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Dealbhadh
Coimhearsnachd

na Gàidhealtachd

Highland Community Planning Partnership Board – 15 September 2023

Custody Link Project – ‘CLinks’

Report by Chief Officer, Highland Third Sector Interface

Summary

The CPP Board have previously received a project input from the Custody Link Service. The CLink service in Highland has been recognised nationally as a model to replicate around the concept of arrest referral processes. On behalf of the project a representative from HTSI and Police Scotland have been invited to speak at the SASO (The Scottish Association For The Study Of Offending) Conference in November 2023 in Glasgow as part of the wider interest in the model.

At present the project will stop taking new referrals at the end of September to allow for the previously agreed six month period of working with existing individuals before the project closes in March 2023 – earlier if the staff seek alternative employment before this date.

The CPP are being asked to:

1. Review the evaluation reports attached to this cover report, and consider the impact of the project in relation to those most vulnerable and more likely to be impacted by socio-economic disadvantage.
2. Consider either, options to continue the funding of the project or how the needs of these individuals may be met through alternative means.

1.	Background
	<p>The 'Custody Link Worker Project' was established in 2020 as a referral pathway to connect individuals with existing support and services in order to prevent them from returning to custody. The project employs link workers who work on a 1-1 basis with individuals to help them identify their personal issues and prioritise the changes they wanted to make in their lives. The aim being to enhance personal resilience and well-being by accessing community resources and taking an asset-based approach that focused on individuals' interests and strengths, while addressing factors that increased their risk of reoffending.</p> <p>The project was inspired by the 'Links Worker Programme' developed by the Health and Social Care Alliance for the 'Deep End Practices' in Glasgow. Incorporating elements of</p>

social prescribing and signposting, it primarily aimed to work with individuals and community resources rather than directly deliver services.

Originally planned as a three-year pilot, the project aimed to assess the impacts and outcomes of its approach. Positive outcomes were defined as a reduction in the frequency and severity of offending behaviour or a complete cessation of such behaviour. Specifically, the intention was for individuals to feel better able to make decisions that reduced their chances of offending. The project aimed to engage with over 250 individuals, while contributing to the Criminal Justice Partnership (CJP) by sharing information and fostering understanding to identify areas requiring practice improvements.

The Pilot phase completed in July 2023 and the CJP, Police Scotland and HTSI, feel the evidence is there to support the continuation of the project, which is threatened by a lack of available funding streams.

2. Project Outputs, Outcomes and Evaluation

The project design was a collaborative process, taking learning from Glasgow’s Deepend Practice model, between the CJP, Police Scotland and HTSI. The project model was initially developed in 2018 and modified through 2019 as funding was sought and secured in early 2020.

Funding the project contributions were received from the CJP, Police Scotland, Robertsons trust and the majority from the National Lottery Fund. The Lottery noted that while they felt it was a statutory function and would not consider a renewal of the funding stream they were interested in funding it on the basis of capturing learning. They requested an enhancement of the already planned external evaluation process and that this would be undertaken by a university.

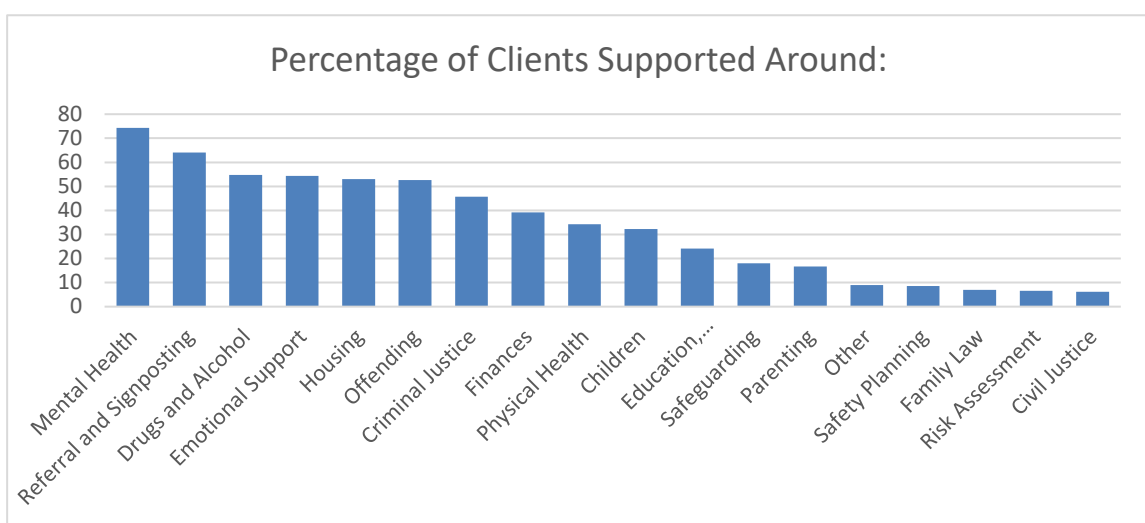
The project began in January 2020 with referral starting in March 2020, a short hiatus due to the pandemic meant that a modified version of the project restarted in June 2020.

Given the nature of the power imbalances in custody and the emotional circumstances surrounding this we had not anticipated high level of acceptance. Contrary to those assumptions, engagement with the project far exceeded our anticipated 5% of those eligible. In total 54% were interested in a referral, with 25% of those eligible finally engaging. Those who completed a programme of work also exceeded our initial expectations at over 12% and the project currently carries an ongoing caseload of over 60. In essence, the project engagement far exceeded the underlying assumptions in the project design referral accepted rates are in the table below:

Referral Criteria (Includes self referrals)	Offered	Accepted	Engaged	Completed programme
Male - all categories	682	367 (54%)	155 (23%)	80 (12%)
Female - all categories	404	222 (55%)	120 (30%)	54 (13%)
Total - All categories	1086	589 (54%)	275 (25%)	134 (12%)
Male First Instance of Custody	184	95 (52%)	51 (28%)	30 (16%)

Female First Instance of Custody	61	32 (52%)	20 (33%)	11 (18%)
Total - First instance of custody	245	127 (52%)	71 (29%)	41 (17%)
Male 18-26yo	276	135 (53%)	56 (20%)	30 (16%)
Female 18-26yo	95	61 (64%)	33 (35%)	15 (18%)
Total - 18-26 years old	371	196 (53%)	89 (24%)	45 (17%)

Areas of support needs and those that informed referrals and stages of work are outlined below. You can see that mental health, drugs & alcohol and emotional support are recurring themes. Housing is, as you might expect, also a critical area. In total more than 1000 instances of referral or signposting have taken place.



The project has been independently and the internally evaluated and an event for stakeholders was held on the 27th of June 2023 to present the outcomes and the reports.

Both evaluation reports are circulated as an appendix to this paper.

The project has delivered, though in a different way due to the pandemic, our overarching ambition. Case studies, outcome stars and feedback from the client group would suggest that we can reasonably assume that in most cases the original outcome of:

As an individual I feel better able to make decisions and choices which increase my wellbeing and reduce my chances of offending

was achieved. Our wider ambition to reduce the presentation in custody within the client group is more complex and difficult to measure as the initial attempts through Stirling university identified our client set as those with more complex and risk indicators, meaning that the control group of those who did not accept a referral is not a fair comparison. More information around this aspect of the study is contained within the University of Stirling report.

On an individual basis though, there is significant evidence of positive impact and both evaluations note the positive reflections from stakeholders, practitioners and importantly the clients around the project.

3.	Key Learning Points
	<p>As part of the stipulations of funding from the National Lottery, the CLink project was to capture learning. As part of the evaluation a total of 15 learning points were identified and have relevance to the wider work of the CPP, CJP and others:</p> <ol style="list-style-type: none"> 1. The complexity and crisis level involved in the lives of those that accepted the referral was significantly higher than we anticipated in the project design process. The external evaluation from Stirling University highlights that those who accepted a referral indicated that they had more life impacting risks and challenge in their lives than those who didn't accept the referral. Crisis management at the start of the relationship became a significant theme and required substantive changes to the anticipated method of management from the project design, while maintaining a focus on taking their lead. 2. The complexity and challenge around the life circumstances of individuals engaged in the project far exceeded the initial expectations of the project design and approach. Ideas related to setting long terms goals and aspirations, while appropriate as a longer-term concept, were unrealistic in the first instance of contact, where a greater level of focus was necessary to meet basic needs, i.e. housing, food, heat etc. 3. The project was based on the assumption that the intervention offered at the point of coming into Police Custody required an individual to reflect more on the opportunities that seeking help provided and because of that, during instances of custody, or directly after, where someone who may otherwise be resistant to engage in support or who would be less likely to use personal initiative to seek it through their own agency, will accept a supporting intervention. Many cases were willing to engage with services, often for the first time, that otherwise they did not realise were available or that they had thought were "not for them". 4. Almost every individual who was referred to the project was brought into custody because of a situation they lacked the personal resilience to cope with. This reinforced the idea that life circumstances and personal challenges were a far higher contributor to instances of arrest and detention than through any deliberate or well thought out act of criminal intent. Theoretically, addressing the underlying life circumstances would reduce the likelihood of representation in custody, but that some of these issues are so complex and adverse that prolonged engagement would be necessary before improvement would be recognised. 5. Individuals did, however, responded positively to the opportunity to have a confidential conversation where they had the choice and control over what was discussed. Staff were told on many occasions that it was a relief to be able to speak to someone that was prepared to listen to them. In some instances, individuals have had services provided to or at them, but few had positive experiences that allowed them some degree of control over the focus or prioritisation of actions or activities. It is considered that the power to identify and take forward things that matter most to the individual is a key strength to the project and its approach, even when someone was in crisis.

6. Financial poverty plays a huge part in the lived complexity of our client group. It is extremely common and deeply ingrained and should not be mistaken for the impactful, but potentially, more short lived 'cost of living crisis' experienced more widely in the population. Additionally, the cost of access to a phone and internet is a major barrier to individuals seeking help. Without this, individuals are truly excluded from services, especially as many adapted delivery to online during the pandemic. It is sometimes necessary for the Police to take possession of a person's phone when making an arrest for evidential purposes. This is understandable, but, then places that individual at a considerable disadvantage on release. The impact of financial poverty cannot be underestimated and how it creates layers of additional complexity and barriers to fulfilling individual potential.
7. A high number of individuals had long histories of personal trauma and significant emotional injury. There is a clear need for all services to embrace meaningful trauma informed practice that reduces barriers and prevents further harm or re-traumatisation for those who have experienced psychological trauma or adversity at any stage in their lives.
8. Over 75% of those who engaged with a link worker sought help with their mental health. Use of drugs and alcohol to self-medicate was very common. An abstinence first approach dissuades individuals from engaging with services as this removes their coping mechanism.
9. The project being hosted within the Third Sector was undoubtedly an advantage, particularly with individuals with more experience of the statutory systems and significant levels of distrust and cynicism around the potential intent and genuine likelihood of help from those pathways. The approach taken meant that people reported a sense of being able to discuss very personal and, at times, difficult and traumatic histories, without fear and without losing dignity. This was seen as particularly important.
10. The flexible approach to contact with a Link Worker helped to facilitate different communication types, easing anxiety and apprehension, and allowed the individuals greater control in the relationship than they may have experience or be offered from other services previously. In part, that expansion of contact methods was a result of the pandemic and learning being adopted and responded to through the pilot phase.
11. In many cases, engagement with statutory services was actually a process of re-engagement. Individuals were uncertain if they had ongoing relationships with services such as Housing. In other cases referrals to CAB's, Advocacy Highland or Shelter for example were necessary to help individuals to fully engage with other services. Even where there is a knowledge of what services exist, and at times that was clearly limited within the client group, there is confusion about how to access or understand the relationship they have with them. Increasingly there is evidence through case studies within the project, that systems and service delivery has been designed not with the most vulnerable or end user in mind, but has been shaped by other factors – including service pressures.
12. The need for the services provided by Addictions Counselling Inverness (ACI) and DBI (Distress Brief Intervention) exceeded their geographical coverage, otherwise these particular services would have been far more widely used. Higher referral

rates to ACI rather than NHS based services is in part due to previous use of the service and as individuals 'dropped out' they were reluctant to go back, additionally third sector services can usually be accessed more quickly and individuals referred to ACI spoke very highly of the service gaining many positive outcomes. Due to DBI being restricted geographically by GP surgery or through NHS24 it does create barriers. We found that individuals did not want to engage the service through NHS24 and it was difficult to encourage them to do so.

13. All referral partners were contacted to explain the purpose of the project and it's focus on providing assistance to those at a time of great need. This has led to many constructive dialogues and given staff an understanding of the pressures faced by services created by financial restrictions and other factors. During these conversations there have been discussions around offending and the experiences of people who have been arrested. There is a lack of awareness about trauma informed practice in some organisations and staff have provided information and invite partners to join training and learning opportunities.
14. The feedback from the clients and observations within the team suggest that the justice system does not currently deter individuals from offending, but rather its processes and systems can exacerbate circumstances and contribute to an increased likelihood of behaviours that lead to offending. Without denying the need for appropriate reparations for society in the event of a proven offence, a review of systems to consider how they create stress and trauma which can keep an individual at disadvantage of making positive change is needed.
15. There is a need, more broadly than this project, to consider that we have seen a small number but significantly impactful instances of individuals, usually female, subjected to coercive and abusive behaviour from a partner, who are arrested where the situation appears to have been constructed by the abusive partner with an intention of an outcome of arrest. In these cases, after the arrest, the abusive partner has applied for interim custody of children and bail conditions prevent the arrested person from accessing the family home. Domestically abusive relationships can be very difficult for the justice system to navigate but the project has evidence that, without support, female care givers are placed in a very disadvantaged situation that can take a great deal of effort to resolve. A significant barrier to accessing services for individuals with children was the fear that if they sought help, their children would be taken into care.

4.	Next steps
	<p>Funding for the current financial year has been secured, largely in thanks to the ADP. The project has an underlying commitment to refusing new referrals from six months out of the project end. We feel that this is necessary to provide proper support and closure to existing referrals.</p> <p>Presently the project will stop taking referrals from custody at the end of September, if we agree to stick to this initial commitment. The funding required to support the project annually is about £140k as the project is predominantly focused on the staff salaries and on costs and office accommodation is provided free through Police Scotland at Burnett Road.</p>

In terms of wider recommendations and next steps there were three particularly notes in the evaluation:

1. The project has gathered extensive evidence of lived experience of accessing, failing to access and impacts from service delivery across Highland. There is an opportunity to consider this evidence and to use it to address where practice currently makes access and utilisation of services more difficult. There is also evidence of interdependencies, gaps in provision and commissioning needs. It could be advantageous, perhaps through the CJP, for this evidence and learning to be more fully considered and for that to then filter into service planning through the Health and Social Care integration arrangements in Highland and, where appropriate, the CPP.
2. Consideration could be given to expanding the client group, there is evidence that provision for 16-17 year olds is lacking at the moment, but the current case load would mean that the service would be under pressure and this would only really be manageable if there was a further post brought in to support that expansion, allowing a team of four to look at a broader set of referrals. Given the fragility of the current funding landscape that seems significantly unlikely without first securing ongoing funding for the existing team for a further period.
3. Although in a few instances there may be an alternative for individuals, in the majority of cases the team have handled in three years, there would have been no alternative to support individuals to access help and little demonstration that they had the inclination or agency to do so without support. This means that without the Custody Link service in place, a number of very vulnerable individuals would have gone without support and it is reasonable to assume that in a number of cases their situations would have significantly escalated. If the service is now removed due to loss of funding, some consideration – through the CJP perhaps – needs to be given to the alternative routes for support that could be put in place or alternatively accept the vulnerability and risks associated with the loss of support.

Highland Custody Link Worker Project – Independent Support for Evaluation

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Executive Summary

This report describes findings from the first three years of the Custody Link Work Project. It is based on qualitative data, quantitative data, and additional contextual information and visits. Our report exists alongside or accompanies the report by the Highland Third Sector Interface (2023), *Highland Custody Link Project Pilot Phase Report March 2020 – March 2023*.

When people describe and discuss this Link Work project, they tend to emphasise that it is: flexible, collaborative, caring and helpful. It offers signposting and information to people who are at a point in the Justice process – arrest referral and bail – that does not otherwise have many services and supports specifically available to this group. Yet, arrest and bail are an important window of time. Its voluntary nature and delivery by Link Workers employed in the third sector, with extensive local knowledge of the Highland context, are integral features.

People who have been supported through the Link Work Project were unequivocal in the view that it is helpful; practitioners who work in collaboration with the Project also point to its benefits. In case studies as well as interviews, there are examples of stories of Link Workers helping service users with areas they have identified as important: explaining complex legal terminology and signposting to navigate services and systems, helping with ‘home life’ and relationships, with accessing counselling and services for addictions, with employability and getting a job, accessing victim support services, and with accessing support for mental health and physical health related issues. The flexible responsiveness and empathetic approach to engagement shown by the Link Workers are viewed as beneficial. Alongside this, various thematic sections of this report also give voice to issues and areas where it is hard to access services, with waiting, resource and workforce shortages a challenge in the Highland context.

The quantitative findings and tables in the second part of this report are detailed and complex. However, the substance of what is identified and explained in this section is important and interesting. Our quantitative analysis of anonymised custody records from Police Scotland shows that there are important differences between the group of people who accept a referral to the project compared to those who decline. People who accept and access the project are living with higher levels of adversity and vulnerability, for example, higher rates of mental health problems, suicidal or self-harmful thinking and attempts, and alcohol dependence. Our analysis shows there are major reductions in the custody visit rates for both groups in the period of time after they have accepted or declined a referral. Reductions are stronger for those who declined, however, people in the two groups appear to have different starting points in terms of their circumstances and background. Some observations are offered about differences within these groups relating to age and gender, and the limitations of this analysis.

To synthesise the key learnings and considerations encompassed within this report, we conclude this report with reflections on further improvements and make a number of points:

- 1) The Highland Custody Link Work project has been well received and consistently seen as important and helpful by those interviewed and those we met during visits. There was consensus regarding the perceived benefits of and need for the project, especially given the lack of other resources available to help people at the bail and pre-trial stage.

- 2) The communication and relationship between the Link Work project and Police Scotland is constructive, pragmatic, and has developed over the course of the first three years. Link Workers have been able to maintain both proximity and their independence as a service, which is good.
- 3) The flexibility and empathy of the Link Work approach is vital if any other areas are considering establishing a Link Work project.
- 4) Among those accepting a referral to the project and engaging with Link Workers, there are high (higher than originally expected) levels of complexity, vulnerability and adversity. Trauma and bereavement are common themes. It is common for clients to have multiple substantive areas of their lives where they are needing referrals and support – not in all cases, but in many.
- 5) Qualitative findings in this report indicate a perception that good progress has been made in communication and collaboration between the Custody Link Work project and colleagues in alcohol and drug services and housing services, with the aim of supporting better outcomes for the shared client group. Views from service users supported this.
- 6) Quantitative findings tend to show a drop in instances of returning to Police custody across the board. Particularly for those with prior histories of repeat interactions with Police and Scottish Justice partners, this suggests meaningful progress. However, a drop in returning to Police custody is slightly more common among those who *did not* engage with the project, and the potential reasoning for this has been explored in the quantitative findings section of this report. The two groups differ in important ways. It warrants more investigation and analysis to try to further clarify what influences these patterns.
- 7) It would be worth the Custody Link Work Project Steering Group and HTSI re-visiting and reflecting on the project's eligibility criteria, however, this must be done with a good understanding of staff capacity and workload.
- 8) The project should consider further strengthening its engagement with those responsible for suicide prevention and interventions in the Highland area, as well as psychiatric and psychological mental health services.
- 9) Further discussions and actions should focus on responsibilities, boundaries, and responsibility in the areas of risk and safety planning. This cannot – and should not – solely fall to Link Workers and HTSI as a charity. It needs to involve other partner agencies with relevant expertise in the Highland area to ask for better planning and clear commitments of how best to respond to and manage risk.
- 10) Further discussion and action should also focus on awareness raising about the project. This has already been ongoing in the policing context, but it is worth celebrating and communicating more widely. This project offers a positive example and interesting insights that are relevant to community justice and health more widely across Scotland.

The voices and experiences encompassed in this report suggest that the first three years have been productive: the Custody Link Work Project has helped to make a difference in individual lives as well as helped to build capacity and links between services in the Highland area.

Introduction to the Highland Custody Link Work Project

The Highland Custody Link Work Project is a partnership between Police Scotland, the charity Highland Third Sector Interface (HTSI) and the Highland Community Justice Partnership. The three year pilot project has been funded by National Lottery, Robertson Trust, Highland Community Justice Partnership and Police Scotland. The concept for this pilot project was informed by approaches taken in the community 'Links Worker Programme'¹ developed by the Health and Social Care Alliance working with 'Deep End GP Practices'² in Glasgow. This approach is targeted at supporting people living with multiple forms of inequality and deprivation in places across Scotland where these are concentrated.

Contact is made and a referral offered to individuals at the point in their lives when they may be facing uncertainty or anxiety, having come through a Police custody centre in the Highland area (Inverness, Wick, and Fort William). Rapport is built and an assertive and supportive approach is offered at a pace that is realistic and tailored to the person. Using a wide range of contacts with services and community groups across Highland, the Link Workers offer support to help individuals to identify actions, access support and assistance to reduce the risks of offending, enhance their quality of life and improve their life chances. This is done in an asset-based and flexible way. While the project does not deliver services itself, it focuses on assisting someone to access existing services with trained professionals from across the public, private and third sectors, as well as access community groups of interest.

