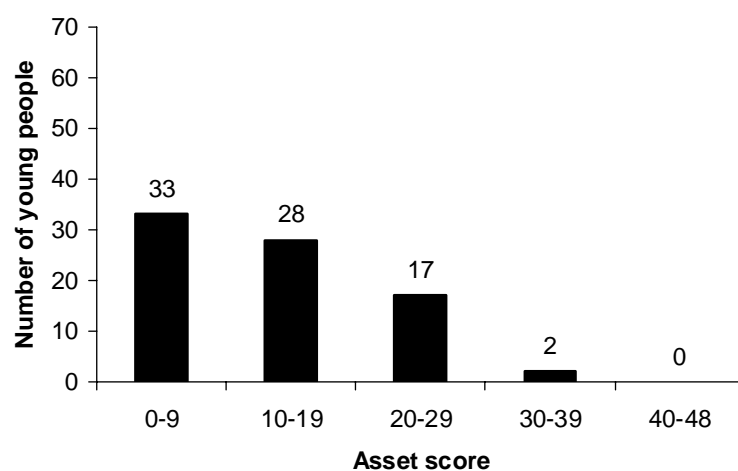
Figure A3.2: Highest tier of service accessed before arrest referral, Site four n=99 (source: EMD)
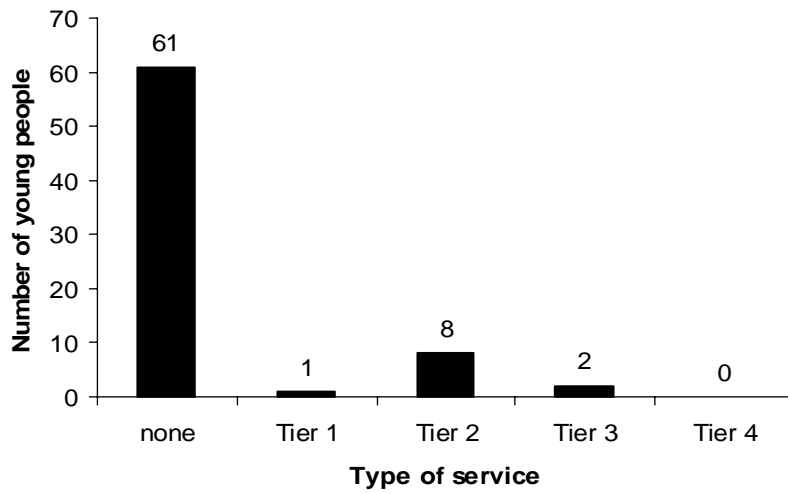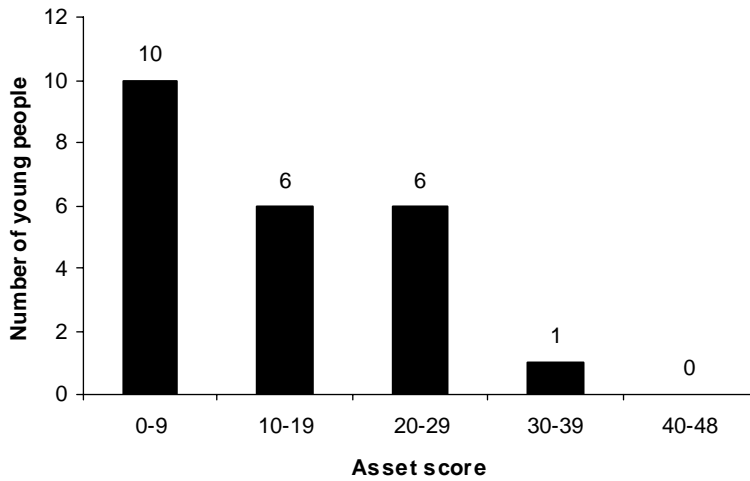

Figure A3.3: Total Asset score after arrest referral, Site four n=67 (source: EMD)
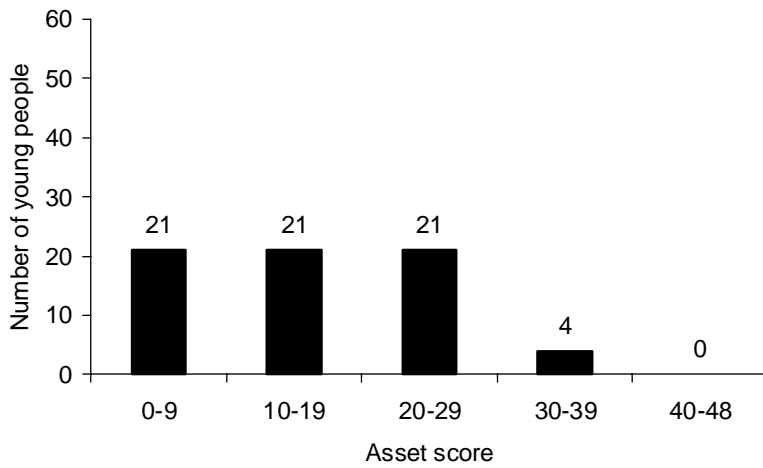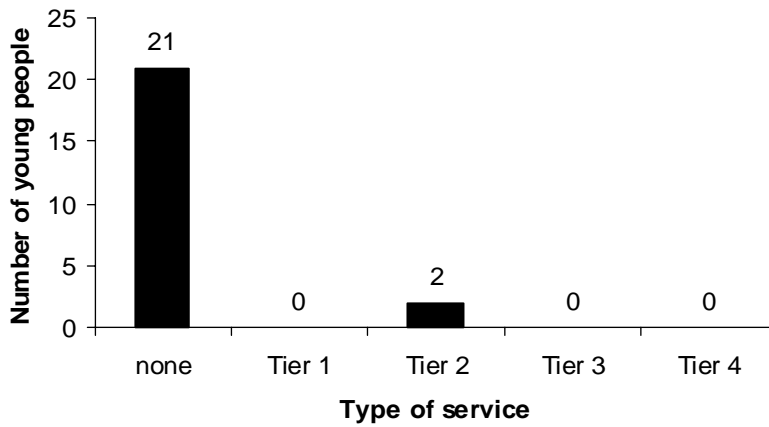