Eligibility criteria: People in police custody who reside in the Highlands and match any of the following categories are offered a referral and opportunity to speak to a Link worker:

- Women 18 years of age and over;
- Anyone aged 18 to 26 years old;
- First instance of custody;
- Second instance of custody in 6 months.

They need to be able to access support in the community, i.e., not remanded in custody. One caveat or exclusion criteria is that the individual is not to be accused of a sexual offence. Throughout this report, people who access support through the Custody Link Work Project will often be described using terms like 'service users', 'clients' or 'individuals.'

Based on monitoring data from the Custody Link Work Project, over the period from 11th March 2020 to the 31st March 2023:

- 1086 offers of a referral were made, with 589 accepted and 497 declined.
- 275 individuals have engaged with a Link Worker.
- 134 individuals have completed a programme of support.
- As of March 2023, there are 61 active cases.

¹ For an explanation of Community Links Practitioners and the Links approach, see this ALLIANCE site: <https://www.alliance-scotland.org.uk/community-links-programme/what-is-the-community-links-programme/>

² For information on 'deep end practices' and the Scottish Deep End Project, see this University of Glasgow site: <https://www.gla.ac.uk/schools/healthwellbeing/research/generalpractice/deepend/>

The project also seeks to support organisations and community groups to understand the needs and opportunities connected to supporting people with experience of custody. It will look to mould existing services to better suit people with experience of being in custody and where required to develop new ways of working and new services.

The **Custody Link Work Project Steering Group** is made up of representatives of the Highland Community Justice Partnership and Highland Third Sector Interface (HTSI), Police Scotland, NHS Scotland, Apex Scotland (Highland), and various visitors invited to make contributions where relevant (e.g., from other third sector organisations or from statutory agencies like the Crown Office and Procurator Fiscal Service (COPFS)). As researchers, we have attended these steering group meetings between 2021 to 2023.

The Project in Policy Context

This pilot project is directly relevant to stated ambitions and community justice outcomes in local and national policy contexts. In the *National Strategy for Community Justice*³, it is relevant to a few of the national aims:

[Aim 1] Optimise the use of diversion and intervention at the earliest opportunity.

[Aim 3] Ensure that services are accessible and available to address the needs of individuals accused or convicted of an offence.

These are further emphasised in the *Community Justice Performance Framework*⁴, with regard to a few of the priority actions, for example:

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

The framework also lists high quality community-based supports for people on bail as a priority action. Furthermore, this is in keeping with certain policy aims of the *Bail and Release from Custody (Scotland) Bill 2022*, currently before the Scottish Parliament. One of the anticipated benefits of these approaches is reducing the use of Police custody to repeatedly ‘warehouse’ highly vulnerable individuals who had limited, or no significant history of offending.

Finally, the Link Work Project approach is a type of response to recurring messages and policy recommendations relating to women – now and over the last decade in Scottish Justice. It is considerate of issues recognised in the Commission on Women’s Offending and the Angiolini report (2012) – issues which continue to be foregrounded in a recent report and recommendations by the Women’s Justice Leadership Panel (2023⁵). Women’s circumstances may be complex and traditional service structures and thinking are not often sufficiently responsive to this. Women’s experiences of Justice processes are different to that of men’s.

³ Scottish Government (2022) *National Strategy for Community Justice*, Edinburgh.

⁴ Scottish Government (2023) *Community Justice Performance Framework*, Edinburgh.

⁵ Women’s Justice Leadership Panel (2023) *The Case for Gendered and Intersectional Approaches to Justice*, Edinburgh.



Objectives of Offering Independent Support for Evaluation

In this project, the overarching objectives of supporting evaluation and learning include:

- To provide useful evidence about how the project is delivered, including what makes it distinctive from more mainstream or traditional approaches to service provision and support, particularly in community contexts at the arrest referral or pre-trial stage;
- To consider the experiences of people who take part and who work in it, identifying emerging outcomes for those individuals and for organisations and services;
- To identify areas for development and improvement, lessons learned from the project and good practice that other areas can potentially learn from and apply.

Methods and Sample

This is a mixed methods study⁶, and the different approaches are briefly described below.

For the qualitative case studies: six case studies were developed by Link workers to illustrate individual journeys and outcomes while being supported by the project. These were anonymised and provided to the research team to consider and discuss with Link workers. Those six case studies were thematically analysed but are not fully re-produced and quoted verbatim in this report for reasons of confidentiality, as there is still a risk that some individual service users may be identifiable to people familiar with their stories. Multiple case studies involved significant grief and loss, mostly due to bereavement. Of the women accessing the Link project, some of whom are included in these case studies, their own experiences of being victims or survivors of crime were also prominent and relevant to their trauma and health.

Table 1: Qualitative Case Studies.

	Areas of linking, referral and support
Case study 1	Focus on substance use as relevant to why they came into custody. This person was supported to work on or make progress in dealing with their addictions and health, family and peer relationships, and employability.
Case study 2	Focus on multiple complex needs as relevant to why they came into custody. This person was supported to work on or make progress in dealing with their mental health and trauma, finances and welfare, legal matters, housing, parenting and family-related matters.
Case study 3	Focus on substance use and emotional distress as relevant to why they came into custody. This person was supported to work on or make progress in dealing with addictions, health and medical matters, family and peer relationships, housing, finances and welfare, life skills, and employability.
Case study 4	Focus on mental health, substance use and parenting and family-related matters as relevant to why they came into custody. This person was supported to work on or make progress in dealing with emotions and mental health, housing, family-related matters, addictions and health, legal matters, and employability.
Case study 5	Focus on gambling, debt, anger and emotional distress as relevant to why they came into custody. This person was supported to work on or make progress in dealing with emotions and mental health, money and debt advice, gambling addiction, life skills, and family-related matters.
Case study 6	Focus on multiple complex needs and no source of income as relevant to why they came into custody. This person was supported to work on or make progress in dealing with housing and homelessness, mental health and suicide prevention, finances and welfare.

⁶ This study has been approved by the University of Stirling General University Ethics Panel [GUEP project number 7534], including adhering to principles and provision of information regarding informed consent and voluntary participation, confidentiality, and data protection. Service users who participated in an interview were offered a £20 digital gift voucher for high-street retailers as a form of recognition and thanks, provided through the University of Stirling if they said they wanted one (not all did).

For the qualitative interviews: semi-structured interviews were conducted with 7 professionals and 3 individual service users who volunteered to be contacted by researchers. These were recorded, transcribed, and analysed using thematic analysis. From the list of people who volunteered to be contacted by researchers and who stated they preferred to be contacted by phone, several did not answer those phone calls. Consistent with the principle of voluntary participation, professionals and service users who did not respond to phone calls or emails were only followed up a limited number of times.

For the quantitative data: The aim of the quantitative part of the analysis was to examine the extent to which the Custody Link Work Project effectively reduced the number of custody visits for its clients. This part is based exclusively on administrative justice-related data in the form of anonymised custody records from Police Scotland. The data covered a period of 75 months; from December 2016 to February 2023. The earliest custody record was dated 08/12/2016 and the most recent was 15/02/2023. The original records represented recorded custody visits for a total of 199 individuals. Following data cleaning and management, the final sample of individuals consisted of 190 individuals, with some cases removed due to missing data. The individuals were sampled from two wider justice populations related to this project: those that accepted or declined a referral. The samples were constructed to be as closely matched as possible in terms of gender and age. Out of the 190 individuals, 99 had accepted a referral and 91 had declined. Because of the longitudinal nature of the project, most analyses are operationalised as time series. The rollout of the Custody Link Work Project coincided with the COVID-19 pandemic, and the intervention can best be described as a phased roll-out. The first referral occurred in early June 2020, while the scheme was officially initiated on 24/06/2020. For analytical purposes, July 2020 was defined as the intervention, or interruption, point. As such, we would expect to observe differences between the pre-referral period (December 2016 – June 2020) and the post-referral period (July 2020 – February 2023).

Key characteristics of this quantitative sample are shown in Table 2, 3 and 4. Females and Males are quite evenly distributed within the referral groups. Age is also fairly well balanced, though individuals in the age range 27-30 are somewhat underrepresented in the Accepted referral group, as are those aged 51 and older in the Declined group.

Table 2. Sample Characteristics: Gender

Gender	Referral Group		Total
	Declined	Accepted	
Female	41	50	91
	45.05	50.51	47.89
Male	50	49	99
	54.95	49.49	52.11
Total	91	99	190
	100.00	100.00	100.00

Table 3. Sample Characteristics: Age Group

Age Group	Referral Group		Total
	Declined	Accepted	
17-26	34	34	68
	37.36	34.34	35.79
27-30	17	8	25
	18.68	8.08	13.16
31-40	21	24	45
	23.08	24.24	23.68
41-50	12	17	29
	13.19	17.17	15.26
51+	7	16	23
	7.69	16.16	12.11
Total	91	99	190
	100.00	100.00	100.00

Table 4. Sample Characteristics: Ethnicity

Ethnicity	Referral Group		Total
	Declined	Accepted	
Other Ethnic Group	1	3	4
	1.1	3.03	2.11
Other White	8	2	10
	8.79	2.02	5.26
White British	48	55	103
	52.75	55.56	54.21
White Scottish	34	39	73
	37.36	39.39	38.42
Total	91	99	190
	100.00	100.00	100.00

Wider contextual information: Our understanding as researchers was informed and enhanced over the timeframe of 2020 to 2023, by visits to Inverness and Dingwall, and various online meetings and updates provided over the course of three years – please see Appendix I of this report for a list of relevant contemporaneous and contextual information. It is acknowledged that the project, accompanying data collection and visits were practically affected by the COVID pandemic – details of which are described in the *Highland Custody Link Project Pilot Phase Report March 2020 – March 2023*, by Highland Third Sector Interface (2023).

Key Themes and Findings

Views of the Custody Link Work Project Overall

First and foremost, we want to acknowledge that there were consistently positive or supportive views expressed about the project overall. It is welcomed and seen as having offered an approach that was previously not available. The rest of this report will offer detail on key issues and discuss facets of how the project works, including challenges and areas for learning and development. However, positive strengths and benefits of the project were readily recognised by different professionals, working in the public sector and third sector.

‘Really, really positive, really positive. And you know, I found that...to be the case with the custody staff, police officers and police staff [...] when the Custody Link Project was explained to them and what the overall benefits are could be potentially and everyone was, without exception, saying “what a great idea. You know, why? Why [...] haven't we been doing this for years, you know?”’ [Practitioner, public sector]

‘It's something that's actually working well and it's giving people hope. They actually are doing something right here. And you know, this is a really worthwhile project... I think it has been tremendously valuable.’ [Practitioner, third sector]

People who had been supported through the Link Work Project were unequivocal in the view that it was helpful – a word often repeated several times during an interview. Service users offered more personal stories or examples (some of which may be identifiable, so not repeated here) of Link Workers helping them with ‘home life’ and relationships, with accessing counselling and services for addictions, be it alcohol or drug-related or both, with employability and getting a job, and with accessing support for mental health and physical health related issues. The responsiveness and interactive engagement are viewed as beneficial.

‘They were perfect for what I needed... The Link Worker service – she replied every day when she was working and she told me when she was on holidays and said “this is your other Link Worker for the time being.”... If I didn't message for a wee while, she'd check up on me... She was pretty helpful throughout it all. She explained step-by-step what I was going through, she knew it [the legal process] better than I did. She checked up on dates that I had court, she was quite helpful.’ [Service User]

Another service user felt as though the Link Work project had been consistent and diligent in the support offered over a significant period of time, feeling as though it wasn't as if they were just 'going through the motions' or phoning on an ad hoc basis.

'Well, I've just got positive stuff to say about it. It's been really helpful for me. They have stood by me... They've just been really helpful. I can't say anything bad about it.' [Service User]

Another service user spoke of being affected by multiple needs and adverse circumstances around the time that they entered Police custody, and that choosing to accept help through the Link Workers and other services they were then referred to had made a real difference over time. Having since found stabilisation in those circumstances, they also acknowledged the ability to flexibly contact and access support from the project over a significant period of time (not just as a one-off in a time of crisis) as relevant and helpful.

'Suffering from depression and being in a really hard situation at the time, I had a lot of things going on. They were there to help me. And they've done a great job helping me as well. It was very helpful for me... I always keep in touch with [Link Worker]. They say, "if there's anything you need, just phone me," which is really helpful. There have been a few times when I've been really really down. It is hard to talk to a member of family, if you know what I mean? So talking to somebody else has been really good for me. It really really helped me in the end.' [Service User]

Because of the modest sample size and scope of this independent support for evaluation, there are appropriate limitations on the conclusions and generalisations that we can infer about the project's overall success and effectiveness against outcomes over time. That notwithstanding, the positive qualitative comments from service users in interviews and the progress made towards outcomes reported in the qualitative case studies appears to be similar to and coherent with what is reported in project monitoring data on outcomes by Link Work staff. However, this should also be considered along with results of our quantitative data analysis and findings of Police Scotland data, presented in a later section of this report.

The Custody Link Work Project uses a collaborative, person-centred tool called the Justice Outcomes Star⁷. In Scotland, the use of this tool is relatively common⁸, including with people accessing services in the community at an early point following initial justice-involvement (e.g., arrest, bail or release from remand in custody). The data reported in Figure 1 on making progress in the ten areas that make up the Outcome Star has been compiled by Link Workers, in collaboration with people referred to and actively supported by the Link Work project.

⁷ Justice Outcomes Star: <https://www.outcomesstar.org.uk/using-the-star/see-the-stars/justice-star/>

⁸ Scottish Government (2022) [Bail Supervision: National Guidance \(Annex 6: Justice Outcomes Star\)](#).

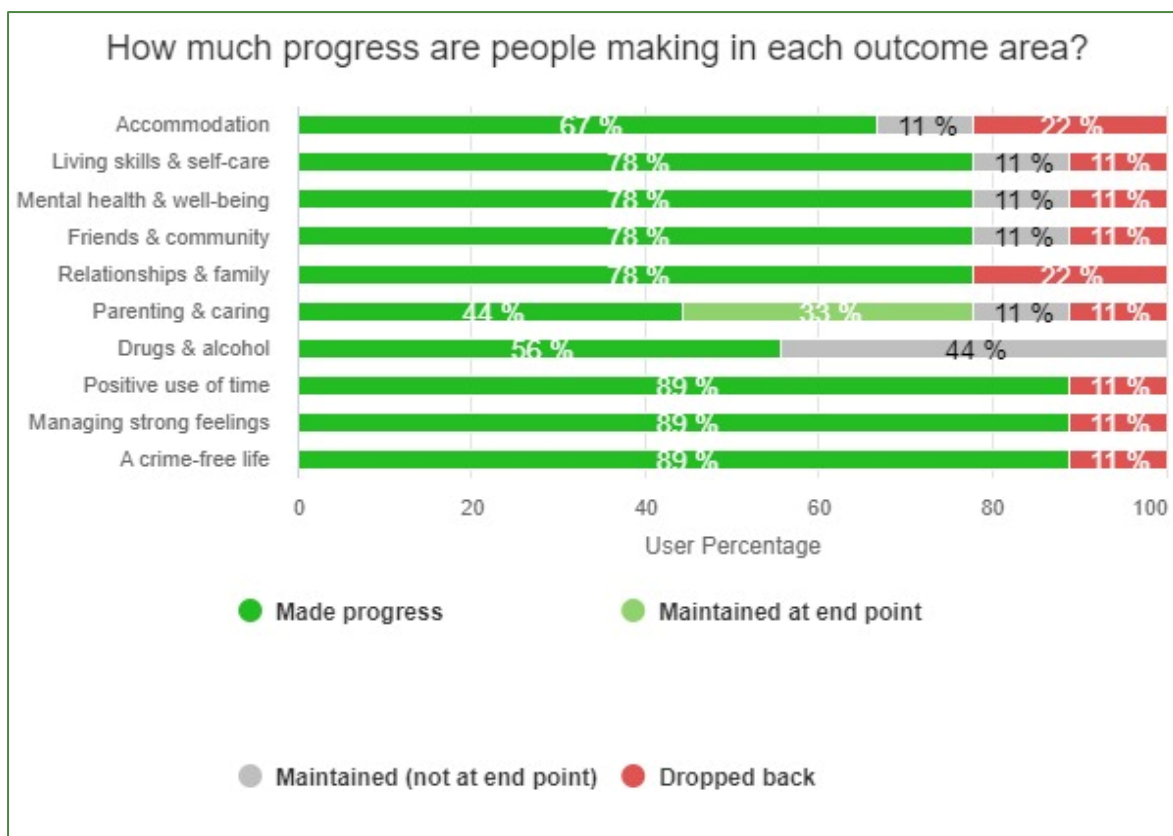


Figure 1: Outcomes Star Data for People Supported by the Custody Link Work Project.

Source: Custody Link Work Project, HTSI.

Getting the Project Set Up – Early Stages and the Impact of the Pandemic

Practitioners offered insightful and pragmatic reflections on the process of getting the project set up, realising what would and wouldn't work in practice and building up rapport and regular communication with colleagues across services.

Perspectives from policing and the custody centre context were that, initially, it took some time for referrals to the project to become normalised and embedded in operational routine across the policing staff profile. This is not unexpected or unusual in terms of those working in a statutory context starting to refer to and collaborate more with third sector colleagues, against the wider backdrop of pandemic-affected circumstances.

'It took quite a while for staff for them to... for it to come to work, to the forefront of their minds and think on each occasion. Because the..., the you know, the staff just dedicated to care and welfare. And then, yes. Yes. Part of this referral process is all about the person's care and welfare after the processes of taking place [in police custody]. Totally. But...in the heat of the moment and in an operational business, yes, it took a while to get that muscle memory.' [Practitioner]

The impact of the COVID pandemic in the early stages of the project meant that contact with people considering or accepting a referral to the project was predominantly done remotely, for example, over the phone, by WhatsApp, or other types of correspondence. As pandemic-

related restrictions and circumstances changed, this opened up to become a mixture of meeting in person and communicating by phone and text. Across those we interviewed, there is support for maintaining a mixed approach to communicating with service users, depending on personal preferences and what is most appropriate in a given circumstance.

'I've met them and I've talked to them over the phone. I'm not really fussed. Both works.' [Service User]

Link Workers reflected on the need for quality time and tone being as important, or more important, than whether the initial conversation was in person or over the phone.

'If you just give them [prospective clients] the time, show them compassion at that first meeting, it makes a massive difference to our engagement, massive.' [Practitioner]

'The emotional support is the catalyst to everything.' [Practitioner]

From a policing perspective, once COVID restrictions had eased, opportunities to interact and communicate with Link Workers in person are seen as more valuable than by remote methods only.

'So now the Link Workers work day shifts and late shifts as well. They regularly, when they're in the office they will go through and speak to whichever staff are on, so they'll have that face-to-face interaction which, you know, you just never got by e-mail or telephone. It's not the same.' [Practitioner]

The COVID pandemic also had a wider impact on the length of time some people might engage with the project. Some service users, including some of the case studies, only engaged with the project for a few months, as that was all that was needed. With the impact of court backlogs and guidance on case prioritisation, others faced lengthy delays in legal proceedings, as well as having multiple issues and areas they wanted to work on, and have chosen to engage with Link Workers over the course of the few years the project has been operating.

'Whereas other people it's, it could be something that lasts particularly with court delays and things as well. It's like you have to be, you have to be set up so that you can be going for at least three years to properly support people. Otherwise what happens is if you say, right, well sorry that's end of your 12 weeks or there's nothing more that I can do for you, formally. That's that you're then falling into the trap of been a service that dropped somebody.' [Practitioner]

Aside from service delays caused by COVID, the complexity and severity of trauma, vulnerability and adverse circumstances found amongst many in the client group was seen to require a much more sustained level of engagement with clients than originally envisaged when the project was initially being designed. Initially, there had been plans to do strengths-based 'aspiration planning' or thinking about goals, hobbies and employability with people accessing the service. Subsequent reflections were that this was difficult if the person is in crisis and needs fundamentally basic human rights and needs to be met in the here-and-now before they can realistically consider their future.

"The very first one I did, it kind of shocked me in the way of.. it's quite hard in terms of preparing because the manager at the time was kind of 'this is speel, this is the process you take, and when it

came to it in custody, obviously my first time, but the client [...] was very shut down, erm, [...] major, major trauma, major you know [...] been in prison something like 20 times you know there was [not] a whole lot, no trust whatsoever.’ [Practitioner]

Now that the project has had three years of development, there was appetite among different practitioners to return to this point and further discuss how some service users might then be better supported towards employability and strengths-based planning towards their aspirations. Having constructive things to do with your time and having a legal source of income are directly relevant to preventing or reducing offending and supporting desistance and recovery. This could be discussed further in a future Custody Link Work Steering Group meeting and/or in the Highland Community Justice Partnership, about the differentiation of work between support which focuses on stabilisation in crisis or distress, and what support looks like once some of the service users and their circumstances have been stabilised.

The Highland Context

The total population of the Highland local authority area is approximately 240,000 people. The Highland area⁹ makes up a third of the land mass of Scotland – it is nearly equivalent in size to Belgium and ten times larger in size than Luxembourg. The courts that are of relevance span a large geographic area: Inverness, Tain, Wick, Portree and Fort William. A bail supervision service¹⁰ (a service delivered by social work or a nominated representative from the third sector to support people to comply with the conditions of their bail) is available through the Inverness, Tain, and Wick courts and is not available through the Portree and Fort William courts.

According to Police Scotland¹¹, Highland has three command areas for policing:

- North Highland covering Caithness, Sutherland, Easter Ross and Ross and Cromarty.
- South Highland covering Lochaber, Skye & Lochalsh, Badenoch, Strathspey and Nairn.
- Inverness covering Inverness, Culloden & Ardersier and Aird & Loch Ness.

‘People from the central belt have no contemplation of the vastness of the Highlands and where we cover... Centralisation is great, but sorry, you lose that local knowledge.’ [Practitioner]

Knowledge of the Highland context was emphasised by several practitioner participants, with local relationships and knowledge being valued as vital to the effective running of a project like this. It helps with further developing partnership-working and referral pathways across very local areas of the Highland context. A participant working in a statutory (public sector) context noted that new projects or services tend to be introduced in and focused on Inverness, and not necessarily accessible spanning across other parts of the Highland area:

⁹ Highland Council (2023) [Highland Profile – Key Facts and Figures](#).

¹⁰ Highland Community Justice Partnership (2022) [Highland Community Justice Information Update \(May 2022\)](#).

¹¹ Police Scotland (2020) [Highland Local Policing Plan \(2020-2023\)](#).

'I'd say that whenever there's a pilot introduced, more often than not, it's in the Inverness area that it's considered for. So, it may be a year pilot and then. Typically, it will be an Inverness, but there's already more facilities.' [Practitioner]

The Custody Link Work Project having the ability to support people living outwith Inverness and try to signpost and make local links where possible (that is, local to the individual) is a positive strength, and an area of practice worth developing further in the future. Across the Highland context, including Inverness, another point well made during visits and in interviews is the perception that people coming into Police custody and needing to access services may face stigma and value judgments – by other members of local communities and, in some cases, by service providers in other sectors who know they are justice-involved. Researchers heard certain phrases repeated in conversations, “the Highlands are a very big place and also a very small place at the same time” and “everyone knows everyone’s business.”

'In Inverness, well, it's a fairly sizable town. It's still got a small village mentality and everyone knows everything.' [Practitioner]

The Highland context was spoken of in terms of a recognised duality: good proximity and sense of community, and a relational approach to collaboration and partnership-working between services. However, there is less anonymity in this context, more pronounced stigma, and there may be patterns of practitioners and services having seen a small number of ‘well kent faces’ many times before and not being confident that they are actually going to change and lessen their contact with the Justice system. Link Work project engagement is still worthwhile as Scottish research¹² demonstrates that persistent offenders can still be supported to reduce the number of times they are coming into custody centres and being criminalised.

Link Workers and other practitioners underscored the importance of the project being confidential, involving consent for information sharing, and being non-judgmental and empathetic in engaging with people. Some participants also reflected on the usefulness of having Café 1668 as a welcoming, comfortable, non-judgmental space for use, if appropriate.



Source: [Community Justice Scotland national image library](#). These images do not depict service users or research participants.

¹² Schinkel, M., Atkinson, C., Anderson, S. (2019) “Well Kent Faces’: Policing Persistent Offenders and the Possibilities of Desistance’, *British Journal of Criminology*, 59(3): 634-652.

Eligibility Criteria, Scope, and Capacity

There was clear consensus among people accessing support from the project who we interviewed, each independently expressing the view that eligibility criteria should be inclusive:

'I think everybody that needs it should be eligible, to be honest with you, because I think we all need a bit of help at some point in our life.' [Service User]

'I think it should be available to everyone in Scotland because it is helpful.' [Service User]

'That's the problem with life, you restrict things to one group and then other people don't get the help that they need. I think it is better if it is open to everyone. Because I used it [the project] for mental health issues as well, and it was quite helpful. They shouldn't have eligibility criteria. It should be open to everybody. We are all human, at the end of the day. It's just not a good idea having eligibility criteria. It is adding fuel to the fire, just causing problems, it's not fixing them.' [Service User]

One of these individuals expressed the view that the eligibility criteria should be expanded, but was then quick to highlight considerations of capacity and workload of the Link Workers.

'I know with the project, up here, there's maybe three workers up here. They are going between, helping between a lot of people up here in the Highlands, as you can imagine. There is not enough workers to deal with everybody's problems. But they do get there in the end. With me, I was lucky, they got to me quite quickly... If there was more workers, it would be easier. [Link worker] was saying, "with three or four of us just now, we're quite pushed."... [In terms of challenges and making changes], I cannae see anything, apart from maybe getting more workers in. Even then, that's gonna be hard. I don't know how they'd get the time with all the problems that people have got and with the Highlands being such a big area to cover.' [Service User]

Practitioner perspectives varied, but tended towards the view that the eligibility criteria and scope of the project was at least worth re-visiting and discussing. There was positive consensus around the inclusiveness of the eligibility criteria for women to access the Link project, in recognition of the intersectionality and complexity of the issues that they face.

One practitioner participant expressed a view that, in the Highland area, there is a gap in support available for young people aged 16 to 17 years old, and that consideration could potentially be given to expanding the eligibility criteria to include them. They recognised that particular skills and protocols would be required for work with young people under 18. This view contrasts with other practitioner participant views. For example, another practitioner saw the criteria starting at age 18 – 26 years old as 'appropriate', implicitly reflecting on maturity in emphasising the need to work with people who are 'old enough to engage.'

There was some complementarity with another referral scheme operated by the Police themselves which focussed on clients outside custody who were deemed vulnerable of harm from drug and alcohol addiction. There was some current co-operation between the two approaches, but also possible potential for more information sharing and co-operation going forward.

Enabling Choice, Developing Trust and Agency

Some participants noted the arrest process and custody centre environment would influence interactions with people with underlying issues and circumstances, offering an opportunity for some engagement and making referrals, but presenting a challenging context to develop trust.

'But having that time to put aside to talk to people and find out, you know, to, to get to earn that trust, first of all, to get that stuff from someone's, for someone to open up to them. Takes a lot and you know quite often folk will just see a police uniform.' [Practitioner]

A common view across multiple participants is that the Link Work project being offered by a charity (not a mandatory or statutory agency) is an important factor in people choosing to engage with it and then access help from other services through linking and referrals.

'I think it's quickly become established that people can trust them [Link Workers]. I really think that's what's made the difference in allowing people to engage and it's that non-judgmental, safe space where there is trust being built up, you know, they get to choose how they communicate with the Link Worker. You know, they're given a bit of power if you like, about how this is gonna happen. And that's really important because lots of times they've had things done to them, dictated to them, whereas they're taking a bit of control here.' [Practitioner]

Those we interviewed commonly saw the voluntary nature of engaging with Link Workers, focused on choosing what they, as service users, wanted to work on and access support for, as vitally important.

'I think it is easier for people if they choose it, if they're not forced to do these things. Because it is up to them, they can be reminded that if they need the help, they can get it, it's there. Being forced – I don't think people would be too keen on having to go to these things if they were forced to do it. Because they've got their own choice. If they want the help, the help is there.' [Service User]

'I think they put more in if they're a charity. I think they put in more effort if they're at a charity. They don't give up, they don't go back.' [Service User]

Link Workers spoke of the importance of enabling people to build up their own agency and independence, in a supportive way, encouraging or reinforcing success when individuals were proactive in making choices and doing things for themselves. This also relates to a professional ethical imperative of avoiding cultivating co-dependence on workers and the project.

'I always try, even if they are really struggling, I'll say 'I will do this call first and you can go and look at the website,' so really important to have firm boundaries and get them to do stuff for themselves... People often have a history of dependence on a support worker who does everything for them, but then when they leave, the person is in a worse place because they can't do anything for themselves.' [Practitioner]

Talking about which options they would like to choose to be linked into was approached with heightened sensitivity and care in cases where a person was experiencing low self-worth or stigma, including cases where their choice and agency had previously been diminished through victimisation and the coercive controlling behaviour of others. In this area, practitioners seemed particularly attuned to a need to be aware and responsive to gendered differences.

'Gave them a gateway to access that service, because a lot of people feel 'I'm taking up space I don't deserve' or 'I'm taking up support I don't deserve', because of their.. you know their very very low sense of self-worth.' [Practitioner]

'You need to avoid pre-judging them when referring them. It's not always things they have done, but things that have been done to them, but they will come forward with their role after multiple phone calls (they will take agency).' [Practitioner]

The themes and findings in this section are coherent with the stated 'principal aim' of the Link Work project (stated in HTSI Link Work project reporting), for those engaging with the project to make progress and achieve the following:

'As an individual I feel better able to make decisions and choices which increase my wellbeing and reduce my chances of offending.'

Alcohol and Drugs

While alcohol and drugs are present in a significant proportion of the lives of those coming into Police custody and accepting a referral to project, it was also highlighted by a few practitioner participants as a key area where they felt they have made good progress in collaborating, linking and making referrals to alcohol and drug services in the Highland area.

'For a lot of the clients, they self medicate with drugs and alcohol because they've gone through so much trauma and they don't understand. They don't know why they use drugs and alcohol to manage it all the emotions... [Linking in and working with local third sector alcohol and drug counselling services] has been a massive benefit to a lot of my clients and I have got clients that are still engaging with them, and they've been so amazing with them and they're actually starting to understand and know why they behave a certain way and why they think a certain way.' [Practitioner]

When service users were asked about whether there were any strengths and benefits of the project, they tended to highlight getting stabilised and then being referred to and accessing alcohol and drug-related services and supports as helpful. These included being linked in with service provision in the form of interventions or counselling, as well as joining more peer-oriented recovery or mutual aid groups.

Housing and Homelessness

Housing was raised as an issue by several interview participants and featured as an area needing support in most of the qualitative case studies. Information more widely available about the Highland local authority area suggests that there are pressures on available resources and protracted waiting times for housing. According to the Highland Council¹³, the case duration for people who are homeless is approximately 50-56 weeks, that is, a year. This is echoed by official statistics¹⁴ on homelessness which indicate that the average waiting time

¹³ Highland Council (2023) [How We Are Performing – Statutory Performance Indicators](#).

¹⁴ Scottish Government (2022) [Homelessness in Scotland: 2021-2022](#).

from making an application through to case closure for those assessed as homeless is between 330-344 days in Highland Council, which is higher than the Scotland-wide average of 255 days.

'I think most councils are in an element of crisis, especially around housing etc.' [Practitioner]

Link Workers felt that, through the course of the project, they had been able to make positive progress in communicating and collaborating with Housing services to try and secure better housing outcomes for service users. This was echoed by one of the service users.

'Just the fact that my Link Worker was able to sort things quite rapidly, bring up numbers and what not that I was trying to get hold of. They were helpful with the housing and that, as well. Helped with the communication process.' [Service User]

Other practitioner participants identified that the Custody Link Work Project had prompted useful conversations and setting up of processes to respond to issues like housing and various other issues in a way that, previously, had not been routinely occurring.

'Now in terms of, let's say you just touched on it there like housing or let's say somebody with a say gambling addiction or somebody that's really struggling to get back into employment. The process just wasn't there. You know, the process just wasn't there before the Link Worker project... I think from the conversations I've had with the Link Workers, certainly, you know issues with housing and custody of children... A whole host of things that we never, we never touched on before.' [Practitioner]

Mental Health, Trauma, and Suicide

Mental health, trauma, and suicide were emphasised by nearly every participant interviewed and were also evident in the qualitative case studies. People's comments often involved observations about the overlap and interaction of mental health issues and trauma with other issues and experiences, for example, alcohol and drug use, grief and loss, and victimisation.

Issues of access to NHS mental health services and GPs was highlighted by several participants. Multiple practitioners observed a tendency for people who missed some letters or appointments – which might be normal or common in times of mental ill health or distress – to risk being or to actually be dropped and discharged by mental health services and have to navigate waiting times over again. Link Workers were seen as proactively trying to help negotiate or navigate and explain, but, even with that offer of information and support, a commonly held perception among a few practitioners was that there remain systemic constraints and pressures on capacity which affect what is possible in this area.

'Mental health is definitely in melt down for anything other than emergencies.' [Practitioner]

'We do have mental health support services, but it's very much 1-2-3 in or you're out.' [Practitioner]

'Even people who are [able to access mental health services], it's down to one phone call every three months, and if you miss that phone call you are off the books, you are discharged. So, they have people who have been kicked off who they are having to get re-referred.' [Practitioner]

'They're not services that are there that are designed to help them. They're services that have to be negotiated. And if you get punished. So, for example, if you miss a couple of appointments for your

mental health, then you're going to be put back. You, you're back to the start again and then you have to go through the GP. You have to go through the whole process.' [Practitioner]

One of the service users appreciated the efforts of their Link Worker, but acknowledged the difficulty of even getting into see a GP, with 'a shortage of doctors in the Highlands.'

'It would be handy to be able to get in touch with a doctor. [Link Worker] tried to get in touch with my doctor, but trying to get an appointment with my doctor is next to bloody impossible.' [Service User]

The seriousness and sensitivities surrounding suicide were raised by participants, most frequently without us as researchers mentioning it – service users and professionals raised the topic as an important issue that they wanted us to know about, speaking of it with a great deal of care and concern. Suicide also featured as a concern in multiple informal conversations with professionals during our visits in the North. According to Public Health Scotland¹⁵, in the period between 2017-2021, the suicide rate in the Highland Council area (21.5 per 100,000 of population) was the highest rate out of all of the 32 local authorities in Scotland. It is significantly higher than the Scotland-wide national average (14.1 per 100,000 of population). Health intelligence on rates may vary from year to year, so the statistics may adjust slightly, but this is a persistent area of concern. Furthermore, suicide rates in Scotland are known to be significantly higher in cases and places affected by deprivation and poverty, which is a prominent theme in the circumstances and referrals of those engaging with the project.

'The Highlands have got one of the highest suicide rates of anywhere in Scotland... If you're living up in the middle of a glen, 12 miles from the nearest major road and you're feeling lonely and down, there's not a lot support for you there. And whereas if you're in a city, you can probably go in somewhere to speak to someone and get that support.' [Practitioner]

'With men's mental health, it's not taken as seriously as it should be. There has been how many people jump off that bridge over the past couple of weeks? The services should be open to everybody, including mental health, and not just being only court related or Police related.' [Service User]

A few service users mentioned that engaging with Link Workers had helped with their mental health. In certain interviews with service users, they also hinted at or directly told us that they had been in distress and at a point of considering or actually attempting suicide ('I've actually tried to take my life'). This was mentioned as part of their response as to why they felt more people should be able to access help through the Link Work project, expressing a view that the cost-of-living crisis might affect the mental health and distress levels of more people in the Highlands. Discussions of the qualitative case studies and interviews with Link Workers also demonstrated that some individuals engaged with the project had been actively suicidal. In some cases, they had told the Link Workers at the time, and emergency services were alerted and responded, and in other cases, they discussed it with a Link Worker later.

'[They] said, "well, that's easy. You know, if it wasn't for you guys, I'd be dead."' [Practitioner]

¹⁵ Public Health Scotland (2022) [Suicide Statistics in Scotland](#).

Link Worker Skills

Multiple practitioners reflected on the types of skills and knowledge demonstrated by the Link Workers, and the skills they would recommend as needed for any other areas considering setting up a similar Link Work project. Several comments centred on empathy, rapport building, and supporting people through processes and circumstances of heightened emotions.

'You need someone that's not going to be shall I say, um, intimidated by [the] clientele, you need someone that is confident. Someone that's obviously empathetic to the needs and someone that's got a background in working with these types of individuals that that are crying out for help but are not very good at expressing their needs or help. It takes a certain skill and I think that's a learned skill to elicit that information from someone that perhaps they've never said these things to somebody before, never, never, never disclosed. You know, child abuse that they've suffered or you know the backgrounds that they've, they've endured as a child or whatever it may be. You know it takes a certain type of person to do that.' [Practitioner]

Having the right interpersonal skills was not only key to developing trust and rapport, but also skills around listening in particular were essential to draw out the full context of a client's circumstances, allowing in turn more effective discussions to be had around what help and services they might require.

'You have to have that conversation of.. the bigger picture, of what else is going on, often not just a case they need money or housing, it's a case of what else is going on.' [Practitioner]

Given challenges to accessing services during the pandemic, a further key skill required of Link Workers was maintaining the relationship with clients and keeping them motivated. When services were then identified and accessed, Link Workers then often needed to work with clients to help them prepare, for what that service might entail so that they can engage with them constructively, but equally preparing the services themselves for the particular needs and challenges presented by their clients.

'Just being able to say to someone, you know my client has this mood disorder, and this means that, you know first impressions really count, BPD definitely is a big issue, and even saying BPD is not enough, you have to say you know 'my client is very anxious and will come across a little bit short with you.' [Practitioner]

Finally, a key attribute of Link Workers appreciated by others was their collective knowledge of systems, services and entitlements. This not only allowed them to advocate effectively for their clients, but also allowed them to signpost and link their clients into a landscape of statutory and third sector provision, with many of the third sector options being unfamiliar to statutory partners. This ability to draw on this wider landscape of resource was particularly valuable in the Highland context where statutory provision has been somewhat patchy and resources (as with everywhere) tight. Another important aspect of this is Link Workers supporting individuals to identify where they have been victims/survivors in particular situations and encourage them, if they want to, to access services and support available to them *as victims*. Indeed, these people may face their own charges or ongoing proceedings, but this has not (and should not) stopped Link Workers supporting them to access, for example, Women's Aid, Victim Support Scotland and services for sexual and gender-based violence.

Quantitative Data Analysis and Findings

To reiterate, the aim of the quantitative part of the analysis was to examine the extent to which the Custody Link Work Project effectively reduced the number of custody visits for its clients. This part is based exclusively on administrative justice-related data in the form of anonymised custody records from Police Scotland. It is complex, but a more straightforward explanation or set of considerations are given after the tables and graphs are presented.

The quantitative data analysis can be divided into three parts.

The first is concerned with highlighting key differences in relation to substance use, alcohol use, mental health and health between the two referral groups – those who accepted a referral to the project and those who declined.

The second part of the quantitative analysis consists of a descriptive analysis of trends in monthly custody visit rates, broken down by referral group, gender and age group. The purpose of this is to examine differences between the pre-referral and post-referral periods of time¹⁶. Because of the different number of individuals in the referral groups (and also in terms of gender and age groups), monthly custody visit rates were standardised by age, gender and referral group. As such, the rate represents the number of custody visits per month per 100 individuals. The standardisation of custody visit rates allows for easy comparison across sub-groups, with fluctuations/variations expected between time periods as normal.

Custody visits processes include several standard questions asking about an individual's health and wellbeing. A selection of these are shown in Table 5, in which the column percentages are compared across the two referral groups. This allows us to examine if there are any key differences between the two groups with regard to the selected variables.

Some important differences that potentially distinguish between the two groups can be noted. In particular, the strongest associations between referral groups and the outcomes are for: having disclosed any mental health problems (.32, $p < .001$); current thoughts of self-harm or suicide (.23, $p < .01$); taking prescribed medication (.22, $p < .01$); previously attempted self-harm or suicide (.20, $p < .01$); and dependence on alcohol (.15, $p < .05$). **With regards to all five of these outcomes, the percentages are significantly higher for individuals who have accepted rather than declined the referral. In other words, individuals who have accepted the referral to the project are significantly more likely than those who have declined it to report mental health problems, current thoughts of self-harm or suicide, to take one or more prescribed medications, to previously having attempted self-harm or suicide, and to report dependence on alcohol.** Following on from this, they may potentially face more stigma and social exclusion.

¹⁶ Methods note: The comparisons involved the presentation of graphs which showed trend lines, calculated with the LOESS function (locally estimated scatterplot smoothing), which is a non-parametric regression method. This method is appropriate due to the non-linear nature of the custody visit rates; in other words, it was expected that there would be fluctuations and, in particular, a change between the two time periods. The final part of the quantitative analysis used linear regression models to quantify the magnitude of the changes in monthly custody visit rates. To be more specific, an interrupted time series analysis was conducted.

This is broadly coherent with comments in practitioner interviews observing that those who access the project tend to have multiple complex needs, as well as the multiple needs reflected in each of the qualitative case studies. Some practitioners offered vivid recollections of realising in the early stages of the project that those accepting referrals would have multiple complex needs and that the Link Work would necessarily need to span multiple different areas.

'I don't think any of us were fully aware that there would be so many of those referrals with such complex backgrounds. And I guess, you know, that's kind of taken everybody by surprise.'
[Practitioner]

'I imagine that the women's profile could have quite a bit of distress and complexity in it.'
[Practitioner]

It can also be observed how approximately half of the populations within the two groups reported having used alcohol in the last 24 hours (at the point of entering Police custody), and about 27-30% reported having previously suffered withdrawal symptoms. In terms of general health, about a third of the populations of both groups also reported suffering a medical condition. Overall, this suggests issues of mental health, health, and substance and alcohol use, to be fairly common across the two groups. There is of course a possibility of 'reporting bias', in which those that have accepted a referral may be generally more inclined to engage and more openly discuss their issues, in comparison to those who chose not to accept a referral. Nevertheless, what is clear is that there are key differences between the two groups, and that the circumstances and outcomes for the population having accepted a referral are significantly more adverse. This is worth keeping in mind in thinking about impact and outcomes.