Figure A3.4: Highest tier of service accessed after arrest referral, Site four n=67 (source: EMD)
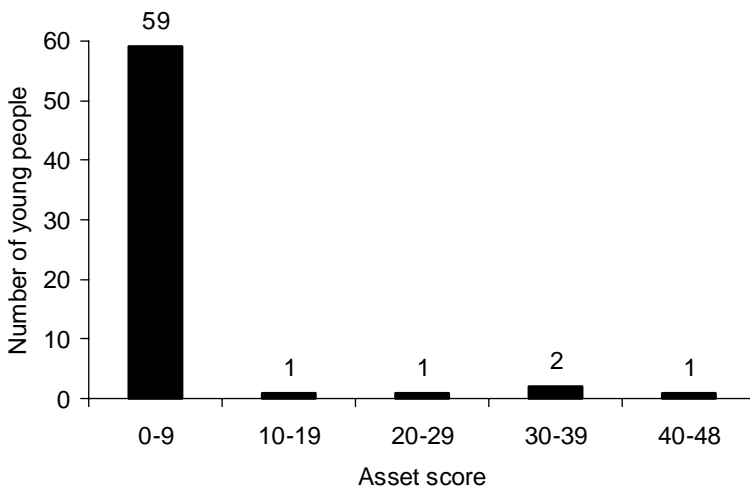
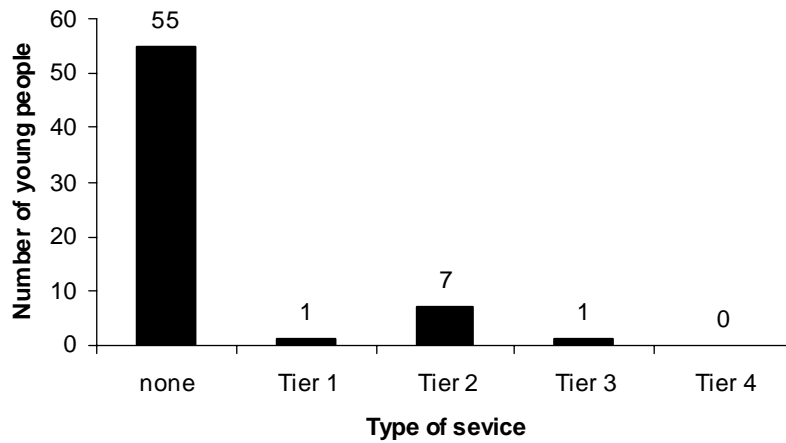**Figure A3.5: Total Asset score before arrest referral, Site two n=28 (source: Asset)**

Figure A3.6: Highest tier of service accessed before arrest referral, Site two n=28 (source: EMD)

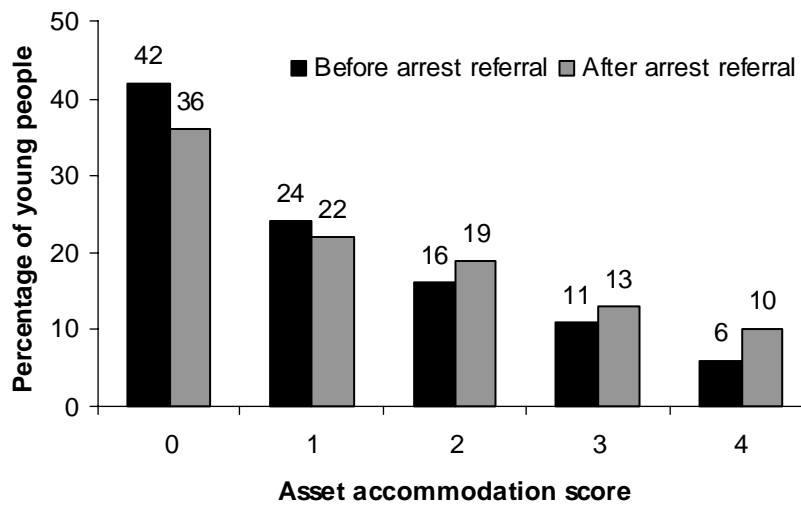**Figure A3.7: Total Asset score after arrest referral, Site two n=64 (source: Asset)**

Figure A3.8: Highest tier of service accessed after arrest referral, Site two n=28 (source: EMD)
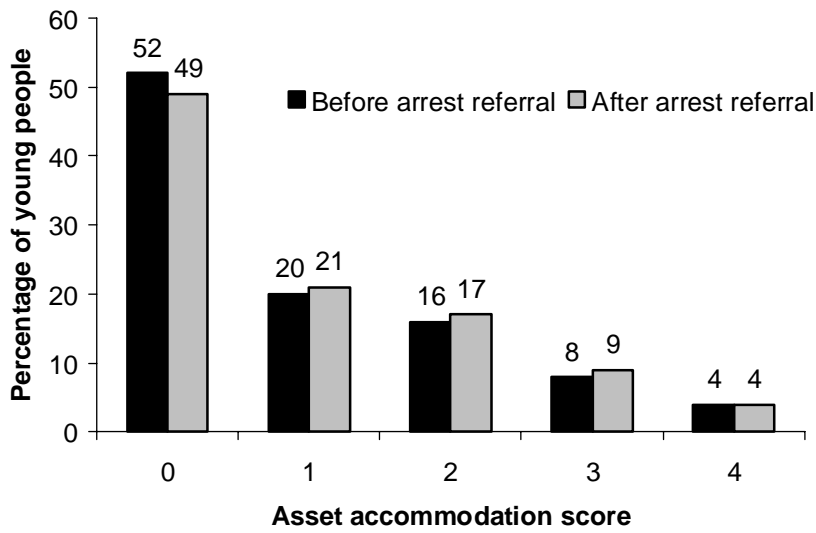