Table 5. Health and Mental Health by Referral Group

Referral Group	Declined (n = 91)	Accepted (n = 99)	Cramér's V	Chi-Square Test
Dependent on alcohol	6.6	16.2	0.149	$X^2(1, N = 190) = 4.239, p = .039$
Used alcohol in the last 24 hours	51.7	51.5	0.001	$X^2(1, N = 190) = 0.000, p = .985$
Dependent on drugs or other substances	6.6	7.1	0.009	$X^2(1, N = 190) = 0.017, p = .896$
Used drugs or other substances in the last 24 hours	11.0	15.2	0.062	$X^2(1, N = 190) = 0.719, p = .396$
Suffering or previously suffered withdrawal symptoms	27.5	30.3	0.031	$X^2(1, N = 190) = 0.185, p = .667$
Current thoughts of self-harm or suicide	4.4	19.2	0.226	$X^2(1, N = 190) = 9.757, p = .002$
Previously attempted self-harm or suicide	35.2	54.6	0.195	$X^2(1, N = 190) = 7.188, p = .007$
Disclosed mental health problems	39.6	71.7	0.324	$X^2(1, N = 190) = 19.930, p = .000$
Suffering any ongoing medical condition	31.9	36.4	0.047	$X^2(1, N = 190) = 0.426, p = .514$
Taking prescribed medication	47.3	68.7	0.217	$X^2(1, N = 190) = 8.968, p = .003$

When working with longitudinal data, it is always difficult to estimate the effect of an intervention because of confounding factors. In this case, the intervention of the Custody Link Work Project has co-occurred with the turbulence of the COVID-19 pandemic. Quite counterintuitively, there was actually an increase in the average monthly custody visits in the post-referral period; a range of factors are likely to have contributed to this. The average and median monthly custody visits are shown in Table 6. It can be observed how the average number of monthly pre-referral custody visits was somewhat lower for the Accepted group (mean = 2.36) in comparison to the Declined group (2.90). Whilst an increase can be observed for both groups in the post-referral period, it is somewhat higher for the Accepted group (3.75 compared to 3.42). Of note, however, is that the standard deviation indicates a high degree of variability in the post-referral period for the Accepted group (mean = 3.75, SD = 5.16). **In other words, there appear to be quite large differences between individuals in this Accepted group, with some having a very high number of custody visits, and others more infrequently being in custody.** In contrast, the variability is somewhat lower for the Declined group in the post-referral period (mean = 3.42, SD = 3.39). Whilst it is clear that there has been a numerical increase in the latter period, this should not be causally attributed to the intervention. There was indeed a phased roll-out, meaning we would expect the effects of the intervention to become clearer throughout time. In addition, there are likely to be confounding factors that have affected both groups in terms of contributing to an increase in custody visiting rates.

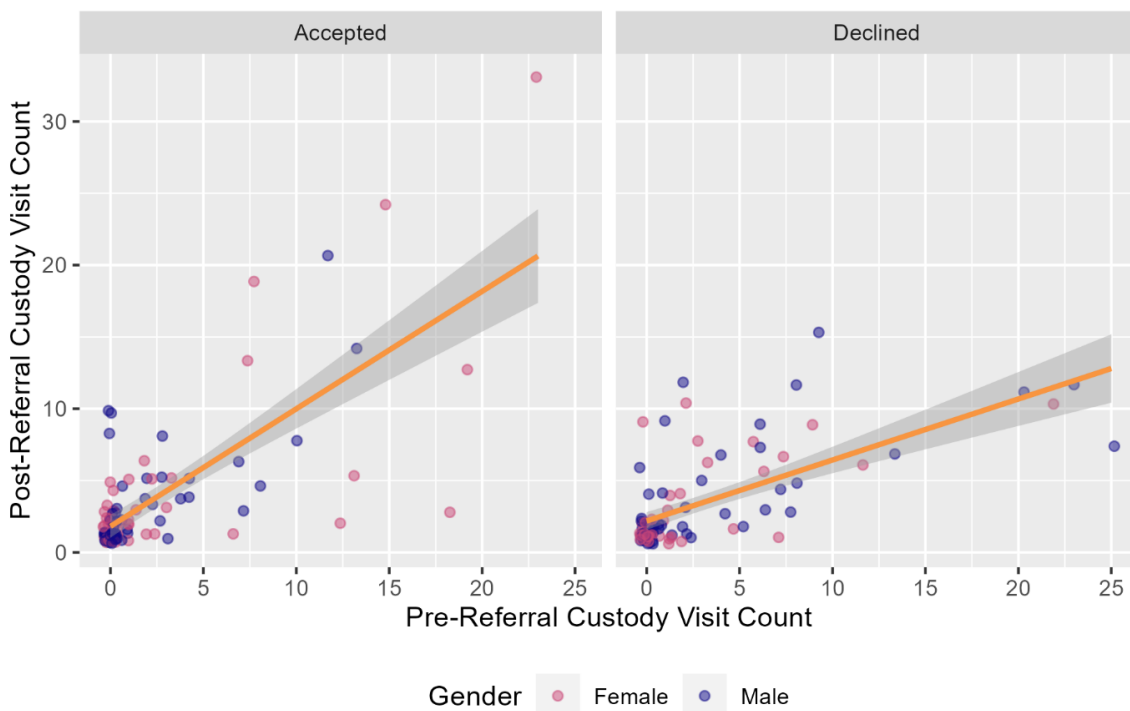
Table 6. Pre-Referral and Post-Referral Summary Statistics

	Declined	Accepted	Total
<i>Mean (SD)</i>			
Pre-Referral CV	2.90 (5.19)	2.36 (4.60)	2.62 (4.89)
Post-Referral CV	3.42 (3.39)	3.75 (5.16)	3.59 (4.39)
<i>Median</i>			
Pre-Referral CV	1.00	0.00	0.00
Post-Referral CV	2.00	2.00	2.00

The scatter plots in Figure 2 show the relationship between pre-referral and post-referral custody visits for individuals in the Accepted or Declined groups. For both groups, there are strong correlations between the two counts of custody visits across the two periods. It is somewhat stronger for the Accepted group ($r = .73, p < .001$) than for the Declined group ($r = .65, p < .001$). This means that we would expect individuals (across both groups) to be fairly stable in the number of custody visits occurring in both periods. In other words, the number of times an individual has been in custody in the earlier period is to a certain extent predictive of the number of times they are likely to be in custody in the following period. There are certainly exceptions to this, and it can be observed how, particularly in the Accepted group, there is a number of individuals who had a quite high number of custody visits in the pre-referral period, to have a substantially lower number of custody visits in the latter period.

Pre-Referral and Post-Referral Custody Visits

Counts by Referral Group and Gender



Accepted: $r(97) = .73, p < .001$; Declined: $r(89) = .65, p < .001$

Figure 2. Pre-Referral and Post-Referral Custody Visits

Scatter plots showing the relationship between the number of pre-referral custody visits and post-referral custody visits; the left plot shows this relationship for the Accepted group, and the right for the Declined group. Each circle represents one individual (coloured by gender).

Figure 3 shows the monthly custody visit rates (standardised by the referral populations) by the two referral groups. The circles connected by lines show the actual custody visit rates, whereas the solid thick lines show the average trends. From this, it can clearly be observed how the custody visit rates are very similar across the two groups. Following a fairly stable period, there is a clear increase from June 2019 and onwards, and particularly so for the Declined group. After the intervention has started to be phased out, we can observe a decline in custody rates after January 2021. The rates are on average somewhat higher for the Accepted group in this period. In February 2023, the rate for the Accepted group was 6.6 custody visits per 100 individuals, compared to 3.03 for the Declined group.

Custody Visits by Referral Group

Showing monthly custody visit rates per 100 individuals (Dec 2016 - Feb 2023)

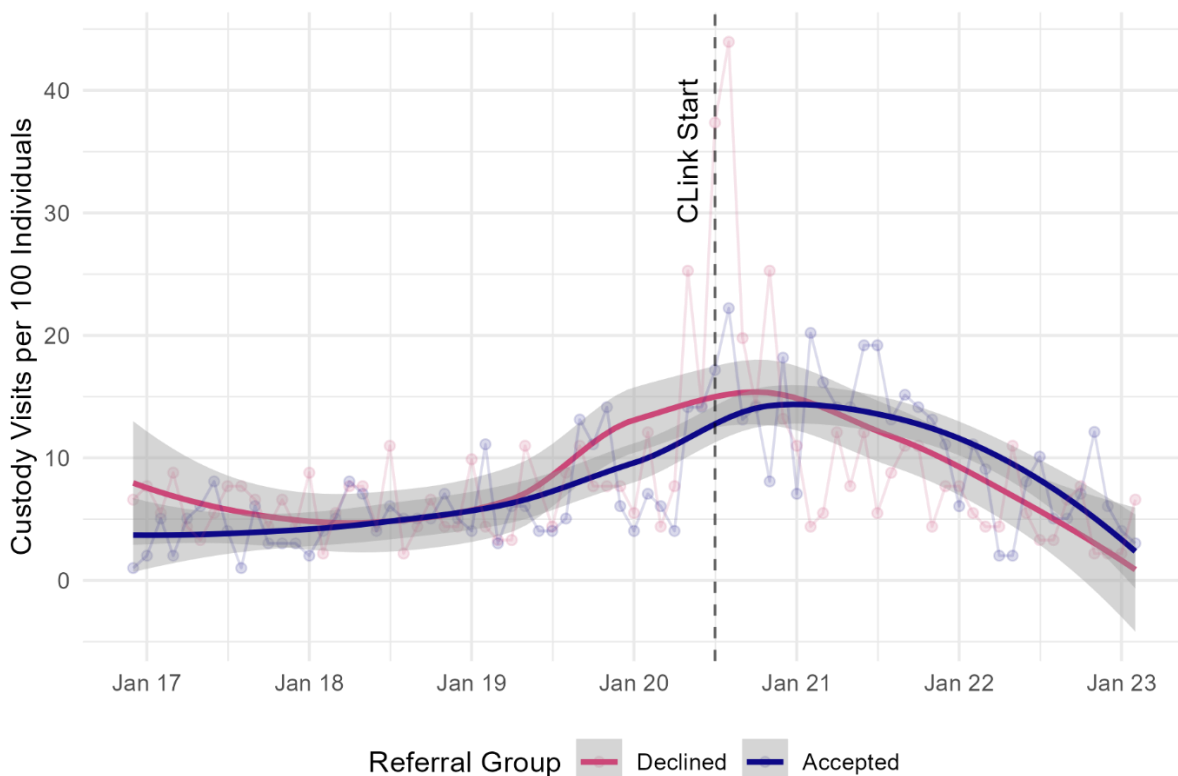


Figure 3. Monthly Custody Visit Rates by Referral Group

The following graphs show the custody visit rates (standardised by age and gender) by referral groups and broken down by gender and age. This allows us to examine distinct patterns related to the sub-groups and, possibly, for which groups we anticipate the effects of the intervention to be strongest.

The custody visit rates for the female cohort are shown in Figure 4. There are some quite clear differences between the age groups. The largest fluctuations can be observed for the age group 17-26, and the increase in custody visit rates was particularly strong for the Accepted group. There is less variability in the other age groups, and especially so for those

aged 51 and older, in which there is no evidence of change in the custody visit rates for the Accepted group. It is, however, clear that whatever caused the initial increase in custody rates, there are clear reductions in the post-referral period for most age groups.

Custody Visits by Referral Group for Female Cohort

Showing monthly custody visit rates per 100 individuals (standardised by age and gender), Dec 2016 - Feb 2023

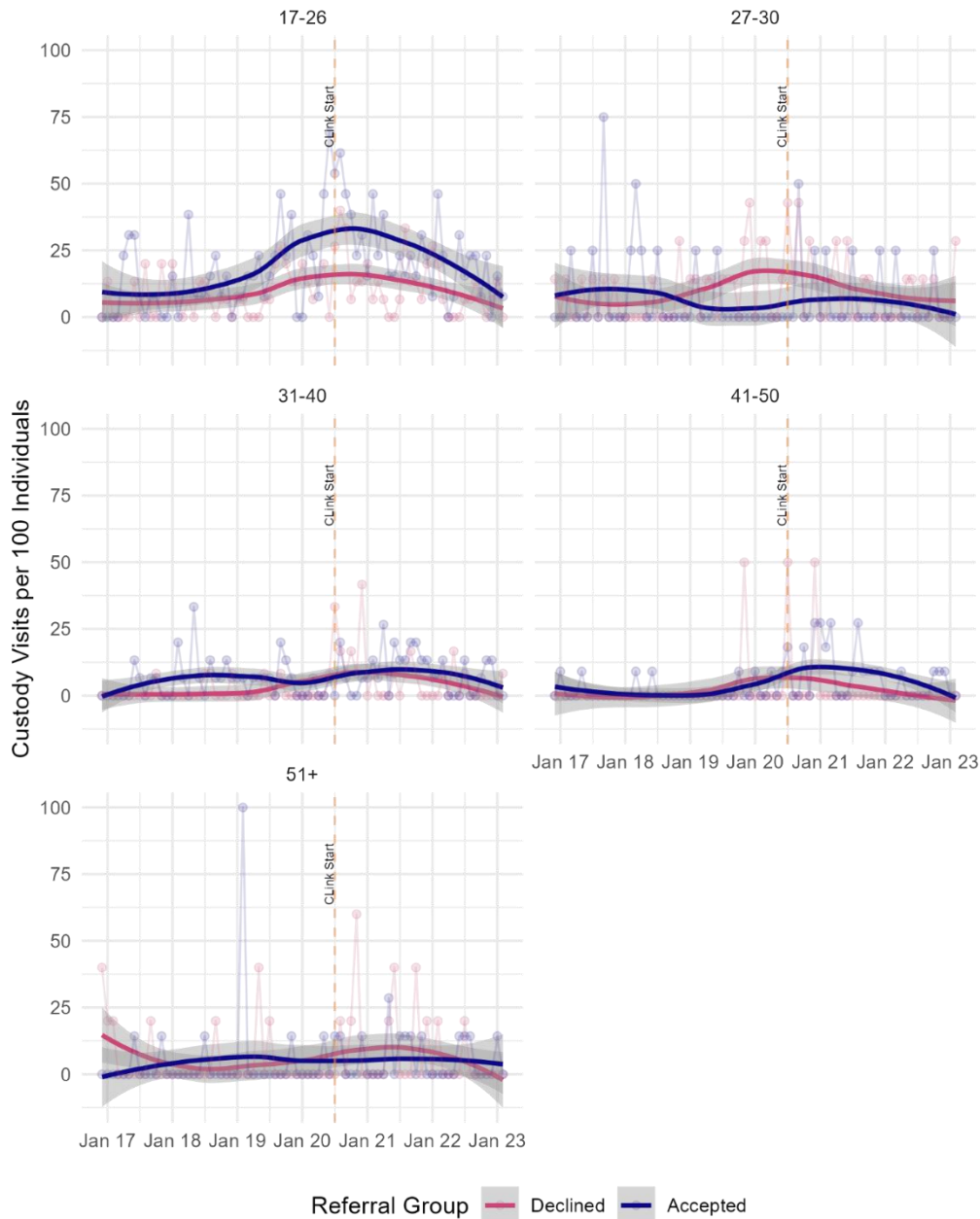


Figure 4. Monthly Custody Visit Rates for Female Cohort

The monthly custody visit rates for the male cohort are shown in Figure 5. For the ages 27-30, 31-40 and 41-50, the differences between the two referral groups are more pronounced,

with higher rates for the Declined group. Similar to the female cohort, there are consistent declines in the post-referral period across all groups.

On the whole, whilst there are some differences between the sub-groups, it nevertheless appears that there have been quite consistent decreases – for both referral populations – with regard to the pre-referral and post-referral periods. Some differences are evident but the trajectories tend to be the same across both genders and all age groups: a reduction in custody visit rates in the latter period.

Custody Visits by Referral Group for Male Cohort

Showing monthly custody visit rates per 100 individuals (standardised by age and gender), Dec 2016 - Feb 2023

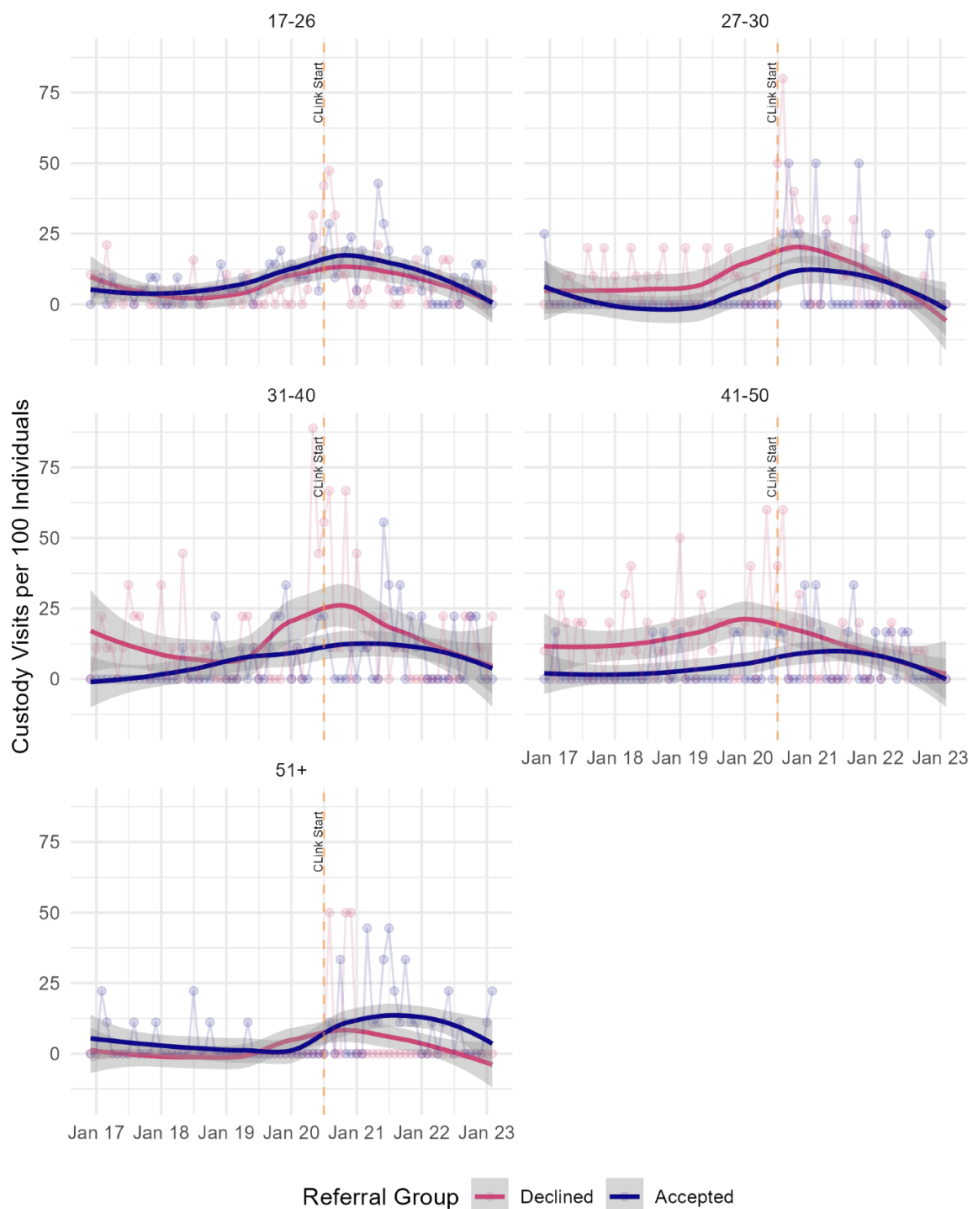


Figure 5. Monthly Custody Visit Rates for Male Cohort

The results from five separate interrupted time series models are shown in Table 7. This part of the overall data and findings is somewhat complex to try to explain, but it is done here in some detail so that the result can be well contextualised and understood – and a sense of our explanation or insight is summarised in the next section, ‘Reflections on likely impact of the intervention’. Here, the outcome variable for all the models was monthly standardised custody visit rates. Models A and B are the baseline models, in which each model was fitted separately for each of the two referral groups (Accepted and Declined). Models C and D are the same but with the introduction of a lagged time variable. Model E is a combined model which controls for the referral group.

In terms of the explanatory variables, *Intervention* is a dichotomous variable that indicates the average difference between monthly rates in the post-referral period (July 2020 – February 2023) compared to the pre-referral period (December 2016 – June 2020). As such, it represents the immediate change in custody visit rates that occurred in the post-referral period. *Time* is simply an indicator of the months that have passed throughout the project. *Time Passed* measures the months that have passed since the intervention (July 2020), and it indicates the average effect the passing of time has had on the custody visit rates since the intervention. In other words, it shows the sustained effect of the intervention. The *Time-lagged Custody Visit Rates* is a lagged version of the outcome variable¹. In model E, *Referral* controls for referral group, and this variable is interacted with each of the other time variables to examine differences between the two referral groups.

With regards to models A and B, it can be noted that the estimates are quite similar across both the Accepted and Declined models. Judging by the model fit statistics, the Accepted model is arguably a more parsimonious and better fit to the data. In this model, the combination of explanatory variables accounts for approximately 58% of the variance in the observed custody visit rates; this can be compared to 42% in the case of the Declined model. The effect of time is statistically significant and positive in the Accepted model; on average, for every month passed since December 2016, the monthly custody visit rate is expected to increase by 0.15 custody visits (per 100 individuals). This effect, while similar in magnitude in the Declined model, is not statistically significant. On average, there are 9.35 more monthly custody visits in the post-referral period than in the pre-referral period for the Accepted group. This can be compared to 12.15 for the Declined group. In other words, there was a sharp increase in custody visits in the post-referral periods, and the rate was somewhat higher for the Declined group. This is, statistically speaking, the immediate effect of the intervention; however, other factors not controlled for in this model have likely also contributed to a significant and substantial increase in custody visit rates.