Risk of offending

Figure A3.9: Asset accommodation score before and after arrest referral in the pilot areas, n=193, source: Asset
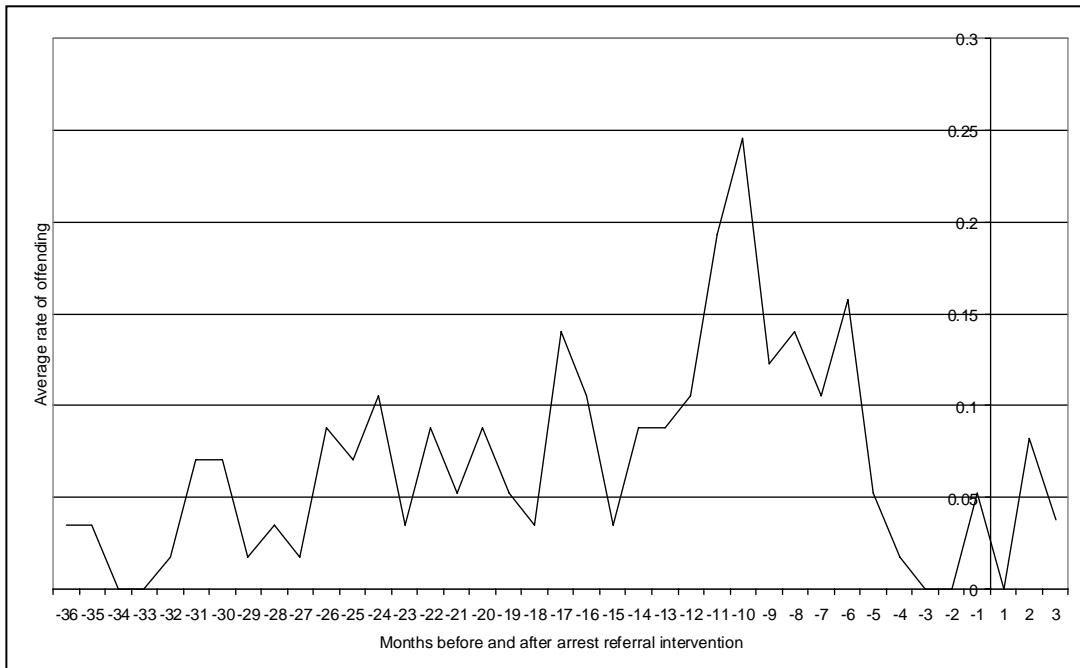
Figure A3.10: Asset accommodation score before and after arrest referral in the comparator areas, n=1357, source: Asset
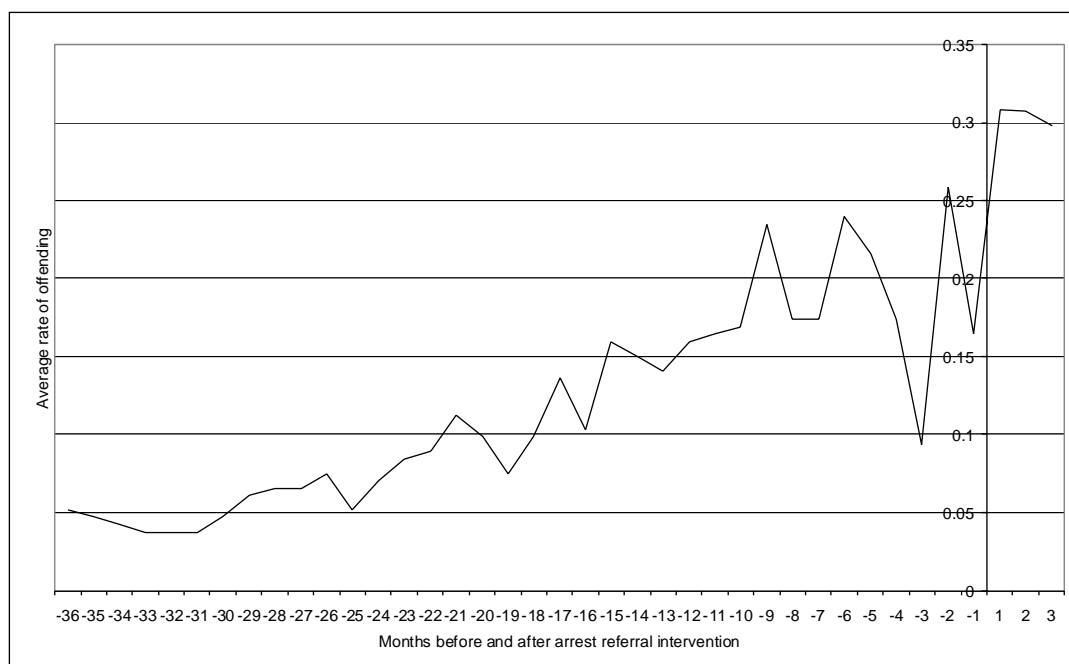

Offending

Figure A3.11: Average rate of offending by month before and after arrest referral, Site two, n=8 (source: police arrest and charge data)

Figure A3.12: Average rate of offending by month before and after arrest referral, Site four, n=90 (source: police arrest and charge data)

Drug testing monitoring tables

Table A4.1: Age and gender of individuals

Age	Gender				Total	
	Male		Female			
	No.	%	No.	%	No.	%
14	213	17	54	25	267	**18**
15	298	24	51	23	349	**24**
16	372	29	56	26	428	**29**
17	385	30	59	27	444	**30**
Total	**1,268**	**100**	**220**	**100**	**1,488**	**100**

Table A4.2: Ethnicity of young people tested by site

Site Name	White European		Dark European		Afro-Caribbean		Asian		Oriental		Arabian		Unknown		Total
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Site 1	200	68	1	<1	25	9	63	22	0	0	0	0	**4**	**1**	**293**
Site 2	96	95	-	0	1	1	4	4	-	0	-	0	**-**	**0**	**101**
Site 3	567	77	24	3	97	13	24	3	2	<1	1	<1	**19**	**3**	**734**
Site 4	115	85	3	2	1	<1	-	0	-	0	-	0	**16**	**12**	**135**
Site 5	79	35	6	3	97	43	40	18	-	0	3	1	**0**	**0**	**225**
Total	**1,057**	**71**	**34**	**2**	**221**	**15**	**131**	**9**	**2**	**0**	**4**	**0**	**39**	**3**	**1,488**

Note: <1=less than 0.5%
The ethnicity categories used in the drug testing analysis are based on standard criminal justice classification of ethnicity.

Table A4.3: Ethnicity of those who tested positive vs. those who tested negative

Ethnicity	Positive tests		Negative tests		Total
	No.	%	No.	%	
White European	79	6	1,325	94	**1,404**
Dark European	2	5	36	95	**38**
Afro-Caribbean	9	3	255	97	**264**
Asian	11	7	152	93	**163**
Oriental	-	0	3	100	**3**
Arabian	1	20	4	80	**5**
Unknown	4	8	45	92	**49**
Total	**106**	**6**	**1,820**	**95**	**1,926**

Note: The ethnicity categories used in the drug testing analysis are based on standard criminal justice classification of ethnicity.

Table A4.4: Tests sent to FSS

Site name	Completed tests	Tests sent	% of completed tests sent to FSS
Site 1	417	22	5
Site 2	129	8	6
Site 3	929	40	4
Site 4	194	9	5
Site 5	257	4	2
Total	1,926	83	4

Table A4.5: Number of tests sent to FSS

Site Name	Disputed by young person		Other reason*		Total
	No.	%	No.	%	
Site 1	12	55	10	46	**22**
Site 2	4	50	4	50	**8**
Site 3	24	60	16	40	**40**
Site 4	3	33	6	67	**9**
Site 5	4	100	-	0	**4**
Total	**47**	**57**	**36**	**43**	**83**

*Due to medication having been taken in the preceding 24 hours, or for quality control purposes

Appendix B   Methodology

This appendix provides, where necessary, a more detailed account of the four methodological streams of the evaluation.

Theories of change (Should it work?)

Developing initial theories of change

At the start of the evaluation a list of eight theories was developed through analysis of available literature and guidance produced by the Home Office, interviews with strategic personnel involved in the development of the interventions and discussions within the evaluation consortium. These theories were also presented to representatives from each of the ten pilot sites for refinement and validation as to their currency.

It is important to note that for DT(T)Rs the evaluation was only able to provide an initial indication of the underlying theories of change for the intervention as this element of the Drug Interventions Programme for Children and Young People was included only in the second phase of the evaluation.

Identifying dominant theories of change

The first phase of fieldwork found that the initial theories of change were largely consistent with reality. However, a number of theories were identified as having greater currency across sites and these were the agreed focus for considering the impact of the Drug Interventions Programme for Children and Young People. The dominant theories that applied to both arrest referral and drug testing in phase one were:

- theory one - identifying new risks/needs;
- theory two - improved access to substance misuse services (SMS);
- theory three - improved access to other services; and
- theory eight - information and intelligence (a theory that was not anticipated at the pre-empirical stage).

In relation to arrest referral only, theory five, rehabilitative effect also applied.

The information collected during the first phase of research was used to clarify the scope of the dominant theories of change identified above. This involved identifying the specific mechanisms of change contained in each of the dominant theories of change.

How the theories of change have been used in phase two

The dominant theories of change were further tested during the second phase of the field research to identify whether they continued to have currency and which were most dominant. Returning to explore the underlying rationales behind the interventions also provided an opportunity for any new theories to be identified and those theories identified as less dominant during phase one to be reviewed with sites. The process of refining the theories of change at a number of stages in the evaluation allowed for capturing shifts or clarification in the rationales for the interventions. This was particularly important as the Drug Interventions Programme for Children and Young People has become more embedded and developed from set-up-and very early implementation captured during the first phase of field research.

The identification of dominant theories allowed for the qualitative process and structure strand of the evaluation to focus on the key mechanisms of changes relevant to the dominant theories. These were the 'Can it work?' process and structure components that were explored in later sections of the report, identified as being most important for the interventions to work as expected by the dominant theories of change.

The theories of change were central to developing the impact methodology. It was identified that the theories of change could result in outcomes at three levels.

- First order impact, such as:
  - increased motivation of participants to reduce drug consumption and offending;
  - improved identification of participants' needs; and
  - referral into arrest referral and other services;
- Second order impact:
  - increased access to appropriate services as a result of improved identification of needs and referral, as well as the increased motivation of participants; and
- Third order impact:
  - improved protective factors, reduced drug consumption and reduced offending as a result of increased access to appropriate services and the increased motivation of participants.

Due to the time frame of the evaluation the focus of the impact methodology was on attempting to capture first-order impacts. The identification of dominant theories within the first phase of field research led to a focus on developing a methodology to attempt to capture evidence of the impact of arrest referral on improving the identification of risk and need, improved access to substance misuse services and improved access to other services.