Of particular importance for the purposes of the evaluation is the Time Passed coefficient. This is the sustained effect of the intervention, but again, it must be recognised that other factors may also have contributed to the decline in custody visits. Nevertheless, in the period following the intervention in July 2020, the Time Passed coefficient in the Accepted model is statistically significant with a value of -0.57; on average, we expect to see a decrease of -0.57 in the custody visit rate for each month after the intervention. However, it is noteworthy that, statistically speaking, a similar and even stronger effect can be observed for the Declined group, which, by their definition, would not have been exposed to the intervention. This is of

importance because it suggests that whilst there is a clear reduction in custody visit rates after the intervention, the reduction is most likely influenced by one or more confounding factors not included in the model. However, it is also conceivable that there may be a contamination effect, which could be plausible given that the individuals in both referral groups may be in geographical proximity to one another. In other words, the intervention might have contributed to behavioural changes in the Accepted group, which contributes to a less criminogenic environment, and thereby also reduces the likelihood that individuals in the Declined group end up in custody.

In models C and D, which controls for the custody visit rate in the previous month, it can be observed that the estimates are fairly similar to the estimates in models A and B. This lagged variable, however, has a statistically significant and positive effect for the Declined group; the rate of custody visits in the previous month is to a certain extent predictive of the next month's custody visit rates. With the introduction of the lagged variable, it can also be observed how the Intervention and Time Passed coefficients become somewhat weaker. In comparison, the effect of the lagged variable is not significant in the Accepted model, and the estimates are quite consistent in models A and C.

Finally, in the combined model (E), the estimates are fairly consistent with the previous models and, most importantly, there are no significant differences in monthly custody visit rates between the Accepted and Declined groups. In other words, despite the fact that only the Accepted group was subjected to the intervention, there is no evidence that the custody visit rate of this group is different from those who declined the referral.

Table 7. ITSA Models: Predicted Monthly Custody Visit Rates

Predictors	(A)	(B)	(C)	(D)	(E)
	Accepted Estimates (SE)	Declined Estimates (SE)	Accepted Estimates (SE)	Declined Estimates (SE)	Combined Estimates (SE)
(Intercept)	2.55 * (1.05)	4.49 ** (1.66)	2.37 * (1.15)	2.92 (1.77)	4.49 ** (1.39)
Time	0.15 *** (0.04)	0.12 (0.07)	0.13 ** (0.05)	0.09 (0.07)	0.12 * (0.06)
Intervention	9.35 *** (1.59)	12.15 *** (2.52)	8.15 *** (1.99)	8.23 ** (2.87)	12.15 *** (2.11)
Time Passed	-0.57 *** (0.08)	-0.81 *** (0.12)	-0.50 *** (0.10)	-0.58 *** (0.15)	-0.81 *** (0.10)
Time-l Custody Visit Rates (Lag)			0.13 (0.12)	0.29 * (0.12)	
Referral Group					-1.94 (1.97)
Time *					0.03 (0.08)
Referral Group Intervention *					-2.80 (2.98)
Referral Group Time Passed *					0.24 (0.14)
Observations	75	75	74	74	150
R ² / R ² adjusted	0.592 / 0.575	0.439 / 0.415	0.590 / 0.566	0.488 / 0.458	0.494 / 0.469
AIC	401.988	470.381	398.216	460.444	885.449
log-Likelihood	-195.994	-230.190	-193.108	-224.222	-433.724

* $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$

To provide a visual representation of the trends, Figure 6 shows the trends of the two groups in the pre-referral and post-referral periods. The dashed orange line shows the month of the intervention (July 2020), each circle represents the observed custody visit rate, the solid lines the predicted values, and the dashed lines represent the predicted counterfactuals (i.e., what the trends would look like in the post-referral period if we based the predictions on the pre-referral trends).

Of most importance, it is clear that there are major reductions in the custody visit rates in the post-referral period. However, reductions are actually stronger for the group who Declined a referral to the project. Differences between the two groups are likely to have some bearing on this, given the higher adversity and complexity in the lives of those who Accepted a referral – that is, starting from different points.

ITSA: Comparison of Models A and B

Observed and Predicted Standardised Custody Visit Rates by Referral Groups

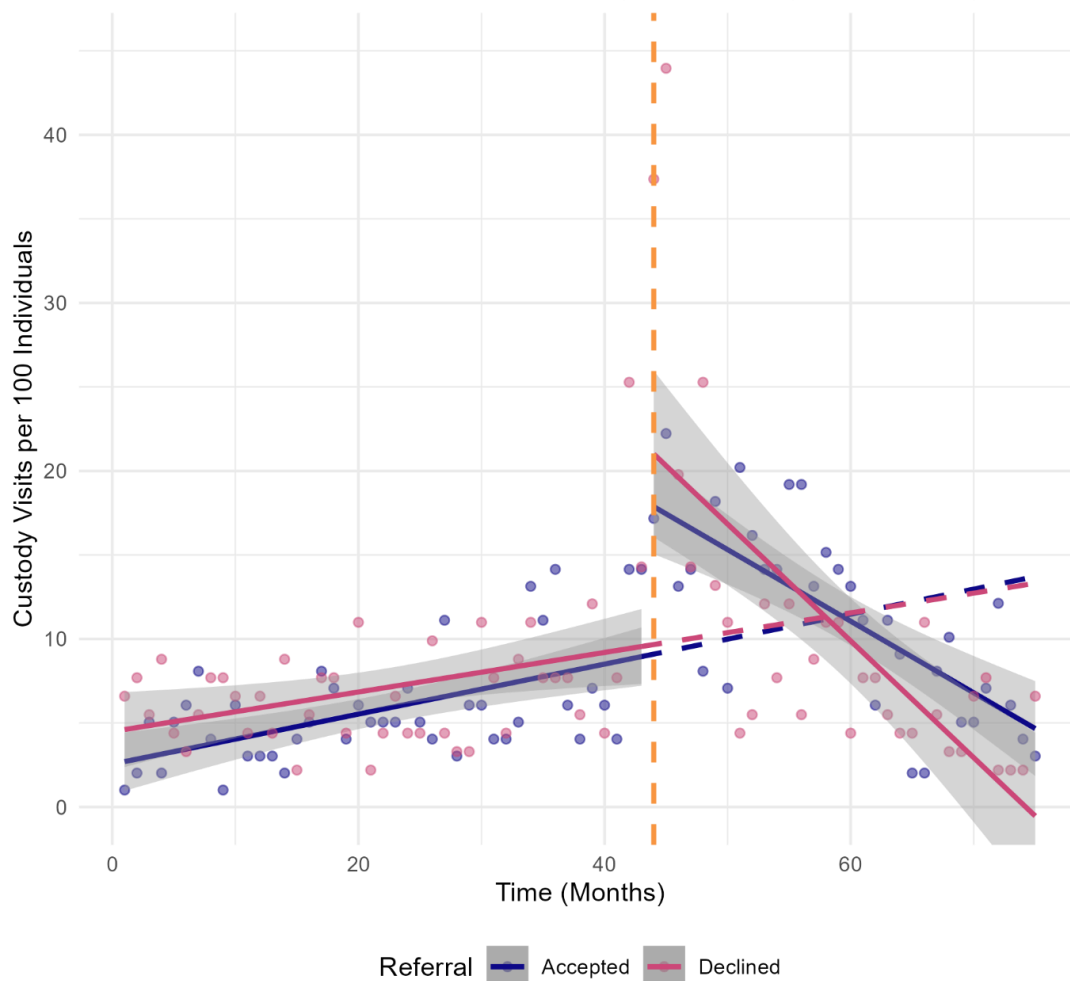


Figure 6. ITSA: Comparison of Models A and B

Since the sample of individuals is diverse – in terms of gender and age – and that monthly custody visit rates vary based on these characteristics, the final part of the analysis involves a comparison of the sustained intervention effects. Here, one model was fitted for each combination of referral group, gender and age group (a total of twenty models). The models were otherwise the same as models A and B above, with the same covariates and dependent variable, albeit, monthly custody visit rates were standardised by age and gender.

Figure 7 shows the *Time Passed* coefficients (sustained intervention effects) with 95% confidence intervals from all twenty models, sorted by age groups and gender. A larger negative value indicates a larger decline in monthly custody visit rates in the post-referral period. If the confidence intervals overlap the dashed orange line, the estimates are not significant.

Whilst most of the coefficients tend to suggest negative post-referral effects – across both referral groups – there is nevertheless a considerable degree of variability between age groups and gender. It is also clear that there are no significant differences in the sustained intervention effects between referral groups across all age and gender groups. Though with a considerable degree of uncertainty, the effect appears to be strongest for Females aged 17-26 who accepted the referral. For those who accepted referrals, the effect is weakest (and not significant) for Females 27-30, Females 31-40, and both Males and Females aged 51 and over. Moreover, the patterns more broadly reflect what has already been observed, namely, that there is a tendency for larger reductions in monthly custody visits in the post-referral period for the Declined group. There may be many reasons for the observed patterns. Because the intervention period reflects a phased roll-out of the referrals, we should also expect the sustained effects to be variable.

Sustained Intervention Effects by Sub-Groups

Post-referral beta coefficients from ITSA models predicting custody visit rates (age-gender standardised)

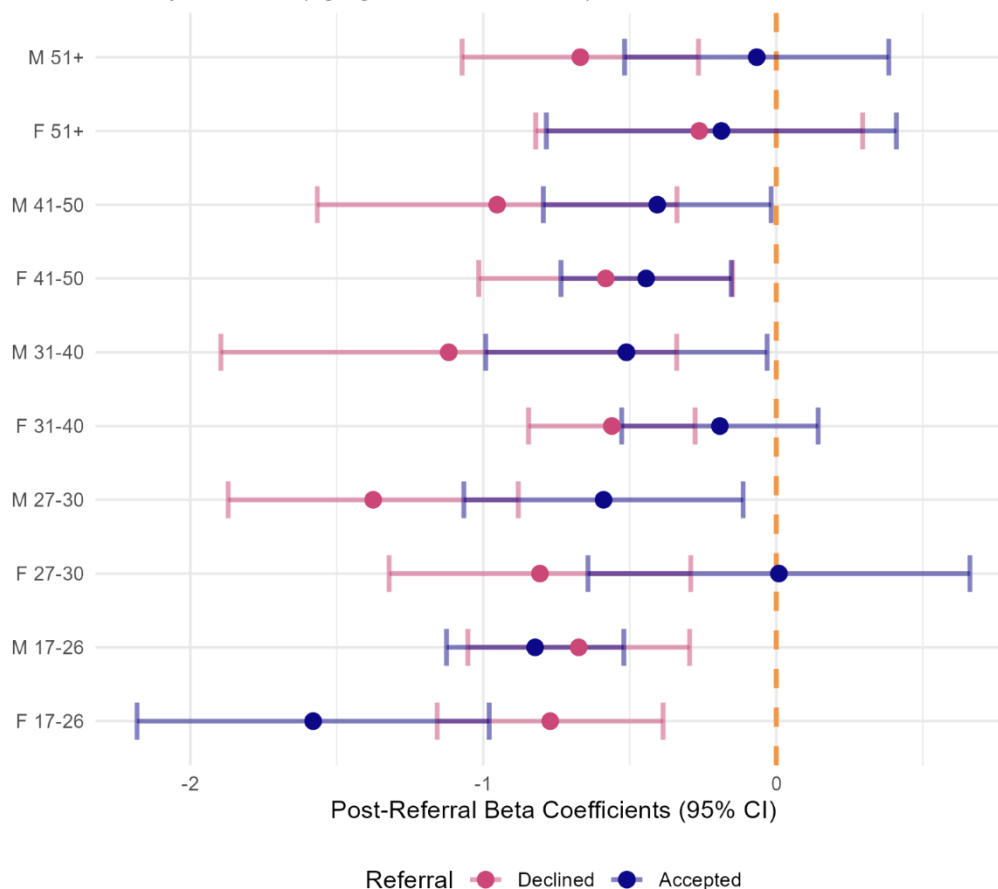


Figure 7. Sustained Intervention Effects by Sub-Groups

Practitioner interviews offered some insights that may be of relevance in considering the wider context of these quantitative results. In the earlier stages of the COVID pandemic, which was when the Custody Link Work Project was getting up and running, there was a ‘lower custody throughput initially.’ An explanation offered from a policing perspective included the following:

‘[Initially] We have to be very careful about business continuity and who we brought into custody, given that the times the pandemic when the COVID infection was just rife, so... When we were initially coming out of the pandemic, um peak, then when instruction was put out internally, that officers could go out and proactively search for those wanted on warrant etcetera then. We dramatically saw an increase in throughput.’ [Practitioner]

Police observed ‘spikes’ in crime types during the early stages of the pandemic (and the project), during lockdowns, with those arrested and accused of those crime types (and related vulnerabilities or issues) tending to be processed through custody centres over that period. This is not necessarily unique to the Highland context, it occurred across Scotland as different restrictions were imposed and lifted, and the accompanying operational guidance and decision-making was varied, during particularly pressured pandemic-affected circumstances.

Reflections on Likely Impact of the Intervention

This section offers further explanation and contextualisation of the meaning of the quantitative data analysis presented in the graphs and figures above. Evidence on intervention impacts drawn from the qualitative and quantitative data is complex and, superficially, contradictory. Quantitative data showing immediate post-referral increases in custody visits. Higher levels of visits for many accepting referral may, at first sight, cast doubt on the effectiveness of the scheme. However, taken in the round, available evidence tentatively indicates the opposite.

- There is good reason to have expected an immediate increase in custody visits at the start of the project precisely because this coincided with the easing of pandemic conditions, when custody rates were observed to be rising significantly anyway.
- There is good reason to expect that 'scheme impact' would not be realistically achieved in the short-term and that observed reductions in custody could only be expected after some considerable time. Practitioner accounts of the project consistently portray the clientele as having far more complex needs than originally envisioned and this is supported by the custody data that show the referral group having very high levels of vulnerability and need. As clientele 'accepting' help were accepting often at a point of 'acute' crisis, it would be surprising if we were to observe short-term positive change in this group.
- Another important consideration is that service availability during this pandemic period was particularly problematic, and a key way in which the project was seen as working successfully was through engaging and sustaining a connection and support for long enough until, despite delays and systemic pressures, some form of external support or required service became available. Again, we would therefore expect some considerable delay before being able to observe positive change. In this respect, patterns in the quantitative data are broadly consistent with what we would expect with referred individuals having high rates of custody visits at the start of the project, but with significant declines over time.
- This still leaves the issue of rates of decline appearing higher for the referred but 'declining' group, over the referred and 'accepting' group. This, first and foremost, is an unavoidable weakness in analysis based on the custody data available. In comparing these groups we are comparing individuals who – for whatever reason – felt persuaded to accept help, versus those who chose to decline the offer of help. Given that one of the most persuasive explanations for declining help might be that the individual felt that they did not *require* this help (as they may have already been in receipt of required services, or may simply have had more informal support or an individual sense of positive agency) then one might naturally expect to see positive outcomes for this 'declined' group. When one adds in the clear evidence that the 'accepted' group had very markedly higher indicators of vulnerability than the 'declined' group, one would strongly expect that the 'accepted' group would be more likely to appear again in

custody in the short-term, and would require sustained support to overcome complex challenges and acute needs.

- Given all this, the ‘declined’ group does not constitute an independent ‘control’ and we therefore cannot confidently detect change by comparing one group with the other. Indeed, as detailed above, we have good *a priori* reasons for expecting the ‘declined’ group to do as well, if not better, than the ‘accepted’ group in terms of future custody appearances in the short term. This is an interesting finding that would not otherwise have been easily observable if this quantitative analysis had not been done, notwithstanding its appropriate caveats and limitations.
- Ultimately, our best indicator of possible success or positive impact is simply the long-term trends observed amongst ‘accepted’ referrals. As rates of custody appearance decline significantly, we would have grounds for optimism that the scheme is having a positive impact. Given the diversity of the people accessing support, some fluctuation or variation within this is normal.
- For this final claim of positive impact to be strengthened and better evidence, we would need more independent data that could either compare ‘accepted’ individuals with **similarly matched** individuals brought into custody where no scheme was operating, or historical data that could show whether similar types of individuals would have – in the absence of any intervention - a shorter or longer history of ‘repeat visits’ to custody.

Reflections on Further Improvements

As stated at the outset of this report, there is a lot of support for the project, and the flexible ways in which Link Workers respond to needs in the lives of service users and needs for more communication and linking across public and third sector services in the Highland area. The project is offering something positive in a form of linking that did not exist beforehand. In discussing challenges and ‘key learnings’, based on qualitative data, a few points were also raised for consideration as to how the project might further improve on what it does now.

Awareness-Raising and Communication: Service users we interviewed did not raise substantive critiques about the service, they tended to repeatedly stress that they found the Link Work project to be helpful. However, something a few of them identified as an area for further improvement was a need for better advertising and awareness-raising about the project.

‘I didn’t know the help was available... I said, “well I’d never heard of it until I got lifted by the Police, I never knew that was ongoing.” It would be good if more people knew about the service.’ [Service User]

‘I think it needs to be advertised more. Because when I got told about it, I was in two minds ‘bout whether to sign up? Because I actually thought it was like, just, like the Police trying to get more information, if that makes sense?... The Police didn’t give me much details about it. They just said, “we are working with a charity, if you want information about it?” Then the charity actually wrote to

me... [More information in custody centres would] be a big help. But when you're in that situation, you don't know if you can trust information or not, because you're in distress.' [Service User]

One of the Link Workers also reflected on this as an area of opportunity, for further development of networking, communication and awareness raising, acknowledging that 'a lot of people still don't know we're here.' Other practitioners also acknowledged that more awareness raising would be helpful, as the Link Work project had helped them realise the possibilities and complexity of the wide landscape of third sector service provision available to be linked in with across the Highland area. They saw the project not just as linking individuals with services, but also building capacity and links *between* services.

'I was unaware of all the help that is available out there, unaware, you know, totally unaware even living in this in this area. You know, I've not heard of some of these people.' [Practitioner]

Responding to Risk: Different practitioners were cognisant of high levels of vulnerability, complexity and distress among some service users, offering careful and wise insights into a perceived need to discuss and further improve risk management. Risk was mostly discussed in terms of risk of harm – usually risk to the service user, but in a few cases risk also posed to others. Risk of (re)offending was also considered, but less so than risk of, for example, self-inflicted deaths (suicide, drug death), and risk of being a victim of serious violence and abuse. In interviews and also on visits, participants gave practical examples where risk had been identified and managed, and the individual had been stabilised and supported – that is, cases where the response and resolution was really constructive and collaborative, and Link Workers are to be commended for their part in that. Practitioners also highlighted the need for more development in terms of who manages and responds to risks, when and how, what types of disciplines or qualifications and services are needed for what risks, being mindful of the possibility of more serious or extreme circumstances in a small number of individual cases.

One practitioner welcomed the project offering support by signposting and linking through referrals, but cautioned against Link Workers getting directly involved in offering interventions or feeling responsible for responding to things that may require access to and treatment from, for example, NHS mental health services or a response from statutory Justice services.

'A straightforward level giving them support with the basic things that we already gone through your house and your mental health, your physical health, your addiction issues. Yes, you can signpost them to the appropriate, say places like drugs and alcohol places like that, but if you're actually gonna start working with these people, I think you are going to be treading on broken glass. If things were to go wrong and it was the end up in some sort of formal hearing into that, [like a Fatal Accident Inquiry or a Serious Case Review], it's not a pleasant place to be.' [Practitioner]

Link Workers reflected an awareness of the necessary boundaries of the project and yet also sometimes reflected on other things that sit in tension with that, showing an awareness of how that might potentially feel like it contrasts with the unavailability or difficulties accessing other services that are vital to managing risk and responding to heightened distress.

'It was never meant to be a support service, and I think we knew straight away... and it was really ingrained in us, especially at our induction, how can it not be a support service because there are not enough services to offer that sort of support.' [Practitioner]

Practitioner remarks in this area implicate the need for further discussion of risk and safety planning by the Custody Link Work Project *and* by public sector services, including through the context of the Highland Community Justice Partnership and groups involved in suicide prevention and intervention planning, as well as victim services (e.g., domestic abuse and gender-based violence) in the Highland area. Risk was discussed proactively as something warranting further development as a *protective* factor – protective for the charity HTSI hosting the project as well as for service users, with the goal of consolidating clarity on what Link Workers *can and cannot* offer. This is not to be taken as a reflection on the Link Workers themselves, so much as a pragmatic recognition that one small project cannot be ‘all things to all people,’ so to speak. Protecting the wellbeing of the Link Workers in responding to high levels of distress, vulnerability, complexity and risk (and the professionalism and emotional labour that necessitates) is something that has been discussed in the Custody Link Work Steering Group and by managers in HTSI, and may be worth re-visiting again in a supportive and collegiate way.

If this has not already been done formally, it is important for the Link Work project to seek concrete commitments from public sector partners regarding the options and processes if or when serious risk of harm presents in a small number of more serious and extreme cases. Discussions of prioritisation and pathways of referrals are worthwhile. If those commitments from public sector partners are not forthcoming, then formally documenting that is worthwhile. That notwithstanding, the arrest referral and bail stage of the Justice process is perhaps less clear cut of who can do what than it is if a person has been sentenced to an order.