Process and structure (Can it work?)

Practitioner interviews

During the first wave of the fieldwork face-to-face interviews took place in all ten sites with key operational and strategic stakeholders involved in arrest referral and drug testing. A number of organisations were therefore represented, including the Home Office, Government Offices, National Treatment Agency, DATs, Yots and voluntary organisations. During the second wave of field research many of these individuals were revisited. In addition, further interviews were undertaken with stakeholders involved in the development and implementation of DT(T)Rs. A total of 147 interviews took place with local stakeholders.

Young people interviews

The sample of young people was a theory-driven, purposive sample. The interviews were conducted in a variety of locations including young people's homes, a Connexions centre, a children's home, a youth club and a fast-food restaurant.

At the first interview the evaluation gained the consent of the young person to contact him or her again for follow-up interviews. A range of contact details were taken for each young person and an incentive (high-street voucher) offered to the young person after completing the first interview. Further incentives were promised at subsequent interviews.

A total of 38 young people were interviewed at least once across five sites. Twelve young people were interviewed twice and 20 were interviewed three times. The attrition rate reflects the difficulty of maintaining contact and interest among a group of young people who often lead chaotic lives.

Analysis of qualitative data

To ensure the creation of an audit trail during analysis, all interviews were transcribed where consent was forthcoming. To assist the evaluation team in managing and analysing the qualitative data generated by the interviews a qualitative software package called N6 was used. N6 is a computer package that assists researchers in managing qualitative data. The package is based on the coding or tagging of sections of text (data) that assists the researcher in analysing and exploring that data as the analyst can search for information by these codes. N6 is ideally suited to managing large volumes of data from multiple phases of

research, and acting as a search and retrieve tool that enables the analyst to systematically review all data regarding a specific issue, ensuring that data analysis is as robust as possible.

As this was an evaluation it was appropriate to develop an initial coding tree based on key evaluation questions, and supplemented by the theories of change phase of the evaluation. The coding structure was then further developed in a grounded manner that allowed for emergent themes to be explored and refined. Throughout this process the research team were involved in discussion and debate to ensure consistency in data collection, coding and interpretation.

Impact analysis (Does it work?)

Introduction

A number of analyses were undertaken to assess whether the implementation of the Drug Interventions Programme for Children and Young People resulted in any change in the behaviour of young people:

- Change in service referral and access: an analysis of enhanced monitoring data supplemented by Asset data for two pilot sites before and after the intervention, for those individuals receiving the arrest referral intervention;
- Change in risk of offending and substance misuse in pilot and comparator areas: an analysis of Asset data for five pilot sites and comparator areas, both before and after the intervention, for those receiving the arrest referral and drug testing interventions; and
- Change in offending: analysis of police arrest and charge data for two pilot sites before and after the intervention, for those individuals receiving the arrest referral intervention.

The remainder of this section outlines the research designs, datasets and analyses employed in undertaking this analysis.

Service referral and access

Changes in services referral and access occurring with arrest referral were measured in two pilot sites – Site 2 and Site 4 – using an enhancement of the monitoring data collected throughout the pilot in all the sites. The enhanced monitoring data were only available for those young people receiving arrest referral between July 2005 and October 2005. This section outlines the methodology used to enhance the monitoring data to measure service referral and access.

Study design: before and after

As the monitoring data were only collected in the pilot areas, the collection of the enhanced monitoring data was also restricted to the pilot areas. Thus, the research design is restricted to measuring service referral and access before and after the intervention.

Data sources

The original monitoring data collected data on the referral of young people to services following the arrest referral intervention. Two extra pieces of data were required in order to measure whether this represented an improvement on the services that the young people were referred to and access prior to the intervention.

First, a measure of service referral and access prior to the intervention. To measure this, the enhanced monitoring data collection form asked whether the young person had accessed or been referred to any services in the previous six months.

Second, a measure of the young person's need for services both before and at the point of the intervention was taken.

- Before the intervention, the only available source of data on the young people's needs prior to the intervention was the Asset (Yot assessment tool) dataset. Thus, to measure need prior to the intervention, the monitoring data were matched to the Asset core profile data from the Youth Offending Information System (YOIS) and the Youth Offending Services (YOS) Caseworks system.
- At the point of the intervention, to ensure consistency with the measure of need prior to the intervention, the enhanced monitoring data incorporated the risk assessment questions from the Asset core profile data form, including the risk ratings section of the Asset data form. The enhanced monitoring form asked arrest referral workers to rate the young people according to the Asset core profile ratings for living arrangements, family and personal relationships, education and employment, neighbourhood, 'lifestyle', substance misuse, physical health, emotional and mental health, perceptions of self and others, thinking and behaviour, attitudes to offending, and motivation to change. To ensure consistency of ratings with those in the Asset core profile dataset, the undertaking of this rating was facilitated by incorporating into the monitoring data form qualitative questions from the Asset core profile form relating to these issues and the Asset core profile form guidance was given to arrest referral workers.[32]

Sample characteristics

The enhanced monitoring data were collected in the two pilot sites between July 2005 and October 2005. Table B.1 illustrates the characteristics of the sample for which enhanced monitoring data were collected and the characteristics of all those in the sites who received the intervention, as measured by the monitoring data. It demonstrates that there are a number of ways in which the samples vary from the population receiving the intervention in the two sites. For instance, a much smaller proportion of the sample in Site 2 is female, and in both areas a greater proportion of young people have committed burglary than the population of young people receiving the intervention. However, across the broad range of characteristics the sample is comparable with the population of young people.

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[32] Further information on the nature of these questions, the guidance given in the Asset core profile form and definitions of risks can be obtained from **www.youth-justice-board.gov.uk**.