Key Learnings and Considerations

To consolidate and synthesise the key learnings and considerations encompassed within this report, we conclude with the following points:

- 1) The Highland Custody Link Work project has been well received and consistently seen as important and helpful by those interviewed and those we met during visits. There was consensus regarding the perceived benefits of and need for the project, especially given the lack of other resources available to help people at the bail and pre-trial stage.
- 2) The communication and relationship between the Link Work project and Police Scotland, particularly in the custody centre in Burnett Road, has developed since the inception of the project. They have navigated the complexity of the pandemic to set up and grow a new initiative accessed by a few hundred people. There appears to be a responsiveness in how staff in both of these organisations have proactively worked together and pursued problem-solving around how to realise outcomes for service users. This is to be commended and emphasised as integral to the project’s operation. Link Workers have been able to maintain both proximity and their independence as a service, which is good.
- 3) The flexibility of the Link Work approach is vital if any other areas are considering establishing a Link Work project. Another key area repeatedly raised by participants is

the empathetic and emotionally supportive approach of Link Workers, building rapport and trust in changing and pressured circumstances at the arrest referral and bail stage. In lives with heightened distress, navigating stigma and sometimes having been breached or 'burnt bridges' with services in other sectors, this flexible and empathetic approach can make a real difference. Service users we spoke to are emphatic that they found this helpful.

- 4) Among those accepting a referral to the project and engaging with Link Workers, there are high (higher than originally expected) levels of complexity, vulnerability and adversity. It is common for clients to have multiple substantive areas of their lives where they are needing referrals and support – not in all cases, but in many. This is particularly notable among female service users, and the project recognises women's experiences can differ from men's and approaches to signposting and support can be tailored accordingly.
- 5) Qualitative findings in this report indicate a perception that good progress has been made in communication and collaboration between the Custody Link Work project and colleagues in alcohol and drug services and housing services, with the aim of supporting better outcomes for the shared client group. Views from service users supported this.
- 6) Quantitative findings tend to show a drop in instances of returning to Police custody across the board. Particularly for those with prior histories of repeat interactions with Police and Scottish Justice partners, this suggests meaningful progress. However, a drop in returning to Police custody is slightly more common among those who *did not* engage with the project, and the potential reasoning for this has been explored in the quantitative findings section of this report. The two groups differ in important ways. It warrants more investigation and analysis to try to further clarify what influences these patterns.
- 7) It would be worth the Custody Link Work Project Steering Group and HTSI re-visiting and reflecting on eligibility criteria, however, this must be done with a good understanding of staff capacity and workload.
- 8) The project should consider further strengthening its engagement with those responsible for suicide prevention and interventions in the Highland area, as well as psychiatric and psychological mental health services. This has already been happening to a certain extent, but further development in this area would be welcome and worthwhile, to further build links and capacity, if possible. Data in this report gives a clear indication that it would be based on demonstrated needs and risks in the lives of this group of service users.
- 9) Further discussions and actions should focus on responsibilities, boundaries, and responsivity in the areas of risk and safety planning. This cannot – and should not – solely fall to Link Workers and HTSI as a charity. It needs to be put to other partner agencies with relevant expertise in the Highland area to ask for better planning and clear commitments of how best to respond to and manage risk.
- 10) Further discussion and action should also focus on awareness raising about the project. This has already been ongoing in the policing context, but it is worth celebrating and communicating more widely. This project offers a positive example and interesting insights that are relevant to community justice and health more widely across Scotland.

Appendix: Contemporaneous and Contextual Information

Various forms of contemporaneous and contextual information have helped to inform our understanding as researchers. These span a timeframe of 2020 to 2023. We acknowledge and are thankful to those who have been involved in the various wider conversations with us, the many emails over the course of three years, and the development of helpful information like update reports and other documents, webpages, and the events represented below.

- [Highland Custody Link Work Project page](#) on the HTSI website.
- [Job vacancy ad and job description](#) for a Custody Link Worker (2021).
- Meeting (1hr) discussion with three Custody Link Workers (2/2/2023).
- Meeting (1hr) discussion with one Custody Link Worker (23/10/2020).
- Attendance of the Highland Community Justice conference, ‘Where is the Justice in Poverty?’ in Inverness, including hearing a presentation about the project (17/3/2023).
- Attendance of the Highland Community Justice Third Sector Forum at HTSI offices in Dingwall, including hearing an update from a Custody Link Worker (23/02/2023).
- Visit to the Custody Link Project Office and tour of the Police Scotland Custody Suites at Burnett Road Police Station in Inverness (24/02/2023).
- Visit to the [Inverness Justice Centre](#) courts and various co-located services (24/02/2023).
- Visit to Café 1668 (hosted by HTSI) in Inverness (24/02/2023).
- Report of Year 1 of operation of the Custody Link Work Project (HTSI, 2021).
- Report of Years 1-3 of operation of the Custody Link Work Project (HTSI, 2023).
- Attendance of the Custody Link Work Project Steering Group:
 - 24/1/2023.
 - 16/03/2022.
 - 18/08/2021.
 - 11/05/2021.

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HIGHLAND CUSTODY LINK PROJECT

Pilot Phase Report March 2020 – March 2023



Highland Third Sector Interface
www.highlandtsi.org.uk



Acknowledgements

The Custody Link Project is a collaborative project, but like all projects it is reliant on the efforts and contributions of individuals on behalf of organisations and funders.

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Executive Summary

The 'Custody Link Worker Project' was established as a referral pathway to connect individuals with existing support and services in order to prevent them from returning to custody. The project employed link workers who worked on a 1-1 basis with these individuals to help them identify their personal issues and prioritise the changes they wanted to make in their lives. The aim being to enhance personal resilience and well-being by accessing community resources and taking an asset-based approach that focused on individuals' interests and strengths, while addressing factors that increased their risk of reoffending.

The project was inspired by the 'Links Worker Programme' developed by the Health and Social Care Alliance for the 'Deep End Practices' in Glasgow. Incorporating elements of social prescribing and signposting, it primarily aimed to work with individuals and community resources rather than directly deliver services.

Originally planned as a three-year pilot, the project aimed to assess the impacts and outcomes of its approach. Positive outcomes were defined as a reduction in the frequency and severity of offending behaviour or a complete cessation of such behaviour. Specifically the intention was for individuals to feel better able to make decisions that reduced their chances of offending. The project aimed to engage with over 250 individuals, while contributing to the Criminal Justice Partnership (CJP) by sharing information and fostering understanding to identify areas requiring practice improvements.

Throughout the project, several key learning points emerged. First, the complexity and crisis levels in the lives of individuals who accepted referrals were higher than anticipated. Crisis management became a significant focus, requiring adjustments to the project's management approach while prioritising the individual's needs. Engagement rates exceeded initial estimates, indicating a greater interest in accepting help than expected. The intervention offered at the point of police custody proved effective in encouraging individuals to seek support and reflect on the opportunities it provided.

The project found that individuals almost always ended up in custody due to a lack of personal resilience to cope with their life circumstances, rather than deliberate criminal intent. Addressing underlying life circumstances was crucial to reducing the likelihood of reoffending, but the complexity of these issues often required prolonged engagement before improvement was noticeable. Initially, individuals required a greater focus on meeting basic needs, such as housing, food, and heating, before setting long-term goals.

Mental ill health was a recurring theme, with high levels of drug and alcohol use as a form of self-medication and coping mechanism. In most instances the individual recognised themselves that they would have to deal with their underlying history of trauma and mental ill health that was contributing to the use of alcohol and drugs before attempting

any measure of sobriety. The use of alcohol and drugs was often a factor in their presentation in custody and contributed to their reduced ability to make decisions that would have prevented their coming into police detention.

Confidential conversations with link workers provided individuals with a sense of relief, as they could discuss personal and challenging histories without fear and without losing their dignity. The project's flexible approach to contact facilitated different communication types, alleviated anxiety and apprehension, and empowered individuals to have more control over their engagement. It was also observed that engagement with statutory services often involved a process of re-engagement, and individuals faced challenges in accessing and understanding their relationships with these services while being supported to overcome bias or cynicism based on previous experience.

Financial poverty significantly impacted the project's client group, with referrals to food banks, Citizens Advice Bureaus (CABs), and welfare funds indicating low income and higher levels of deprivation. Lack of access to phones and the internet posed additional barriers to individuals seeking help, as many services shifted to online delivery during the pandemic. Additionally, individuals whose phones were confiscated by the police during arrest faced considerable disadvantages upon release in accessing online services, or even identifying what help might be available.

The project has delivered, though in a different way due to the pandemic, the overall outcome set out from the beginning:

As an individual I feel better able to make decisions and choices which increase my wellbeing and reduce my chances of offending

Case studies, outcome stars and feedback from the client group support this conclusion.

The wider ambition to reduce instances of custody is more complex and difficult to measure. The external evaluation provided by the University of Stirling highlighted that the client group came from those with more complex needs and that this combined with the wider implications of the pandemic make it more difficult to measure success of reducing custody presentations without further study. This should not however detract from the other evidence of impact.

There is significant evidence of positive impact, both this evaluation and the external review note the positive reflections from stakeholders, practitioners and importantly the clients around the project.

Background and Context

Scotland's public policy landscape has seen some radical changes over the last decade which have set a context for reform and co-production. In 2011 the Christie report highlighted the fragmented nature of our public service provision beginning a process of reform which has continued and will continue beyond this point. The Police and Fire Reform Act reorganised our various regional Police and Fire services into two Scotland wide services with effect from 2013. In 2014 the Public Bodies (Joint Working) Act instigated changes in health and social care integration and statutorily required a process already underway in Highland. The Community Empowerment Act 2015 generated new powers for communities and diversified the role and responsibility public sector agencies have in relation to those powers and the Community Planning Partnership. Finally, under the Criminal Justice Act 2016 the Northern Criminal Justice Authority was dissolved and in April 2017 the Highland Community Justice Partnership (CJP) inherited responsibilities from the dissolution of the Northern Criminal Justice Authority on behalf of the Highland CPP. If plans for the Local Governance Review and the introduction of a National Care Service within the Government continue then this would also provide new changes within any future project environment.

In this backdrop the CJP first consider the use of a 'Link worker' as an alternative support for female offending, drawing on the research from the Commission on Female Offending (2011) to recognise the difference in need and impact for women and dependents. Initial proposals around a link worker research project were developed but were unsuccessful at securing funding from the Big Lottery fund – though the Big Lottery were interested in the concept as an actual project rather than a research piece.

In August 2017, Police Scotland established a multi-agency Custody Initiatives working group specifically to look at how we could support better outcomes, more effective intervention and stronger links between agencies and services to reduce the likelihood and repetition of offending behaviour. A workshop session in February 2018, in addition to a multitude of other learning, highlighted the complexities which people who are or are at risk of offending have within their lives; reducing their resilience to avoid offending behaviour. The workshop, which included those with a history of offending behaviour, highlighted that a link worker approach would be an interesting opportunity to develop.

Working collaboratively HTSI, Police Scotland and the CJP initially delivered a project concept in 2018 and secured funding later in 2019 for a project to start in January 2020. Staff were recruited in late 2019 and the extensive induction period run through January and February with the project opening in early March 2020. Before the end of that same month the project was effectively put into abeyance for almost three months following the Covid-19 outbreak and periods of isolation. Once back up and running the project made significant modifications to meet the needs of delivery during the pandemic that have been continued throughout the lifetime of the pilot, meaning that the original project concept has not been possible to fully deliver but the overall outcomes remained at the heart of the changed approach.

Project Concept Overview

The 'Custody Link Worker Project' was envisaged as an assertive and supportive referral pathway into support and services that already exist without directly delivering services themselves. Link workers worked with individuals on a one-to-one basis to help them identify their individual issues and what they feel is most important in helping to prevent them from coming back into custody while feeling more positive about changes in their lives.

At its core is the identification of and support to access resources within the community which can increase their personal resilience and wellbeing. Simultaneously using an asset based approach to build on an individual's interests and strengths while supporting them to access help for those things which put them at an increased risk of reoffending.

The project approach was heavily based on the 'Links Worker Programme' developed by the Health and Social Care Alliance for the 'Deep End Practices' in Glasgow. That programme is based through a GP surgery and referrals are made by a GP directly to a link worker. Although the programme is linked to social prescribing it is referred to as a combination of both a social prescribing approach and signposting combined:

"...refers to the process of working together with an individual, providing as much support as is necessary, to help them to identify issues which they would like to address with the purpose of setting goals and overcoming barriers in taking greater control over their health and wellbeing."

- Record of learning, Series 2—'Link Workers' Roles, The Health and Social Care Alliance

The team as a whole was originally envisaged to also work with community-based resources, to which we anticipated signposting people, to support the development of those services and identify where there may be gaps in provision. Equally support and assistance was anticipated to be delivered to Police Officers to support their understanding of the community-based activities available, and other training or information which may help them in the general course of their duties as they relate to the health and wellbeing of people they interact with. Neither was fully realised due to the changes deriving from the pandemic, but there is evidence of benefit to both groups resulting from the project.

The project was proposed to run as a pilot for three years as this length of time was expected to be necessary in identifying the likely impacts and outcomes of this approach. It was generally acknowledged that a reduction in frequency and seriousness of offending behaviour would be considered a positive outcome, as well as an outright stop to offending behaviour.

The expectation was that the project would feed into the CJP and that this could act as a conduit for learning and sharing information intended to increase understanding and identify areas of change needed around current practice.

As the project was intended as a pilot to test the concept, the intention was to allow for the process to be continuously reviewed and to support ongoing learning and development within the team. An external review or evaluation was commissioned with Stirling University to support the better gathering of evidence from across the project. This was intended to specifically look at what worked well and from that what was transferable learning to other places and what worked only because of the circumstances in Highland, as well as understanding what didn't work as well or was met with challenges.

Anticipated Project Outcomes:

The underlying project outcome was;

As an individual I feel better able to make decisions and choices which increase my wellbeing and reduce my chances of offending.

Over the period of the project we aimed to work with over 250 people and that more than 50% of those people will have either ceased to offend or that their offending will have reduced over the project period.

Referral Pathway:

The anticipated project pathway for clients is outlined below:

Referral: referrals are to come through the custody centre in one of three sites (Inverness, Wick and Ft. William) and all referrals must be checked for eligibility for the project as there is a set and strict criteria for participation.

Voluntary: although the referral is made and contact initially facilitated with all eligible individuals any continued participation is entirely voluntary and will only take place if the individual is free within the community to work with the link worker. They may choose either to engage or disengage at anytime. Someone who was initially referred while in custody may choose at a later stage to secure the support of a link work anytime up to a period of six months after that period of being held in custody.

Initial Interview: Although it is called an initial interview in reality this may take place over several meetings to build trust and confidence in the relationship. When appropriate and possibly at different stages the link worker will present the individual with options to achieve what they would like to achieve—referral options. This won't be predetermined or restricted and if an option isn't known to the link worker they will make every effort to identify one.

Referral Options: over the course of the relationship the link worker may refer them, or signpost them, to various options. The link worker will 'check in' with the person to make sure that the option is a good fit for them (knowing that everyone is an individual) and help them to find an alternative if not. They will provide encouragement and at times company for attendance and participation.

Check—in: There isn't a limit to the number of times a 'check-in' - 'referral' cycle could take place. This should be repeated until one or both of the link worker/client feel that the

support available through the project has been fully realised or exhausted.

Staffing

The project was designed to employ three full time staff members, this allowed for holiday and absence cover while helping to ensure that there should be peer support available across the team most of the time. The team was to include a manager, who in addition to providing direct delivery would also provide line management and support as well as building a network of referral partners and pathways for service entry.

Staff were provided with an extensive induction program, largely based on the learning from the Deep End GP Practice model mentioned above but with some modification around the specific role and in consultation with Police Scotland and the CJP. The initial draft concept for their induction is included in Appendix 1.

Staff have changed through the pilot period and as such an ongoing commitment to learning and development has been useful, but, the recruitment of staff members who had received substantial and relevant training in this area already has been particularly useful in maintaining competency and managing staff changes.

Covid-19 Modifications

The start of the project coincided with the first restrictions that were introduced nationally in response to the Covid 19 pandemic. These restrictions impacted on the operation of the project in the following ways:

- The project was paused between March and June 2020 whilst staff were redeployed to assist with the community Covid response across the third sector in Highland.
- Staff were unable to work in the Burnett Road Police Station for almost two years as access to the building was restricted to essential police staff only. Staff were required to work from home. It was not therefore possible to meet referrals whilst they were in custody. All contact during this period of restrictions was carried out remotely by telephone, text, WhatsApp, email or by post.
- It was noted by staff that many referrals preferred and spoke positively about the remote contact as there was no pressure for immediate responses or the need to meet deadlines that may have resulted in them losing the service.
- Additional care and welfare management was required for staff operating at home. Management were very aware of the additional risks of vicarious trauma occurring when working in this manner. Staff were encouraged to engage with external counselling that was made available and regular team meetings and reflective practice sessions were also facilitated online.
- Staff reverted to a regular 9-5 working pattern as the longer shift pattern covering custody between 8am-10pm was in practice not possible. Once restrictions were ended the working patterns continued with a 9-5 pattern for non-Covid reasons outlined later in this report.

Beneficiaries

At the time of establishing the project we gave considerable thought to our referral criteria and therefore the target audience of the project.

The criteria was subject to exclusions for those who would be likely to be subject to being held on remand as they would not be available in the community to support. Additionally, those who were in custody for offences that related to murder, manslaughter, serious physical or sexual assault would not be considered owing to the combination of risk for staff and their increased likelihood of being on remand.

Referral Criteria

The following individuals would be eligible for referral if they wished:

- All women over the age of 18
- All 18–26 year olds
- Anyone over the age of 18 with two instances of custody within the last 6 months
- Anyone over the age of 18 where this is their first instance of custody

Women

Following the publication of the Commission on Women's Offending there was an increased understanding of the unique aspects of their needs within a justice setting, which is predominantly set up for male offenders. Additionally work at the time to understand the nature of female offending in Highland, highlighted that we had a higher than average number of female offenders and that this is little understood in the area. Finally, we know that when mum is taken into a custodial sentence this has a significantly higher chance of resulting in dependants being placed in care than if dad is serving a custodial sentence; and being placed in care increases your likelihood of offending yourself.

18 – 26 year olds

The intention was to engage people at an early juncture into the justice system, however, there was some hesitation around engaging individual below the age of 18 owing to the more complex issues of consent and service provision. Arguably there was and is a need to consider reducing the age of engagement to 16+ if the project was to become mainstreamed.

Anyone over the age of 18 with two instances of custody within the last 6 months

The intention here was to identify individuals who could be demonstrating escalating behaviour or problems in their personal lives and to offer an intervention that could support diminishing the impact of contributing factors to their presentation in custody.

Anyone over the age of 18 where this is their first instance of custody

Again, the intention here was to identify individuals who could be demonstrating escalating behaviour or problems in their personal lives and to offer an intervention that could support diminishing the impact of contributing factors to their presentation in custody.

An unintended consequence of the pre-selected referral criterion was that those in the group “Males, second instance of custody” included some who had extensive past engagement with criminal justice services including periods of imprisonment. Whilst retaining this group within the scope of the project was manageable within the team caseload, these cases often presented with significantly more complicated circumstances and histories. This anomaly arose when an individual was arrested not for the second time only but was in custody for the second time in the previous six months. At one point when the staff team was reduced to two, this criteria was removed for around three months with the agreement of the Project Steering Group to reduce the workload.

Funding The Project

In designing the project we agreed on a number of key features that impacted on our approach to accessing and applying for funding:

1. We knew we needed a minimum of three years to allow us to properly determine the value of the project, in part because we knew it would take in excess of six months to develop a working rhythm within the referral cycle. Additionally we want to allow sufficient time for winding down if necessary, see below, and for a minimum of a full 12 months of project delivery once properly established to capture learning and data.
2. We committed to the need for a minimum of six month wind down time. This would mean that we would stop taking referrals at the point six months out from the project finishing. This would allow staff time to sensitively manage the existing case load while also seeking alternative training and employment as per their own rights and our responsibilities.

The project receives accommodation, heat, light and some training in kind from Police Scotland and other partners. There are no other significant costs for the project beyond the salary costs, which for the sector are higher than comparable Link Workers in recognition of the higher risk of vicarious trauma and crisis intervention work.

The total anticipated budget for the three year project was £366,818 and was funded from:

Police Scotland	£10,000
Community Justice Partnership	£38,000
Robertson Trust	£15,000
National Lottery	£303,818

When the application form was approved by the Lottery Trust there was also a request that we include a more substantial external evaluation, the money for which would need to be secure separately or identified within the budget. We had already provided for £10,000 for an external review but funding further funding within the budget wasn't likely, an approach was made to the CJP and a further £5000 was secured to facilitate a review that the University of Stirling were later engaged to complete.

Due significantly to the pandemic and changes of practice, the staff being seconded for three months and some savings generated by short vacancies there was an agreement with the Lottery to extend the project into 2023 and with funding from the Highland Alcohol and Drug Partnership, the project has been extended for a period beyond the initial pilot to allow us time to assess and determine options for the future.

The Project in Operation

The project has run for over three years and the following data is intended to provide an overview of the project work and the supporting analysis will review the project's effectiveness around the aims of reducing the chances of offending through focusing on the health and wellbeing of the individuals working with the project.