Table B.1: Profile of enhanced monitoring sample compared to monitoring data sample

		Site 2		Site 4	
		Enhanced monitoring data sample %	Population receiving intervention %	Enhanced monitoring data sample %	Population receiving intervention %
Gender	Male	83	71	78	83
	Female	17	29	22	17
Age	14 years old	20	22	13	10.5
	15 years old	32	25	28	21
	16 years old	26	27	27	29
	17 years old	22	26	32	39
Ethnicity	White	95	93	94.5	96
	Non-White	5	7	5.5	4
Offending[33]	Theft	33	31	39	38
	Burglary	13.5	7	16	12
	Robbery	2	1	4	4
	Criminal damage	17	20	13	10
	Drug offences	2	3	4	3
	Violence	11.5	13	4	7
	Sexual offences	0	0	0	0

The actual sample size available to the analysis varies between the pilot areas and by variables being reported. Thus, these are reported separately with each analysis output.

Data analysis

The following analysis was undertaken to assess the appropriateness of the services young people were referred to in the two sites at point of intervention:

- a comparison of the profile of young people's total Asset scores against the profile of the highest tier of service the young people were referred to;
- a comparison of young people's Asset score for education against the highest tier of education service the young people were referred to;
- a comparison of young people's Asset score for accommodation against the highest tier of accommodation service the young people were referred to;
- a comparison of young people's Asset score for 'lifestyle' against the highest tier of lifestyle service the young people were referred to[34];
- a comparison of young people's Asset score for emotional health against the highest tier of emotional health service the young people were referred to; and
- a comparison of young people's Asset score for substance misuse against the highest tier of substance misuse service the young people were referred to.

In each case the strength and statistical significance of the relationship between tier of referral and Asset score was tested using a Spearman-rho correlation.

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[33] Offending figures for the enhanced monitoring data and monitoring data are calculated using different methods. The enhanced monitoring data uses the first listed offence at arrest referral, whilst monitoring data figures reflect the total offences committed over the monitoring period.

[34] Lifestyle risks are defined in the Asset data form to include lack of age-appropriate friendships, associating with predominantly pro-criminal peers, lack of non-criminal friends, participants in reckless activity and inadequate legitimate personal income. For further details see **www.youth-justice-board.gov.uk**

The following analysis was undertaken to assess the appropriateness of the services young people accessed after the intervention.

- The proportion of young people accessing services after they had been referred in the two sites; and
- Comparison of the profile of young people's total Asset scores against the profile of highest tier of service they access to in the two sites, both before and after the intervention. The strength and statistical significance of the relationship between tier of referral and Asset score before and after arrest referral was tested using a Spearman-rho correlation.

Discussion

The key advantage of the enhanced monitoring data is that it allows measurement of changes in referral to and access of services. The arrest referral intervention is designed to ensure that young people at an early stage in their offending careers are referred to the appropriate services. However, the enhanced monitoring data analysis has a number of key weaknesses:

- It relies on a before-after design. This research design does not measure the counterfactual well. Therefore, any change in behaviour identified could be the result of a number of changes in the young person's life other than the arrest referral. This is particularly important in the context of young people, whose behaviour is developing. It is expected that the behaviour of young people will change in the absence of the intervention.
- The data does not record whether the young people were already in contact with appropriate services before contact with the arrest referral team, and therefore did not require a referral.
- The analysis focuses on only two of the pilot sites. This reduces the ability to infer from the findings to the Drug Interventions Programme for Children and Young People as a whole.
- Difficulties collecting data on referral and service access meant that the sample for whom data were available was small.
- The use of the Asset dataset potentially introduces a sample bias into the analysis, as it is only available for young people who have already been in contact with the Yot.
- Difficulties in reliably measuring previous service referral or access based on self-reporting by young people.

Risk of offending and substance misuse

This element of the research design aimed to measure the change in both risk of offending and in substance misuse. These were measured in five pilot areas and five comparator areas, both before and after the intervention, for those receiving the arrest referral intervention

Study design: selection of pilot and comparator area samples

Given the constraints of the overall evaluation design (in particular, the fact that the intervention sites were pre-selected prior to the evaluation) a 'quasi-experimental' evaluation design was adopted. Comparator areas were selected for the five case study sites. The following criteria were employed to match case study and comparator areas.

- Where possible the comparator areas should be in the same administrative area as the pilot area. This allows the impact on the behaviour of young people of the policies of the police force, probation board and criminal justice board to be controlled for.
- Where possible the comparator areas should have a similar Index of Multiple Deprivation (IMD) score to the pilot areas, controlling for area level socio-economic influences on the behaviour of young people.
- Where possible the comparator areas should not be contiguous with the pilot areas, to avoid contamination through geographical displacement of negative outcomes and

diffusion of benefit of positive outcomes of the intervention (Bowers and Johnson, 2003).

The pilot area sample was selected by matching the monitoring data (a record of all the young people receiving the intervention in the pilot areas) with the Asset dataset, using a unique identification created from the initials, gender and date of birth fields in the datasets.

Using Asset data collected in the pilot areas, the characteristics of the young people in the pilot areas receiving arrest referral or drug testing interventions were compared with those who had received neither intervention.[35]. No statistical difference was found between the two groups that could explain why one group had received the intervention and the other had not. Thus, the whole of the Asset dataset for young people between 14- and 17-years-old from the comparator areas was used as the comparator dataset.

To get a longitudinal measure of the change in young people's behaviour, only those young people who had Asset data collected before and after the intervention were included in the analysis. Table B.2 shows the characteristics of the samples achieved in the pilot and comparator areas. It demonstrates that the demographic characteristics of the pilot and comparator area samples are broadly similar.