Meetings With Clients

The majority of initial contacts have been by phone due to changes made during the pandemic. This was a departure from the anticipated practice of the project which assumed this would be delivered mainly in person.

Not unexpectedly, some clients were suspicious at first and required reassurance that staff were not the Police or from any other statutory organisation. Staff being from within the Third Sector was always anticipated to be of benefit in engagement with the individuals, and this proved to be the case. At these meetings it was explained how the project operates and what the aims of the project are. Only 27 individuals (5% of accepted referrals) declined to engage following initial contact.

The project was unable to contact 287 (49%) of accepted referrals. A small number were in prison (5) and we are unable to say exactly why the majority of others did not respond, however, a number of referrals were made for the same person more than once and they having later engaged gave the following feedback. They have told us that as they did not recognise the number when they were called or have not remembered the offer of a referral so they chose not to answer. Others stated that there was so many things happening in their lives immediately following their release from police custody that they were not able to engage. This emphasises the importance of early initial contact prior to release.

A significant number of cases were in a state of distress when first contact was made with staff. The main causes of distress were:

- The implications and perceived consequences arising from the incident that led to their arrest
- In addition the possible consequences arising from the arrest, court appearance and conviction on family life, employment and housing further added to the distress.
- Guilt, shame and regret for their behaviour and a feeling of hopelessness. Clients frequently did not know where or how to seek help.

Clients also experienced traumatic responses to the incident and the period of detention. They sometimes were not aware of their position and were unsure if they had been charged, if they had to attend court and what the conditions of a police undertaking or

court bail actually meant. Much of the initial work with cases involves stabilising the client and helping them to access basic support such as finding a safe place to stay and avoiding rearrest for breaching their conditions of release.

Some individuals were reluctant to engage with a solicitor as they feared a large bill or they believed that only guilty people needed a solicitor. Other misconceptions around the justice system included a belief that they were certain to be sentenced to prison for a minor first offence, that they had to inform their employer that they had been arrested or that they would have to declare the arrest on future employment applications even when no crime had been reported to the Procurator Fiscal.

Referral Rates and Completion

The project aimed to work with between 250 – 500 individuals over the course of the project life cycle. We acknowledged that the referral rate may be significantly impacted by the fact that referrals came through custody and that a large amount of distrust may inhibit people from accepting the offer.

We had not accounted for, perhaps naively, the number of people likely to accept the referral in custody but to later not engage at all. The drop off rate was discussed but no agreed projection for a percentage of people engaging but not completing a programme of support was provided as a target or guide.

It is important to note that custody figures for the period were below those used to produce estimates for project engagement, significantly in part because of Covid-19 and changes of behaviour and practice within the wider justice environment.

The number of accepted offers of a referral (54%) greatly exceed the initial expectations at the start of the project (5%). You can see from the figures in the table below that all categories of those eligible for a referral far exceeded the anticipated acceptance rate and even adjusting for those who accepted and did not engage past the point of referral, the figures continue to significantly exceed the anticipated level of engagement. In general, a higher percentage of females engaged with a link worker than males.

Table 1: Summary of referral outcomes by referral category.

Referral Criteria (Includes self referrals)	Offered	Accepted	Engaged	Completed programme
Male - all categories	682	367 (54%)	155 (23%)	80 (12%)
Female - all categories	404	222 (55%)	120 (30%)	54 (13%)
Total - All categories	1086	589 (54%)	275 (25%)	134 (12%)
Male First Instance of Custody	184	95 (52%)	51 (28%)	30 (16%)
Female First Instance of Custody	61	32 (52%)	20 (33%)	11 (18%)

Total - First instance of custody	245	127 (52%)	71 (29%)	41 (17%)
Male 18-26yo	276	135 (53%)	56 (20%)	30 (16%)
Female 18-26yo	95	61 (64%)	33 (35%)	15 (18%)
Total - 18-26 years old	371	196 (53%)	89 (24%)	45 (17%)

Females in custody for the first time and those in the 18-26 year category, were more likely to engage and also complete a programme of support. The highest rate of acceptance of offers was for Female, 18-26 year old, with more than two custodies in 6 months at 80%.

In early 2021, after a review, the process for offering a referral to custodies was changed. The responsibility for offering a referral was given to the Police Custody and Security Officers (PCSO's). Previously it rested with the Custody Sergeants. The PCSO staff had more interaction with custodies, checking on their welfare, bringing them meals and arranging health checks within the custody centre. Custody Sergeants would usually only see custodies on arrival and as they were about to be released. PCSO were able to select an appropriate time to discuss the work of the Custody Link Workers and offer a referral. This resulted in a noticeable increase in the acceptance of offers. Accepted referrals rose from an average of 8.6 per month to January 2021 to 19.6 per month from February 2021 onwards.

Opportunities to speak to individuals in the custody centre was limited due to the Covid 19 restrictions during this period and for almost two years Link Workers were working from home and unable to conduct initial meetings at Burnett Road Police Station. This deviated from the initial referral pathway anticipated and we could anticipate that had the project has more direct opportunities to engage in custody the drop off from referral to engagement may have been less.

Additionally, however, there were fewer opportunities than anticipated as custodies are either released to court from 7am or are released as soon as the required police procedures have been concluded. Whilst it can be busy, generally the quietest period in the custody centre is during the day.

To increase the number of face to face meetings at the earliest possible time, arrangements have recently been made with the agreement of GeoAmey and Scottish Courts and Tribunal Service at the Inverness Justice Centre to meet referrals at the court cells whilst they waited to be called to court. This has increased the number of face to face meetings with custodies at an early stage/point of referral.

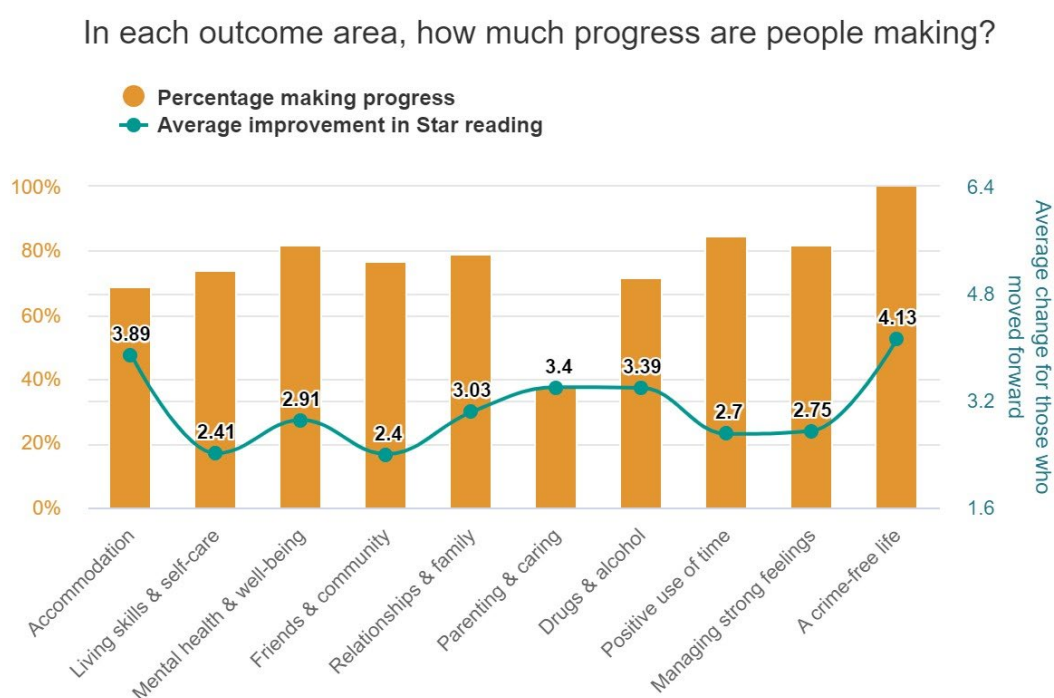
Over all 1086 offers of referral were made and 589 accepted. Of those 275 went on to fully engage with a link worker, some disengaged through the process, 134 completed the programme of support and there is a current case load of 61 active cases. It is also worth noting that engagement may not happen at the first referral, 60 individuals were referred more than once. Of those 11 were referred 3 times and one was referred 4 times.

Clients Initial Sense Of Wellbeing

We used the Outcome Star (Justice Star) to record changes across 10 pre-defined wellbeing indicators with 69 individuals. Each of these areas are scored on a scale of 1-10. A score of between 1-3 indicates the individual has significant difficulties in that wellbeing area and is receiving little or no help. Outcome Stars were not completed for all individuals as the process requires progressive stars to be acquired.

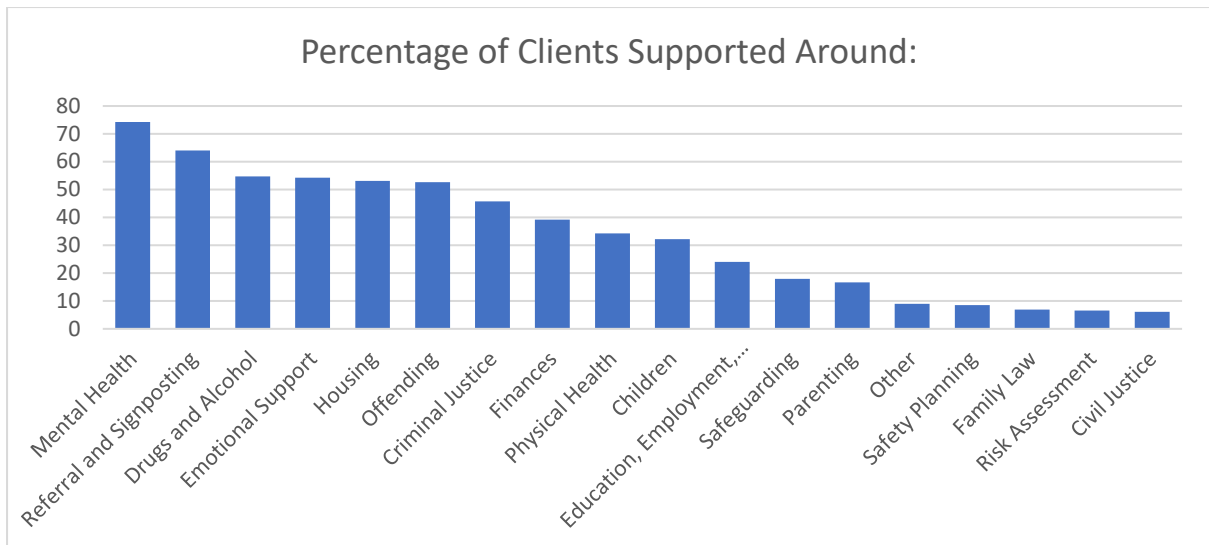
All individuals, for whom there is a complete star, recorded low readings in three or more wellbeing areas. A reading that falls in these stages can indicate a significant support need. The lowest scoring wellbeing areas were 1) drugs and alcohol, 2) a crime free life, 3) mental health and wellbeing, 4) accommodation and 5) positive use of time.

Diagram 1: Outcome areas on the Outcome Star, progress made



These results are confirmed by our own analysis (Diagram 2) of the topics that individuals requested support with from their Link Worker. Clients very rarely identified a single issue that they would like to address and case records allow the topics discussed to be formally noted. In total 5777 notes from 1-1 work have been recorded with 275 individuals and in total there have been 1664 hours of 1-1 time recorded.

Diagram 2: Areas of support and referrals raised by individuals



It was anticipated at the outset of the project that Link Workers would be able to create an “Aspiration and Action Plan” at the initial meeting. In practice however, individuals faced an inter-related set of complex difficulties, which many found overwhelming. It was not possible in practice to identify a straight line progression to a crime free life. Some clients also felt that such a plan created expectations and an unnecessarily stressful pressure to succeed or fail, so this aspect of the project was removed very early on. This allowed 1-1 work to continue to focus on the priorities the clients themselves identified.

Mental Health is the most frequent topic of conversation. The majority of individuals stated that they suffer from anxiety and depression, though it is not always clear if this has been formally diagnosed. Many report that they have attempted to access help through their GP, but that this route is stressful for those with anxiety. There was a perception that there is no point as you will just be placed on a long waiting list. For those that did receive an appointment, failure to attend appointments (‘three strikes and you are out’ type policies) or losing touch through a change of address were commonly found to be reasons for unsuccessful outcomes.

Persons in custody are frequently in a state of distress. A number had been taken into custody following an unsuccessful suicide attempt. NHS healthcare staff in custody cannot refer onwards to mental health services or even the Distress Brief Intervention project. This is a significant gap in provision and has been raised with NHS staff.

We have noted that a significant number of individuals disclosed Adverse Childhood Experiences (ACEs) and traumatic events as adults. Research shows that a history of trauma (emotional injury) if not resolved creates chronic (toxic) stress. A study by Public Health Wales in 2015, found that compared with people with no ACEs, those with 4 or more ACEs are:

- 4 times more likely to be a high-risk drinker
- 11 times more likely to have smoked cannabis
- 14 times more likely to have been a victim of violence over the last 12 months

- 15 times more likely to have committed violence against another person in the last 12 months
- 16 times more likely to have used crack cocaine or heroin
- 20 times more likely to have been incarcerated at any point in their lifetime¹

The third and fourth most commonly discussed areas of support are ‘drugs and alcohol’ and ‘emotional needs’. These are closely related with mental health. All cases who regularly use drugs or alcohol said that they did so to relieve stress or “to help them cope”. We encountered resistance from some individuals to engaging with NHS Drug and Alcohol Services as there was a perception that there was a requirement to be sober before help was offered. Those that used drugs and/or alcohol to self-medicate stated clearly that they would only be capable of addressing their substance misuse once they had their mental health or chronic stress related underlying and contributory issues resolved.

a significant amount of work was necessary to prepare and encourage engagement with services to provide reassurance, tackle long held beliefs about barriers and prejudice in the provision of services and historic negative experiences. This includes issues with rejection or hurt cause by practice in the past that left them feeling that it was safer for them to not an attempt to re-engage with service providers, particularly public sector provision.

Referrals and Signposting

The project was established with a view to linking people into existing services in a supportive way, while remaining a constant, someone there to help them on to another service as needed or to provide reassurance as they progressed on. Therefore the options for referral are critical to the project.

A total of 491 onward referrals and signpostings were made. Table 2 details the organisations that were referred to five times or more. More than half of these referrals were made to Third Sector organisations, predominantly this was because the service was either uniquely provided by the sector or they were better able to meet the needs of the individual quicker or more holistically. Many of these organisations experience uncertain futures due to time limited funding and contracts.

Table 2: Organisations referred to five times or more during the project

Organisation referred/signposted to	Individuals
Foodbank	48
Addictions Counselling Inverness	43
Highland Council (Housing)	37
Libertie Project (phones/tablets)	22
Welfare Fund	21

¹ Bellis, M.A, et al, *Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population*, Welsh Adverse Childhood Experiences (ACE) Study, 2015, https://www.ljmu.ac.uk/~media/phi-reports/pdf/2016_01_adverse_childhood_experiences_and_their_impact_on_health_harming_behaviours_in_the.pdf

Apex Highland	19
Other	18
CAB Inverness/Badenoch/Strathspey	18
Distress Brief Intervention	18
PDSO Public Defender Solicitors' Office	17
Highland Council (Other)	14
Advocacy Highland	12
Osprey House	11
CLAO Civil Legal Assistance Office	11
CAB Ross-Shire	10
Mikey's Line	10
NHS Highland DARS	9
DWP	8
NHS Highland HADASS	8
Procurator Fiscal Enquiry Line	7
Women's Aid (Inverness)	6
Shelter Advice Line	5
GP	5
Support in Mind	5
Victim Support	5
Connecting Carers	5
RASASH	5
Housing Associations	5

Co-operation with Police Scotland staff

The project has received very high levels of co-operation and support from Police Scotland and their staff. Staff in the custody centre in particular have contributed greatly to our work. Police staff have shown a genuine concern for those in custody and recognise that many of those who have been arrested require assistance.

During the course of the project we have developed strong links with the Prevention and Interventions team of Police Scotland and the Harm Reduction officer in particular. There has also been good work preventative work carried out with the Domestic Abuse team.

We have worked with the Divisional Co-Ordination Unit around the information sharing and other practical arrangements. Overall the positive relationship has been based on working collaboratively together and problem solving when necessary to ensure that barriers haven't prevented the opportunities the project presents to individuals from being explored.

Reassuringly, as an organisation there has never been any sense of expectation that information sharing would occur in terms of police business or intelligence gathering. The boundaries of confidentiality have been very well understood and respected. This allows assurances to be given strongly to those the project has worked with that this is the case.

Project Outcome

Internally within the project we have relied on the use of the Outcome Star as a measure of progress combined with case studies and regular feedback from clients. There is evidence mentioned within the above information that also supports the indication that the project has had a positive impact and has significantly contributed to the overall project outcome of:

As an individual I feel better able to make decisions and choices which increase my wellbeing and reduce my chances of offending.

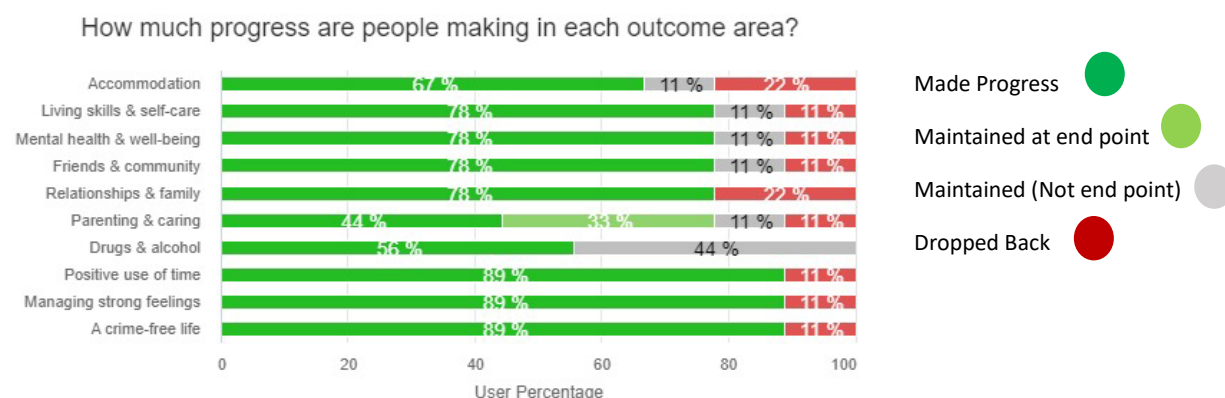
Outcome Star Results

The project has used the 'Justice Outcome Star' specifically, though a complete set is not available for all those who have engaged in the project.

In terms of defining the 'completed programme of support' terminology use and for who the results are specifically related to, this is defined as when an individual themselves feels comfortable that they no longer require active support from the project. It is worth noting that people can come back into the project after they have 'completed' if they so wish and the project is able to accommodate them.

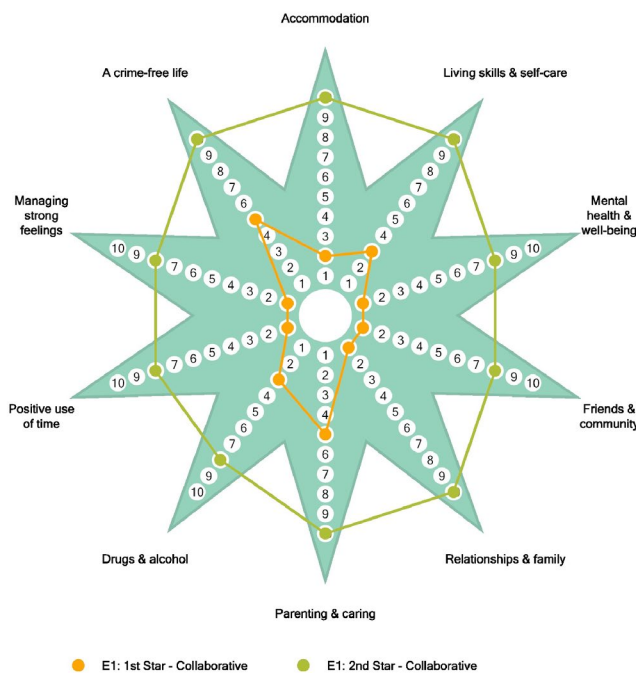
From what the Outcome Star recording is able to demonstrate, there is a considerable improvement evident from those who have remained engaged. 100% of cases where the outcome star had been completed recorded an improvement on 3 or more wellbeing areas, with positive progress being made on average across 7.4 wellbeing areas. (Diagram 3)

Diagram 3: Outcome Star, progression against indicators including maintenance and drop back:



Importantly, all individuals made progress in the area, 'a crime free life'. Over 80% made progress in the areas of 'mental health and wellbeing', 'positive use of time' and 'managing strong feelings'. (Diagram 4)

Diagram 4: Outcome Star, progression against indicators



Examples of interventions conducted by the Custody Link Team:

Drug and Alcohol Use

Staff were able to support a client to identify the root cause of their prolonged and problematic alcohol use which was due to unresolved grief. Both the alcohol use and its underlying factors contributing to risky behaviour that caused the individual to frequently come into custody. Multiple referrals were made over the course of several months to ACI, Housing, DARS, Foodbank, NHS Highland, Shelter, DWP and Highland Council Welfare Team. Some referrals proved difficult due to client's ongoing alcohol use and inability to attend meetings sober. Staff however maintained contact with him and helped him to stay motivated and engaged, with services.