Table B.2: Profile of the target and comparator samples

		Pilot area sample %	Comparator area sample %
Gender	Male	90	80
	Female	10	20
Age	14 years old	21	20
	15 years old	31	27
	16 years old	28	30
	17 years old	20	23
Ethnicity	White	76	79
	Non-white	24	21

Data sources

Asset data were collected for the pilot areas (for young people receiving both drug testing and arrest referral interventions) and comparator areas between April 2002 and October 2005. For the pilot site sample, the Asset dataset collected most recently prior to the point of intervention[36], and the latest Asset dataset collected after the intervention were used to measure outcome before and after the intervention. The equivalent dataset was constructed for the comparator sample. As the comparator area had not received the intervention, the before-after sample was constructed around the average date of the intervention in the pilot sample.

Data analysis

To assess the change in the young people's risk of offending, an analysis was undertaken for those young people who had received the arrest referral intervention. This analysis compared young people's total Asset score, education Asset score, accommodation *Asset* score, lifestyle Asset score and emotional health Asset score, before and after the intervention for the pilot and comparator areas. A t-test was run to determine the significance of the difference

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[35] Descriptive statistics and logistic regression analysis were used to determine whether the individuals receiving the interventions and those not receiving the interventions differed according to their Asset scores (living arrangement; family and personal relationships; education, training and employment; neighbourhood; lifestyle; substance misuse; physical health; emotional and mental health; perception of self and others; thinking and behaviour; attitudes to offending; motivation to change, their ages, ethnicity and genders.
[36] In some cases, the young people had received the intervention a number of times. In these cases, the first intervention point was used to define the date of the intervention.

between the pilot and comparator areas in the change in different risks of offending before and after the intervention.

To assess the change in substances misuse, a comparison analysis was undertaken for those young people receiving either the drug testing or arrest referral intervention. This compared the proportion of young people using each substance recently before and after the intervention for the pilot and comparator areas.[37] A t-test was run to determine the significance of the difference between the pilot and comparator areas in the change in the number of young people using difference substances before and after the intervention.

In both cases, the five pilot area samples and five comparator area samples are combined and the aggregate sample compared.

Discussion of the 'quasi-experimental' method

The 'quasi-experimental' method allows the counterfactual for the Drug Interventions Programme for Children and Young People to be measured, thus eliminating a number of alternative explanations of the change in the behaviour of the young people, and isolating the impact of the intervention to a greater extent. This is particularly important in the context of young people, whose behaviour is developing. It is expected that the behaviour of young people will change in the absence of the intervention. For instance, it may be expected that the offending behaviour of the young people may get progressively worse as they get older. Without measuring and controlling for this change that would have happened without the presence of the intervention, it is difficult to understand the impact of the intervention. For instance, if the intervention works to slow down the rate of increase of the young people's offending but not to actually reduce their offending, without knowing how the young people's behaviour would have developed in the absence of the intervention, this could be interpreted as the intervention having a negative effect, when in fact it has had a positive effect.

There are, however, a number of limitations with the 'quasi-experimental' design that need consideration when interpreting the findings of the analysis.

- The causal sequence of outcomes expected to result from the intervention can be described as follows: improved referral leads to access to appropriate services, which improves the young person's risk factors, which reduces their drug use, which eventually reduces their offending. This sequence of effect takes time, and it is possible that all these effects, were they to occur, might not be observed in the short time period of the evaluation.
- Figure B.1 illustrates the points in the criminal justice system when the Asset dataset is collected. This demonstrates that the majority of Asset data is collected once a young person is charged and attends court. As the Drug Interventions Programme for Children and Young People is intended to be an early intervention, it is possible that the Asset data will be available for only the high-risk end of the group receiving the intervention, resulting in sample bias. As the arrest referral intervention is intended to be an early intervention and prevention scheme, this sample bias could cause the evaluation to underestimate the impact of the intervention on risk of offending and substance misuse, as it misses the cohort on which arrest referral is expected to have the biggest impact.

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[37] The analysis of change in substance misuse could be conducted for only four of the sites, as the data were not available in a manageable form in the fifth site.

Figure B.1   Asset completion map (Youth Justice Board, 2002-2003)
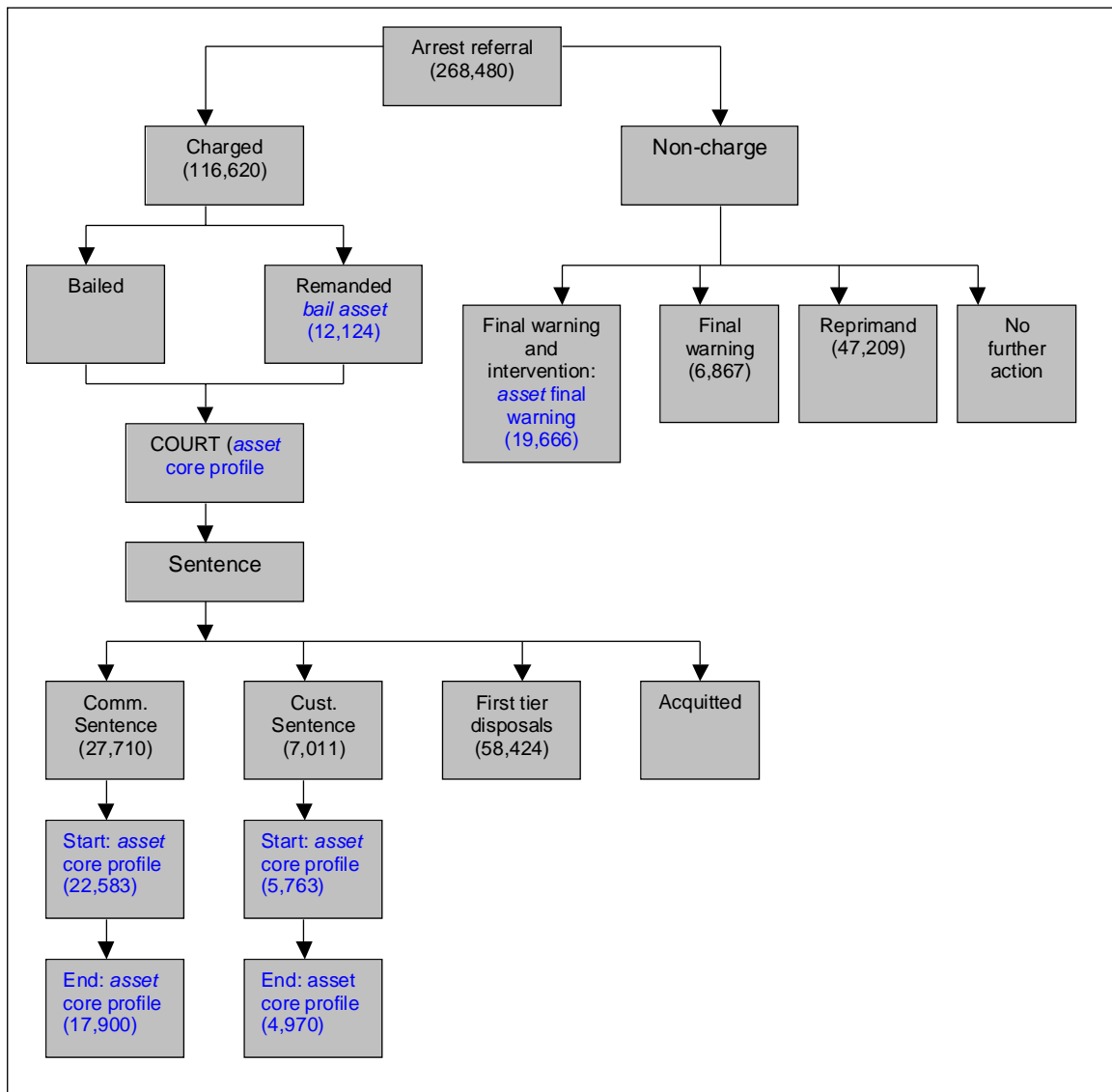
Offending

To measure changes in offending, police arrest and charge data were collected in two pilot sites between April 2002 and October 2005. This dataset was matched to the monitoring data to provide a record of the offending behaviour of the young people receiving the arrest referral intervention both before and after the intervention.

Study design: before and after

The difficulty accessing the police arrest and charge data meant that they were only collected in the two sites where the enhanced monitoring data were collected. Thus, the research design is restricted to measuring the behaviour of the young people before and after the intervention. As noted above, this is limited in its ability to isolate the impact of the intervention, especially in the context of the changing circumstances of young people.

Data sources

The police arrest and charge data were matched with the monitoring data from two pilot sites using a unique identification created from the initials, gender and date of birth fields in the

datasets. The data were then used to construct a count of the number of times a young person was arrested or charged for each month over the period April 2002 to October 2005, and an average rate of offending for each month. If a young person had been arrested and charged on the same day for the same offence type, only one of the arrest or charge records was included in the final count.

Analysis

Change in offending was measured by comparing the average monthly offending rate before and after arrest referral in the two pilot sites where data were collected. A t-test was run to determine the significance of the difference between the pilot and comparator areas in the change in average offending rate before and after the intervention.

Discussion

A discussion of before-after research design employed in measuring offending was presented above.

Cost (Is it worth it?)

Adjustments

A number of adjustments were made to the costs data collected before they were analysed.

- All costs were adjusted using an inflation rate of 2.5 per cent and reported in March 2005 prices.
- Salary costs were uplifted by 35 per cent to account for pensions, national insurance and other staff overheads.
- Items that have an Asset life were amortised over five or ten years, depending on the nature of the item.
- No adjustments were made for time preference, as the evaluation covers only a short time period and the time profile of costs and effects of the intervention are broadly similar.

Analysis

The following analysis was conducted using the costs data:

- The set-up costs of the interventions: the set-up period was defined as the period in which the site reported incurring costs prior to the young people receiving the intervention; therefore, the set-up period varies between sites;
- The running costs of the interventions: due to different sites implementing the interventions at different points in time, running costs are available for a different time periods across the sites. To ensure the data being reported were comparable between the sites, total running costs are calculated for the first twelve months during which young people receive the intervention;
- Comparison of funding and economic costs: this has been performed only for arrest referral, as reliable site-level funding data were not available for the other interventions;
- The unit costs of the interventions
- The number of crimes that would need to be avoided as a result of the intervention in order for it to be a worthwhile investment.

Breakeven analysis

The objective of breakeven analysis is to determine the outcome from an intervention necessary to justify the cost of the intervention. In the context of the Drug Interventions Programme for Children and Young People, the ultimate objective is to reduce crime rates. As the economic cost of crime is calculated for each crime type, to calculate the fall in crime

required for the Drug Interventions Programme for Children and Young People to break even, it is necessary to select a crime type that the intervention is likely to reduce upon which to base this calculation. Table B.3 shows the profile of offending of young people participating in the intervention in two of the case study areas. It demonstrates that the most common offence committed by the young people is theft. For this reason, the BEA will focus on the number of thefts that will have to be avoided as a result of the intervention for it to be cost-beneficial.[38]

Table B.3: Profile of offending behaviour

	Population receiving intervention	
	Site 2 %	Site 4 %
Theft	31	38
Burglary	7	12
Robbery	1	4
Criminal damage	20	10
Drug offences	3	3
Violence	13	7
Sexual offences	0	0

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[38] The economic cost of a theft is taken as £844 (Dubourg and Hamed, 2005).

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