Client has now been sober for six months after completing a programme at Beechwood and moved into supported accommodation. They have registered with a new GP and begun re-engaging with the hospital and are having their medical issues investigated. They have also begun to rebuild relationships with family and are engaged in part time work. Client had a setback recently but has re-engaged with the Link Worker and has the skills and strength to avoid a return to custody.

Mental Health and Caring Responsibilities

A client accepted a referral following an instance of Custody detention for their own safety. The client has a history of mental health issues, some gender related vulnerabilities, and was using alcohol as a self-medication. An incident involving alcohol use whilst in charge of children led to the ex-partner taking temporary care

of the children. During a disagreement about custody the client became distressed and threatened harm to themselves.

The client's focus was regaining custody of their children so was supported to explore the barriers to that and to work on planning for support to address them. This included identifying that the client dynamics with their ex-partner were problematic and that they struggled to engage with support and have their voice heard by social work during meetings.

Additionally, it was also identified that to regain full custody meant that they needed supported to access their GP, help from ACI for their alcohol use, emotional support from women's aid and housing advice and support. The Custody Link worker supported them throughout as a constant point of contact and for emotional support for pending court dates.

During the next six months the client gained a permanent tenancy, employment and full custody while improving their mental health, sobriety and created healthier relationships with a wider support network.

Long Term Drug and Alcohol Use

A client was referred from Police custody following suspicion of drug driving as the cocaine level in their system was significantly above the legal limit. They had serious long term health conditions and was estranged from parental support. The client was referred to Addictions Counselling Inverness and attended counselling. After 6 sessions the client said "my meetings are going fantastic. I've also removed negative people from my life".

The client was then able to find full time employment and at court, evidence of how they had engaged positively and a letter of support from the employer, was presented to the Sheriff. They received a one year driving ban and a fine and sent the following message to their Link Worker "thank you for all your help you truly have saved my life I think I would be dead if you didn't reach out to me....thank you so much for everything I'm delighted I took the help when it was offered". They have re-established a positive relationship with their family and intends to train to become a drugs counsellor.

Direct Feedback From Clients

Due to the sensitive nature of the project and the complexity and adversity faced by the majority of the client base it can be difficult to arrange for fuller feedback and participation in evaluation. Some of the clients have though provided personal feedback, a limited number have spoken to Stirling University Colleagues as part of the independent review and below are some quotes provided by people engaging with the project:

- *"It's incredible how quickly I've managed to change my life around, I plan on staying this route and I can't thank you enough and everyone else involved for the help and support I've desperately needed. I've felt important. I can honestly say*

that just that alone has helped my mindset improve and with that, my life has drastically improved for the better."

- *"I feel so much lighter now. Life is improving slowly but surely."*
- *I would seriously be dead without you"*
- *"Thanks for phoning, no one is helping me"*
- *"Thanks Vicky u do gr8 and r brilliant always there when need sum I never had that just use to it bn me. X"*
- *"I feel like someone has my back and listens to me."*
- *"I truly could not have done this on my own without her advice and encouragement along the way."*
- *"I am so grateful that your service exists."*
- *"I appreciate everything you have done and am so grateful, don't stop doing the work you do, it's remarkable."*
- *" I am so grateful that your service exists and that I was put in touch with you."*
- *"Helped me get through some difficult times in my life, giving me more hope for the future and the ability to try again"*
- *"My life was going downhill rapid and I couldn't see a way out but with my link workers help I have managed to get my life back on track"*

Project Learning

It was always the intention of the project to consider learning and gathering evidence of need and the ability of the approach to make change.

Key learning points:

1. Firstly, the complexity and crisis level involved in the lives of those that accepted the referral was significantly higher than we anticipated in the project design process. The external evaluation from Stirling University highlights that those who accepted a referral indicated that they had more life impacting risks and challenge in their lives than those who didn't accept the referral. Crisis management at the start of the relationship became a significant theme and required substantive changes to the anticipated method of management from the project design, while maintaining a focus on taking their lead.
2. The complexity and challenge around the life circumstances of individuals engaged in the project far exceeded the initial expectations of the project design and approach. Ideas related to setting long terms goals and aspirations, while appropriate as a longer term concept, were unrealistic in the first instance of contact, where a greater level of focus was necessary to meet basic needs, i.e. housing, food, heat etc.
3. The project was based on the assumption that the intervention offered at the point of coming into Police Custody required an individual to reflect more on the opportunities that seeking help provided and because of that, during instances of custody, or directly after, where someone who may otherwise be resistant to engage in support, or who would be less likely to use personal initiative to seek it through their own agency, will accept a supporting intervention. Many cases were willing to engage with services, often for the first time, that otherwise they did not realise were available or that they had thought were "not for them".
4. Almost every individual who was referred to the project was brought into custody as a result of a situation because they lacked the personal resilience to cope with it. This reinforced the idea that life circumstances and personal challenges were a far higher contributor to instances of arrest and detention than through any deliberate or well thought out act of criminal intent. Theoretically, addressing the underlying life circumstances would reduce the likelihood of representation in custody, but that some of these issues are so complex and adverse that prolonged engagement would be necessary before improvement would be recognised.

5. Individuals did, however, responded positively to the opportunity to have a confidential conversation where they had the choice and control over what was discussed. Staff were told, on many occasions that it was a relief to be able to speak to someone that was prepared to listen to them. In some instances, individuals have had services provided to or at them but few had positive experiences that allowed them some degree of control over the focus or prioritisation of actions or activities. It is considered that the power to identify and take forward things that matter most to the individual is a key strength to the project and its approach, even when someone was in crisis.
6. Financial poverty plays a huge part in the lived complexity of our client group. It is extremely common and deeply ingrained and should not be mistaken for the impactful, but potentially, more short lived 'cost of living crisis' experienced more widely in the population. Additionally, the cost of access to a phone and internet is a major barrier to individuals seeking help. Without this, individuals are truly excluded from services in many cases, especially as many adapted delivery to online during the pandemic. It is sometimes necessary for the Police to take possession of a person's phone when making an arrest for evidential purposes. This is understandable, but, then places that individual at a considerable disadvantage on release. The impact of financial poverty cannot be underestimated and how it creates layers of additional complexity and barriers to fulfilling individual potential.
7. A high number of individuals had long histories of personal trauma and significant emotional injury. There is a clear need for all services to embrace meaningful trauma informed practice that reduces barriers and prevents further harm or re-traumatisation for those who have experienced psychological trauma or adversity at any stage in their lives.
8. Over 75% of those who engaged with a link worker sought help with their mental health. Use of drugs and alcohol to self-medicate was very common. An abstinence first approach dissuades individuals from engaging with services as this removes their coping mechanism.
9. The project being hosted within the Third Sector was undoubtedly an advantage, particularly with individuals with more experience of the statutory systems and significant levels of distrust and cynicism around the potential intent and genuine likelihood of help from those pathways. The approach taken meant that people reported a sense of being able to discuss very personal and, at times, difficult and traumatic histories without fear and without losing dignity. This was seen as particularly important.
10. The flexible approach to contact with a Link Worker helped to facilitate different communication types, easing anxiety and apprehension, and allowed the individuals greater control in the relationship than they may have experience or be offered from other services previously. In part that expansion of contact methods was a result of the pandemic and learning being adopted and responded to through the pilot phase.

11. In many cases, engagement with statutory services was actually a process of re-engagement. Individuals were uncertain if they had ongoing relationships with services such as Housing. In other cases referrals to CAB's, Advocacy Highland or Shelter for example were necessary to help individuals to fully engage with other services. Even where there is a knowledge of what services exist, and at times that was clearly limited within the client group, there is confusion about how to access or understand the relationship they have with them. Increasingly there is evidence through case studies within the project, that systems and service delivery has been designed not with the most vulnerable or end user in mind, but has been shaped by other factors – including service pressures.
12. The need for the services provided by Addictions Counselling Inverness (ACI) and DBI (Distress Brief Intervention) exceeded their geographical coverage, otherwise these particular services would have been far more widely used. Higher referral rates to ACI rather than NHS based services is in part due to previous use of the service and as individuals 'dropped out' they were reluctant to go back, additionally third sector services can usually be accessed more quickly and individuals referred to ACI spoke very highly of the service gaining many positive outcomes. Due to DBI being restricted geographically by GP surgery or through NHS24 it does create barriers. We found that individuals did not want to engage the service through NHS24 and it was difficult to encourage them to do so.
13. All referral partners were contacted to explain the purpose of the project and it's focus on providing assistance to those at a time of great need. This has led to many constructive dialogues and given staff an understanding of the pressures faced by services created by financial restrictions and other factors. During these conversations there have been discussions around offending and the experiences of people who have been arrested. There is a lack of awareness about trauma informed practice in some organisations and staff have provided information and invite partners to join training and learning opportunities.
14. The feedback from the clients and observations within the team suggest that the justice system does not currently deter individuals from offending, but rather its processes and systems can exacerbate circumstances and contribute to an increased likelihood of behaviours that lead to offending. Without denying the need for appropriate reparations for society in the event of a proven offence, a review of systems to consider how they create stress and trauma which can keep an individual at disadvantage of making positive change is needed.
15. There is a need, more broadly than this project, to consider that we have seen a small number but significantly impactful instances of individuals, usually female, subjected to coercive and abusive behaviour from a partner, who are arrested where the situation appears to have been constructed by the abusive

partner with an intention of an outcome of arrest. In these cases after the arrest, the abusive partner has applied for interim custody of children and bail conditions prevent the arrested person from accessing the family home. Domestically abusive relationships can be very difficult for the justice system to navigate but the project has evidence that, without support, female care givers are placed in a very disadvantaged situation that can take a great deal of effort to resolve. A significant barrier to accessing services for individuals with children was the fear that if they sought help, their children would be taken into care.

Key Challenges Around Existing Systems

Justice System information

Following release from custody those with little or no previous contact with the criminal justice system in particular, struggle to understand the process. Individuals are frequently unaware if they have been charged with an offence and even when this has happened they may not understand what this means. The police will have explained what has happened as part of the procedures for the release from custody however individuals can be so overwhelmed or in a state of shock that they cannot take in the information.

Conditions imposed at release by either the police or the courts are also poorly understood by many. Clients have to have the conditions explained to them and are advised to take legal advice if conditions are complex or unmanageable.

Delays in the justice system place additional stresses on individuals. For example, at the present time individuals may have to wait several months for the results from a blood test following arrest for driving under the influence of drugs, this can leave them in an awful position and increases their vulnerability to stress and mental illness.

Poverty cycles

In general terms, those who engaged with the project faced a number of complex circumstances. Almost all had very limited resources and could be described as being in deprivation. This description does not however exclusively refer to financial poverty alone. There were common themes of limited opportunities for clients to access services, poor awareness of existing services, how to access them and a lack of belief that these services would actually be able to meet their needs. High numbers were dependant on Universal Credit, lived in insecure housing (or had issues with their current housing circumstances) and many clients presented with limited aspirations that they would be able on their own to improve their life chances. The assistance of the Link Workers was viewed as offering a route out of this cycle of deprivation that was not possible for them to otherwise achieve.

Self-medication

A common response to the toxic or chronic stress endured by individuals was the use of legal and illegal substances to self-medicate. A high number of clients, whilst expressing a desire to stop using, stated that they could not cope with a life of abstinence until their life became more manageable. They would prefer to have their mental health problems dealt with first then tackle their substance use. There was a perception firstly that GP's would refer to Drug and Alcohol services as soon as this was mentioned to them and secondly that the NHS services and supported accommodation providers all required complete abstinence as a condition for entering that service. Link workers had to reassure clients that this was not always the case as these perceptions were a considerable barrier to many seeking assistance.

Trauma Informed Practice

A number of services and organisations do operate with a trauma informed approach. Others acknowledge that trauma is a factor but take little or no account of this in their day to day practice. Frequently clients needs were minimised, they were labelled as "trouble-makers" or were blamed for the fact that they were excluded. The behaviour of many clients will be challenging and difficult but when viewed from a trauma informed perspective it is much easier to understand where that behaviour originates from and how that behaviour can be triggered. Introducing trauma informed practice requires the full commitment of the organisation and is challenging and difficult to implement.

Importance of housing and gatekeeping

In common with other local authority areas, housing in Highland is in short supply. There is insufficient temporary or socially rented housing to meet demand. This affected clients in particular if the required immediate rehousing due to conditions of bail/undertakings. Whilst there is often no other alternative, housing individuals in unstaffed houses of multiple occupation can be wholly unsuitable. Female clients have been placed in very dangerous situations and those already with severe anxiety and other mental health diagnoses are especially vulnerable. Recognition of an individuals vulnerabilities and the fact that the incident leading to arrest and the period of custody itself may be highly traumatic is not always possible due to the limited options available to housing staff.

Accessing services was problematic and often traumatic for many individuals. Clients did not feel that they would be listened to or that they would not be taken seriously. The process of having to retell emotionally difficult histories often to more than one service was a significant barrier. General Practitioners were seen as a barrier and even the process of securing an appointment discouraged engagement.

One negative experience from just one service was enough for many to actively avoid engagement with any service. This was particularly noticeable with clients with a history of trauma who sought to avoid re-traumatisation.

Recommendations and Conclusion

Conclusion

The project has delivered, though in a different way due to the pandemic, our overarching ambition. Case studies, outcome stars and feedback from the client group would suggest that we can reasonably assume that in the majority of cases the original outcome of:

As an individual I feel better able to make decisions and choices which increase my wellbeing and reduce my chances of offending

has been achieved. Our wider ambition to reduce the presentation in custody within the client group is more complex and difficult to measure. The external evaluation provided by the University of Stirling highlighted that the client group came from those with more complex needs when presenting in Custody, but, that possibly in part due to that complexity, there was no reduction in presentation in custody rates between the group that accepted support and those that didn't, at times it may have even been higher. The research went on to suggest that examining a further group with similar complexity but no support would arguably be the only way to fully determine what, if any, impact there was on a reduction in custody presentation.

On an individual basis though, there is significant evidence of positive impact and both this evaluation and the external evaluation note the positive reflections from stakeholders, practitioners and importantly the clients around the project.

Recommendations and next steps

1. The project has gathered extensive evidence of lived experience of accessing, failing to access and impacts from service delivery across Highland. There is an opportunity to consider this evidence and to use it to address where practice currently makes access and utilisation of services more difficult. There is also evidence of interdependencies, gaps in provision and commissioning needs. It could be advantageous, perhaps through the CJP, for this evidence and learning to be more fully considered and for that to then filter into service planning through the Health and Social Care integration arrangements in Highland and, where appropriate, the CPP.
2. Consideration could be given to expanding the client group, there is evidence that provision for 16-17 year olds is lacking at the moment, but the current case load would mean that the service would be under pressure and this would only really be manageable if there was a further post brought in to support that expansion, allowing a team of four to look at a broader set of referrals. Given the fragility of the current funding landscape that seems significantly unlikely without first securing ongoing funding for the existing team for a further period.
3. Although in a few instances there may be an alternative for individuals, in the majority of cases the team have handled in three years, there would have been no

alternative to support individuals to access help and little demonstration that they had the inclination or agency to do so without support. This means that without the Custody Link service in place, a number of very vulnerable individuals would have gone without support and it is reasonable to assume that in a number of cases their situations would have significantly escalated. If the service is now removed due to loss of funding, some consideration – through the CJP perhaps – needs to be given to the alternative routes for support that could be put in place or alternatively accept the vulnerability and risks associated with the loss of support.

Currently the project anticipates that it may secure funding for the current financial year, meaning that referrals to the project would likely stop at the beginning of October 2023, continuing to work with existing clients till March 2024, without additional funding being secured.

Appendix I – the initial staff induction programme

Week 1 – Day 1	Week 1 – Day 2	Week 1 – Day 3	Week 1 – Day 4	Week 1 – Day 5
<p>Introductions and HR/IT Requirement</p>	<p>Community visits</p>	<p>How the custody suite works (Police Scotland)</p>	<p>Shadow Time 1 Shadow Custody Nurse (1) Shadow Community officer (1) Shadow (Women’s Project) (1)</p>	<p>Project cycle, Aspiration and Action Planning</p>
<p>Building Intro, access pass etc.</p>				
<p>Tour of the Custody Suite and Lunch with the relevant officers/Project Sub-Group</p>	<p>Lunch with the CJP/Senior Police Staff</p>	<p>Community Visits</p>	<p>Shadow Time 2 Shadow Custody Nurse (1) Shadow Community officer (1) Shadow (Women’s Project) (1)</p>	<p>Evaluation and monitoring</p>
<p>Introduction to the project, stakeholders, purpose and approach</p>	<p>Community Visits</p>	<p>Learning from Deep End (Alliance)</p>	<p>Shadow Time 3 Shadow Custody Nurse (1) Shadow Community officer (1) Shadow (Women’s Project) (1)</p>	<p>Project Sub-Group Debriefing</p>

Week 2 – Day 1	Week 2 – Day 2	Week 2 – Day 3	Week 2 – Day 4	Week 2 – Day 5
Boundaries and Relationship Training	Domestic Abuse Awareness Session	Counter Terrorism Awareness Training	Study Time	Alcohol and Drug Misuse
	Visit to Women’s Aid (?)			
	RASASH Visit		1:1 time with Line Manager for reflection / Study Time	Briefing on Decider Skills
	Commission on Women Offenders Briefing			
Personal Mental Health and emotional support	Resilience Film		IT and case recording system	Project Sub-Group Debriefing
	Tim Agnew ACES/BPD briefing			

Week 3 – Day 1	Week 3– Day 2	Week 3 – Day 3	Week 3 – Day 4	Week 3 – Day 5
Mental Health First Aid Training Day 1	Intro to POP	Asset Mapping Exercise	ABIs	Study time
	Community Visits		DBIs	Personal safety and lone working
		Visit to prison	MARAC	Equality and Diversity Training Project Sub-Group Debriefing / team evening out

Week 4 – Day 1	Week 4 – Day 2	Week 4 – Day 3	Week 4 – Day 4	Week 4 – Day 5
Revisit the project purpose and cycle	Mental Health First Aid training day 2	First Aid	Suicide intervention training	Communication and interview skills training
Study Time				
Community Visits				

Week 5 – Day 1	Week 5 – Day 2	Week 5 – Day 3	Week 5 – Day 4	Week 5 – Day 5
Shift working, practicalities	Visit to New Craigs	Drug and Alcohol Misuse Training	Onsite Shadow of Glasgow Deep End Practice Link Workers	Study time
Study time	Community visits			Project Sub-Group Debriefing
1:1 time with Line Manager for reflection / Study Time		Travel to Glasgow		Study time

Week 6 – Day 1	Week 6 – Day 2	Week 6 – Day 3	Week 6 – Day 4	Week 6 – Day 5
Officer Safety Training	Officer Safety Training	Officer Safety Training	<p data-bbox="1323 432 1644 520">Community Justice Scotland, intro and short-term prison sentences</p> <p data-bbox="1339 959 1628 1018">Project Launch (party) and Networking opportunity</p>	Study and prep for Launch

Appendix II – Referrals by Criteria

Referrals Percentages by Criteria

Referral Criteria (Includes self referrals)	Declined	Accepted	Engaged/ Offered	Engaged/ Accepted	Completed/ Offered	Completed/ Accepted
Female, 18-26 year old, First instance of custody,	55%	45%	25%	56%	5%	11%
Female, 18-26 year old, Second instance of custody in 6 months,	57%	43%	14%	33%	5%	11%
Female, 18-26 year old, more than two custodies in 6 months	20%	80%	46%	58%	24%	30%
Female, 27+, First instance of custody	44%	56%	37%	65%	24%	43%
Female, 27+, Second instance of custody in 6 months	64%	36%	17%	47%	9%	24%
Female, 27+ more than two custodies in 6 months	45%	55%	29%	53%	11%	21%
Male, 18-26 year old	50%	50%	21%	41%	8%	15%
Male, 18-26 year old, First instance of custody,	50%	50%	27%	54%	19%	38%
Male, 18-26 year old, Second instance of custody in 6 months,	54%	46%	16%	34%	12%	26%
Male, 27+, First instance of custody	48%	52%	28%	54%	15%	30%
Male, 27+, Second instance of custody in 6 months	40%	60%	23%	38%	11%	18%
Grand Total	46%	54%	25%	47%	12%	23%

Actual Numbers of Referrals by Criteria

Referral Criteria (Includes self referrals)	Declined	Accepted	Offered	Engaged	Completed	Self referrals
Female, 18-26 year old, First instance of custody,	11	9	20	5	1	0
Female, 18-26 year old, Second instance of custody in 6 months,	12	9	21	3	1	0
Female, 18-26 year old, more than two custodies in 6 months	11	43	54	25	13	0
Female, 27+, First instance of custody	18	23	41	15	10	2
Female, 27+, Second instance of custody in 6 months	30	17	47	8	4	2
Female, 27+ more than two custodies in 6 months	100	121	221	64	25	3
Male, 18-26 year old	72	73	145	30	11	2
Male, 18-26 year old, First instance of custody,	24	24	48	13	9	1
Male, 18-26 year old, Second instance of custody in 6 months,	45	38	83	13	10	1
Male, 27+, First instance of custody	65	71	136	38	21	3
Male, 27+, Second instance of custody in 6 months	109	161	270	61	29	8
Grand Total	497	589	1086	275	134	22